

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

3875359
CASE FILE NO.

CERTIFICATE OF LIVE BIRTH

2016001735
STATE FILE NUMBER

CHILD	1. CHILD NAME (First, Middle, Last, Suffix) Arist Malachi CIRINCIONE		2. DATE OF BIRTH (Mo, Day, Yr) January 20, 2016	3. TIME OF BIRTH 20:45 (24Hr)	4. SEX M
	5. FACILITY NAME (If not institution, give street and number) 9664 KAMPSVILLE AVE		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 31	
	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 9664 Kampsville Ave	11e. APT. NO.	11f. ZIP CODE 89148	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 31	12d. BIRTHPLACE (State, Territory, or Foreign Country) Nevada
	CERTIFIER & ATTENDANT		CERTIFIER & ATTENDANT		
13a. CERTIFIER'S NAME: April KERMANI		14a. ATTENDANT'S NAME April KERMANI			
TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN <input checked="" type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> MEDICAL RECORDS TECHNICIAN <input type="checkbox"/> OTHER (Specify)		ATTENDANT'S ADDRESS 6000 South Eastern Ave, Ste 9A Las Vegas NV 89119 TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input checked="" type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify)			
15a. CERTIFIER OR ATTENDANT'S SIGNATURE April KERMANI SIGNATURE AUTHENTICATED		15b. DATE CERTIFIED 01 / 21 / 2016 MM DD YYYY			
REGISTRAR		REGISTRAR			
16a. REGISTRAR'S SIGNATURE Rhonda Pena SIGNATURE AUTHENTICATED		16b. DATE FILED BY REGISTRAR 01 / 28 / 2016 MM DD YYYY			

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CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: 12/2/2024

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