

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

4206207  
CASE FILE NO.

**CERTIFICATE OF LIVE BIRTH**

2021007964  
STATE FILE NUMBER

<b>CHILD</b>	1. CHILD NAME (First, Middle, Last, Suffix) Jaia Fern HOFF		2. DATE OF BIRTH (Mo, Day, Yr) April 4, 2021		3. TIME OF BIRTH (24Hr) 07:44	4. SEX F
	5. FACILITY NAME (If not institution, give street and number) University Medical Center			6. CITY, VILLAGE, OR LOCATION OF BIRTH Las Vegas		7. COUNTY OF BIRTH Clark
<b>MOTHER</b>	8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last) Brianna Adel MCKEE			8b. DATE OF BIRTH (Mo/Day/Yr) February 07, 1985		8c. AGE 36
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) MCKEE			10. BIRTHPLACE (State, Territory, or Foreign Country) California		
	11a. RESIDENCE OF MOTHER-STATE Nevada		11b. COUNTY Clark		11c. CITY, TOWN, OR LOCATION Las Vegas	
<b>FATHER</b>	11d. STREET AND NUMBER 544 Barbara Way		11e. APT. NO.		11f. ZIP CODE 89104	
	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) Knutzen Thomas HOFF		12b. DATE OF BIRTH June 18, 1991		12c. AGE 29	
<b>CERTIFIER &amp; ATTENDANT</b>	12d. BIRTHPLACE (State, Territory, or Foreign Country) Nevada		13a. CERTIFIER'S NAME: Susana Flores			
	13a. CERTIFIER'S NAME: Susana Flores		13b. TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input checked="" type="checkbox"/> MEDICAL RECORDS TECHNICIAN <input type="checkbox"/> OTHER (Specify)		14a. ATTENDANT'S NAME KENDALL MARSHALL	
<b>REGISTRAR</b>	14a. ATTENDANT'S ADDRESS 2040 W Charleston Blvd Las Vegas NV 89102		14b. TITLE <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify)		15a. CERTIFIER OR ATTENDANT'S SIGNATURE Susana Flores SIGNATURE AUTHENTICATED	
	15a. CERTIFIER OR ATTENDANT'S SIGNATURE Susana Flores SIGNATURE AUTHENTICATED		15b. DATE CERTIFIED 04 / 14 / 2021 MM DD YYYY		16a. REGISTRAR'S SIGNATURE Christine Johnson SIGNATURE AUTHENTICATED	
16a. REGISTRAR'S SIGNATURE Christine Johnson SIGNATURE AUTHENTICATED		16b. DATE FILED BY REGISTRAR 04 / 14 / 2021 MM DD YYYY				

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: 4/28/2021

Registrar of Vital Statistics **SIGNATURE AUTHENTICATED**  
By: *Susan Zanner*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

