

Abney, A. C. (Mrs.)
Barlow County

No. *OK for 1911*

Widow's Application

To Be Put on Roll in Her Own Right, when
Husband Was on Roll at Death.

County *Barlow*
Name *A. C. Abney*
Widow of *R. J. Abney*
1/10 11/10

Approved _____

J. W. LINDSEY
Commissioner of Prisons

Chas. P. Byrd, State Printer, Atlanta.

1/30 11/10

Dear Sir
Thinking that the Penches
Paper was sent me to order as
I had been delayed in attending
to the business this will forward
them to you in a few days as
regard his whole conduct at the
time of the Surrender I can't say
he did not enjoy good health
on 4th May 1864 was sent off
to hospital at different times
& perhaps was so sick that he
wasn't able to get back to his command
after Hood's march back to
Tennessee as the Army was
in a disorganized condition
all best efforts to get him
participate from our services of
the country then was impossible.

[illegible]

No. 2379
APPLICATION FOR ALLOWANCE

Applicant, *1*
County *Barton.*
Amount *50*
Date of Warrant *June 15.*
Entered on Record
June 15 188*6*
MAH
SECRETARY EXECUTIVE DEPARTMENT

H. D. Capen,

NOTES.

[illegible]

APPLICATION FOR ALLOWANCE

He is able to furnish
 Applicant, *W. Adams*
 County *Barton*
 Amount *50*
 Date of Warrant *June 15*
 Entered on Record
June 15 1889
W.H.
 SECRETARY EXECUTIVE DEPARTMENT.

[illegible]

NOTES.

[illegible]

APPLICATION FOR ALLOWANCE

Adams Smith
Boston Co.

No. *9379*

APPLICATION FOR ALLOWANCE

C. W. Adams

Applicant,

County *Racine*

Amount *\$2*

Date of Payment *June 15*

Entered on Record *June 15*

77M H

RECEIVED BY THE SECRETARY OF THE TREASURY

A. J. Stearns

Ex. Dept. Atlanta
June 4 1859

The disability of this applicant is not questioned but to show him entitled there must be full and most direct proof that his condition is the result of the service.

What was condition in 1865, 1866, 1867?

What physicians treated him immediately after the occurrence?

What was his physical condition when he submitted?

When did his eye sight fail him?

How long has he been in his present condition?

Give full history of his case & furnish proof by physicians relating back to the service or immediately after the war.

Write out additional proof alloted to them.

Ed N. Harrison Clerk

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or a leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutches or sticks, that the leg is not "substantially and essentially useless."
5. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

APPLICATION FOR ALLOWANCE

no 2311/1

Adams Enrich M
Barton Co.

Con delion when he was
When did his eye sight fail
him?
How long has he been in
his present condition?
Give full history of his case
Hundred proof by physicians
relating back to the service
or since, after the war.
Write out additional proofs
attach to these
J. H. Harrison

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or a leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutches or sticks, that the leg is not "substantially and essentially useless."
5. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

STATE OF GEORGIA,

County.

PERSONALLY came

citizens of _____ county, in said State,
who, being duly sworn, say that they are acquainted with Enrich M Adams
and know that he received the wounds (or contracted the
disease) in the military service, as stated by him in the foregoing affidavit; that said ~~said~~
(or disease) permanently disables applicant, as stated by him; that said applicant is a bona
fide citizen of this State, and resides in Barton county, and we
are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this
_____ day of _____ 1887

NOTE.—Above affidavit must be made by three citizens of the county of applicant's residence.

STATE OF GEORGIA,

County.

PERSONALLY comes before me J. H. Harrison Justice of the Peace
Ordinary of said county,

James M Bradley and Enrich M Adams, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined Enrich M Adams and after such
examination say that the applicant has been injured as follows: His general
Constitution and health is entirely broken down
and he is almost if not totally blind and entirely in
capable of any manual labor. He has also
Hypertrophy of the heart. We have known
Enrich M Adams, the defendant for many years
and are satisfied that his present affliction may have
resulted from exposure when young, as set forth in his affidavit.

Sworn to and subscribed before me, this
25 day of May 1887

J. H. Harrison
W. S. Hunt - P. P.

ORDINARY.

HEAD NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

APPLICATION FOR ALLOWANCE

no 2311/1

Adams Enrich M
Barton Co.

Enrich M Adams
Applicant.
County Barton.
Amount \$50
Date of Wounding June 10
Entered on Record
J. H. Harrison
1887
SECRETARY EXECUTIVE DEPARTMENT.

When did his eye sight fail him?
How long has he been in his present condition?
Give full history of his case
Hundred proof by physicians relating back to the service or since, after the war.
Write out additional proofs attach to these

Adams Emmerich
Bartow
 No. 2349
 APPLICATION FOR ALLOWANCE
Emmerich M. Adams
 Applicant
 County *Bartow*
 Amount *50*
 Date of Warrant *June 15*
 Entered on Record *June 15*
 1889
 SECRETARY EXCISE AND DISABILITY
H. S. Capen

Bartow County
 PERSONALLY comes before me *E. M. Adams* Ordinary of said county,
J. W. Bradley and *W. S. Hunt*, both known to
 me as reputable physicians of said county, who, being severally sworn, say on oath that
 they have carefully examined *Emmerich M. Adams* and after such
 examination say that the applicant has been injured as follows: *His general*
constitution and health is entirely broken down
and he is almost if not totally blind and unable to
capable of any manual labor. He has also
hypertrophy of the heart. He has known
Emmerich M. Adams, the defendant for many years
and are satisfied that his present affliction may have
resulted from exposure when young, as it first on his left
 Sworn to and subscribed before me, this *June 15*
 day of *May* 1889 *J. W. Bradley*
W. S. Hunt
 ORDINARY.
 READ NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the
 disability resulting therefrom.

C. J. Baker's Regiment
Gen. militia.
 For Use of Applicants Who Have not Heretofore Drawn.
 STATE OF GEORGIA,
Bartow County.
 PERSONALLY appears *Emmerich M. Adams* of *Bartow* county,
 State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and
 resident of said State, and has been such since the *late of the month* day of
17th March 1848, that he enlisted in the military service of the Con-
 federate States (or of the State of *Georgia*) during the war between the
 States, and served as a *Private* in Company *I*, of *Baker's*
 Volunteers *Hofford's* Brigade; that whilst engaged
 in such military service, at the battle of *Antietam* in the State
 of *Georgia*, on the *month* day of *1864* or *1865*, he was
 wounded as follows: *the Rebel's mounds from exposure*
to the weather in the trenches, and that shortly after
his eyes became affected and his whole system
was very weak. And that he has never been well since
and is now nearly totally blind and so feeble
that he can do no work, but is dependent entirely
upon his friends, as dependent he has no property or means
 Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
 and the Act amendatory thereof, approved December 24, 1888, and makes application for
 the allowance to which he is entitled for the year thereunder ending October 26, 1889.
 Sworn to and subscribed before me, this the *15th* day of *May* 1889 *E. M. Adams*
W. S. Hunt *Ordinary*
 NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of
 the disability.

STATE OF GEORGIA,
Bartow County.
 I, *W. W. Hendricks* Ordinary of said county,
 do certify that I am well acquainted with *E. M. Adams* the
 applicant in the foregoing affidavit, and am well satisfied that the statements made by him
 in his said affidavit are true, and I know he is the individual he represents himself to be,
 and that he resides in this county. I also certify that the foregoing witnesses, are persons
 of respectability, and that their statements are worthy of full credit and belief.
 I further certify that *J. W. Bradley* and *W. S. Hunt*
 before whom the foregoing affidavits were made and power of attorney was signed, is a
Justice of the Peace of said county, and the said affidavits and signatures
 thereto are genuine.
 Given under my official signature and seal, this *15* day of *June* 1889
W. W. Hendricks
 Ordinary *Bartow* County.

POWER OF ATTORNEY.
 STATE OF GEORGIA,
Bartow County.
 Know all Men by these Presents, That I, *Emmerich M. Adams*
 of *Bartow*
 county, in said State, do hereby appoint *Henry A. Capen*
 of *said County* my true and lawful attorney in fact, for
 me, and in my name, to receive and receipt for whatever amount of money I may be entitled
 to form the State of Georgia by reason of the injury received as aforesaid in the military ser-
 vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby
 authorizing my said attorney to receipt in my name for any Warrant that may be issued by
 the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
 In witness whereof I have hereunto set my hand and seal, this *June 15th*
 day of *June* 1889 *E. M. Adams*
 Executed in the presence of us: *W. S. Hunt* (L.S.)
W. S. Hunt

Commissioned Officer's Affidavit.
 STATE OF GEORGIA,
Bartow County.
 PERSONALLY came before me *Henry A. Capen* of the county
 of *Adams* *Bartow* State of Georgia, who, being duly sworn, says that he was
 a commissioned officer in Company *I* of *Baker's* Regiment of *Georgia*
 Volunteers, and that deponent knows *Emmerich M. Adams*, and that he received the
 wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit,
 and that wounds (or disease) permanently disables the said *Emmerich M. Adams*
 as stated by him in said affidavit. Deponent further states that said
 is a bona fide citizen of this State and resides
 in *Bartow* county.
L. A. Price *L. Lewis* *T. Thompson*
 The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of Company or Regiment. If the
 affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished: *Hofford's Reg*

and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year thereunder ending October 26, 1889. Sworn to and subscribed before me, this the 20th day of May 1889, *W. S. Hunt M.D. & P.* *Emerich M. Adams*.
NOTE:—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

Bartow County. *George J. Covington* of the county of *Bartow* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *I* of *Bartow* Regiment of *Georgia* Volunteers, and that deponent knows *Emerich M. Adams*, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said *Emerich M. Adams* as stated by him in said affidavit. Deponent further states that said *Emerich M. Adams* is a bona fide citizen of this State and resides in *Bartow* county. *L. A. Price J.P.* *Lewis T. Livingston* *Wm. C. J. Batus Reg* *Wm. C. J. Batus Reg*

The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished: *Wm. C. J. Batus Reg*

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County. *Emerich M. Adams* of *Bartow* county, in said State, do hereby appoint *Henry A. Capers* of *Bartow* County my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to form the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this *June 1st* 1889. *W. S. Hunt M.D. & P.* *Emerich M. Adams* (L.S.)

Georgia
Bartow Co

Personally came before me *W. S. Hunt* Esq. Justice Peace in and for said *Co* *Lewis T. Livingston*. Known to me as a reputable citizen who on oath deponent and says that he was a Lieutenant in Company *J* *Bartow* Regiment *W. of Florida* *Brigade* *Confederate* *States Army*. That he knew *Emerich M. Adams*. (the same who makes an application to the State of Georgia for a pension allowance.) to be a member of said Company *J* in said *Regt* & *Brigade*. That said *Adams* when he joined said Company was a strong young man in good health, but that afterwards, to wit, in the fall or winter of 1864, by reason of exposure, on marches, and in service said *Adams* became ill, with dysentery, and had an affection of his eyes as a result which rendered him unfit for duty. That said *Adams* has continued since the war to be feeble and in bad health and has grown worse and now he is blind and utterly unable to do any work. Deponent believes said *Adams* condition now the result

Georgia
Bartow Co

Change in State made by Dr. Brandon before signature

Personally came before me *W. S. Hunt* Esq. Justice Peace in and for said *Co* *Lewis T. Livingston*. Known to me as a reputable citizen who on oath deponent and says that he was a Lieutenant in Company *J* *Bartow* Regiment *W. of Florida* *Brigade* *Confederate* *States Army*. That he knew *Emerich M. Adams*. (the same who makes an application to the State of Georgia for a pension allowance.) to be a member of said Company *J* in said *Regt* & *Brigade*. That said *Adams* when he joined said Company was a strong young man in good health, but that afterwards, to wit, in the fall or winter of 1864, by reason of exposure, on marches, and in service said *Adams* became ill, with dysentery, and had an affection of his eyes as a result which rendered him unfit for duty. That said *Adams* has continued since the war to be feeble and in bad health and has grown worse and now he is blind and utterly unable to do any work. Deponent believes said *Adams* condition now the result

a plain allowance) to be a member of
said Company & in said Regt. & Brigade
That said Adams when he joined said
Company was a strong young man in good
health, but that afterwards, to wit, in
the fall or winter of 1864 by reason of
Exposure on marches, and in service
said Adams became ill with
Dysentery, and had an affection
of his eyes as a result which rendered
him unfit for duty. That said
Adams has continued since the
war to be feeble and in bad
health and has grown worse and
now he is blind and utterly unable
to do any work. Dependent believes
said Adams condition now the result

of his poor habits said Adams, but
thinks it probable he was as far back as
1864 or 1865. Dependent further states
that said Adams was then very
debilitated. His constitution shattered
and his heart hypertrophied - and as
a consequence Dependent was suffering
with a disease of his eyes, known
as Racoon & Goiter. That Dependent
has frequently been called upon to
administer relief to said Adams
- who has not improved but is now
in a helpless condition, blind and
so crippled as to be incapable
of work. - Dependent did not treat
said Adams in the Army but he
can readily infer that his present
condition, and his condition when

Dependent

in notes made by Dr. Borden

of his Exposure in the service and
considers him a worthy subject
of the Care of the State under the
provisions of the Act to pension the
Confederate soldiers disabled by
wounds or disease, contracted in
the service - Lewis T. Covington

By 1st Lieut. Col. J. Adams Regt.
Lawrie's, and subscribed before me
this 13th 1889.
W. S. Hunt W. P. J. P.

Dependent first treated him, as to the
result of Exposure and the disease
as set forth in the Affidavit of
the said Adams -

Dependent and subscribed before
me this 13th day of June,
1889.

W. S. Hunt W. P. J. P.

Jas W Bowdoin

Georgia
Barton Co

W. L. L. L.

Personality came before me M. L. K. Hunt
Esq. Officer Justice of the Peace and Notary for
said County. Emilee M. Adams, who on
Oath deposed and says, Dr. Bird Holcomb
of Fairmount in Gordon County, was his physician
who treated her after the war, and during
the years 1865 and 1866. That when he de-
posed returned to his home, then at or near
Fairmount, from the Army, a female friend
1- he deposed was so reduced in flesh and
feeble that it was impossible for him to walk
and that the said Doctor Holcomb treated
upon him giving him such remedies for
his disease, and eyes, and other treatment
as his skill would suggest - That afterwards
- went in the fall of the year 1866, said Dr.
Holcomb moved away from the section
and deponent is informed went to Texas
since which time, Deponent has had
no knowledge of his location, and has been
unable to ascertain his address or to place
himself in communication with said Doctor
Holcomb and therefore and for the reasons
cannot present his affidavit as to the
Condition of Deponent in 1865 & 1866. -
Deponent further makes oath that
- Subsequently he was treated by Dr.
Bradley & Gordon whose affidavit

Adairsville Ga
July 25. 1877.

Gos. John B. Gordon

Atlanta Ga

Dear Sir,

I have an deposit
with me \$15⁰⁰ and a
Statement accompanying
the same, which deposit
was made by Henry D.
Capers and for one E.
M. Adams living near
this place.

I am surprised to learn
that Adams has had the
timidity to make charges
at your office against
Col Capers, with regard
to the withholding of the
claims of this money from
him Adams.

I am perfectly confi-
dent that when the facts
are known it will be
discovered that at greater
annoyance to himself
Col Capers has done a

before him giving him such remedies for
his disease, and eyes, and other treatment
as his skill would suggest. - That afterwards
- about in the fall of the year 1866, said Dr.
Holcomb moved away from the location
and defendant is informed went to Texas.
since which time, Defendant has had
no knowledge of his location, and has been
unable to ascertain his address or to place
himself in communication with said Doctor
Holcomb and therefore and for the reasons
cannot present the Affiant as to the
Condition of Defendant in 1865 & 1866. -
- Defendant further makes oath that
freely and voluntarily he was treated by Drs
Bradley & Bondow where Affiant

that Adams has had the
timidity to make charges
at your office against
Col Papers with regard
to the withholding of his
claims of this money from
him Adams.

I am perfectly confi-
dent that when the facts
are known it will be
discovered that at great
annoyance to himself
Col Papers has done a

was attached to his Application
for allowance. -

Defendant further makes oath
that when he enlisted in the Confederate
Army his health was good, and his eyes
were perfectly good. - that his health
continued good until the winter of 1864
when he was taken with measles and
forward with Dysentery, - and that his
Eyes began failing him at that time
and have continued to grow more until
for some time past Defendant has been
almost and at times totally blind. -

Defendant further makes oath that his
Kissam was produced by Defendant in
the service, and that he did con-
stant and faithful duty until he was
taken ill with measles & dysentery
as hereinbefore stated. -

Sworn to and subscribed before
me this June 12th 1888
W. S. Hunt N.P. & J.P. J. W. Adams
Jury

kindness to Adams and
his family which is not
appreciated as it should
be.

We who know Col
Papers and his history as
our fellow citizen for
years know that there
is no blame or neglect
to be attached to him in
this matter. Adams has
acted hastily and done
a wrong which he should
put right. I will thank
you to call the attention
of Mr W. H. Harrison your
Clerk to this letter at once.

I am very Respectfully
J. H. King M.D.

as hereinbefore stated. -
 Sworn to and subscribed before me this June 12th 1889
 W. S. Hunt N.P. & P. E. M. Adams
 Mark

Stick to this letter at an
 I am very Respectfully
 J. H. King M.

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the law governing allowances to disabled soldiers, as well as the rules adopted by the Government regarding the payments provided, the following suggestions are submitted.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physicians, and followed by a plain statement of how showing the nature of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proof in the service.
2. The law makes no allowance for an arm or a leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification in the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wound, the applicant must show the date of commission of the Act, and the words above quoted, to wit, that unless the injury is such as to require the amputation of a limb, or such that the leg is not "substantially and essentially useless."
5. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Bartow

County.

PERSONALLY appears E. M. Adams of Bartow county, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the 17 day of March 1848; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company C, of Baker's Regiment of Georgia Volunteers, McPherson's Brigade; that whilst engaged in such military service, at the battle of

of Georgia, on the 22nd of March 1865, he was wounded as follows: Contusion on the head from which he has suffered almost continuously, has so reduced that he is fully incompetent to do any amount of manual labor whatever. He is totally blind in his left eye. Cannot draw up or down in the room. He cannot see so as to distinguish his daily associates from a stranger. He can merely discern a faint glow of light with his right eye. He is helpless & practically totally blind. Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year thereunder ending October 26, 1889.

Sworn to and subscribed before me, this 29 day of May 1889, E. M. Adams
 (W. S. Hunt N.P. & P.) Mark

NOTE:—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

County

PERSONALLY came before me of the county of State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company of Regiment of Volunteers, and that deponent knows and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said as stated by him in said affidavit. Dependent further states that said is a bona fide citizen of this State and resides in county.

The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

APPLICATION FOR ALLOWANCE

FOR

Applicant, E. M. Adams
 County, Bartow Co.

Amount

Date of Warrant

Entered on Record

1889

SECRETARY EXECUTIVE DEPARTMENT.

May 29, 1889

Adams & M.
 Bartow Co.

Widow of R. J. Abney

Approved _____

J. W. LINDSEY
Commissioner of Pensions

Chas. F. Byrd, State Printer, Atlanta.

11/30

11/9/10

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Barlow County.

Personally before me comes D. C. Abney of said County, who, after being duly sworn, on oath says, that she is the widow of R. J. Abney to whom in the County of Paulding State of Ga. she was married on the 10th day of Nov. 1867 and that she remained his wife, and resided with him to the date of his death in April 1907 and that she has not since his death remarried. At the time of his death he was a resident of Paulding County, in Ga. said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$60 in Paulding County for 1907 per annum, on account of being a soldier in Company B Regiment 2nd (Volunteers of State Militia.)

At the death of R. J. Abney he was in the use and possession of the following property none of all

of the cash value of \$ _____

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.) _____

Acres land none \$ _____
Horses and Mules none \$ _____
Hogs, Cows, etc. none \$ _____
Total Cash value of all property none \$ _____

That she is now a bona fide resident citizen of said County of Barlow and she has so continuously resided since 1867 day of Jan 1908

Sworn to and subscribed before me, this the 22nd day of Apr. 1910 Wm. D. Roberts Ordinary,
Wm. D. Roberts of Barlow County.

Affidavit of Witnesses to Prove Marriage and to Whom--Date of Death of Husband.

STATE OF GEORGIA,

Barlow County.

Personally before me come S. M. Roberts known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. D. C. Abney who made the foregoing affidavit, is the lawful widow of R. J. Abney who died in Paulding County in said State of Ga. on April 1907 and that she has not since remarried. That she became the wife of R. J. Abney on Nov 1867 and that she and he had resided together as man and wife continuously since Nov 1867 and that the R. J. Abney was the same man who was on the pension roll of said State from Paulding County when he died.

Sworn to and subscribed before me, this the 22nd day of Apr. 1910 S. M. Roberts Ordinary,
Wm. D. Roberts of Barlow County.

Widow's Application

To Be Put on Roll in Her Own Right, when Husband Was on Roll at Death.

County Barlow
Name D. C. Abney
Widow of R. J. Abney

Approved _____

J. W. LINDSEY

Commissioner of Pensions

Chas. F. Byrd, State Printer, Atlanta.

Note.—State fully nature of disease, its character, its location, and causes the disability, and explain particularly the extent of the disability.

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

County }

I, _____ of the county
of _____ State of Georgia, who, being duly sworn, says that he was
a commissioned officer in Company _____ of _____ Regiment of
Volunteers, and that deponent knows _____, and that he received the
wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit,
and that wounds (or disease) permanently disables the said _____
_____ as stated by him in said affidavit. Deponent further states that said
_____ is a bona fide citizen of this State and resides
in _____ county.

The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Bartow
PERSONALLY appears E. M. Adams of Bartow county
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has been such continually since the 17th day of
March 1848; that he enlist-d in the military service of the Con-
federate States (or of the State of _____) during the war between the
States, and served as a private in Company 9, of 14th Regiment
of 4th Volunteers Woodford's Brigade; that whilst engaged
in such military service, at the battle of in a March in the State
of Gennessee on the 10th day of 1865 186, he was
wounded as follows: Contracted Dysentery and from which
Came Heart Disease and from the effects of general
debility, he is now almost totally disabled, perfectly
helpless and working for a living; he is totally
unable to labor and sorely afflicted because the
war kind of business

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890: I have heretofore been allowed a pension of \$600 dollars.

Sworn to and subscribed before me, this the 18 day of July, 1890 } *E. M. Adams* Clerk

NOTE. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA
County of *Bartow*
KNOW ALL MEN BY THESE PRESENTS, That I, *E. M. Adams*
of *Bartow*
County, in said State, do hereby appoint *Wm. A. M. Foote*
of *Cartersville Ga* my true and lawful attorney in fact, for
me and in my name, to receive and receipt for what ever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military
service of the Confederate States (or of this State), as stated in the foregoing affidavit ;
herby authorizing my said attorney to receipt in my name for any Warrant that may be
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
8th day of Feb^y 1890
C. Mc. Adams' mark X [L. S.]

Executed in the presence of us:

Thomas Johnson }
Wm. C. Smith }
Wm. C. Smith }
Wm. C. Smith }

DIRECTION.

Send money to me as follows by Seavey money with care.
Bundicks, Corksville Ga

County, Georgia.

E. M. Adams Mark X

STATE OF GEORGIA,
Barlow County.
 I, *Brookhudsnek* Ordinary of said County,
 do certify that I am well acquainted with *E. Mc Adams* the
 applicant in the foregoing affidavit, and am well satisfied that the statements made by him
 in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is
 the individual he represents himself to be, and that he resides in this County.
 I further certify that *F. A. Price*
 before whom the foregoing affidavits were made and power of attorney was signed, is a
J. P. of said County, and the said affidavits and
 signatures thereto are true.
 Given under my official signature and seal this *9* day of *July* 1891.
Brookhudsnek
 Ordinary *Barlow* County.

Adams, G. M.
Barber, G.
1891

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1901.

Applicant, *Edw. Dwyer, Sec'y.*

County, *W. Washington*

Amount, *100.00*

Date of Warrant, *July 13, 1901*

Entered on record, *July 13, 1901*

WARRANT HANDLED BY
W. A. Murphy

W. W. Harrison, Deputy Printer, Adams Co.

County

KNOW ALL MEN BY THESE PRESENTS, That I

E. M. Adams

of Bartin

Hon. A. M. Foulke

county, in said State, do hereby appoint Wm. A. M. Fowler
of Charleston Ga my true and lawful attorney in fact, for
me and in my name, to receive and receipt for what ever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military
service of the State of Georgia, and in the foregoing affidavit;
I hereby authorizing my said attorney to receipt in my name for any and all moneys that may be
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
 8th day of Feb^y 1890

Executed in the presence of us :

Thomas Johnson
Wm Lindrick Wm

DIRECTION

Send money to me as follows, by Leave money with Geo.
Hendricks, Connersville Ga P.O.

County, Georgia.

E. M. Adams Mark X

State of Georgia In person appeared before me
Bertow County J. F. W. Bradley & Joe P. Borden
two reputable physicians who after being
duly sworn say on oath that they are
acquainted with E. M. Adams that
from the disease contracted in the ser-
vice of the Confederate States during the
war between the States, he is now
helpless and totally unable to do
any work for a living; that he is
minimally able to discern light his eyes
being so affected that he is almost
totally blind; that he has heart disease
and Colic and also Chronic Diarrhea.

Sworn to and subscribed

before me 7th July 8th 1890

Wm. Hendrick

Ordinary

Feb'y 8th 1890

1) J. H. Prudden, M.D.
Gardens, New York;

State of Georgia, Boston County,
We the undersigned citizens or
freemen associated with E. M. Adams
and Lee himselves, day or any time
he stood out. At town,

And we think he is entitled to the
full punishment allowed, total Chin
solence, as Deacon not, see and
object. Saw three or four feet from
him & can not tell a Black man
from a white man.

Q B m l l

W. P. Goodwin

J. J. Price J.D.

G B Telron

S. G. Richardson

T. S. Luther

G. Carlson

J. D. Gann

A. Ward

V. G. Benson

W. Alexander
T. H. R.

W. A. Tipton

J. W. Hamlin

Thos Johnson

V. H. B. Mor

Ordinary
July 8th 1890

Ordinary

J. A. Ward
J. G. Benson
W. J. Alexander
C. H. Rogers
W. J. Fennell
Thos. Johnson
V. B. Miller

STATE OF GEORGIA,
Bartow County.
I, W. J. Fennell Ordinary of said county,
do certify that I am well acquainted with E. M. Adams the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and that he is disabled, to the extent he claims, and I know
he is the individual he represents himself to be, and that he resides in this county.
I further certify that before
whom the foregoing affidavits were made and power of attorney was signed, is a
of said county, and the said affidavits and
signatures thereto are genuine.
Given under my official signature and seal, this 8th day of July 1890
W. J. Fennell
Ordinary Bartow County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County.
PERSONALLY appears E. M. Adams of Bartow
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has resided therein continuously ever since the 17
day of March 1848; that he enlisted in the military service of the Con-
federate States (or of the State of Georgia) during the war between the
States, and served as a Private in Company E, of 24th Regiment
of Georgia Volunteers W. J. Fennell's Brigade; that whilst engaged
in such military service at the time of the in the State
of Georgia, on the 17 day of July 1864, he was
disabled as follows: During that service I received
for some time, suffering by loss of
providing food and all other necessities
living out the following nights
and had to spend the
time and money, until I am almost
disabled
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is entitled
for the year ending October 26, 1891. I have heretofore been allowed a pension of one
hundred dollars, for
Sworn to and subscribed before me, this, the 8th day of July 1891.
E. M. Adams
J. A. Price J. P.

Notary State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of
the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County.
Know all Men by these Presents, That I, E. M. Adams
of Bartow County, State of Georgia, do hereby appoint
my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military service
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authoriz-
ing my said attorney to receipt in my name for any Warrant that may be issued by the Govern-
ment, or for any sum of money which may be coming to me for the reason aforesaid.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
7th day of July 1891.
E. M. Adams [L. S.]

Executed in the presence of us:

O. B. Hull
J. A. Price J. P.
Send money to me as follows, by Express
to Adamsville P. O.
Bartow County, Georgia.
E. M. Adams

1890.
No. 1110
APPLICATION FOR ALLOWANCE.
FOR YEAR ENDING OCTOBER 26, 1891.
Total Disability from Service
Applicant, E. M. Adams.
County, Bartow.
Amount, 100.
Date of warrant, July 13.
Entered on record
July 13 1890
WARRANT PAID TO
E. M. Adams
No additional data

Adams, E. M.
Bartow Co.
1890.

No. 1110
APPLICATION FOR ALLOWANCE
FOR THE YEAR ENDING OCTOBER 31, 1891.

Total Disability for
Applicant, E. M. Adams
County, Bartow
Amount, 100
Date of warrant, July 13
Entered on record
July 13
WARRANT PAID TO
E. M. Adams
No additional

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County.

Know all Men by these Presents, That I, E. M. Adams
of Bartow County, State of Georgia, do hereby appoint
W. A. Wright my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military service
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing
my said attorney to receipt in my name for any Warrant that may be issued by the Governor,
or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
9 day of Feb 1891.

Executed in the presence of us:
O. B. Hull
J. A. Price, Jr.

Send money to me as follows, by Express
to Adairsville P. O.
Bartow County, Georgia.
E. M. Adams

STATE OF GEORGIA,
Bartow County.

I, E. M. Adams
Ordinary of said county,
do certify that I am well acquainted with E. M. Adams
the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the
individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this 8 day of March 1892.

E. M. Adams
Ordinary Bartow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County.

Know all Men by these Presents, That I, E. M. Adams
of Bartow County, State of Georgia, do hereby appoint
W. A. Wright my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military service
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing
my said attorney to receipt in my name for any Warrant that may be issued by the Governor,
or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
9 day of Feb 1891.

Executed in the presence of us:
O. B. Hull
J. A. Price, Jr.

Send money to me as follows, by Express
to Adairsville P. O.
Bartow County, Georgia.
E. M. Adams

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name, E. M. Adams
County, Bartow
Disability, Total disability
Amount, \$100
Entered on record, March 1892.
W. H. HARRISON,
Secretary of Revision Department.
AGENT,
W. A. Wright
Gen. W. Harrison, State Printer, Albany, Ga.

Adams, E. M.
Bartow Co.

1893.

Application for Allowance

For the Year Ending October 31, 1893.

Name, E. M. Adams
County, Bartow
Amount, 100
Date of Warrant, July 13
Entered on record, July 13
WARRANT PAID TO
E. M. Adams
Gen. W. Harrison, State Printer, Albany, Ga.

STATE OF GEORGIA

FOR APPLICANTS HEREFORE ALLOWED PENSIONS.

SOLDIER'S PENSION

1892.

FOR THE YEAR ENDING OCTOBER 24, 1887

Name E. M. Adams
 County Bartow
 Disability Shrapnel wound
 Amount \$ 100
 Entered on record March 1888
 W. H. HARRISON,
 Secretary of Revenue Department
 AGENT.
W. A. Wright
 Gen. W. Harrison, State Printer, Atlanta, Ga.

Application for Allowance
 No. 82
 For the Year Ending October 24, 1887
E. M. Adams
Bartow Co.
 1893.
W. A. Wright
 AGENT.
 Gen. W. Harrison, State Printer, Atlanta, Ga.

Application for Allowance
 No. 82
 For the Year Ending October 24, 1887
E. M. Adams
Bartow Co.
 1893.
W. A. Wright
 AGENT.
 Gen. W. Harrison, State Printer, Atlanta, Ga.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County, }
 PERSONALLY appears E. M. Adams
 of Bartow County, State of Georgia, who, being duly sworn, says
 on oath that he is a bona fide citizen and resident of Georgia, and has been continuously
 since the 17 day of March 1868; that he enlisted
 in the military service of the Confederate States (or of the State of _____)
 during the war between the States, and served as a private in Company D,
 of _____ th Regiment of Bakers Volunteers Hofford's
 Brigade; that whilst engaged in such military service at the battle of _____
 in the State of _____, on the _____ day of _____, 186____, he was wounded as follows:

He contracted heart disease and from that
disorder has been entirely disabled.
He can not see any out of his eye and can't see well
enough to distinguish one man from another.
He is totally unable to do any kind of labor.

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and
 the acts amendatory thereof, and makes application for the allowance to which he is entitled for
 the year ending October 26, 1892. I have heretofore been allowed a pension of

One hundred Dollars for two years
 Sworn to and subscribed before me this 5 day of March 1892. E. M. Adams
Ordinary make

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County, }
 Know all Men by these Presents, That I, E. M. Adams
 of Bartow County, said State, do hereby appoint W. A. Wright
 of Alachua County, my true and lawful attorney in fact, for
 me and in my name, to receive and receipt for whatever amount of money I may be entitled to
 from the State of Georgia by reason of the injury received as aforesaid in the military service of
 the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing
 my said attorney to receipt in my name for any Warrant that may be issued by the Governor,
 or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereto set my hand and seal this 5 day of March 1892. E. M. Adams [L. S.]
make

Executed in the presence of us:
W. A. Wright
W. A. Wright
 DIRECTION.
 Send money to me as follows, by Express to Alachua P. O.
Bartow County, Georgia.
E. M. Adams
make

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County, }
 PERSONALLY appears E. M. Adams of Bartow
 County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
 resident of said State, and has resided therein continuously ever since the 17 day of March
 1868; that he enlisted in the military service of the Con-
 federate States (or of the State of _____) during the war between the
 States, and served as a private in Company D, of 68th Regiment
 of Georgia Volunteers Hofford's Brigade; that whilst engaged in
 such military service at the battle of _____ in the State
 of _____, on the _____ day of _____, 186____, he was
 wounded as follows: That he contracted the following disease
while in said service, heart disease, diarrhoea and
dissection which caused one of his eyes to go out
and the other one to become so weak that the sight
was almost failed and he is totally disabled for
any manual labor whatever

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and
 the acts amendatory thereof, and makes application for the allowance to which he is entitled for
 the year ending October 26, 1893. I have heretofore been allowed a pension of One
Hundred dollars, for 1890, 1891 & 1892
 Sworn to and subscribed before me, this, 5 day of March 1893. E. M. Adams
Ordinary

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,
Bartow County, }
 I, W. A. Wright Ordinary of said County,
 do certify that I am well acquainted with E. M. Adams
 the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
 said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
 dividual he represents himself to be, and that he resides in this County.

I further certify that W. A. Price
 before whom the foregoing affidavits were made and power of attorney was signed, is a
JP of said County, and the said affidavits and
 signatures thereto are genuine.

Given under my official signature and seal, this 16 day of March 1893.
W. A. Wright
 Ordinary Bartow County.

STATE OF GEORGIA
 POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

Know all Men by these Presents, That I,

E. M. Adams

of *Barlow*

County, in said State, do hereby appoint

Am. W. H. Harrison

of *Albion Georgia* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *5* day of *March* 1892.

E. M. Adams [L. S.]

Executed in the presence of us:

Wm. H. Harrison
Wm. H. Harrison

DIRECTIONS.

Send money to me as follows, by

Express to *Adamsville* P. O.

Barlow

County, Georgia.

E. M. Adams

mark

STATE OF GEORGIA, }

Barlow County.

I, *Wm. H. Harrison* Ordinary of said County,

do certify that I am well acquainted with *E. M. Adams* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that *L. A. Price* before whom the foregoing affidavits were made and power of attorney was signed, is a *L. A. Price* of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *16* day of *March* 1893.

Wm. H. Harrison

Ordinary *Barlow* County.

STATE OF GEORGIA

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow COUNTY.

Know all Men by these Presents, That I,

E. M. Adams

of *Barlow*

County, State of Georgia, do hereby appoint

Wm. H. Harrison

of *Barlowville Ga.* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *20th* day of *March* 1894.

E. M. Adams [L. S.]

Executed in the presence of us:

H. S. Anderson
J. J. Bray

DIRECTIONS.

Send money to me as follows, by

to *Adamsville* P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

KNOW ALL MEN BY THESE PRESENTS, THAT I,

E. M. Adams

County, State of Georgia, do hereby appoint

Wm. H. Harrison

of *Barlowville Ga.* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *20th* day of *March* 1895.

E. M. Adams [L. S.]

Executed in presence of us:

John L. Hunt
E. M. Adams

DIRECTIONS.

Send money to me as follows, by

to *Adamsville* P. O.

County, Georgia.

(For Those Already Enrolled.)

No. *77*

Soldier's Pension.

1894.

Name *E. M. Adams*
County *Barlow*

Disability *Adamsville still sick*

Amount, \$ *100.00*

2/15

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO
E. M. Adams

Geo. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled.)

No. *947*

SOLDIER'S PENSION.

1895.

Name *E. M. Adams*
County *Barlow*

Disability *Adamsville still sick*

Amount, \$ *100.00*

2/15

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO
E. M. Adams

Geo. W. Harrison, State Printer, Atlanta.

Adams, E. M.
Barlow

(For These Already Enrolled)

No. 17

Soldier's Pension

1894.

Name E. M. Adams
County Barlow
Disability Chronic heart disease
Amount, \$ 100.00
3/15

W. H. HARRISON,
Secretary Executive Dep.

WARRANT HANDLED TO
E. M. Adams

One W. Harrison, State Printer, Atlanta.

Adams, E. M.
Barlow Co

(For These Already Enrolled)

No. 947

SOLDIER'S PENS

1895.

Name E. M. Adams
County Barlow
Disability Chronic heart disease
Amount, \$ 100.00
3/15

RICHARD JOHNSON,
Secretary Executive Dep.

WARRANT HANDLED TO
Adm

One W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

PERSONALLY appears E. M. Adams of Barlow County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 1st day of March 1848; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of 34th Regiment of Georgia Volunteers Wafford's Brigade; that whilst engaged in such military service at the battle of the heart he contracted a disease in the State of the heart on the 1st day of March 1861, he was wounded as follows: that whilst in said battle he contracted heart disease, and he also contracted the Chronic Diarrhea which disease has rendered him totally unfit to perform any manual labor whatever and has also rendered him almost totally blind

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of One Hundred dollars, for the year 1893.

Sworn to and subscribed before me, this, the 11th day of March 1894. E. M. Adams
J. J. Bray Notary

NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Barlow County.

I, C. W. Henderson Ordinary of said County, do certify that I am well acquainted with E. M. Adams the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 12 day of March 1894.



C. W. Henderson

Ordinary Barlow County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

PERSONALLY appears E. M. Adams of Barlow County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 1st day of March 1848; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of 34th Regiment of Georgia Volunteers Wafford's Brigade; that whilst engaged in such military service at the battle of the heart on the 1st day of March 1861, he was wounded as follows: While in service I was exposed and contracted heart disease and chronic bowel trouble which the doctor says caused the loss of my eye light which renders me totally disabled for any kind of work

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of One Hundred dollars, for the year 1894.

Sworn to and subscribed before me, this, the 20th day of April 1895. E. M. Adams
C. W. Henderson Notary

NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Barlow County.

I, C. W. Henderson Ordinary of said County, do certify that I am well acquainted with E. M. Adams the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 22nd day of April 1895.



C. W. Henderson

Ordinary Barlow County.

Sworn to and subscribed before me, this, the 10th day of March 1894. *E. M. Adams*
Notary Public for the State of Georgia.
NOTE—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,
Barlow County.

I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *E. M. Adams* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 12th day of March 1894.



Ordinary *Barlow* County.

of *one hundred* dollars, for the year 1894.
Sworn to and subscribed before me, this, the 20th day of February 1895. *E. M. Adams*
Notary Public for the State of Georgia.
NOTE—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,
Barlow County.

I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *Opheer* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 22nd day of February 1895.



Ordinary *Barlow* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, *E. M. Adams* hereby authorize *G. W. Hendricks* of *Barlowville Ga*

to receive and receipt for the pension paid hereon and request that he remit same to *me* by *check* at *Adamsville Ga.*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18th day of January 1896. *E. M. Adams* [L. S.]

Executed in presence of *mark*

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, *E. M. Adams* hereby authorize *G. W. Hendricks* of *Barlowville Ga*

to receive and receipt for the pension paid hereon and request that he remit same to *me* by *check* at *Adamsville Ga.*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5th day of February 1896. *E. M. Adams* [L. S.]

Executed in presence of *mark*

SOLDIER'S PENSION.

1896.

Name *E. M. Adams*
County *Barlow*
Disability *Wound &c.*
Amount, \$ *100.00*
1896
By *G. W. Hendricks*
RICHARD JOHNSON,
Secretary Executive Department.
WARRANT HANDLED TO
G. W. Hendricks
JAN. W. HARRISON, State Printer, ALABAMA.

No data

SOLDIER'S PENSION.

1897.

Name *E. M. Adams*
County *Barlow*
Disability *Total*
Amount, \$ *100.00*
1897
By *G. W. Hendricks*
RICHARD JOHNSON,
Secretary Executive Department.
WARRANT HANDLED TO
G. W. Hendricks
JAN. W. HARRISON, State Printer, ALABAMA.

No data

of Barlow County.

**Affidavit of Witnesses to Prove Marriage and to Whom--Date of
Death of Husband.**

STATE OF GEORGIA,
Barlow County.

Personally before me come S. M. Roberts known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. J. F. Honey who made the foregoing affidavit, is the lawful widow of J. F. Honey who died in Paulding County in said State of Ga. on 10th day of April 1907 and that she has not since remarried. That she became the wife of J. F. Honey Nov day of 1867 and that she and he had resided together as man and wife continuously since Nov day of 1867 and that the J. F. Honey was the same man who was on the pension roll of said State from Paulding County when he died.

Sworn to and subscribed before me, this the 23rd day of Apr 1910 S. M. Roberts Ordinary,
of Barlow County.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,
County.

Personally before me comes _____ who after being sworn on oath says, that they are freeholders of said County, and that they know _____ of said County and knew her said husband _____ at his death on the _____ day of _____ 191____ that she and he were in the use, possession and control of the following property at his death to wit: _____

of the value of \$ _____ That she is now in the use, possession and control of the following property to wit: _____

of the value of \$ _____

Sworn to and subscribed before me, this the _____ day of _____ 191____

Ordinary,
of _____ County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Barlow County.

I, Geo. Hudnicks Ordinary of said County, do certify, that, I know Mrs. J. F. Honey the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the Int. Genl. Pension roll from Paulding County Ga

That I also know S. M. Roberts witness as to marriage and I also know _____ who I know to be a resident free holder of said County

that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of this County shows that she returned property to the amount of nr for 1908 \$ _____ for 1909 \$ _____ for 1910 \$ _____

Sworn under my hand and official seal of office this 14 day of Nov 1910

(SEAL) Geo. Hudnicks Ordinary,
Barlow County.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words. "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavit may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Barlow County.

I, G. J. Hudnicks Ordinary of said County, do certify, that, I know Mrs. D. C. Money the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the Int. Gen. Register from Paulding County, Ga. That I also know D. C. Money witness as to marriage and I also know

who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of this County shows that the returned property to the amount of no for 1908 \$ no for 1909 \$ no for 1910 \$ no

Sworn under my hand and official seal of office this 14 day of Nov 1910

(SEAL.)

G. J. Hudnicks Ordinary.

Barlow County.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words.
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.

6/26/1913
Abney, M. E. (Mrs)
Ripton

0

No.

Widow's Pension

UNDER ACT 1910

County

Ripton

Name

Mrs. M. E. Abney

Widow of

A. W. Abney

20 20 20

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer

10/30/1912

of the ... so I hope you
 are looking over my answers
 you will see when I have not
 been ... or not & also see the
 condition of the Saddle no
 means of transportation no
 money no nothing & the
 hole ... & the people all
 out of heart & can not move
 would not half a dollar
 to any thing, hoping you & your
 efficient letters will
 be most Respectfully
 J. W. P. Smith
 Residence ...
 Jett

qualified County Judge of Lampasas County, State of Texas.
 Witness my hand and official seal this Aug. 6, 1912.

J. E. ...
 Clerk County Court, Lampasas County, Tex.

State of Texas,
 County of Lampasas.

I, ... with the County Court of Lampasas County,
 Texas, hereby certify that J. E. ... is the duly elected and
 qualified Clerk of the County Court of Lampasas County, Texas.
 Witness my hand and official seal this the 6th day of August, 1912.

...
 Judge County Court, Lampasas County, Tex.

Samples is ...
 August 2 1912

Mr. J. W. ...
 Bartonsville Georgia

Dear Sir
 Looking back over the ...
 paper you sent me to answer as
 I had been delayed in attending
 to the business I will forward
 them to you in a few days as
 regard his whole family at the
 time of the ... I can't say
 he did not enjoy your health
 as ... was sent off
 to hospital at different times
 & perhaps was on sick leave &
 unable to get back to his command
 after floods ... back to
 Tennessee as the Army was
 on a discharge ...
 all ... about to get him
 perhaps from our ... of
 the County then was ...

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer

10/30/1912

Application for Pension by a Widow Under Act of 1910.--Questions
for Applicant.

STATE OF GEORGIA,

Barlow County.

Personally before me comes Mrs. M. E. Abney of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same, true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? Mrs. M. E. Abney, Allatoona Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? I have lived in Georgia since 1861.
3. When, where and to whom were you married? 1856, Barlow County, Ga. H. W. Abney
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) May 1862, Barlow's Company, Ala. Co. A. 25th Ala. Infantry
5. When and where did the Commands of your husband surrender or discharge from the army? April 26, 1865, Huntsville, Ala.
6. Was your husband personally present at the time of the surrender or discharge of this Command? Yes
7. If he was not present state clearly where he was? Yes
8. Where was his command when he left?
 - a. For what cause did he leave his Command?
 - b. By whose authority did he leave his Command?
 - c. For how long was he granted leave of absence?
 - d. What was his physical condition when he left his Command?
 - e. What effort did he make to return to his Command?
 - f. In what way was he prevented from going back to Command?
 - g. Was he captured by the enemy at any time?
 - h. If so, when and where captured and where held as a prisoner, and when and for what cause released?

- j. When and where did your husband die? 1906, Near Allatoona Ga.
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart?
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1906? (State same by items.) 100 acres of land worth 1100.00 - one house 300.00 - Car worth 20.00 - C. & S. Children from the above land.
10. What property of any kind have you sold or given away since Nov. 4, 1906? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None

11. What property of any description or any value have you now? Give list and cash value. one eighth of the above named property
12. What are your annual earnings or income and their value? 00

13. Have you heretofore been paid a pension by the State? NO
- If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the 6th day of July, 1912
Mrs. M. E. Abney Ordinary.
of Barlow County.

Widow's Pension

UNDER ACT 1910

Abney, M. E. (Widow)
No. 10145

County Barlow

Name Mrs. M. E. Abney

Widow of H. W. Abney

820 Ave. 8th

J. W. LINDSEY,

Commissioner of Pensions

Chas. P. Byrd, State Printer

10/30/1912

j. When and where did your husband die? 1906. Near Alatoona Ga.
 k. Were you residing together when he died? Yes
 1. If not, how long had you resided apart?
 9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908? (State same by items.) One house 50 ft. front, 1100 -
C. I. Smith Children own the above land.
 10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.)
None

11. What property of any description of any value have you now?
 Give list and cash value one eighth of the above named property
 12. What are your annual earnings or income and their value?
None

13. Have you heretofore been paid a pension by the State?
 If so, when and for what cause were you struck from the Roll?
NO

Sworn to and subscribed before me this the 6th day of July, 1914 at Barlow County.
Wm. M. E. Abney Ordinary.
mom

Questions for the Witnesses as to Service of Husband and Marriage.
STATE OF GEORGIA,

Lumpkin County.

Personally before me comes H. P. SHIPP who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? H. P. SHIPP, Burnet, Texas
2. How long and since when have you known Mrs. Abney applicant? all of her life up to five years ago.
3. How long and since when has she continuously resided in this State? (Give date.) She has resided in State of Georgia since 1867 or '68
4. When and to whom was she married? 1865 to H. V. Abney How do you know? I lived in same community and they were married and so recognized
5. How long and since when did you know Abney her husband? From 1850 to 1872 and knew of him up to his death.
6. When and where did H. V. Abney the husband of Applicant die? about 1906 near Alatoona Ga.
7. Were the applicant and her husband living together as husband and wife at the date of his death? yes.
8. If not, how long did they live apart before his death? -----
9. When, where and in what Company and Regiment did H. V. Abney enlist? He enlisted as I remember in 1863, Company "I" 28th Ala. Reg.
10. How long within your personal knowledge did he perform actual military service with his Company and Regiment? I should say he served as much as twelve months, but cannot remember definitely as to time of service.
11. When and where did his Command surrender, and was discharged? In M.R. in 1865.
12. Were you personally present when it was surrendered? NO If not where were you? and how came you there? I was in Cleburne Co. Ala. on sick leave.
13. Was the husband of applicant personally present at surrender? I do not know. If not where was he? ----- when, where and for what cause did he leave Command? (Give date.) ----- By whose authority did he leave his Command? ----- and how long was he granted leave? ----- How do you know all this? Abney was sick quite a good deal and I cannot state as to his presence at time of surrender.
14. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? -----
15. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? -----

Sworn to and subscribed before me this the 6th day of August, 1912 at Barlow County, State of Texas.
W. P. Shipp County Judge.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Barlow County.

Personally before me comes Mrs. M. E. Abney who on oath says that they are freeholders of said County and that they know of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows:

Personal property \$
 Notes and accounts due \$
 Total \$

We know the property sold or given away since Nov. 4th, 1908, its cash value to be as follows:

Personal property \$
 Money, Notes and accounts \$

We also know what property she has now in her possession, use and control to-wit:

Acres of land... worth \$
 Horses and Mules \$
 Cows and Hogs \$
 Other Property \$
 Income and Earnings \$
 Total Value of all property and effects \$

Sworn and subscribed before me this the 6th day of July, 1914 at Barlow County.
Wm. M. E. Abney Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Barlow County.

I, Wm. M. E. Abney Ordinary of said County do certify that, I know Mrs. M. E. Abney the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov., 1908.

That I also know ----- the witness who swears to the service of husband, and ----- who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns ----- Returned for Tax is for 1908 \$ ----- for 1910 \$ -----

Sworn under my hand and official seal of office this 29th day of October, 1912 at Barlow County.
Wm. M. E. Abney Ordinary.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God?"
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the Ordinary.
 4. Only widows who married prior to first January 1870, are entitled.
 5. Attach certified copies of marriage license if obtainable. If not prove marriage by some person, or by general reputation.

7. Were the applicant and her husband living together as husband and wife at the date of his death? YES

8. If not, how long did they live apart before his death? -----

Were they divorced? NO

9. When, where and in what Company and Regiment did H. V. Abbey enlist? He enlisted as a Private in 1903, Company "I", 25th Ala. Reg.

do not remember the place where Company was at time of his enlistment

10. Were you a member of the same Company? YES

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? I should say he served as much as twelve months, but cannot remember definitely as to time of service.

12. When and where did his Command surrender, and was discharged? In N.M. in 1905.

13. Were you personally present when it was surrendered? NO If not where were you ----- and how came you there? I was in Cleburne Co. Ala. on sick leave.

14. Was the husband of applicant personally present at surrender? I do not know If not where was he? ----- when, where and for what cause did he leave Command? (Give date.) ----- By whose authority did he leave his Command? ----- and how long was he granted leave? ----- How do you know all this? Abbey was sick quite a good deal and I cannot state, as to his presence at time of surrender.

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? -----

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? -----

Sworn to and subscribed before me this the 6th day of August 1912 W.P. Smith

Minister County Judge of Lampasas County, State of Texas.

17. Also know what property she has now in her possession, use and control to-wit:

Acres of land.. worth	\$
Horses and Mules	\$
Cows and Hogs	\$
Other Property	\$
Income and Earnings	\$
Total Value of all property and effects	\$

Sworn and subscribed before me this the ----- day of ----- 1912

----- Ordinary.

of ----- County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Bartow County.

I, Wm. H. V. Abbey Ordinary of said County do certify that, I know Mrs. H. V. Abbey the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov., 1908.

That I also know ----- the witness who swears to the service of husband, and ----- who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns ----- Returned for Tax is for 1908 \$ ----- for 1910 \$ -----

Sworn under my hand and official seal of office this 29th day of October 1912 Wm. H. V. Abbey Ordinary.

(SEAL) Bartow County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God?"

2. Additional affidavits may be attached if blank spaces are insufficient.

3. All affidavits must be made before the Ordinary.

4. Only widows who married prior to first January 1870, are entitled.

5. Attach certified copies of marriage license if obtainable. If not prove marriage by some person, or by general reputation.

good. Soulding that was left on that ranch and able for death so made the way home as there had no other place to go to require + but fear of them, was able to going the command a a quite the more number of that class of Soulding was for relief at Soulding. At by the Soulding & so I hope you are looking over my under you will see when I find out by you or not & also see the conditions of the Soulding no means of transportation no money no nothing & the hole was over the people all out of the & could not nor would not help a Soulding to any thing. Hoping you & your applicant Soulding wish you most Respectfully

W.P. Smith

Residence Burnet

State of Texas,
County of Lampasas.

I, J. E. Organ, Clerk of the County Court in and for Lampasas County, Texas, hereby certify that J. E. White whose name appears to the attached instrument of writing is the duly selected and qualified County Judge of Lampasas County, State of Texas.

Witness my hand and official seal this Aug. 6, 1912.

J. E. Organ
Clerk County Court, Lampasas County, Tex.

State of Texas,
County of Lampasas.

I, J. E. White, Judge County Court of the County of Lampasas, Texas, hereby certify that J. E. Organ is the duly elected and qualified Clerk of the County Court of Lampasas County, Texas.

Witness my hand and official seal this the 6th day of August, 1912.

Wm. H. V. Abbey
Judge County Court, Lampasas County, Tex.