GEORGIA DEPARTMENT OF PUBLIC HEALTH
ATLANTA, GEORGIA
DELAYED CERTIFICATE OF BIRTH

1. Full Name at Time of Birth [redacted]   2. Social Security Number

3. Color White   4. Sex Male   5. Date of Birth [redacted]

6. Place of Birth Cartersville, Ga., Ga.   7. Present Address Cartersville, Ga.

8. Father's Full Name William A. Galt   9. Father's Birthplace Bartow County, Ga.

10. Mother's Maiden Name Mary Prothro (Galt)   11. Mother's Birthplace Whitfield County, Ga.

AFFIDAVIT

STATE Georgia
COUNTY Bartow

I hereby declare upon oath that the above statements a[redacted]

Applicant's Signature [redacted]

Sworn and subscribed to before me this June 13th, 1942

Signature W. F. Wallace JR.

Title Bartow County Ga. 6-13, 1942
12-31-1944
Date Commission Expires

Please Do Not Write Below This Line

	ABSTRACT OF SUPPORTING EVIDENCE Name and Kind of Document, and By Whom Issued and Signed	Date Original Document Was Made
1.	Certified statement of family Bible record.	Not stated
2.	Certified statement of school record from Market Street School, Cartersville, Ga. Signed W. H. Brandon, Supt.	Sept. 1937
3.	Affidavit made by mother, Mrs. W. A. Galt, before W. F. Wallace, Justice of the Peace, Bartow County, Georgia.	June 13, 1942
4.	Affidavit made by Mrs. Grace Galt Brewer before Annie Wallace, Notary Public, Bartow County, Georgia.	June 17, 1942

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENTS LISTED ABOVE

	Date of Birth or Age	Birthplace	Name of Father	Maiden Name of Mother
1.	[redacted]	Cartersville, Ga.	William A. Galt	Mary Prothro
2.		Not stated	Not stated	Not stated
3.		Cartersville, Ga.	Not stated	Mary Prothro
4.		Cartersville, Ga.	Not stated	Not stated

Additional Information

STATEMENT OF REVIEWING OFFICIAL

I hereby certify that I have reviewed the evidence recorded above and that information contained therein is as recorded in the preceding abstract.

Date Signed June 18, 1942

Signature and Title of the Reviewing Official Betty Haislip
CERTIFIED COPY CLERK, GA. DEPT. PUBLIC HEALTH

Filed By The Ga. Dept. P. H.
JUN 19 1942

25409

CERTIFICATE OF BIRTH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Statistics

33- 1276

Registered No. 19

1. PLACE OF BIRTH
County Fulton Militia District (Number and Name) 1061 State of Georgia
City or Town Atlanta, Georgia Ward NON-RESIDENT (Yes or No)
Street and Number (No.) (Street) Piedmont Hospital.
(If birth occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME OF CHILD Odiar Putnam Galt, Jr.
(If not yet named, leave space blank)

3. SEX Male | 4. LEGITIMATE? (Are parents married?) Yes | 5. BORN alive (Alive or Dead) on 1-7-33 (Month, Day, Year) 19 at 12 55 a.m. (Hour)

6 and 7. If plural birth indicate with check (✓) whether twin, triplet or quadruplet, also give order of birth. TWIN No. (1 or 2) TRIPLET No. (1, 2 or 3) QUADRUPLET No. (1, 2, 3 or 4)

FATHER	MOTHER
8. FULL NAME: Odiar Putnam Galt	14. FULL MAIDEN NAME: Nell Adelaide Rosebro
9. RESIDENCE (P. O. Address): Canton, Ga.	15. RESIDENCE (P. O. Address): Canton, Ga.
10. COLOR RACE: White	16. COLOR RACE: White
11. AGE at last birthday: 42 (years)	17. AGE at last birthday: 35 (years)
12. BIRTHPLACE (P. O. Address): Canton, Ga.	18. BIRTHPLACE (P. O. Address): Pittsboro, N. C.
OCCUPATION 13a. Trade, profession or particular kind of work done, as weaver, lawyer, teacher, etc.: Asst. Mgr. Ga Power Co	OCCUPATION 19a. Trade, profession or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Home wife
13b. Industry or business in which work is done, as cotton mill, sawmill, bank, etc.: Ga Power Co.	19b. Industry or business in which work is done, as own home, lawyer's office, cotton mill, etc.

20. Number of children born alive to this mother, not counting this birth: 0
21. Number of children of this mother living, not counting this birth: 0
21a. Number of stillbirths of this mother, not counting this birth: 0

22. Was a sex autopsy, selection of diagram used in this birth's case as prescribed by law? (yes or no) Yes

23. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I HEREBY CERTIFY, That I attended the birth of the above mentioned child who was born as stated in item (7).

MIDWIFE
(Signed) M.D.
(Address)
Date 19

PHYSICIAN
(Signed) W. F. Shackelford M.D.
(Address) Atlanta, Ga.
Date Jan 7, 1933 19
(Give name of child, unless it is a stillbirth)

23a. Date JAN 9 - 1933 19
(Signed) L. L. Lawton
Local Registrar

Date 19
(Signed)
Address

CERTIFICATE OF BIRTH

GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

30-49243
STATE FILE NUMBER

1. PLACE OF BIRTH Kennesaw

State of Georgia
County of Cobb Militia District No. 991 Registered No.
City or Town of Kennesaw No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street)

2. FULL NAME OF CHILD [redacted]
If child is not yet named, make supplemental report as directed.

3. SEX OF CHILD	4. Twin, Triplet or Other (TO BE ANSWERED FOR PLURAL BIRTHS)	5. Number in Order of Birth	6. LEGITIMATE (Yes or No)	7. DATE OF BIRTH (Month) (Day) (Year)
Boy		2	Yes	[redacted]

FATHER	MOTHER
8. FULL NAME Harris Galt	14. FULL MAIDEN NAME Harris Mary Elizabeth Brooks
9. RESIDENCE P. O. Address Kennesaw	15. RESIDENCE P. O. Address Kennesaw
10. COLOR OR RACE White	11. AGE At Last Birthday 27 (Years)
	16. COLOR OR RACE White
	17. AGE At Last Birthday 25 (Years)
12. BIRTHPLACE (State or County) Cobb Co	18. BIRTHPLACE (State or Country) Cobb Co
13. OCCUPATION Merchant	19. OCCUPATION Housekeeper

20. NUMBER OF CHILDREN OF THIS MOTHER
Including this birth. (If born alive but died before certificate is made, not record as (a) "now living." (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21. Did you use a one-per-cent solution of Silver Nitrate in the baby's eyes, as provided by law? (Yes or No) Yes

22. I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 PM (Hour A.M. or P.M.) on the date above stated.

(Signature) W. Wallace M.D.
(State whether Physician, M.D., or Midwife, M.W.)

Address Kennesaw

23. Filed Dec 4 1930
J. A. Ford
Registrar.

Given name added from a supplemental report 1-30 1931
J. A. Ford Jr.
Registrar.

THIS CERTIFICATE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
FIRST-BORN, No. 1; TWIN OR TRIPLETS, No. 2, etc., in question 5.
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.

GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

B.O.V.S. FORM 5

FILE No. For State Registrar Only. 21655 ~~21655~~

1 PLACE OF BIRTH
COUNTY OF Bartow
MIL. DIST. OF _____ REG. DIS. No. _____ REGISTER No. 56
TOWN OR CITY OF Cartersville NO. _____ STREET.

2 FULL NAME OF CHILD William Andrew Galt (IF CHILD IS NOT YET NAMED, MAKE SUPPLEMENTAL REPORT, AS DIRECTED.)

3 SEX OF CHILD	4 TWIN, TRIPLET OR OTHER (TO BE ANSWERED FOR PLURAL BIRTHS)	5 NUMBER IN ORDER OF BIRTH	6 LEGITIMATE (YES OR NO)	7 DATE OF BIRTH (MONTH) (DAY) (YEAR)
Male		1st	Yes	May 31 192 9

8 FULL NAME FATHER	14 FULL MAIDEN NAME MOTHER
William Andrew Galt	Mary Ida Prather
9 RESIDENCE Cartersville Ga.	15 RESIDENCE Cartersville Ga.
10 COLOR White 11 AGE AT LAST BIRTHDAY 34 (YEARS)	16 COLOR White 17 AGE AT LAST BIRTHDAY 23 (YEARS)
12 BIRTHPLACE Cartersville Ga.	18 BIRTHPLACE Tunnel Hill Ga
13 OCCUPATION Real Estate	19 OCCUPATION Housewife
20 NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THE PRESENT BIRTH One	21 NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22 I hereby certify that I attended the birth of this child, who was born alive at 8 a.m. M. on the date above stated.
and that I did did not see the treatment for preventing ophthalmia neonatorum.

(Signature) S. M. Howell M.D.
(Physician or Midwife)
Address Cartersville Ga.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

23 Filed 6/29 192 9 Mrs. J. O. Eaves
Local Registrar.

Given name added from a supplemental report _____ 192
_____ Registrar.

For the State Law governing Birth Registration see Section 4 of the Rules and Regulations. When more than one child is born at a birth a certificate for each child must be filed. For stillbirth file both birth and death certificate. Write plainly.

CERTIFICATE OF BIRTH

GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

30- 5233
STATE FILE NUMBER

1. PLACE OF BIRTH

State of Georgia

County of FULTON Militia District No. 15-11 Registered No. 3659

City or Town of ATLANTA W- 97 No. 106 S. Grand Ave St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street)

2. FULL NAME OF CHILD [redacted] [redacted]
If child is not yet named, make supplemental report as directed.

3. SEX OF CHILD	4. Twin, Triplet or Other (TO BE ANSWERED FOR PLURAL BIRTHS)	5. Number in Order of Birth	6. LEGITIMATE (Yes or No)	7. DATE OF BIRTH (Month) (Day) (Year)
male			yes	[redacted]

8. FULL NAME FATHER	14. FULL MAIDEN NAME MOTHER
Horace Lester Gault	Minnie Lee Bell
9. RESIDENCE P. O. Address: 106 S. Grand Ave.	15. RESIDENCE P. O. Address: 106 S. Grand Ave.,
10. COLOR OR RACE: white	11. AGE At Last Birthday: 26 (Years)
16. COLOR OR RACE: white	17. AGE At Last Birthday: 24 (Years)
12. BIRTHPLACE (State or Country): Georgia	18. BIRTHPLACE (State or Country): Georgia
13. OCCUPATION: Electrician	19. OCCUPATION: Housewife

20. NUMBER OF CHILDREN OF THIS MOTHER
Including this birth. (If born alive but dies before certificate is made out count as (a) "now living."
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21. Did you use a one-per-cent solution of Silver Nitrate in the baby's eyes, as provided by law? (Yes or No) Yes

22. I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 A M (Hour A.M. or P.M.) on the date above stated.

(Signature) C. E. McArthur, M.D.
(State whether Physician, M.D., or Midwife, M.W.)

Address Grady Hospital

23. Filed 2/17, 1930
T. E. Lockhart
Registrar.

Given name added from a supplemental report 4/27 1930
T. F. Abercrombie M.D.
Registrar.

FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
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.

CERTIFICATE OF BIRTH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Statistics

51618

Registered No. 548

1. PLACE OF BIRTH

County Fulton Militia District (Number and Name) State of Georgia

City or Town Atlanta Ward NON-RESIDENT (Yes or No)

Street and Number (No.) 2350 (Street) Bankhead Hy

(If birth occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME OF CHILD James T. Gault
(If not yet named, leave space blank)

3. SEX: Male | 6. LEGITIMATE? (Are parents married?): yes

7. BORN: Alive (Alive or Dead) on June 25 (Month, Day, Year) 1936 at 10:30 P.M. (Hour)

4 and 5. If plural birth indicate with check (✓) whether twin, triplet or quadruplet, also give order of birth. TWIN No. (1 or 2) ..... TRIPLET No. (1, 2 or 3) ..... QUADRUPLET No. (1, 2, 3 or 4) .....

FATHER	MOTHER
8. FULL NAME: Horace Gault	14. FULL MAIDEN NAME: Minnie Bell
9. RESIDENCE (P. O. Address): 2350 Bankhead	15. RESIDENCE (P. O. Address): 2350 Bankhead
10. COLOR or RACE: White	16. COLOR or RACE: White
11. AGE at last birthday: 32 (years)	17. AGE at last birthday: 29 (years)
12. BIRTHPLACE (P. O. Address): Fulton County	18. BIRTHPLACE (P. O. Address): Paulding County
OCCUPATION 13a. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician	OCCUPATION 19a. Trade, profession or particular kind of work done as housekeeper, typist, nurse, clerk, etc.: Housewife
13b. Industry or business in which work is done, as cotton mill, sawmill, bank, etc.: Georgia Tubed Co.	19b. Industry or business in which work is done, as own home, lawyer's office, cotton mill, etc.

20. Number of children born alive to this mother, not counting this birth: 4

21. Number of children of this mother living, not counting this birth: 3

21a. Number of stillbirths of this mother, not counting this birth: 0

(b) Was a one per cent solution of silver nitrate used in this baby's eyes as provided by law? (yes or no): Yes.

22. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I HEREBY CERTIFY, That I attended the birth of the above mentioned child who was born as stated in item (7).

MIDWIFE

(Signed) ..... Midwife

(Address) .....

Date ..... 19..

PHYSICIAN

(Signed) [illegible] M.D.

(Address) Fulton D. R.

Date 10/2/36 19..

(Given name of child added from a supplemental report)

FILED: Date NOV 3 1936 19..

(Signed) W. L. Gilbert
(Local Registrar)

Date ..... 19..

(Signed) .....
(Registrar)

N. B.—In case of twins, triplets, etc., a separate Certificate must be filed for each child. A stillbirth must be reported as both a birth and a death on a separate Certificate of birth and death. Report as stillbirths only those births that show no evidences of life whatever after birth and that have advanced to at least the fifth (5th) month of gestation.

CERTIFICATE OF BIRTH
GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

31-35003

Registered No. 3685

1. PLACE OF BIRTH — 1061

County FULTON Militia District (Number and Name) State of Georgia

City or Town ATLANTA, GA. Ward NON-RESIDENT (Yes or No)

Street and Number (No.) (Street) GRADY HOSPITAL

(If birth occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME OF CHILD (If not yet named, leave space blank) Louis Donald Gault

3. SEX: Male | 6. LEGITIMATE? (Are parents married?): Yes | 7. BORN: Alive (Alive or Dead) on Aug 26 (Month, Day) 1931 (Year) at 9.45 A. M. (Hours)

4 and 5. If plural birth indicate with check (√) whether twin, triplet or quadruplet, also give order of birth. TWIN No. (1 or 2) TRIPLET No. (1, 2 or 3) QUADRUPLET No. (1, 2, 3 or 4)

	FATHER	MOTHER
8. FULL NAME	William Donald Gaylt	14. FULL MAIDEN NAME: Bessie Jone Wigmo
9. RESIDENCE (P. O. Address)	23 Emley Place	15. RESIDENCE (P. O. Address) 23 Emley Place
10. COLOR or RACE	White	16. COLOR or RACE White
11. AGE at last birthday	37 (years)	17. AGE at last birthday 25 (years)
12. BIRTHPLACE (P. O. Address)	Atlanta, Ga.	18. BIRTHPLACE (P. O. Address) Milton Co., Ga.
OCCUPATION 13a. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Shipping-clerk	OCCUPATION 19a. Trade, profession or particular kind of work done as housekeeper, typist, nurse, clerk, etc. Housekeeper
13b. Industry or business in which work is done, as cotton mill, sawmill, bank, etc.	Leather Co.	19b. Industry or business in which work is done, as own home, lawyer's office, cotton mill, etc. Home.

20. Number of children born alive to this mother, not counting this birth 2

21. Number of children of this mother living, not counting this birth 1

21a. Number of stillborn children of this mother, not counting this birth 0

(b) Was a one per cent solution of silver nitrate used in this baby's eyes as provided by law? (yes or no) Yes

22. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I HEREBY CERTIFY, That I attended the birth of the above mentioned child who was born as stated above.

MIDWIFE

(Signed) Midwife

(Address)

Date 19

PHYSICIAN

(Signed) W. F. Peacock M.D.

(Address) GRADY HOSPITAL

Date Aug 28 31

FILED: Date SEP 1 - 1931 19

(Signed) L Thornton (Local Registrar)

(Give date of child added from a supplemental report)

Date 19

(Signed) (Proprietor)

Must be reported as both a birth and a death on a separate Certificate must be filed for each child. A stillbirth only those births that show no evidence of life whatever after birth and have advanced to at least the fifth (5th) month of gestation.

CERTIFICATE OF BIRTH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Statistics

51618

Registered No. 548

1. PLACE OF BIRTH
County Fulton Militia District (Number and Name) State of Georgia
City or Town Atlanta Ward NON-RESIDENT (Yes or No)
Street and Number (No.) 2350 (Street) Bankhead Hy
(If birth occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME OF CHILD [redacted]
(If not yet named, leave space blank)

3. SEX Male | 6. LEGITIMATE? (Are parents married?) Yes | 7. BORN Alive (Alive or Dead) on (Month, Day, Year) at 10:32 P. M. (Hour)

4 and 5. If plural birth indicate with check (√) whether twin, triplet or quadruplet, also give order of birth. TWIN No. (1 or 2) TRIPLET No. (1, 2 or 3) QUADRUPLET No. (1, 2, 3 or 4)

FATHER

8. FULL NAME Horace Gault
9. RESIDENCE (P. O. Address) 2350 Bankhead
10. COLOR or RACE White 11. AGE at last birthday 32 (years)
12. BIRTHPLACE (P. O. Address) Fulton County
OCCUPATION
13a. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
13b. Industry or business in which work is done, as cotton mill, sawmill, bank, etc. Georgia Power Co.

MOTHER

14. FULL MAIDEN NAME Minnie Bell
15. RESIDENCE (P. O. Address) 2350 Bankhead
16. COLOR or RACE White 17. AGE at last birthday 29 (years)
18. BIRTHPLACE (P. O. Address) Paulding County
OCCUPATION
19a. Trade, profession or particular kind of work done as housekeeper, typist, nurse, clerk, etc. Housewife
19b. Industry or business in which work is done, as own home, lawyer's office, cotton mill, etc.

20. Number of children born alive to this mother, not counting this birth 4
21. Number of children of this mother living, not counting this birth 3
21a. Number of stillbirths of this mother, not counting this birth 0

(b) Was a one per cent solution of silver nitrate used in this baby's eyes as provided by law? (yes or no) yes

22. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I HEREBY CERTIFY, That I attended the birth of the above mentioned child who was born as stated in item (7).

MIDWIFE
(Signed) Midwife
(Address)
Date 19

PHYSICIAN
(Signed) M.D.
(Address)
Date 10-7-36 19

(Given name of child added from a supplemental report)
Date 19
(Signed) (Registrar)

FILED: Date NOV [illegible] 19
(Signed) W. L. Gilbert (Local Registrar)

N. B.—In case of twins, triplets, etc., a separate Certificate must be filed for each child. A stillbirth must be reported as both a birth and a death on a separate Certificate of birth and death. Report as stillbirths only those births that show no evidences of life whatever after birth and that have advanced to at least the fifth (5th) month of gestation.

WHITE PRINTED WITH CONTRIBUTING INK—THIS IS A PERMANENT RECORD.

CERTIFICATE OF BIRTH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Statistics

33- 1376

Registered No. 19

1. PLACE OF BIRTH

County Fulton Militia District (Number and Name) 1061 State of Georgia

City or Town Atlanta, Georgia Ward NON-RESIDENT (Yes or No)

Street and Number (No.) (Street) Piedmont Hospital.

(If not in city or town, give its name instead of street and number)

2. FULL NAME OF CHILD [redacted]

(If not yet named, leave space blank)

3. SEX	6. LEGITIMATE? (Are parents married?)	7. BORN (Alive or Dead)	on (Month, Day, Year)	19	at (Hour)
Male	Yes	alive			12 5-7 9 M

4 and 5. If plural birth indicate with check (√) whether twin, triplet or quadruplet, also give order of birth. TWIN No. (1 or 2) TRIPLET No. (1, 2 or 3) QUADRUPLET No. (1, 2, 3 or 4)

FATHER	MOTHER
8. FULL NAME: Adair Putnam Galt	14. FULL MAIDEN NAME: Nell Celeste Paschal
9. RESIDENCE (P. O. Address): Canton, Ga.	15. RESIDENCE (P. O. Address): Canton, Ga.
10. COLOR or RACE: White 11. AGE at last birthday: 42 (years)	16. COLOR or RACE: White 17. AGE at last birthday: 36 (years)
12. BIRTHPLACE (P. O. Address): Canton, Ga.	18. BIRTHPLACE (P. O. Address): Pittsboro, N. C.
OCCUPATION 13a. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Asst. mgr. Ga. Power Co	OCCUPATION 19a. Trade, profession or particular kind of work done as housekeeper, typist, nurse, clerk, etc.: Home wife
13b. Industry or business in which work is done, as cotton mill, sawmill, bank, etc.: Ga. Power Co.	19b. Industry or business in which work is done, as own home, lawyer's office, cotton mill, etc.

20. Number of children born alive to this mother, not counting this birth: 0

21. Number of children of this mother living, not counting this birth: 0

21a. Number of stillbirths of this mother, not counting this birth: 0

(b) Was a ~~one per cent~~ 1% solution of silver nitrate used in this baby's eyes as provided by law? (yes or no): Yes

22. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I HEREBY CERTIFY, That I attended the birth of the above mentioned child who was born as stated in item (7).

MIDWIFE	PHYSICIAN
(Signed) Midwife	(Signed) W. F. Shaeffenanger M.D.
(Address)	(Address) 33 Atlanta, Ga.
Date 19	Date Jan 7, 1933 19

(Given name of child added from a supplemental report)

FILED: Date JAN 9 - 1933 19

(Signed) L. Stanton (Local Registrar)

Date 19

(Signed) (Registrar)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of twins, triplets, etc., a separate Certificate must be filed for each child. A stillbirth must be reported as both a birth and a death on a separate Certificate of birth and death. Report as stillbirths only those births that show no evidences of life whatever after birth and that have advanced to at least the fifth (5th) month of gestation.

V. S.—1

CERTIFICATE OF BIRTH
GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

31-35003

Registered No. 3685

1061

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of twins, triplets, etc., a separate Certificate must be filed for each child. A stillbirth must be reported as both a birth and a death on a separate Certificate of birth and death. Report as stillbirths only those births that show no evidences of life whatever after birth and that have advanced to at least the fifth (5th) month of gestation.

V. S.—1

1. PLACE OF BIRTH

County FULTON Militia District (Number and Name) State of Georgia

City or Town Ward NON-RESIDENT (Yes or No)

Street and Number (No.) (Street)
(If birth occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME OF CHILD [redacted]
(If not yet named, leave space blank)

3. SEX	6. LEGITIMATE? (Are parents married?)	7. BORN (Alive or Dead)	on (Month, Day, Year)	at (Hour)
Male	Yes	Alive		9 45 A. M

4 and 5. If plural birth indicate with check (√) whether twin, triplet or quadruplet, also give order of birth. TWIN No. (1 or 2) TRIPLET No. (1, 2 or 3) QUADRUPLET No. (1, 2, 3 or 4)

FATHER	MOTHER
8. FULL NAME William Donald Gault	14. FULL MAIDEN NAME Bessie Jane Weems
9. RESIDENCE (P. O. Address) 23 Emley Place	15. RESIDENCE (P. O. Address) 23 Emley Place
10. COLOR or RACE White 11. AGE at last birthday 37 (years)	16. COLOR or RACE White 17. AGE at last birthday 25 (years)
12. BIRTHPLACE (P. O. Address) Atlanta, Ga.	18. BIRTHPLACE (P. O. Address) Milton Co., Ga.
OCCUPATION 13a. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping-Clerk	OCCUPATION 19a. Trade, profession or particular kind of work done as housekeeper, typist, nurse, clerk, etc. Housekeeper
13b. Industry or business in which work is done, as cotton mill, sawmill, bank, etc. Leather Co.	19b. Industry or business in which work is done, as own home, lawyer's office, cotton mill, etc. Home

20. Number of children born alive to this mother, not counting this birth 2

21. Number of children of this mother living, not counting this birth 1

21a. Number of stillbirths of this mother, not counting this birth 0

(b) Was a one per cent solution of silver nitrate used in this baby's eyes as provided by law? (yes or no) Yes

22. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I HEREBY CERTIFY, That I attended the birth of the above mentioned child who was born as stated in item (7).

MIDWIFE

(Signed) Midwife

(Address)

Date 19

PHYSICIAN

(Signed) W. T. Record M.D.

(Address) GRADY HOSPITAL

Date Aug 28 1931

FILED: Date SEP 4 1931 19

(Signed) L. Thornton
(Local Registrar)

(Given name of child added from a supplemental report)

Date 19

(Signed)
(Registrar)

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 OTHER, No. 2, etc., in question 5.
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.

CERTIFICATE OF BIRTH

GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

30-19243
STATE FILE NUMBER

1. PLACE OF BIRTH Kennesaw

State of Georgia
County of Cobb Militia District No. [illegible] Registered No.
City or Town of Kennesaw No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street)

2. FULL NAME OF CHILD [redacted]

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

3. SEX OF CHILD	4 Twin, Triplet or Other	5 Number in Order of Birth	6 LEGITIMATE (Yes or No)	7 DATE OF BIRTH (Month) (Day) (Year)
Boy		2	Yes	

TO BE ANSWERED FOR PLURAL BIRTHS

FATHER		MOTHER	
8 FULL NAME	Harry Galt	14 FULL MAIDEN NAME	[illegible]
9 RESIDENCE P. O. Address	Kennesaw	15 RESIDENCE P. O. Address	Kennesaw
10 COLOR OR RACE	White	16 COLOR OR RACE	White
11 AGE At Last Birthday (Years)	27	17 AGE At Last Birthday (Years)	25
12 BIRTHPLACE (State or County)	Cobb Co	18 BIRTHPLACE (State or Country)	Cobb "
13 OCCUPATION	[illegible]	19 OCCUPATION	Housekeeper

20 NUMBER OF CHILDREN OF THIS MOTHER
Including this birth. (If born alive but dies before certificate is made out count as (a) "now living."
(a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21 Did you use a one-per-cent solution of Silver Nitrate in the baby's eyes, as provided by law? (Yes or No) Yes

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

(Signature) [illegible] M.D.
(State whether Physician, M.D., or Midwife, M.W.)

Address Kennesaw

23 Filed Dec 4 1930
J. A. Ford
Registrar.

Given name added from a supplemental report 1-30 1947
[illegible]
Registrar.

CERTIFICATE OF BIRTH

GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

State File Number: 5233

1. PLACE OF BIRTH

State of Georgia
County of FULTON Militia District No. 15-11 Registered No. 3659
City or Town of ATLANTA. Wd. 97 No. 106 S. Grand Ave St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street)

2. FULL NAME OF CHILD [redacted] Gault
If child is not yet named, make supplemental report as directed.

3. SEX OF CHILD	4. Twin, Triplet or Other	5. Number in Order of Birth	6. LEGITIMATE (Yes or No)	7. DATE OF BIRTH (Month) (Day) (Year)
male	TO BE ANSWERED FOR PLURAL BIRTHS		yes	

FATHER

8. FULL NAME: Horace Lester Gault
9. RESIDENCE P. O. Address: 106 S. Grand Ave.
10. COLOR OR RACE: white
11. AGE At Last Birthday: 26 (Years)
12. BIRTHPLACE (State or County): Georgia
13. OCCUPATION: Electrician

MOTHER

14. FULL MAIDEN NAME: Minnie Lee Bell
15. RESIDENCE P. O. Address: 106 S. Grand Ave.
16. COLOR OR RACE: white
17. AGE At Last Birthday: 24 (Years)
18. BIRTHPLACE (State or Country): Georgia
19. OCCUPATION: Housewife

20. NUMBER OF CHILDREN OF THIS MOTHER
Including this birth. (If born alive but dies before certificate is made out count as (a) "now living."
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21. Did you use a one-per-cent solution of Silver Nitrate in the baby's eyes, as provided by law? (Yes or No) yes

22. I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 A M (Hour A.M. or P.M.) on the date above stated.

(Signature) C. E. McArthur, M.D.
(State whether Physician, M.D., or Midwife, M.W.)
Address Grady Hospital

23. Filed 2/17, 1931
T. E. Lockhart
Registrar.

Given name added from a supplemental report 4/22, 1930
T. F. Abercrombie M.D.
Registrar.

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.
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.

GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

FILE No. For State Registrar Only. 21655 ~~21655~~

B.O.V.S. FORM 5

1 PLACE OF BIRTH
COUNTY OF Bartow
MIL. DIST. OF _____ RES. DIS. No. _____ REGISTER No. 56
TOWN OR CITY OF Cartersville NO. _____ STREET.

2 FULL NAME OF CHILD [redacted] (IF CHILD IS NOT YET NAMED, MAKE SUPPLEMENTAL REPORT, AS DIRECTED.)

3 SEX OF CHILD	4 TWIN, TRIPLET OR OTHER (TO BE ANSWERED FOR PLURAL BIRTHS)	5 NUMBER IN ORDER OF BIRTH	6 LEGITIMATE (YES OR NO)	7 DATE OF BIRTH (MONTH) (DAY) (YEAR)
Male		1st	Yes	

FATHER	MOTHER
8 FULL NAME: Earlleam Andrew Galt	14 FULL MAIDEN NAME: Mary Ida Prather
9 RESIDENCE: Cartersville Ga.	15 RESIDENCE: Cartersville Ga.
10 COLOR: White	16 COLOR: White
11 AGE AT LAST BIRTHDAY: 34 (YEARS)	17 AGE AT LAST BIRTHDAY: 23 (YEARS)
12 BIRTHPLACE: Cartersville Ga	18 BIRTHPLACE: Tunnel Hill Ga
13 OCCUPATION: Real Estate	19 OCCUPATION: Housewife

20 NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THE PRESENT BIRTH: One

21 NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22 I hereby certify that I attended the birth of this child, who was born alive ~~stillborn~~ at 8 a.m. M. on the date above stated.
and that I did ~~did not~~ use the treatment for preventing opthalmia neonatorum.

(Signature) S. M. Howell M.D.
(Physician or Midwife)
Address Cartersville Ga.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____ 192__

_____ Registrar.

23 Filed 6/29 1929 Mrs. J. O. Evans Local Registrar.

For the State Law Governing Birth Registration see Form ... When more than one child is born a certificate for each child must be filed, giving items 4 to 6 carefully. For each birth file both birth and death certificates.

PLEASE READ INSTRUCTIONS ON REVERSE SIDE CAREFULLY BEFORE ATTEMPTING TO COMPLETE THIS RECORD

203 J9—100M—4-3-42

GEORGIA DEPARTMENT OF PUBLIC HEALTH

ATLANTA, GEORGIA

DELAYED CERTIFICATE OF BIRTH

1. Full Name at Time of Birth [redacted] 2. Social Security Number

3. Color White 4. Sex Male 5. Date of Birth

6. Place of Birth Cartersville, Ga., Ga. 7. Present Address Cartersville, Ga.

8. Father's Full Name William A. Galt 9. Father's Birthplace Bartow County, Ga.

10. Mother's Maiden Name Mary Prothro (Galt) 11. Mother's Birthplace Whitfield County, Ga.

AFFIDAVIT

STATE Georgia

COUNTY Bartow

I hereby declare upon oath that the above statements are true.

Applicant's Signature [redacted]

Sworn and subscribed to before me this June 13th, 1942

Signature W. F. Wallace JP

Title Bartow County Ga 6-13, 1942

Please Do Not Write Below This Line 12-31-1942 Date Commission Expires

	ABSTRACT OF SUPPORTING EVIDENCE Name and Kind of Document, and By Whom Issued and Signed	Date Original Document Was Made
1.	Certified statement of family Bible record.	Not stated
2.	Certified statement of school record from Market Street School, Cartersville, Ga. Signed W. H. Brandon, Supt.	Sept. 1937
3.	Affidavit made by mother, Mrs. W. A. Galt, before W. F. Wallace, Justice of the Peace, Bartow County, Georgia.	June 13, 1942
4.	Affidavit made by Mrs. Grace Galt Brewer before Annie Wallace, Notary Public, Bartow County, Georgia.	June 17, 1942

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENTS LISTED ABOVE

	Date of Birth or Age	Birthplace	Name of Father	Maiden Name of Mother
1.		Cartersville, Ga.	William A. Galt	Mary Prothro
2.		Not stated	Not stated	Not stated
3.		Cartersville, Ga.	Not stated	Mary Prothro
4.		Cartersville, Ga.	Not stated	Not stated

Additional Information

STATEMENT OF REVIEWING OFFICIAL

I hereby certify that I have reviewed the evidence recorded above and that information contained therein is as recorded in the preceding abstract.

Date Signed June 18, 1942

Signature and Title of the Reviewing Official Betty Haigler

CERTIFIED COPY CLERK, GA. DEPT. PUBLIC HEALTH

Date Filed By The Ga. Dept. P. H. JUN 19 1942

State File No. 6456

FD-340 (REV. 6-24-65)

File No. 44-2386-1A20

Date Received 4-15-68

From FBI BH-
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

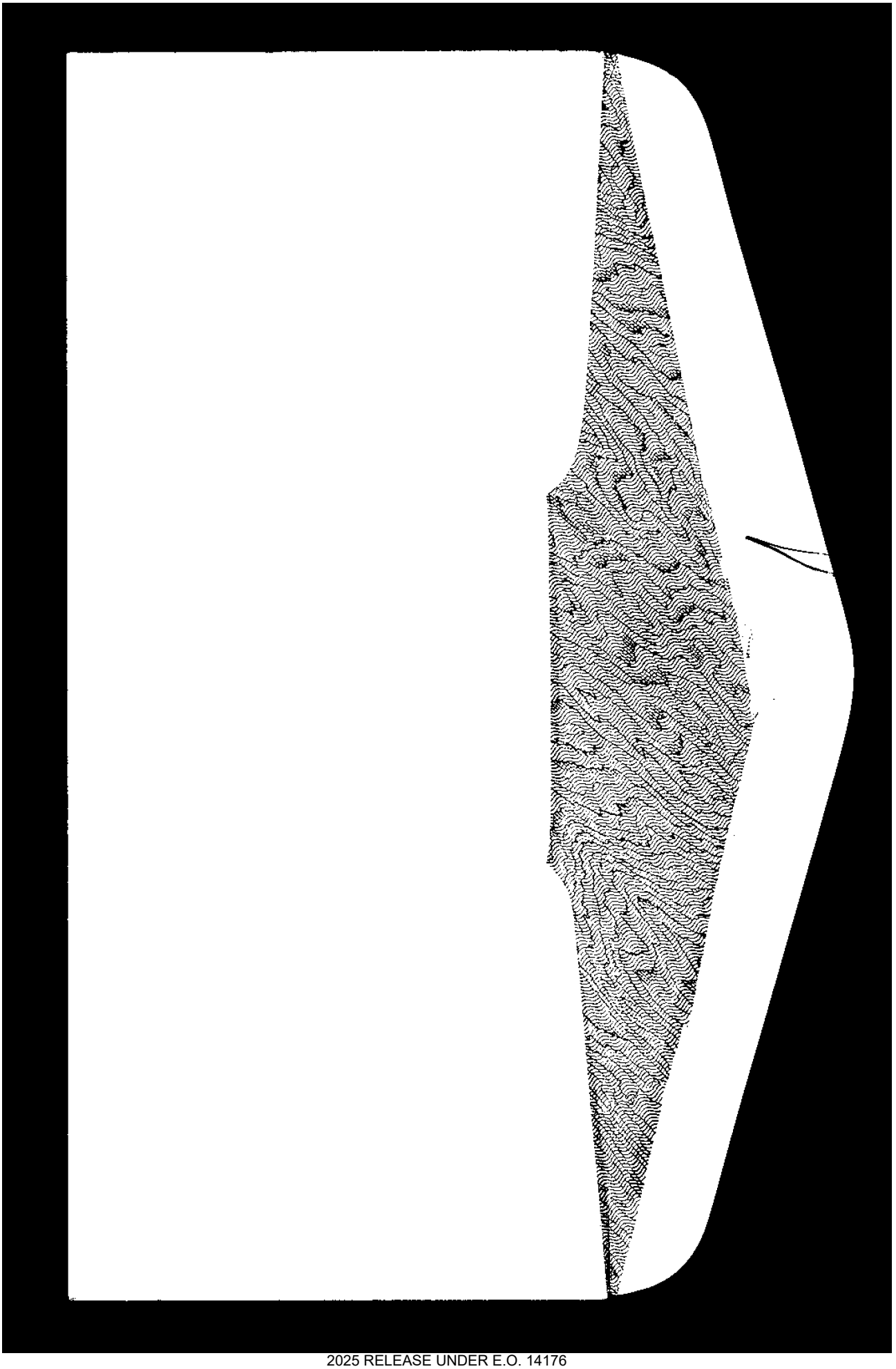
By
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☑ No

Receipt given ☐ Yes ☐ No

Description:

Xerox Copy of TAXI-CAB
TICKET FOR RAY JAMES
dtd 8/26/67



TIME OFF	HOURS	I HEREBY CERTIFY THAT ALL AMOUNTS COLLECTED, ADDRESSES, TRIPS AND EXTRAS ARE SHOWN ON THIS TRIP RECORD CARD AND ARE TRUE AND CORRECT. WAS YOUR ACCIDENT RECORD CLEAR TODAY?	CAB
		SIGNATURE [illegible]	4
TIME ON	SHIFT	ADDRESS	
		8/26/67	

	TRIPS	UNITS	SPEEDOMETER	PAID MILES	TOTAL MILES			AMOUNT
IN	40	99[illegible]	79219				TRIPS	
OUT	11037	89543	79080				UNITS	
DIF	23	239					EXTRA	
	REMARKS		OIL				TOTAL	

STOP ACCIDENTS— Get the Safe Driving Habit.

	NO. PASS.	TIME ON	FROM	TIME OFF	TO	CASH AMOUNT	CHARGE AMOUNT	EXTRA	TOTAL
1	1		Greyhound		Norwood	60			[illegible]
2	1		Norwood-Mfg		21 ST 12TH Ave.	40			[illegible]
3	1		" Hall		Thomas		165		[illegible]
4	4		439 1ST Ave		Ensley-Norwood	320			[illegible]
5	2		Ave.		Bush	50			[illegible]
6	1		1ST Ave 20TH		5 Points	95			[illegible]
7	2		1111 [illegible]		41ST Highland	90			[illegible]
8	1		7019 Highland		2600 Highland	50			[illegible]
9	1		5th		St. V	70			[illegible]
10	1		Tarrant		Norwood	95			[illegible]
11	1		Norwood		Tarrant	95			[illegible]
12	1		Tarrant		AP	170			[illegible]
13	1		East Lake		Tarrant	220			[illegible]
14	1		1431 2nd Ave		50 Highland	120			[illegible]
15	1		1411 15th Ave 30		30th - 1st Ave	140			[illegible]

	NO. PASS.	TIME ON	FROM	TIME OFF	TO	CASH AMOUNT	CHARGE AMOUNT	EXTRA	TOTAL
16	1		5 west		West End	75			18.[illegible]
17			5 west		5 west	40			19.[illegible]
18	1		La Roma		5 south	70			20.[illegible]
19	1		[illegible]		A.P.	1.65			21.[illegible]
20	2		3221 S [illegible]	[illegible]	53[illegible] [illegible]	1.10			22.[illegible]
21	1		[illegible]		[illegible]	1.10			23.[illegible]
22	1		39[illegible] [illegible]	[illegible]	[illegible]	1.10			24.[illegible]
23	1		[illegible]		A.P.	1.60			26.15
24									
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Trip Ticket for trips made beyond the 3-mile limit of Birmingham or any Incorporated Suburb. These trips must be made from office of the Cab Company and be authorized by a Supervisor.

From	To	MILES	FARE

FD-340 (REV. 6-24-65)

File No. 44-2386-1421

Date Received 4-13-68

From Bureau
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☑ No

Receipt given ☐ Yes ☑ No

Description:

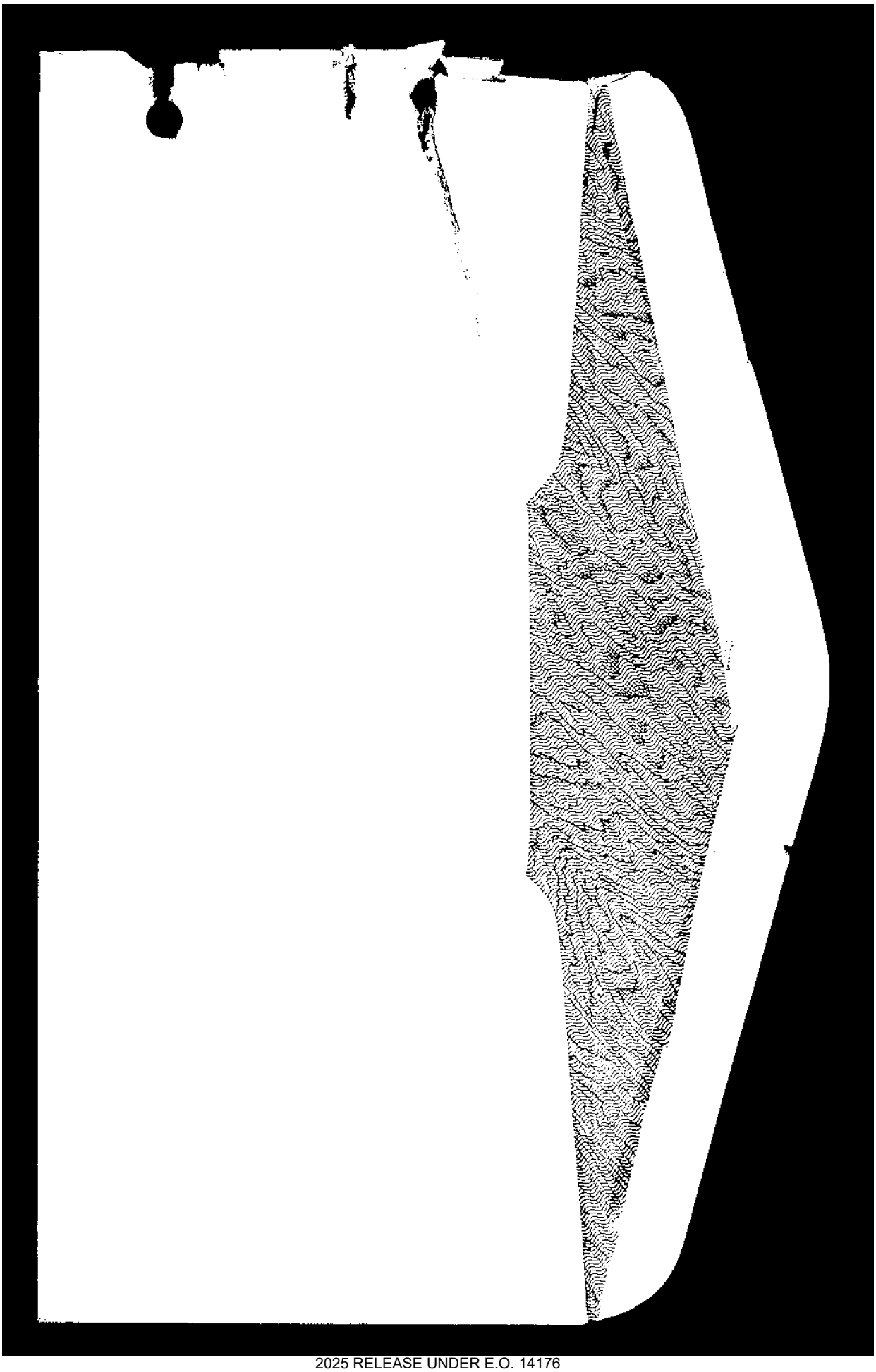
Photos of:

① Cardboard (Front + reverse) bearing Handwriting wording "Singer Nagy & Anita Katzenbach

② 2 Small Bits of Newspaper

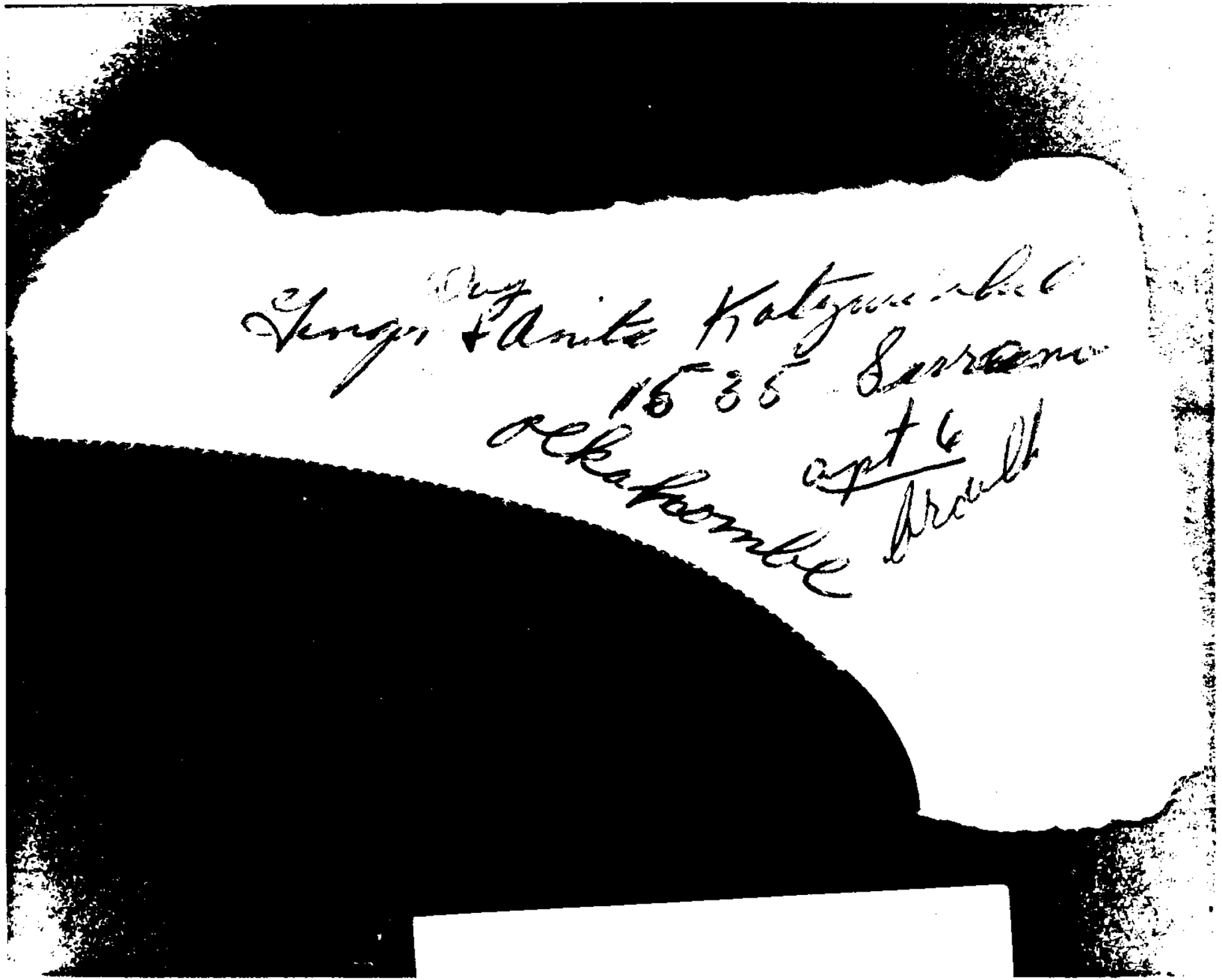
③ Twenty S+H Green Stamps

④ - 2 tickets Stapled together appear to be Laundry tickets

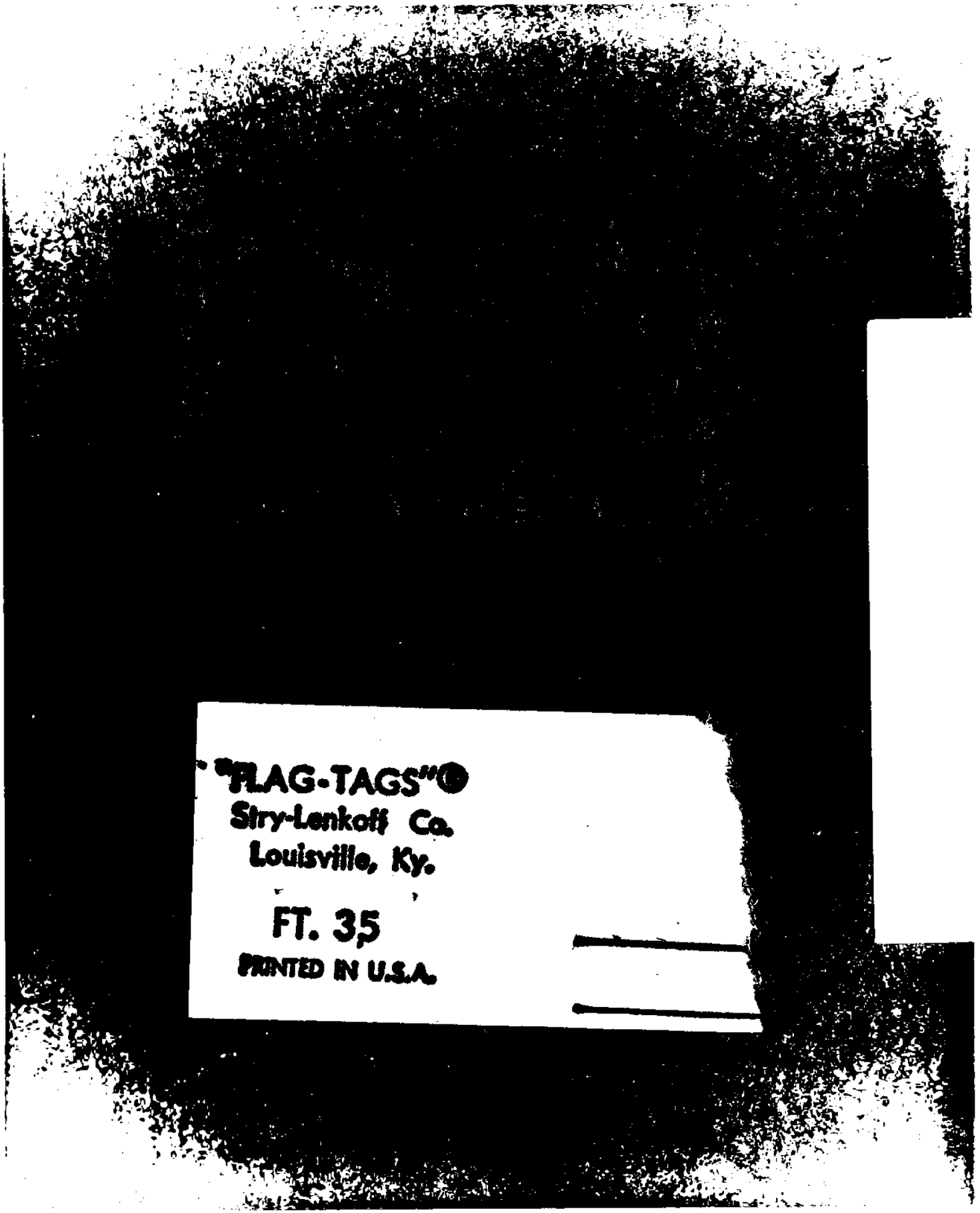


Serg. & Anita Katzmarek
1635 Serrano
Oklahoma apt 6
Arcadia

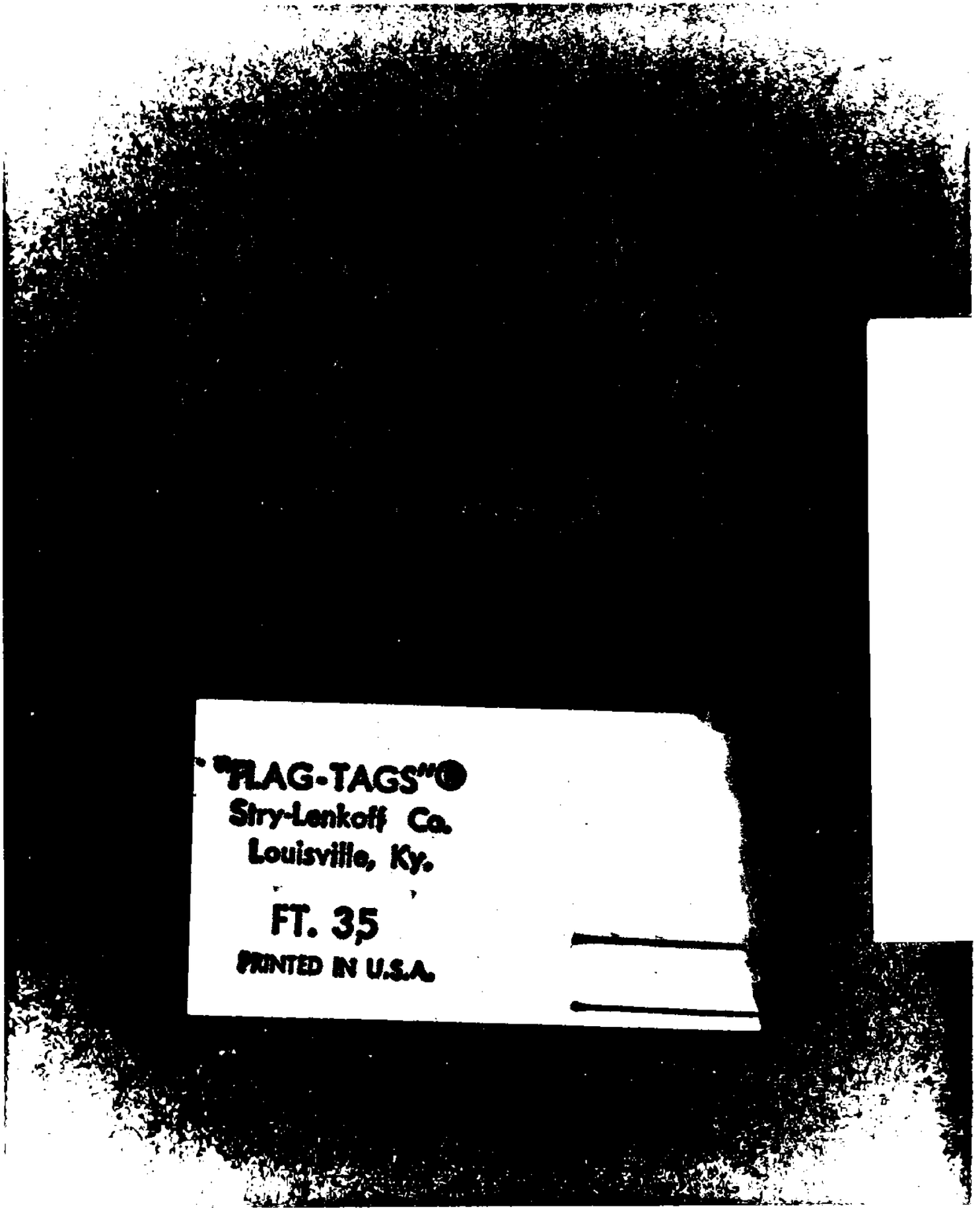
17 MI - 2386 - 4th



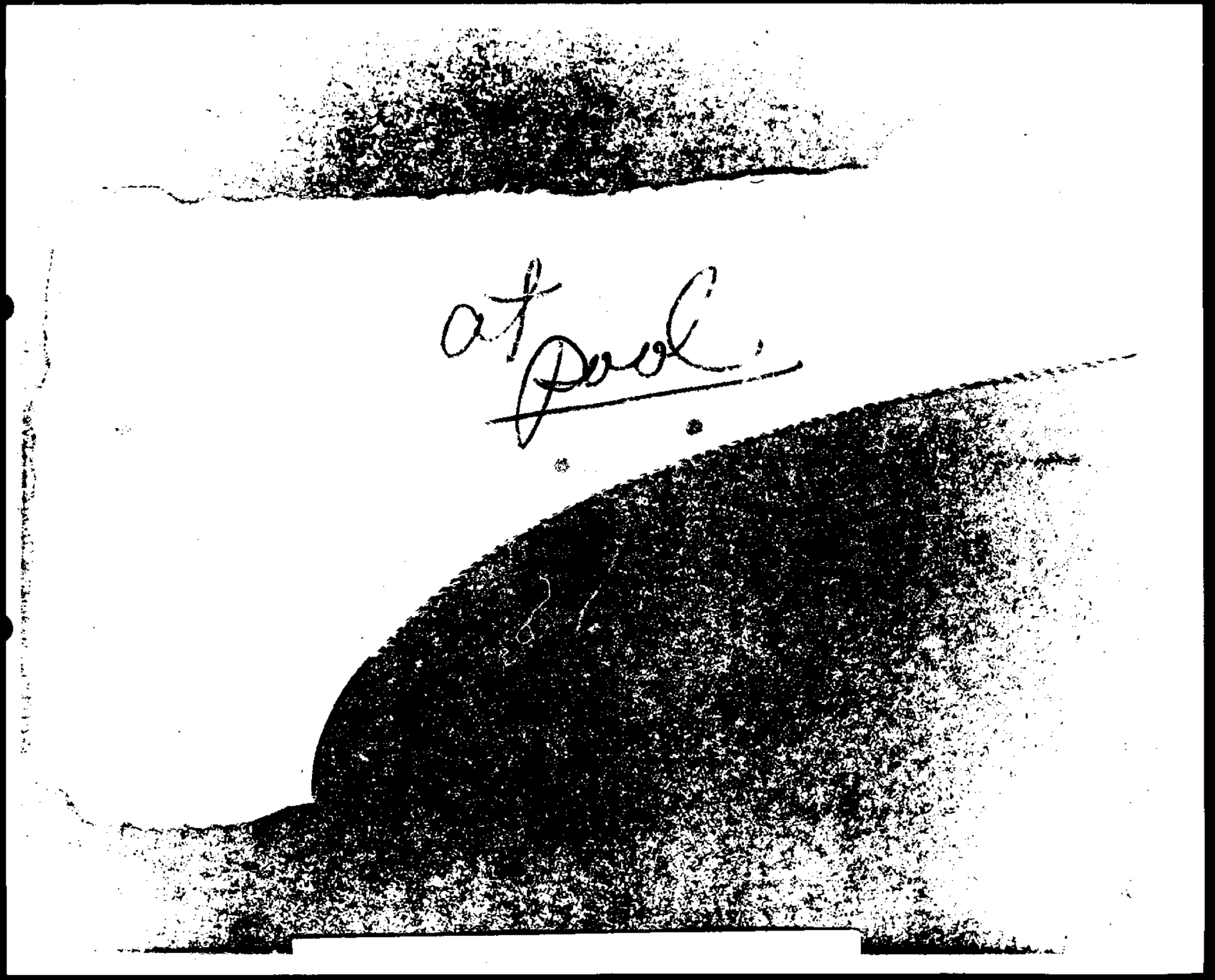
44-2386 -1A21



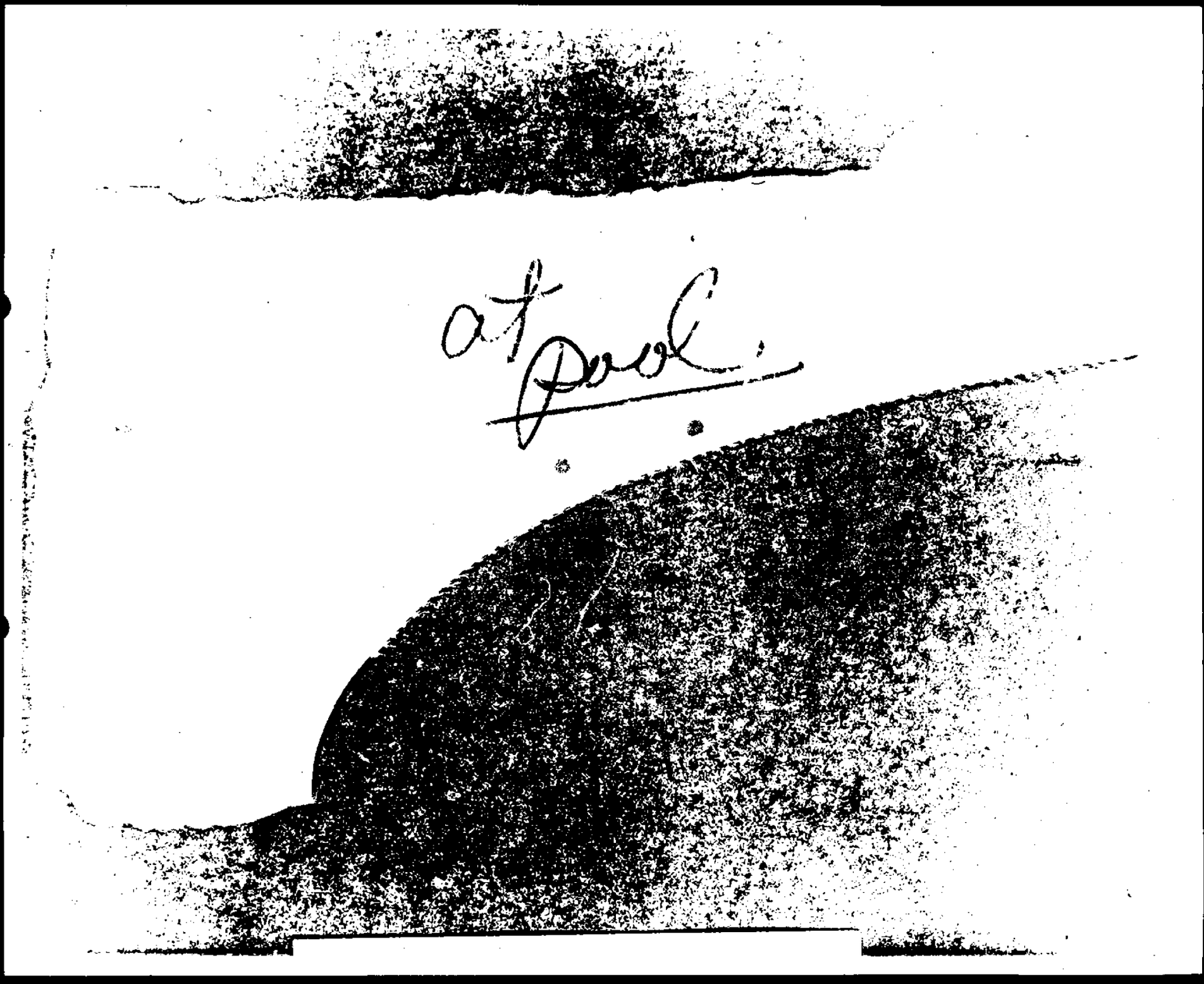
44-2386 -1A 21



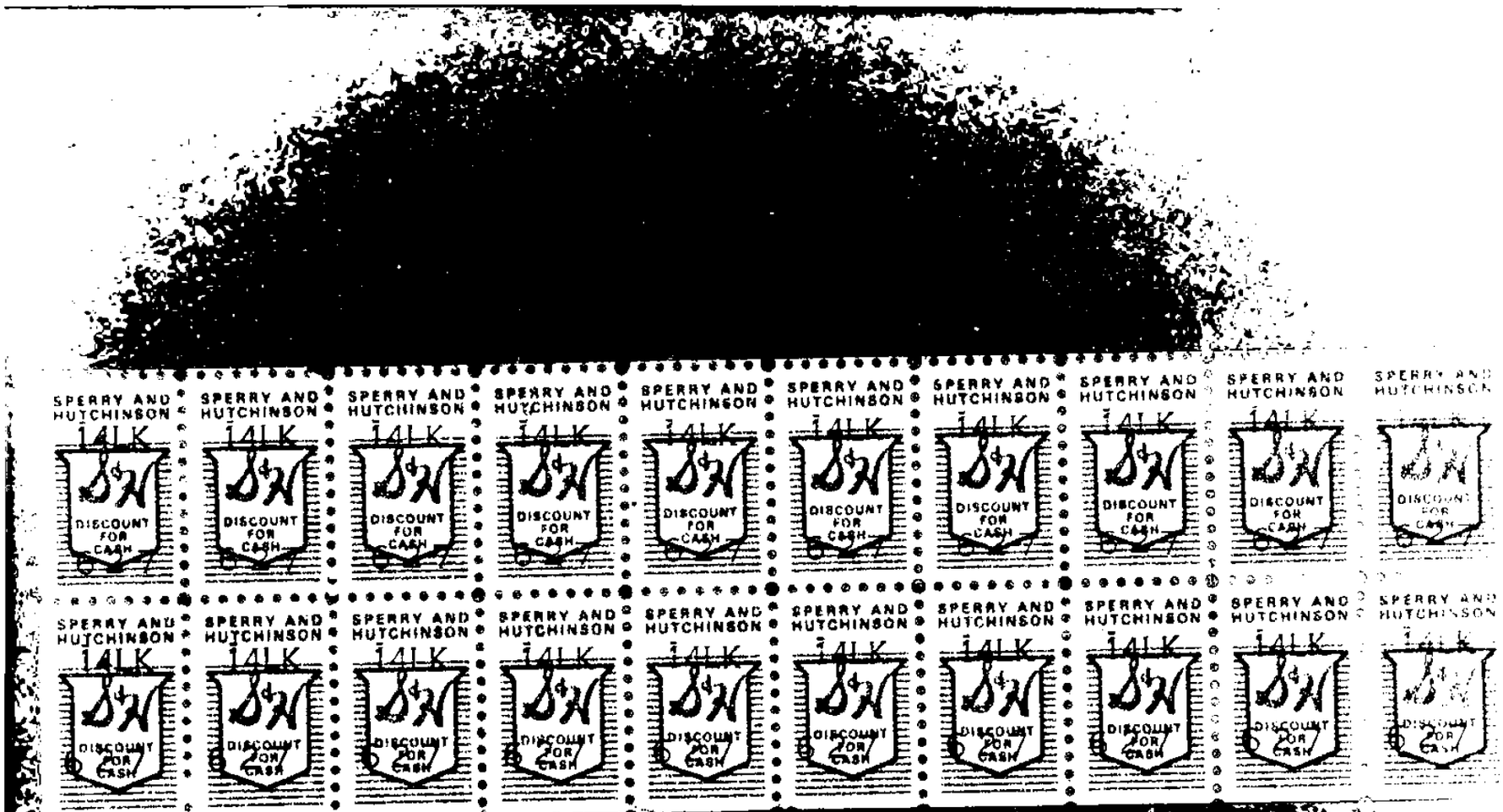
1941-1946



44-2386-1421



44-2386-184



FBI

LABORATORY