

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

3644829
CASE FILE NO.

2012006902
STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

CHILD	1. CHILD NAME (First, Middle, Last, Suffix) Aston Isalah CIRINCIONE		2. DATE OF BIRTH (Mo, Day, Yr) March 14, 2012	3. TIME OF BIRTH 22:51 (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) Sheri Diane COX		8b. DATE OF BIRTH (Mo/Day/Yr) April 01, 1984	8c. AGE 27	
	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 28	12d. BIRTHPLACE (State, Territory, or Foreign Country) Nevada
	13a. CERTIFIER'S NAME: April Kermani		14a. ATTENDANT'S NAME April KERMANI		
& ATTENDANT	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 03 / 15 / 2012 MM DD YYYY		
REGISTRAR	16a. REGISTRAR'S SIGNATURE Rhonda PENA SIGNATURE AUTHENTICATED		16b. DATE FILED BY REGISTRAR 03 / 29 / 2012 MM DD YYYY		

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CERTIFIED COPY OF VITAL RECORDS

Cody Shingy

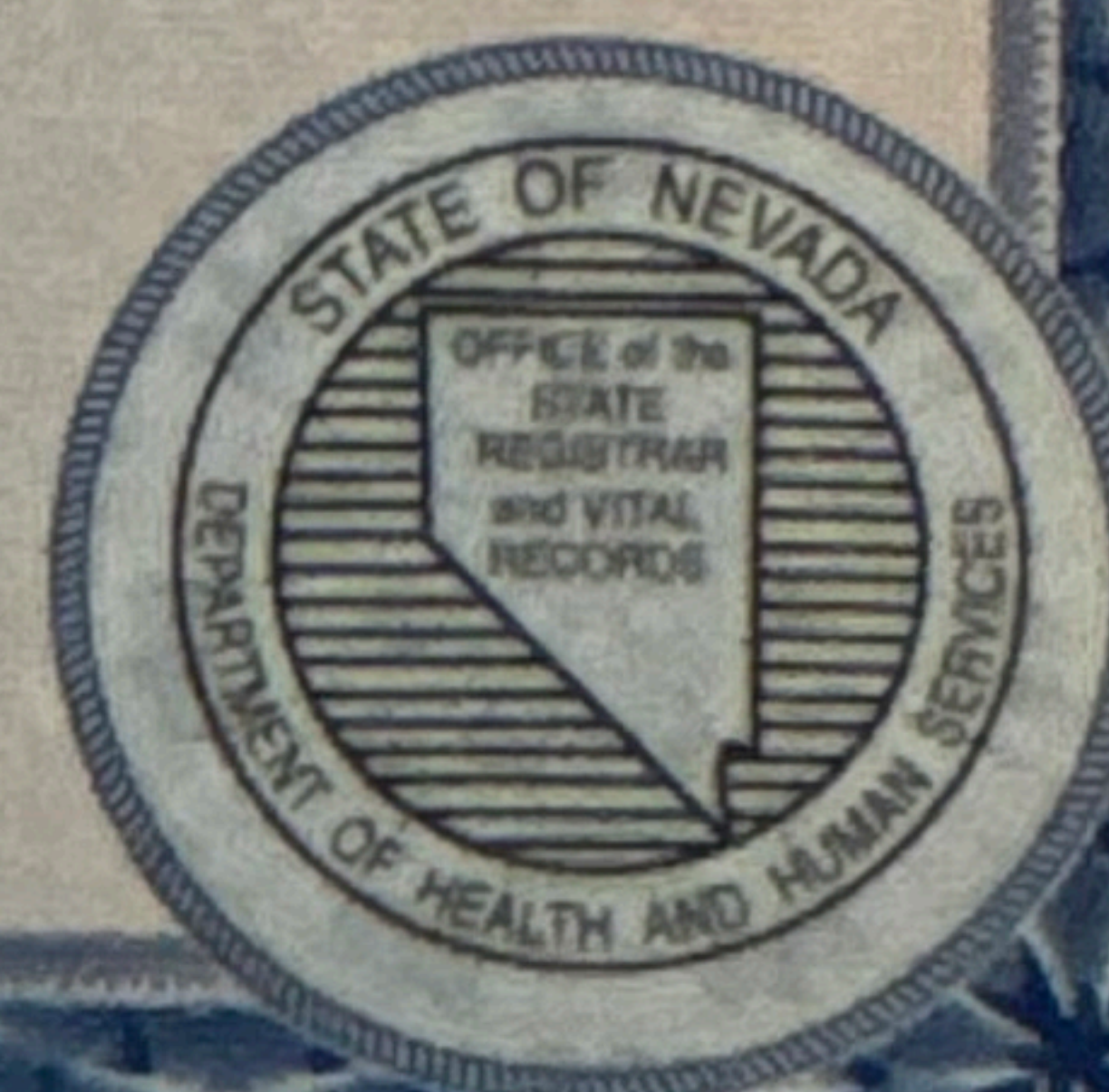
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

12/2/2024

DATE ISSUED:

STATE REGISTRAR

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE