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(1) PLACE OF BIRTH  
County of Cashmere  
Township of Amelia  
or  
Inc. Town of.....  
or  
City of.....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**84562**

Registration District No. 500 Registered No. 163  
(For use of Local Registrar)

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

(2) Full Name of Child George Len Kins

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 28, 1916</u> (Name of Month) (Day) (Year)
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**FATHER.**  
(8) FULL NAME Simone Hendrix  
(9) PRESENT POSTOFFICE OF FATHER St. Matthews SC  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 46  
(12) BIRTHPLACE South Carolina  
(13) OCCUPATION Farm Laborer  
(20) Number of children born to mother, including present birth 18

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Anna Guignard  
(15) PRESENT POSTOFFICE OF MOTHER St. Matthews SC  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38  
(18) BIRTHPLACE South Carolina  
(19) OCCUPATION Farm Laborer  
(21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P. M. on the date above stated.  
(23) (Signature) Elsy Jackson  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews SC

(26) Witnesses CRobb  
(27) Filed Dec 2, 1916  
(28) Local Registrar CRobb

When there was no attending physician or midwife, then the father, mother, or other person, should make the report. No report is desired of stillborn before the fifth month of pregnancy.