

(1) PLACE OF BIRTH

County of Richland

Township of

OF

Inc. Town of

OF

City of Columbia

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

18904

Registration District No. 38 Registered No. 471

(For use of Local Registrar)

(No. Columbia Hospital St.; Ward)(2) Full Name of Child Horris David Mazursky If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH June 10, 1923 (If one of Month) (Day) (Year)

FATHER.

(8) FULL NAME Abe Mazursky(9) PRESENT POSTOFFICE OF FATHER Mayville, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)(12) BIRTHPLACE Russia(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth Two (2)

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Blatt(15) PRESENT POSTOFFICE OF MOTHER Mayville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Year)(18) BIRTHPLACE Philadelphia Pa.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

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

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 3, 1923 (28) C. J. Slack 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.

Before the fifth month of pregnancy.