

STATE OF SOUTH DAKOTA

STATE OF NEVADA – DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH – OFFICE OF VITAL RECORDS CERTIFICATE OF LIVE BIRTH

TYPE/PRINT
IN
PERMANENT
BLACK INK

02070

LOCAL FILE NUMBER

STATE FILE NUMBER

FOR
INSTRUCTIONS
SEE
HANDBOOK

1. CHILD'S NAME Caleigh <small>FIRST</small> Tea <small>MIDDLE</small> ROBERTSON <small>LAST</small>			2. DATE OF BIRTH (Month, Day, Year) January 28, 2008		
3. TIME OF BIRTH 3:55 PM	4. SEX Female	5. CITY, TOWN OR LOCATION OF BIRTH Henderson		6. COUNTY OF BIRTH Clark	
7. PLACE OF BIRTH (Specify) Hospital			8. FACILITY NAME (If not institution, give street and number) St. Rose Dominican Hospital Siena Campus		
9. I certify that this child was born alive at the place and time and on the date stated. <i>[Signature]</i> Signature >			10. DATE SIGNED (Month, Day, Year) 02-01-08	11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print) NAME Sauter, Timothy T. TITLE M.D.	
12. CERTIFIER'S NAME AND TITLE (Type/Print) NAME Crystal L Herrera TITLE HIM Clerk			13. ATTENDANT'S MAILING ADDRESS (Street and number or rural route number, city, or town, Zip Code) 8480 S. Eastern Avenue #F Las Vegas, NV 89123		
14. REGISTRAR'S SIGNATURE <i>[Signature]</i>			15. DATE FILED BY REGISTRAR (Month, Day, Year) FEB 07 2008		
16a. MOTHER'S NAME Leslie <small>FIRST</small> A <small>MIDDLE</small> Robertson <small>LAST</small>		16b. MAIDEN SURNAME Gahol		17. AGE 35	
18. BIRTHPLACE (State or foreign country) Philippines		19a. RESIDENCE – STATE Nevada		19b. COUNTY Clark	
19c. CITY, TOWN OR LOCATION Henderson		19d. STREET AND NUMBER 2674 Ridgewater Circle		19e. INSIDE CITY LIMITS? Yes	
20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only) 89074		21. FATHER'S NAME Gregory <small>FIRST</small> J <small>MIDDLE</small> Robertson <small>LAST</small>		22. AGE 30	
23. BIRTHPLACE (State or foreign country) Canada		24. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. Signature of parent or other informant > Leslie Robertson			

CERTIFIER/
ATTENDANT

DEATH UNDER
ONE YEAR
OF AGE
Enter State File
Number of
local certifi-
cate for this
child.

MOTHER

FATHER

INFORMANT

"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 as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED
SEAL OF THE SOUTHERN NEVADA
HEALTH DISTRICT



Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued:

FEB 12 2008