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06926

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH

CERTIFICATE FILE NUMBER

CHILD

1. CHILD'S NAME — FIRST: Ruby-Cheiss; MIDDLE: Louise; LAST: PAYNE
2. DATE OF BIRTH (Month, Day, Year): May 4, 1999
3. SEX OF CHILD: F. M. Female
4. TIME OF BIRTH (Hour and Minutes): Lee Vegas
5. PLACE OF BIRTH (County): Clark
6. CITY OF BIRTH (If in hospital, give name of hospital): Hospital
7. HOSPITAL NAME (If not hospital, give street address or location): Sunnerlin Hospital Medical Center
8. Twins, triplets, etc. Was child born alive at the place and time of birth? (Yes, No): Yes
9. Was child born alive since birth? (Yes, No): Yes
10. ATTENDANT'S NAME AND TITLE (Enter last name, middle initial): Jesse A. Sherrod, II M.D.

CERTIFICATION OF ATTENDANT

Signature of Attendant: Jesse A. Sherrod 5-15-99

MOTHER

11. MOTHER'S NAME AND TITLE (Maiden): Shaila Bettridge R.N.M. Clark
12. MOTHER'S MEDICAL RECORD (Enter last number or other date number, city or county, state): 2040 West Charleston Lee Vegas, NV 89102

FOR USE BY THE MOTHER ONLY

13. MOTHER'S MAIDEN NAME: Stephanie Culverson
14. DATE FILED BY MOTHER (Month, Day, Year): MAY 20 1999
15. AGE: 31

FATHER

16. REPORTED NAME OF FATHER (Enter last name): Illinois
17. PLACE OF BIRTH (State or foreign country): Nevada
18. COUNTY: Clark
19. CITY, TOWN OR LOCATION: Lee Vegas
20. TRUE FIRST AND FAMILY NAMES: 8881 April Ln
21. MAILING ADDRESS (Street or RFD, Apt. No.): Tex
22. CITY, TOWN OR LOCATION: 89133

INFORMANT

23. INFORMANT'S NAME: Robert
24. MAILING ADDRESS (Street or RFD, Apt. No.): Aundra
25. CITY, TOWN OR LOCATION: Payne
26. AGE: 36
27. REPORTED (State or foreign country): Ohio

28. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED BY THIS CERTIFICATE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
Signature of parent or other informant: Stephanie Culverson

INFORMATION FROM MEDICAL AND HEALTH CHP FORM

"*CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA.*" This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

by

Date Issued: JUN 22 1999

CLARK COUNTY HEALTH DISTRICT
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Tax ID# 88-0151573