

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

4155685
CASE FILE NO.

CERTIFICATE OF LIVE BIRTH

2020019991
STATE FILE NUMBER

CHILD	1. CHILD NAME (First, Middle, Last, Suffix) Ariella Elizabeth CIRINCIONE		2. DATE OF BIRTH (Mo, Day, Yr) July 7, 2020		3. TIME OF BIRTH 17:32 (24Hr)		4. SEX F	
	5. FACILITY NAME (If not institution, give street and number) 8333 Saddleback Ledge Avenue			6. CITY, VILLAGE, OR LOCATION OF BIRTH Las Vegas		7. COUNTY OF BIRTH Clark		
MOTHER	8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last) Sherri Diane CIRINCIONE		8b. DATE OF BIRTH (Mo/Day/Yr) April 01, 1984		8c. AGE 36			
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) COX			10. BIRTHPLACE (State, Territory, or Foreign Country) Utah				
	11a. RESIDENCE COUNTRY AND/OR STATE Nevada		11b. COUNTY Clark		11c. CITY, TOWN, OR LOCATION Las Vegas			
	11d. STREET AND NUMBER 8333 Saddleback Ledge Avenue			11e. APT. NO.	11f. ZIP CODE 89147		11g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FATHER	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) Ross William CIRINCIONE		12b. DATE OF BIRTH February 18, 1984	12c. AGE 36	12d. BIRTHPLACE (State, Territory, or Foreign Country) Nevada			
	CERTIFIER & ATTENDANT 13a. CERTIFIER'S NAME: Keleigh S Sapp TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input checked="" type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> MEDICAL RECORDS TECHNICIAN <input type="checkbox"/> OTHER (Specify) _____			14a. ATTENDANT'S NAME April Clyde				
ATTENDANT'S ADDRESS 322 S. Jones Blvd. Las Vegas NV 89107								
15a. CERTIFIER OR ATTENDANT'S SIGNATURE Keleigh S Sapp SIGNATURE AUTHENTICATED			15b. DATE CERTIFIED 08 / 18 / 2020 MM DD YYYY					
16a. REGISTRAR'S SIGNATURE Wesley T Storey SIGNATURE AUTHENTICATED			16b. DATE FILED BY REGISTRAR 08 / 19 / 2020 MM DD YYYY					
REGISTRAR								

001030826



CERTIFIED COPY OF VITAL RECORDS

Wesley T Storey

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

12/26/2023

DATE ISSUED:

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE