

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

3780636
CASE FILE NO.

2014017272
STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

CHILD	1. CHILD NAME (First, Middle, Last, Suffix) Tristan Alexander DAVIS Jr		2. DATE OF BIRTH (Mo, Day, Yr) July 9, 2014		3. TIME OF BIRTH 17:19 (24Hr)		4. SEX M	
	5. FACILITY NAME (if not institution, give street and number) Mountainview Hospital			6. CITY, VILLAGE, OR LOCATION OF BIRTH Las Vegas		7. COUNTY OF BIRTH Clark		
MOTHER	8a. MOTHER/PARENT CURRENT LEGAL NAME (First, Middle, Last) Javeia Shaqueal RILEY			8b. DATE OF BIRTH (Mo/Day/Yr) September 25, 1989		8c. AGE 24		
	9. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Last, Suffix) RILEY			10. BIRTHPLACE (State, Territory, or Foreign Country) Nevada				
	11a. RESIDENCE COUNTRY AND/OR STATE Nevada		11b. COUNTY Clark		11c. CITY, TOWN, OR LOCATION Las Vegas			
	11d. STREET AND NUMBER 2701 North Rainbow Boulevard			11e. APT. NO. 1103	11f. ZIP CODE 89108		11g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
FATHER	12a. FATHER/PARENT CURRENT LEGAL NAME (First, Middle, Last, Suffix) Tristan Alexander DAVIS			12b. DATE OF BIRTH July 30, 1987	12c. AGE 26	12d. BIRTHPLACE (State, Territory, or Foreign Country) Illinois		
	CERTIFIER & ATTENDANT	13a. CERTIFIER'S NAME: Melissa Lackinger			14a. ATTENDANT'S NAME Randall Morris Tuggle			
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 3150 N Tenaya Way Ste 300 Las Vegas NV 89128					
15a. CERTIFIER OR ATTENDANT'S SIGNATURE Melissa Lackinger SIGNATURE AUTHENTICATED			15b. DATE CERTIFIED 07 / 21 / 2014 MM DD YYYY					
REGISTRAR	16a. REGISTRAR'S SIGNATURE Liz Munford SIGNATURE AUTHENTICATED			16b. DATE FILED BY REGISTRAR 07 / 21 / 2014 MM DD YYYY				

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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:

5/20/2025

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Cody D. Hines
STATE REGISTRAR

