

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

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

4412459  
CASE FILE NO.

2024010102  
STATE FILE NUMBER

**CERTIFICATE OF LIVE BIRTH**

<b>CHILD</b>	1. CHILD NAME (First, Middle, Last, Suffix) Anallsa KEKEROVIC		2. DATE OF BIRTH (Mo, Day, Yr) April 22, 2024		3. TIME OF BIRTH 15:48 (24Hr)		4. SEX F	
	5. 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		
<b>MOTHER</b>	8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last) Nikoleta SHKURTAJ			8b. DATE OF BIRTH (Mo/Day/Yr) December 03, 1983		8c. AGE 40		
	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 5355 Edmond St			11e. APT. NO. 1104	11f. ZIP CODE 89118		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) Michel Branko KEKEROVIC		12b. DATE OF BIRTH February 02, 1976	12c. AGE 48	12d. BIRTHPLACE (State, Territory, or Foreign Country) Netherlands			
	<b>CERTIFIER &amp; ATTENDANT</b> 13a. CERTIFIER'S NAME: GLADYS V LARA-ELLIOTT 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 C SPOON JR				
ATTENDANT'S ADDRESS 401 N Buffalo Drive Las Vegas NV 89145								
<b>REGISTRAR</b>			15a. CERTIFIER OR ATTENDANT'S SIGNATURE GLADYS V LARA-ELLIOTT SIGNATURE		15b. DATE CERTIFIED 05 / 09 / 2024 MM DD YYYY			
			16a. REGISTRAR'S SIGNATURE JESSICA N ANDRADE SIGNATURE AUTHENTICATED		16b. DATE FILED BY REGISTRAR 05 / 13 / 2024 MM DD YYYY			

"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.

DATE ISSUED: 6/4/2024

Registrar of Vital Statistics **SIGNATURE AUTHENTICATED**

By: *Susan Zannis*

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