

FORM NO. 4  
MARGIN RESERVED FOR INDEXING.  
WRITE 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 ORDER, No. 2, etc., in question 5.

McCauley of Columbia.

(1) PLACE OF BIRTH

County of *Spokane*

Township of *Beech Spring*

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.)  
No. *400000* Registered No. *64* (For use of Local Registrar)  
St. *Ward*

(2) Full Name of Child *Ernest Bernard Robbins*

File No.—For State Registrar Only  
*57579*

(3) BOY OR  
GIRL? *Boy*

(4) Twin  
or Triplet? *-*

(5) Number in  
order of birth *2*  
To be answered only in event of Twins or Triplets

(6) Are  
Parents  
Married? *Yes*

(7) DATE OF  
BIRTH *April 19, 1916*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL  
NAME *Boyer Robbins*

(9) PRESENT  
POSTOFFICE  
OF FATHER *Streford*

(10) COLOR  
OR  
RACE *White* (11) AGE AT LAST  
BIRTHDAY *25*  
(Years)

(12) BIRTHPLACE  
*Shastanburg, C.S.C.*

(13) OCCUPATION  
*Farming*

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

MOTHER.

(14) NAME BEFORE  
MARRIAGE *Amie Bell Humphrey*

(15) PRESENT  
POSTOFFICE  
OF MOTHER *Streford S.C.*

(16) COLOR  
OR  
RACE *White* (17) AGE AT LAST  
BIRTHDAY *23*  
(Years)

(18) BIRTHPLACE  
*Greenville, C.S.C.*

(19) OCCUPATION  
*House Work*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) *Dr. L. Marchant*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
*Greenville S.C.*

Given name added from a supplement  
report

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

(27) Filed *April 19, 1916* (28) *J. B. Moore*  
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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