

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

TYPE/PRINT
IN
PERMANENT
BLACK INK

ROLL 154
IMAGE 364

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER

LOCAL FILE NUMBER 3267

FOR
INSTRUCTIONS
SEE
HANDBOOK

CHILD

1. CHILD'S NAME Jonathan Evan WATSON			2. DATE OF BIRTH (Month, Day, Year) August 3, 1995	
3. TIME OF BIRTH 02:26 AM	4. SEX Male	5. CITY, TOWN OR LOCATION OF BIRTH Reno		6. COUNTY OF BIRTH Washoe

7. PLACE OF BIRTH (Specify) Hospital	8. FACILITY NAME (If not institution, give street and number) Washoe Medical Center
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**CERTIFIER/
ATTENDANT**

9. I Certify that this child was born alive at the place and time and on the date stated. Signature > <i>Alexis L. Wiser</i>		10. DATE SIGNED (Month, Day, Year) 8/03/95	11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print) NAME Richard W. Rafael TITLE M.D.
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DEATH UNDER
ONE YEAR
OF AGE

Enter State File
Number of
death certifi-
cate for this
child.

12. CERTIFIER'S NAME AND TITLE (Type/Print) NAME Alexis L. Wiser TITLE Supervisor		13. ATTENDANT'S MAILING ADDRESS (Street and number or rural route number, city, or town, Zip Code) 770 Mill Street Reno, NV 89502	
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14. REGISTRAR'S SIGNATURE <i>Jodie Helman</i> Deputy Registrar		15. DATE FILED BY REGISTRAR (Month, Day, Year) August 10, 1995
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MOTHER

16a. MOTHER'S NAME Carmellia Earnestine Watson			16b. MAIDEN SURNAME Mullins	17. AGE 30
18. BIRTHPLACE (State or foreign country) Nevada	19a. RESIDENCE — STATE Nevada	19b. COUNTY Washoe		19c. CITY, TOWN OR LOCATION Sparks

19d. STREET AND NUMBER 181 Quail Street		19e. INSIDE CITY LIMITS? Yes	20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only) 89431
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FATHER

21. FATHER'S NAME Joseph Edwin Watson, SR.			22. AGE 30	23. BIRTHPLACE (State or foreign country) District of Columbia
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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 > *Carmellia Watson*



This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: *Barbara Lee Hunt*

Date: **10/11 20 2004**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT