

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

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

3882832  
CASE FILE NO.

2016005807  
STATE FILE NUMBER

**CERTIFICATE OF LIVE BIRTH**

<b>CHILD</b>	1. CHILD NAME (First, Middle, Last, Suffix) Ayrabella Madisyn COX		2. DATE OF BIRTH (Mo, Day, Yr) March 2, 2016	3. TIME OF BIRTH 14:58 (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 31		
	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 661 Newquay Ct		11e. APT. NO.	11f. ZIP CODE 89178	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 35	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 03 / 11 / 2016 MM DD YYYY			
<b>REGISTRAR</b>	16a. REGISTRAR'S SIGNATURE Christine Johnson SIGNATURE AUTHENTICATED		16b. DATE FILED BY REGISTRAR 03 / 11 / 2016 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: *Christine Johnson*

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