STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

4309937
CASE FILE NO.

CERTIFICATE OF LIVE BIRTH

2022024233
STATE FILE NUMBER

CHILD

1. CHILD NAME (First, Middle, Last, Suffix)	2. DATE OF BIRTH (Mo, Day, Yr)	3. TIME OF BIRTH	4. SEX
Johnny B BURGESS III	September 21, 2022	17:15 (24Hr)	M

5. FACILITY NAME (If not institution, give street and number)	6. CITY, VILLAGE, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH
Spring Valley Hospital Medical Center	Las Vegas	Clark

MOTHER

8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last)	8b. DATE OF BIRTH (Mo/Day/Yr)	8c. AGE
Jonda Vontina ROSS-BURGESS	October 02, 1982	39

9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix)	10. BIRTHPLACE (State, Territory, or Foreign Country)
ROSS	Mississippi

11a. RESIDENCE COUNTRY AND/OR STATE	11b. COUNTY	11c. CITY, TOWN, OR LOCATION
Nevada	Clark	Las Vegas

11d. STREET AND NUMBER	11e. APT. NO.	11f. ZIP CODE	11g. INSIDE CITY LIMITS?
3444 Townhouse Dr		89121	[X] Yes [ ] No

FATHER

12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix)	12b. DATE OF BIRTH	12c. AGE	12d. BIRTHPLACE (State, Territory, or Foreign Country)
Johnny B BURGESS Jr	January 05, 1988	34	Mississippi

CERTIFIER & ATTENDANT

13a. CERTIFIER'S NAME: Wendy Hampton

TITLE [ ] MD [ ] DO [ ] HOSPITAL ADMIN. [ ] CNM/CM
[ ] OTHER MIDWIFE [X] MEDICAL RECORDS TECHNICIAN
[ ] OTHER (Specify) _____

14a. ATTENDANT'S NAME Scott-May K Olds
ATTENDANT'S ADDRESS 3100 Tenaya Way
Las Vegas NV 89052

TITLE [X] MD [ ] DO [ ] CNM/CM [ ] OTHER MIDWIFE
[ ] OTHER (Specify) _____

15a. CERTIFIER OR ATTENDANT'S SIGNATURE
Wendy Hampton SIGNATURE AUTHENTICATED

15b. DATE CERTIFIED
10 / 11 / 2022
MM DD YYYY

REGISTRAR

16a. REGISTRAR'S SIGNATURE
Christine Johnson SIGNATURE AUTHENTICATED

16b. DATE FILED BY REGISTRAR
10 / 11 / 2022
MM DD YYYY

001038194

CERTIFIED COPY OF VITAL RECORDS
Cody L Phinney

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.

2/9/2024
DATE ISSUED:

STATE REGISTRAR

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

THE GREAT SEAL OF THE STATE OF NEVADA — ALL FOR OUR COUNTRY — VERITRACE

STATE OF NEVADA — OFFICE of the STATE REGISTRAR and VITAL RECORDS — DEPARTMENT OF HEALTH AND HUMAN SERVICES

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE