



Department of Natural Resources

COASTAL RESOURCES DIVISION
1200 GLYNN AVENUE
BRUNSWICK, GEORGIA 31520
(912) 264-7218

Joe A. Turner
COMMISSIONER

Robert J. Reimold
DIRECTOR

18 September 1981

Mr. Bill Watson
[REDACTED]
Townsend, GA 31331

Dear Mr. Watson:

I wish to personally congratulate you on your outstanding catch, which has been accepted as a Georgia Saltwater Gamefish Record. Enclosed is a certificate that serves not only to recognize the size of the catch, but also the angler's skill and the sportmanship displayed in the landing of a gamefish record.

Again, congratulations on your achievement, and thank you for your participation in Georgia's Saltwater Gamefish Records Program.

Sincerely,

Robert J. Reimold, Ph.D.
Director, Coastal Resources Division

RJR/sod

GEORGIA SALTWATER GAMEFISH
RECORDS APPLICATION FORM
FOR RECORDING RECORD
GAMEFISH CATCHES

Read all angling rules and Georgia Saltwater Gamefish Record requirements before completing and signing this application. This application must be accompanied by photographs as specified in the State record requirements.

DIVISION _____ Women's Men's

SPECIES

Common name: NURSE SHARK

WEIGHT I.D. by W.J. Gordon

lbs., oz.: 244# DNR

LENGTH (See measurements diagrams)

inches: x to x 6'8" xx to xx 8'8"

GIRTH (See measurement diagrams)

inches: 3'10"

DATE OF CATCH: 8-8-81

PLACE OF CATCH: SAPELO BOWY CHANNEL

METHOD OF CATCH (trolling, casting, fly fishing, etc.):

DRIFTING

ANGLER (print name as you wish it to appear on record certificate): BILL WATSON

Permanent address (include county and address code):

[REDACTED]

TOWNSEND, GA. 31331
(MONTGOMERY)

Angler's fishing club affiliation (if any): N/A

EQUIPMENT

Number of hooks: 1

Name of lure, fly or bait: SPANISH MACKEREL

BOAT (if used)

Name: NYRIAD

Captain's Name: BILL WATSON

Signature: [Signature]

Address: [REDACTED]

TOWNSEND, GA. 31331

SCALES

Location: BELVILLE GA.

Date last certified: MAY 1981

Person and/or agency that certified scales: GA. DEPT. OF AGRICULTURE

Weighmaster: GENE F. BIRNBAUM

Signature: Gene F. Birnbaum

Address: P.O. BOX 3
CRESCENT GA. 31302

WITNESSES

Witness to weighing (other than angler, captain or weighmaster): Jawn E. Jenkins

ADDITIONAL COMMENTS: (fighting time, equipment used, additional witnesses, etc.)

1 HR., GARY MCINTOSH

AFFIDAVIT

I, the undersigned, hereby take oath and attest that the fish described in this application was hooked, fought, and brought to gaff by me without assistance from anyone except as specifically provided in the regulations; and that it was caught in accordance with Georgia Saltwater Gamefish Records angling rules. I further declare that the information in this application is true and correct to the best of my knowledge.

Signature of angler: [Signature]

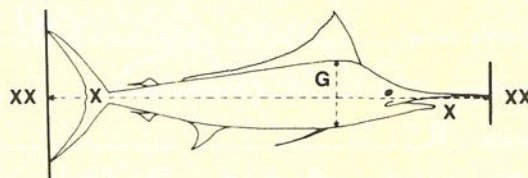
Date: 8-8, 19 81

When completely filled out and signed, mail this application with photos by quickest means to:

Saltwater Gamefish Records
Coastal Resources Division
Georgia Department of Natural Resources
1200 Glynn Avenue
Brunswick, Georgia 31523
Phone (912) 264-7330 or 264-7218

SPECIES MEASUREMENTS

Measure as indicated below, taking lengths from X to X and XX to XX. Take girth around the fish on line marked G or at largest dimension location.



(Detach Here)

