

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

42920 ROLL 117
IMAGE 188

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

LOCAL FILE NUMBER 3846

CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER

CHILD

1. CHILD'S NAME FIRST Kimberly			MIDDLE Alexis	LAST ASHER	2. DATE OF BIRTH (Month, Day, Year) September 21, 1989	3. TIME OF BIRTH 5:15 AM
4. SEX Female	5. CITY, TOWN OR LOCATION OF BIRTH Reno				6. COUNTY OF BIRTH Washoe	
7. PLACE OF BIRTH: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify)				8. FACILITY NAME (If not institution, give street and number) Washoe Medical Center		

CERTIFIER/ATTENDANT

9. I certify that this child was born alive at the place and time and on the date stated.		10. DATE SIGNED (Month, Day, Year) 9-21-89	11. ATTENDANT'S NAME AND TITLE (If other than certifier) (Type/Print) NAME Ricardo Garcia	
Signature <i>Donna L. Taylor</i>			1 <input checked="" type="checkbox"/> M.D. 2 <input type="checkbox"/> D.O. 3 <input type="checkbox"/> C.N.M. 4 <input type="checkbox"/> Other Midwife 5 <input type="checkbox"/> Other (Specify)	
12. CERTIFIER'S NAME AND TITLE (Type/Print) <input checked="" type="checkbox"/> NAME Donna L. Taylor		13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 75 Pringle Way #801 Reno, NV 89502		
1 <input type="checkbox"/> M.D. 2 <input type="checkbox"/> D.O. 3 <input type="checkbox"/> Hospital Admin. 4 <input type="checkbox"/> C.N.M. 5 <input type="checkbox"/> Other Midwife 6 <input checked="" type="checkbox"/> Other (Specify) Supervisor, Medical Records				

DEATH UNDER ONE YEAR OF AGE
Enter State File Number of death certificate for this child

MOTHER

14. REGISTRAR'S SIGNATURE <i>Christa Batz</i> Deputy Registrar			15. DATE FILED BY REGISTRAR (Month, Day, Year) September 25, 1989		
16a. MOTHER'S NAME FIRST Lisa		MIDDLE Ann	LAST Asher	16b. MAIDEN SURNAME Smith	17. AGE 18
18. BIRTHPLACE (State or Foreign Country) California		19a. RESIDENCE—STATE Nevada		19b. COUNTY Douglas	19c. CITY, TOWN, OR LOCATION Gardnerville
19d. STREET AND NUMBER 207 Hwy 395 So.		19e. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only) 89410	

FATHER

21. FATHER'S NAME FIRST Richard		MIDDLE Cory	LAST Asher	22. AGE 19	23. BIRTHPLACE (State or Foreign Country) Nevada
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LEGENDARY

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 *Lisa Asher*

This is to certify that the above is a true and legal copy of the certificate on file in this office.

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

Lisa Asher

P.O. Box 444

Minden, Nev. 89423

SS 11 08 11 88

215636

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No. _____

THIS CERTIFIED COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, HENDON, WASHOE COUNTY, NEVADA

NOV 1 1989

SEAL

REGISTRATION DISTRICT OFFICE

BY *[Signature]*

THIS COPY WILL BE DESTROYED IN ACCORDANCE WITH THE RECORDS MANAGEMENT ACT OF 1967, CHAPTER 291, NRS 239.010, 239.015, 239.020, 239.025, 239.030, 239.035, 239.040, 239.045, 239.050, 239.055, 239.060, 239.065, 239.070, 239.075, 239.080, 239.085, 239.090, 239.095, 239.100, 239.105, 239.110, 239.115, 239.120, 239.125, 239.130, 239.135, 239.140, 239.145, 239.150, 239.155, 239.160, 239.165, 239.170, 239.175, 239.180, 239.185, 239.190, 239.195, 239.200, 239.205, 239.210, 239.215, 239.220, 239.225, 239.230, 239.235, 239.240, 239.245, 239.250, 239.255, 239.260, 239.265, 239.270, 239.275, 239.280, 239.285, 239.290, 239.295, 239.300, 239.305, 239.310, 239.315, 239.320, 239.325, 239.330, 239.335, 239.340, 239.345, 239.350, 239.355, 239.360, 239.365, 239.370, 239.375, 239.380, 239.385, 239.390, 239.395, 239.400, 239.405, 239.410, 239.415, 239.420, 239.425, 239.430, 239.435, 239.440, 239.445, 239.450, 239.455, 239.460, 239.465, 239.470, 239.475, 239.480, 239.485, 239.490, 239.495, 239.500, 239.505, 239.510, 239.515, 239.520, 239.525, 239.530, 239.535, 239.540, 239.545, 239.550, 239.555, 239.560, 239.565, 239.570, 239.575, 239.580, 239.585, 239.590, 239.595, 239.600, 239.605, 239.610, 239.615, 239.620, 239.625, 239.630, 239.635, 239.640, 239.645, 239.650, 239.655, 239.660, 239.665, 239.670, 239.675, 239.680, 239.685, 239.690, 239.695, 239.700, 239.705, 239.710, 239.715, 239.720, 239.725, 239.730, 239.735, 239.740, 239.745, 239.750, 239.755, 239.760, 239.765, 239.770, 239.775, 239.780, 239.785, 239.790, 239.795, 239.800, 239.805, 239.810, 239.815, 239.820, 239.825, 239.830, 239.835, 239.840, 239.845, 239.850, 239.855, 239.860, 239.865, 239.870, 239.875, 239.880, 239.885, 239.890, 239.895, 239.900, 239.905, 239.910, 239.915, 239.920, 239.925, 239.930, 239.935, 239.940, 239.945, 239.950, 239.955, 239.960, 239.965, 239.970, 239.975, 239.980, 239.985, 239.990, 239.995

COPY

REQUESTED BY
Lisa Asher
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

'89 NOV 30 A9:22

SUZANNE BEAUDREAU
 RECORDER

\$6⁰⁰ PAID *Bh* DEPUTY

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