

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

TYPE, OR PRINT IN
PERMANENT BLACK INK
INSTRUCTIONS
HANDBOOK

001384
LOCAL FILE NUMBER

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

84-001633
BIRTH NUMBER

CHILD

CHILD—NAME 1 First: Ross Middle: William Last: CIRINCIONE			SEX 2 Male	DATE OF BIRTH (Mo., Day, Yr.) 3a February 18, 1984	HOUR 3b 10:31 a.m.
HOSPITAL—NAME (If not in hospital, give street and number) 4a Southern Nevada Memorial Hospital		CITY, TOWN OR LOCATION OF BIRTH 4b Las Vegas		COUNTY OF BIRTH 4c Clark	

CERTIFIER

I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a (Signature) ▶ <i>Linda Jerrel</i>		DATE SIGNED (Mo., Day, Yr.) 5b 3-16-84	NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print) 5c William Robinson, M.D.
CERTIFIER—NAME AND TITLE (Type or print) 5d Linda Jerrel, Med. Rec. Supervisor		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 5e 1800 W. Charleston Blvd. Las Vegas, Nv. 89102	

MOTHER

REGISTRAR 6a (Signature) ▶ <i>Julie Henderson, Deputy</i>			DATE RECEIVED BY REGISTRAR (Month, Day, Year) 6b MAR 16 1984		
MOTHER—MAIDEN NAME 7a First: Magdalen Middle: Louise Last: Gallardo			AGE (At time of this birth) 7b 26	STATE OF BIRTH (If not in U.S.A., name country) 7c California	
RESIDENCE—STATE 8a Nevada	COUNTY 8b Clark	CITY, TOWN OR LOCATION 8c Las Vegas	STREET AND NUMBER OF RESIDENCE 8d 4419 Fairmont Cr.		INSIDE CITY LIMITS (Specify yes or no) 8e Yes
MOTHER'S MAILING ADDRESS—If same as above, enter Zip Code only 9 89117					

FATHER

FATHER—NAME 10a First: Liberto Middle: Santo Last: Cirincione			AGE (At time of this birth) 10b 36	STATE OF BIRTH (If not in U.S.A., name country) 10c Pennsylvania	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent 11a. or other informant) ▶ <i>Magdalen L. Cirincione</i>			RELATION TO CHILD 11b Mother		

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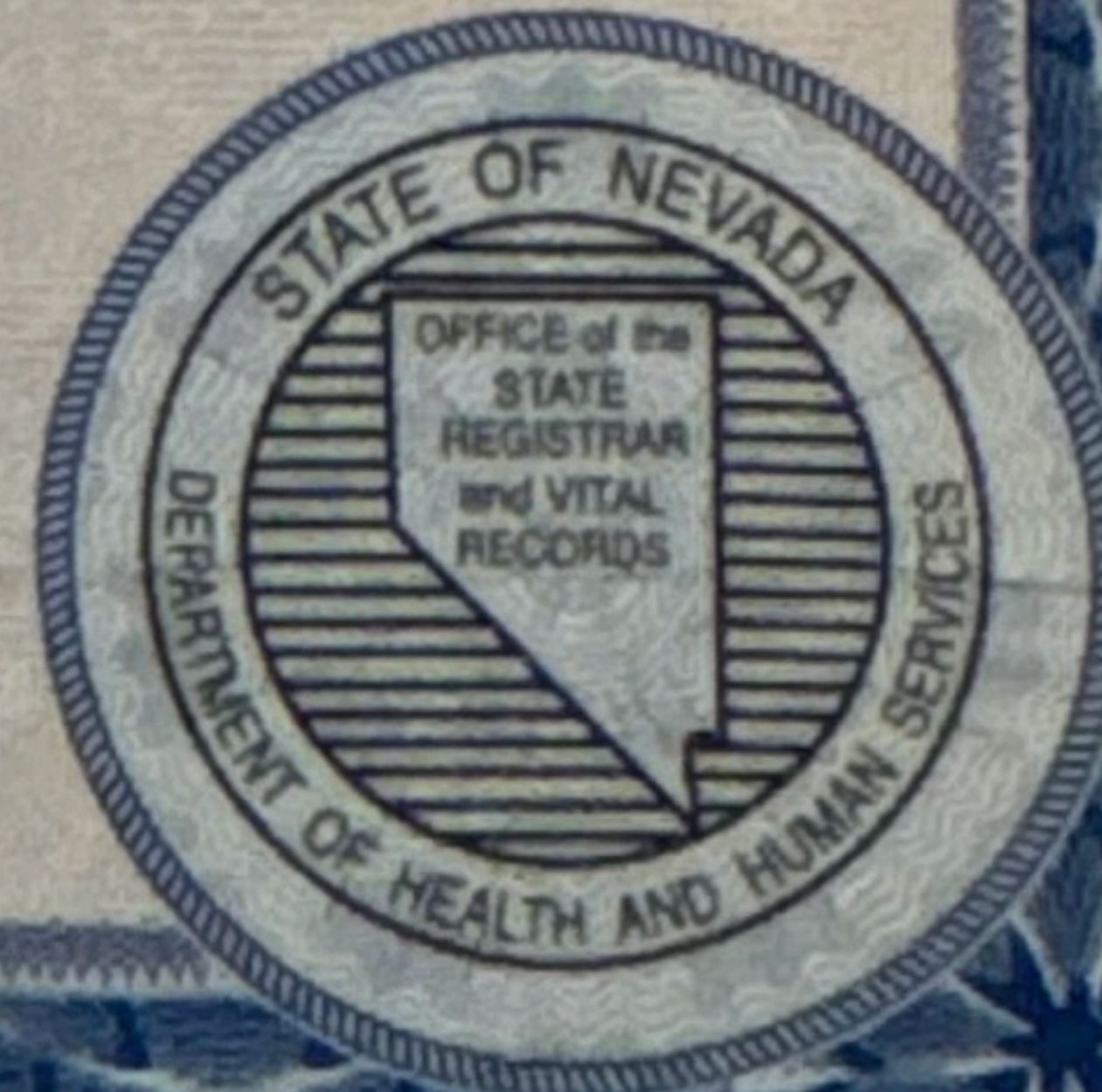
CERTIFIED COPY OF VITAL RECORDS

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: DEC 02 2024

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

Cody Phinney
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE