

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

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

3998170  
CASE FILE NO.

2018001471  
STATE FILE NUMBER

**CERTIFICATE OF LIVE BIRTH**

<b>CHILD</b>	1. CHILD NAME (First, Middle, Last, Suffix) AZARIAH William CIRINCIONE		2. DATE OF BIRTH (Mo, Day, Yr) January 11, 2018	3. TIME OF BIRTH 08:19 (24Hr)	4. SEX M
	5. FACILITY NAME (If not institution, give street and number) HOME		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) Sherri Diane CIRINCIONE		8b. DATE OF BIRTH (Mo/Day/Yr) April 01, 1984	8c. AGE 33	
	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 Ave	11e. APT. NO.	11f. ZIP CODE 89147	11g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) Ross William CIRINCIONE		12b. DATE OF BIRTH February 18, 1984	12c. AGE 33	12d. BIRTHPLACE (State, Territory, or Foreign Country) Nevada
<b>CERTIFIER &amp; ATTENDANT</b>	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/WCM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> MEDICAL RECORDS TECHNICIAN <input type="checkbox"/> OTHER (Specify)		ATTENDANT'S ADDRESS  TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input checked="" type="checkbox"/> CNM/WCM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify)		
<b>REGISTRAR</b>	15a. CERTIFIER OR ATTENDANT'S SIGNATURE April Kermani SIGNATURE AUTHENTICATED		15b. DATE CERTIFIED 01 / 16 / 2018 MM DD YYYY		
	16a. REGISTRAR'S SIGNATURE Melissa Knight SIGNATURE AUTHENTICATED		16b. DATE FILED BY REGISTRAR 01 / 26 / 2018 MM DD YYYY		

001089617



CERTIFIED COPY OF VITAL RECORDS

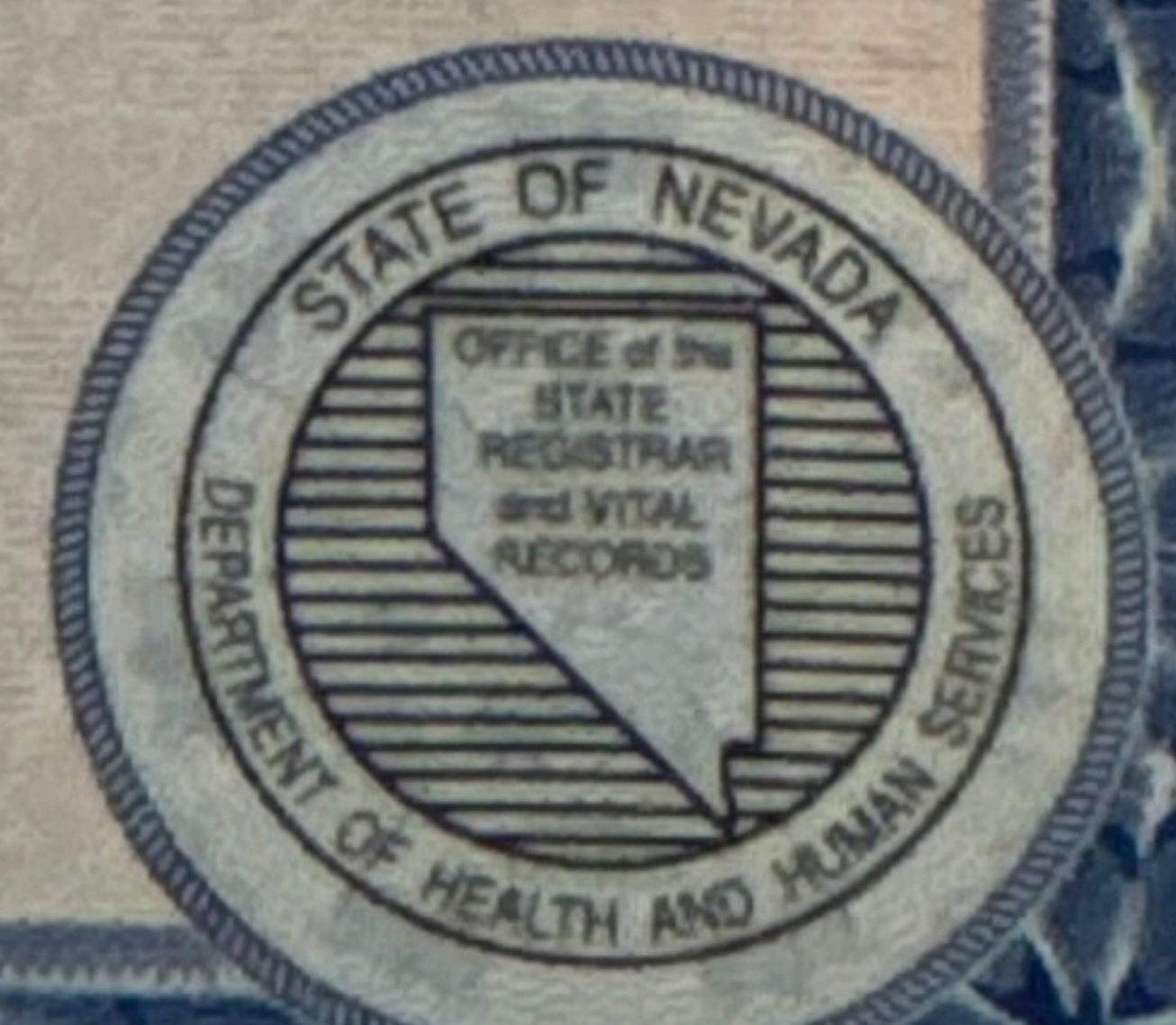
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 12/2/2024

*Cody Kermani*

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