

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

88511
LOCAL FILE NUMBER

15094

STATE OF NEVADA – DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH – OFFICE OF VITAL RECORDS
CERTIFICATE OF LIVE BIRTH

20080020865
STATE FILE NUMBER

INSTRUCTIONS
SEE
HANDBOOK

CHILD

**CERTIFIER/
ATTENDANT**

DEATH UNDER
ONE YEAR
OF AGE
Enter State File
Number of
death certifi-
cate for this
child.

MOTHER

FATHER

INFORMANT

| | | | | |
|---|---|--|--|-----------------------------|
| 1. CHILD'S NAME FIRST: Astara MIDDLE: Celeste LAST: CIRINCIONE | | | 2. DATE OF BIRTH (Month, Day, Year) June 19, 2008 | |
| 3. TIME OF BIRTH 3:24 PM | 4. SEX Female | 5. CITY, TOWN OR LOCATION OF BIRTH Las Vegas | | 6. COUNTY OF BIRTH Clark |
| 7. PLACE OF BIRTH <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other Specify _____ | | | 8. FACILITY NAME (If not institution, give street and number) 629 Fogg Street | |
| 9. I certify that this child was born alive at the place and time and on the date stated. Signature > <i>[Signature]</i> | | 10. DATE SIGNED (Month, Day, Year) 07/16/2008 | 11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print) NAME: Renee Hanevold <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input checked="" type="checkbox"/> Other Midwife <input type="checkbox"/> Other Specify _____ | |
| 12. CERTIFIER'S NAME AND TITLE (Type/Print) NAME: Ross William Cirincione <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input checked="" type="checkbox"/> Other Specify: Father | | 13. ATTENDANT'S MAILING ADDRESS (Street and number or rural route number, city, or town, Zip Code) 629 Fogg Street Las Vegas, NV 89110 | | |
| 14. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | 15. DATE FILED BY REGISTRAR (Month, Day, Year) JUL 16 2008 | |
| 16a. MOTHER'S NAME FIRST: Sherri MIDDLE: Diane LAST: Cox | | 16b. MAIDEN SURNAME Cox | 17. AGE 24 | |
| 18. BIRTHPLACE (State or foreign country) Utah | 19a. RESIDENCE - STATE Nevada | 19b. COUNTY Clark | 19c. CITY, TOWN OR LOCATION Las Vegas | |
| 19d. STREET AND NUMBER 10902 Avenzano Street | 19e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only) 89141 | | |
| 21. FATHER'S NAME FIRST: Ross MIDDLE: William LAST: Cirincione | | 22. AGE 24 | 23. BIRTHPLACE (State or foreign country) Nevada | |
| 24. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. Signature of parent or other informant > <i>[Signature]</i> | | | | |

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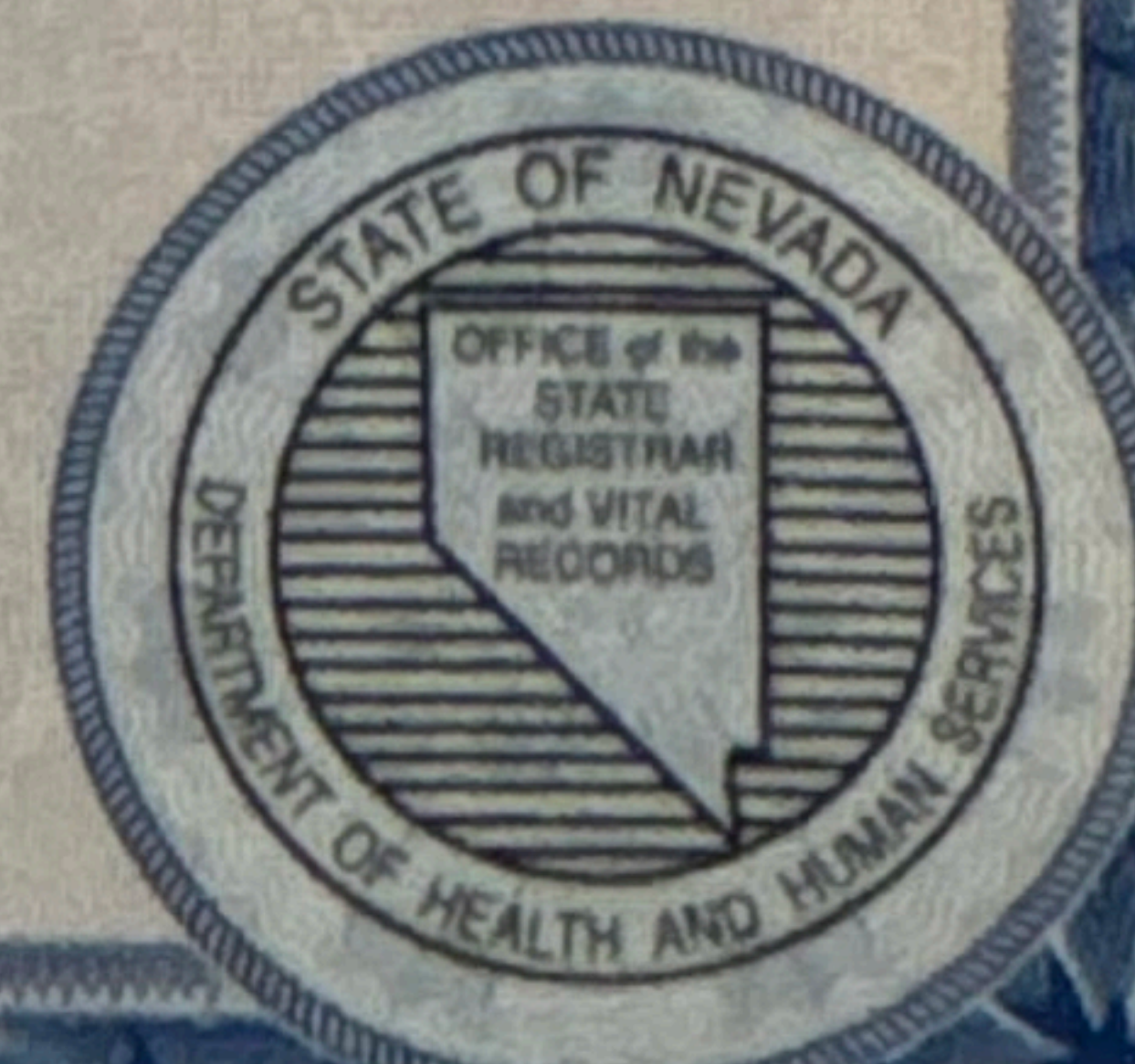
CERTIFIED COPY OF VITAL RECORDS

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.

[Signature]
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE