

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D. C.

NAME ROBERT LEE NEWGENT
AKA LARRY ILGITH

DATE 4/18/68
FBI NO. _____ PHOTO TAKEN _____

F. P. C. _____

CRIME _____

SEX _____

BIRTH DATE _____ HEIGHT _____

WEIGHT _____ BUILD _____

COMPLEX _____

HAIR _____ EYES _____

SCARS & MARKS _____

44-2386-1A106

KODAK SAFETY FILM

2

4



2025 RELEASE UNDER E.O. 14176

KODAK SAFETY FILM

6



2025 RELEASE UNDER E.O. 14176

KODAK SAFETY FILM

4

5



2025 RELEASE UNDER E.O. 14176

44-2386-1A107
File No. 5/27/68 - 1A107

Date Received

From

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By

Cedric J. Miley

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☐ No

Description:

Photos + Neg. Taken at
Rm #5- 107 - 14th St. NE Atl-
(wrong Room)



2025 RELEASE UNDER E.O. 14176

156

44-2386-1A107



2025 RELEASE UNDER E.O. 14176

951

44-2386-1A107



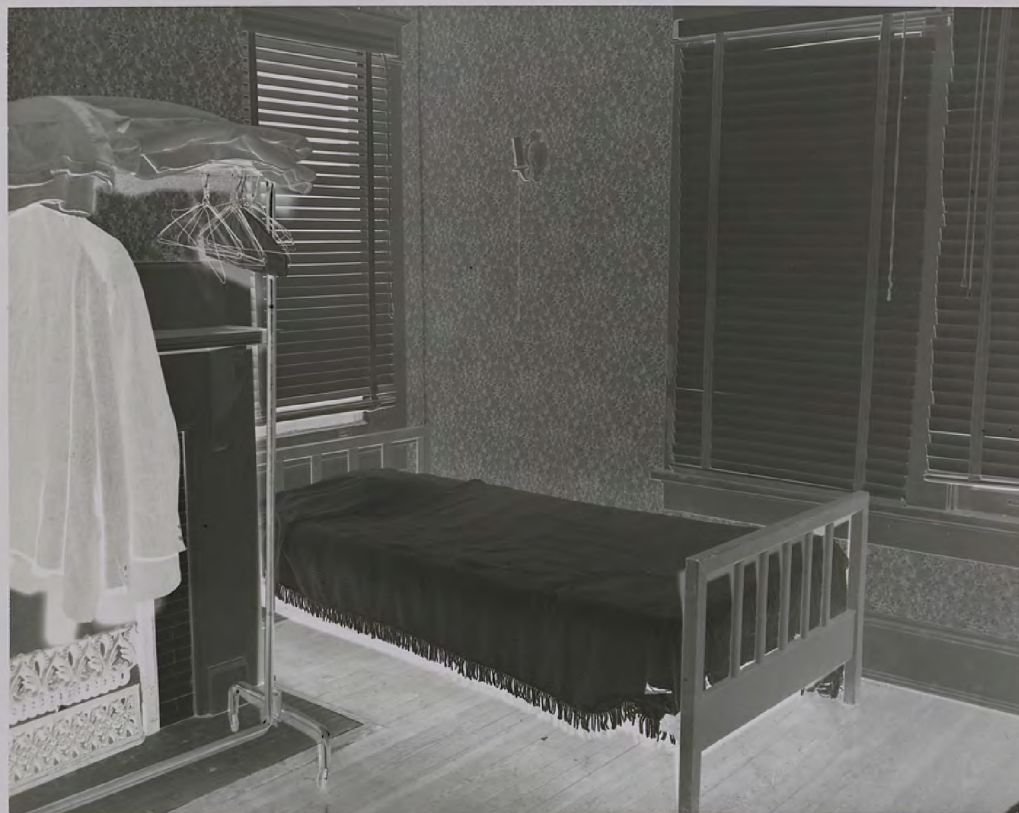
2025 RELEASE UNDER E.O. 14176

951

44-2386-1A107

KODAK SAFETY FILM

5



2025 RELEASE UNDER E.O. 14176

KODAK SAFETY FILM

13

6



2025 RELEASE UNDER E.O. 14176



2025 RELEASE UNDER E.O. 14176

File No. 44/2386 -108

Date Received 4/18/68

From GA. STATE BUREAU OF VITA
(NAME OF CONTRIBUTOR)
STATISTICS

(ADDRESS OF CONTRIBUTOR)

ATLANTA, GA.

(CITY AND STATE)

By IC MARION W. DAVIS
(NAME OF SPECIAL AGENT)

To Be Returned Yes ☐
No ☐

Description:

Three birth records
for GALT.

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

69538

1. PLACE OF BIRTH		Registered No. _____	
County <u>Beth</u>	Militia District (Number and Name) _____	State of Georgia	
City or Town <u>Macon</u>	Ward _____	NON-RESIDENT (Yes or No) _____	
Street and Number (No.) _____	(Street) _____	Number _____	
2. FULL NAME OF CHILD _____ (If not yet named, leave space blank)			
3. SEX <u>Male</u>	5. LEGITIMATE? <u>Yes</u> (Are parents married?)	7. BORN <u>Alive</u> on _____ at <u>12 Noon</u> (Alive or Dead) (Month, Day, Year) (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) _____ QUADRUPLER No. (1, 2, 3 or 4) _____			
8. FULL NAME <u>430</u> FATHER <u>Gault, Mr. Robert Harvey</u>		14. FULL MAIDEN NAME MOTHER <u>Bernal, Miss</u>	
9. RESIDENCE (P. O. Address) <u>115 Stonewall Place</u>		15. RESIDENCE (P. O. Address) <u>115 Stonewall Place</u>	
10. COLOR or RACE <u>White</u>		16. COLOR or RACE <u>White</u>	
11. AGE at last birthday <u>36</u> (years)		17. AGE at last birthday <u>36</u> (years)	
12. BIRTHPLACE (P. O. Address) <u>Sterling, Ill.</u>		18. BIRTHPLACE (P. O. Address) <u>Amaba, Ga.</u>	
13a. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lab. Technician</u>		19a. Trade, profession or particular kind of work done as housekeeper, typist, nurse, clerk, etc. <u>Domestic</u>	
13b. Industry or business in which work is done, as cotton mill, sawmill, bank, etc. <u>Hospital</u>		19b. Industry or business in which work is done, as own home, lawyer's office, cotton mill, etc. <u>Own Home</u>	
20. Number of children born alive to this mother, not counting this birth <u>7</u>		21. Number of children of this mother living, not counting this birth <u>7</u>	
21a. Number of stillbirths of this mother, not counting this birth <u>7</u>			
(b) Was a one per cent solution of silver nitrate used in this baby's eyes as provided by law? (yes or no) <u>Yes</u>			
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) <u>W. A. Wellcome</u>	M.D.
(Address) _____		(Address) <u>Macon, Ga.</u>	
Date _____	19 _____	Date <u>12-19-35</u>	19 _____
(Given name of child added from a supplemental report)			
FILED: Date <u>12/4/36</u> 19 _____		Date _____ 19 _____	
(Signed) <u>W. A. Wellcome</u>		(Signed) _____	
(Local Registrar)		(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 DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Statistics

60787
130

Registered No. 130

1. PLACE OF BIRTH

County Richmond Militia District (Number and Name) 123rd State of Georgia
City or Town _____ Ward _____
Street and Number (No.) _____
or its name instead of street and number

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

3. SEX Male 6. LEGITIMATE? Yes (Are parents married?)
7. BORN Alive on _____ at 8:05 A.M.
(Alive or Dead) (Month, Day, Year) (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 NAME Charles Paul Gault
9. RESIDENCE R. F. D. #1 Augusta, Ga
(P. O. Address)
10. COLOR or RACE White
11. AGE at last birthday 27 (years)
12. BIRTHPLACE Spartanburg, S. C.
(P. O. Address)

13a. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver
13b. Industry or business in which work is done, as cotton mill, sawmill, bank, etc. Cotton Mill

14. FULL NAME Willie Mae Crocker
15. RESIDENCE R. F. D. #1 Augusta, Ga
(P. O. Address)
16. COLOR or RACE White
17. AGE at last birthday 21 (years)
18. BIRTHPLACE Aiken County, S. C.
(P. O. Address)

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. None

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 0 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) Joseph A. Kennedy M.D.
(Address) Shirley H. H. H. H.
Date Dec 15 1934 19__

DEC 17 1934
FILED: Date _____ 19__
(Signed) Harry J. H. H. (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, 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

11526
124

Registered No. _____

1. PLACE OF BIRTH

Court Laurens Militia District (Number and Name) 342 (Dublin) State of Georgia
City or Town Dublin, Ga. Ward _____ NON-RESIDENT (Yes or No) _____
Street and Number (No.) _____ (Street) Clayton Sanitarium _____ (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)

OF 8:30 P.
(Month, Day, Year) (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

NAME William Ernest Gault

9. RESIDENCE

(P. O. Address) Dunwoody, Ga.

10. COLOR or

RACE white 11. AGE at last birthday 24 (years)

12. BIRTHPLACE

(P. O. Address) Newburg, N. Y.

OCCUPATION

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

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

W. E. Galt.
Construction
Company

14. FULL

MAIDEN
NAME Ruby Jane Henry

15. RESIDENCE

(P. O. Address) Dunwoody, Ga.

16. COLOR or

RACE white 17. AGE at last birthday 26 (years)

18. BIRTHPLACE

(P. O. Address) Carrollton, Ga.

OCCUPATION

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

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

Housewife
at home

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 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__

FILED: Date _____ 19__

(Signed) _____

(Local Registrar)

PHYSICIAN

(Signed) J. Bell, Jr. M.D.

(Address) Dublin, Ga.

Date March 27 19__

(Given name of child added from a supplemental report)

Date _____ 19__

(Signed) _____

(Registrar)

SEARCHED
SERIALIZED
JAN 7 1969

2

Disposition

1A 109
any

(Title) 44-2386-Sub A-3
(File No.)

File No.

44-2386 ¹²/109

Date Received

From

WERS

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes☐ NoReceipt given ☐ Yes☐ No

Description:

Saturday Evening Post
issue for July 27, 1965

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location.**

SATURDAY EVENING POST

JULY 27, 1968

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