

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

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

3009047  
CASE FILE NO.

2009001377  
STATE FILE NUMBER

**CERTIFICATE OF LIVE BIRTH**

<b>CHILD</b>	1. CHILD NAME (First, Middle, Last, Suffix) Isabel Juliana AMARAL		2. DATE OF BIRTH (Mo, Day, Yr) January 18, 2009	3. TIME OF BIRTH 13:33 (24Hr)	4. SEX F
	5. FACILITY NAME (If not institution, give street and number) Summerlin Hospital Medical Center		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) TAMARA SAKIB TINY AMARAL		8b. DATE OF BIRTH (Mo/Day/Yr)		8c. AGE 31
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) KEKEROVIC		10. BIRTHPLACE (State, Territory, or Foreign Country) Netherlands		
	11a. RESIDENCE COUNTRY AND/OR STATE Nevada	11b. COUNTY Clark	11c. CITY, TOWN, OR LOCATION Las Vegas		
	11d. STREET AND NUMBER 6617 Pleasant Plans Way		11e. APT. NO.	11f. ZIP CODE 89108	11g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>FATHER</b>	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) Jason Ikalka AMARAL		12b. DATE OF BIRTH December 29, 1972	12c. AGE 36	12d. BIRTHPLACE (State, Territory, or Foreign Country) Hawaii
	13a. CERTIFIER'S NAME: REBECCA P BRIONES TITLE <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> MEDICAL RECORDS TECHNICIAN <input checked="" type="checkbox"/> OTHER (Specify) HIM CLERK II		14a. ATTENDANT'S NAME SUSAN LUELLA BOYD ATTENDANT'S ADDRESS 2851 N Tenaya # 208 Las Vegas NV 89128 TITLE <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify)		
<b>CERTIFIER &amp; ATTENDANT</b>	15a. CERTIFIER OR ATTENDANT'S SIGNATURE REBECCA P BRIONES SIGNATURE AUTHENTICATED		15b. DATE CERTIFIED 01 / 22 / 2009 MM DD YYYY		
	16a. REGISTRAR'S SIGNATURE ERIN VIOLA WRIGHT SIGNATURE AUTHENTICATED		16b. DATE FILED BY REGISTRAR 01 / 30 / 2009 MM DD YYYY		
<b>REGISTRAR</b>					

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CERTIFIED COPY OF VITAL RECORDS

*Cody Hinson*

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.

4/16/2024

DATE ISSUED:

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

