

**State of Nevada - Division of Health  
Section of Vital Statistics**

CASE FILE NO. 3541209

**11115**

**CERTIFICATE OF LIVE BIRTH**

BIRTH NO. 2010014458

|                                  |  |                      |  |   |   |
|----------------------------------|--|----------------------|--|---|---|
| <b>CHILD</b>                     | 1. CHILD NAME (First, Middle, Last, Suffix)<br>Jullana KEKEROVIC   |                      | 2. DATE OF BIRTH (Mo, Day, Yr)<br>June 3, 2010                   | 3. TIME OF BIRTH<br>13:11 (24Hr)  | 4. SEX<br>F   |
|                                  | 5. FACILITY NAME (If not Institution, give street and number)<br>Summerlin Hospital Medical Center   |                      | 6. CITY, VILLAGE, OR LOCATION OF BIRTH<br>Las Vegas              | 7. COUNTY OF BIRTH<br>Clark   |   |
| <b>MOTHER</b>                    | 8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last)<br>Nikoleta SHKURTAJ  |                      | 8b. DATE OF BIRTH (Mo/Day/Yr)<br>December 03, 1983               | 8c. AGE<br>26   |   |
|                                  | 9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix)<br>SHKURTAJ  |                      | 10. BIRTHPLACE (State, Territory, or Foreign Country)<br>Albania |   |   |
|                                  | 11a. RESIDENCE OF MOTHER-STATE<br>NV   | 11b. COUNTY<br>Clark | 11c. CITY, TOWN, OR LOCATION<br>Las Vegas                        |   |   |
|                                  | 11d. STREET AND NUMBER<br>2113 Alta Dr   |                      | 11e. APT. NO.  | 11f. ZIP CODE<br>89106  | 11g. INSIDE CITY LIMITS?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>FATHER</b>                    | 12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix)<br>Michel Branko KEKEROVIC   |                      | 12b. DATE OF BIRTH (Mo/Day/Yr)<br>February 02, 1976              | 12c. AGE<br>34  | 12d. BIRTHPLACE (State, Territory, or Foreign Country)<br>Netherlands                           |
|                                  | 13a. CERTIFIER'S NAME:<br>Rita Saccoyan<br>TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM<br><input type="checkbox"/> OTHER MIDWIFE <input checked="" type="checkbox"/> MEDICAL RECORDS TECHNICIAN<br><input type="checkbox"/> OTHER (Specify) _____ |                      |  | 14a. ATTENDANT'S NAME Edward Carey Spoon Jr.<br>ATTENDANT'S ADDRESS 2010 Goldring #200<br>Las Vegas NV 89106<br>TITLE <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE<br><input type="checkbox"/> OTHER (Specify) _____ |   |
| <b>CERTIFIER &amp; ATTENDANT</b> | 15a. CERTIFIER OR ATTENDANT'S SIGNATURE<br>Rita Saccoyan SIGNATURE AUTHENTICATED   |                      |  | 15b. DATE CERTIFIED<br><br>06 / 15 / 2010<br>MM DD YYYY   |   |
|                                  | 16a. REGISTRAR'S SIGNATURE<br>Christine Johnson SIGNATURE AUTHENTICATED  |                      |  | 16b. DATE FILED BY REGISTRAR<br><br>06 / 18 / 2010<br>MM DD YYYY  |   |
| <b>REGISTRAR</b>                 |  |                      |  |   |   |



3541209

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Lawrence K. Sands, D.O., M.P.H.  
Registrar of Vital Statistics

By:

Date Issued: **JUN 24 2010**