

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

Certificate of Live Birth

Thomas
Child First

A
Child Middle

Varga
Child Last

Male
Sex of Child

March 4, 1970
Date of Birth

07:47
Time of Birth

05 lbs 09 oz
Birth Weight

LDS Hospital
Place of Birth

Salt Lake City
City of Birth

Salt Lake
County of Birth

Judith Ilona Maria Molnar
Mother's Maiden Name

26
Mother's Age

Hungary
Mother's Place of Birth

Sandy
Mother's Residence City

Utah
Mother's Residence State/Country

Csaba Antal Varga
Father's Name

32
Father's Age

Hungary
Father's Place of Birth

March 18, 1970
Date of Registration

1970 04224
File Number

No
SSA Card Requested

October 17, 2023
Date Issued

Record Status: Registered

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Linda S. Winger

Linda S. Winger, MSW, LCSW
State Registrar

Rev. 12/20



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UTAH DEPARTMENT OF HEALTH
Office of Vital Records & Statistics
Salt Lake City, Utah



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		
CERTIFIER & ATTENDANT	13a. CERTIFIER'S NAME: <u>Rowena Ablang</u>			14a. ATTENDANT'S NAME <u>Joseph A Adashek</u>				
	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> 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) _____				
	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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