

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

3868208
CASE FILE NO.

2015033908
STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

CHILD	1. CHILD NAME (First, Middle, Last, Suffix) Emmeline Delani KRUPNIK		2. DATE OF BIRTH (Mo, Day, Yr) December 9, 2015	3. TIME OF BIRTH 13:31 (24Hr)	4. SEX F	
	5. FACILITY NAME (If not Institution, give street and number) Spring Valley Hospital Medical Center		6. CITY, VILLAGE, OR LOCATION OF BIRTH Las Vegas	7. COUNTY OF BIRTH Clark		
MOTHER	8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last) Dakota Juel ORTIZ		8b. DATE OF BIRTH (Mo/Day/Yr) February 08, 1994		8c. AGE 21	
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) ORTIZ		10. BIRTHPLACE (State, Territory, or Foreign Country) New Zealand			
	11a. RESIDENCE OF MOTHER-STATE Nevada	11b. COUNTY Clark	11c. CITY, TOWN, OR LOCATION Henderson			
	11d. STREET AND NUMBER 271 Helmsdale Dr		11e. APT. NO.	11f. ZIP CODE 89014	11g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix)		12b. DATE OF BIRTH (Mo/Day/Yr)	12c. AGE	12d. BIRTHPLACE (State, Territory, or Foreign Country)	
CERTIFIER & ATTENDANT	13a. CERTIFIER'S NAME: <u>Jessica Alvarado Rodriguez</u>		14a. ATTENDANT'S NAME <u>Elena Langdon</u>			
	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) _____		ATTENDANT'S ADDRESS <u>866 Seven Hills Drive Ste. 101</u> <u>Henderson NV 89052</u>			
	15a. CERTIFIER OR ATTENDANT'S SIGNATURE Jessica Alvarado Rodriguez SIGNATURE		15b. DATE CERTIFIED <u>12 / 21 / 2015</u> MM DD YYYY			
REGISTRAR	16a. REGISTRAR'S SIGNATURE Christine Johnson SIGNATURE AUTHENTICATED		16b. DATE FILED BY REGISTRAR <u>12 / 22 / 2015</u> MM DD YYYY			

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CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

MAR 30 2016

Christine Johnson
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

