

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

No. **14485**

County of Thurston  
City of Thurston  
or  
In the Town of .....

Registration District No. 7509 Registered No. 2  
(For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Orville Lucy Harker If child is not yet named, make supplemental report as directed

(2) SEX girl (3) Type of Birth yes (4) Date of Birth Jan. 2 1922  
To be answered only in case of Twins or Triplets (Month of Month) (Day) (Year)

**FATHER.**  
(5) Full Name Henry Curtis Harker  
(6) Present Postoffice of Father Chickadee & C. P.O.  
(7) Color or Race white (8) Age at Last Birthday 28 (Years)  
(9) Birthplace Henry County, S.C.  
(10) Occupation Farming  
(11) Number of children born to mother, including present birth 2

**MOTHER.**  
(12) Name before Marriage Clara Naomi Todd  
(13) Present Postoffice of Mother Chickadee & C. P.O.  
(14) Color or Race white (15) Age at Last Birthday 20 (Years)  
(16) Birthplace Henry County, S.C.  
(17) Occupation Housewife  
(18) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
(19) I hereby certify that I attended the birth of this child, who was Born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(20) (Signature) J. D. Thomas  
(21) State whether Physician or Midwife Physician (22) Address of Physician or Midwife Lawrence

Given name added from a supplemental report .....  
(23) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(24) Filed Jan. 17 1922 (25) Lawrence 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.

.. .. MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS before the fifth month of pregnancy.