

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

985321
CASE FILE NO.

CERTIFICATE OF LIVE BIRTH

1977002805
STATE FILE NUMBER

CHILD	1. CHILD NAME (First, Middle, Last, Suffix) Kareem Rashōde ABRAM		2. DATE OF BIRTH (Mo, Day, Yr) April 29, 1977		3. TIME OF BIRTH 10:02 (24Hr)		4. SEX M		
	5. FACILITY NAME (If not institution, give street and number) Sunrise 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) Shelia Reanee MATTHEWS			8b. DATE OF BIRTH (Mo/Day/Yr)		8c. AGE 25			
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) MATTHEWS			10. BIRTHPLACE (State, Territory, or Foreign Country) Nevada					
	11a. RESIDENCE OF MOTHER-STATE Nevada		11b. COUNTY Clark		11c. CITY, TOWN, OR LOCATION Las Vegas				
	11d. STREET AND NUMBER 2000 W Lake Mead			11e. APT. NO. C	11f. ZIP CODE		11g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
FATHER	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) John Monroe ABRAM JR		12b. DATE OF BIRTH	12c. AGE 36	12d. BIRTHPLACE (State, Territory, or Foreign Country) Texas				
	13a. CERTIFIER'S NAME: STANLEY AMES TITLE <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> MEDICAL RECORDS TECHNICIAN <input type="checkbox"/> OTHER (Specify)			14a. ATTENDANT'S NAME STANLEY AMES ATTENDANT'S ADDRESS 3196 Maryland Parkway Las Vegas NV 89109 TITLE <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify)					
CERTIFIER & ATTENDANT	15a. CERTIFIER OR ATTENDANT'S SIGNATURE STANLEY AMES SIGNATURE AUTHENTICATED			15b. DATE CERTIFIED 05 / 18 / 1977 MM DD YYYY					
	16a. REGISTRAR'S SIGNATURE LEONA E JOHNSON SIGNATURE AUTHENTICATED			16b. DATE FILED BY REGISTRAR 05 / 24 / 1977 MM DD YYYY					
REGISTRAR									

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

Registrar of Vital Statistics

DATE ISSUED: 4/7/2026

By: *Carrie Locken* SIGNATURE AUTHENTICATED

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