

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

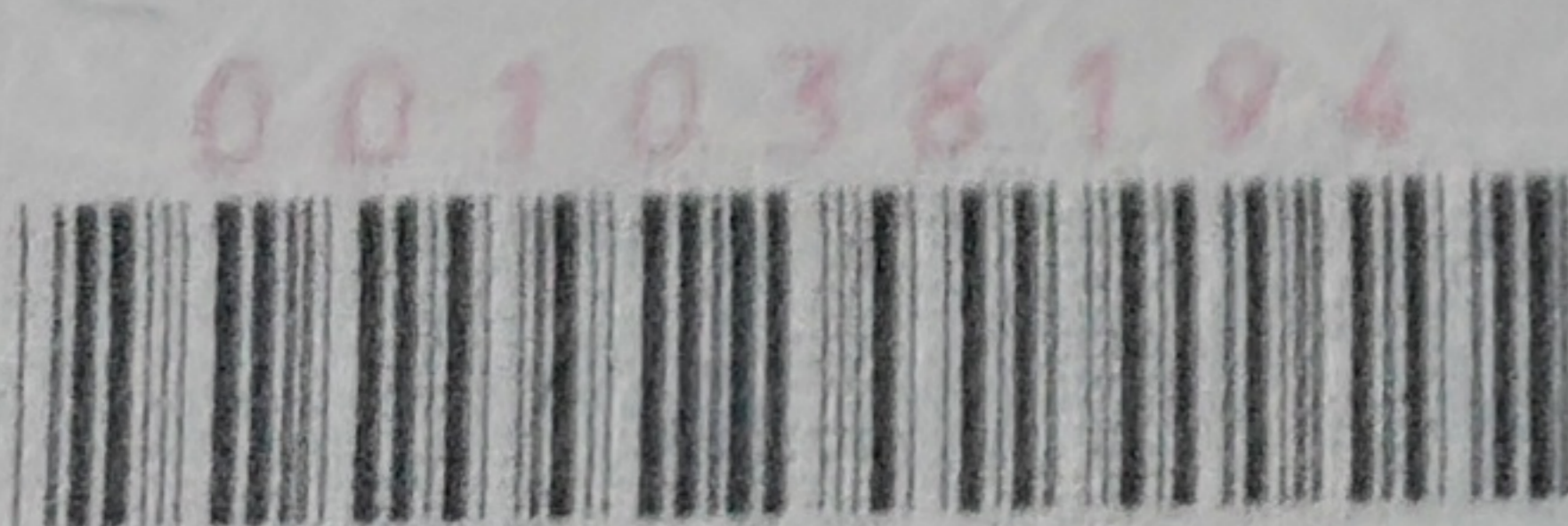
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

4309937  
CASE FILE NO.

**CERTIFICATE OF LIVE BIRTH**

2022024233  
STATE FILE NUMBER

<b>CHILD</b>	1. CHILD NAME (First, Middle, Last, Suffix) Johnny B BURGESS III		2. DATE OF BIRTH (Mo, Day, Yr) September 21, 2022		3. TIME OF BIRTH 17:15 (24Hr)		4. SEX M	
	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		
<b>MOTHER</b>	8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last) Jonda Vontina ROSS-BURGESS			8b. DATE OF BIRTH (Mo/Day/Yr) October 02, 1982		8c. AGE 39		
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) ROSS			10. BIRTHPLACE (State, Territory, or Foreign Country) Mississippi				
	11a. RESIDENCE COUNTRY AND/OR STATE Nevada		11b. COUNTY Clark		11c. CITY, TOWN, OR LOCATION Las Vegas			
	11d. STREET AND NUMBER 3444 Townhouse Dr			11e. APT. NO.	11f. ZIP CODE 89121		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) Johnny B BURGESS Jr		12b. DATE OF BIRTH January 05, 1988	12c. AGE 34	12d. BIRTHPLACE (State, Territory, or Foreign Country) Mississippi			
	<b>CERTIFIER &amp; ATTENDANT</b>	13a. CERTIFIER'S NAME: Wendy Hampton			14a. ATTENDANT'S NAME Scott-May K Olds			
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 3100 Tenaya Way Las Vegas NV 89052					
15a. CERTIFIER OR ATTENDANT'S SIGNATURE Wendy Hampton SIGNATURE AUTHENTICATED			15b. DATE CERTIFIED 10 / 11 / 2022 MM DD YYYY					
<b>REGISTRAR</b>	16a. REGISTRAR'S SIGNATURE Christine Johnson SIGNATURE AUTHENTICATED			16b. DATE FILED BY REGISTRAR 10 / 11 / 2022 MM DD YYYY				



CERTIFIED COPY OF VITAL RECORDS

*Cody Kinsley*

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

STATE REGISTRAR

DATE ISSUED:

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE