

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....or  
City of Columbia

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

5497

Registration District No. 382 Registered No. 1103

(For use of Local Registrar)

(2) Full Name of Child Julian Chester Borkson

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

(3) BOY OR GIRL? B(4) Twin or Triplet? No(5) Number in order of birth 2(6) Are Parents Married? Yes

(7) DATE OF BIRTH

1 29 1927  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Albert Borkson

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 34  
(Years)

(12) BIRTHPLACE

Russia

(13) OCCUPATION

Jeweler

(14) Number of children born to mother, including present birth

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Horwitz

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 26  
(Years)

(18) BIRTHPLACE

Ind

(19) OCCUPATION

—

(20) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 3 11 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. D. Rose Jr.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

IndColumbia S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

(Signature of Witness necessary only when question 2 is signed by mark)

(27) Filed

2-25-27

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. 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.

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