

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

State of Nevada - Division of Health
Section of Vital Statistics

CERTIFICATE OF LIVE BIRTH

CASE FILE NO. 3774196

BIRTH NO. 2014012968

CHILD	1. CHILD NAME (First, Middle, Last, Suffix) Aleksandar KEKEROVIC		2. DATE OF BIRTH (Mo, Day, Yr) May 19, 2014	3. TIME OF BIRTH 22:03 (24Hr)	4. SEX M
	6. FACILITY NAME (If not institution, give street and number) Summerlin 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) Nikoleta SHKURTAJ		8b. DATE OF BIRTH (Mo/Day/Yr) December 03, 1983	8c. AGE 30	
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) SHKURTAJ		10. BIRTHPLACE (State, Territory, or Foreign Country) Albania		
	11a. RESIDENCE OF MOTHER-STATE Nevada	11b. COUNTY Clark	11c. CITY, TOWN, OR LOCATION Las Vegas		
	11d. STREET AND NUMBER 5419 W Tropicana Ave		11e. APT. NO. 1010	11f. ZIP CODE 89103	11g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FATHER	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) Michel Branko KEKEROVIC		12b. DATE OF BIRTH (Mo/Day/Yr) February 02, 1976	12c. AGE 38	12d. BIRTHPLACE (State, Territory, or Foreign Country) Netherlands
	13a. CERTIFIER'S NAME: Rita Saccoyan 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 Edward Carey Spoon Jr. ATTENDANT'S ADDRESS 2010 Goldring #200 Las Vegas NV 89106 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 Rita Saccoyan SIGNATURE AUTHENTICATED		15b. DATE CERTIFIED 06 / 02 / 2014 MM DD YYYY		
	16a. REGISTRAR'S SIGNATURE Liz Munford SIGNATURE AUTHENTICATED		16b. DATE FILED BY REGISTRAR 06 / 02 / 2014 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.

A000064619

DATE ISSUED:

JUL 09 2014

Registrar of Vital Statistics

By:

[Signature]

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