

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

3995862
CASE FILE NO.

2017034647
STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

CHILD	1. CHILD NAME (First, Middle, Last, Suffix) Addison Meredith VARGA		2. DATE OF BIRTH (Mo, Day, Yr) December 26, 2017		3. TIME OF BIRTH 16:17 (24Hr)	4. SEX F
	5. FACILITY NAME (If not institution, give street and number) Southern Hills Hospital Medical Center		6. CITY, VILLAGE, OR LOCATION OF BIRTH Las Vegas		7. COUNTY OF BIRTH Clark	
MOTHER	8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last) Jennifer Jeanne SPANHEIMER		8b. DATE OF BIRTH (Mo/Day/Yr) March 26, 1978		8c. AGE 39	
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) SPANHEIMER			10. BIRTHPLACE (State, Territory, or Foreign Country) Nebraska		
	11a. RESIDENCE OF MOTHER-STATE Nevada	11b. COUNTY Clark	11c. CITY, TOWN, OR LOCATION Las Vegas			
	11d. STREET AND NUMBER 10611 Harvest Green Way		11e. APT. NO.	11f. ZIP CODE 89135	11g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FATHER	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) Thomas Anthony VARGA		12b. DATE OF BIRTH (Mo/Day/Yr) March 04, 1970		12c. AGE 47	12d. BIRTHPLACE (State, Territory, or Foreign Country) Utah
	13a. CERTIFIER'S NAME: <u>Rowena Ablang</u>			14a. ATTENDANT'S NAME <u>Joseph A Adashek</u>		
CERTIFIER & ATTENDANT	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 checked="" type="checkbox"/> MEDICAL RECORDS TECHNICIAN <input type="checkbox"/> OTHER (Specify) _____			ATTENDANT'S ADDRESS <u>5761 S Fort Apache Rd</u> <u>Las Vegas NV 89148</u>		
	15a. CERTIFIER OR ATTENDANT'S SIGNATURE Rowena Ablang SIGNATURE AUTHENTICATED			15b. DATE CERTIFIED <u>12 / 29 / 2017</u> MM DD YYYY		
REGISTRAR	16a. REGISTRAR'S SIGNATURE Christine Johnson SIGNATURE AUTHENTICATED			16b. DATE FILED BY REGISTRAR <u>01 / 03 / 2018</u> MM DD YYYY		

"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 Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **MAY 09 2019**

Registrar of Vital Statistics

By: *[Signature]*

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