

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

THIS CERTIFICATE MUST BE FORWARDED BY THE LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROMPTLY REGISTERED.

STATE BOARD OF HEALTH FILE NO. 283 400

CERTIFICATE OF BIRTH,
STATE OF UTAH.

PLACE OF BIRTH
County of Summit
Precinct of _____
Town or Village of Park City
City of _____

Street and No. 502 Woodside Ave
If in Hospital or other Institution, give its name instead of Street and number.

FULL NAME OF CHILD McClellan Lorenzo Ewell } If child is not yet named, make supplemental report as directed

Sex of Child male Twin, Triplet, or Other? ✓ and Number In Order of Birth 1st Legitimate? Yes Date of Birth Nov 30, 1911
[Month] [Day] [Year]

FATHER
FULL MAIDEN NAME Vernal Ewell
RESIDENCE Park City
COLOR white AGE AT LAST BIRTHDAY 22 [Years]
BIRTHPLACE Utah
OCCUPATION miner

MOTHER
FULL MAIDEN NAME Floresie Buttry
RESIDENCE Park City (Buttry)
COLOR white AGE AT LAST BIRTHDAY 19 [Years]
BIRTHPLACE Utah
OCCUPATION wife

Number of Child of this Mother 1st Number of children of this Mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on Nov 30, 1911 at 6 P. M.
Premature no or Still Birth? no (Yes or No)

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. }
[Signature] E. P. DeCompte
Date Dec 1, 1911 [Physician or Midwife]

Give name added from supplemental report _____ 19____
Address of Physician or Midwife Park City Utah
Filed Dec 4, 1911 E. P. DeCompte
Registered No. 118

DATE ISSUED: _____ REGISTRAR: _____

SEP 29 2006

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Barry E Nangle
Barry E. Nangle
State Registrar


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



N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.