

(1) PLACED BY

CERTIFICATE OF BIRTH

County of *Madison*

Township of *Madison*

City of *Madison*

Registration District No. *44.7.10*

Registered No. *5470*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Lincoln Eugene King*

(3) SEX *Male* (4) DATE OF BIRTH *Feb 14 1923* (5) TIME OF BIRTH *10:00*

FATHER		MOTHER	
(6) NAME	<i>Lincoln Eugene King</i>	(6) NAME	<i>Phyllis Brown</i>
(7) RESIDENCE	<i>Lake City SC</i>	(7) RESIDENCE	<i>Lake City SC</i>
(8) COLOR OR RACE	<i>Black</i>	(8) COLOR OR RACE	<i>Black</i>
(9) BIRTHPLACE	<i>SC</i>	(9) BIRTHPLACE	<i>SC</i>
(10) OCCUPATION	<i>Farmer</i>	(10) OCCUPATION	<i>Housewife</i>
(11) Number of children born to mother, including present one	<i>10</i>	(11) Number of children of this mother and father, including present one	<i>10</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(12) I hereby certify that I attended the birth of this child, who was *alive* (How A. M. or P. M.) *3 M.* on the date above stated.

(13) (Signature) *Jane Flood* (14) State whether *Physician or midwife* (15) Address of Physician or Midwife *Lake City*

Given name added from a supplementary report

(16) Witness (Signature of Witness necessary only when question 12 is signed by mark) *Feb 14 1923*

(17) Filed *Feb 14 1923* (18) Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.