

under the Act of December 15th, 1894? *His physical condition is very bad. He has quite a complication of ailments and he is simply exceedingly frail from old age so much so that it is impossible for him to make a support of any thing*

15. What interest have you in the recovery of a pension by this applicant? *None*  
 Sworn to and subscribed before me, this *6<sup>th</sup>* day of *May* 1895. *J. W. Battie*  
*G. W. Hendrick* Only

### QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,  
*Barlow* County. }

*John Anderson* of said State and County, desiring to avail himself of the Pension Act Approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) *John Anderson, near Cassville Barlow County Georgia*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? *Near Acworth, Cobb County Ga. Six years.*
3. When and where were you born? *March 1<sup>st</sup> 1816, Rains County N.C.*
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *Confederate Army.*
5. When and where did you enlist? *June 1861, at Franklin N.C.*
6. In what company and regiment did you enlist? *C. H. (1<sup>st</sup> N.C. Cavalry)*
7. How long did you remain in that company and regiment? *About 18 months.*
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? *I was discharged from the Regiment May 10<sup>th</sup> 1862, on account of sickness. And afterwards on or about June 1<sup>st</sup> 1862 in Co. H. 1<sup>st</sup> N.C. Cavalry. Co. H. 1<sup>st</sup> N.C. Cavalry. I served till the close of the war.*
9. For how long a period did you discharge regular military duty? *Three years + ten months.*
10. When, where and under what circumstances were you discharged from service? *April 1865, near Macom County North Carolina, at the close of the war.*
11. What is your present occupation? *Farming*
12. How much can you earn per annum by your own exertions or labor? *about Twenty dollars per annum.*
13. What has been your occupation since 1865? *Farming.*
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? *about Twenty five dollars. I could contribute about Twenty dollars by labor, have no income.*

### QUESTIONS FOR WITNESS.

STATE OF GEORGIA,  
*Barlow* County. }

*J. W. Battie* of said State and County, having been presented as a witness in support of the application of *John Anderson* for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *J. W. Battie, near Adamsville Barlow County Ga.*
2. Are you acquainted with *John Anderson*, the applicant, if so how long have you known him? *About 85 years.*
3. Where does he reside, and how long has he been a resident of this State? *Cassville Barlow Co. Ga. About 4 yrs to my know.*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *I do. I served with him.*
5. When, where and in what company and regiment did he enlist? *He joined my Command Feb 63. In N.C. Co. H. 1<sup>st</sup> N.C. Cavalry.*
6. Were you a member of the same company and regiment? *I was.*
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? *To my knowledge about 1 1/2 years. He was a splendid soldier. He surrendered near Ashville in N.C. at close of the war.*
8. What property, effects or income has the applicant? (Give your means of knowledge.) *None at all. I live close to him and am personally acquainted with his affairs.*
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? *None.*

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9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? None

19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any did you make of same? *Nothing, except, a small yoke of oxen that I owned in 1894, and sold them for provisions to live upon*

20. Are you receiving any aid from your County, and if so, how much? Did you ever apply for such aid?

*No.* *No.*

Sworn to and subscribed before me this the 15 day of May 1895.

E. W. Hendrichs Ordinary

of Bartow County.

John Anderson  
Married. Applicant.



19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any did you make of same? *Nothing, except, a small yoke of oxen that I owned in 1894, and sold them for provisions to live upon*

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Sworn to and subscribed before me this the 6th day of May 1895.

G W Lindrick Ordinary

of Bentow County.

John H. Anderson Applicant.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }  
I, Wm Anderson hereby authorize C. S. V.  
Deidricks of Centerville 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 23<sup>rd</sup>  
day of January 1897.

Executed in presence of

W. J. Kline  
J. H. Ward

# POWER OF ATTORNEY.

State of Georgia,

Barren County }  
 I, Wm Anderson hereby authorize Gw  
Hendricks of Barrenville 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 17<sup>th</sup> day of January 1898.

Executed in presence of

S B Young  
L M. George

**SOLDIER'S PENSION,  
1898.**

Name John Audin  
County Barber

**WARRANT ISSUED**

**RICHARD JOHNSON,**

WARRANT HANDED TO

EO. W. HARRISON, STATE PRINTER, ATLANTA

Anderson, John  
Barton G.  
ACT OF 15 DEC., 1861.  
(For Those Already Enrolled.)  
No. 1689

INDIGENT  
Soldier's Pension.  
**1897.**

Name John Anderson  
County Darwin  
Co. I Baker's Regt.

2/2

RICHARD JOHNSON,  
*Commissioner of Penitents.*

1897.

WARRANT HANDED TO  
G. W. H.  
GEO. W. HARRISON, STATE PRINTER, ATLANTA  
G. W. H.  
No later

Anderson, John  
Ranton Co.

INDIGENT

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NO. 2262

**SOLDIER'S PENSION,  
1898.**

Name John Audin  
County Barber

**WARRANT ISSUED**

**RICHARD JOHNSON,**

WARRANT HANDED TO

EO. W. HARRISON, STATE PRINTER, ATLANTA

Anderson, John  
Bartow Co.  
ACT OF 13 DEC., 1884.  
(For Those Already Enrolled.)  
No. 1689  
INDIGENT  
Soldier's Pension.  
1897.  
Name John Anderson  
County Bartow  
C. I. papers exp.  
2/2  
1897.  
RICHARD JOHNSON,  
Commissioner of Pensions.  
WARRANT HANDED TO  
4.11.14  
No data  
SEC. W. HARRISON, STATE PRINTER, ATLANTA.

Anderson, John  
Bartow Co.  
ACT OF 13 DEC., 1884.  
(For Those Already Enrolled.)  
No. 2262  
INDIGENT  
SOLDIER'S PENSION,  
1898.  
Name John Anderson  
County Bartow  
WARRANT ISSUED  
1-25-  
1898.  
RICHARD JOHNSON,  
Commissioner of Pensions.  
WARRANT HANDED TO  
4.11.14  
SEC. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears John Anderson of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1st Jan 1884; that he is 70 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served for the term of 3 1/2 yrs in Company K, of 1st Regt of N. G. Cav; that his physical condition is as follows: Run out from old age.

that his property consists of the following items Nothing

of the value of Nothing Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of Bartow county been allowed a pension for the year 1896.

Sworn to and subscribed before me, this, 23 day of Jan 1897, John X Anderson  
G. W. Hendricks Ordinary.

STATE OF GEORGIA,

Bartow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with John Anderson 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 23rd day of Jan 1897.



Ordinary Bartow County.

NOTE.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears John Anderson of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1st Jan 1884; that he is 81 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served for the term of 3 1/2 yrs in Company K, of 1st Regt of N. G. Cavalry; that his physical condition is as follows: Run out from old age, being entirely unable to do any thing for a long time.

that his property consists of the following items none

of the value of none Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of Bartow county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, 17th day of Jan 1898, John X Anderson  
G. W. Hendricks Ordinary.

State of Georgia,

Bartow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with John Anderson 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 17th day of Jan 1898.



Ordinary Bartow County.

NOTE.—The blank spaces must be filled.



is entitled for the year 1897. I have heretofore as a resident of Bartow county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 28 day of January, 1897. } John X. Anderson }  
Wm. Hendricks Ordinary. } work

STATE OF GEORGIA,  
Bartow County.

I, Wm. Hendricks Ordinary of said County, do certify that I am well acquainted with John Anderson 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 28<sup>th</sup> day of January, 1897.



Wm. Hendricks  
Ordinary Bartow County.

NOTE.—The blank spaces must be filled.

1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of Bartow county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 17<sup>th</sup> day of January, 1898. } John X. Anderson }  
Wm. Hendricks Ordinary. } work

State of Georgia,  
Bartow County.

I, Wm. Hendricks Ordinary of said County, do certify that I am well acquainted with John Anderson 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 17<sup>th</sup> day of January, 1898.



Wm. Hendricks  
Ordinary Bartow County.

NOTE.—The blank spaces must be filled.

Anderson, John M.  
Bartow Co.

No. 1464

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

FOR:

Loes of Rights by  
Applicant John M. Anderson  
County Bartow

Amount 100

Date of Warrant Melis

Entered on record

Melis 1889

M H K

SECRETARY EXECUTIVE DEPARTMENT.

raw



Date of Warrant *Mich 18*  
Entered on record *Mich 18* 1889  
*W H*  
SECRETARY EXECUTIVE DEPARTMENT.

*Wad*

BAD COPY - LIGHT PRINT

STATE OF GEORGIA,

*Barlow* County.

PERSONALLY appears *John M. Anderson* 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 been such continually since the *1st* day of *November* 1878; 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 *B*, of *11*th Regiment of *Georgia* Volunteers *Henry's* Brigade; that whilst engaged in such military service, at the battle of *Peachwater Creek* in the State of *Georgia*, on the *1st* day of *March* 1867, he was wounded as follows: *in the right leg just below the knee which caused a complete amputation*

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 ending October 26, 1889.

Sworn to and subscribed before me, this the *19th* day of *Feb* 1889 } *John M. Anderson*  
*J. J. Murphy* V. B. & J. B.

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,

*Barlow* County.

PERSONALLY comes before me *James B. Bradley* and *R. S. Bradley* Ordinary of said county, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *John M. Anderson* and after such examination say that the applicant has been injured as follows: *in the right leg just below the knee which caused a complete amputation*

Sworn to and subscribed before me, this the *19th* day of *Feb* 1889 } *James B. Bradley*  
*R. S. Bradley* O. B.

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.

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

No. *1464*

*Laws of Right by*  
Applicant *John M. Anderson*  
County *Barlow*  
Amount *100*  
Date of Warrant *Mich 18* 1889  
Entered on record *W H*

SECRETARY EXECUTIVE DEPARTMENT.

*Wad*

*Anderson, John M.*  
*Barlow Co.*

Anderson, John  
Barton  
No. 1464  
APPLICATION FOR ALLOWANCE  
FOR YEAR ENDING OCTOBER 26, 1889  
FOR  
Laws of Right Leg  
Applicant John M. Anderson  
County Barton  
Amount 100  
Date of Warrant  
Entered on record  
18 Feb 1890  
H. A. W.  
SUPERINTENDENT DEPARTMENT  
W. A. W.

# STATE OF GEORGIA,

Barlow County.

PERSONALLY comes before me  
James B. Bradley and R. S. Bradley  
Ordinary of said county,  
both known to  
me as reputable physicians of said county, who, being severally sworn, say on oath that  
they have carefully examined and after such  
examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this  
19th day of Feb 1889  
W. A. W.  
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.

BAD COPY - LIGHT PRINT

## STATE OF GEORGIA,

Barlow County.

I, Geo. H. H. H. H. Ordinary of said county,  
do certify that I am well acquainted with John M. Anderson 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 also certify  
that the foregoing witnesses, to-wit:

are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that J. P. H. H. before whom the foregoing  
affidavits were made and power of attorney was signed, is a Not. P. J. P.  
of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 19 day of Feb 1889  
Geo. H. H. H.  
Ordinary Barlow County.

## POWER OF ATTORNEY.

### STATE OF GEORGIA,

Barlow County.

Know all Men by these Presents, That I, John M. Anderson  
of

county, in said State, do hereby appoint  
of 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 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 19th  
day of Feb 1889

Executed in the presence of us:

J. P. H. H. H.  
J. P. H. H. H.

## DIRECTION:

Send money to me as follows, by Express  
to H. A. W. P. O.  
County, Georgia.

John M. Anderson

## NOTES.

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 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 crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. 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.
7. 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.



county, in said State, 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 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 14<sup>th</sup>

day of Feb 1889

John M. Anderson (L.S.)

Executed in the presence of us:

J. J. Murphy  
J. P. J. P.

DIRECTION:

Send money to me as follows, by Express to Milledgeville P. O.  
Bartow County, Georgia.

John M. Anderson

5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.

6. 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.

7. 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.

STATE OF GEORGIA,

Bartow County.

I, J. M. Anderson, Ordinary of said county, do certify that I am well acquainted with John M. Anderson 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 John M. Anderson, W. B. Burkholder, 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 4 day of Feb 1891

J. M. Anderson

Ordinary Bartow County.

STATE OF GEORGIA,

Bartow County.

I, J. M. Anderson, Ordinary of said County, do certify that I am well acquainted with John M. Anderson 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 7 day of Feb 1891

J. M. Anderson

Ordinary Bartow County.

Anderson, J. M.  
Bartow Co.  
1890.

No. 517  
APPLICATION FOR ALLOWANCE.  
FOR TALL BIRTH OCTOBER 14, 1891.  
Loss Right Leg  
Applicant, J. M. Anderson  
County, Bartow  
Amount, 100  
Date of Warrant, Feb 6  
Entered on record, Feb 6 1891  
WARRANT HANDLED TO  
HONORARY EXECUTIVE DEPARTMENT.  
W. B. Burkholder  
No additional work

Anderson, J. M.  
Bartow Co.  
1891

No. 546  
APPLICATION for Allowance  
FOR TALL BIRTH OCTOBER 14, 1891.  
Loss of Leg  
Applicant, J. M. Anderson  
County, Bartow  
Amount, 100  
Date of Warrant, Feb 12 1891  
Entered on record, Feb 12 1891  
WARRANT HANDLED TO  
HONORARY EXECUTIVE DEPARTMENT.  
W. B. Burkholder  
W. B. Burkholder

Anderson, J. M.  
Bartow Co.  
1890.  
No. 277  
APPLICATION FOR ALLOWANCE  
FOR THE YEAR ENDING OCTOBER 26, 1890.  
Last Rightful Applicant, J. M. Anderson  
County, Bartow  
Amount, 100  
Date of Warrant, Feb 6  
Entered on record, Feb 6  
WARRANT HANDED TO  
J. M. Anderson  
W. A. Wright  
W. A. Wright

Anderson, J. M.  
Bartow Co.  
1891.  
No. 276  
APPLICATION FOR ALLOWANCE  
FOR THE YEAR ENDING OCTOBER 26, 1891.  
Last of leg Applicant, J. M. Anderson  
County, Bartow  
Amount, 100  
Date of Warrant, Feb 6  
Entered on record, Feb 6  
WARRANT HANDED TO  
J. M. Anderson  
W. A. Wright  
W. A. Wright

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Bartow* County, }  
PERSONALLY appears *J. M. Anderson* 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 *16th* day of  
*November* 18*64* 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 *B*, of *21*th Regiment  
of *Georgia* Volunteers *Dool*'s Brigade; that whilst engaged  
in such military service, at the battle of *Batchelor Creek* in the State  
of *G. C.* on the *1st* day of *February* 1864, he was  
wounded as follows: *Lost his right leg below the*  
*knee*

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 *One dollar* dollars.

Sworn to and subscribed before me, this the  
*3rd* day of *July* 1890, *J. M. Anderson*  
*W. A. Wright*

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, *J. M. Anderson*

county, in said State, do hereby appoint *W. A. Wright*  
of *Stanta* *la* 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;  
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  
*3rd* day of *February* 1890

Executed in the presence of us:

*W. A. Wright* *J. M. Anderson*  
*W. A. Wright*

DIRECTION.

Send money to me as follows, by *Express*  
to *Channahville la* P. O.  
*Bartow* County, Georgia.  
*J. M. Anderson*

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Bartow* County, }  
PERSONALLY appears *J. M. Anderson* 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 *16th*  
day of *November* 18*64*; 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 *B*, of *21*th Regiment  
of *Georgia* Volunteers *Dool*'s Brigade; that whilst engaged  
in such military service at the battle of *Batchelor Creek* in the State  
of *North Carolina* on the *1st* day of *Feb* 1864, he was  
wounded as follows: *was wounded in right leg*  
*about 12 inches he lost the leg from*  
*the effect of a sword wound lost leg had*  
*to be amputated*

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 dollar* dollars, for

Sworn to and subscribed before me, this, the  
*3rd* day of *July* 1891, *J. M. Anderson*  
*W. A. Wright*

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.

### POWER OF ATTORNEY.

STATE OF GEORGIA,

*Bartow* County, }

Know all Men by these Presents, That I, *J. M. Anderson*  
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 Gov-  
ernor, 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  
day of 1891.

Executed in the presence of us:

*W. A. Wright* *J. M. Anderson*  
*W. A. Wright*

DIRECTION.

Send money to me as follows, by *Register letters*  
to *Channahville la* P. O.  
*Bartow* County, Georgia.  
*J. M. Anderson*



# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Bartow* County.

KNOW ALL MEN BY THESE PRESENTS, That I,

*J. M. Anderson*  
of *Bartow* County, State of Georgia, do hereby appoint

county, in said State, 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 *3<sup>rd</sup>* day of *February* 189*0*

Executed in the presence of us:

*H. J. Cloyd* *J. M. Anderson*  
*W. B. Brinkley, Jr.*

Send money to me as follows, by *Express* to *Adamsville Ga* P. O. *Bartow* County, Georgia.  
*J. M. Anderson*

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I, *J. M. Anderson*

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 *3<sup>rd</sup>* day of *February* 189*1*.

Executed in the presence of us:

*G. B. Egan* *J. M. Anderson*  
*J. A. Pines, Jr.*

Send money to me as follows, by *Register Letter* to *Adamsville Ga* P. O. *Bartow* County, Georgia.  
*J. M. Anderson*

# STATE OF GEORGIA.

*Bartow* County.

I, *C. W. Hendricks* Ordinary of said county, do certify that I am well acquainted with *J. M. Anderson* 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* 189*2*

*C. W. Hendricks*

Ordinary *Bartow* County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

*Bartow* County.

Know all Men by these Presents, That I, *J. M. Anderson*

of *Bartow* County, State of Georgia, do hereby appoint *C. W. Hendricks* 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 *16<sup>th</sup>* day of *March* 189*3*.

Executed in the presence of us:

*Wm. Barber* *J. M. Anderson*  
*J. A. Pines, Jr.*

Send money to me as follows, by *Warrant* to *Adamsville Ga* P. O. *Bartow* County, Georgia.

## SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *J. M. Anderson*  
County *Bartow*  
Disability *Loss of leg*  
Amount \$ *100*  
Entered on record *March* 189*2*  
W. H. HARRISON  
Secretary of Department of Pension  
*AGENT.*  
*W. A. Wright*  
State Printer, Atlanta, Ga.

1893.

## Application for Allowance

No. *83*  
For the Year Ending October 31, 1893.  
Name *J. M. Anderson*  
County *Bartow*  
Amount \$ *100*  
Date of Warrant *31*  
Entered on record *138*  
WARRANT HANDED TO  
*C. W. Hendricks*  
State Printer, Atlanta, Ga.

# SOLDIERS' PENSION

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name J. M. Anderson  
County Barlow  
Disability Amputated leg  
Amount \$100  
Entered on record March 1892

W. H. HARRISON,  
Secretary of Department.

AGENT.

W. A. Wright

W. H. HARRISON, State Printer, Atlanta, Ga.

1893.

Anderson, J. M.  
Barlow

# Application for Allowance

No. 83

For the Year Ending October 26, 1893.

J. M. Anderson  
Applicant  
County Barlow  
Amount 100  
Date of Warrant 31  
Entered on record 31

W. H. Harrison

W. A. Wright

W. H. Harrison

W. A. Wright

W. H. Harrison

W. A. Wright

W. H. Harrison

W. A. Wright

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County. }  
PERSONALLY appears J. M. Anderson  
of Barlow 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 such continuously since the 3 day of Nov 1864, that he enlisted in the military service of the Confederate States (or of the State of Georgia, and served as a Private in Company B of 21 th Regiment of Volunteers Boles Brigade, that whilst engaged in such military service at the battle of Bocham Creek in the State of N.C., on the 4th day of Feb 1864, he was wounded as follows: Shot in the right leg below the knee, leg amputated below the knee

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, 1892. I have heretofore been allowed a pension of One hundred Dollars for several years

Sworn to and subscribed before me this the 10th day of March 1892. J. H. Anderson  
J. H. Anderson Ordinary.

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,

Barlow County. }  
Know all Men by these Presents, That I, J. M. Anderson of Barlow 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 3 day of March 1892.

Executed in the presence of us: J. M. Anderson [L. S.]

Send money to me as follows, by Express to Adairsville Geo. P. O. Barlow County, Georgia. J. M. Anderson

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County. }  
PERSONALLY appears J. M. Anderson 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 16th day of November 1866; that he enlisted in the military service of the Confederate States (or of the State of Georgia, and served as a Private in Company C, of 21st Regiment of Georgia Volunteers Boles Brigade; that whilst engaged in such military service at the battle of Bocham Creek in the State of N.C., on the 4th day of February 1864, he was wounded as follows: by a gun shot wound in the right leg just below the knee, which caused the same to be amputated

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, 1893. I have heretofore been allowed a pension of One hundred dollars, for 1888, 1889, 1890, 1891 & 1892

Sworn to and subscribed before me, this, the 16th day of March 1893. J. M. Anderson

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,

Barlow County. }  
I, W. A. Wright Ordinary of said County, do certify that I am well acquainted with J. M. Anderson 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 J. A. Price before whom the foregoing affidavits were made and power of attorney was signed, is a J. 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. W. A. Wright Ordinary Barlow County.

STATE OF GEORGIA,  
POWER OF ATTORNEY



## STATE OF GEORGIA,

Bartow County,

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

of J. M. Anderson 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 3 day of March 1892.

Executed in the presence of us:

J. M. Anderson [L. S.]  
W. H. Harrison

Send money to me as follows, by

DIRECTIONS.

to Express  
Bartow to Adairsville Ga. P. O.  
County, Georgia.

J. M. Anderson

## STATE OF GEORGIA,

Bartow County,

I, W. H. Harrison Ordinary of said County,

do certify that I am well acquainted with J. M. Anderson 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 J. A. Price before whom the foregoing affidavits were made and power of attorney was signed, is a J. 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.

W. H. Harrison Ordinary Bartow County.

STATE OF GEORGIA

BOMER OF ALLOVNEY

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County,

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

of J. M. Anderson 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 9th day of March 1894.

Executed in the presence of us:

J. M. Anderson [L. S.]  
J. A. Price

DIRECTIONS.

Send money to me as follows, by

to \_\_\_\_\_ P. O.  
County, Georgia.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County,

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

of J. M. Anderson 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.

Executed in presence of us:

J. M. Anderson [L. S.]  
A. W. Franks

DIRECTIONS.

Send money to me as follows, by

to \_\_\_\_\_ P. O.  
County, Georgia.

(For Those Already Enrolled.)

Soldier's Pension.

1894.

Name J. M. Anderson  
County Bartow

Disability Loss of right legAmount, \$ 250

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

J. M. Anderson  
G. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled.)

SOLDIER'S PENSION.

1897

Name J. M. Anderson  
County Bartow

Disability Loss of right legAmount, \$ 250

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

J. M. Anderson  
G. W. Harrison, State Printer, Atlanta.



*Anderson, J. M.*  
 (For Those Already Enrolled.)  
 No. *948*  
**Soldier's Pension.**  
**1894.**  
 Name *J. M. Anderson*  
 County *Bartow*  
 Disability *Loss of right leg.*  
 Amount, \$ *3 1/2*  
 1894.  
 W. H. HARRISON,  
 Secretary Executive Department.  
 WARRANT HANDLED TO  
*J. M. Anderson*  
 Geo. W. Harrison, State Printer, Alabama.

*Anderson, J. M.*  
 (For Those Already Enrolled.)  
 No. *948*  
**SOLDIER'S PENSION.**  
**1894**  
 Name *J. M. Anderson*  
 County *Bartow*  
 Disability *Loss of right leg.*  
 Amount, \$ *3 1/2*  
 1894.  
 RICHARD JOHNSON,  
 Secretary Executive Department.  
 WARRANT HANDLED TO  
*all*  
 Geo. W. Harrison, State Printer, Alabama.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

*Bartow* County.

PERSONALLY appears *J. M. Anderson* 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 *16th* day of *November* 1845; 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 *B*, of *21st* Regiment of *Georgia* Volunteers, *Davis*'s Brigade; that whilst engaged in such military service at the battle of *Batchelor's Creek*, in the State of *N. C.*, on the *12th* day of *February* 1864, he was wounded as follows: *by a gun shot wound in the right leg which caused the same to be amputated below the knee*

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 *9th* day of *March* 1894. *J. M. Anderson*

*J. A. Price, J.P.*  
 Notary—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.

*Bartow* County.

I, *J. M. Anderson*, Ordinary of said County, do certify that I am well acquainted with *J. M. Anderson* 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 *19* day of *March* 1894.

*J. M. Anderson*  
 Ordinary *Bartow* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

*Bartow* County.

PERSONALLY appears *J. M. Anderson* 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 day of *Nov* 1845; 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 *B*, of *21st* Regiment of *Georgia* Volunteers, *Davis*'s Brigade; that whilst engaged in such military service at the battle of *Batchelor's Creek*, in the State of *N. C.*, on the *12th* day of *February* 1864, he was wounded as follows: *by a gun shot wound in the right leg which caused the same to be amputated below the knee*

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 *May* 1895. *J. A. Price, J.P.*

Notary—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.

*Bartow* County.

I, *J. M. Anderson*, Ordinary of said County, do certify that I am well acquainted with *J. M. Anderson* 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 *22* day of *Feb* 1895.

*J. M. Anderson*  
 Ordinary *Bartow* County.

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 5th day of March 1894. J. M. Anderson

J. M. Anderson  
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 J. M. Anderson 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 10 day of March 1894.



G. W. Hendricks  
Ordinary Barlow County.

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 July 1895. J. M. Anderson

J. M. Anderson  
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 J. M. Anderson 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 22 day of July 1895.



G. W. Hendricks  
Ordinary Barlow County.

### POWER OF ATTORNEY.

STATE OF GEORGIA,  
Barlow County.

I, J. M. Anderson 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 18 day of July 1896.

Executed in presence of us

B. H. Osborn  
J. M. Anderson

### POWER OF ATTORNEY.

STATE OF GEORGIA,  
Barlow County.

I, J. M. Anderson 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 20 day of January 1897.

Executed in presence of

J. E. Anderson  
Emily Anderson

**SOLDIER'S PENSION.**  
**1896.**

Name J. M. Anderson  
County Barlow  
Disability total  
Amount \$ 100.00  
1896  
Richard Johnson,  
Secretary Executive Department.  
WARRANT HANDLED TO  
Edith  
Geo. W. Harrison, State Printer, Atlanta.

**SOLDIER'S PENSION.**  
**1897.**

Name J. M. Anderson  
County Barlow  
Disability total  
Amount \$ 100.00  
1897.  
Richard Johnson,  
Comptroller of Pensions.  
WARRANT HANDLED TO  
Edith  
Geo. W. Harrison, State Printer, Atlanta.



Anderson, J. M.  
Barlow  
No. 2676 / 1897  
SOLDIER'S PENSION  
1896.  
Name J. M. Anderson  
County Barlow  
Disability 100%  
Amount, \$ 100.00  
RICHARD JOHNSON,  
Secretary Executive Department  
WARRANT FORWARDED TO  
6/24/97  
No data

Anderson, John M.  
Barlow  
No. 513  
INVALID  
SOLDIER'S PENSION  
1897.  
Name J. M. Anderson  
County Barlow  
Disability 100% leg  
Amount, \$ 100.00  
RICHARD JOHNSON,  
Commissioner of Pensions  
WARRANT FORWARDED TO  
6/24/97  
No data

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Barlow County.  
Personally appears J. M. Anderson 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 16  
day of Nov 1845; 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 B, of 21st Regiment  
of 2nd Volunteers, 1st Div's Brigade; that whilst engaged  
in such military service in the State of Ga, on the 1st day  
of Feb 1864, he was wounded, injured or diseased as follows:  
Wounded in right leg which set  
into amputation.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,  
and the acts amendatory thereof, and makes application for the pension to which he is  
entitled for the year ending October 26th, 1896. I have heretofore as a resident of  
Barlow county been allowed a pension of One hundred  
dollars for the year 1895.

Sworn to and subscribed before me, this, 18th day of Jan 1896. J. K. Anderson  
Notary Public

STATE OF GEORGIA,  
Barlow County.  
I, G. W. Hendricks, Ordinary of said County,  
do certify that I am well acquainted with J. M. Anderson 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 18th day of Jan 1896.  
G. W. Hendricks  
Ordinary Barlow County.

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Barlow County.  
Personally appears John M. Anderson 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  
day of fall 1845; 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 C, of 21st Regiment  
of 2nd Volunteers, 1st Div's Brigade; that whilst engaged  
in such military service in the State of Ga, on the 1st day  
of Feb 1864, he was wounded, injured or diseased as follows:  
Had his right leg shot through  
in the battle of Peach Creek, and  
his leg amputated.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,  
and the acts amendatory thereof, and makes application for the pension to which he is  
entitled for the year ending October 26th, 1897. I have heretofore under said law as a  
resident of Barlow county been allowed an invalid pension of  
One hundred Dollars, for the year 1896.

Sworn to and subscribed before me, this, 23rd day of Jan 1897. J. K. Anderson  
Notary Public

STATE OF GEORGIA,  
Barlow County.  
I, G. W. Hendricks, Ordinary of said County,  
do certify that I am well acquainted with John M. Anderson 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 23rd day of Jan 1897.  
G. W. Hendricks  
Ordinary Barlow County.



Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Barlow county been allowed a pension of One Hundred dollars, for the year 1895.

Sworn to and subscribed before me, this, the 18th day of Nov, 1896. J. M. Anderson

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 J. M. Anderson 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 18th day of Jan, 1896.



Ordinary Barlow County.

his leg amputated

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Barlow county been allowed an invalid pension of One Hundred Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 23rd day of January, 1897. J. M. Anderson

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 J. M. Anderson 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 23rd day of Jan, 1897.



Ordinary Barlow County.

Audited Feb. 11, 1891.

W. A. Wright  
COMPTROLLER GENERAL

Anderson, J. M.

Barlow

1891.

Maimed Soldiers.

Voucher No. 346

Amount \$ 100

Paid to J. M. Anderson

For Loss of leg.

July 10, 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. A. Wright

Audited Feb. 8, 1890.

W. A. Wright  
COMPTROLLER GENERAL

Barlow

Maimed Soldiers.

Voucher No. 519

Amount \$ 100

Paid to J. M. Anderson

For Loss of

right leg

Feb. 7, 1890.

Included in warrant No.

issued to Treasurer.

E. Adairville, 18

WARRANT-CLERK.

W. J. Campbell, State Printer, Constitution Job Office.

W. A. Wright

July 10 1891.  
Included in warrant No.  
issued to Treasurer.  
1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. H. Wright

right leg  
July 7 1890.  
Included in warrant No.  
issued to Treasurer,  
E. Adairville 18  
WARRANT CLERK.  
W. J. Campbell, State Printer, Constitution Job Office.

W. H. Wright

1891.  
No. 346  
STATE OF GEORGIA, }  
EXECUTIVE DEPARTMENT. } Atlanta, Ga. July 10 1891.

Mr. J. M. Anderson of the County  
of Fulton having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Acts  
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for  
Loss of leg  
He is entitled to receive the sum of One Hundred Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher and return same to  
Executive Department for warrant.

By the Governor,

W. H. Harrison  
Sec'y EXECUTIVE DEPARTMENT.

\$ 100

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

One Hundred and 00/100 Dollars,  
per above voucher, this 10 of July 1891.

J. M. Anderson  
W. H. Wright

No. 517  
STATE OF GEORGIA, }  
EXECUTIVE DEPARTMENT. } Atlanta, Ga. July 7 1890.

Mr. J. M. Anderson of the County  
of Bartow having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,  
approved, Dec. 24, 1888, and the same having been examined and allowed for

Loss of leg  
He is entitled to receive the sum of One Hundred Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890.

The Treasurer will pay the same and hold his receipt on this voucher, and return same  
to Executive Department for warrant.

By the Governor,

W. H. Harrison  
CLERK EXECUTIVE DEPARTMENT.

\$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

One Hundred and 00/100 Dollars,  
per above voucher, this 7 of July 1890.  
J. M. Anderson  
W. H. Wright

Mr. J. M. Anderson of the County  
of Bartow having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Acts  
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for  
Loss of leg  
He is entitled to receive the sum of One Hundred Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher and return same to  
Executive Department for warrant.

By the Governor,

R. U. Hardeeman  
Sec'y EXECUTIVE DEPARTMENT.

H. J. Gordon  
GOVERNOR.

\$ 100

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

One Hundred & 00/100 Dollars,  
per above voucher, this 10 of July 1891.

J. M. Anderson  
W. J. R.

of Bartow having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,  
approved, Dec. 24, 1888, and the same having been examined and allowed for

Loss of leg  
He is entitled to receive the sum of One Hundred Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890.

The Treasurer will pay the same and hold his receipt on this voucher, and return same  
to Executive Department for warrant.

By the Governor,

R. U. Hardeeman  
CLERK EXECUTIVE DEPARTMENT.

GOVERNOR.

\$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100 Dollars,  
per above voucher, this 7 of July 1890.

J. M. Anderson  
W. J. R.

Audited March 19 1889.

W. J. R.  
COMPTROLLER-GENERAL

Bartow

Maimed Soldiers.

Voucher No. 14611

Amount, \$ 100

Paid to John M. Anderson

For Loss of leg

March 19 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Job Office.

W. J. R.



March 19

1889.

Included in Warrant No.  
issued to Treasurer.

1889.

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Job Office.

ma m

No. 1464

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta, Ga. March 19 1889

Mr. John M. Anderson of the County  
of Bartow having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,  
Dec. 24, 1888, and the same having been allowed for

Loss of right leg  
He is entitled to receive the sum of One Hundred & 00/100 Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same to  
Executive Department for warrant.

By the Governor

W. J. Harrison

CLERK EXECUTIVE DEPARTMENT.

100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100 Dollars,

per above voucher, this 19 of March 1889.

John M. Anderson

Per witness

Department for an allowance under the act approved October 27, 1887, in amount of \$100.

Dec. 24, 1888, and the same having been allowed for  
*Loss of right leg*

He is entitled to receive the sum of *One Hundred & 00/100* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same to  
Executive Department for warrant.

By the Governor

*W. H. Harrison*

CLERK EXECUTIVE DEPARTMENT.

*J. B. Gordon*  
GOVERNOR.

100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*One Hundred & 00/100* Dollars,

per above voucher, this

*19* of *March*

1889.

*Jno M Anderson*

*Per entry mly*

July 4, 1861. Elected  
2<sup>d</sup> Lieut., Co. 2  
14<sup>th</sup> Regt Ga Vol Inf  
and transpnd. Dec 1, 1861  
Resigned Jan'y 2, 1862.

Anderson, J. R. E

Bartow

No. 600  
OTR Jan'y 20

# Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County: Bartow

Name: J. R. Anderson

Company: E. & J.

Regiment: 14<sup>th</sup> Ga Vol Inf

Approved: \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co. State Printers, Atlanta.

10-29-1919

NOTES: 1. Before any question is answered the Ordinary shall swear applicant and witnesses in the following words: "You solemnly swear that the facts stated by you are true, so help you God." 2. All affidavits must be sworn to in the presence of the Ordinary at the county in which the applicant or witness resides and must be certified by such Ordinary.

(SEAL)

Ordinary

10<sup>th</sup> day of Dec 1919

credit.

the witness swearing to the

resides in said county. That I also know

the applicant. I, Ordinary do hereby certify that I know

resides in said county. That I also know

STATE OF GEORGIA

Ordinary's Certificate



J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-29-1919

10-29-1919

Ordinary's Certificate

STATE OF GEORGIA.

Bartow COUNTY.

I, J. R. Anderson Ordinary of said County, certify that I know the applicant J. R. Anderson for pension is the person he represents himself to be and resides in said county. That I also know J. R. Anderson the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are believed to full faith and credit.

Sworn under my hand and official seal of office this 10 day of Oct 1919  
J. R. Anderson Ordinary  
of Bartow County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses 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 give shall be the whole 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 of the county in which the applicant or witness resides and must be certified by such Ordinary.

Application for Soldier's Pension Under Act 1910  
Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,

Bartow COUNTY.

J. R. Anderson of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office) J. R. Anderson, Bartow, Ga.
2. How long and since when have you been a continuous resident citizen of this State? I have lived in Ga. all my life.
3. Did you enter in the army of the Confederate States or in the organized militia of this State from 1861 to 1865? Confederate Army
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) July 1861, Lynchburg Va. Co. E. 1st Ga. Inf.
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) In Co. E. 6 mo. in Co. D. 6 mo. 11th Ga. Regt.
6. When and where was your Company and Regiment surrendered or discharged from the Service? April 9th 1865, Appomattox Va.
7. Were you actually present with your command when it was surrendered or discharged? No
8. If you were not actually present, state specifically and clearly where you were Ala. having company and went into Ark. Prison
  - a. Where was your command when you left it? in Arkansas
- b. When did you leave the command? January 1863
- c. For what cause did you leave? on account of bad health, resigned
- d. By whose authority did you leave? Wm. Chapman, 1st Ark. Regt.
- e. For how long was your leave granted? In what way? for the balance of my term, resigned in Arkansas on account of bad health
- f. Why did you not return to your command after leave expired? not on leave
- g. In what way were you prevented? Mr. Chapman had health
- h. What effort did you make to return? no
- i. Were you captured during the war? no
- j. If so, when, and where? In what prison were you held and when were you released? no

Sworn to and subscribed before me, this the 17 day of Apr 1919  
J. R. Anderson Ordinary  
of Bartow County.

(SEAL)

Confederate

Soldier's Application

Under Act 1910—As Amended by Act of 1919.

No. 10-29-1919  
County Bartow  
Name J. R. Anderson  
Company C. E. 1st  
Regiment 11th Ga. Inf.  
Approved J. R. Anderson

J. W. LINDSEY  
Commissioner of Pensions.  
Byrd Printing Co., State Printers, Atlanta.

10-29-1919

Anderson, J. R.  
Bartonsville  
No. 114  
Confederate  
Soldier's Application  
Under Act 1910 - As Amended by Act of 1919  
County: Bartonsville  
Name: J. R. Anderson  
Company: E. 8th  
Regiment: 114th Cavalry  
Approved: \_\_\_\_\_  
J. W. LINDSEY  
Commissioner of Pensions  
Byrd Printing Co., State Printing, Atlanta.  
10-29-1919

- h. When did you leave the command? January 1863  
e. For what cause did you leave? on account of bad health, resigned  
d. By whose authority did you leave? was dependent on Regiment  
e. For how long was your leave granted? In what way? 1 yr. on account of  
Simply resigned on account of bad health  
f. Why did you not return to your command after leave expired? not on leave  
g. In what way were you prevented? on account of bad health  
h. What effort did you make to return? no  
i. Were you captured during the war? no  
j. If so, when, and where? In what prison were you held and when were you released? no  
9. Are you drawing a pension of any amount from this State or the United States? no  
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? no

Sworn to and subscribed before me, this the  
17 day of Apr 1919 } J. R. Anderson  
Wm. G. Goff Ordinary  
of Bartonsville County.  
(SEAL)

July 4, 1861. Elected  
to Co. 2  
1st Regt. Ga. Vol. Inf.  
and transferred, Dec. 1, 1861  
resigned Jan'y 2, 1863

Questions for Witness as to Service

- STATE OF GEORGIA  
Fulton COUNTY.  
I, Wm. G. Goff, of said State and County, is hereby presented  
as a witness in support of the application of J. R. Anderson for the pension provided  
by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to  
make to the questions propounded, answers as follows:  
1. What is your name and where do you reside? Wm. G. Goff  
Soldiers Home, Bartonsville, Ga  
2. How long and since when have you known J. R. Anderson, the applicant?  
Since 1862  
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State,  
and how do you know? Bartonsville, Bartonsville, Ga  
4. When, where and in what Company and Regiment did J. R. Anderson enlist during  
war from 1861 to 1865? (Give date and place.) Bartonsville, Ga 1861  
5. How did you obtain your information of this Service? Person, Knowledge  
was with him at the time  
6. How long within your own personal knowledge did he perform actual military service with this  
Company and Regiment? (Give date.) During the war  
7. When and where was his command surrendered or discharged (give date and place.)  
Apomattox, Va  
8. Were you personally present at the surrender? Yes  
9. If not, where were you and how came you there?  
10. Was the applicant personally present with his command at surrender? No He was a  
11. If not where was he and how came him there? on leave  
12. When did he leave his command? don't know Where was his command  
when he left it? Virginia For what cause did he leave? He knew  
By whose authority did he leave? Don't know and how  
long was he granted leave? don't know How do you know  
all that you have stated to be true? If of your own knowledge, tell clearly and specifically.  
My own knowledge  
13. In what way was he prevented from returning to his command?  
How do you know? Do not know  
14. What effort did he make to return to his command and how do you know?  
Do not know  
15. Was applicant captured as a prisoner? No If so, when and where?  
In what prison was he held? \_\_\_\_\_ and  
when released \_\_\_\_\_

Sworn to and subscribed before me, this the  
13 day of Sept 1919 } Wm. G. Goff  
Arthur R. Riddick Ordinary  
of Fulton County.  
(SEAL)

and  
left  
Wm. G. Goff  
resigned Jan'y 2, 1863



6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) *Durham Co. Ark*  
*Appomattox OK 1865*  
 7. When and where was his command surrendered or discharged (give date and place) *Yes*  
 8. Were you personally present at the surrender? *Yes*  
 9. If not, where were you and how came you there?  
 10. Was the applicant personally present with his command at surrender? *No*  
 11. If not where was he and how came him there? *He was a*  
 12. When did he leave his command? *Don't know* Where was his command when he left it? *Virginia* For what cause did he leave? *Sickness*  
 By whose authority did he leave? *Don't know* and how long was he granted leave? *Don't know* How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically *My own knowledge*  
 13. In what way was he prevented from returning to his command? *Do not know*  
 How do you know? *Do not know*  
 14. What effort did he make to return to his command and how do you know? *Do not know*  
 15. Was applicant captured as a prisoner? *No* If so, when and where?  
 In what prison was he held? and  
 when released

Sworn to and subscribed before me, this the

*13* day of *Sept* 1919

*William R. Bickel* Ordinary  
 of *Fulton* County.  
 (SEAL)

HEAD QUARTERS CAMP F M B YOUNG, NO. 820.

THIS IS TO CERTIFY THAT *J. R. Anderson*  
 IS A MEMBER OF THE ABOVE STATED CAMP, IN GOOD STANDING, AND HAS  
 BEEN A MEMBER OF THE CAMP SINCE THE DAY OF SAID CAMP ORGANIZATION.

GIVEN UNDER MY OFFICIAL SIGNATURE, THIS OCT. 21st-1919.

*J. F. Cochran*  
 COMMANDER, F M B  
 YOUNG CAMP NO. 820, CARTERSVILLE, GEORGIA.

NAME Anderson, J. R. YEAR 1920 COUNTY Bartow.

WHEN AND WHERE BORN? In 1842 in the State of Georgia.

ENLISTED WHEN AND WHERE? July 1861, Lynchburg, Virginia.

RANK: Lieutenant-----in Co. I, 14th Ga. Regt. Inf. (6 months)

COMPANY AND REGIMENT? Company E, 14th Georgia Infantry. (6 months)  
 " I, " " " (6 months)

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Was in bad health and resigned in January 1863, left command at Manassas Junction, Virginia.

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? April 9, 1865, Appomattox, Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In Alabama in Rail Road service. Had resigned as Lieutenant on account of ill health.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: T. M. Yopp-----In service with applicant--No data.

mt.

*Martin Collins* Acting Captain  
*PMB Young Camp*  
*No 820* *Cartersville Ga*



COMMANDER, P M B  
YOUNG CAMP NO. 820, CARTERSVILLE, GEORGIA.

Martin Collins Acting Assistant  
PMB York Camp  
No. 820 Leesville Ga

mt.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County.

M. L. Anderson hereby authorizes Barlow of Barlow County, to receive and receipt for the pension allowed and that he remit the same to me at Barlow Ga. by his check or registered mail.

Witness my hand this 18th day of March 1901.

Respect at in presence of  
W. L. Anderson Ordinary,  
Barlow County.

M. L. Anderson L. S.  
Anderson m. l.

Anderson, M. L.  
Barlow, County

No. \_\_\_\_\_

**WIDOW'S  
Indigent Pension.  
1901.**

Name M. L. Anderson  
County Barlow  
Widow of John Anderson  
Anderson  
Anderson Co., N. C. Cavalry  
Approved \_\_\_\_\_ 1901.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO \_\_\_\_\_

1901.

4/6/01

State of Georgia  
Approved  
1901.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

1901.

Geo. W. Harrison, State Printer, Atlanta, Ga.

4/6/01

TORNEY.

State of Georgia  
by his check or registered mail.  
1901

State of Georgia  
1901

# POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County.

I, M. L. Anderson hereby authorize G. W. Lindsey of Barlow County, to receive and receipt for the pension allowed and that he remit the same to me at Barlow, Ga. by his check or registered mail.

Witness my hand this 18<sup>th</sup> day of March 1901.

Executed in presence of

G. W. Lindsey Ordinary,

Barlow County.

M. L. Anderson L. S.

mark

# Questions for Applicant.

STATE OF GEORGIA,

Barlow County.

I, M. L. Anderson of said State and County, desiring to avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1900, hereby submit her proof, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and Post Office.)  
M. L. Anderson, Barlow, Barlow Co., Ga.
2. How long and since when have you been a resident of this State? Came to this State since January 1897.
3. When and where were you born? March 19 1815 in N. C.
4. When and where was your husband born—state his full name, and when were you and he married?  
March 13 1816, in N. C. Full name, John Anderson—married 1836. 1836. Charleston Co., S. C.
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? June 1861, 1st Regt. N. C. Inf. Co. commanded by Capt. J. P. Siler. 1st Lt. Regt. N. C. Inf.
6. How long did your husband serve in said Company and Regiment? He served 17 months in this Company and Regiment.
7. When and where did your husband's Company and Regiment surrender and was discharged? He was discharged from the 1st Regt. N. C. Inf. at Camp near N. C. May 1862.
8. Was your husband present at the time and place when his Company and Regiment surrendered?
9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority?

10. When and where did your husband die? Aug. 23 1897. He died in Barlow family.

11. Which of the following grounds do you base your application for Pension, viz: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty? Old Age.

12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight. I have been unable to work for a support for quite a number of years. I am now 86 years of age.

13. What has been your occupation since your husband's death? Nothing.

14. How much can you earn gross, by your own exertion or labor? Nothing.

15. What property, real or personal, or income do you have or possess, and its gross value? None.

16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same? None.

17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation? Barlow.

18. How have you been supported since death of husband, and especially for 1899 and 1900? By my children. I have four children and pension.

19. How much did you support cost for each of those years, and how much did you contribute by your own labor or income? I did not support.

20. What was your employment during 1899 and 1900—how much did you receive for each year? Nothing.

21. Have you a family? If so, who compose such family? Give their means of support. Have they any lands or other property? None.

22. Have you ever made an application for pension before? None.

23. How many applications have you made for a Pension, and under what class? None.

Sworn to and subscribed before me this 18<sup>th</sup> day of March 1901.

G. W. Lindsey Ordinary,

Barlow County.

WIDOW'S

Indigent Pension.

1901.

Name M. L. Anderson

County Barlow

Widow of John Anderson

State of Georgia

Approved

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

1901.

Geo. W. Harrison, State Printer, Atlanta, Ga.

4/6/01



*Anderson, M. L.*  
*Barlow, County*

No. \_\_\_\_\_

**WIDOW'S  
Indigent Pension.  
1901.**

Name *M. L. Anderson*  
County *Barlow*  
Widow of *John W. Lindsey*  
*John W. Lindsey*  
Approved *1901.*

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO \_\_\_\_\_

1901.

*4/6/01*

your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight. *I have unable to work for a support for years a number of years I am now 66 years of age*

18. What has been your occupation since your husband's death? *Nothing*

19. How much can you earn gross, by your own exertion or labor? *Nothing*

20. What property, real or personal, or income do you have or possess, and its gross value? *Have none whatever*

21. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same? *None at all*

22. In what counties did you reside in 1899 and 1900, and what property did you return for taxation? *Barlow*

23. How have you been supported since death of husband, and especially for 1899 and 1900? *By my children I have forty cents of husband pension*

24. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? *Not known*

25. What was your employment during 1899 and 1900—how much did you receive for each year? *Nothing*

26. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property? *Have no family*

27. Have you ever made an application for pension before? *Have not*

28. How many applications have you made for a Pension, and under what class? *Have not made any*

Sworn to and subscribed before me this *18th* day of *March* 1901 } *M. L. Anderson*  
*G. W. Hendricks* Ordinary,  
of *Barlow* County. *mark*

### Questions for Witnesses.

STATE OF GEORGIA,  
*Barlow* County.

*James M. Anderson* of said State and County, having been presented as a witness in support of the Application of Mrs. *M. L. Anderson* for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *James M. Anderson near Cassville Barlow County Ga*
2. Are you acquainted with the applicant, Mrs. *M. L. Anderson*? *Yes*
3. If so, how long have you known her? *44 years*
4. Where does she reside, and how long and since when has she been a resident of this State? *She resides near Cassville Ga since January 1899*
5. When and where was she born? *In N.C. March 1815 (Hawley Record)*
6. Were you ever acquainted with her husband?
7. Where did he reside in 1861? *In Hawley Co. N.C.*
8. When and to whom was he married? *In N.C. March 1815 (Hawley Record)*
9. When and where was he born? *In N.C. March 1815 (Hawley Record)*
10. How long have you known him? *All my life*
11. When and where did *James M. Anderson* enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? *Enlisted June 1861 Capt. Elias Co. 12th Reg. N.C. Cavalry*
12. Were you a member of the same Company and Regiment? *I was*

13. How long did he perform regular military duty? *From June 20th 1861 till Aug 10th 1862 about 11 months*
14. When and where was his Company and Regiment surrendered and discharged from service? *John M. Anderson was discharged Aug 11th 1862*
15. Were you with the command when it surrendered? *I was not with this Company. I was 1000 miles away*
16. If so, what was the name of the command, and where was it located? *Co. A 12th Reg. N.C. Cavalry*
17. What were the names of the officers and men of the command, and what was their rank? *Co. A 12th Reg. N.C. Cavalry*
18. How do you know all this? *I was present and knew from word of mouth*

19. When and where did *M. L. Anderson* die? *Aug 23rd 1899 In Barlow County Ga*
20. Where did he reside at his death and how long had he been a resident of Georgia at his death? *In Barlow County Ga*
21. Do you of your own knowledge know that applicant is the lawful widow of *I do*

22. Has she remained unmarried since her soldier husband's death, and is now his widow? *She has not. She is now 66 years old having been*
23. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? *She has none. I do know of my own knowledge that she has nothing*
24. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? *Had none*
25. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? *She has not. Had none to dispose of*
26. What is applicant's physical condition and her chances and ability to earn a support? *She is extremely old and weak. Has to use crutches to walk at all*

### Affidavits of Physicians.

STATE OF GEORGIA,  
*Barlow* County.

Personally before me comes *G. W. Battie* both known to me to be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. *M. L. Anderson* applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this: *She is physically broken down on account of old age and her infirmities that she is unable to do any kind of work*

and are have no interest in said pension if allowed.

Sworn to and subscribed before me this *18th* day of *March* 1901 } *G. W. Battie M.D.*  
*G. W. Hendricks* Ordinary,  
of *Barlow* County.

### ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,  
*Barlow* County.

I, *G. W. Hendricks* Ordinary in and for said county, hereby certify that the applicant, Mrs. *M. L. Anderson* resides in said county, and has been a bona fide resident of this State since *day of* 18\_\_ and that the witnesses, *M. L. Anderson* *G. W. Battie* and *G. W. Battie* are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavit was read to the applicant and witnesses before the same was signed and subscribed.

I further certify that the tax digest of *Barlow* county shows that applicant returned for taxation in her own name in 1899 \_\_\_\_\_ dollars worth of property, and in 1900 \_\_\_\_\_ dollars worth of property.

Witness my hand and official seal, this *10th* day of *April* 1901 } *G. W. Hendricks* Ordinary,  
of *Barlow* County.

- NOTES.—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 20th April, 1865, not entitled.
5. \_\_\_\_\_ Witnesses and two Physicians are necessary to make out claims.

17. What were the names of the persons who were present at the death of the applicant? *Myself and Mr. L. Anderson*  
 18. When and where did the applicant die? *Aug 22<sup>nd</sup> 1891 - In Barlow County Ga.*  
 19. Where did he reside at his death and how long had he been a resident of Georgia at his death? *On Barlow County Ga.*  
 20. Do you of your own knowledge know that applicant is the lawful widow of *I do*  
 21. Has she remained unmarried since her soldier husband's death, and is now his widow? *She has not. She is now 66 years old. Family name*  
 22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? *She has none. I do know by my own knowledge that she has nothing*  
 23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? *Had none*  
 24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? *She has not. Had none to dispose of*  
 25. What is applicant's physical condition and her chances and ability to earn a support? *She is extremely old and weak. Has to use crutches to walk at all*

Ordinary,  
 Barlow County.  
 ORDINARY'S CERTIFICATE.  
 STATE OF GEORGIA,  
 Barlow County.  
 I, *G. W. Hendricks*, Ordinary in and for said county, hereby certify that the applicant, Mrs. *M. L. Anderson* resides in said county, and has been a bona fide resident of this State since the day of *April* 1891, and that the witnesses, Mr. *L. M. Anderson* and *Geo. Battle* are of trustworthy character, and that their statements are entitled to full faith and credit.  
 I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed.  
 I further certify that the tax digest of *Barlow* county shows that applicant returned for taxation in her own name in 1899 *\_\_\_\_\_* dollars worth of property, and in 1900 *\_\_\_\_\_* dollars worth of property.  
 Witness my hand and official seal, this *10* day of *April* 1901.  
 SEAL *G. W. Hendricks* Ordinary,  
 Barlow County.  
 Notes—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; So help you God."  
 2. Additional affidavits may be attached, if blank spaces are insufficient.  
 3. All affidavits must be made before Ordinary.  
 4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 30th April, 1865, not entitled.  
 5. Witnesses and two Physicians are necessary to make out claims.

# SOLDIER'S DISCHARGE.

TO ALL WHOM IT MAY CONCERN.

Know- Ye, That *John Anderson* Private of *2<sup>nd</sup> Siler's* Company, *10th (1<sup>st</sup> Cavalry) Regiment of* *A. C. Volunteers*, who was enlisted the *twenty fifth* day of *June* one thousand eight hundred and *sixty one* to serve for the War is hereby honorably discharged from the Army of the Confederate States.

Said *John Anderson* was born in *Barrow County* in the State of *North Carolina*, is *forty seven* years of age, *six* feet *one* inches high, *light* complexion, *gray* eyes, *light* hair, and by occupation when enlisted, a *Farmer*

Given at *Chapel Hill N.C.* this *twelfth* day of *May* 1862.

*J. B. Gordon*  
*Co. Col. 1<sup>st</sup> N.C. Cavalry*

# POWER OF ATTORNEY.

STATE OF GEORGIA,  
 Barlow County.  
 I, *M. L. Anderson*, 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* at *Barlowville Ga.*  
 In Witness Whereof, I have hereunto set my hand and seal, this *17<sup>th</sup>* day of *July* 1902.  
*M. L. Anderson* [L. S.]  
 Executed in presence of *monk*  
*J. F. Anderson*

Anderson, M. L. No. 20  
 To Those Herebefore Paid.  
 1902.  
 No. 673.  
 INDIGENT  
 WIDOW'S PENSION,  
 For year ending Dec. 31, 1902.  
 PAID TO  
 Mrs. M. L. Anderson  
 of  
 Barlow County,  
 Widow of *John Anderson*  
 Co. *1<sup>st</sup> N.C. Cavalry* Regiment  
 JOHN W. LINDSEY,  
 Commissioner of Pensions.  
 WARRANT ISSUED  
 AND FORWARDED TO  
 1902  
 WASHINGTON, D. C.

in the State of North Carolina, is forty seven years of age, six feet  
one inch high, light complexion, grey eyes, light hair,  
and by occupation when enlisted, a Farmer

Given at Camp, N.C. this 2nd day of May 1862  
1862

J. B. Gordon  
Co. C. 1st Regt. N.C.  
Cavalry Camp

Anderson, M. L.  
Barlow  
To Those Heretofore Paid  
1902.  
No. 673.  
INDIGENT  
WIDOW'S PENSION  
For year ending Dec. 31, 1902.  
PAID TO  
Mrs. L. Anderson  
OR  
Barlow  
Widow of John Anderson  
Co. H. 1st Regt. N.C.  
JOHN W. LINDSEY,  
Commissioner of Pensions  
WARRANT ISSUED  
AND PAID TO  
31  
C. A.  
OFF. W. HARRISON 1911 REVISED EDITION

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1.

STATE OF GEORGIA,

County of Barlow

PERSONALLY COMES MRS.

M. L. Anderson

who, being sworn, says on oath, that she is a bona fide resident of said County of  
Barlow State of Georgia, and that she has resided in said State  
continuously over since 1889. That she is the Widow of  
John Anderson who was a soldier in Company  
K of the 1st Regt. N.C.  
Volunteers, that he enlisted in said regiment on or about the month of June  
1861, and served in the Army up to May 1862. That he died  
on the 22 day of August, 1862.

He served also in the 5th Legion  
of N.C. Vol. from July 1862 to the time it  
was left off of the war, he having  
joined this Legion after having served  
his time in Co. K of Ransom's Regt.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a  
soldier, and that she has never married since his death aforesaid, and that she became his wife in  
the year 1836.

I have been allowed an Indigent pension as a resident of Barlow  
County, under Act 1900, for the year 1902, and now apply for the pension provided by law for the  
year ending December 31, 1902.

Sworn to and subscribed before me,  
this 17 day of July 1902  
G. W. Hudricks, Ordinary. M. L. Anderson  
Post-Office Mark

State of Georgia,  
Barlow County. I, G. W. Hudricks  
Ordinary of said County, certify that I am well  
acquainted with Mrs. M. L. Anderson, who made the above affidavit and  
am satisfied that the facts therein stated are true, and I know she is the individual she represents  
herself to be, and that she has continuously resided in this State since the  
day of 18

Given under my official signature and seal, this the 17 day of July 1902  
G. W. Hudricks  
Official Seal  
Ordinary of Barlow County.

NOTE:—All blanks must be filled.  
Vouchers and affidavits must bear date after January 1st, 1902.



on the 17 day of August, 1898.  
He served also in the 55th Regt  
of N.C. Vol. from July 1862 to the time at  
was till close of the war he having  
joined this Regt after having served  
his time in Co. H. of Ransom's Regt

Dependent swears that she was the wife of said deceased soldier, during his service in the Army as a  
soldier, and that she has never married since his death aforesaid, and that she became his wife in  
the year 1836

I have been allowed an Indigent pension as a resident of Barlow  
County, under Act 1900, for the year 1902, and now apply for the pension provided by law for the  
year ending December 31, 1902.

Sworn to and subscribed before me,  
this 17 day of July 1902 } M. L. Anderson  
G. W. Hendricks, Ordinary. } Post-Office Mark

State of Georgia,  
Barlow County. } 1. G. W. Hendricks  
Ordinary of said County, certify that I am well  
acquainted with Mrs. M. L. Anderson, who made the above affidavit and  
am satisfied that the facts therein stated are true, and I know she is the individual she represents  
hereself to be, and that she has continuously resided in this State since the

day of \_\_\_\_\_ 18\_\_\_\_  
Given under my official signature and seal, this the 17 day of July 1902.  
G. W. Hendricks  
Ordinary of Barlow County.

NOTE.—All blanks must be filled.  
Vouchers and affidavits must bear date after January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Bartow County, }

Edison Anderson hereby authorize E. W. Hendrix

to receive and receipt for the pension paid hereon and request that he remit same to

at Bartowville this

day of January 1900.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

28 of January 1900.

Respected in presence of W. W. Hendrix [L. S.]

Anderson, Susan  
Bartow, County  
To Those Heretofore Paid.

1900.

from Dickens Co. 1899

NO. 2228

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO

Mrs. Susan Anderson

County,

Bartow

Widow of Edison Anderson

Dec'd in 1899

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Feb 19

1900,

AND HANDED TO

Hendrix

W. W. Hendrix, State Printer, A. G. S.

ORNEY.

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Feb 19

1900,

AND HANDED TO

Hendrix

W. W. Harrison, State Printer, Atlanta.

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

Susan Anderson hereby authorize G.W. Hendricks of Bartonsville Ga to receive and receipt for the pension paid hereon and request that he remit same to me at Bartonsville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16 day of January 1900.

Executed in presence of

R. W. Slaughter

[L. S.]

Anderson, Susan  
Bartonsville, Ga  
To These Herebefore Paid

1900.

From Barlow Co. 1899

NO. 2228

WIDOW'S PENSION,

For year ending February 16th, 1900.

PAID TO

Mrs Susan Anderson

or

Barlow County,

Widow of Mary Anderson

Barlow Co. 1899

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Feb 19

AND HANDED TO

Hendrix

1900,

W. W. Harrison, State Printer, Atlanta.



Anderson, Susan  
Barlow, Co.  
To these Heretofore F

1900.  
From Pickens Co.  
NO. 2228

WIDOW'S PENSION  
For year ending February 15th, 1900  
PAID TO  
Mrs. Susan Anderson  
Barlow  
Widow of Moses Anderson  
Pickens Co. Ga.  
JNO. W. LINDSEY,  
Commissioner of

WARRANT ISSUED  
Feb 19  
AND PAID TO  
Anderson  
Jno. W. Lindsey, State Printer, Atlanta.

# For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of Barlow

Personally Comes Mrs.

Susan Anderson

who, being sworn, says on oath, that she is a bona fide resident of said county of Barlow State of Georgia, and that she has resided in said State continuously ever since fall 1861. That she is the Widow of Moses Anderson who was a soldier in Company E of the 23<sup>rd</sup> Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Aug. 1861, and served in the Army up to June 1862. That he lost his life on the 28<sup>th</sup> day of June 1862. (State here particulars of the husband's death, when, where and from what cause) He was killed in the battle of Seven days fight between Richmond, the 28<sup>th</sup> day of June 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1861.

I have been allowed a pension as a resident of Pickens County for the year ending February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this 16 day of June 1900.  
Geo. Andrick Ordinary.

Susan Anderson  
Post Office mark

State of Georgia,

Barlow County.

Geo. Andrick

Ordinary of said County, certify that I am well acquainted with Mrs. Susan Anderson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 16<sup>th</sup> day of June 1862.

Given under my official signature and seal, this 16<sup>th</sup> day of June 1900.

Official Seal.

Geo. Andrick  
Ordinary of Barlow County.

1861, and served in the Army up to June 1862 That he lost his  
life on the 28<sup>th</sup> day of June 1862 (State here  
particulars of the husband's death, when, where and from what cause) Killed in the battle of Seven days  
fight around Richmond, the 28<sup>th</sup>  
day of June 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that  
she has never married since his death aforesaid, and that she became his wife in the year 1861

I have been allowed a pension as a resident of Pickens County for the year ending  
February 15th, 1889, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this 16 day of July 1900. Susan Anderson  
Geo W. Hendricks Ordinary. Post Office Smart

State of Georgia, Bartow County. } Geo W. Hendricks  
Ordinary of said County, certify that I am well acquainted

with Mrs. Susan Anderson, who made the above affidavit and am satis-  
fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she  
has continuously resided in this State since the day of 18

Given under my official signature and seal, this the 16<sup>th</sup> day of June 1900.

Official  
Seal

Geo W. Hendricks  
Ordinary of Bartow County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

*Barlow* County.

I, *N. F. Armstrong*, hereby authorize *W. H. Buttrick* of *Barlow* County to receive and receipt for the pension allowed and that he remit the same to me at *Barlowville* in the clerk of registered mail.

Witness my hand this *25<sup>th</sup>* day of *July* 190*7*

Executed in presence of

*N. F. Armstrong* Ordinary, *Barlow* County.

{SEAL}

*Armstrong, N. F. (Hus)*  
*Barlow County*

No. *0 for 1908*  
**WIDOW'S  
INDIGENT PENSION.**

Name *N. F. Armstrong*  
County *Barlow*  
Widow of *James F. Armstrong*

Approved \_\_\_\_\_  
JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO \_\_\_\_\_

*9/8/07*



Approved

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

U.S. W. HARRISON STATE PRINTER, ATLANTA.

9/18/07

TORNEY.  
G.W. Armstrong  
and receipt for the pension allowed and that he  
has check or registered mail.  
9/18/07  
G.W. Armstrong  
more

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, N. F. Armstrong hereby authorize G.W. Armstrong  
of Barlow County to receive and receipt for the pension allowed and that he

remit the same to me at Barlowville by his check or registered mail.

Witness my hand this 25<sup>th</sup> day of July, 1907

Executed in presence of

G.W. Armstrong Ordinary,  
Barlow County.

N. F. Armstrong, S.  
more

SEAL

# QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Barlow County.

Mrs. N. F. Armstrong of said State and County, desiring to  
avail herself of the pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly,  
passed December 19, 1900; hereby submits her proofs, and after being duly sworn true answers to make to the  
following questions, deposes and answers as follows:

1. What is your name and where do you reside? N. F. Armstrong, Barlowville, Ga.
2. How long and since when have you been a resident of this State? I have lived in this State since I was three years old.
3. When and where were you born? 1867, in Barlowville, Ga.
4. When and where was your husband born—state his full name, and when were you and he married? When and where was your husband born—state his full name, and when were you and he married? (Attach copy marriage license in every case.) My husband's name is James H. Armstrong, married in January 1887.
5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States? He enlisted in the 1st Reg. Georgia Inf. Co. in 1862.
6. How long did your husband serve in said Company and Regiment? Two years.
7. When and where did your husband's Company and Regiment surrender and was discharged? I don't know personally.
8. Was your husband present at the time and place when his Company and Regiment surrendered? He was not.
9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority. He was of command in the 1st Reg. Georgia Inf. Co. in 1862. He was discharged in 1864. He was a private. He had served in the 1st Reg. Georgia Inf. Co. in 1862.
10. When and where did your husband die? In 1864, in Barlowville, Ga.
11. Which of the following grounds do you base your application for pension, viz.: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty? Age and Poverty.
12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are blind and when and when you lost your sight. I have not been able to earn a living in two years.
13. What has been your occupation since your husband's death? Nothing.
14. How much can you earn gross, by your own exertion or labor? Nothing.
15. What property, real or personal, or income do you have or possess, and its gross value? None.
16. What property, real or personal, did you possess at death of husband or he left you, and of the years 1868, 1900, 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift have you made of the same? My husband left me none. It is all gone.
17. In what counties did you reside in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what property did you return for taxation? In Barlow County, Ga. in 1901, 1902, 1903, 1904, 1905, 1906 and 1907.
18. How have you been supported since death of husband, and especially in 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By means left by my husband till 1905.
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? I had no support.
20. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907—how much did you receive for each year? I had no support.
21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property? I have no family.
22. Have you ever made application for pension before? No.
23. How many applications have you made for a pension, and under what claim? No.

Sworn to and subscribed before me, this

25 day of July, 1907

G.W. Armstrong Ordinary,  
of Barlow County.

N. F. Armstrong  
more

WIDOW'S  
INDIGENT PENSION.

Name N. F. Armstrong  
County Barlow  
Widow of James H. Armstrong

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

9/18/07

No. C. 12498

**WIDOW'S  
INDIGENT PENSION.**

Name N. F. Armstrong  
County Barlow  
Widow of James F. Armstrong  
Approved \_\_\_\_\_

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO \_\_\_\_\_

9/18/07

**QUESTIONS FOR WITNESSES.**

STATE OF GEORGIA,

Barlow County.

I, J. S. A. A. A. A. of said State and County, having been present as a witness in support of the application of Mrs. N. F. Armstrong for a Pension under the Act of 1900, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside?  
I live near Adamsville, Ga. Since 1906.
2. Are you acquainted with the applicant, Mrs. N. F. Armstrong?
3. How long have you known her?  
Ever since I was a child.
4. Where does she reside, and how long since when has she been a resident of this State?  
Near Adamsville, Ga. Since 1906.
5. When and where was she born?  
1833, in S. C.
6. Were you ever acquainted with her husband?
7. Where did she reside in 1861?  
In Adamsville, Ga.
8. When and to whom was he married?  
My son, John, 1853.
9. When and where was he born?  
My son was older than I am.
10. How long have you known him?  
Since 1853.
11. When and where did \_\_\_\_\_ enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this?

12. Were you a member of the same Company and Regiment?
  13. How long did he perform regular military duty?
  14. When and where was his Company and Regiment surrendered and discharged from service?
  15. Were you with the Command when it surrendered?
  16. Was \_\_\_\_\_ the husband of applicant present?
  17. If not present, where was he?
  18. When and where did he leave his Command?
- For what cause?  
By whose authority he left?  
How do you know all this? (State fully and clearly.)

19. When and where did \_\_\_\_\_ die?  
1881, Barlow Co. Ga.
20. Where did he reside at his death, and how long had he been a resident of Georgia at his death?  
In Adamsville, Ga. Since 1880.
21. Do you of your own knowledge know that applicant is the lawful widow of \_\_\_\_\_?  
Yes.
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge?  
She has no property or income from any source.
23. What property, effects or income did applicant possess in 1901, 1902, 1903, 1904, 1905, 1906, and 1907, and what disposition did she make of it?  
She had some notes for \$100, but she paid them over to my son, John, in 1907.
24. Has she received any money or given any away, if so, what was it, and to whom?  
She has not received any money or given any away.
25. What is applicant's physical condition and her chances and ability to earn a support?  
She is very weak, feeble, old and infirm. Not able to earn any amount.

12. Upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and when you lost your sight?  
I have not been able to earn a living since 1906.
  13. What has been your occupation since your husband's death?  
Nothing.
  14. How much can you earn gross, by your own exertion or labor?  
Nothing.
  15. What property, real or personal, or income do you have for support, and its gross value?  
None.
  16. What property, real or personal, did you possess at death of husband or he left you, and of the years 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift have you made of the same?  
Husband left me none.
  17. In what counties did you reside in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what property did you return for taxation?  
In Barlow County, Ga. Since 1906.
  18. How have you been supported since death of husband, and especially for 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906 and 1907?  
By means left by my husband until 1906.
  19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income?  
I paid less than a year.
  20. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907—how much did you receive for each year?  
Had no employment. I have spent and lost all my husband left me.
  21. Have you a family, if so, who depend on such family? Give their means of support. Have they any lands or other property?  
Have no family. I live with my brother.
  22. Have you ever made application for pension before?
  23. How many applications have you made for a pension, and under what class?  
No.
- Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1907, \_\_\_\_\_ Ordinary, \_\_\_\_\_ County.

26. Is applicant able to earn a support at labor of any sort, if not, why?  
She is old and infirm, very weak.
  27. How was she supported for 1903, 1904, 1905, 1906, and 1907?  
By means left by her husband.
  28. How much did applicant contribute to her support for last two years?
  29. Give a full and complete statement of applicant's physical condition?  
She is physically very old and decrepit to earn anything for any way.
  30. What interest have you in the recovery of this pension by the applicant?  
None.
- Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1907, \_\_\_\_\_ Ordinary, \_\_\_\_\_ County.

**AFFIDAVITS OF PHYSICIANS.**

STATE OF GEORGIA,

Barlow County.

Personally before me comes \_\_\_\_\_ and \_\_\_\_\_ both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. N. F. Armstrong applicant for a Pension under act of 1900, and after such personal examination say that her physical condition is this: She is aged and infirm and totally unable to earn a support.

and we have no interest in said pension if allowed.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1907, \_\_\_\_\_ Ordinary, \_\_\_\_\_ County.

**ORDINARY'S CERTIFICATE.**

STATE OF GEORGIA,

Barlow County.

I, \_\_\_\_\_ Ordinary, in and for said County, hereby certify that the applicant, Mrs. N. F. Armstrong resides in said County, and has been a bona fide resident of this State since the \_\_\_\_\_ day of \_\_\_\_\_ 1906, and that the witnesses, Mr. J. S. A. A. A. and \_\_\_\_\_ are of trustworthy character, and that their statements are entitled to full faith and credit. I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavit was read to the applicant and witnesses before the same was signed and subscribed. I further certify that the tax digest of \_\_\_\_\_ County shows that applicant returned for taxation in her own name in 1899 \_\_\_\_\_ dollars worth of property, and in 1900 \_\_\_\_\_ dollars worth of property, in 1901 \_\_\_\_\_ dollars worth of property, in 1902 \_\_\_\_\_ dollars worth of property, in 1903 \_\_\_\_\_ dollars worth of property, and in 1904 \_\_\_\_\_ dollars worth of property. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ 1907, \_\_\_\_\_ Ordinary, \_\_\_\_\_ County.

NOTE.—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and that you will be true to the whole truth, so help you God."  
2. Additional affidavits may be attached, if blank spaces are insufficient.  
3. All affidavits must be made before Ordinary.  
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. These married since the 6th of April, 1865, not entitled.  
5. Witnesses and two Physicians are necessary to make out claims.  
6. Attach certified copy of marriage license in every case, or show why it cannot be obtained.