

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1.—THE OTHER, No. 2, etc., in question 5.
N. B.—Caw of Columbia
McCaw

(1) PLACE OF BIRTH

County of

Fairfax

Township of

Fairfaxville

or
Inc. Town of

or
City of

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

Registration District No.

19.00

Registered No.

4

(For use of Local Registrar)

(2) Full Name of Child *Lula Benson Gardner*

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

-

(5) Number in order of birth

4

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan

15

1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Martin M. Gardner

(9) PRESENT POSTOFFICE OF FATHER

Shelton S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Chickadee Co. S.C.

(13) OCCUPATION

Blacksmith

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Edrena Bush

(15) PRESENT POSTOFFICE OF MOTHER

Shelton S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Washington D.C.

(19) OCCUPATION

House wife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *2* *9* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

C. A. Cawley, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) Filed *Jan 17* 1916

(28)

H. G. Colvin

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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