

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

3928329
CASE FILE NO.

2016033113
STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

CHILD	1. CHILD NAME (First, Middle, Last, Suffix) Alexander Julian BRINGAS		2. DATE OF BIRTH (Mo, Day, Yr) December 2, 2016		3. TIME OF BIRTH 04:26 (24Hr)		4. SEX M	
	5. FACILITY NAME (If not institution, give street and number) 9308 Golden Grape Ct			6. CITY, VILLAGE, OR LOCATION OF BIRTH Las Vegas		7. COUNTY OF BIRTH Clark		
MOTHER	8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last) Cassandra JESSOP			8b. DATE OF BIRTH (Mo/Day/Yr) September 21, 1985		8c. AGE 31		
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) JESSOP			10. BIRTHPLACE (State, Territory, or Foreign Country) Utah				
	11a. RESIDENCE OF MOTHER-STATE Nevada		11b. COUNTY Clark		11c. CITY, TOWN, OR LOCATION Las Vegas			
	11d. STREET AND NUMBER 9308 Golden Grape Ct			11e. APT. NO.		11f. ZIP CODE 89148		11g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FATHER	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) Eduardo Antonio BRINGAS		12b. DATE OF BIRTH (Mo/Day/Yr) May 13, 1982		12c. AGE 34		12d. BIRTHPLACE (State, Territory, or Foreign Country) Peru	
	CERTIFIER & ATTENDANT							
13a. CERTIFIER'S NAME: <u>April KERMANI</u>				14a. ATTENDANT'S NAME <u>April KERMANI</u>				
TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN <input checked="" type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> MEDICAL RECORDS TECHNICIAN <input type="checkbox"/> OTHER (Specify) _____				ATTENDANT'S ADDRESS <u>6000 South Eastern Ave. Ste 9A</u> <u>Las Vegas NV 89119</u>				
15a. CERTIFIER OR ATTENDANT'S SIGNATURE April KERMANI SIGNATURE AUTHENTICATED				15b. DATE CERTIFIED <u>12 / 03 / 2016</u> MM DD YYYY				
REGISTRAR								
16a. REGISTRAR'S SIGNATURE Shannon Jane McGuinness SIGNATURE AUTHENTICATED				16b. DATE FILED BY REGISTRAR <u>12 / 13 / 2016</u> 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 state Board of Health pursuant to NRS 440.175.



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DATE ISSUED: **DEC 23 2016**

Registrar of Vital Statistics

By: *Shannon McGuinness*

This copy not valid unless prepared on watermarked security paper displaying date, seal and signature of Registrar.
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