

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

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

4170993  
CASE FILE NO.

2020024323  
STATE FILE NUMBER

**CERTIFICATE OF LIVE BIRTH**

<b>CHILD</b>	1. CHILD NAME (First, Middle, Last, Suffix) <b>Oliver Zayne BRINGAS</b>		2. DATE OF BIRTH (Mo, Day, Yr) <b>September 25, 2020</b>		3. TIME OF BIRTH 10:01 (24Hr)		4. SEX M	
	5. FACILITY NAME (If not institution, give street and number) <b>9308 Golden Grape Court</b>			6. CITY, VILLAGE, OR LOCATION OF BIRTH <b>Las Vegas</b>		7. COUNTY OF BIRTH <b>Clark</b>		
<b>MOTHER</b>	8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last) <b>Cassandra BRINGAS</b>			8b. DATE OF BIRTH (Mo/Day/Yr) <b>September 21, 1985</b>		8c. AGE <b>35</b>		
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) <b>JESSOP</b>			10. BIRTHPLACE (State, Territory, or Foreign Country) <b>Utah</b>				
	11a. RESIDENCE OF MOTHER-STATE <b>Nevada</b>		11b. COUNTY <b>Clark</b>		11c. CITY, TOWN, OR LOCATION <b>Las Vegas</b>			
	11d. STREET AND NUMBER <b>9308 Golden Grape Court</b>			11e. APT. NO.		11f. ZIP CODE <b>89148</b>		11g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>FATHER</b>	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) <b>Eduardo Antonio BRINGAS</b>		12b. DATE OF BIRTH (Mo/Day/Yr) <b>May 13, 1982</b>		12c. AGE <b>38</b>		12d. BIRTHPLACE (State, Territory, or Foreign Country) <b>Peru</b>	
	<b>CERTIFIER &amp; ATTENDANT</b>	13a. CERTIFIER'S NAME: <b>Sherry Hopkins</b>			14a. ATTENDANT'S NAME <b>Sherry HOPKINS</b>			
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 <b>8000 South Eastern Ave, Ste 9A</b> <b>Las Vegas NV 89119</b>					
15a. CERTIFIER OR ATTENDANT'S SIGNATURE <b>Sherry Hopkins SIGNATURE AUTHENTICATED</b>			15b. DATE CERTIFIED <b>10 / 05 / 2020</b> MM DD YYYY					
<b>REGISTRAR</b>	16a. REGISTRAR'S SIGNATURE <b>Wesley T Storey SIGNATURE AUTHENTICATED</b>			16b. DATE FILED BY REGISTRAR <b>10 / 05 / 2020</b> 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: **OCT 06 2020**

Registrar of Vital Statistics

By: *[Signature]*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

