



2025 RELEASE UNDER E.O. 14176

[REDACTED]

State of Georgia
County of [REDACTED]
[REDACTED]
[REDACTED]

Subscribed and sworn to before me this [REDACTED] day of [REDACTED] 19[REDACTED]

I hereby declare upon oath that [REDACTED]

Witness my hand and subscribed to before me this [REDACTED] day of [REDACTED] 19[REDACTED]

Please Do Not Write Below This Line

ABSTRACT OF SUPPORTING EVIDENCE
Name and Kind of Document, and By Whom Issued

1. Certified statement of family Bible record
2. Certified statement of school record from [REDACTED] School, Cartersville, Ga. Signed W. H. B.
3. Affidavit made by mother, Mrs. W. A. Gal
4. Illness. Justice of the Peace, Bartow Co., Ga.

2025 RELEASE UNDER E.O. 14176

THIS IS A PRELIMINARY REPORT. It is not to be used for legal purposes. It is to be used for statistical purposes only. It is to be used for the purpose of recording the birth of a child and for the purpose of recording the death of a child. It is to be used for the purpose of recording the marriage of a child and for the purpose of recording the divorce of a child. It is to be used for the purpose of recording the adoption of a child and for the purpose of recording the termination of a child. It is to be used for the purpose of recording the birth of a child and for the purpose of recording the death of a child. It is to be used for the purpose of recording the marriage of a child and for the purpose of recording the divorce of a child. It is to be used for the purpose of recording the adoption of a child and for the purpose of recording the termination of a child.



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

33-1276

Registered No. 19

1. PLACE OF BIRTH
County Fulton Milledge 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 Odian Putnam Salt, Jr.
(If not full name, leave space blank)

3. SEX Male 4. LEGITIMATE? Yes 7. BORN alive on 1-7-33 at 12:57
(If not yet named, leave space blank) (Date or Time) (Month, Day, Year) (Time)

8 and 9. 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) _____

10. FULL NAME OF FATHER Odian Putnam Salt

11. FULL NAME OF MOTHER Yell Adelaide Paschal

12. RESIDENCE Canton, Ga.

13. RESIDENCE Canton, Ga.

14. COLOR White 15. AGE of last birthday 45

16. COLOR White 17. AGE of last birthday 55

18. BIRTHPLACE Canton, Ga.

19. BIRTHPLACE Pittsboro, N.C.

20. Trade, profession or particular kind of work done, as carpenter, painter, etc. Putnam Co. Va. Power Co.

21. Trade, profession or particular kind of work done, as carpenter, painter, etc. Home wife

22. Industry or business in which work is done, as cotton mill, grocery, etc. Putnam Co. Va. Power Co.

23. Industry or business in which work is done, as cotton mill, grocery, etc. Home wife

24. Number of children born alive to this mother, not counting this birth 0 25. Number of children of this mother, not counting this birth 0

26. Was a new physical condition of mother used in this birth's case as provided by law? (Yes or No) Yes

27. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(Signature) _____ (Address) _____

Date Jan 7, 1933

(Signature) L. H. Harrison (Address) _____

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STATE FILE NUMBER

(If birth occurred in a hospital or institution, give its NAME instead of street.)

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

(a) Born alive 2 (b) Born alive 1
and now living 2 Not now dead 1 (c) Deaths 2

1.4 Dissemination OK

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1 PLACE OF BIRTH <u>Bertow</u>		GEORGIA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH		FILE No. _____ For State Registrar Only. <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 21655 21655 </div>
2 COUNTY OF <u>Bertow</u>		B.O.V.S. FORM 5		
3 MIL. DIST. OF _____		REG. DIS. No. _____		REGISTER No. <u>56</u>
4 TOWN OR CITY OF <u>Cartersville</u>		STREET. _____		
5 FULL NAME OF CHILD <u>William Andrew Galt</u>				[IF CHILD IS NOT YET NAMED, MAKE SUPPLEMENTAL REPORT, AS DIRECTED.]
6 SEX OF CHILD <u>Male</u>	7 TWIN, TRIPLE OR OTHER _____	8 NUMBER IN ORDER OF BIRTH <u>1</u>	9 LEGITIMATE (YES OR NO) <u>Yes</u>	10 DATE OF BIRTH <u>May 31</u> 1922 (YEAR)
11 FULL NAME FATHER <u>William Andrew Galt</u>		12 FULL NAME MOTHER <u>Mary Ida Prather</u>		
13 RESIDENCE <u>Cartersville Ga.</u>		14 RESIDENCE <u>Cartersville Ga.</u>		
15 COLOR <u>White</u>	16 AGE AT LAST BIRTHDAY <u>34</u> (YEARS)	17 COLOR <u>White</u>	18 AGE AT LAST BIRTHDAY <u>25</u> (YEARS)	
19 BIRTHPLACE <u>Cartersville Ga.</u>		20 BIRTHPLACE <u>Sumner Hill Ga.</u>		
21 OCCUPATION <u>Real Estate</u>		22 OCCUPATION <u>Housewife</u>		
23 NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THE PRESENT BIRTH <u>One</u>		24 NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
25 I hereby certify that I attended the birth of this child, who was born alive and that I did <u>did not</u> give the treatment for preventing ophthalmic neonatorum.		born alive <u>at 8 a.m.</u> M. on the date above stated.		
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A signature alone to one that neither brother nor shows other evidence of life after birth.		(Signature) <u>S. M. Howell M.D.</u> (Physician or Midwife)		
Address <u>Cartersville Ga.</u>		Given name added from a supplemental report _____		
Date <u>6/29</u> 19 <u>22</u> <u>Mrs. O. Eaves</u> Local Registrar.		Registrar.		

2025 RELEASE UNDER E.O. 14176

IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

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

Middle District No. 15-11

Registered No. 3657

City or Town of ATLANTA No. 106 S. Grand Ave St. St. Ward St.

If birth occurred in a hospital or institution, give its NAME instead of street)

2. FULL NAME OF CHILD

3. SEX OF CHILD

Male

4. Twin, Triplet or Other

5. Number in Order of Birth

TO BE ANSWERED FOR PLURAL BIRTHS

6. LEGITIMATE (Yes or No)

yes

7. DATE OF BIRTH

(Month) (Day) (Year)

8. FULL NAME

FATHER

Rorace Lester Gault

9. RESIDENCE

P. O. Address

106 S. Grand Ave.

10. COLOR OR RACE

white

11. AGE At Last Birthday

26

(Years)

12. COLOR OR RACE

white

13. AGE At Last Birthday

24

(Years)

14. BIRTHPLACE (State or Country)

Georgia

15. BIRTHPLACE (State or Country)

Georgia

16. OCCUPATION

Electrician

17. OCCUPATION

Housewife

18. NUMBER OF CHILDREN OF THIS MOTHER

Including this birth. (If born alive but dies before certificate is made set 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 at 10:45 A M on the date above stated. (Hour, A.M. or P.M.)

(Signature) C. E. McArthur, M.D.

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

Address Grady Hospital

23. Filed

2/17

1934

V. E. Loushart
Registrar

Given name added from a supplemental report 4/27-1934

T. F. Anderson
m.g.
Registrar

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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

3. SEX Male 4. LEGITIMATE? ☒ (Are parents married?)
5. BORN Alive on June 28 1936 at 10³⁰ P. M.
(Alive or Dead) (Month, Day, Year) (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) _____ QUADRUPLT No. (1, 2, 3 or 4) _____

8. FULL NAME Horace Gault FATHER
14. FULL MAIDEN NAME Minnie Bell MOTHER

9. RESIDENCE 2350 Bankhead
(P. O. Address) 15. RESIDENCE 2350 Bankhead
(P. O. Address)

10. COLOR or RACE White 11. AGE at last birthday 32 (years)
16. COLOR or RACE White 17. AGE at last birthday 29 (years)

12. BIRTHPLACE Fulton County
(P. O. Address) 18. BIRTHPLACE Pauldin County
(P. O. Address)

12a. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
19a. Trade, profession or particular kind of work done at housekeeper, typist, nurse, clerk, etc. Housewife

12b. Industry or business in which work is done, as cotton mill, sawmill, bank, etc. Georgia 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 4 21. Number of children of this mother living, not counting this birth 3 22a. 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 PHYSICIAN

(Signed) _____ Midwife (Signed) William D. H. H. M.D.
(Address) _____ (Address) 1012 7th St

Date _____ 19____ Date 10/27/36 19____
(When name of child added from a supplemental report)

FILED: Date Nov 3 1936 19____ Date _____ 19____
(Signed) W. T. Gilberk (Local Registrar) (Signed) _____ (Registrar)

N. B.—In case of twins, triplets, etc., a separate Certificate must be filed for each child. A stillbirth cannot be reported as both a birth and a death on a separate Certificate of birth and death. Report as stillbirth 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.

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separate Certificate of birth and death. No-
evidences of life whatever after birth and
h of gestation.



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

1. PLACE OF BIRTH

County FULTON Militia District (Number) _____
City or Town ATLANTA GA
Street and Number (No.) _____ (Street) _____

2. FULL NAME OF CHILD

(If not yet named, leave space blank)

Louis

3. SEX

Male

6. LEGITIMATE?

(Are parents married?)

yes

7. BORN

Alive

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

8. FULL

FATHER

NAME William Donald Taylor

9. RESIDENCE

929 E. 10th St. Atlanta, Ga.

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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

(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)

10³⁰ 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)

QUADRUPLT No. (1, 2, 3 or 4)

8. FULL

FATHER

NAME

Horace Gault

14. FULL

MOTHER

MAIDEN

NAME

Minnie Bell

9. RESIDENCE

(P. O. Address)

2350 Bankhead Hy

15. RESIDENCE

(P. O. Address)

2350 Bankhead Hy

10. COLOR or

RACE

White

11. AGE at last birthday 32 (years)

16. COLOR or

RACE

White

17. AGE at last birthday 29 (years)

12. BIRTHPLACE

(P. O. Address)

Fulton County

18. BIRTHPLACE

(P. O. Address)

Pauldin County

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.

Auto Co

OCCUPATION

19b. Industry or business in which work is done, as own home, lawyer's office, cotton mill, etc.

Housewife

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

PHYSICIAN

(Signed) _____ Midwife

(Signed) _____ M.D.

(Address) _____

(Address) _____

Date _____ 19 _____

Date 10/27/30 19 _____

(Given name of child added from a supplemental report)

FILED: Date NOV 1 1930 19 _____

Date _____ 19 _____

(Signed) L. P. Gilbert

(Local Registrar)

(Signed) _____

(Registrar)

NOTE: 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.

2025 RELEASE UNDER E.O. 14176

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.



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 yet named, leave space blank)

2. FULL NAME OF CHILD

(If not yet named, leave space blank)

3. SEX

male

6. LEGITIMATE?

(Are parents married?)

yes

7. BORN alive

(Alive or Dead)

on

19

at

12 57
9 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)

8. FULL

NAME

Odian Putnam Galt

9. RESIDENCE

(P. O. Address)

Canton, Ga.

10. COLOR or

RACE

White

11. AGE at last birthday 42 (years)

12. BIRTHPLACE

(P. O. Address)

Canton, Ga.

14. FULL

MAIDEN

NAME

Yell Adelaide Paschal

15. RESIDENCE

(P. O. Address)

Canton, Ga.

16. COLOR or

RACE

White

17. AGE at last birthday 36 (years)

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.

13b. Industry or business in which
work is done, as cotton mill,
sawmill, bank, etc.

Ga. Power Co.

OCCUPATION

19a. Trade, profession or particular kind
of work done as housekeeper, typist,
nurse, clerk, etc.

House wife

19b. Industry or business in which work
is done, as own home, lawyer's of-
fice, 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 10% solution of ergynol 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)

M.D.

(Address)

(Address)

Date

19

Date

19

(Given name of child added from a supplemental report)

FILED: Date

19

Date

19

(Signed)

(Local Registrar)

(Signed)

(Registrar)

JAN 9 - 1933

L. H. Hinton

W. F. Shalmeberger

Atlanta, Ga.

Jan 7, 1933

2025 RELEASE UNDER E.O. 14176

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

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)

1061

2. FULL NAME OF CHILD

(If not yet named, leave space blank)

3. SEX

Male

6. LEGITIMATE?

(Are parents married?)

yes

7. BORN

Alive

ON

at

9 45 A. 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) _____

8. FULL

NAME

William Donald Gault

FATHER

9. RESIDENCE

(P. O. Address)

23 Emley Place

10. COLOR or

RACE

white

11. AGE at last birthday 37 (years)

12. BIRTHPLACE

(P. O. Address)

Atlanta, Ga.

OCCUPATION

13a. Trade, profession or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Shipping - Clerk

13b. Industry or business in which
work is done, as cotton mill,
sawmill, bank, etc.

Seather Co

OCCUPATION

14. FULL MAIDEN NAME

MOTHER

15. RESIDENCE

(P. O. Address)

23 Emley Place

16. COLOR or

RACE

white

17. AGE at last birthday 25 (years)

18. BIRTHPLACE

(P. O. Address)

Milton Co, Ga.

19a. Trade, profession or particular kind
of work done as housekeeper, typist,
nurse, clerk, etc.

Housekeeper

19b. Industry or business in which work
is done, as own home, lawyer's of-
fice, 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 _____

(Signed) _____

PHYSICIAN

(Address) _____

Date _____ 19 _____

(Given name of child added from a supplemental report)

FILED: Date _____ 19 _____

SER 4-1931

(Signed) _____

(Local Registrar)

(Signed) _____

(Registrar)

2025 RELEASE UNDER E.O. 14176

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

1. PLACE OF BIRTH Kennesaw GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

38-19242
STATE FILE NUMBER

State of Georgia

County of Cobb

Militia District No. 72

Registered No. _____

City or Town of Kennesaw

No. _____

St. _____

Ward _____

(If child is not yet named, give its NAME instead of street)

2. FULL NAME OF CHILD _____

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

3. SEX OF CHILD Boy

4. Twin,
Triplet
or Other

5. Number
in Order
of Birth 2

TO BE ANSWERED FOR PLURAL BIRTHS

6. LEGITIMATE
(Yes or No) Yes

7. DATE OF
BIRTH _____

(Month) (Day) (Year)

8. FULL NAME FATHER
Harry Galt

14. FULL MAIDEN NAME MOTHER
Harry Galt

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 County) Cobb Co

13. OCCUPATION Miner

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 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 at 3:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(Signature) [Signature]

(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

[Signature]
Registrar.

2025 RELEASE UNDER E.O. 14176

NOTE—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

51- 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 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

Gault

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

3. SEX OF CHILD

male

1 Twin,
Triplet
or Other

5 Number
in Order
of Birth

TO BE ANSWERED FOR PLURAL BIRTHS

6 LEGITIMATE
(Yes or No)

yes

7 DATE OF
BIRTH

(Month) (Day) (Year)

8 FULL
NAME

FATHER

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

14 FULL
MAIDEN
NAME

MOTHER

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 at 10:45 A M
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(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 4/22/1930

T. F. Abernethy
Registrar.

2025 RELEASE UNDER E.O. 14176

For the State Law Governing Birth Registration See Item 4 g Items 4 g Items 4 g
When more than one child is born, a certificate for each child must be filed.
For stillbirth file both birth and death certificates.

1 PLACE OF BIRTH

COUNTY OF

Bartow

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

MIL. DIST. OF

REG. DIS. No.

REGISTER No.

56

TOWN
OR
CITY OF

Cartersville

NO.

STREET.

2 FULL NAME OF CHILD

{ IF CHILD IS NOT YET NAMED, MAKE
SUPPLEMENTAL REPORT, AS DIRECTED.

3 SEX OF CHILD

4 TWIN, TRIPLET
OR OTHER

5 NUMBER IN OR-
DER OF BIRTH

6 LEGITIMATE

7 DATE OF

Male

TO BE ANSWERED FOR PLURAL BIRTHS

(YES OR NO)

BIRTH

(MONTH)

(DAY)

(YEAR)

8 FULL
NAME

FATHER

William Andrew Galt

14 FULL
MAIDEN
NAME

MOTHER

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
and that I did use the treatment for preventing ophthalmia neonatorum.

born alive at 8 a.m. M. on the date above stated.

(Signature)

S. M. Howell M.D.

(Physician or Midwife)

Address

Cartersville Ga.

Given name added from a supplemental report

192

23 Filed

6/29

192

9 Mrs. J. O. Eaves

Local Registrar.

Registrar.

2025 RELEASE UNDER E.O. 14176

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

203 19-100M-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 [REDACTED]
3. Color White 4. Sex Male 5. Date of Birth [REDACTED]
6. Place of Birth Cartersville, Ga. 7. 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.

STATE Georgia
COUNTY Bartow

AFFIDAVIT

I hereby declare upon oath that the above statements are true

Applicant's Signature [REDACTED]

Sworn and subscribed to before me this

Signature W. F. Wallace JR

Title Bartow County Clerk

Please Do Not Write Below This Line

Date Commission Expires 6-13-1942

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.

Signature and Title of the Reviewing Official

Date Signed June 18, 1942

Date Filed By The Ga. Dept. P. H.

CERTIFIED COPY CLERK, GA. DEPT. PUBLIC HEALTH

JUN 19 1942

State File No.

60456

2025 RELEASE UNDER E.O. 14176

File No. 44-2386-1A20Date Received 4-15-68From FBI BH-
(NAME OF CONTRIBUTOR)

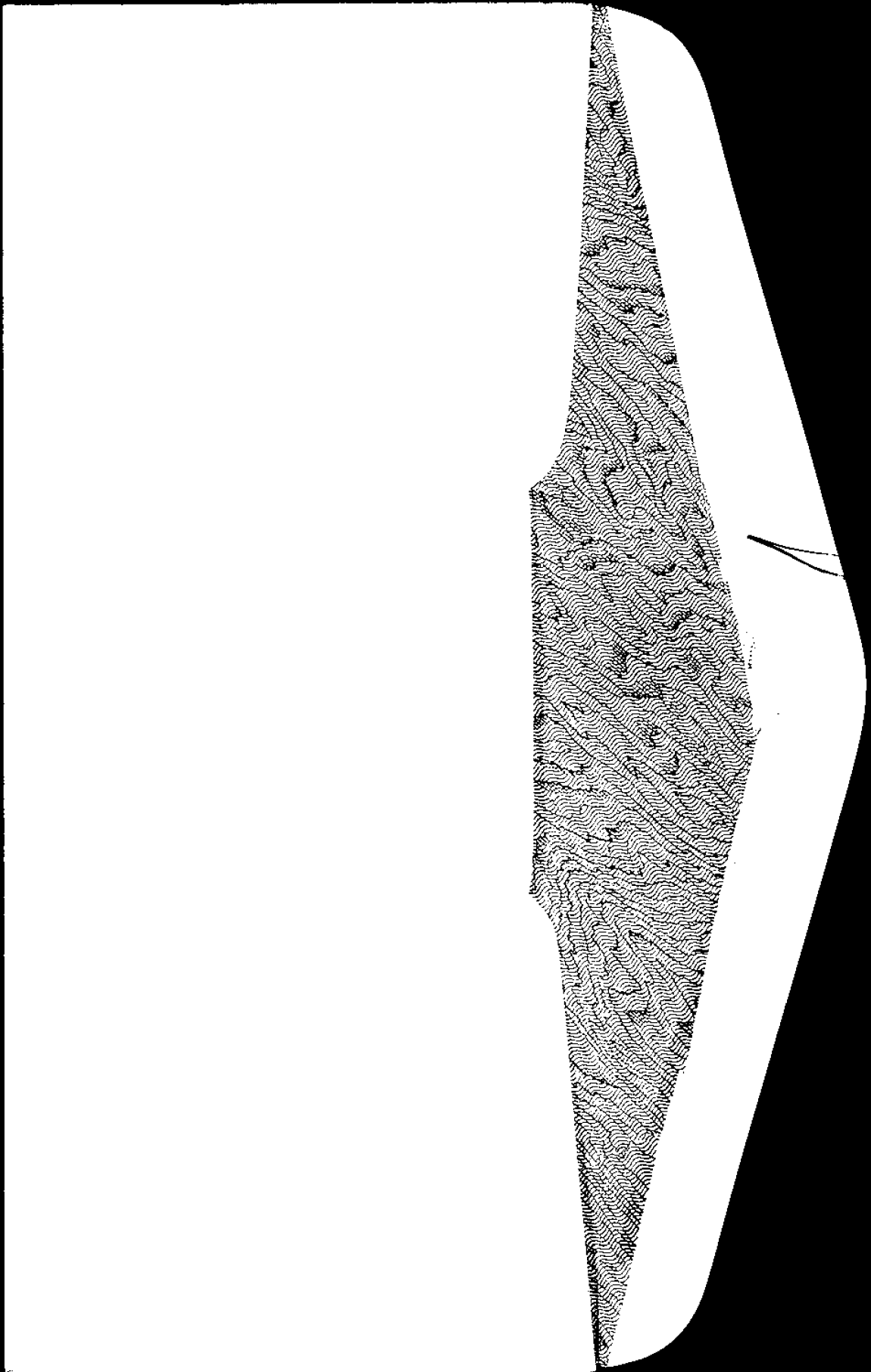
(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By _____
(NAME OF SPECIAL AGENT)To Be Returned ☐ Yes
☒ NoReceipt given ☐ Yes
☐ No

Description:

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



2025 RELEASE UNDER E.O. 14176

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? SIGNATURE <u>[Signature]</u> ADDRESS _____	CAB <u>42</u>
TIME ON	SHIFT		
		8/26/67	

	TRIPS	UNITS	SPEEDOMETER	PAID MILES	TOTAL MILES		TRIPS	AMOUNT
IN	11037	89543	79219					
OUT	11037	89543	79080					
DIF	23	339						
			OIL					
	REMARKS						TOTAL	

STOP ACCIDENTS— Get the Safe Driving Habit.

	NO. PASS.	TIME ON	FROM	TIME OFF	TO	CASH AMOUNT	CHARGE AMOUNT	EXTRA	TOTAL
1	1		Greystone		McWood	60			60
2	1		McWood-Mc		21 ST 12TH AVE	40			100
3	1		" Has B		Theresa		1.55		2.15
4	4		439 1st W		ENSLY-McWood	320			1280
5	3		Adm		Bait	50			150
6	1		1st Ave 20th		S. Santa	95			245
7	2		1114 1st Ave		4th W. Highland	90			335
8	1		3149 Highland		26th Highland	50			385
9	1		5th		St. Y	74			459
10	1		Tower		McWood	95			554
11	1		McWood		Tower	95			649
12	1		Tower		AP	190			839
13	1		East 1st		Tower	220			1059
14	1		1031 2nd St		50 Highland	120			1179
15	1		1011 15th St		308 - 1st St	140			1319

2025 RELEASE UNDER E.O. 14176

	NO. OF TRIP	TIME ON	FROM	TIME OFF	TO	CASH AMOUNT	CHARGE AMOUNT	EXTRA	TOTAL
16	1		5 west		West End	75			15.70
17			5 west		5 west	40			19.10
18	1		Low Price		5 south	90			20.00
19	1		Low Price		AP	1.65			21.65
20	2		32 21. 5000		534 20 25 100.	1.70			23.35
21	1		Low Price		Low Price	1.10			24.45
22	1		29 17 12 00		29 17 12 00	1.10			25.55
23	1		Low Price		AP	1.60			27.15
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									

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

2025 RELEASE UNDER E.O. 14176

File No. 44-2386-1A21Date Received 4-13-68From Bureau
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

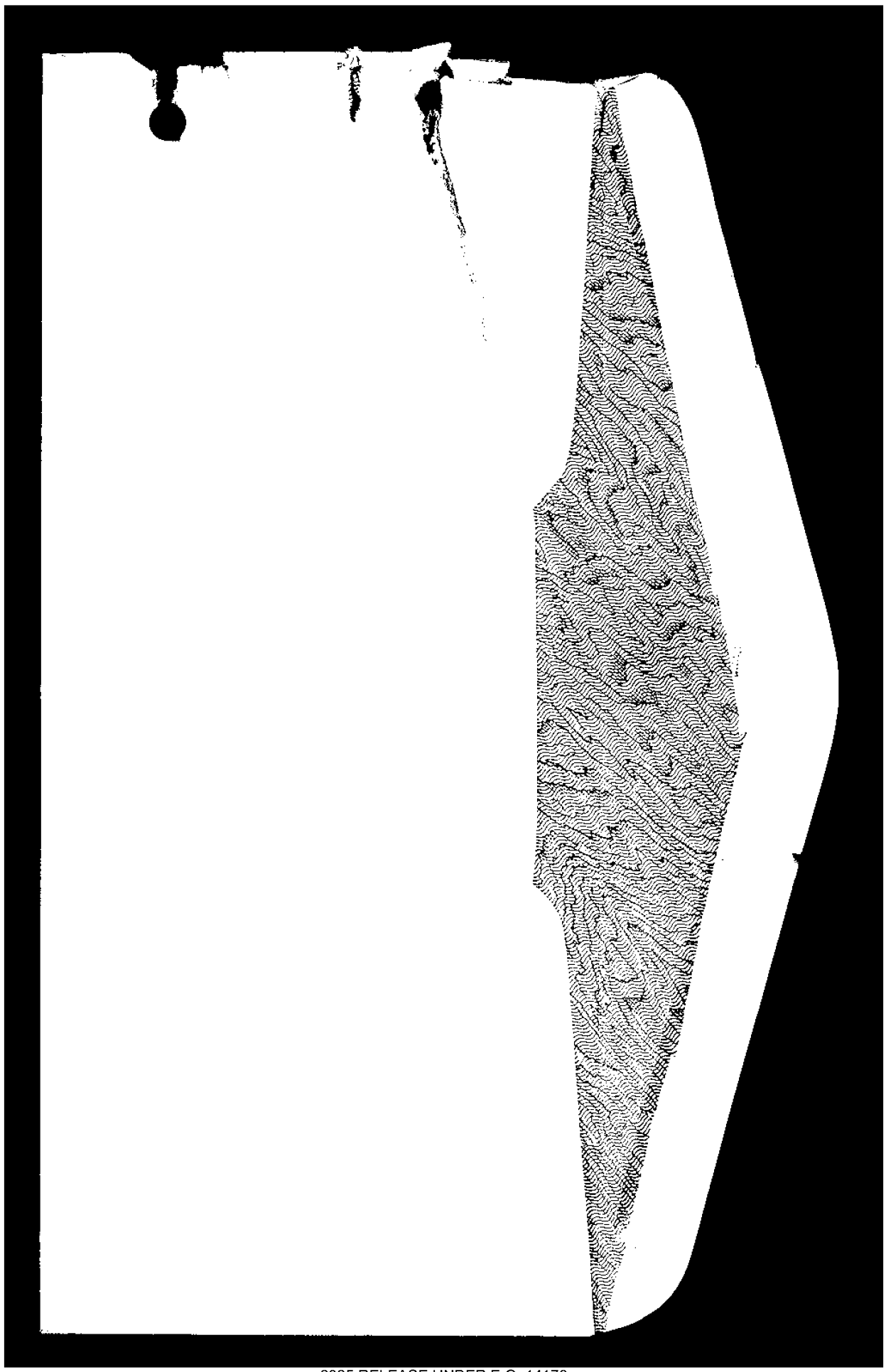
(CITY AND STATE)

By _____
(NAME OF SPECIAL AGENT)To Be Returned ☐ Yes
☒ NoReceipt given ☐ Yes
☒ No

Description:

Photos of:

- ① Cardboard (Front + reverse) bearing Handwritten wording "Ginger Day & Anita Katzenbach"
- ② 2 Small Bits of Newspaper
- ③ Twenty S+H Green Stamps
- ④ 2 tickets stapled together appear to be Laundry tickets



2025 RELEASE UNDER E.O. 14176

My
George & Anita Katzman
1535 Serrano
Apt 6
Oakland
Calif

44-2386-1A 21

My
George & Anita Katzman
1535 Serrano
Apt 6
Oakland
Arcauth

44-2386-1A21

FLAG-TAGS®
Stry-Lenkoff Co.
Louisville, Ky.

FT. 35
PRINTED IN U.S.A.

44-2386-1A 21

FLAG-TAGS®

Stry-Lenkoff Co.

Louisville, Ky.

FT. 35

PRINTED IN U.S.A.

44-2386--1A21

at pool.

44-2386-1421

at pool.

44-2386-1A24



FBI
LABORATORY