WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

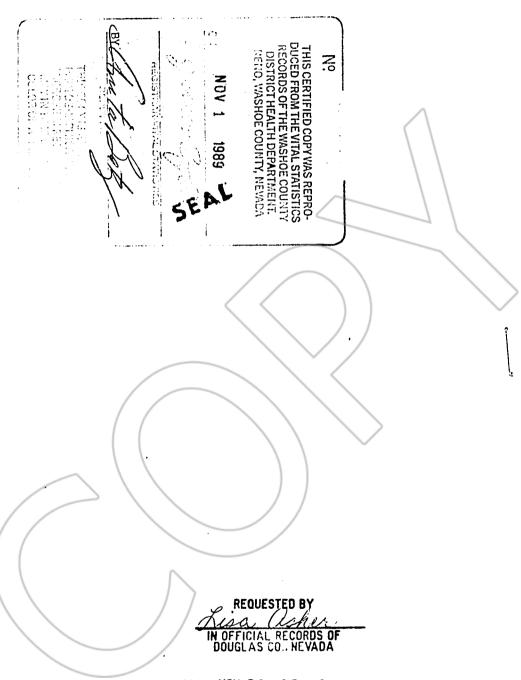
TYPE/PRIKT IN	42920 ROLL 117 STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES							-	
PERMANENT BLACK INK	IMAGE 188 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS LOCAL FILE NUMBER 3846 CERTIFICATE OF LIVE BIRTH STATE FLE NUMBER								
FOR INSTRUCTIONS	1. CHILD'S NAME FIRST MIDDLE		MIDDLE				STATE FILE NUMBER F BIRTH (Month, Day, Year) 3. TIME OF BIRTH		
HANDBOOK HANDBOOK	Kimberly 4. SEX 5. CITY, TOWN OR LOCATION OF BI		Alexis	ASHER	September 21, 1989			5:15 AM	
CHILD.	Female	Reno				8. COUNTY O	F BIRTH	<u> </u>	
	7. PLACE OF BIRTH: 15 Hospital 2D Freestanding Birthing Center				8. FACILITY NAVE (If not institution, give street and number)				
	5 Other (4D Residence		1	oe Medical	1 1	•	
	1 certify that this child was born alive at the place and time and on the date stated.			10. DATE SIGNED (Month, Day, Year)	11. ATTENDANT'S NAME AND TITLE (# other than certifier) (Type/Print) NAME Ricardo Garcia				
CERTIFIER/: ALTERDATI	Signature		Josh	1 ☑ M.D. 2 □ 0.0. 3 □ C.N.M. 4 □ Other Midwife 5 □ Other (Specify)					
DEATH UNDER	12. CERTIFIERS NAVE AND TITLE (Type/Print) V NAME Donna L. Taylor			13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Humber, City or Town, State, Zip Code)					
ONE YEAR OF	1 □ M.D. 2 □ D.O. 3 □ Hospital Admin. 4 □ C.N.M. 5 □ Other Midwite				J. J	zip code)			
Enter State File Number of death certificate for this child	657 Char (Specify) Supervisor, Medical Records 75 Pringle Way #801 Repo. NV 89502								i _{ng}
	16. Horses State Deputy Registrar				September 25, 1989				
	_	Lisa	Ann	Asher	16b. MAIDEN	Smith	17. AGE	8	V
		CE (State or Foreign Country)	193	PESIDENCE - STATE	19b. COUNT	Y	19c. CITY, TOWN, O		707
	Cali	fornia		Nevada	Doug	las	Gardne	rville	
	207 Hw	y 395 So.		196. INSIDE CITY LIMITS?	20. MOTHERS MAILN	3 ADDRESS (If same	as residence, enter Za	Code only)	
FATHER	21. FATHERS	Richard	Cory	LAST . Asher	22. AGE		PLACE (State or Foreign	Country)	 ,
THEOREMAIN		that the personal information of Parent or Other informant		ertificate is correct to the	best of my knowledge	and belief.	CVaua		
Christian II	This:	0 to 0 mile . A				_			

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 Aster P.D.Box 1444/ Minden, New. 89423

'89 Mil 30 NY 22



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SUZANNE BEAUDREAU RECORDER PAID BL DEPUTY

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