

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

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

3740902  
CASE FILE NO.

2013028227  
STATE FILE NUMBER

**CERTIFICATE OF LIVE BIRTH**

<b>CHILD</b>	1. CHILD NAME (First, Middle, Last, Suffix) Ayden Bryant COX		2. DATE OF BIRTH (Mo, Day, Yr) October 24, 2013		3. TIME OF BIRTH 19:23 (24Hr)		4. SEX M	
	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
<b>FATHER</b>	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	
	13a. CERTIFIER'S NAME: Margarita Shinn			14a. ATTENDANT'S NAME Steven Bradley Harter				
<b>CERTIFIER &amp; ATTENDANT</b>	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 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  
By: *Cassius Lockert* SIGNATURE AUTHENTICATED

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

