

Subscribed to and subscribed before me, this 18 day of Sept. 1903. 1903.
J. R. Colborn & M. R. W. Nudrick
may well know of said man
wage as above stated but
was not present. Ordinary Bartow County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me
COUNTY OF Bartow } F. R. Colborn
and A. J. Colborn, both of whom are known to me to be reputable
physicians, who say on oath that they personally know Mrs. Susan Atwood
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it pre-
vents her earning a support) Is old and infirm. Suffer
from Rheumatism and is
physically unable to earn a sup-
port. F. R. Colborn

Sworn to and subscribed before me, this 18 day of Sept. 1903.

Ordinary of Bartow County.

NOTES.

The Pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The
marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried since the
death of such husband. Date of marriage is essential and must be submitted.
Proofs by one witness and two physicians will be accepted when it is shown that the same cannot be furnished,
but in all cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case
covering the above points.
Affidavits must be made in presence of the Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY OF Bartow }
I, Susan Atwood, hereby authorize
J. R. Colborn of Bartow to receive and receipt for the pension paid hereon, and request that he remit same to
me at Bartow.
In Witness Whereof, I have hereunto set my hand and seal, this 18 day of Sept. 1904.

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY OF Bartow }
I, Susan Atwood, hereby authorize
J. R. Colborn of Bartow to receive and receipt for the pension paid hereon, and request that he remit same to
me at Bartow.
In Witness Whereof, I have hereunto set my hand and seal, this 18 day of Jan. 1905.

Executed in presence of

1904.

No. 903

INDIGENT
WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. Susan Atwood

County,

Bartow

Widow of

M. Atwood

Co. E. 6th Cal. Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO

1904.

5

279

Ord. W. Harrison, State Printer, Albany.

1905.

No. 466

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. Susan Atwood

County,

Bartow

Widow of

M. Atwood

Co. E. 6th Cal. Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO

1905.

FEB 7

9

Ord. W. Harrison, State Printer, Albany.

Atwood, Susan
Bartow County,
Enrolled Jan 1914
TO THOSE HERETOFORE PAID.
1904.
No. 903
**INDIGENT
WIDOW'S PENSION**
FOR YEAR ENDING DECEMBER 31, 1904.
PAID TO
Mrs Susan Atwood
Bartow County
Widow of M. Atwood
Co. E. 6th Ca. Regiment
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
2/19 1904
AND HANDLED TO
Cray
Geo. W. Harrison, State Printer, Albany

Atwood, Susan
Bartow Co.
To Those Heretofore Paid.
1905.
No. 966
**INDIGENT
WIDOW'S PENSION,**
For year ending Dec. 31, 1905.
PAID TO
Mrs Susan Atwood
OF
Bartow County,
Widow of M. Atwood
Co. E. 6th Ca. Regiment.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
FEB 7 1905
AND HANDLED TO
Cray
Geo. W. Harrison, State Printer, Albany

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow COUNTY.
I, Susan Atwood, hereby authorize
G. W. Harrison of Bartowville
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Bartowville Ga.
In Witness Whereof, I have hereunto set my hand and seal, this 19th day of Feb. 1904.
Susan Atwood [L. S.]
Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow COUNTY.
I, Susan Atwood, hereby authorize
G. W. Harrison of Bartowville Ga.
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Bartowville Ga.
In Witness Whereof, I have hereunto set my hand and seal, this 19th day of Jan. 1905.
Susan Atwood [L. S.]
Executed in presence of
S. S. Atwood

Atwood, Susan
Bartow County,
Enrolled Jan 1914
TO THOSE HERETOFORE PAID.
1904.
No. 903
**INDIGENT
WIDOW'S PENSION**
FOR YEAR ENDING DECEMBER 31, 1904.
PAID TO
Mrs Susan Atwood
Bartow County
Widow of M. Atwood
Co. E. 6th Ca. Regiment
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
2/19 1904
AND HANDLED TO
Cray
Geo. W. Harrison, State Printer, Albany

Atwood, Susan
Bartow Co.
To Those Heretofore Paid.
1905.
No. 966
**INDIGENT
WIDOW'S PENSION,**
For year ending Dec. 31, 1905.
PAID TO
Mrs Susan Atwood
OF
Bartow County,
Widow of M. Atwood
Co. E. 6th Ca. Regiment.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
FEB 7 1905
AND HANDLED TO
Cray
Geo. W. Harrison, State Printer, Albany

Atwood Susan
Barlow Co.
To Those Heretofore
1904.
No. 903
INDIGENT
WIDOW'S PENSION
FOR YEAR ENDING DECEMBER
PAID TO
Mrs Susan Atwood
Barlow
Widow of
M. Atwood
Co. E. 6th Ca. R
JOHN W. LINDSEY,
Commissioner of Pen
WARRANT ISSUED
279
AND HANDED TO
C. E. R
Geo. W. Harrison, State Printer, Albany

Atwood Susan
Barlow Co.
To Those Heretofore Paid
1905.
No. 466
INDIGENT
WIDOW'S PENSION
For year ending Dec. 31, 190
PAID TO
Mrs Susan Atwood
Barlow Co.
Widow of M. Atwood
Co. E. 6th Ca. R
JOHN W. LINDSEY,
Commissioner of Pen
WARRANT ISSUED
FEB 7
AND HANDED TO
C. E. R
The Atlanta Printing and Publishing Co., Atlanta,
Geo. W. Harrison, Manager, and State Printer.

Form No. 2.
FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of Barlow } Mrs Susan Atwood
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 1869. That she is the Widow of
M. Atwood who was a soldier in Company
E of the 6th Ca. Regiment of Cavalry
Volunteers, that he enlisted in said regiment on or about the month of April
1861, and served in the Army up to May 1865. That he died
on the 11 day of July 1863.

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 1849.

I have been allowed an Indigent pension as a resident of Barlow
County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the
year ending December 31, 1904.

I sworn to and subscribed before me,
this 5 day of Feb, 1904. Susan Atwood
G. W. Hendricks Ordinary. Post Office Adelphi Ga

State of Georgia, }
Barlow County, } I, G. W. Hendricks
Ordinary of said County, certify that I am well
acquainted with Mrs. Susan Atwood, 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 5 day of Feb, 1904.



Ordinary of Barlow County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

Form No. 2.
FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of Barlow } Susan Atwood
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 Dec 1849. That she is the Widow of
M. Atwood who was a soldier in Company
E of the 6th Regiment of S. C.
Volunteers, that he enlisted in said regiment on or about the month of Jan
1861, and served in the Army up to April or May 1865. That he died on
the 11 day of February, 1903.

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 1849.

I have been allowed an Indigent pension as a resident of Barlow
County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the
year ending December 31, 1905.

Sworn to and subscribed before me,
this 25 day of Jan, 1905. Susan Atwood
G. W. Hendricks Ordinary. Post Office Adelphi Ga

State of Georgia, }
Barlow County, } I, G. W. Hendricks
Ordinary of said County, certify that I am well
acquainted with Mrs. Susan Atwood, 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 25 day of Jan, 1905.



Ordinary of Barlow County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905.

I have been allowed an Indigent pension as a resident of Barlow
County, under Act 1900, for the year 1904 and now apply for the pension provided by law for the
year ending December 31, 1904.

Sworn to and subscribed before me,
this 5 day of Feb, 1904.
G. W. Hendricks Ordinary.

Susan Atwood
Post Office Barlow Ga

State of Georgia,
Barlow County, I, G. W. Hendricks
Ordinary of said County, certify that I am well
acquainted with Mrs. Susan Atwood, 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 5 day of Feb, 1904.
G. W. Hendricks
Ordinary of Barlow County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

I have been allowed an Indigent pension as a resident of Barlow
County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the
year ending December 31, 1905.

Sworn to and subscribed before me,
this 25 day of Jan, 1905.
G. W. Hendricks Ordinary.

Susan Atwood
Post Office Barlow Ga

State of Georgia,
Barlow County, I, G. W. Hendricks
Ordinary of said County, certify that I am well
acquainted with Mrs. Susan Atwood, 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 25 day of Jan, 1905.
G. W. Hendricks
Ordinary of Barlow County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow COUNTY, }
I, Susan Atwood hereby authorize
G. W. Hendricks of Barlow Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Barlow Ga
In Witness Whereof, I have hereunto set my hand and seal, this 16
day of Jan, 1906.

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow COUNTY, }
I, Susan Atwood hereby authorize
G. W. Hendricks of Barlow Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Barlow Ga
In Witness Whereof, I have hereunto set my hand and seal, this 15
day of Jan, 1907.

Executed in presence of

To Those Heretofore Paid.
1906.
No. 607
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1906.
PAID TO
Mrs Susan Atwood
of Barlow County,
Widow of M. Atwood
Co. E. 4th Regt. Regiment.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
JAN 29 1906,
AND HANDED TO

To Those Heretofore Paid.
1907.
No. 1103
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1907.
PAID TO
Mrs Susan Atwood
of Barlow County,
Widow of M. Atwood
Co. E. 4th Regt. Regiment.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
FEB 4 1907,
AND HANDED TO

Alwood Susan
Barlow County
To Those Heretofore Paid.
1906.
No. 607
INDIGENT
WIDOW'S PENSION
For year ending Dec. 31, 1906.
PAID TO
Mrs. Susan Alwood
OF
Barlow County
Widow of Mr. Alwood
Co. E. 34th Regt.
JOHN W. LINDSEY,
Commissioner of Pensions
WARRANT ISSUED
JAN 29 1907
AND HANDLED TO

Alwood Susan
Barlow County
To Those Heretofore Paid.
1907.
No. 1103
INDIGENT
WIDOW'S PENSION
For year ending Dec. 31, 1907.
PAID TO
Mrs. Susan Alwood
OF
Barlow County
Widow of Mr. Alwood
Co. E. 64th Regt.
JOHN W. LINDSEY,
Commissioner of Pensions
WARRANT ISSUED
FEB 4 1907
AND HANDLED TO

Form No. 2

FOR INDIGENT WIDOWS HERETOFRE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Barlow

PERSONALLY COMES MRS.

Susan Alwood

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 1869 That she is the Widow of Mr. Alwood who was a soldier in Company E of the 64 Regiment of S.C. Carl Volunteers, that he enlisted in said regiment on or about the month of June 1861, and served in the Army up to April 94 1865 That he died on the 11 day of Feb 1867

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 1844

I have been allowed an Indigent pension as a resident of Barlow County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me this 16 day of Jan 1906.
G.W. Newdricks, Ordinary.

Susan Alwood
Post Office Barlowville Ga

State of Georgia,

Barlow County.

I, G.W. Newdricks

Ordinary of said County, certify that I am well acquainted with Mrs. Susan Alwood, 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 1844

Given under my official signature and seal, this the 16 day of Jan 1906.

Official Seal

G.W. Newdricks
Ordinary of Barlow County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1906.

Form No. 2

FOR INDIGENT WIDOWS HERETOFRE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Barlow

PERSONALLY COMES MRS.

Susan Alwood

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 1869 That she is the Widow of Nelmauth Alwood who was a soldier in Company E of the 64 Regiment of S.C. Carl Volunteers, that he enlisted in said regiment on or about the month of April 1861, and served in the Army up to Spring 1865 That he died on the 11 day of Feb 1867

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 1844

I have been allowed an Indigent pension as a resident of Barlow County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 15 day of Jan 1907.
G.W. Newdricks, Ordinary.

Susan Alwood
Post Office Barlowville

State of Georgia,

Barlow County.

I, G.W. Newdricks

Ordinary of said County, certify that I am well acquainted with Mrs. Susan Alwood, 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 1844

Given under my official signature and seal, this the 15 day of Jan 1907.

Official Seal

G.W. Newdricks
Ordinary of Barlow County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.

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 1844

I have been allowed an Indigent pension as a resident of Barlow County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me this 16 day of Jan 1906.
G. W. Hendricks, Ordinary.

Susan A. Howard
Post Office Barlowville, Ga

State of Georgia,

Barlow County.

I, G. W. Hendricks, Ordinary of said County, certify that I am well acquainted with Mrs. Susan A. Howard, 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 1844

Given under my official signature and seal, this the 16th day of Jan 1906.

{ Official
Seal }

G. W. Hendricks
Ordinary of Barlow County.

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1906.

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 1844

I have been allowed an Indigent pension as a resident of Barlow County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 15 day of Jan 1907.
G. W. Hendricks, Ordinary.

Susan A. Howard
Post Office Barlowville

State of Georgia,

Barlow County.

I, G. W. Hendricks, Ordinary of said County, certify that I am well acquainted with Mrs. Susan A. Howard, 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 1844

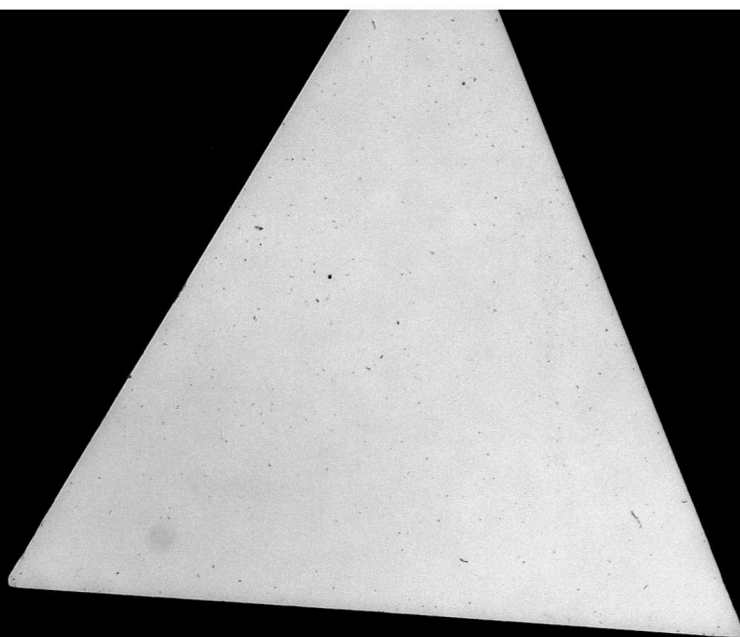
Given under my official signature and seal, this the 15th day of Jan 1907.

{ Official
Seal }

G. W. Hendricks
Ordinary of Barlow County.

NOTE.—All blanks must be filled.

Vouchers and Affidavits must bear date after January 1st, 1907.



Apex, John C.
808
Barton Co.

APPLICATION FOR

\$95.00 Leg

FOR CONFEDERATE SOLDIER.

Applicant *John C. Apex*

County *Barton*

High *Leg below knee*

Amount *95.00*

Date of Warrant *Jan 20 1864*

Page

BAD COPY - LIGHT PRINT

STATE OF GEORGIA.

Bartow County.

Personally appeared before me L. C. Agcock of the county of Bartow, State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a Volunteer in Company A, 1st Regiment, State Volunteers that while engaged in such military service, to-wit: at the battle or engagement of The Battle of Peach Creek in the State of Georgia on the 7th day of October, 1864, he was wounded in the left arm and that the same was amputated below the elbow and that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has not supplied himself with an artificial limb; or that, not having done so, he prefers to supply himself with an artificial limb.

Sworn to and subscribed before me this 3rd day of January, 1880.

L. C. Agcock

NOTE.—The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA.

Fulton County County.

Personally came before me John A. Kuller of the county of Fulton, State of Georgia, who, being duly sworn, deposes and says that he was captain in Company "B", 1st Regiment, State Volunteers and that L. C. Agcock the above deponent, was present in said Company, and that this deponent knows that said L. C. Agcock lost a leg in the military service as said in the above affidavit.

Sworn to and subscribed before me this 3rd day of January, 1880. John A. Kuller Capt. Co. "B" 1st Regt. S. V.

NOTE.—If the affidavit of the commissioned officer is not furnished, the following affidavit of three responsible citizens, must be furnished.

APPLICATION FOR

No. 808 Bartow Co.

For COMPENSATORY SERVICE.

Applicant L. C. Agcock

County Bartow

Amount \$40.00

Date of Warrant Jan 20 1880

Page.....

Page
 Date of Return, January 20 1880
 Amount 40
 County Barrow
 Applicant John C. Bryant
 For CONFEDERATE SERVICE
 APPLICATION FOR
\$40.00
 No. 808 Barrow Co.
Deposited 244442
Accepted 1/20/80

NOTE.—The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

Fuller County County.

Personally came before me, John A. Fuller of the county of Fuller, State of Georgia, who, being duly sworn, deposes and says that he was Captain in Company "A" 1st Regt. and that John C. Bryant, the above deponent, was Private in said Company, and that this deponent knows that said John C. Bryant lost a leg in the military service as said in the above affidavit.

Sworn to and subscribed before me this 19th day of January, 1880.
John A. Fuller Capt. Co. A. 1st Regt.
 Notary.—If the affidavit of the commissioned officer is not signed, the following affidavit of three responsible citizens, must be furnished.

AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877:

SECTION 1. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such needful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy-five dollars; for an arm extending above the elbow, sixty dollars; for an arm not extending above the elbow, forty dollars: Provided the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

SEC. II. Be it further enacted by the said authority, That such application shall contain proof of such applicants being entitled to the benefits of this act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not; if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

SEC. III. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this act oftener than once in five years.

SEC. IV. Be it further enacted by the authority aforesaid, That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HENRY R. GORTCHIPS,
 Secretary House Representatives.
 WM. A. LARSEN,
 Secretary Senate.
 Approved, September 6th, 1879.

A. O. BACON,
 Speaker House Representatives.
 RUFUS E. LAWREN,
 President Senate.
 ALFRED H. COLQUHITT, Governor.

STATE OF GEORGIA,

Barrow County County.

Personally came before me, John A. Fuller of the county of Barrow, State of Georgia, who, being duly sworn, depose and say they are acquainted with John C. Bryant and know that he lost a leg in the military service during the late war; that said John C. Bryant was amputated below the knee; that he is a bona fide citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

Sworn to and subscribed before me this 19th day of January, 1880.
John A. Fuller Capt. Co. A. 1st Regt.
John C. Bryant Private.

STATE OF GEORGIA,

Barrow County County.

I, John A. Fuller, Ordinary of Barrow County, do certify that I am well acquainted with John C. Bryant the applicant for a leg, and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with John C. Bryant the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts stated by them are true.

Given under my hand and official seal, this 19th day of January, 1880.

John A. Fuller
 Ordinary
Barrow

A. O. BAUDON,
Speaker House Representatives.
RUFUS E. LESTER,
President Senate.
ALFRED. H. COLQUITT, *Governor.*

Sworn to and subscribed before me this...^{the}
 The...¹⁰...day of...^{Jan}...188¹
 I Gushp P.

STATE OF GEORGIA,]

Barton County,

I, J. A. Brown and Ordinary of Putnam
county, do certify, that I am well acquainted with John C. Hayward
the applicant for a License and am well satisfied that the facts stated by him in the foregoing
affidavit are true, and that I am well acquainted with Wm. R. Hines
the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts
stated by them are true.

Given under my hand and official seal, this 9th
day of January, 1880

J. A. Howard
Ordinary
Parts

Approved 4/27/97
Richard Johnson
Bailey, J. A. Com. P. B.
ACT 24th October 1897.

3295
Bartow

**INVALID
SOLDIER'S PENSION
1897.**

Name J. A. Bailey
County Bartow
Disability Wound in back and
Amount, \$ 50.00
4/27 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

J. M. Tully, Jr.
J. M. TULLY, JR.
2/26/97

POWER OF ATTORNEY.

STATE OF GEORGIA.

Bartow COUNTY.

J. A. Bailey hereby authorizes Geo. H. Smith
of Bartow to receive and receipt for the pension allowed and

request that he remit same to me at Waco, Fla.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th
day of July 1897.

Executed in the presence of

J. A. Bailey
J. A. Bailey

J. A. Bailey [L.S.]

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

J. M. Tennyson

W. HARRISON, STATE PRINTER, ATLANTA.

2/26/97

NEX.

receipt for the pension allowed and

and seal, this 15th day of

[L. S.]

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA,

Barlow COUNTY.

J. A. Bailey hereby authorize *G. W. Hendrick*
of *Adamsville Ga* to receive and receipt for the pension allowed 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 *15th*
day of *July* 1897.

Executed in the presence of

L. B. Burroughs
J. B. Nick

[L. S.]

For Use of Applicants Who have Not Heretofore Drawn.

Form No. 1.

STATE OF GEORGIA,

Barlow COUNTY.

PERSONALLY appears *J. A. Bailey* of *Barlow*
County, State of Georgia, who being duly sworn, says on oath that he was born on the *19th*
day of *April* 18*43*, that he is a bona fide citizen and resident of Georgia, and
has been continuously since the *19th* day of *April* 18*46*,
that he enlisted in the military service of the Confederate States (or the State of
) during the war between the States, and served as a
in Company *F* of *8th* *Regt*
of *Ga.* Volunteers *1st* Brigade; that whilst engaged in
such military service, and in line of duty in the State of *Georgia*, on the
day of *Aug* 18*64*, he was disabled or wounded as follows:
Gun shot wound entering left side
of his throat, or neck, passed through his wind pipe
and out of the right side, and entered the
right shoulder and passed entirely
through his shoulder. Said wound seriously
affecting his throat, so that he can not
stand exposure to either heat or cold, and
almost destroying the use of his right
arm. At times he cannot talk above a
whisper in account of said wound. Said throat
of times swells and causes him to spit up
blood. On account of said wound he can
not perform manual labor, he being rendered
totally incompetent from the effects of said wound.
Dependent 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, there-
under, ending October 26th, 1897.

Sworn to and subscribed before me, this the

15th day of *July* 1897.

G. W. Hendrick

Post Office, *Adamsville Ga*

Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of
the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.
NOTE.—Do not trouble to mention wounds which did not disable.
NOTE.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

INVALID
SOLDIER'S PENSION
1897.

Name *J. A. Bailey*

County *Barlow*

Disability *Wound as described*

Amount, \$ *30.25*

4/27 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

J. M. Tennyson

W. HARRISON, STATE PRINTER, ATLANTA.

2/26/97

Approved 4/27/1897
Bailey, J. B. Clerk
ACT 24th October 1887.

INVALID
SOLDIER'S PENSION
1887.

Name J. B. Bailey
County Bartow
Disability Wound in neck and
right shoulder
Amount \$30.00 monthly
4/27 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

J. M. Tennyson
2/26/97

The Instructions as set out in
affidavit of J. B. Bailey, so that he can not
stand exposure to either heat or cold, and
almost destroying the use of his right
arm. At times he cannot talk above a
whisper in account of said wound. And throat
of throat sorely and causes him to spit up
blood. On account of said wound he can
not perform manual labor, he being rendered
totally incompetent from the effects of said wound.
Dependent 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 there-
under, ending October 26th, 1897.
Sworn to and subscribed before me, this the
13th day of July, 1897. J. B. Bailey
G. W. Hendricks Post Office, Adamsville Ga
Ordinary.
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of
the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.
NOTE.—Do not trouble to mention wounds which did not disable.
NOTE.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

Affidavit For Three Witnesses.

STATE OF GEORGIA,
Bartow COUNTY.

Personally appears before me, the undersigned, Ordinary in and for said County, John
W. Gray and S. M. Pearson, personally known to me to be trustworthy citizens,
and each of whom, being duly sworn according to law, severally say, under oath, that they are personally well
acquainted with J. B. Bailey
whose application is herewith presented for a pension, that he has resided in this State continuously since
the 19th day of April, 1886, that he served in Company
A of the 8th Bat. Gists Brigade, and from our
personal knowledge he was injured by the service as follows: (Give full statement, and tell in your own
language when and how the injury happened, and how badly applicant is disabled from work. If he does any
labor, or can do any, state what.) Col. J. B. Gray says that in
Atlanta Ga Aug 5th 1864, the said Bailey
was shot through the neck and also through
his right shoulder, which proved very severely of his
health of said Bailey, so much so that he cannot
even expose to heat or cold. He was never able
to do service after he was wounded. He is unable to
perform manual labor now on account of said
wound.

J. B. Dick and S. M. Pearson (being
sworn, separately from J. W. Gray
say in oath that the above statements
and the following are true, to their
personal knowledge

We personally know above stated facts. We were with him in the army and have known him ever
since. He was honorably discharged or retired from the service on the 5th day of
May, 1864. Applicant is permanently disabled as stated and has been so
to our certain knowledge ever since 1864. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this
13th day of July, 1897. J. W. Gray
G. W. Hendricks J. B. Dick
Ordinary. S. M. Pearson
mark

NOTE 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally
qualified to do so.
NOTE 2.—Witnesses are asked to make their statements full and explicit.
NOTE 3.—All blank spaces must be filled when signed.
NOTE 4.—Three witnesses are required.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,
Bartow COUNTY.

Personally comes before me, G. W. Hendricks Ordinary of said County,
J. W. Gray and J. B. Dick, both known to
me as reputable physicians of said county, who being severally sworn, say on oath, that they have carefully
examined J. B. Bailey and after such personal examination, say
that the present condition of applicant is as follows:
Chronic Bronchitis & Laryngitis
resulting from loss of voice, being unable
to talk above a whisper, right arm
disabled, contused, swelling in
region of right shoulder, unable to do
and that the condition is permanent.

We further say that said condition arises from the following facts:
Wound from gunshot wound passing
through the neck, wind pipe and right
shoulder joint.

We have treated applicant professionally for 35 years, and his condition, as above
stated, does not arise from hereditary or congenital causes, or from vicious or
intemperate habits.

Sworn to and subscribed before me, this, the 13th day of July, 1897. James H. Bradley M.D.
G. W. Hendricks John H. King
Ordinary.

NOTE 1.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability
resulting therefrom.
NOTE 2.—If claim is for disability resulting from disease, state how the disease is known to result from the service as a
soldier. Also state how long physicians have known and treated applicant.
NOTE 3.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,
Bartow COUNTY.

I, G. W. Hendricks Ordinary of said County,
do certify that I am well acquainted with J. B. Bailey, the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and he is disabled, as 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:
J. W. Gray, J. B. Dick, and S. M. Pearson
are persons of respectability, that their statements are worthy of full credit and belief and that the full text
of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this 13th day of July, 1897.
G. W. Hendricks Bartow County
Ordinary.

(Sworn, separately from M. May)
Say in oath that the above statements
and the following are true to their
personal knowledge

We personally know above stated facts. We were with him in the army and have known him ever since. He was honorably discharged or retired from the service on the 5th day of May 1860. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1864. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 15th day of Feb 1897.
G.W. Hendrick
S. M. Pearson
Mark

NOTE 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
 2. Witnesses are asked to make their statements full and explicit.
 3. All blank spaces must be filled when signed.
 4. Three witnesses are required.

NOTE 1.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.
 NOTE 2.—If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier. Also state how long physicians have known and treated applicant.
 NOTE 3.—Physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,
Barlow COUNTY.
 I, G.W. Hendrick, Ordinary of said County,
 do certify that I am well acquainted with J. A. Bailey, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as 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: M. May, J. B. Vick, and S. M. Pearson are persons of respectability, that their statements are worthy of full credit and belief and that the full text of the affidavit was read to and understood by them before they signed the same.
 Given under my official signature and seal this 15th day of Feb, 1897.
G.W. Hendrick
 Ordinary, Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.
 I, J. A. Bailey, hereby authorize G.W. Hendrick 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 January, 1898.

Executed in presence of

B. H. Bibb
W. P. King

J. A. Bailey [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.
 I, J. A. Bailey, hereby authorize G.W. Hendrick 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 9 day of January, 1898.

Executed in presence of

A. Walker

J. A. Bailey [L. S.]

ATTEST: J. A. OCT. 1897.
 (For Those Already Enrolled.)

No. 2889

INVALID

SOLDIER'S PENSION.

1898.

Name J. A. Bailey
 County Barlow
 Disability Barlowville Ga
 Amount, \$ 30.00

1898.

21.5

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDLED TO

5 474

W. H. HARRISON, STATE PRINTER, ATLANTA.

No date

(For Those Already Enrolled.)

No. 2219

INVALID

SOLDIER'S PENSION.

1899.

Name J. A. Bailey
 County Barlow
 Disability Barlowville Ga
 Amount, \$ 30.00

1899.

21.6

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDLED TO

4 474

W. H. HARRISON, STATE PRINTER, ATLANTA.

No date

Railley, J. A.
Barlow
 ACT OF 24 OCT. 1887
 (For Those Already Enrolled)
 No. 2389
 INVALID
 SOLDIER'S PENSION
 1898.
 Name *J. A. Bailey*
 County *Barlow*
 Disability *Shooting*
 Amount, \$ 50.00
2/18
 RICHARD JOHNSON
 Commissioner of Pensions
 WARRANT HANDLED TO
WMA
 No date

Railley, J. A.
Barlow
 ACT OF 24 OCT. 1887
 (For Those Already Enrolled)
 No. 2389
 INVALID
 SOLDIER'S PENSION
 1898.
 Name *J. A. Bailey*
 County *Barlow*
 Disability *Shooting*
 Amount, \$ 50.00
2/18
 RICHARD JOHNSON,
 Commissioner of Pensions
 WARRANT HANDLED TO
WMA
 No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barlow County.

Personally appears *J. A. Bailey* 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 19 day of *April* 1840; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *private* in Company *H*, of *8th* *Regt* of *Ga* Volunteers, *1st* *Brigade*; that whilst engaged in such military service in the State of *Ga*, on the *5* day of *Aug* 1864, he was wounded, injured or diseased as follows:

Shot through the throat and shoulder, in the City of Atlanta, Aug 5, 1864, which wound renders him unable to do manual labor for a living. And almost total loss of his right arm

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, 1898. I have heretofore under said law as a resident of *Barlow* county been allowed an invalid pension of *fifty* Dollars, for the year 1897.

Sworn to and subscribed before me, this, *18th* day of *Jan* 1898. *J. A. Bailey*
G. W. Hendricks Ordinary

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. A. Bailey* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *12th* day of *January* 1898.

G. W. Hendricks
 Ordinary *Barlow* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barlow County.

Personally appears *J. A. Bailey* 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 19 day of *April* 1840; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *private* in Company *H*, of *8th* *Regt* of *Ga* Volunteers, *1st* *Brigade*; that whilst engaged in such military service in the State of *Ga*, on the *5* day of *Aug* 1864, he was wounded, injured or diseased as follows:

Shot through the throat and shoulder, in the City of Atlanta, Aug 5, 1864, which wound renders him unable to do manual labor for a living. And almost total loss of his right arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of *Barlow* County been allowed an invalid pension of *fifty* Dollars, for the year 1897.

Sworn to and subscribed before me, this, *18th* day of *Jan* 1898. *J. A. Bailey*
G. W. Hendricks Ordinary

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. A. Bailey* 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 *9th* day of *January* 1898.

G. W. Hendricks
 Ordinary *Barlow* County.



Sworn to and subscribed before me, this, the 12th day of January, 1898, J. A. Bailey
day of January, 1898. POST OFFICE Adairsville
G. W. Hendricks
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,

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

Given under my official signature and seal, this 12th day of January, 1898.

G. W. Hendricks
Ordinary Barlow County.



Sworn to and subscribed before me, this, the 9th day of January, 1899, J. A. Bailey
day of January, 1899. POST OFFICE Adairsville
G. W. Hendricks
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,

Barlow County.
I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with J. A. Bailey 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 9th day of January, 1899.

G. W. Hendricks
Ordinary Barlow County.



POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.
I, J. A. Bailey hereby authorize G. W. Hendricks of Adairsville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Adairsville Ga.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9 day of January, 1900.
J. A. Bailey [L. S.]

Executed in presence of
J. A. Bailey

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.
I, J. A. Bailey hereby authorize George W. Hendricks of Adairsville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Adairsville Ga.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12th day of January, 1901.
J. A. Bailey [L. S.]

Executed in presence of
J. A. Bailey

Barlow Co.
Bailey, J. A.
CODE SECTION 120.
(For These Already Enrolled.)
No. 371
INVALID
SOLDIER'S PENSION.
1900.
Name J. A. Bailey
County Barlow
Disability Wound on neck and shoulder
Amount, \$ 50.00
Warrant issued Feb. 19 1900.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Hendricks
Geo. W. Hendricks, Adairsville, Alabama.
No data

Barlow Co.
Bailey, J. A.
CODE SECTION 120.
(For These Already Enrolled.)
No. 1170
DISABLED
SOLDIER'S PENSION.
1901.
Name J. A. Bailey
County Barlow
Disability that is well
Amount, \$ 50.00
Warrant issued Feb. 19 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Hendricks
Geo. W. Hendricks, Adairsville, Alabama.
No data

Buttaw Co.,
Bailey, J. A.
CODE SECTION 120.
(For These Already Enrolled.)
No. 371
INVALID
SOLDIER'S PENSION
1900.
Name J. A. Bailey
County Barton
Disability Wounded in neck
Shoulder \$50.00
Amount \$
Warrant issued Feb 19
JOHN W. LINDSEY,
Commissioner of Pensions
WARRANT HANDED TO
Hendricks
Geo. W. Harrison, State Printer, Atlanta.
No date

Buttaw Co.,
Bailey, J. A.
CODE SECTION 120.
(For These Already Enrolled.)
No. 1170
DISABLED
SOLDIER'S PENSION
1901.
Name J. A. Bailey
County Barton
Disability Shot in neck &c
Amount \$50.00
Warrant issued
JOHN W. LINDSEY,
Commissioner of Pensions
WARRANT HANDED TO
Hendricks
Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barton County.

Personally appears J. A. Bailey of Barton County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State and County, and has resided therein continuously ever since the 19 day of April 1862; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company H, of 8th Regiment of Ga Volunteers, Gust's Brigade; that whilst engaged in such military service in the State of Ga, on the 5 day of Aug 1864, he was wounded, injured or diseased as follows: Gunshot wound through his throat and through his right shoulder impairing his health and ability to perform the usual vocations of life

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Barton County been allowed an invalid pension of fifty Dollars, for the year 1899. Sworn to and subscribed before me, this, 9 day of January 1900. J. A. Bailey
G. W. Hendricks Ordinary

STATE OF GEORGIA,
Barton County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with J. A. Bailey 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 9 day of January 1900.
G. W. Hendricks
Ordinary Barton County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barton County.

Personally appears J. A. Bailey of Barton 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 19 day of April 1862; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company H, of 8th Regiment of Ga Volunteers, Gust's Brigade; that whilst engaged in such military service in the State of Ga, on the 5 day of Aug 1864, he was wounded, injured or diseased as follows: Gunshot through the throat and shoulder disabling him from performing manual labor, he not time to expose himself to the cold or hot weather

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Barton County been allowed an invalid pension of fifty Dollars, for the year 1900. Sworn to and subscribed before me, this, 9 day of January 1901. J. A. Bailey
G. W. Hendricks Ordinary

STATE OF GEORGIA,
Barton County.

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

Given under my official signature and seal, this 12th day of January 1901.
G. W. Hendricks
Ordinary Barton County.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Bartow County been allowed an invalid pension of fifty Dollars, for the year 1899.
Sworn to and subscribed before me, this, the 9th day of January, 1900. POST OFFICE Guthrie's Pharmacy

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,

Bartow County.

I, Guthrie's Pharmacy Ordinary of said County, do certify that I am well acquainted with J. A. Bailey 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 9

day of January, 1900.

Guthrie's Pharmacy
Ordinary Bartow County.



Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Bartow County been allowed an invalid pension of fifty Dollars, for the year 1900.

Sworn to and subscribed before me, this the 9th day of January, 1901. Postoffice Guthrie's Pharmacy

Note.—State fully the nature of the 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, Guthrie's Pharmacy Ordinary of said County, do certify that I am well acquainted with J. A. Bailey the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 12th

day of January, 1901.

Guthrie's Pharmacy
Ordinary Bartow County.



NAME Bailey, J.A. YEAR 1897 COUNTY Bartow
WHEN AND WHERE BORN? April 19th, 1848.
ENLISTED WHEN AND WHERE?
RANK. Private
COMPANY AND REGIMENT? Co. F, 8th. Battalion Ga. Vols.
Gist's Brigade.
NAME OF CAPTAIN AND COLONEL? Col. J.B. Gray.
PLACE AND DATE OF WOUND? Atlanta
Georgia August 5th, 1864 shot entering left side of throat or neck, passed through windpipe and out at right side entering right shoulder
CAPTURED, WHEN AND WHERE?
RELEASED.
WHEN AND WHERE SURRENDERED?
IF NOT BRISING AT SURRENDER, WHERE WERE YOU?
DIED, WHEN AND WHERE?
BURIED.
WITNESSES. J.B. Vick, S.M. Pearson. No data.
Served in the army with applicant.



COURT OF ORDINARY.

BARTOW COUNTY.

G. W. HENDRICKS, Ordinary.

Cartersville, Ga., 2/25, 1897

And
I enclose a pension application of J. A. Bailey under Act of 1886 (Good) pension. This is a splendid fellow and what he says and does is in good con-
fidence.
This is a worthy case in my opinion
Certain
Guthrie's Pharmacy

COMPANY AND REGIMENT?

Co. F, 8th. Battalion Co. Vols.
Cist's Brigade.

NAME OF CAPTAIN AND COLONEL?

Col. J. N. Gray.

Atlanta
Georgia August 5th. 1864 shot entering left side of throat or
back, passed through windpipe and out at right side entering right shoulder

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOW PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

J. B. Vick, S. M. Pearson. No date.

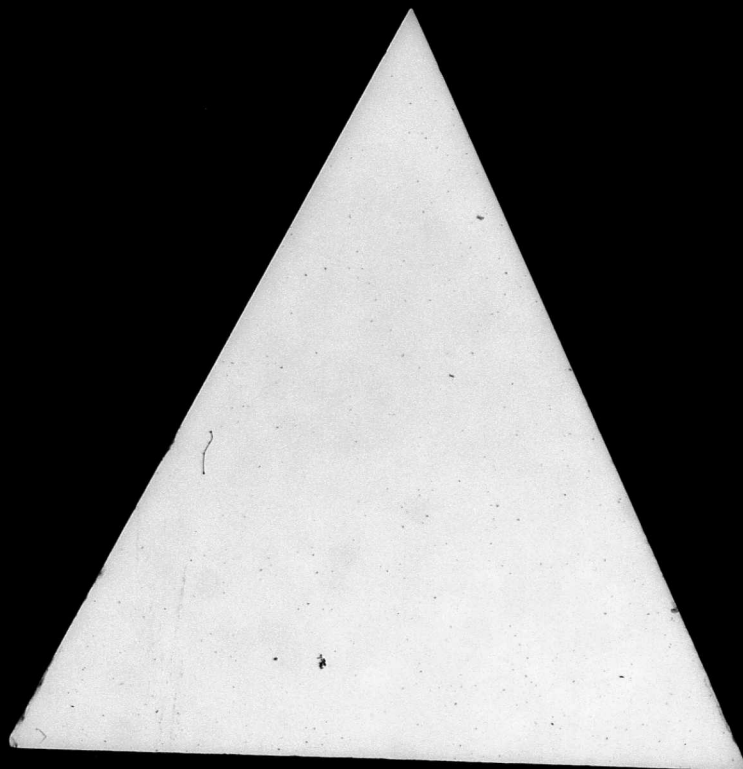
WITNESSES. Served in the army with applicant.

G. W. HENDRICKS, Ordinary.

Cartersville, Ga.,

189

And I enclose a pension application
of J. A. Bailey under Act of 1886 I would
pension. He is a splendid fellow and
what he says and does is in good con-
sistence -
This is a worthy case in my opinion
Certain
Yours truly
G. W. Hendricks



BAD COPY - LIGHT PRINT

Barley, J. F.
Barlow County
Ok for 1907
INDIGENT PENSION
1903.
1907
Name *J. F. Barley*
County *Barlow*
Co. *3rd 93rd Co* Regt
Approved _____ 1903
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO

Ordinary will write Name of Applicant, Company
and Regiment on back as indicated above.
Geo. W. Harrison, State Printer, Alabama.
9/15/06
9/10/06

Dear Sir
 I have the honor to acknowledge the receipt of your letter of the 11th inst. in relation to the above named subject. I am sorry to hear that you are not satisfied with the result of the investigation. I am, however, confident that the same will be found to be correct. I am, Sir, very respectfully,
 Yours,
 J. M. Smith

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow }
Barlow } COUNTY
Barlow }

I, Barlow, do hereby authorize
Barlow to receive and receipt for the pension allowed and request that he remit same to
Barlow at Barlow

Witness my hand and seal this 10th day of July 1904

Executed in the presence of
Barlow
Barlow

[L. S.]

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company
and Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta.

9/15/06 9/20/06

looked over by
a result map to
J. F. Bailey
1904
[L.S.]

TORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow COUNTY,
I, J. F. Bailey

hereby authorize
Geo. W. Harrison of Barlowville Ga.

to receive and receipt for the pension allowed and request that he remit same to
me

Witness my hand and seal, this 6 day of Aug 1904. [L.S.]
J. F. Bailey

Executed in the presence of
Geo. W. Cobb
m. p. j. p.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Barlow COUNTY,
I, J. F. Bailey

of said State and County, desiring
to avail myself of the Pension Act (Section 1254, Code), hereby submit his profile, 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? Barlowville Ga.

2. How long and since when have you been a resident of this State? I have lived

in Ga. 62 years continuously

3. When and where were you born? 1841 in Barlowville Ga.

4. When and where and in what company and regiment did you enlist or serve? 1861

in 62nd Regt. Co. H. 1st Div. 2nd

5. How long did you remain in that company and regiment? for about two years

until I was discharged from the service

6. When and where was your company and regiment surrendered and discharged? April 26th

1865, near Vicksburg MS.

7. Were you present with your company and regiment when it was surrendered? NO

8. If not present, state specifically and clearly where you were, when you left your command, for what cause
and by whose authority? I was at home having been dis-

charged.

9. How much can you earn (gross) per annum by your own exertions or labor? \$33

10. What has been your occupation since 1865? farmer

11. Upon 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"? Infirmary & poverty

12. If upon the first ground, state how long you have been in such condition that you could not 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 first had difficulty

and Chills, my bowels were affected, which

was discharged from the army, I felt

worse as I get older

13. What property, real and personal, or income do you possess, and its gross value? I have a Cov-

ington 32, possession of two mules, and a cow

14. What property, real or personal, did you possess in 1864, 1865, 1866, 1867, 1868, 1869, 1900, 1901 and

1902, and what disposition, if any, by sale or gift, have you made of same? I have, during this

condition of five years, up to this year I had two boys

in with the first they are both of age, work for me

15. In what County did you reside during those years, and what property did you then return for taxation?

Barlow

16. How were you supported during the years 1868, 1869, 1900, 1901 and 1902? Primarily by

my two boys, have no help now.

17. How much did your support cost for each of those years, and what portion did you contribute thereto by

your own labor or income? Don't know

18. What was your employment during 1868, 1869, 1900, 1901 and 1902? What pay did you receive in each year?

Don't know

19. Have you a family? If so, who compose such family? Give their means of support? Have any a

homestead, or other property? I have a wife

have no homestead or other property

children of age working for me

20. Are you receiving any pension? If so, what amount and for what disability?

NO

21. Have you ever made an application for pension before?

22. How many applications have you ever made and under what claim?

Sworn to and subscribed before me this 6

day of Aug 1904. J. F. Bailey

Geo. W. Harrison Ordinary, Barlow County.

Every question must be answered.

INDIGENT PENSION

1903-1904

Nancy J. Bailey

County Barlow

Co. 23rd Regt

Approved

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company
and Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta.

9/15/06 9/20/06

INDIGENT PENSION

1903

Sam'l J. Bailey
County Barlow
Co. 93 La. Regt
Approved 1903

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.

W. W. Harrison, State Printer, Atlanta.

9/15/04 9/20/04

EVERY QUESTION

13. What property, real and personal, or income, do you possess, and its gross value? I have a Corvair 35. Possession of her made unpaid for work 2304.
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? I have been in this condition for five years. Up to this year I had two boys to work. Now they are both of age. Work is for them.
15. In what County did you reside during those years, and what property did you then return for taxation? Barlow. The boys named Lyle and Mule.
16. How were you supported during the years 1898, 1899, 1900, 1901 and 1902? I was supported by my two boys. Have no help now.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I don't know.
18. What was your employment during 1898, 1899, 1900, 1901 and 1902? What pay did you receive in each year? I helped to manage for the boys and
19. Have you a family? If so, who compose such family? Give their means of support? Have any a husband, or other property? Their ages and how employed? I have a wife. Have no husband or other property. Children of age working for themselves.
20. Are you receiving any pension? If so, what amount and for what disability?
21. Have you ever made an application for pension before?
22. How many applications have you ever made and under what class?
Sworn to and subscribed before me this the 6 day of Aug 1904 J. H. Bailey
G. W. Hendricks Ordinary, mom
of Barlow County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Gordon County, of said State and County, having been presented

as a witness in support of the application of J. H. Bailey for pension under section 1254, Code, and after being duly sworn, he answers to the following questions, and answers as follows:

1. What is your name and where do you reside? Richard A. Moss, Gordon Co. Ga.

2. Are you acquainted with J. H. Bailey the applicant; if so, how long have you known him? Since 1861.

3. Where does he reside, and how long and since when has he been a resident of this State? Barlow Co. - 1861 - never been here all his life.

4. When, where and in what company and regiment did he enlist, and how do you know? 1861 - Pickens County Co. 1st Regt. 4th La.

5. Were you a member of the same company and regiment? We were.

6. How long did he perform regular military duty? About 2 years.

7. When and where was his command surrendered? 1865 in North Carolina.

8. Were you present when it surrendered? No.

9. Was applicant present? No. In Pickens Co.

10. If he was not present, where was he? 1865. For what cause? Disability.

When did he leave his command? 1865. How do you know all of this? By what authority he left? Honorable Discharge. We were both present.

11. What property, effects or income has the applicant? (Give your means of knowledge.) None.

12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? None.

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? Has been to convey.

14. What is the applicant's occupation and physical condition? Farmer - Not able to perform manual labor.

15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes.

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? His boys helped him to a great extent.

17. What portion of his support for these four years was derived from his own labor or income? Very little.

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is physically disabled that suffered for years with rheumatism.

19. Who compose family? What property have they? Children's age and their earning capacity? His wife. No property.

20. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this the 18 day of Aug 1904. R. A. Moss, W. W. Harrison, Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Barlow County.

Personally came before me J. H. C. Griffin and J. R. C. Griffin, both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully

James H. Bailey, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Enlarged Glands. Has suffered for years with rheumatism. Is not physically able to earn support for self and family. Wives unable to work and orphaned grand children.

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 6 day of August 1904. J. H. C. Griffin, J. R. C. Griffin, Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Barlow County.

I, G. W. Hendricks, Ordinary, in and for said County, hereby certify

that the applicant J. H. Bailey resides in said County, and has been a bona fide resident of this State since the day of 189

and that the witnesses, viz: J. H. C. Griffin, J. R. C. Griffin, D. C. Griffin, and W. M. C. Griffin

are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digest of Barlow County show that applicant returned for taxation in his name in 1899 \$220.00

property, and in 1900 \$225.00 Dollars of property, in 1901 \$225.00 Dollars of property, in 1902 \$225.00 Dollars of property.

In my opinion the foregoing claim is made in good faith.

Witness my hand and seal of office, this 25 day of August 1904. G. W. Hendricks, Ordinary.

of Barlow County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall 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. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
Had none to convey

14. What is the applicant's occupation and physical condition?
Harbin - Not able to perform manual labor

15. Is the applicant unable to support himself by labor of any sort, if so, why?
Yes

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
His boys helped him to a great extent

17. What portion of his support for these four years was derived from his own labor or income?
Very little

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
He is physically disabled that suffered for years with Rheumatism

19. Who compose family? What property have they? Children's age and their earning capacity?
His wife - No property

20. What interest have you in the recovery of a pension by this applicant?
None

Sworn to and subscribed before me, this the *18* day of *Aug*, 190*6*
H. W. Harbin Ordinary. *W. F. Moss* Witness. *W. F. West*

that the applicant is a bona fide resident of this State since the day of *189*
 and that the witnesses, viz: *W. F. Moss, J. H. Bolham, J. L. Duck and W. M. Duck*
 are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digest of *Barlow* County show that applicant returned for taxation in his name in 1899 *\$220.00* Dollars of property, and in 1900 *\$225.00* Dollars of property, in 1901 *\$210.00* Dollars of property, in 1902 *\$225.00* Dollars of property.

In my opinion the foregoing claim is *not* made in good faith.

Witness my hand and seal of office, this *25* day of *August*, 190*6*
G. W. Henderson Ordinary,
 of *Barlow* County.

NOTE.
 1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall 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. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow COUNTY.
 I, *J. F. Bailey*, hereby authorize
G. W. Henderson of *Barlow* Co.
 to receive and receipt for the pension allowed, and request that he remit same to
me at *Barlow* Co.
 by *OK*
 WITNESS my hand and seal, this *25* day of *Jan*, 1907.
J. F. Bailey [L. S.]
 Executed in presence of *Moss*

Barlow Co.
Barlow County

Class Release 1264.
 (FOR THOSE ALREADY ENROLLED)
 No. *3879*

INDIGENT
 SOLDIER'S PENSION
 1907.

Name *J. F. Bailey*
 County *Barlow*
 Co. *A* Regiment *23rd*

WARRANT ISSUED
 FEB 4 1907.
 JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO
[Signature]

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

no data

Barley J. Bailey
Barton County

Class Service 1894.
 (FOR THOSE ALREADY ENROLLED)
 No. *3779*

INDIGENT
 SOLDIER'S PENSION
 1907.

Name *J. F. Bailey*
 County *Barton*
 Co. *A* Regiment *23rd*

WARRANT ISSUED
 FEB 4 1907.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

ONE W. H. HARRIS, HARTFORD, CONNECTICUT.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Barton County.

Personally appears *J. F. Bailey* of *Barton* County, State of Georgia, who, being duly sworn, says: 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 *1st* day of *1841*; that he is *65* years old and by occupation a *farmer*, 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 for the term of *3 yrs* in Company *D*, of *23rd* Regiment of *Georgia* *Inf*; that his physical condition is as follows: *He is worn out and disabled from the effects of epilepsy*

that his property consists of the following items:

of the value of */* Dollars. I am now earning by my labor, */* Dollars per month. 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 1907. I have heretofore, as a resident of *Barton* County, been allowed a pension for the year *1906* - *1907*

Sworn to and subscribed before me, this the *8th* day of *Jan* 1907. *J. F. Bailey*
G. W. Lindrick Ordinary. *Mark*

State of Georgia,

Barton County.

I, *G. W. Lindrick* Ordinary of said County, do certify that I am well acquainted with *J. F. Bailey* 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 *8th* day of *Jan* 1907.
G. W. Lindrick
 Ordinary *Barton* County.



Note.—The blank spaces must be filled.
 Note.—A Affidavit should not be attested before January 1st, 1907.

County, been allowed a pension for the year 1906-1907
 Sworn to and subscribed before me, this the 8th day of Jan- 1907. } J. F. Bailey
 G. W. Hendricks Ordinary. - MARK

State of Georgia,

Bartow County.

I, G. W. Hendricks Ordinary of said County,

do certify that I am well acquainted with J. F. Bailey 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 8th day of Jan 1907.

G. W. Hendricks Ordinary Bartow County.

Note.—The blank spaces must be filled.
 Note.—Affidavit should not be attested before January 1st, 1907.

Georgia. Bartow County.

An person came before me, J. F. Bailey of said County, and wished to amend his former application, and pursuant thereto on oath says that he is not able to work and make a support or support of his physically weakened condition; that he has no property of any kind or income from which to derive a support. That his son, who is 24 years of age, and who makes his living by working rented land; that both himself and wife are dependent upon said son for a support. Sworn to and subscribed before me, Aug. 20th 1906 } J. F. Bailey
 G. W. Hendricks Ordinary

Georgia Bartow County. An person appeared before me R. W. Landers of said county and on oath says that he is personally acquainted with J. F. Bailey, and has been for a long time; that J. F. Bailey does not own any property or has any income from which he can derive a support and is dependent upon, and supported by his son, which son is about 24 years of age and who has no homestead but farms on rented land. Sworn to and subscribed before me, Aug. 24th 1906 } R. W. Landers
 G. W. Hendricks Ordinary

Georgia Bartow County. I personally came before me T. L. Duck and W. M. Duck of said County, and being sworn say they have known Mr. J. F. Bailey for twenty five years, have lived close to him and have personally known his condition to wit:

- 1st He has no property in his own right. He has control of two mules, but has not paid for them.
- 2nd He has not had any property in several years and hence has not disposed of any.
- 3rd He has not had any property in his own right within the last eight years.
- 4th He is a farmer by occupation. His physical condition is not good.
- 5th He is unable to support himself at any sort of occupation, because of his advanced age and weak and feeble condition incident thereto.
- 6th He has been supported for the last five years by and from the labor of his boys.
- 7th He has been worth about one fourth of his support in directing and advising and what little labor he has been able to do.
- 8th He is old, feeble and has no means from which to derive support and is not able to earn a support by his own labor of any sort.
- 9th His family of present is composed

Georgia
 Person appeared before me
 Bartow County, R. W. Landers of said county
 and in oath says that he is personally acquainted
 with J. F. Bailey, and has been for a long
 time; that J. F. Bailey does not own any property
 or has any income from which he can derive
 a support and is dependent upon, and
 supported by his son, which son is about
 24 years of age and who has no household
 but farms in rented land.
 Sworn to and subscribed } R. W. Landers
 before me Aug-24th 1906 }
 J. W. Hendricks Ordinary

sort of occupation because of his advanced
 age and weak and feeble condition residing
 there.

6th He has been supported for the last five years
 by and from the labor of his boys

7th He has been worth about one fourth
 of his support in directing and advising
 and what little labor he has been able to do.

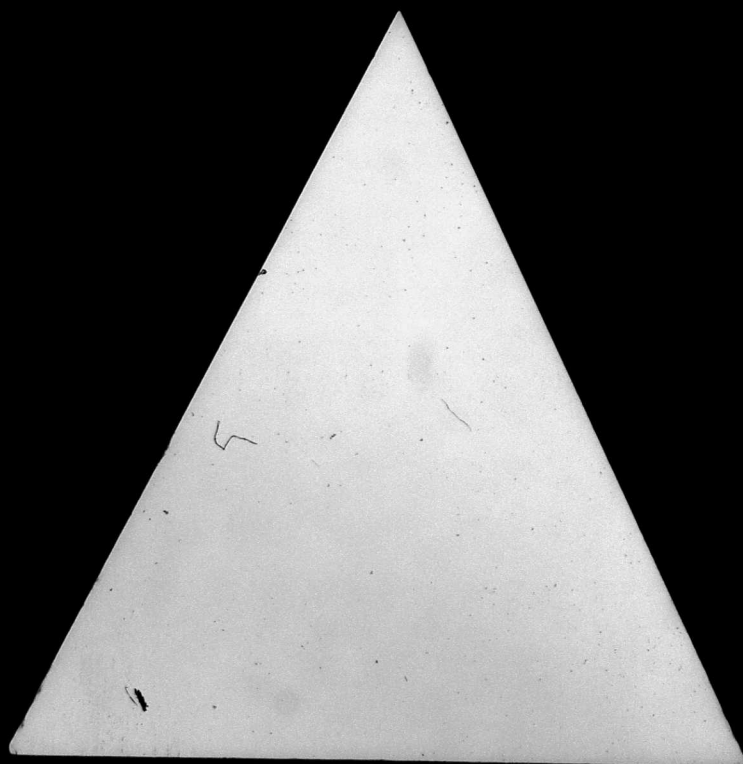
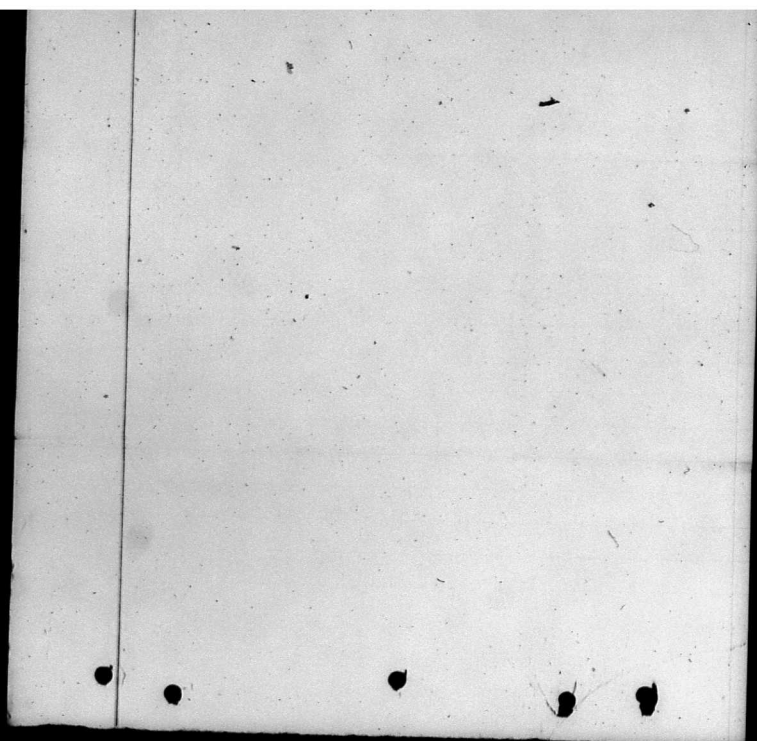
8th He is old, feeble and has no means
 from which to derive support and is
 not able to earn a support by his own
 labor of any sort

9th His family of present is composed

of himself and family wife. His boys
 are now twenty one years old and past

10th We are not interested in a recovery of a
 pension by applicant.

Sworn to and subscribed } J. J. Duck
 before me, Aug. 22nd 1906 } William Duck
 J. W. Hendricks
 Ordinary Bartow
 County Fla.



POWER OF ATTORNEY.

10

long

of Warren County.

INDIGENT PENSION,

1900.

Name James T. Bailey

County Barlow

Approved 1902 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Com. of Pensions.

6-15-1901.

100 Com. of Pensions.

Every Question

13. What property, effects or income do you possess, and its gross value?

14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same?

15. In what County did you reside during those years, and what property did you then return for taxation?

16. How were you supported during the years 1898 and 1899?

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?

18. What was your employment during 1898 and 1899? What pay did you receive in each year?

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Have a wife, daughter and son. They live for a support. Have no homestead.

20. Are you receiving any pension? If so, what amount, and for what disability?

Sworn to and subscribed before me this the

day of Feb 1900.

of Barlow County.

Ordinary,

Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Barlow COUNTY.

of said State and County, having been presented as a witness in support of the application of James T. Bailey for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

- What is your name and where do you reside? R. S. Griffin
Cartersville, Ga.
- Are you acquainted with James T. Bailey, the applicant; if so how long have you known him? Thirty six years
- Where does he reside, and how long and since when has he been a resident of this State? Kingston Barlow Co. Ga. since in the winter of 1898
- When, where and in what company and regiment did he enlist, and how do you know? Spring 1862 at Cartersville Ga. Co. 4th Regt. Ga. Cav.
- Were you a member of the same company and regiment? I was
- 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? Three years. He made a good soldier. He was discharged May 1865. Sumner
- What property, effects or income has the applicant? (Give your means of knowledge.) None. He has no property. He has no income.
- What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? None. He has no property. He has no income.
- Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? None. He has no property.
- What is the applicant's occupation and physical condition? He has no occupation. He is unable to support himself by labor of any sort, if so, why? He is suffering from rheumatism and is unable to perform any work.
- How was he supported during the years 1898 and 1899? By his son.
- What portion of his support for these two years was derived from his own labor or income? None.
- Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is suffering from rheumatism, a condition which renders him unable to perform any work. He is unable to support himself by labor of any sort, if so, why? He is suffering from rheumatism and is unable to perform any work.
- What interest have you in the recovery of a pension by this applicant? None.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Barlow COUNTY.

Personally came before me A. R. Calhoun and J. T. Bailey, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully James T. Bailey, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

James T. Bailey is suffering from rheumatism in his left shoulder and in his right hand. He is unable to perform any work. He is unable to support himself by labor of any sort, if so, why? He is suffering from rheumatism and is unable to perform any work.

Sworn to and subscribed before me this the 28th day of Feb 1900. A. R. Calhoun Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Barlow COUNTY.

I, G. W. Hendricks, Ordinary in and for said County, hereby certify that the applicant James T. Bailey resides in said County, and has been a bona fide resident of this State since the day of Feb 1899 and that the witnesses, R. S. Griffin and W. H. Griffin are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digests of Barlow County show that applicant returned for taxation in his name in 1898 \$30.00 Dollars of property, and in 1899 \$30.00 Dollars of property.

In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this 28th day of Feb 1900. G. W. Hendricks Ordinary, of Barlow County.

NOTE.

- Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
- Additional affidavits may be attached if blank spaces are insufficient.
- In every case the Ordinary must certify to the character of the witnesses, and as to the execution of the proof as above set out.

8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? *Has had nothing to my own knowledge*

9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? *Has conveyed nothing has had nothing to convey*

10. What is the applicant's occupation and physical condition? *He has no occupation when well enough stays in his own store but*

11. Is the applicant unable to support himself by labor of any sort, if so, why? *he suffers from*

12. How was he supported during the years 1898 and 1899? *By assistance of his sons who on an average all support him*

13. What portion of his support for these two years was derived from his own labor or income? *From his own labor*

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? *He suffers with sciatica a constant neuralgia which he has been treated to for him & his family several times his*

15. What interest have you in the recovery of a pension by this applicant? *None*

Sworn to and subscribed before me, this *27th* day of *Feb* 1900, *W. H. Chaffin* Witness.

W. H. Chaffin Ordinary.

STATE OF GEORGIA, *Bartow* COUNTY.

I, *G. W. Hendricks*, Ordinary in and for said County, hereby certify that the applicant, *J. F. Bailey*, resides in said County, and has been a bona fide resident of this State since the *1st* day of *Feb* 1899.

and that the witnesses, viz. *W. H. Chaffin*, *W. H. Chaffin*, *W. H. Chaffin* are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digests of *Bartow* County show that applicant returned for taxation in his name in 1898 *230* Dollars of property, and in 1899 *230* Dollars of property.

In my opinion the foregoing claim is *28* made in good faith.

Witness my hand and seal of office, this *28* day of *Feb* 1900.

G. W. Hendricks Ordinary, of *Bartow* County.

NOTE.
1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer 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. In every case the Ordinary must certify to the character of the witnesses, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA, *Bartow* County.

I, *J. F. Bailey*, hereby authorize *George W. Hendricks* of *Bartowville Ga.*

to receive and receipt for the pension allowed and request that he remit same to *me* at *Bartowville Ga.*

by *me*

Witness my hand and seal, this *27th* day of *Jan* 1903.

J. F. Bailey [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA, *Bartow* County.

I, *J. F. Bailey*, hereby authorize *George W. Hendricks* of *Bartowville Ga.*

to receive and receipt for the pension allowed and request that he remit same to *me* at *Bartowville Ga.*

by *me*

Witness my hand and seal, this *19th* day of *Jan* 1904.

J. F. Bailey [L. S.]

Executed in presence of

George W. Hendricks

(FOR THOSE ALREADY ENROLLED.)
No. *3767*
INDIGENT
SOLDIER'S PENSION
1903.
Name *J. F. Bailey*
County *Bartow*
Co. *24th Regiment 1st*
Ga. Inf. of Col.
WARRANT ISSUED
2/10 1903.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
5 0
Geo. W. Hendricks, State Printer, Atlanta.

(FOR THOSE ALREADY ENROLLED.)
No. *3287*
INDIGENT
SOLDIER'S PENSION
1904.
Name *J. F. Bailey*
County *Bartow*
Co. *24th Regiment 1st*
Ga. Inf. of Col.
WARRANT ISSUED
2/19 1904.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Chaffin
Geo. W. Hendricks, State Printer, Atlanta.

STATE OF GEORGIA
FOR APPLICANTS REBELS OR ATTORNEYS

Bailey, J. T.
 (FOR THOSE ALREADY ENROLLED)
 CODE SECTION 1364.
 No. 3767
 INDIGENT
 SOLDIER'S PENS
 1903.
 Name J. T. Bailey
 County Barlow
 Co. 24th Regiment 1st
Ca 101st Co
 WARRANT ISSUED
 3/4
 JOHN W. LINDSEY,
 Commissioner of P.
 WARRANT HANDED TO
 0
 Gen. Harrison, State Prison, Atlanta.
no data

Bailey, J. T.
 (FOR THOSE ALREADY ENROLLED)
 CODE SECTION 1364.
 No. 3287
 INDIGENT
 SOLDIER'S PENS
 1904.
 Name J. T. Bailey
 County Barlow
 Co. 24th Regiment 1st
Ca 101st Co
 WARRANT ISSUED
 2/9
 JOHN W. LINDSEY,
 Commissioner of P.
 WARRANT HANDED TO
Carly
 Gen. W. Harrison, State Prison, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow County.

Personally appears J. T. Bailey of Barlow 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 1846; that he is 65 years old and by occupation a working man, 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 for the term of 3 yrs in Company 14th of 1st Regiment of Ca 101st Co; that his physical condition is as follows: Physical condition bad, from vertigo and heart trouble and kidney disease

that his property consists of the following items:

of the value of 5 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 1903. I have heretofore as a resident of Barlow county been allowed a pension for the year 1903.

Sworn to and subscribed before me, this 21 day of Jan 1903. J. T. Bailey
Guthrie Ordinary.

STATE OF GEORGIA,

Barlow County.

I, Guthrie Ordinary of said County, do certify that I am well acquainted with J. T. Bailey 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 21st day of Jan 1903. Guthrie
 Ordinary Barlow County.

Note.—The blank spaces must be filled.
 Note.—Affidavit should not be attested before January 1st, 1903.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow County.

Personally appears J. T. Bailey of Barlow 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 1846; that he is 66 years old and by occupation a chick, 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 for the term of 3 yrs in Company 14th of 1st Regiment of Ca 101st Co; that his physical condition is as follows: He is troubled with vertigo and heart disease

that his property consists of the following items:

of the value of 5 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 1904. I have heretofore as a resident of Barlow County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this 19 day of Jan 1904. J. T. Bailey
Guthrie Ordinary.

STATE OF GEORGIA,

Barlow County.

I, Guthrie Ordinary of said County, do certify that I am well acquainted with J. T. Bailey 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 19th day of Jan 1904. Guthrie
 Ordinary Barlow County.

Note.—The blank spaces must be filled.
 Note.—Affidavit should not be attested before January 1st, 1904.

1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of Barlow county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this 15 day of Jan 1903. J. T. Bailey
G. W. Hendricks Ordinary.

STATE OF GEORGIA,

Barlow County,

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with J. T. Bailey 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 21st day of Jan 1903. G. W. Hendricks

Ordinary. Barlow County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1903.

1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of Barlow County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this 19 day of Jan 1904. J. T. Bailey
G. W. Hendricks Ordinary.

STATE OF GEORGIA,

Barlow County,

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with J. T. Bailey 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 19th day of Jan 1904. G. W. Hendricks

Ordinary. Barlow County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County,

I, J. T. Bailey hereby authorize G. W. Hendricks of Barlow County to receive and receipt for the pension allowed, and request that he remit same to me at Kingsport Ga.

WITNESS my hand and seal, this 18th day of Jan 1905.

Executed in the presence of

J. T. Bailey [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County,

I, J. T. Bailey hereby authorize G. W. Hendricks of Barlow County to receive and receipt for the pension allowed, and request that he remit same to me at Barlow Ga.

WITNESS my hand and seal, this 22nd day of Jan 1905.

Executed in the presence of

J. N. McKeel [L. S.]

Barley, J. T.
Barlow County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 3415

INDIGENT
SOLDIER'S PENSION
1905.

Name J. T. Bailey
County Barlow
Co. 1st Regiment Ga

WARRANT ISSUED
FEB 7 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.

no date

Barley, J. T.
Barlow County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 2147

INDIGENT
SOLDIER'S PENSION
1906.

Name J. T. Bailey
County Barlow
Co. 1st Regiment Ga

WARRANT ISSUED
JAN 29 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.

Barley J. J.
Barlow Cour
CODE RECTION 1254.
(FOR THOSE ALREADY ENROLLED)
No. 3710
INDIGENT
SOLDIER'S PEN
1905.
Name J. J. Barley
County Barlow
Co. 1st Regiment
WARRANT ISSUED
FEB 7
JOHN W. LINDSEY,
Commissioner of Prisons
WARRANT HANDED TO
ONE W. HARRISON, BARLOW, FOR STATE PRISON.

no bar

Barley J. J.
Barlow Cour
CODE RECTION 1254.
(FOR THOSE ALREADY ENROLLED)
No. 2197
INDIGENT
SOLDIER'S PEN
1906.
Name J. J. Barley
County Barlow
Co. 1st Regiment
WARRANT ISSUED
JAN 29
JOHN W. LINDSEY,
Commissioner of Prisons
WARRANT HANDED TO
ONE W. HARRISON, BARLOW, FOR STATE PRISON.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Barlow County.

Personally appears J. J. Barley of Barlow 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 24 day of Feb 1846; that he is 67 years old and by occupation a Clerk of Court, 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 for the term of 3 yrs in Company 1st of 10th Regiment of Cavalry; that his physical condition is as follows: He suffers from nervous debility and vertigo.

that his property consists of the following items:

of the value of \$154.00 Dollars. I am now earning by my labor, \$154.00 Dollars per month. 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 1905. I have heretofore as a resident of Barlow County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 18 day of Jan 1905, J. J. Barley
G. W. Hendricks Ordinary.

STATE OF GEORGIA,
Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with J. J. Barley 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 1905.

G. W. Hendricks
Ordinary Barlow County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1905.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Barlow County.

Personally appears J. J. Barley of Barlow 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 24 day of Dec 1846; that he is 68 years old and by occupation a Clerk of Court, 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 for the term of 3 yrs in Company 1st of 10th Regiment of Cavalry; that his physical condition is as follows: He is in good health and is able to perform the usual vocations of his life that his property consists of the following items:

of the value of \$154.00 Dollars. I am now earning by my labor, \$154.00 Dollars per month. 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 1906. I have heretofore, as a resident of Barlow County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 22nd day of Jan 1906, J. J. Barley
J. N. McKelvey Ordinary.

State of Georgia,
Barlow County.

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

Given under my official signature and seal, this 22nd day of Jan 1906.

G. W. Hendricks
Ordinary Barlow County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1906.

is entitled for the year 1905. I have heretofore as a resident of Barlow
County been allowed a pension for the year 1904.
Sworn to and subscribed before me, this the 18 day of Jan, 1905. J. J. Bailey
G. W. Hendricks Ordinary.

STATE OF GEORGIA,

Barlow County.

I, G. W. Hendricks Ordinary of said County,
do certify that I am well acquainted with J. J. Bailey
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, 1905.

G. W. Hendricks
Ordinary Barlow County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1905.

County, been allowed a pension for the year 1905.
Sworn to and subscribed before me, this the 28th day of Jan, 1906. J. J. Bailey
J. M. McKelvey Ordinary.

State of Georgia,

Barlow County.

I, G. W. Hendricks Ordinary of said County,
do certify that I am well acquainted with J. J. Bailey
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 28th
day of Jan, 1906.

G. W. Hendricks
Ordinary Barlow County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1906.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, J. J. Bailey hereby authorize
G. W. Hendricks of Barlow County, Ga.
to receive and receipt for the pension allowed, and request that he remit same to
me at Barlow County, Ga.
by CK

WITNESS my hand and seal, this 28th day of Jan, 1907.

Executed in presence of

J. M. McKelvey [L. s.]

Barlow Barlow Barlow

ONE SHEET 1264.
(FOR THOSE ALREADY ENROLLED)

No. 3767

INDIGENT
SOLDIER'S PENSION
1907.

Name J. J. Bailey
County Barlow
Co. 1st Regiment 1st
Tamworth

WARRANT ISSUED

FEB 4 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

THE W. H. HARRIS, STATE PRISON, ATLANTA.

no data

Bailey, John D.
Barton County

Cross Section 1254.
(FOR THOSE ALREADY ENROLLED)
No. 3787

INDIGENT
SOLDIER'S PENSION
1907.

Name *J. J. Bailey*
County *Barton*
Co. *1st* Regiment *1st*
Tamworth

WARRANT ISSUED
FEB 4 1907
JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

THE W. H. HARRIS, STATE PRISON, ATLANTA.

nr data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Barton County.

Personally appears *J. J. Bailey* of *Barton* 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 *24* day of *Dec* 18*46*; that he is *69* years old and by occupation a *private*, 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 years* in Company *828* of *1st* Regiment of *4th* *Vol. Cavalry*; that his physical condition, is as follows: *He is getting quite feeble and is not able to earn a support by manual labor*

that his property consists of the following items:

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. 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 1907. I have heretofore, as a resident of *Barton* County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the *23rd* day of *Jan* 1907. *J. J. Bailey*
J. M. McDaniel Ordinary.

State of Georgia,

Barton County.

I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *J. J. Bailey* 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 *26* day of *Jan* 1907.

G. W. Hendricks
Ordinary *Barton* County.



NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1907.

Correct

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 1907. I have heretofore, as a resident of Barton County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 23rd day of Jan, 1907. J. T. Bailey Ordinary.

State of Georgia,

Barton County.

I, G. W. Hendricks, Ordinary of said County,

do certify that I am well acquainted with J. T. Bailey 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 26 day of Jan, 1907.

G. W. Hendricks
Ordinary Barton County.



Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1907.

omit this

Georgia, Barton County
On sworn came before me, J. P. Hawks of said County who on oath says that he was a member of Company "H" of the 1st Regiment of Cavalry of Georgia volunteers and that he and Jason T. Bailey were messmates in the army; that the said Jason T. Bailey has no property or income for a support, and is not able to earn a support on account of his physical weakness and infirmities; that said Bailey made a good and faithful soldier; that near Smithfield North Carolina about March the 1st 1865, said Bailey, Affiant and twelve others were detailed by S. W. Daville Col. of said Regiment to take care of and maintain and protect 200 head of horses that had been captured from the enemy; that they carried the horses off in the country to a camp, at which place we were cut off by the enemy, and in trying to dodge the enemy, we left the horses or most of them, but were never able to get back to our command before it had surrendered and hearing of the surrender, we made our way back to North Georgia

Georgia Coweta County
Personally appeared before me S. G. Allen a Notary Public in and for said county Lieutenant J. M. Boon who on oath says that he was in command of Capt W. H. Twinn's Company (H) of the 1st Ga Cavalry at the close of the war in 1865 Twinn's company was on detached service to care for stock that was captured from the enemy and that the said Jason T. Bailey was with the detachment at the time of the surrender the detachment was cut off from the command and failed to get with it and after getting back we disbanded in Franklin County Ga. We learned that our command had surrendered which caused us to disband

Sworn to and subscribed to before me
this 3rd day of Jan 1907
J. M. Boon
Ordinary Coweta Co., Ga.

near Brickfield North Carolina about
March the 1st 1865. said Bailey, Offiant and
twelve others were detailed by S.W.
Davielle Col. of said Regiment to take
care of and maintain and protect
200 head of horses that had been
captured from the enemy; that they
carried the horses off in the country
to a Camps at which place we were
cut off by the enemy, and in trying
to dodge the enemy, we left the
horses or most of them, but were
never able to get back to our
Command before it had surrendered,
and hearing of the surrender, we made
our way back to North Georgia

detachment was cut off from the
Command and failed to get with
it and after getting back we disbanded
in Franklin County Ga. We learned
that our Command had surrendered
which caused us to disband

J. M. Boon
Sworn to and Subscribed to before me
May 3rd 1901

This day 3-1902. L. A. Perdue
Ordinary Coweta Co. Ga.

arriving in Bartow County on the
4th day of May 1865, and finding that
General W. J. Woodford was in command
of some Confederate soldiers at Kings
Lyn, Bartow County, Ga. we went to
him at Kingston and surrendered under
him May 12th 1865.

Sworn to and Subscribed before me
Nov- 7th 1900.

G. W. Hendricks
Ordinary Bartow
County Ga.

I Certify that J. P. Hawks is a man
of trustworthy character and worthy
of belief, and that he understood the
affidavit before he signed the same.
Given under my hand and seal this
Nov- 7th 1900.

G. W. Hendricks Ordinary
Bartow County Ga.

ORDINARY'S CERTIFICATE.

State of Georgia, Coweta County:

I, L. A. Perdue, Ordinary in
and for said County, hereby certify that

sworn by me in support of the claim of J. P. Bailey
is of trustworthy character and that their statements are entitled to
full faith and credit.

I further certify that before answering the foregoing questions, each witness took
the oath thereon prescribed, and that the full text of the affidavits was read to the wit-
nesses before same was signed.

Witness my hand and seal of office, this 3rd

day of January, 1902

L. A. Perdue

Ordinary Coweta County.

I Certify that J. P. Hawks is a man
of trustworthy character and worthy
of belief, and that he understood the
affidavit before he signed the same.
Given under my hand and seal this
11th 7th 1902.

L. W. Hendricks Ordinary
Bartow County Ga

full faith and credit.

I further certify that before answering the foregoing questions, each witness took
the oath thereon prescribed, and that the full text of the affidavits was read to the wit-
nesses before same was signed.

Witness my hand and seal of office, this 3rd

day of January 1902

L. W. Hendricks

Ordinary Coweta County.

NAME Bailey, Jason T.

YEAR 1902 COUNTY Bartow

WHEN AND WHERE BORN? November 7, 1857 - South Carolina

ENLISTED WHEN AND WHERE? May 1862 - near Cartersville, Georgia

RANK.

COMPANY AND REGIMENT? Company I, 1st Regiment Georgia Vols. Cavalry (1 yr)
then transferred to Company H, same Regiment.

NAME OF CAPTAIN AND COLONEL? Captain W. H. Tumlin - Co H, 1st Ga Cavalry
Lieutenant J. M. Boon - Co H, 1st Ga Cavalry
Colonel S. W. Devitte - 1st Regt. Ga Vols.

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Discharged May 1865 at Kingston, Georgia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. M. L. Griffin - Co I, 1st Regt. Ga Vols. Cavalry - No data.
J. P. Hawkes, Co, H, 1st Regt. Ga. Vols.

COMPANY AND REGIMENT? Company I, 1st Regiment Georgia Vols. Cavalry (1 yr)
then transferred to Company H, same Regiment.

NAME OF CAPTAIN AND COLONEL? Captain W. H. Tumlin - Co H, 1st Ga Cavalry
Lieutenant J. M. Boon - Co H, 1st Ga Cavalry
Colonel S. W. Devitte - 1st Regt. Ga Vols.

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Discharged May 1865 at Kingston, Georgia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. R. L. Griffin - Co I, 1st Regt. Ga Vols. Cavalry - No data.
J. P. Hawkes, Co, H, 1st Regt. Ga. Vols.

POWER OF ATTORNEY

STATE OF GEORGIA,

James S. Lindsey (Comptroller)

James S. Lindsey of *Barlow* County, Georgia, hereby authorizes

to receive and receipt for the pension allowed and request that he remit same by mail

at *Kingston* Ga. by *James S. Lindsey* [Seal.]

Witness my hand and seal, this *24* day of *April* 190*9*

James S. Lindsey (Seal.)

James S. Lindsey
W. S. Buffum

James S. Lindsey
Barlow County

ACT DEC. 16, 1901.

No. _____

WIDOW'S PENSION,

190*9*

Mrs. *Louisa Bailey*

County of *Barlow*

Widow of *James J. Bailey*

Warrant issued _____ 190*9*

and handed to _____

J. W. LINDSEY,

Commissioner of Pensions.

Widow of James T. Bailey
Warrant issued _____ 190____
and handed to _____
J. W. LINDSEY,
Commissioner of Pensions.
CHAS. P. BYRD, STATE PRINTER, ATLANTA.
9-30-07

LOUISA
hereby authorize
of Barlow
County, Ga.
request that he remit same to
her by check
of 100
to James T. Bailey
[Seal.]
1907

ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County of Barlow
I, Louisa Bailey, hereby authorize
G. W. Anderson of Barlow County, Ga.
to receive and receipt for the pension allowed and request that he remit same to me
at Kingston Ga. by check
Witness my hand and seal, this 24 day of Aug, 1907
[Seal.]
Executed in presence of
John J. Gachorn
R. L. Guffin

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,
County of Barlow Personally came Mrs. Louisa
Bailey who says on oath she is the
widow of James T. Bailey to whom, in the County of
Barlow State of Georgia, she was married on the
1st day of July, 1888, that she remained his wife up to the 3rd
day of Aug, 1907, at which time he died, and that she has not since married.
At the time of his death he was a resident of Barlow County, in said State of
Georgia, and was on the indigent pension roll of the State of Georgia, having
been allowed a pension of \$ 60 per annum on account of being a soldier in Company
A. R. H. Regiment, 1st Ga. Volunteers or State cavalry
What affliction have you and how does it affect you? I am afflicted
with rheumatism, am weak and frail.
Brown or paleish
What have you been doing to earn a support since 1st of January, 1900? I have
sewed a little, little light work, about my house
What property or effects had you on 1st January, 1900? None
What have you acquired since, and what income have you now? Have none at all
What disposition have you made of any property since 1st January, 1900, and at what price
and for what purpose? Had none to dispose of
Deponent further says that she is now a resident of Barlow County, and has con-
tinuously resided in the State of Georgia since the _____ day of Dec, 1887
She applies for the pension provided by Act of the General Assembly, approved Dec. 8, 1901
Sworn to and subscribed before me, this 24 day of Sept, 1907
G. W. Anderson
Ordinary of Barlow County.

NOTE—All blank spaces must be filled before signing.

WIDOW'S PENSION,

No. _____

1907

Mr. Louisa Bailey

County of Barlow

Widow of James T. Bailey

Warrant issued _____ 190____

and handed to _____

J. W. LINDSEY,

Commissioner of Pensions.

CHAS. P. BYRD, STATE PRINTER, ATLANTA.

9-30-07

Louisa Bailey
Barlow County

ACT DEC. 16, 1901.

No.

WIDOW'S PENSION

1909

Mrs. Laura Bailey

County of Bartow

Widow of James J. Bailey

Warrant issued

and handed to

J. W. LINDSEY,

Commissioner of Pension

made in room 1001, State Capitol Building,

9301

What have you acquired since, and what income have you now?

None
Have none at all

What disposition have you made of any property since 1st January, 1900, and at what price and for what purpose?

Had none to dispose of

Deponent further says that she is now a resident of Bartow County, and has continuously resided in the State of Georgia since the day of Dec. 1857

She applies for the pension provided by Act of the General Assembly, approved Dec. 16, 1901

Sworn to and subscribed before me, this 20th day of Sept. 1909

G. W. Lindrick

Ordinary of Bartow County.

NOTE—All blank spaces must be filled before signing.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,

County of Bartow

Personally came J. B. Braham and R. L. Griffin

known to me to be reputable and truthful person, who says on oath that from his own personal knowledge Mrs. Laura Bailey who made the foregoing affidavit, is the widow of James J. Bailey who died in Bartow County and State of Ga on the 3rd day of Aug. 1909, and that she has not since married; that she became his wife on the 1st day of July, 1858, and so remained up to the time of his death, and that she has resided in this State continuously since the day of Dec. 1857

With what affliction does she suffer? We know that she is very weak and infirm and unable to work for pay

What property or income had she on 1st January, 1900?

None

What has she in her possession and control now?

None

How was she supported in 1900 and 1901? By her husband and children. And on in 1902. In 1903 was aided by husband's pension and up to his death

I have no personal interest in the pension asked for J. B. Braham R. L. Griffin

Sworn to and subscribed before me, this 20th day of Sep. 1909

G. W. Lindrick
Ordinary of Bartow County, Georgia

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA,

County of Bartow

Personally came before me A. M. McQuinn and R. J. Spurr

both of whom are known to me to be reputable physicians, who say on oath that they personally know Laura Bailey

mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her earning a support)

Suffer from Rheumatism in shoulders, back & everywhere, with numb & cold limbs, unable to do any work

Sworn to and subscribed before me, this 20th day of Sep. 1909

G. W. Lindrick

Ordinary of Bartow County.

CERTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE.

STATE OF GEORGIA,

County of Bartow

I, G. W. Lindrick, Ordinary,

in and for said County of Bartow

State of Georgia, hereby certify that I am acquainted with Mrs. Laura Bailey the applicant for a pension in the case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia continuously since the day of Feb. 1857

and has not moved out of the State since that date. I also certify that the witnesses, to-wit: J. B. Braham, R. L. Griffin, B. B. Braham and Dr. McQuinn & Dr. Spurr whose testimony she presents to sustain her claims, are known to me to be truthful witnesses, entitled to full faith and credit as such, and that the full text of the affidavit was read to and understood by them before same was signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this 20th day of Sep. 1909

SEAL

G. W. Lindrick

Ordinary.

NOTES.

The Pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried since the death of such husband. Date of marriage is essential and must be submitted. Proofs by one witness and two physicians will be accepted when it is shown that the same can not be furnished, but in all cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case covering the above points. Affidavits must be made in presence of the Ordinary.

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me
COUNTY OF *Barlow* }
and *A. J. Spurr* }
physicians, who say on oath that they personally know *the Louisa Bailey*
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and
how it prevents her earning a support) *Suffered from*
Rheumatism in Stomach
Back & Cervical region
Public & Socially unable to
earn a support
A. H. O'Connell M.D.

Sworn to and subscribed before me, this *24th* day of *Sept*, 190*9*
G. W. Andrews
Ordinary of *Barlow* County.

NOTES.

The Pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried since the death of such husband. Date of marriage is essential and must be submitted.
Proofs by one witness and two physicians will be accepted when it is shown that the same can not be furnished, but in all cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case covering the above points.
Affidavits must be made in presence of the Ordinary.

Application for
Payment of Expenses of Last Illness and Funeral
(Under Act of 1919)
(To be disbursed by the Ordinary)

GEORGIA, *Barlow* County:
Before me, the Ordinary of said County, comes *J. I. Bailey*
of said County, who, after being duly sworn, on oath says
that he knew *Mrs Louisa Bailey* late of said County, a Confed-
erate pensioner, and that said person is the identical person named and described in the attached
certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of
ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted
to the sum of \$ *164 75*, as shown by sworn statements FULLY and COMPLETELY
ITEMIZED, hereto attached.

Sworn to and subscribed before me,
this the *24th* day of *October*, 190*9*.
R. M. James Ordinary.

CERTIFICATE OF THE ORDINARY

GEORGIA, *Barlow* County:
I certify that *J. I. Bailey* who subscribed
to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and
credit. I further certify that I knew *Mrs Louisa Bailey* the deceased
pensioner referred to in the foregoing affidavit and that said deceased was at the time of death
regularly enrolled as a pensioner on the records of file in my office. I further certify that said de-
ceased pensioner is the identical person named and described in the attached certified copy of burial
certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses
of last illness and burial for which claim is made.

Given under my hand and seal of office, this the *24th* day of *October*, 190*9*.
R. M. James Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of _____ who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached nearly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

State of Georgia In any Ordained minister of the
Barlow County I do hereby certify that the marriage
of *John J. Bailey* and *Louisa N. Wingo* in lawful
Bonds of matrimony agreeable to the
Constitution and Laws of this State.
Given under my hand and seal of office,
this *28th* day of *June* 180*8*.
J. W. Watts Ordinary

Georgia I do hereby certify that the marriage
of *John J. Bailey* and *Louisa N. Wingo* in lawful
Bonds of matrimony agreeable to the
Constitution and Laws of this State.
Given under my hand and seal of office,
this *1st* day of *July* 180*8*.
James M. Boyd

Recorded April 14th 1859
James M. Boyd
Ordinary

J. W. Andrews Ordinary and ex-officio
Blank of the Court of Ordinary of said
County, certify that the foregoing is a
correct copy of the marriage records
of the parties named therein as will
appear by reference to marriage record page
156.
Given under my hand and seal of office
Sept 16 1909. *G. W. Andrews* Ordinary
Barlow Co Ga

to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew Mrs. Louisa Bailey the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 24 day of October, 1933.
(Seal of Ordinary) R. M. Gaines, Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

Recorded April 14, 1859

James M. Watts
Ordinary

I, G. W. H. Andrews, Ordinary and ex-officio Clerk of the Court of Ordinary of said County, certify that the foregoing is a correct copy of the marriage record, of the parties named therein as will appear by reference to marriage Record E page 156.
Given under my hand and seal of office
Apr 26, 1909. G. W. H. Andrews Ordinary
Bartow Co. Ga

For Bartow County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

R. M. Gaines, Ordinary

For: Mrs. Louisa Bailey
(Name of Pensioner)

Date of Death: Oct 24, 1933

Amount: \$ 164.75

PAID TO ORDINARY ON THIS CLAIM:

1933 FUND FROM WHICH PAID

127 C & C

2-14-35 1930

TOTAL 164.75

Approved, and ordered paid,

Jan 14, 1934
A. L. Henson
A. L. HENSON,
Director, Veterans Service Office.

The above and foregoing account is rendered for services in the last illness of Mrs. Louisa Bailey, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me,
this 20 day of August, 1934.

J. M. Kelley, D.
Ordinary, Bartow Co. Ga.

Kingston, Ga.

Received of R. M. Gaines, Ordinary Bartow County, Georgia, Twenty Five & 25/100 (\$25.25) Dollars, to apply on services rendered last illness of Mrs. Louisa Bailey. From Pension Department.

This March 1, 1935.

Chas. L. Ellis, M. D.

Adairsville, Ga.

Received of R. M. Gaines, Ordinary of Bartow County, Georgia, Fifty Nine & 75/100 (\$59.75) Dollars, to apply on funeral expenses of Mrs. Louisa Bailey, deceased, this money from Confederate Pension Dept. of the State of Georgia.

This 1 day of March, 1934.

W. P. Whitworth

Adairsville, Ga.

Received of R. M. Gaines, Ordinary Bartow County, Georgia, Fifty Nine & 75/100 (\$59.75) Dollars, to apply on funeral expenses of Mrs. Louisa Bailey. From Pension Department.

This March 1, 1935.

W. P. WHITWORTH

BY

W. P. Whitworth

STATEMENT RENDERED FIRST OF EACH MONTH

Mrs. Louisa Bailey
Funeral
IN ACCOUNT WITH
CHAS. L. ELLIS, M. D.

LONG DISTANCE TELEPHONE

DATE	TO PROFESSIONAL SERVICES		
Jan 49	one visit	4	20
Oct 15	" "	2	20
" 16	" "	2	20
" 17	" "	2	20
" 18	" "	2	20
" 19	" "	2	20
" 20	" "	2	20
" 21	two visits	2	20
" 22	one visit	2	20
" 23	" "	2	20
		23	00
		2	25
		25	25

A. L. HENSON,
Director, Veterans Service Office.

Received of R. M. Gaines, Ordinary of Bartow County, \$75.00,
to apply on the funeral expenses of Mrs. Lulima Bailey, deceased, this
money from Confederate Pension Dept. of the State of Georgia.

This 4 day of march, 1934.

Adairsville, Ga.

W. P. Whitworth

STATEMENT RENDERED FIRST OF EACH MONTH

KINGSTON, GA. *Aug 10*

Wm Rainsie Bailey

Tinney

IN ACCOUNT WITH

CHAS. L ELLIS, M. D.

LONG DISTANCE TELEPHONE

TO PROFESSIONAL SERVICES				
<i>Aug 4</i>	<i>one visit</i>	<i>4</i>	<i>2</i>	<i>00</i>
<i>10 15</i>	" "		<i>2</i>	<i>00</i>
<i>" 18</i>	" "		<i>2</i>	<i>00</i>
<i>" 19</i>	" "		<i>2</i>	<i>00</i>
<i>11 18</i>	" "		<i>2</i>	<i>00</i>
<i>11 29</i>	" "		<i>2</i>	<i>00</i>
<i>" 30</i>	" "		<i>2</i>	<i>00</i>
<i>" 21</i>	<i>two visits</i>		<i>4</i>	<i>00</i>
<i>" 22</i>	<i>one visit</i>		<i>2</i>	<i>00</i>
<i>" 23</i>	" "		<i>2</i>	<i>00</i>
			<i>2</i>	<i>00</i>
			<i>23</i>	<i>00</i>
			<i>1</i>	<i>26</i>
			<i>23</i>	<i>26</i>

Drug acct

Adairsville, Ga

Received of R. M. Gaines, Ordinary Bartow County, Georgia.
Fifty Nine & 75/100 (\$59.75) Dollars, to apply on funeral expenses
Mrs. Louisa Bailey, from Pension Department.

This March 1, 1935.

W. P. WHITWORTH

BY

OFFICE OF
COURT OF ORDINARY
BARTOW COUNTY
R. M. GAINES, Ordinary

Cartersville, Ga., Aug. 24 1934

Non. A. L. Henson
Veterans Service Officer,
Atlanta, Ga.


Dear Mr. Henson:

I attach hereto a bill of Dr. Ellis as the attending physician in the last illness of Mrs. Louisa Bailey. The application for funeral expenses for Mrs. Louisa Bailey is in your office. Will you please attach this doctor's bill to this application, and oblige

Yours very truly,

Ordinary Barton County, Ga.

VETERAN SERVICE OFFICE
A. L. HENSON, Director

 CERTIFICATE OF DEATH GEORGIA STATE BOARD OF HEALTH Bureau of Vital Statistics		Registered No. 18
1. PLACE OF DEATH County <u>Bartow</u> Millide District (Number and Name) <u>652</u> State of Georgia City or Town <u>Kingston</u> Length of residence in this city or town: Yrs. <u>Mo.</u> <u>Do.</u> <u>NON-RESIDENT (Yes or No)</u> Street and Number (No.) _____ (Street) _____ (If death occurred in a hospital, give its name instead of street and number) _____ Ward _____		
2. FULL NAME <u>Mrs. Louise Wingo Bailey.</u> Residence (City or Town) <u>Kingston</u> (Street and Number) _____ (State) <u>Ga.</u>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> PERSONAL AND STATISTICAL PARTICULARS 3. SEX (a) COLOR or RACE <u>white</u> (b) Single, Married, Widowed, Divorced (write the word) <u>widow</u> </div> <div style="width: 48%;"> MEDICAL CERTIFICATE OF DEATH 4. DATE OF <u>Oct. 25rd. 1935.</u> <u>11 p.m.</u> <small>(Month, Day, Year) (Time)</small> </div> </div>		
5. DATE OF BIRTH (month, day, year) <u>Oct. 27. 1840</u> 6. AGE Years <u>92</u> Months <u>11</u> Days <u>27</u> If less than one day Hours _____ Minutes _____		
7. OCCUPATION (a) Trade, profession or particular kind of work done, as typewriter, Sawyer, bookkeeper, etc. _____ <u>House work</u> (b) Occupation or business to which work was done, as cotton mill, Sewing Machine, etc. _____ (c) Date deceased last worked at this occupation (month and year) _____ (d) Tense power spent in this occupation _____		
8. BIRTHPLACE (P. O. Address) <u>Spartenburg, S.C.</u>		
9. NAME <u>E. J. Wingo.</u> 10. BIRTHPLACE <u>Miss</u> (P. O. Address) _____		
11. MAIDEN NAME <u>Jane Penchu</u> 12. BIRTHPLACE _____ (P. O. Address) _____		
13. INFORMANT <u>Latton Bailey.</u> (Signed) <u>Green, S.C.</u> (Address) _____ 14. BURIAL PLACE <u>Kingston, Ga.</u> (Cemetery) _____ (Pastor) _____ (Address) <u>Kingston, Ga.</u> Date <u>10-25-35.</u>		
15. UNDERTAKER <u>W. P. Whitworth.</u> (Signed) <u>Adairville, Ga.</u> (Address) _____		
Other certificate of cause of importance: Sensitivity What test confirmed diagnosis? _____ <small>(Specify whether sensory, motor, intelligence, or diagnosis)</small> If death was due to external causes (infectious) fill in also the following: Was injury an accident, suicide, or homicide? _____ Where did injury occur? _____ <small>(Specify street or town, if outside of town, the county, state, the date)</small> Did injury occur in a home, public place or industry? _____ Manner of injury _____ Nature of injury _____ (Signed) <u>Chas. L. Ellis.</u> (Address) <u>Kingston, Ga.</u> M. D. _____ 16. FILED <u>11-5-1935.</u> (Signed) <u>J. N. McKelvey.</u>		

STATEMENT
ADAIRSVILLE, GA., Oct 31, 1933

Mrs Louisa ~~King~~ Bailey, Deceased,
Kingsston Ga

IN ACCOUNT WITH

W. P. WHITWORTH
FURNITURE, STOVES, RANGES AND FLOOR
COVERING
FUNERAL DIRECTOR AND EMBALMER
Phone No. 71

 ALL BILLS DUE WHEN PRESENTED

Oct 24	Casket	95	00
	Embalming	18	00
	Hears	10	00
	Dress	10	00
	See iron for grave	4	75
		#134	75

The Above and foregoing account is rendered for funeral expenses of Mrs Louise Bailey who died without owning sufficient property to pay this bill.

Sworn to and subscribed

this 3rd Day of Oct 1933

The Above foregoing account is
 rendered for funeral expenses of Mrs
 Elsie Bailey who died without owning
 sufficient property to pay this bill.

M. B. Woodward
 J. E. Hill, Attorney

I hereby certify that this is a true copy as
filed in my office, *A.C. Shankle* *not*
1-11-88
Commissioner of Health, Barrow County Ga.
WRITING PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item
of information should be carefully supplied. Cause of death should be stated in plain terms, so that
every property classified. Exact statement of occupation is very important. Was disease or
injury the cause? Were any conditions or occupations? Was disease
contracted in or out of place of death? Was disease

AUG 25 1934
VETERAN SERVICE OFFICE
A. L. HENSON, Director



CERTIFICATE OF DEATH
GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

Registered No. 18

1. PLACE OF DEATH
County Barrow Militia District (Number and Name) 952 State of Georgia
City or Town Kingston Length of residence in this city or town: Yrs. 1 Mos. 11 Days 11 MON-RESIDENT (Yes or No)
Street and Number (No.) _____ (Street) _____ Ward _____
2. FULL NAME Mrs. Louisa Wingo Bailey (If death occurred in a hospital, give the name instead of street and number)
Residence (City or Town) Kingston (Street and Number) _____ (State) Ga
PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female 4. COLOR or RACE white 5. Single, Married, Widowed, Divorced (Verify the word) widow
6. DATE OF BIRTH (month, day, year) Oct. 27, 1840
7. AGE Years 92 Months 11 Days 27 If less than one day Hours _____ Minutes _____
8. OCCUPATION (a) Trade, profession or particular line of work done, as splinter, Sawyer, bookkeeper, etc. House work
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. _____
(c) Date deceased last worked at this occupation (month and year) _____ (d) Total years spent at this occupation _____
9. BIRTHPLACE (P. O. Address) Spartanburg, S.C.
10. NAME E. J. Wingo
11. BIRTHPLACE (P. O. Address) Ida
12. MAIDEN NAME Jane Fenchi
13. BIRTHPLACE (P. O. Address) _____
14. INFORMANT (Signed) Lawton Bailey
(Address) Green, S.C.
(City) Kingston, Ga.
(Postoffice) Kingston, Ga. Date 10-25-33
15. UNDERTAKER (Signed) P. Whitworth
(Address) Adairsville, Ga.

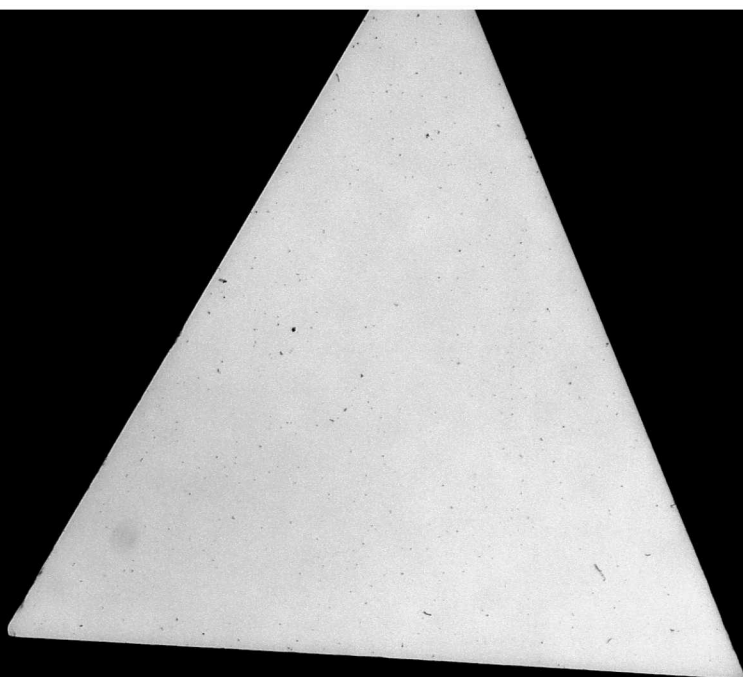
I hereby certify that this is a true copy as filed by my office. H. C. Shaw
Commissioner of Health, Barrow County Ga.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms so that it may be readily understood. Exact statement of occupation is very important. Was disease or injury caused by dangerous or unusual conditions or occupation? Where was disease contracted if not at place of death?

Hearse 10 00
Dress 10 00
See iron for going 4 75
\$134 75

The Above and foregoing account is rendered for funeral expenses of Mrs Louise Bailey who died without owning sufficient property to pay this bill.

M. B. Whitworth

Sworn to and subscribed before me, this 31 Day of Oct 1933



Bailey Mary (ms)
Oct 1912
Barstow

66	NO	66	66
66	66	66	66
66	66	66	66

Widow's Pension
UNDER ACT 1910.

County *Barstow*

Name *Mary Bailey*

Widow of *J. A. Bailey*

E. S. J. Bat

J. W. LINDSEY,
Commissioner of Pensions.

Chas. E. Ford, State Printer.

11/9-1911

ENTERED ROSTER OFFICE

Handwritten notes on left margin:
4 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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