

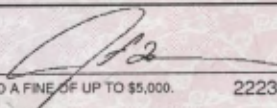
STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DALLAS COUNTY

STATE OF TEXAS

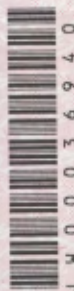
CERTIFICATE OF BIRTH

BIRTH NUMBER

1. Child's Name First: SIVANSHIKA Middle: YARLAGADDA Last: YARLAGADDA Suffix:			2. Date of Birth (mm/dd/yyyy) 07/29/2018	3. Sex FEMALE
4a. Place of Birth - County DALLAS	4b. City or Town (If outside city limits, give precinct no.) IRVING	5. Time of Birth 23:14	6a. Plurality - Single, Twin, Triplet, etc. SINGLE	6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.
7a. Place of birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth (Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Other (Specify):			7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address) LAS COLINAS MEDICAL CENTER	
8a. Attendant's Name, NPI, and Mailing Address KEVIN P. O'NEIL 2001 N MACARTHUR BLVD., SUITE 540 IRVING, TEXAS 75061			9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated. TURKASHIA SCOTT 08/03/2018 Signature and Title Date Signed	
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):			9b. <input type="checkbox"/> Attendant <input checked="" type="checkbox"/> Facility Administrator / Designee <input type="checkbox"/> Other (Specify):	
10. Mother's Name Prior to First Marriage First: SIVA SUSHMA Middle: GANGURU Last: GANGURU			11. Date of Birth (mm/dd/yyyy) 08/27/1988	12. Birthplace (State, Territory or Foreign Country) INDIA
13a. Residence - State TEXAS	13b. County DALLAS	13c. City, Town or Location IRVING	13d. Street Address or Rural Location 8257 RANCHVIEW DR. # 2115	
13e. Zip Code 75063	13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Mailing Address: <input checked="" type="checkbox"/> Same As Residence, or:		
15. Father's Name Prior to First Marriage First: SIVAKRISHNA Middle: YARLAGADDA Last: YARLAGADDA Suffix:			16. Date of Birth (mm/dd/yyyy) 11/07/1986	17. Birthplace (State, Territory or Foreign Country) INDIA
18a. Local File Number 0103809	18b. Date Received by Local Registrar 08/08/2018		18c. Signature of Local Registrar 	

VS-111.3 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000.


222395



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

AUG 27 2018


John F. Warren
County Clerk/Local Registrar



WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE