

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

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

3740903  
CASE FILE NO.

2013028228  
STATE FILE NUMBER

**CERTIFICATE OF LIVE BIRTH**

<b>CHILD</b>	1. CHILD NAME (First, Middle, Last, Suffix) Angelya Dian COX		2. DATE OF BIRTH (Mo, Day, Yr) October 24, 2013		3. TIME OF BIRTH 19:31 (24Hr)	4. SEX F
	5. FACILITY NAME (If not institution, give street and number) Centennial Hills 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) Artemia Rynee COX			8b. DATE OF BIRTH (Mo/Day/Yr) August 01, 1984		8c. AGE 29
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) RODRY			10. BIRTHPLACE (State, Territory, or Foreign Country) California		
	11a. RESIDENCE OF MOTHER-STATE Nevada		11b. COUNTY Clark		11c. CITY, TOWN, OR LOCATION Las Vegas	
	11d. STREET AND NUMBER 123 La Tourette Court			11e. APT. NO.	11f. ZIP CODE 89148	11g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) Nicholas Bryant COX			12b. DATE OF BIRTH March 07, 1980	12c. AGE 33	12d. BIRTHPLACE (State, Territory, or Foreign Country) Utah
<b>CERTIFIER &amp; ATTENDANT</b>	13a. CERTIFIER'S NAME: Margarita Shinn 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)			14a. ATTENDANT'S NAME Steven Bradley Harter ATTENDANT'S ADDRESS 653 North Town Center Dr. #60 Las Vegas NV 89144 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)		
	15a. CERTIFIER OR ATTENDANT'S SIGNATURE Margarita Shinn SIGNATURE AUTHENTICATED			15b. DATE CERTIFIED 11 / 05 / 2013 MM DD YYYY		
<b>REGISTRAR</b>	16a. REGISTRAR'S SIGNATURE Yvonne Emry SIGNATURE AUTHENTICATED			16b. DATE FILED BY REGISTRAR 11 / 05 / 2013 MM DD YYYY		

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL RECORDS, 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.

DATE ISSUED: 9/4/2025

Registrar of Vital Records **SIGNATURE AUTHENTICATED**  
By: *Cosmos Lockard*

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