

Barron is without any means of support, has
neither property or income, and has not had
in many years; that he is totally unable to
earn a support at any calling from the
fact of his old and feeble condition, that
he has been helped by his neighbors, and that
he carries a small mail about two miles; in
this he makes a little, very little, and he has
to be furnished conveyance to do this; that
his daughter has been furnishing him with
a pony to carry this mail; but she is now
married and left home; and that the said
W.S. Barron is left without any means
of support and is physically unable to
earn it by labor of any sort.
That Offiant has no interest in a re-
covery of a pension by Applicant.

Sworn to and Subscribed } J. P. Hawke
before me, May 3rd 1899 }
Guthrie
Ordinary }

Bartlett, A. M. (mo.)
Bartow County

See Pension Roll

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

Name *A. M. Bartlett*
 County *Bartow*
 Widow of *Bennett*
Bartlett
 Approved *47-4a* 1901.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

4/6/1901
7/23/1901
11/12/1901

Office Com. of Pensions.
 5--8--1901.
 Marriage and time when must not
 only be stated by applicant
 but clearly proven by a witness
 by record or general reputation
 Must furnish a witness that can
 swear that the statements made
 by applicant about the service
 in company and detailed duty in
 government shops are true.
 Hearsay and information will
 not answer for positive proof.

J. W. Lindsey,
 Com. Of Pensions

Pension Office
9-9-1901

Just comply with
note of 8-21-1901.
Just submit evidence
in accordance with that
ruling. The proof of
marriage is 6-5-
J. H. Quigley
Com. of Pensions
2

POWER OF ATTORNEY.

STATE OF GEORGIA.

Bartow County.
 I, *A. M. Bartlett*, hereby authorize *W. H. Lindsey*

to receive and receipt for the pension allowed and that he
 remit the same to me at *Bartow* by his check or registered mail.
 Witness my hand this *5* day of *July* 1901.

W. H. Lindsey
 Attorney.
Bartow County.

Witnessed by
W. H. Lindsey

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

4/16/1901
7/23/1901
1901

John H. Burke
Com. of Pensions
2

Widow's Pension
receipt for the pension allowed and that he
has check or registered mail.
1901

ORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County.

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

Witness my hand this *8* day of *July* 1901

Executed in presence of
W. W. Lindsey Ordinary,
Barlow County.

Amanda M. Bartlett L. S.

SEAL

Questions for Witnesses.

STATE OF GEORGIA,

Barlow County.

John H. Burke of said State and County, having
been presented as a witness in support of the Application of Mrs. *Amanda M. Bartlett*
for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the
following questions, depose and answers as follows:

1. What is your name and where do you reside? *John H. Burke -
in Barlowville Ga*
2. Are you acquainted with the applicant, Mrs. *Amanda M. Bartlett*
If so, how long have you known her? *19 years*
3. Where does she reside, and how long and since when has she been a resident of this State? *In
Barlowville Ga, ever since I have known her*
4. When and where was she born? *I do not know*
5. Were you ever acquainted with her husband? *Yes*
6. Where did he reside in 1861? *I do not know personally*
7. When and to whom was he married? *I am not referring to Amanda here*
8. When and where was he born? *I do not know*
9. How long have you known him? *19 years*
10. When and where did *A. M. Bartlett* enlist in the war between
the States, and in what Company and Regiment did he enlist and how do you know this? *I do not know*
11. Were you a member of the same Company and Regiment? *No*
12. How long did he perform regular military duty? *Do not know*

13. When and where was his Company and Regiment surrendered and discharged from service?
I do not know
14. Were you with the command when it surrendered? *No*
15. Was *A. M. Bartlett* the husband of applicant present?
I do not know
16. If not present, where was he? *I do not know*
17. When and where did he leave his Command? *I do not know*
For what cause? *I do not know any thing about*
By whose authority he left? *his own self only from*
How do you know all this? (State fully and clearly.) *he was*

18. When and where did *A. M. Bartlett* die?
June 20, 1898 - in Barlowville Ga
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
In Barlowville Ga - since I have known her
20. Do you of your own knowledge know that applicant is the lawful widow of *A. M. Bartlett*? *Yes I do*
21. Has she remained unmarried since her soldier husband's death, and is now his widow?
Yes

22. What property, effects or income has the applicant, if any, and how do you know this of your
own knowledge? *she has none whatever. I
have a new neighbor to her. I know her land*
23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she
make of it? *Had none*

24. Has applicant conveyed any property in last two years or given any away, if so what was it and to
whom? *None whatever*

25. What is applicant's physical condition and her chances and ability to earn a support? *Her
physical condition is very bad. she is weak and
fair old and unable*

WIDOW'S

Indigent Pension.

1901.

Name *A. M. Bartlett*
County *Barlow*
Widow of *Burwell
Bartlett*
Approved *47* 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

4/16/1901
7/23/1901
1901

Office Com. of Pensions.
5-8-1901.
Hearings and time when just not
only be stated by April 1st but
must be clearly proven by a witness
by record or general reputation
must be a witness that can
swear that the statements made
by applicant about the service
in company and detailed duty in
government shops are true.
Hearings and information will
not answer for positive proof.

J. W. Lindsey,
Com. of Pensions.

Quinn Office
Just comply with
note of 5-25-90.
Just submit evidence
in accordance with the
rule. The proof of
marriage is 100%
John H. Burke
Com. of Pensions
2

was it and t
les
and

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Barlow County.

I, G.W. Hendricks Ordinary in and for said county, hereby certify that the applicant, Mrs. Amanda M. Bartlett resides in said county, and has been a bona fide resident of this State since _____ day of _____ 18____, and that the witnesses, Mr. John H. Burke and Dr. F. H. Bolham are of trustworthy character, and that their statements are entitled to full faith and credit.

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

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

Witness my hand and official seal, this 13th day of April 1901.

G.W. Hendricks Ordinary,
Barlow County.

NOTES—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth: So help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 28th April, 1865, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.

not been able to earn a support in ten years
13. What has been your occupation since your husband's death? trying to sell a few articles in commission
14. How much can you earn gross, by your own exertion or labor? \$10 or 15 perhaps
15. What property, real or personal, or income do you have or possess, and its gross value? none
16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same? none whatever
17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation? Barlow
18. How have you been supported since death of husband, and especially for 1899 and 1900? by my friends
19. How much did your support cost for each of these years, and how much did you contribute by your own labor or income? I do not know. Perhaps \$10.00
20. What was your employment during 1899 and 1900—how much did you receive for each year? held a few articles, never received but very little commission. not able to get around
21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property? no
22. Have you ever made an application for pension before? no
23. How many applications have you made for a Pension, and under what claim? none

Sworn to and subscribed before me this 8th day of Feb 1901.
G.W. Hendricks Ordinary,
Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow COUNTY.

G.W. Hendricks of Barlow County, Georgia, hereby authorize to receive and receipt for the pension allowed and request that he remit same to _____ at Barlow by check

Witness my hand and seal this 3 day of Feb 1902

Executed in presence of
P. E. Vaughan A. M. Bartlett [SEAL]

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA, Personally came Mrs. A. M. Bartlett
COUNTY OF Barlow who says on oath she is the

widow of Barnes Bartlett to whom, in the County of

Muscogee State of Georgia, she was married on the

20 day of Sept 1853, that she remained his wife up to the 20th

day of June 1898, 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 "D"

47th Regiment, Ala Volunteers or State
What affliction have you and how does it effect you? Have rheumatism, and
neuralgia, and
neuritis, and

What have you been doing to earn a support since 1st January, 1900? Selling little
articles in town. my friends have helped me some

What property or effects had you on 1st January, 1900? No property of
any kind whatever

What have you acquired since, and what income have you now? Acquired no
property and have no income at present

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, and
hence disposed of none

Deponent further says that she is now a resident of Barlow County and has continuously resided in the State of Georgia since the _____ day of January 1868

She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.
Sworn to and subscribed before me this 3rd day of Feb 1902

A. M. Bartlett
G.W. Hendricks Ordinary of Barlow County.

NOTE.—All blank spaces must be filled before signing.

WIDOW'S PENSION,

190

Mrs. Amanda M. Bartlett

County of Barlow

Widow of Barnes Bartlett

Warrant issued 3/1 1902

and handed to

Newark

J. W. LINDSEY,

Commissioner of Pensions,

Wm. W. Harrison, State Printer

Bartlett, Amanda M.
Barlow Co.
1902

ACT DEC. 18, 1901.

No. 240

Bartlett, Amanda
Bartlett
19
ACT DEC. 16, 1901.
No. 940
WIDOW'S PENSION
190
Mrs. *Amanda M. Bartlett*
County of *Bartow*
Widow of *Burriel Bartlett*
Warrant issued *9/18*
and handed to *Meulick*
J. W. LINDSEY,
Commissioner of Pensions,
Geo. W. Harrison, State Printer

What property or effects had you on 1st January, 1900? *No property of any kind whatever*
What have you acquired since, and what income have you now? *Acquired no property and have no income now*
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 and have disposed of none*
Deponent further says that she is now a resident of *Bartow* County and has continuously resided in the State of Georgia since the *1st* day of *January* 18 *68*
She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.
Sworn to and subscribed before me this *3rd* day of *Feb'y* 190 *2*
H. M. Bartlett
G. W. Nudrick Ordinary of *Bartow* County.
NOTE.—All blank spaces must be filled before signing.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, Personally came *L. B. Matthews*
COUNTY OF *Bartow* *W. W. Leeston* and
John H. Burk known to me to be reputable and truthful person who says
on oath that from his own personal knowledge Mrs.
who made the foregoing affidavit is the widow of *Burriel Bartlett*
who died in *Bartow* County and State of *Georgia* on the
day of *January* 18 *68*, and that she has not since married, that she became his
wife on the *20th* day of *Sept* 18 *53*, and so remained up to the time of his death,
and that she has resided in this State continuously since the *1st* day of *Jan* 18
With what affliction does she suffer? *She has rheumatism, old and infirm*
What property or income had she on 1st January, 1900? *none whatever*
What has she in her possession and control now? *no property of any kind*
How was she supported in 1900 and 1901? *She has been supported since the death of her husband, by charity of her acquaintances and she comes a little by selling little trinkets and work*
I have no personal interest in the pension asked for
L. B. Matthews
Sworn to and subscribed before me this *3rd* day of *January*, 190 *2*
G. W. Nudrick
Ordinary *Bartow* County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, Personally came before me *F. P. Calhoun*
COUNTY OF *Bartow* *W. A. M. Bartlett*
and *F. P. Calhoun*, both of whom are known to me to be reputable
physicians, who say on oath that they personally know *Mrs. A. M. Bartlett*
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her
earning / support) *She is very old and in- given and wholly unable to earn support*
F. P. Calhoun *x*
A. J. Calhoun *x*
Sworn to and subscribed before me this *4th* day of *Feb'y* 190 *2*
G. W. Nudrick
Ordinary of *Bartow* County.

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

STATE OF GEORGIA, I, *G. W. Nudrick* Ordinary,
COUNTY OF *Bartow* in and for said County of *Bartow*
State of Georgia, hereby certify that I am acquainted with Mrs. *A. M. Bartlett*
the applicant for a pension in this 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 *1st* day of *January* 18 *68*, and has not lived out of the
State since that date. I also certify that the witnesses, to wit: *W. W. Leeston, John H. Burk*
and *L. B. Matthews*, whose testimony she
presents to sustain her claim, 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 *3rd*
day of *February* 190 *3*
G. W. Nudrick
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.
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.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me F. P. Calhoun
County of Bartow } Mrs. A. M. Bartlett
and R. P. Calhoun, both of whom are known to me to be reputable

physicians, who say on oath that they personally know Mrs. A. M. Bartlett mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her earning a support) She is very old and in- firm and wholly unable to earn a support

Sworn to and subscribed before me this 4 day of Feb, 1902

W. H. Hendricks
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.

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.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 1.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of Bartow } A. M. Bartlett
who, being sworn, says on oath, that she is a bona fide resident of said County of Bartow State of Georgia, and that she has resided in said State continuously ever since 1868 That she is the Widow of Bumell Bartlett who was a soldier in Company D of the 47 Regiment of Ala

Volunteers, that he enlisted in said regiment on or about the month of April 1861, and served in the Army up to Spring 1862. That he died on the 20 day of June, 1898.

Husband left no property of any amount.
Deponent has none wholsum

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 1853.

I have been allowed an Indigent pension as a resident of Bartow County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this 7th day of July, 1903. W. H. Hendricks, Ordinary. Post-Office Cortsville Ga

State of Georgia, } W. H. Hendricks
Bartow County. } Ordinary of said County, certify that I am well acquainted with Mrs. A. M. Bartlett 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 January, 1859.

Given under my official signature and seal, this 7th day of July, 1903.

W. H. Hendricks
Ordinary of Bartow County.

NOTE.—All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1903.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 2.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of Bartow } A. M. Bartlett
who, being sworn, says on oath that she is a bona fide resident of said County of Bartow State of Georgia, and that she has resided in said State continuously ever since All my life except 8 yrs That she is the Widow of P. Bartlett who was a soldier in Company D of the 47 Regiment of Ala

Volunteers, that he enlisted in said regiment on or about the month of April 1861, and served in the Army up to April 94 1862. That he died on the 20 day of June, 1898.

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 1853.

I have been allowed an Indigent pension as a resident of Bartow County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 19th day of Jan, 1904. W. H. Hendricks, Ordinary. Post-Office Cortsville Ga

State of Georgia, } W. H. Hendricks
Bartow County. } Ordinary of said County, certify that I am well acquainted with Mrs. A. M. Bartlett 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 Jan, 1889.

Given under my official signature and seal, this 19th day of Jan, 1904.

W. H. Hendricks
Ordinary of Bartow 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 1903, and now apply for the pension provided by law for the
year ending December 31, 1903.

Sworn to and subscribed before me,
this 7th day of Jan 1903.
G. W. Hendricks Ordinary.

A. M. Bartlett
Post-Office Cartersville Ga

State of Georgia,
Barlow County. }
I, G. W. Hendricks
Ordinary of said County, certify that I am well
acquainted with Mrs. A. M. Bartlett 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 January 1889
Given under my official signature and seal, this the 7th day of Jan 1903.

Official
Seal.

G. W. Hendricks
Ordinary of Barlow County.

NOTE.—All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1903.

I have been allowed an Indigent pension as a resident of Barlow
County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the
year ending December 31, 1904.

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

A. M. Bartlett
Post-Office Cartersville Ga

State of Georgia,
Barlow County. }
I, G. W. Hendricks
Ordinary of said County, certify that I am well
acquainted with Mrs. A. M. Bartlett 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 Jan 1889
Given under my official signature and seal, this the 19th day of Jan 1904.

Official
Seal.

G. W. Hendricks
Ordinary of Barlow County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County. }
I, A. M. Bartlett, hereby authorize
G. W. Hendricks of Cartersville Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Cartersville Ga
In Witness Whereof, I have hereunto set my hand and seal, this 7th
day of January 1903.
A. M. Bartlett [L. S.]

Executed in the presence of

W. B. Brackley

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County. }
I, A. M. Bartlett, hereby authorize
G. W. Hendricks of Cartersville Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Cartersville Ga
In Witness Whereof, I have hereunto set my hand and seal, this 7th
day of Jan 1904.
A. M. Bartlett [L. S.]

Executed in presence of

E. H. Gang

Bartlett, Amanda M.
Barlow County
To Those Herebefore Paid.

1903.
No. 1001

**INDIGENT
WIDOW'S PENSION,**
For year ending Dec. 31, 1903.
PAID TO
Mrs. A. M. Bartlett
OF
Barlow County,
Widow of Bartlett, A. M.
Co. D, 47 Regt.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FOR YEAR ENDING DECEMBER 31, 1903
AND HANDLED TO
44
0

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

Bartlett, Amanda M.
Barlow County
TO THOSE HERETOFORE PAID

1904.
No. 400

**INDIGENT
WIDOW'S PENSION**
FOR YEAR ENDING DECEMBER 31, 1904.
PAID TO
Mrs. A. M. Bartlett
County,
Widow of B. Bartlett
Co. H, 47 Regt.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
AND HANDLED TO
44
0

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

Bartlett, Amanda
Bartow County
 To Those Heretofore Paid.

1903.

No. *101*

INDIGENT WIDOW'S PENSION

For year ending Dec. 31, 1903

PAID TO *Mrs. A. M. Bartlett*

OF *Bartow* County

Widow of *Bumell Bartlett*

Co. *D* 47 Regt

JOHN W. LINDSEY,
 Commissioner of Pensions

WARRANT ISSUED

AND HANDLED TO *3/6*

AND HANDLED TO *0*

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

Bartlett, Amanda
Bartow County
 TO THOSE HERETOFORE PAID

1904.

No. *100*

INDIGENT WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904

PAID TO *Mrs. A. M. Bartlett*

County *Bartow*

Widow of *B. Bartlett*

Co. *H* 47 Regt

JOHN W. LINDSEY,
 Commissioner of Pensions

WARRANT ISSUED

AND HANDLED TO *2/1*

AND HANDLED TO *0*

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

Form No. 1.
FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
 County of *Bartow* } PERSONALLY COMES MRS. *A. M. Bartlett*
 who, being sworn, says on oath, that she is a bona fide resident of said County of *Bartow* State of Georgia, and that she has RESIDED in said State continuously ever since *1868* That she is the Widow of *Bumell Bartlett* who was a soldier in Company *D* of the *47* Regiment of *Ala* Volunteers, that he enlisted in said regiment on or about the month of *April* 1861, and served in the Army up to *April* 1865. That he died on the *20* day of *June* 1898. *His hand left no part of any amount. Deponent has none whatever.*

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 1853.

I have been allowed an Indigent pension as a resident of *Bartow* County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this *7th* day of *July* 1903. *A. M. Bartlett* Ordinary. Post-Office *Bartowville Ga*

State of Georgia,
Bartow County. } I, *G. W. Hendricks* Ordinary of said County, certify that I am well acquainted with Mrs. *A. M. Bartlett*, 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 *January* 1859.

Given under my official signature and seal, this the *7th* day of *July* 1903. *G. W. Hendricks* Ordinary of *Bartow* County.

NOTE.—All blanks must be filled.
 Vouchers and affidavits must bear date after January 1st, 1903.

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

STATE OF GEORGIA,
 County of *Bartow* } PERSONALLY COMES MRS. *A. M. Bartlett*
 who, being sworn, says on oath that she is a bona fide resident of said County of *Bartow* State of Georgia, and that she has RESIDED in said State continuously ever since *All my life except 8 yrs* That she is the Widow of *B. Bartlett* who was a soldier in Company *D* of the *47* Regiment of *Ala* Volunteers, that he enlisted in said regiment on or about the month of *April* 1861, and served in the Army up to *April 94* 1865. That he died on the *20* day of *June* 1898.

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 1853.

I have been allowed an Indigent pension as a resident of *Bartow* County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this *19th* day of *Jan* 1904. *A. M. Bartlett* Ordinary. Post-Office *Bartowville Ga*

State of Georgia,
Bartow County. } I, *G. W. Hendricks* Ordinary of said County, certify that I am well acquainted with Mrs. *A. M. Bartlett*, 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 *1889*.

Given under my official signature and seal, this the *19th* day of *Jan* 1904. *G. W. Hendricks* Ordinary of *Bartow* County.

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

the year 1853

I have been allowed an Indigent pension as a resident of Bartow County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this 7th day of July, 1903.

G. W. Hendricks, Ordinary.

A. M. Bartlett
Post-Office Bartonsville Ga

State of Georgia,

Bartow County.

G. W. Hendricks

Ordinary of said County, certify that I am well acquainted with Mrs. A. M. Bartlett, 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 January, 1889.

Given under my official signature and seal, this the 7th day of July, 1903.

G. W. Hendricks
Ordinary of Bartow County.

NOTE.—All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1903.

the year 1883

I have been allowed an Indigent pension as a resident of Bartow County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 19th day of Jan, 1904.

G. W. Hendricks, Ordinary.

A. M. Bartlett
Post-Office Bartonsville Ga

State of Georgia,

Bartow County.

G. W. Hendricks

Ordinary of said County, certify that I am well acquainted with Mrs. A. M. Bartlett, 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 Jan, 1889.

Given under my official signature and seal, this the 19th day of Jan, 1904.

G. W. Hendricks
Ordinary of Bartow County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____, hereby authorize

of

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

at

In Witness Whereof, I have hereunto set my hand and seal, this

day of _____, 1905.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, Mrs. A. M. Bartlett, hereby authorize

G. W. Hendricks of Bartonsville

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

me at Bartonsville

In Witness Whereof, I have hereunto set my hand and seal, this 21st

day of January, 1905.

A. M. Bartlett [L. S.]

Executed in presence of

To Those Heretofore Paid.

1905.

No. 967

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. A. M. Bartlett

Widow of B. Bartlett

County, Bartow

Co. D 47 Ala Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

FEB 7

1905.

AND HANDSD TO

FOR THE YEAR ENDING DEC. 31, 1905.

To Those Heretofore Paid.

1905.

No.

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. A. M. Bartlett

Widow of B. Bartlett

County, Bartow

Co. D 47 Ala Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

FEB 7

1905.

AND HANDSD TO

FOR THE YEAR ENDING DEC. 31, 1905.

Bartlett Amanda
 To Those Heretofore Paid.
1905.
 No. *967*
INDIGENT
WIDOW'S PENSION
 For year ending Dec. 31, 1905.
 PAID TO *Mrs. M. Bartlett*
 OF *Bartow*
 County
 Widow of *B. Bartlett*
 Co. *D* 47 Ala. Regiment
 JOHN W. LINDSEY,
 Commissioner of Pensions
 WARRANT ISSUED
FEB 7
 AND HANDLED TO
 1905

Bartlett Amanda
 To Those Heretofore Paid.
1905.
 No. _____
WIDOW'S PENSION
 For year ending Dec. 31, 1905.
 PAID TO *Mrs. A. M. Bartlett*
 OF *Bartow*
 County
 Widow of *B. Bartlett*
 Co. *D* Regiment *47 Ala*
 JOHN W. LINDSEY,
 Commissioner of Pensions
 WARRANT ISSUED
 AND HANDLED TO
 1905

Form No. 2
FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.
STATE OF GEORGIA, } PERSONALLY COMES MRS.
 County of _____
 who, being sworn says on oath, that she is a bona fide resident of said County of _____ State of Georgia, and that she has resided in said State continuously ever since _____. That she is the Widow of _____ who was a soldier in Company _____ of the _____ Regiment of _____ Volunteers, that he enlisted in said regiment on or about the month of _____ 186____, and served in the Army up to _____ 186____. That he died on the _____ day of _____ 18____.
 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 18____.
 I have been allowed an Indigent pension as a resident of _____ 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 _____ day of _____ 1905. _____ Ordinary. _____ Post Office.
State of Georgia, } I, _____ Ordinary of said County, certify that I am well acquainted with Mrs. _____, 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 _____ day of _____ 1905.
 { Official Seal }
 Ordinary of _____ County.
NOTE.—All blanks must be filled. Vouchers and Affidavits must bear date after January 1st, 1905.

Form No. 1
For Widows Heretofore Allowed Pensions.
STATE OF GEORGIA, } PERSONALLY COMES MRS.
 County of *Bartow* } *A. M. Bartlett*
 who, being sworn says on oath, that she is a bona fide resident of said County of *Bartow* State of Georgia, and that she has resided in said State continuously ever since *her birth*. That she is the Widow of *B. Bartlett* who was a soldier in Company *D* of the *47th* Regiment of *Alabama* Volunteers, that he enlisted in said regiment on or about the month of *April* 186*2*, and served in the Army up to *April* 186*5*. That he lost his life on the _____ day of _____ 18____. (State here particulars of the husband's death, when, where and from what cause.)
Died 1882 of dropsy and chronic diarrhoea contracted in the service.
 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 18*53*.
 I have been paid a pension as a resident of *Bartow* County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.
 Sworn to and subscribed before me, this *21* day of *Jan.* 1905. *A. M. Bartlett* Ordinary. *Post Office Bartowville*
State of Georgia, } I, *G. W. Hendricks* Ordinary of said County, certify that I am well acquainted with Mrs. *A. M. Bartlett* 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*35*.
 Given under my official signature and seal, this the *21st* day of *January* 1905.
 { Official Seal }
 Ordinary of *Bartow* County.
NOTE.—All blank spaces must be filled. Voucher and Affidavit must bear date after January 1st, 1905.

I have been allowed an Indigent pension as a resident of _____ 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 _____ day of _____ 1905. _____ Ordinary. _____ Post Office.

State of Georgia, _____ County. } I, _____ Ordinary of said County, certify that I am well acquainted with Mrs. _____, 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 _____ day of _____ 1905.

(Official Seal)

Ordinary of _____ County.

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

the year 1853.

I have been paid a pension as a resident of _____ County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me, this _____ day of _____ 1905. _____ Ordinary. _____ Post Office.

State of Georgia, _____ County. } I, _____ Ordinary of said County, certify that I am well acquainted with Mrs. _____, 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 _____ day of _____ 1905.

(Official Seal)

Ordinary of _____ County.

NOTE.—All blank spaces must be filled. Voucher and Affidavit must bear date after January 1st, 1905.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 2

STATE OF GEORGIA, _____ County of _____ } PERSONALLY COMES MRS. _____

who, being sworn says on oath, that she is a bona fide resident of said County of _____ State of Georgia, and that she has resided in said State continuously ever since _____ birth _____ years. That she is the Widow of _____ B. Bartlett who was a soldier in Company _____ of the _____ Regiment of _____ Volunteers, that he enlisted in said regiment on or about the month of _____ April 1862, and served in the Army up to _____ April 94 1865. That he died on the _____ day of _____ June 1898.

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 1853.

I have been allowed an Indigent pension as a resident of _____ 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 _____ day of _____ 1907. _____ Ordinary. _____ Post Office.

State of Georgia, _____ County. } I, _____ Ordinary of said County, certify that I am well acquainted with Mrs. _____, 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 _____ day of _____ 1907.

(Official Seal)

Ordinary of _____ County.

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

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 2

STATE OF GEORGIA, _____ County of _____ } PERSONALLY COMES MRS. _____

who, being sworn says on oath, that she is a bona fide resident of said County of _____ State of Georgia, and that she has resided in said State continuously ever since _____ 1866. That she is the Widow of _____ B. Bartlett who was a soldier in Company _____ of the _____ Regiment of _____ Volunteers, that he enlisted in said regiment on or about the month of _____ April 1862, and served in the Army up to _____ April 1865. That he died on the _____ day of _____ June 1898.

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 1853.

I have been allowed an Indigent pension as a resident of _____ 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 _____ day of _____ 1906. _____ Ordinary. _____ Post Office.

State of Georgia, _____ County. } I, _____ Ordinary of said County, certify that I am well acquainted with Mrs. _____, 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 _____ day of _____ 1906.

(Official Seal)

Ordinary of _____ County.

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

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 9 day of Jan 1907.
Gw Hendricks, Ordinary.

A. M. Bartlett
Post Office Barlowville Ga
1. Gw Hendricks

State of Georgia,
Barlow County. }
Ordinary of said County, certify that I am well
acquainted with Mrs. A. M. Bartlett, 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 9 day of Jan 1907.

Official
Seal

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

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.
Gw Hendricks, Ordinary.

A. M. Bartlett
Post Office Barlowville Ga
1. Gw Hendricks

State of Georgia,
Barlow County. }
Ordinary of said County, certify that I am well
acquainted with Mrs. A. M. Bartlett, 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 1890.

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

Official
Seal

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County. }
1. A. M. Bartlett hereby authorize
Gw Hendricks of Barlowville Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Barlowville Ga
In Witness Whereof, I have hereunto set my hand and seal, this 9
day of Jan 1907.

A. M. Bartlett [L. S.]

Executed in presence of
Gw Hendricks

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County. }
1. A. M. Bartlett hereby authorize
Gw Hendricks of Barlowville Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Barlowville Ga
In Witness Whereof, I have hereunto set my hand and seal, this 16
day of Jan 1906.

A. M. Bartlett [L. S.]

Executed in presence of

To Those Heretofore Paid.

1907.

No. 1098

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1907.

A. M. Bartlett
OF

Barlow County,

Widow of B. Bartlett

Co. D 47 Regt.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 4 1907.

AND HANDLED TO
G. W. HARRISON, PEAT POWER, ATLANTA.

To Those Heretofore Paid.

1906.

No. 1098

INDIGENT

WIDOW'S PENSION,

For year ending Dec. 31, 1906.

A. M. Bartlett
OF

Barlow County,

Widow of B. Bartlett

Co. D 47 Regt.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
JAN 29 1906.

AND HANDLED TO
G. W. HARRISON, PEAT POWER, ATLANTA.

Barrett, Amanda
To Those Heretofore
1907.
No. 1098
INDIGENT
WIDOW'S PEN
For year ending Dec. 31,
PAID TO
Mrs. M. Bartlett
BY
Barlow
Widow of *B. Bartlett*
Co. *D* 47 Ala
JOHN W. LINDSEY
Commissioner
WARRANT ISSUED
FEB 4
AND HANDED TO
Barlow
GEO. W. BLANDIN, PLANT PRINTER, ATLANTA

Barrett, Amanda
Barlow
To Those Heretofore
1906.
No. *1098*
INDIGENT
WIDOW'S PEN
For year ending Dec. 31, 1906
PAID TO
Mrs. M. Bartlett
BY
Barlow
Widow of *B. Bartlett*
Co. *D* 47 Ala
JOHN W. LINDSEY,
Commissioner of A
WARRANT ISSUED
JAN 29
AND HANDED TO
Barlow
THE PRINCIPAL PRINTING AND PUBLISHING CO., ATLANTA

Office of
Court of Ordinary.
Bartow County.
G. W. HENDRICKS, Ordinary.
Cartersville, Ga. Nov. 11th 1901
Col. J. W. Lindsey
Atlanta, Ga.
Dear Sir: Your card received, and in reply will say
that I have no bills belonging to other counties.
have been sick for some weeks with rheumatism,
and sorely disappointed with your decisions
in Mrs. Bartlett's and Mrs. Williams' cases.
Concerning Mrs. Williams' application with Judge
Collins' testimony, I can not get any more
testimony in Mrs. Bartlett's case. She has proven
the service of husband in the army from 1862 to
the close of the war with a certificate who served
with him. She has proven her marriage as required
by law. She has proven the death of her husband
and her widowhood since. She has also proven
her poverty and inability to earn a support.
She is old and destitute. She will be forced to go
to the poor house and that in the face of all
proof. Need the further fact that her husband
was making a pension under proof of service
in the army when he died. She cannot get any
more witnesses to his service as the Enrolled

(Ga.)—Marriage License—331.
Thos. Gillett, Printer and Stationer, 15 and 17 Twelfth St., Columbus, Ga.

MARRIAGE LICENSE

Georgia, **MUSCOGEE** *County:*

To any ordained Minister of the Gospel, Jewish Minister, Judge,
or Justice of the Peace:

You are Hereby Authorized to Join
Bornu Bartlett
—AND—
Amanda M. Ihmanaw.

In the Holy State of Matrimony.

According to the Constitution and Laws of this State, and for which this
shall be your sufficient License, to be returned at once to this office with
your Certificate of fact and date of marriage.

Given under my hand and seal, this *fourth* *Summ.*
day of *September* 18*83*.


John Johnson Ordinary.

The State of Georgia, **MUSCOGEE** **County:**

I do hereby Certify that *Bornu Bartlett*
and *Amanda M. Ihmanaw.* were duly joined
in Matrimony, by me, this *20th* day of *September* 18*83*
William C. Martin Jr.

the close of the war with a sword which served
with him. She has proven her marriage as required
by law. She has proven the death of her husband
and her widowhood since. She has also proven
her poverty and inability to earn a support.
She is old and destitute. She will be forced to go
to the poor house and that in the face of all
her proof. Need the further fact that her husband
was wearing a pension under proof of service
in the army when he died. She cannot get any
more witnesses to his service as the command

According to the Constitution and Laws of this State, and for which this
shall be your sufficient License, to be returned at once to this office with
your Certificate of fact and date of marriage.

Given under my hand and seal, this 11th day of September 1883.
 John Johnson Ordinary.

The State of Georgia, MUSCOGEE County:
I do hereby Certify that Burt Bartlett
and Amama M. Shuman were duly joined
in Matrimony, by me, this 20th day of September 1883.
William C. Dawson Jr.

who served with him are dead except the
one offered in her application, Mr R. M. McDonald
who swears personally that Burt Bartlett served in
Co D 1st Ala. Regiment from 1862 till the
close of the war, this evidence is attested by the
County Judge of Dallas County Texas,
I cannot conceive how much longer he could
have served. This old lady is intelligent and as
wise and Christian as she can be. Surely, you must
have overlooked the testimony in her case in your
rush of business. I am satisfied this must be the
reason of its disapproval. Hence with the pro
foundest respect for your desire to do fully,
in all these matters I return this application with
my Williams as amended as suggested by you for
your consideration, feeling satisfied that you
will certainly approve them both.

Please let me hear from you at once and
truly,
Wm H. Hendricks
Ordinary

I Certify that Aaron Collins is a man
of trustworthy character and one of our oldest
and most respected citizens.

Wm H. Hendricks
Ordinary, Dallas Co. Tex.

Georgia Muscogee County
I Wm R. D. Ordinary and Judge of the
Court of Ordinary for said County hereby certify that the
within paper contains a true and correct copy of the
Marriage License Certificate of Marriage of Burt Bartlett
to Amama M. Shuman. as same appear in Book
Book of Marriage Book C Page 445. Sept. 20th
1883. Ordinary, Office said County.

Given under my hand and seal of office this 12th
day of June 1901.

Wm R. D.
Ordinary Muscogee Co. Ga.
The Office of said County.

State of Texas
Collin County I R. M. McDonald of
Collin Co Texas do
solemnly swear that I knew Burt
Bartlett in his life time and I
further know that Amama Bartlett
applicant for a pension under the laws
of the State of Texas is the widow of
the said Burt Bartlett, and that Burt
Bartlett enlisted in the Confederate service
in Co D 47th Ala. Heavy Artillery
Division Longstreet's corps, and that
he served from the 1862 until the close
of the war.
Sworn to and subscribed before me this
12th day of March 1901
R. M. McDonald
County of Collin Co

rush of business. I am satisfied this must be the
reason of its disapproval. Hence with the firm-
est respect for your desire to do finally
in all these matters, I return this application with
Mrs. Williams's amended as suggested by you for
your consideration, feeling satisfied that you
will certainly approve them both.
Please let me hear from you at once and
advice.

Yours truly
Geo. H. Hendricks
Ordinary

I Certify that Norm Collins is a man
of trustworthy character and one of our oldest
and most respected citizens.

Geo. Hendricks
Ordinary Barrow Co. Ga.

Washed off.
Ordinary Muncie Co. Ia.
Ex officio. Am. of Bar.

State of Texas,
Collin County, I R. M. McDonald of
Collin Co. Texas do
solemnly swear that I knew Burt
Burtlett in his life time and I
further know that Amanda Burtlett
applicant for a pension under the laws
of the State of Ia. ~~is~~ the widow of
the said Burt Burtlett and that Burt
Burtlett enlisted in the Confederate service
in Co "D." 47th Ala. Saws Brigade Field
Division Longstreet's corps, and that
he served from the 1862 until the close
of the war.
I R. M. McDonald
Sworn to and subscribed before me this
12th day of March 1901 J. H. H. H. H.
Clerk of Collin Co.

Bartlett, Rurrel
Bartlett Co

C.K. No. 82

INDIGENT PENSION.
1895.

Name *Burrel Bartlett*

County *Bartlett*

Ground *Indigent & Poor*

July 1895

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HAND TO

Geo. W. Harrison, State Printer, Atlanta.

Ex. Dept. 12 July 1895
Proof of arrival is not out
is factory. The witnesses
when sworn out of this
State must be sworn in
presence of the judge &
a Court of record & the
Judge must certify to
the credibility & truthfulness
of the witnesses
Rich Johnson

Ex. Dept. 9 Aug 1895
No proof has yet been
made as indicated by
questions 8 to 15 ap-
pended to witnesses -
Rich Johnson

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartlett

County, *Bartlett*

Burrel Bartlett
his wife

of *Bartlett Co*

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

me

Witness my hand and seal this

5th

day of *May*

1895.

Burrel Bartlett

Attest
of *Rich Johnson*
Secy of Ex. Dept.

Geo. W. Harrison, State Printer, Atlanta

No proof has yet been
made as indicated by
questions 8 to 15 ap-
proached to witness -
Rich. Johnson
J. J. Sec.

of *Leavenworth* *La*
that he would name to *me*
the *cheek*
of *May* 1805.
Brown, Bartlett

JOURNEY

County.

County, 1
Grunt Bartlett hereby authorize
Gio Murdock - of Leatonsville Co
to receive and receipt for the pension allowed and request that he remit same to me
at Leatonsville by check
Witness my hand and seal this 5th day of May 1895.

Executed in presence of

Executed in presence of
M. J. Ginkern
A. N. Duggan

Burrell Bartlett

Ex Sept 12 July 1895
Proof of survival is not out
of a story - The witnesses
where sworn out of this
State must be sworn in
presence of the judge &
a Court of record & the
Judge must ask for &
the evidence & testify
near the witnesses
Rich Johnson

Ex. Sept. 9, Aug 1895
No proof has yet been
made as indicated by
question, 8 & 15 ap-
peared to me true -
Rick - Johnson
\$ 5.00

INDIGENT PENSION.

1895.

Name *Burcel Baylitt*

County Wendover

ground
by Frank J. Meyer

1891

RICHARD JOHNSON.

Secretary Executive Department

WARDANT HANDS TO

Co. W. Harrison State Printer Atlanta

STATE OF GEORGIA

Barlow

to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) *Barthel, C. Cantislow, Canton Co. Va.*
2. Where did you reside on January 1st, 1864, and how long have you been a resident of this State? *Cantislow, Canton Co. Va. about 28 years*
3. When and where were you born? *March 6th, 1826, Walsby Co. Va.*
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *Conf. Army*
5. When and where did you enlist? *April 9th, 1862, Melika, Ala.*
6. In what company and regiment did you enlist? *Co. D, 4th Ala. bat.*
7. How long did you remain in that company and regiment? *Until the Surrender*
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer?

9. For how long a period did you discharge regular military duty? *Two years*
10. When, where and under what circumstances were you discharged from service? *8/1/86 5: *Spring**

11. What is your present occupation? *Selling Light Carpentrying -*
12. How much can you earn per annum by your own exertions or labor? *Abt 950 Dollars*
13. What has been your occupation since 1865? *Bugie making & Carpentry*
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? *\$1100 -* *Can earn about 500 -*
15. What is your present physical condition and how long have you been in such condition? *I have Rheumatism, & my limbs and spinal affected from which I suffer a great deal daily and nightly. Have been so for 15 years.*
16. Upon which of the following grounds do you base your application for pension, viz: first "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? *Infirmity & poverty*
17. If upon the first ground, state how long have you 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 have suffered for 15 years from Rheumatism, spinal affected and my limbs and would I have been forced to labor, though in pain for a*
18. What property, effects or income do you now have? *None*

19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any did you make of same? *None*

20. In what County did you reside during those years and what property did you then return for taxation? *Benton County None*
21. How were you supported during the years 1893 and 1894? *I made a little money doing bellie right to's, and my friends helped me live along*
22. 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 took no account. I contributed nothing*
23. What was your employment during 1893 and 1894? What pay did you receive in each year? *Conspicuiting Can't tell very little*
24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support. *None a wife and a married daughter*

Ex. Sept. 12 July 1
Proof of arrival is
satisfactory. The m
when return out
State must be do
primary of the ju
a Court of record
Judge must an
the evidence +
new of the m
Rural
Ex. Sept. 9. He
No proof has be
made he is are
justices, 8 to 1
Varnum to m
Rick
Bartlett, Rural
Bartlett Co
No. 82
INDIGENT PENSION.
1895.
Name Rural Bartlett
County Bartlett
Ground Infancy of Sonny
1895
Jury
RICHARD JOHNSON,
Secretary Executive Department.
WARRANT HANDLED TO
J. W. Harrison, State Printer, Atlanta.

poverty," second "infirmity and poverty" or third "blindness and poverty". 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 have suffered for 15 years from Rheumatism, neuralgic and Bronchitis and while I have been forced to labor through in pain for a
17. 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 have suffered for 15 years from Rheumatism, neuralgic and Bronchitis and while I have been forced to labor through in pain for a
18. What property, effects or income do you possess? None
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? None
20. In what County did you reside during those years and what property did you then return for taxation? Bartlett County
21. How were you supported during the years 1893 and 1894? I made a little money do little light for 15 and my friends helped me to get along
22. 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 took no account. I contributed perhaps
23. What was your employment during 1893 and 1894? What pay did you receive in each year? Carpentering Can't tell very little
24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support? I have a wife and a married daughter.

25. Are you receiving a pension under any law of this State, if so what amount and for what disability?
No

Sworn to and subscribed before me this the 15th day of April 1895, } Rural Bartlett
G. W. Hendricks } Ordinary
of Bartlett } County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
County, }

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

1. What is your name and where do you reside?
2. Are you acquainted with the applicant, if so how long have you known him?
3. Where does he reside, and how long has he been a resident of this State?
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this?
5. When, where and in what company and regiment did he enlist?
6. Were you a member of the same company and regiment?
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?

8. What property, effects or income has the applicant? (Give your means of knowledge)
 9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same?
 10. What is the applicant's occupation and physical condition?
 11. Is the applicant unable to support himself by labor of any sort, if so, why?
 12. How was he supported during the years 1893 and 1894?
 13. What portion of his support for these two years was derived from his own labor or income?
 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894?
 15. What interest have you in the recovery of a pension by this applicant?
- Sworn to and subscribed before me, this the day of 1895, }
Applicant.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Bartlett County, }

Personally came before me, O. H. Buford and W. A. Kirkpatrick, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully

applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

Chronic Bronchitis. Right lateral curvature of spine. Also degeneration with rheumatism

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 8th day of May 1895, } O. H. Buford
G. W. Hendricks } Ordinary

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Bartlett County, }

I, G. W. Hendricks, Ordinary in and for said County, hereby certify that the applicant, Rural Bartlett, resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: Capt. Neil, John H. Wick, J. N. Stanford, and W. W. Watson 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 witnesses before same were signed.

I further certify that the tax digests of County show that applicant returned for taxation in his name in 1893, Sixty dollars of property, and in 1894, Sixty dollars of property.

Witness my hand and seal of office, this 18 day of May 1895.
G. W. Hendricks
of Bartlett County.

NOTE.
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."

8. What property, effects or income has the applicant? (Give your means of knowledge.)

9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same?

10. What is the applicant's occupation and physical condition?

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

12. How was he supported during the years 1893 and 1894?

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

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894?

15. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this

the day of 1895. Applicant.

STATE OF GEORGIA,

Barlow County.

Ordinary in and for said County, hereby certify that the applicant Burt Bostlett resides in said County, and was a bona

fide resident of this State on the first day of January, 1894, and that the witnesses, viz: Wm. H. Wicks, J. N. Stanford and Wm. H. Wicks 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 witnesses before same were signed.

I further certify that the tax digests of County show that applicant returned for taxation in his name in 1893, Sixty dollars of property, and in 1894, Sixty dollars of property.

Witness my hand and seal of office, this 18 day of May 1895.

Edward W. Wicks 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 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."

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

B. Bartlett hereby authorize Wm. H. Wicks of Cartersville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Cartersville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19 day of July 1897.

B. Bartlett [L. S.]

Executed in presence of

A. L. Abernethy
Wm. H. Wicks

POWER OF ATTORNEY.

State of Georgia,

Barlow County.

B. Bartlett hereby authorize Wm. H. Wicks of Cartersville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Cartersville

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19 day of January 1898.

B. Bartlett [L. S.]

Executed in presence of

A. L. Abernethy
John H. Burt

Bartlett, B.
Wm. H. Bartlett
ACT OF 13 DEC. 1891.
(For These Already Enrolled.)
No. 1692
INDIGENT
Soldier's Pension.
1897.
Name B. Bartlett
County Barlow
2/2 1897.
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDED TO
G. M. H.
SEC. W. HARRISON, STATE PRINTER, ATLANTA.

Bartlett, B.
Bartlett Co
ACT OF 13 DEC. 1891.
(For These Already Enrolled.)
No. 2261
INDIGENT
SOLDIER'S PENSION.
1898.
Name B. Bartlett
County Barlow
4/2 1898.
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDED TO
Wm. H.
SEC. W. HARRISON, STATE PRINTER, ATLANTA.

Bartlett B.
No. 1692
INDIGENT
Soldier's Pension
1897.
Name B. Bartlett
County Bartow
2/2
RICHARD JOHNSON,
Commissioner of Pensions
WARRANT HANDED TO
G. W. A.
GEO. W. JOHNSON, STATE PRINTER, ATLANTA.

Bartlett B.
Bartow Co.
ACT OF 18 DEC. 1861.
(For These Already Enrolled.)
NO. 2261
INDIGENT
SOLDIER'S PENSION.
1898.
Name B. Bartlett
County Bartow
1/21
WARRANT ISSUED
1898.
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDED TO
G. W. A.
GEO. W. JOHNSON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears B. Bartlett of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of Nov 1867; that he is 69 years old and by occupation a mechanic, 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 yrs in Company G, 47th Regiment of Alabama Volunteers; that his physical condition is as follows: Suffers from Chronic Bronchitis and Spinal disease. that his property consists of the following items: Nothing

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

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

Sworn to and subscribed before me, this, the 19th day of Jan 1897. G. W. A. Ordinary.

STATE OF GEORGIA,

Bartow County.

I, G. W. A. Ordinary of said County, do certify that I am well acquainted with B. Bartlett 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 1897. G. W. A. Ordinary Bartow County.

NOTE—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears B. Bartlett of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of Feb 1867; that he is 69 years old and by occupation a Carpenter; 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 yrs in Company G, 47th Regiment of Alabama Volunteers; that his physical condition is as follows: He prostrated with Chronic Bronchitis and Angina Pectoris, totally unable to do any labor and is helpless. that his property consists of the following items: none

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

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

Sworn to and subscribed before me, this, the 19th day of Jan 1898. G. W. A. Ordinary.

State of Georgia,

Bartow County.

I, G. W. A. Ordinary of said County, do certify that I am well acquainted with B. Bartlett 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 1898. G. W. A. Ordinary Bartow County.

NOTE—The blank spaces must be filled.

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

Sworn to and subscribed before me, this, the

day of January 1897.

Ordinary.

STATE OF GEORGIA,

Bartow County.

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

do certify that I am well acquainted with B. Bartlett 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

day of January 1897.



G. W. Hendricks
Ordinary. Bartow County.

Note—The blank spaces must be filled.

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

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

Sworn to and subscribed before me, this, the

day of January 1898.

Ordinary.

State of Georgia,

Bartow County.

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

do certify that I am well acquainted with B. Bartlett 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

day of January 1898.



G. W. Hendricks
Ordinary. Bartow County.

Note—The blank spaces must be filled.

NAME Bartlett, B. YEAR 1897 COUNTY Bartow

WHEN AND WHERE BORN? RESIDENT of Georgia since November 1867, is 69 yrs. old.

ENLISTED WHEN AND WHERE?

RANK.

D or

COMPANY AND REGIMENT? Co. G, 47th. Regt. Alabama Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Suffers from chronic bronchitis and spinal disease.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES.

NAME, Bartlett, Burel 1896 Bartow

WHEN AND WHERE BORN? March 6, 1828 - Walton Co., Ga.

ENLISTED WHEN AND WHERE? April 9, 1862 - Opelika, Ala.

COMPANY AND REGIMENT? Co D 47th Ala. Vols

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE SURRENDERED? 1865.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, None

P.O. 1896 COUNTY. Bartow

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Suffers from chronic bronchitis and spinal disease.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES.

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE SURRENDERED? 1865

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, None

P.O. 1896 COUNTY. Bartow

17

The State of Alabama } Before me
Clay County } E. Phillips
Judge of Probate
in and for said County and State, personally appeared Applius Bartlett, who is personally known to me and who being duly sworn deposes and says that Russell Bartlett, was a Confederate Soldier, that he volunteered and enlisted on the 20th day of April 1864, and remained in service until the close of the war.

Sworn to and subscribed before me this the 22nd day of July 1896.
E. Phillips
Judge of Probate

The State of Texas }
County of Collin } To whom it may
concern that I R M
McDonald Purnell appeared before me
after being duly sworn. Stipulates that he
knows B Bartlett of Collin Co, Tex
and makes affidavit that he knows the
said Bartlett in 1861 and the said
Bartlett entered in the Confederate Army
on or about March 4th 1862 and served
in Company D 4th Ala Regiment for a
term of about 3 mos
This 20th day of July 1895.

R M McDonald
Subscribed and sworn to before
me this 20th July 1895.

Witness
Chas District Court Collin Co
Tex

me and for said County and State. person-
ally appeared Applicant Bartlett, who
is personally known to me and who
being duly sworn deposes and says
that Burrell Bartlett, was a Confed-
erate Soldier, that he volunteered and
enlisted on the 20th day of April
1862 and remained in service until
the close of the war.

Bartlett

Sworn to and subscribed before me
this the 22nd day of July 1895.

E. Phillips
Judge of Probate

after being duly sworn deposes that he
knows B Bartlett of Collin Co. Ga
and makes affidavit that he knows the
said Bartlett in 1861 and the said
Bartlett entered in the Confederate ar-
my or about March 4th 1862 and served
in Company D 7th Ala Regiment for
Term of about 3 years
This 20th day of July 1895.

R M McDonald

Subscribed and sworn to before
me this 20th July 1895.

W. E. Cox
Clerk District Court Collin Co. Tex.

The State of Texas :-

Collin County :- I, M G Abernathy Judge of the County Court of
County and State aforesaid hereby certify that I am personally acquainted
with the witness R M McDonald and know him to be truthful and honest and
his statement worthy to be believed

M. G. Abernathy
County Judge Collin County Texas

County Judge Collin County Texas

The State of Texas :-
County of Collin :- I, J. M. McDonald, Clerk of the
County Court of Collin County, Texas, do hereby certify
that M. G. Abernathy whose genuine signature appears
signed to the foregoing instrument is and was at
the time of signing the same, the duly elected, qualified
and acting County Judge in and for said County of Collin
Texas and that all his official acts as such are
subscribed to, just, fair and credit,
Given under my hand and seal of office this July
20th 1895,
J. M. McDonald
Clerk County Court Collin County Texas

M. T. JONES, Agent,

McKinney, Tex.

189

State of Texas } Known all men
County of Collin } by their present
to whom it may concern
that I am James, after being
duly sworn, testifies that
B B Bartlett known to him
and the said B Bartlett
entered in the Southern Army
in June 1862 and continued
to serve therein until the
close of the war
This 9th day of April, A.D. 1895.
M. T. Jones

Subscribed and sworn to before
me This 9th day of April 1895.

M. T. Jones
Notary Public in and for
Collin County Texas

Given under my hand and seal of office this July
20th 1893,
J. H. A. McClellan
Clerk County Court Callin Texas

Subscribed and sworn to before
me this 9th day April 1893
M. T. Jones
Notary public in and for
Callin County Texas

The State of Alabama, Before me J. H. Smith
Clerk County Court of the circuit
court in and for said county
personally appeared Apheless Bartlett
who being by me duly sworn depose
and say that he is a brother of
Burrell Bartlett and he knows
Burrell Bartlett was a soldier in
the Confederate army, he Burrell
Bartlett volunteered the 20th day of
April 1862, and remained in the
service until the last of the war.
J. H. Smith, Clerk Circuit Court
sworn to and subscribed before me
this 19th day of April 1893.
J. H. Smith Clerk Circuit Court

Georgia
Barrow County
I In person appeared before me
Capt. J. L. Neek, John H. White
W. W. Roberts and J. N. Stansford
who after being duly sworn generally
on oath that they are acquainted with
Burrell Bartlett of said County and
known him intimately for several years
that said Bartlett has no profession
or vocation and has not had any since we
have known him, when able he followed
Carpenter's trade, but owing to his poor
physical condition he is not and has not
been able to work for several years
but very little and of light work. He
is physically unable to support himself
by his own labor or exertions and has
no income whatever. He has been aided
in his support by some of the people
of Barrow County. He is almost totally
worn out and has a bad cough. He
is now badly deformed, said to be caused
from Rheumatism. Doctors say they have
no interest in a recovery of a person by op-
erating.

Sworn to and subscribed before me
Aug. 12th 1893
J. H. Smith
J. L. Neek
John H. White
W. W. Roberts

April 1842, and remained in the
service until the last of the war.
Spells B. Bartlett
summoned to and subscribed before me
this 19th day of April 1844.
J. J. Smith clerk circuit court

have known him, when able he followed
Carpenters trade, but owing to his poor
physical condition he is not and has
been able to work for several years
but very little and of light work, he
is physically unable to support himself
by his own labor or exertions and has
no income whatever. He has been aided
in his support by some of the people
of Danversville. He is almost totally
worn out and has a bad cough
his body is now badly deformed, said to be
from Rheumatism. Doctors say they have
no interest in a recovery, or a pension by
law.

Summoned and subscribed before me Aug. 16th 1845
J. W. Smith Ord. R. B. Geo. J. W. Roberts

NOTES.

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully recorded by the applicant and physician, and followed by a plain statement of facts showing the extent of the disability from disease contracted in the service, a full and exact history of the disease should be given, and the applicant should be examined by a physician, and a certificate of disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no such phrase in the Act, in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless." It would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, and the arm or leg is rendered "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, and the leg is rendered "substantially and essentially useless."
5. If the applicant is a member of the militia, and the proofs must show that the amendments have been duly sworn to.
6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The Ordinary of the county will not be received in any case.

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

Barton, D. H. P.,
Bartow Co..

No. 1594,
APPLICATION FOR ALLOWANCE

FOR

Disability *Head & right arm*
Applicant *D. H. P. Barton*
County *Bartow*
Amount *50*
Date of Warrant *Mar 26*
Entered on record *Mar 26* 1887
M. H.
SECRETARY EXECUTIVE DEPARTMENT.

Haw.

Entered on record
 Mch 26 1887
 M. H.
 SECRETARY EXECUTIVE DEPARTMENT.

to call the attention of the physicians

NOTES.

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.

6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

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

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Barton County.

PERSONALLY appears D. H. P. Barton 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 been such since the 4th day of
Feb 1846; that he enlisted in the military service of the Con-
federate States (or of the State of _____) during the war between the

States, and served as a Private in Company D, of the 10th Regiment of Phillips Legion Volunteers Drayton's Brigade; that whilst engaged in such military service, at the battle of South Mountain in the State of M.D., on the 18th day of September 1862, he was wounded as follows: Slain in the right breast arm out under the right wrist also shot through the Leg also shot on the Head

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year thereunder ending October 26, 1889.

Sworn to and subscribed before me, this the 6 day of March 1889

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

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

County. } whether they are alive or not
I have hunted for them & can not find

PERSONALLY came before me them 1st, 70 of the county
of _____ State of Georgia, who, being duly sworn, says that he was

of _____ State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company _____ of _____ Regiment of _____ Volunteers, and that deponent knows _____, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said _____.

as stated by him in said affidavit. Deponent further states that said _____ is a bona fide citizen of this State and resides in _____ county.

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

Barton, D.H.P.
Barton Co.

No. 1574.
APPLICATION FOR ALLOWANCE
FOR
Disability *disability*
Applicant *D.H.P. Barton*
County *Barton*
Amount *50*
Date of Warrant *Mar 26*
Entered on record *Mar 26*
1889
MAH
SECRETARY EXECUTIVE DEPARTMENT

Draw

6 day of March 1889
J. J. Murphy & Co.
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

Commissioned Officer's Affidavit.
STATE OF GEORGIA, } I have lost sight of my
County, } commission officers & don't know
PERSONALLY came before me *them* *D.H.P. Barton* of the county
of *Barton* State of Georgia, who, being duly sworn, says that he was
a commissioned officer in Company *of* Regiment of
Volunteers, and that deponent knows *and that he received the*
wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit,
and that wounds (or disease) permanently disables the said
as stated by him in said affidavit. Deponent further states that said
is a bona fide citizen of this State and resides
in *county.*

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

NOTES.

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

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

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

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA, }
County, } *Barton*
PERSONALLY appears *D.H.P. Barton* 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 been such since the *4th* day of
Feb 18*76*; that he enlisted in the military service of the Con-
federate States (or of the State of *Georgia*) during the war between the
States, and served as a *Private* in Company *D*, of *1st* Regiment
of *Phillips Legion* Volunteers *Drayton*'s Brigade; that whilst engaged in
such military service, at the battle of *South Mountain* in the State
of *M.D.*, on the *13th* day of *September* 1862, he was
wounded as follows: *stomach in the right breast came*
out under the right arm also shot
through the leg below shot in the head

Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the Act amendatory thereof, approved December 24, 1888, and makes application for
the allowance to which he is entitled for the year thereunder ending October 26, 1889.

Sworn to and subscribed before me, this *6* day of *March* 1889
J. J. Murphy & Co.
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

Commissioned Officer's Affidavit.
STATE OF GEORGIA, } I have lost sight of my
County, } commission officers & don't know
PERSONALLY came before me *them* *D.H.P. Barton* of the county
of *Barton* State of Georgia, who, being duly sworn, says that he was
a commissioned officer in Company *of* Regiment of
Volunteers, and that deponent knows *and that he received the*
wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit,
and that wounds (or disease) permanently disables the said
as stated by him in said affidavit. Deponent further states that said
is a bona fide citizen of this State and resides
in *county.*

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

Barton, D.H.P.
Barton Co.

No. 1574.
APPLICATION FOR ALLOWANCE
FOR
Disability *disability*
Applicant *D.H.P. Barton*
County *Barton*
Amount *50*
Date of Warrant *Mar 26*
Entered on record *Mar 26*
1889
MAH
SECRETARY EXECUTIVE DEPARTMENT

Draw

Barton, D. Barton
 No. 1574
 APPLICATION FOR ALLOWANCE
 FOR
 Amount \$50
 Date of Warrant Made
 Entered on record
 Mel 26
 MAY 18
 SECRETARY EXECUTIVE DEPT

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

Commissioned Officer's Affidavit.
 STATE OF GEORGIA,
 County, *I have lost sight of my commission officer. I don't know whether they are alive or not. I have hunted for them & can not find them.*
 PERSONALLY came before me *them* of the county of *Barlow* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *1st* of *1st* Regiment of *Volunteers*, and that deponent knows *them*, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said *them* as stated by him in said affidavit. Deponent further states that said *them* is a bona fide citizen of this State and resides in *Barlow* county.

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

STATE OF GEORGIA,
Barlow County.
 PERSONALLY came *Berrymon W. Mosteller, James Barton* citizens of *Said State* *to* county, in said State, who, being duly sworn, say that they are acquainted with *D. H. P. Barton* and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this State, and resides in *Barlow* county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this *8* day of *March* 1889
J. P. Murphy V. to *J. P.*
Berrymon W. Mosteller
James Barton
J. P. Murphy

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

STATE OF GEORGIA,
Barlow County.
 PERSONALLY comes before me *Gouldenricks* Ordinary of said county, *J. H. Mayfield* and *James Young*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *D. H. P. Barton* and after such examination say that the applicant has been injured as follows:

Gun shot wound in left leg through hip, which resulted in partial disability of leg. The gun shot wound in right breast below clavical which has caused contractions of flexor muscles of hand which is practically useless.

Sworn to and subscribed before me, this *8* day of *March* 1889
Gouldenricks
 ORDINARY

READ NOTE.—The physicians will state fully the disability resulting therefrom.

STATE OF GEORGIA,
Barlow County.
 I, *Gouldenricks* Ordinary of said county, do certify that I am well acquainted with *D. H. P. Barton* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, are persons of respectability, and that their statements are worthy of full credit and belief.
 I further certify that *J. P. Murphy* before whom the foregoing affidavits were made and power of attorney was signed, is a *W. P. & J. P.* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *8* day of *March*, 1889
Gouldenricks
 Ordinary *Barlow* County.

POWER OF ATTORNEY.
 STATE OF GEORGIA,
Barlow County.
 Know all Men by these Presents, That I, *D. H. P. Barton* of *Volcan Barlow* county, in said State, do hereby appoint *Dr. A. Wright* of *Atlanta* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
 In witness whereof I have hereunto set my hand and seal, this *8* day of *March* 1889
D. H. P. Barton

Executed in the presence of us:
J. B. Gon
Gouldenricks
 Ordinary
Send money by Register to Gum Spring P. O. Barlow Co. D. H. P. Barton

are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this
8 day of March 1889 }
J. P. Murphy v. D. H. P. Barton }
Barry M. J. Mettler
James Barton
J. P. Murphy

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

STATE OF GEORGIA,
Bartow County.

PERSONALLY comes before me Goldendricks Ordinary of said county,
J. L. Mayfield and James Young, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined D. H. P. Barton and after such
examination say that the applicant has been injured as follows:

Gun shot wound in left leg through
hip which resulted in partial
paralysis of leg
Also gun shot wound in right
chest below clavicle which has
caused contractions of flexor
muscles of hand which is practically
useless

Sworn to and subscribed before me, this
8 day of March 1889 }
J. P. Murphy }
Goldendricks }
ORDINARY

READ NOTE.—The physicians will state fully the
the disability resulting therefrom.

D. H. P. Barton of said county, and the said affidavits and signa-
tures thereto are genuine.

Given under my official signature and seal, this 8 day of March 1889
Goldendricks
Ordinary Bartow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County.

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

In witness whereof I have hereunto set my hand and seal, this 8th
day of March 1889
D. H. P. Barton
(L. S.)

Executed in the presence of us:
J. L. Mayfield }
Goldendricks }
Ordinary }
Send money by Register
to Gum Spring P. O.
Bartow Co)
D. H. P. Barton

STATE OF GEORGIA,
Bartow County.

PERSONALLY comes before me Goldendricks Ordinary of said county,
J. L. Mayfield and James Young, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined D. H. P. Barton and after such
examination say that the applicant has been injured as follows:

Gun shot wound in left leg through
hip which resulted in partial
paralysis of leg
Also gun shot wound in right
chest below clavicle which has
caused contractions of flexor
muscles of hand which is practically
useless

Sworn to and subscribed before me, this
8 day of March 1889 }
J. P. Murphy }
Goldendricks }
ORDINARY

READ NOTE.—The physicians will state fully the
the disability resulting therefrom.

Was also wounded in the left side of the head by
a piece of shell or ball which caused contusion of
the brain and is still continuing to discharge
pus from the left nostril at times and has
impaired his mind ever since to the extent
of rendering him incompetent to attend to business
ever since
J. L. Mayfield
J. P. Mayfield

impacted his mind & ever since to the extent
of rendering him incompetent to attend to business
ever since
J. H. Fleming M.D.
J. H. Mayfield M.D.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

PERSONALLY appears D. H. P. Bartow of Bartow county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the 18th day of November 1862; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of Phillips' Georgia Volunteers Drayton's Brigade; that whilst engaged in such military service, at the battle of Sope's Mountain in the State of Georgia, on the 18th day of October 1862, he was wounded as follows: He was shot by a sniper ball in the left leg, paralyzing it, also in the right breast and by a piece of a shell striking him in the left thigh, fracturing the skull and as a result he is both physically and mentally unable of either working for himself or managing and kind of business.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of 73.00 dollars.

Sworn to and subscribed before me, this 17th day of July 1890, D. H. P. Bartow mark X

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

POWER OF ATTORNEY.

STATE OF GEORGIA

Bartow County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th day of July 1890, D. H. P. Bartow mark X

Executed in the presence of us: W. H. Hendricks [1. 8.]

W. H. Hendricks Clergyman

Send money to me as follows, by draw the money with pen to D. H. P. Bartow County, Georgia.

D. H. P. Bartow mark X

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

PERSONALLY appears D. H. P. Bartow of Bartow County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of November 1842; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of Phillips' Georgia Volunteers Drayton's Brigade; that whilst engaged in such military service at the battle of Sope's Mountain in the State of Georgia, on the 18th day of October 1862, he was wounded as follows: that in church on the head with a piece of a shell, fracturing the skull, that he has suffered continuously since, that he is totally unable to do manual labor or to keep house or to do any kind of business, that he does not remember well enough to do any kind of business.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of 55.00 dollars, for 1840 dollars, for 1840 dollars.

Sworn to and subscribed before me, this, the 17th day of July 1891, D. H. P. Bartow mark X

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th day of July 1891, D. H. P. Bartow mark X

Executed in the presence of us: W. H. Hendricks [1. 8.]

W. H. Hendricks Clergyman

Send money to me as follows, by draw the money with pen to D. H. P. Bartow County, Georgia.

D. H. P. Bartow mark X

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

POWER OF ATTORNEY.

STATE OF GEORGIA

Bartow County.

KNOW ALL MEN BY THESE PRESENTS, That I, D. H. P. Barton

of Bartow County, State of Georgia, do hereby appoint

Wm. A. M. Heale

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12 day of July 1890

Executed in the presence of us:

D. H. P. Barton's mark [L. S.]

Send money to me as follows, by

to Wm. A. M. Heale P. O.

County, Georgia.

D. H. P. Barton's mark

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I, D. H. P. Barton

of Bartow County, State of Georgia, do hereby appoint

W. A. M. Heale my true and lawful attorney in fact, for

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12 day of July 1890

Executed in the presence of us:

D. H. P. Barton's mark [L. S.]

Send money to me as follows, by

to Wm. A. M. Heale P. O.

County, Georgia.

D. H. P. Barton's mark

STATE OF GEORGIA,

Bartow County.

I, Wm. A. M. Heale Ordinary of said county,

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

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

Given under my official signature and seal, this 12 day of July 1890

Ordinary Bartow County.

STATE OF GEORGIA,

Bartow County.

I, Wm. A. M. Heale Ordinary of said County,

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

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

Given under my official signature and seal, this 12 day of July 1891

Ordinary Bartow County.

1890.

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

Wm. A. M. Heale Secretary

Applicant D. H. P. Barton

County Bartow

Amount 100

Date of warrant July 13

Entered on record July 13

1890

Wm. A. M. Heale

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Wm. A. M. Heale

100

July 13

1890

Wm. A. M. Heale

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Wm. A. M. Heale

100

July 13

1890

Wm. A. M. Heale

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Wm. A. M. Heale

100

July 13

1890

Wm. A. M. Heale

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Wm. A. M. Heale

100

July 13

1890

Wm. A. M. Heale

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Wm. A. M. Heale

100

1891.

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1891.

Wm. A. M. Heale Secretary

Applicant D. H. P. Barton

County Bartow

Amount 100

Date of warrant July 13

Entered on record July 13

1891

Wm. A. M. Heale

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Wm. A. M. Heale

100

July 13

1891

Wm. A. M. Heale

Bartow, D. H. P.

Bartow Co.

1890.

D. Phillips

No. 1111

APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 24, 1887.

Actually disabled by *Wm*

Applicant, *D. H. P. Bartow*

County, *Bartow*

Amount, *100*

Date of warrant, *July 13*

Entered on record

July 13 1890

Gu A H

WARRANT ISSUED TO

Warrant

No additional data

Bartow, D. H. P.

Bartow Co.

1891.

Application for Allowance

No. 107

Application for Allowance
FOR THE YEAR ENDING OCTOBER 24, 1887.

Actually disabled by *Wm*

Applicant, *D. H. P. Bartow*

County, *Bartow*

Amount, *100*

Date of Warrant, *Feb 10*

Entered on record

Feb 10 1891

Wm H

WARRANT ISSUED TO

Warrant

No additional data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Bartow County, *D. H. P. Bartow*

PERSONALLY appears *Bartow* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the day of 1868; that he enlisted

in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company *D* of *Phillips Legion Co* Volunteers *Grayton*'s Brigade; that whilst engaged in such military service at the battle of *South Mountain* in the State of *Maryland*, on the *11th* day of *September* 1862, he was wounded as follows: *Shot through left leg, and in the right breast, and also in the heart, fracturing the skull, rendering incapable of handling any kind of arms.*

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

100 Dollars for *1890 & 1891* for *1889*

Sworn to and subscribed before me this *11th* day of *March* 1892. *D. H. P. Bartow* Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Bartow County, *D. H. P. Bartow*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *11th* day of *March* 1892. *D. H. P. Bartow* [s.]

Executed in the presence of us:

Wm H
Wm H

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Bartow County, *D. H. P. Bartow*

PERSONALLY appears *Bartow* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of 1868; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company *D* of *Phillips Legion Co* Volunteers *Grayton*'s Brigade; that whilst engaged in such military service at the battle of *South Mountain* in the State of *Maryland*, on the *11th* day of *September* 1862, he was wounded as follows: *Shot through left leg, and in the right breast, and also in the heart, fracturing the skull, rendering incapable of handling any kind of arms.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of *100* Dollars for *1889-1890-1891-1892*

Sworn to and subscribed before me, this, the *11th* day of *March* 1892. *D. H. P. Bartow* Ordinary.

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

STATE OF GEORGIA.

Bartow County, *D. H. P. Bartow*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *11th* day of *March* 1892. *D. H. P. Bartow* [s.]

Executed in the presence of us:

Wm H
Wm H

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County.

Know all Men by these Presents; That I,

J. H. P. Barton

County, of said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11th day of March 1892.

J. H. P. Barton [L. S.]

Executed in the presence of us:

Wm Durham
G. H. Hendricks Clerical

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

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

STATE OF GEORGIA.

Barlow County.

Ordinary of said County

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

I further certify that G. H. Hendricks before whom the foregoing affidavit was made and power of attorney was signed, is a Justice of the Peace of the County of Barlow and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 14th day of March 1892.

G. H. Hendricks Ordinary Barlow County

STATE OF GEORGIA.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County.

Ordinary of said county,

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

Given under my official signature and seal, this 11th day of March 1892.

G. H. Hendricks

Ordinary

County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County.

J. H. P. Barton

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11th day of March 1892.

J. H. P. Barton [L. S.]

Executed in the presence of us:

G. H. Hendricks Clerical

Send money to me as follows, by

County, Georgia.

P. O.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name J. H. P. Barton

County Barlow

Disability 40% and hand

Amount, \$ 112.25

Entered on record March 19 1892.

W. H. HARRISON, Secretary of Pension Department.

AGENT, A. H. Fite

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

Barton, J. H. P.
Barlow Co.

1893.

Application for Allowance

John P. Barton

Applicant, J. H. P. Barton

County, Barlow

Amount, 100

Date of Warrant, 3/15

Entered on record, 1/15

WARRANT HANDED TO G. H. Hendricks

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

STATE OF GEORGIA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

YBarton, P. H.
Barton Co
No. 2067
SOLDIER'S PENS
1892.
FOR THE YEAR ENDING OCTOBER
Name J. H. P. Barton
County Barton
Disability lost mind
Amount, \$ 100
Entered on record March 19
W. H. HARRISON,
Secretary of Pension
AGENT.
Attest
W. H. Harrison, State Printer, Atlanta.

Barton, P. H.
Barton Co.
1893.
Application for Allow
No. 2067
Date of Birth Oct 24, 1837
Applicant J. H. P. Barton
County Barton
Amount, \$ 100
Date of Warrant 3/19
Entered on record 3/19
Attest
W. H. Harrison, State Printer, Atlanta.

STATE OF GEORGIA
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barton County.

PERSONALLY appears J. H. P. Barton 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 day of about 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company D, of Phillips Regiment of 4th Volunteers Dratton's Brigade; that whilst engaged in such military service at the battle of South Mountain in the State of Maryland on the 9 day of Sept 1862, he was wounded as follows: Struck in head with a piece of shell fracturing his skull and impairing his mind

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of one hundred dollars, for the year 1893, Sworn to and subscribed before me, this, the 1st day of March 1894, by J. H. P. Barton mark G. W. Hendricks Ordinary of said County.

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,
Barton County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with J. H. P. Barton 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 March 1894, by G. W. Hendricks Ordinary Barton County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barton County.

PERSONALLY appears J. H. P. Barton 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 day of about 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company D, of Phillips Regiment of 4th Volunteers Dratton's Brigade; that whilst engaged in such military service at the battle of South Mountain in the State of Maryland on the 9 day of September 1862, he was wounded as follows: Shot in head with piece of shell impairing the health of said Barton so he rendered him permanently incompetent to work or transact business or cultivate successfully

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of 100 dollars, for the year 1894, Sworn to and subscribed before me, this, the 1st day of July 1895, by G. W. Hendricks Ordinary of said County.

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,
Barton County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with J. H. P. Barton 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 July 1895, by G. W. Hendricks Ordinary Barton County.



One hundred dollars, for the year 1893.
Sworn to and subscribed before me, this, the 1st day of March 1894.
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,
Bartow County.

I, G. W. Hendricks, Ordinary of said County, do certify that I am well acquainted with J. H. P. Barton 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 3rd day of March 1894.



Ordinary, Bartow County.

entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of \$10.00 dollars, for the year 1894.

Sworn to and subscribed before me, this, the 1st day of May 1895.
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,
Bartow County.

I, G. W. Hendricks, Ordinary of said County, do certify that I am well acquainted with J. H. P. Barton 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 3rd day of May 1895.



Ordinary, Bartow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County.

Know all Men by these Presents, That I, J. H. P. Barton, of Bartow County, State of Georgia, do hereby appoint G. W. Hendricks my true and lawful attorney in fact, for

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd day of March 1894.
J. H. P. Barton [L. S.]

Executed in the presence of us

J. S. Anderson

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

(For Those Already Enrolled.)

No.

Soldier's Pension.

1894.

Name J. H. P. Barton

County Bartow

Disability Head wound

Amount, \$ 10.00

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

G. W. Hendricks

Geo. W. Hendricks, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County.

Know all Men by these Presents, That I, J. H. P. Barton, of Bartow County, State of Georgia, do hereby appoint G. W. Hendricks my true and lawful attorney in fact, for

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd day of May 1895.
J. H. P. Barton [L. S.]

Executed in presence of us

J. M. Durham
W. M. Roberts

DIRECTIONS.

Send money to me as follows, by

to P. O.

County, Georgia.

(For Those Already Enrolled.)

No.

SOLDIER'S PENSION.

1895.

Name J. H. P. Barton

County Bartow

Disability Wound in head

Amount, \$ 10.00

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

W. H. Harrison

Geo. W. Hendricks, State Printer, Atlanta.

No data

Bartow, D. H. O.
Bartow
(For Those Already Enrolled.)
No. 80
Soldier's Pension
1894.
Name D. H. P. Bartow
County Bartow
Disability Head Wound
Amount, \$ 100.00
3/15
W. H. HARRISON,
Secretary Executive Dept.
WARRANT HANDLED TO
J. A. Hendrick
J. W. Harrison, State Printer, Atlanta
No date

Bartow, D. H. O.
Bartow Co.
(For Those Already Enrolled.)
No. 957
SOLDIER'S PENSION
1895.
Name D. H. P. Bartow
County Bartow
Disability Wounding Head
Amount, \$ 100.00
29/14
RICHARD JOHNSON,
Secretary Executive Dept.
WARRANT HANDLED TO
J. A. Hendrick
J. W. Harrison, State Printer, Atlanta
No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears D. H. P. Bartow of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the fifty day of eight years 1836; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States and served as a Private in Company D, of the 1st Regiment of Georgia Volunteers, Drayton's Brigade; that whilst engaged in such military service in the State of Maryland, on the ball day of Sept 1862, he was wounded, injured or diseased as follows:
He was shot with piece of shell in battle of South Mountain Maryland, rendering him incapable of making a living, on account of said wound, his mind being impaired as well as his hearing

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

Sworn to and subscribed before me, this, 17 day of July, 1896. J. A. Hendrick Notary Public

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, J. A. Hendrick Ordinary of said County, do certify that I am well acquainted with D. H. P. Bartow 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 20 day of July, 1896.



Ordinary Bartow County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears D. H. P. Bartow of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the thirty day of fall 1836; that he enlisted in the military service of the Confederate States (or of the State of S. C.) during the war between the States, and served as a Private Soldier in Company D, of the 1st Regiment of Georgia Volunteers, Drayton's Brigade; that whilst engaged in such military service in the State of Maryland, on the day of Sept or Oct 1862, he was wounded, injured or diseased as follows:
Shot through the leg, shot in the breast, struck on the head with a piece of shell

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

Sworn to and subscribed before me, this, 17 day of July, 1897. J. A. Hendrick Notary Public

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

Given under my official signature and seal, this 17 day of July, 1897.



Ordinary Bartow County.

dollars, for the year 1896.

Sworn to and subscribed before me, this, the

day of July 1896.

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.P. Barlow 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 20th day of July 1896.



Ordinary, Barlow County.

resident of Barlow County been allowed an invalid pension of

One Hundred Dollars, for the year 1896.

Sworn to and subscribed before me, this, the

17th day of July 1897.

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

Given under my official signature and seal, this 17th day of July 1897.



Ordinary, Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

J.A.P. Barlow hereby authorize George W. Hendricks of Eastonville Ga

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

at Grasseville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20th day of July 1896.

Executed in presence of us,
K.B. Henderson
L.G. Parip

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

J.A.P. Barlow hereby authorize Joseph M. Terrell of Atlanta Ga

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

at Eastonville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th day of July 1897.

Executed in presence of
J.W. Hendricks
J.P. E. Lect

(For Those Already Enrolled.)

No. 2677

SOLDIER'S PENSION.
1896.

Name J.A.P. Barlow
County Barlow
Disability Head wound
Amount, \$100.00

1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
J.H.A.

Geo. W. Harrison, State Printer, Atlanta.

No data

(For Those Already Enrolled.)

No. 2726

INVALID
SOLDIER'S PENSION.
1897.

Name J.A.P. Barlow
County Barlow
Disability Wound in head
Amount, \$100.

1897

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
J.M.T.

Geo. W. Harrison, State Printer, Atlanta.

No data

Barlow, D.H.P.
No. 2677
SOLDIER'S PENSION
1896.
Name D.H.P. Barlow
County Barlow
Disability Head wound
Amount, \$100.00
3/4
RICHARD JOHNSON,
Secretary Executive Dep.
WARRANT HANDED TO
G.H.H.
Geo. W. Harrison, State Printer, Atlanta.
No data

Barlow, D.H.P.
No. 2726
SOLDIER'S PENSION
1897.
Name D.H.P. Barlow
County Barlow
Disability Wound in head
Amount, \$100.00
2/26
RICHARD JOHNSON,
Secretary Executive Dep.
WARRANT HANDED TO
M.T.
Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.
Personally appears D.H.P. Barlow 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 day of Small boy 18; 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 of Volunteers, 's Brigade; that whilst engaged in such military service in the State of Maryland, on the day of Dec 1862, he was wounded, injured or diseased as follows:

shot in the head with a piece of shell rendering him incompetent to either work or transact labor or to carry on any other kind of business

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 One hundred Dollars, for the year 1897.

Sworn to and subscribed before me, this, 31st day of Jan 1898, POST-OFFICE

Notar- 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 D.H.P. Barlow 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 31st day of Jan 1898.

G.W. Hendricks
Ordinary, Barlow County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.
Personally appears D.H.P. Barlow 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 day of war four years old; 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 of Volunteers, 's Brigade; that whilst engaged in such military service in the State of Maryland, on the day of Dec 1862, he was wounded, injured or diseased as follows:

shot in left leg, right shoulder, and in the back of the body of back mountain Maryland. the wound in the head being of such a nature and of such an effect as to render him incompetent to do business

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Barlow County been allowed an invalid pension of One hundred Dollars, for the year 1897.

Sworn to and subscribed before me, this, 6th day of Feb 1899, POST-OFFICE

Notar- 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 D.H.P. Barlow 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 6th day of Feb 1899.

G.W. Hendricks
Ordinary, Barlow County.

Sworn to and subscribed before me, this, the

31st day of Jan'y 1898. POST-OFFICE mark

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 D.N.P. Barlow 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 31st day of Jan'y 1898.



G.W. Hendricks
Ordinary Barlow County.

Sworn to and subscribed before me, this, the

6th day of Feb'y 1899. POST-OFFICE mark

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 D.N.P. Barlow 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 6th day of Feb'y 1899.



G.W. Hendricks
Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, D.N.P. Barlow, hereby authorize G.W. Hendricks of Barlow County to receive and receipt for the pension paid hereon and request that he remit same to me by check at Barlowville Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 31st day of Jan'y 1898.

Executed in presence of

R. L. Smith
R. L. Smith

D.N.P. Barlow [L. S.]
mark

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, D.N.P. Barlow, hereby authorize G.W. Hendricks of Barlow County to receive and receipt for the pension paid hereon and request that he remit same to me by check at Barlowville Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th day of Feb'y 1899.

Executed in presence of

R. L. Smith
R. L. Smith

D.N.P. Barlow [L. S.]
mark

ACT OF 24 OCT., 1882.
(For Those Already Enrolled.)

No. 2390

INVALID

SOLDIER'S PENSION.

1898.

Name D.N.P. Barlow
County Barlow
Disability Wound in Head
Amount \$100.00
2/18 1898

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

AMH

SEE W. HARRISON, STATE PRINTER, ATLANTA

no data

ACT OF 24 OCT., 1882.
(For Those Already Enrolled.)

No. 2420

INVALID

SOLDIER'S PENSION.

1899.

Name D.N.P. Barlow
County Barlow
Disability Wound in head
Amount \$100.00
2/16 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

AMH

SEE W. HARRISON, STATE PRINTER, ATLANTA

no data

Barton, S. H. A.
 (For Those Already Enrolled.)
 No. 2390
 INVALID
 SOLDIER'S PENSION
 1898.
 Name *D. H. P. Barton*
 County *Barton*
 Disability *Wounded in head*
 Amount, \$ *111.00*
 2/15 1898
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDLED TO
WMA

Barton, S. H. A.
 (For Those Already Enrolled.)
 No. 2420
 INVALID
 SOLDIER'S PENSION.
 1899.
 Name *D. H. P. Barton*
 County *Barton*
 Disability *Wounded in head*
 Amount, \$ *111.00*
 2/16 1899.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDLED TO
WMA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barton County.

Personally appears *D. H. P. Barton* 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 day of *Fall* 1860; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *Phil. Leg.* Volunteers, *Dratons*'s Brigade; that whilst engaged in such military service in the State of *Maryland*, on the day of *Sept* 1862, he was wounded, injured or diseased as follows:

He was shot in the head by a piece of shell in battle of South Mountain Maryland and was left totally incompetent to labor or do business

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 *One hundred* Dollars, for the year 1899.

Sworn to and subscribed before me, this, *18th* day of *Jan* 1900. *D. H. P. Barton* POST OFFICE *mark*

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 *D. H. P. Barton* 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* 1900. *G. W. Hendricks* Ordinary *Barton* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barton County.

Personally appears *D. H. P. Barton* 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 day of *Fall* 1860; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *Phil. Leg.* Volunteers, *Dratons*'s Brigade; that whilst engaged in such military service in the State of *Maryland*, on the day of *Sept* 1862, he was wounded, injured or diseased as follows:

Shot in the head with a shell in the battle of South Mountain Maryland rendering applicant unfit and unable to do any kind of business

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 *One hundred* Dollars, for the year 1900.

Sworn to and subscribed before me, this, *14th* day of *January* 1901. *D. H. P. Barton* POST OFFICE *mark*

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 *D. H. P. Barton* 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 *14th* day of *Jan* 1901. *G. W. Hendricks* Ordinary *Barton* County.

One hundred Dollars, for the year 1890.
Sworn to and subscribed before me, this, the 18th day of Jan'y 1900.
G.W. Hendricks Ordinary
POST OFFICE mark

STATE OF GEORGIA,
Barlow County.

I, G.W. Hendricks Ordinary of said County, do certify that I am well acquainted with D.H.P. Barlow 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'y 1900.
G.W. Hendricks Ordinary Barlow County.

One hundred Dollars, for the year 1900.
Sworn to and subscribed before me, this, the 14th day of Jan'y 1901.
G.W. Hendricks Ordinary
POST OFFICE mark

STATE OF GEORGIA,
Barlow County.

I, G.W. Hendricks Ordinary of said County, do certify that I am well acquainted with D.H.P. Barlow 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 14th day of Jan'y 1901.
G.W. Hendricks Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, D.H.P. Barlow hereby authorize G.W. Hendricks of Barlowville Ga to receive and receipt for the pension paid hereon and request that he remit same to by Check at Barlowville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18th day of Jan'y 1900.
D.H.P. Barlow [L. S.] mark

Executed in presence of
K.S. Anderson
Not Pub. Barlow Co. Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, D.H.P. Barlow hereby authorize G.W. Hendricks of Barlowville Ga to receive and receipt for the pension paid hereon and request that he remit same to by Check at Barlowville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th day of Jan'y 1901.
D.H.P. Barlow [L. S.] mark

Executed in presence of
J.W. Cobb

Barlow, D.H.P.
Barlow, D.H.P.
COURT SECTION 129.
(For These Already Enrolled.)
No. 376.
INVALID
SOLDIER'S PENSION.
1900.
Name D.H.P. Barlow
County Barlow
Disability Wound in head
Amount, \$ 100.00
Warrant issued Feb 19, 1900.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Hendricks
G.W. Hendricks, Notary Public, Alabama.
No data

Barlow, D.H.P.
Barlow, D.H.P.
COURT SECTION 129.
(For These Already Enrolled.)
No. 1167.
DISABLED
SOLDIER'S PENSION.
1901.
Name D.H.P. Barlow
County Barlow
Disability Wound in head
Amount, \$ 100.00
Warrant issued Feb 19, 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Hendricks
G.W. Hendricks, Notary Public, Alabama.
No data

Barton Co
Barton, D. H. O.

COURSE SECTION 1260
(For These Already Enrolled.)
No. *876*

INVALID
SOLDIER'S PENSION
1900.

Name *J. H. P. Barton*
County *Barton*
Disability *Wound in head*
Amount, \$ *100.00*
Warrant issued *Oct 6-19-19*

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO
Spending

No data

Gen. W. Harrison, State Printer, Atlanta.

Barton, D. H. O.
Barton County

COURSE SECTION 1260
(For These Already Enrolled.)
No. *1167*

DISABLED
SOLDIER'S PENSION
1901.

Name *J. H. P. Barton*
County *Barton*
Disability *Wound in head*
Amount, \$ *100.00*

1429

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO
Spending

No data

Gen. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow County.

Personally appears *J. H. P. Barton* 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 day of *Feb 1832*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *farmer* in Company *D*, of *Phillips* *Regiment* Volunteers, *Phillips*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *1862* day of *September* 1862, he was wounded, injured or diseased as follows: *shot in the head with a shell rendering him incapable of pursuing business or vocation of life. The wound having injured both his health and mind*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of *Barlow* County, been allowed an invalid pension of *One hundred* Dollars, for the year 1901.

Sworn to and subscribed before me, this *14th* day of *July* 1902. Post-office *Barlow Ga*
G. W. Nindricks Ordinary

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,

Barlow County.

I, *G. W. Nindricks* Ordinary of said County, do certify that I am well acquainted with *J. H. P. Barton* 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 *14th* day of *January* 1902.

G. W. Nindricks
Ordinary *Barlow* County.

Note.—Fill all blanks and of Company and Regiment.

Note.—All vouchers and affidavits must bear date after January 1, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow County.

Personally appears *J. H. P. Barton* 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 day of *Feb 1832*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *farmer* in Company *D*, of *Phillips* *Regiment* Volunteers, *Phillips*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *1862* day of *September* 1862, he was wounded, injured or diseased as follows: *He was shot in the head by a shell in the battle of South Mountain in 1862, from which wound he is disqualified from doing any kind of business*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of *Barlow* County, been allowed an invalid pension of *One hundred* Dollars, for the year 1902.

Sworn to and subscribed before me, this *14th* day of *July* 1903. Post-office *Barlow Ga*
G. W. Nindricks Ordinary

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,

Barlow County.

I, *G. W. Nindricks* Ordinary of said County, do certify that I am well acquainted with *J. H. P. Barton* 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 *10th* day of *July* 1903.

G. W. Nindricks
Ordinary *Barlow* County.

Note.—Fill all blanks and of Company and Regiment.

Note.—All vouchers and affidavits must bear date after January 1, 1903.

Sworn to and subscribed before me, this the 14th day of July 1902, D.N.P. Barton Post-office Grassdale Ga
G.W. Hendricks Ordinary
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, G.W. Hendricks Ordinary of said County, do certify that I am well acquainted with D.N.P. Barton 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 14th day of January 1902.



G.W. Hendricks Ordinary Bartow County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1902.

One hundred Dollars, for the year 1902.
Sworn to and subscribed before me, this the 15th day of July 1903, D.N.P. Barton Post-office Boehrs Ga
G.W. Hendricks Ordinary

STATE OF GEORGIA,

Bartow County, }
I, G.W. Hendricks Ordinary of said County, do certify that I am well acquainted with D.N.P. Barton 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 15th day of July 1903.



G.W. Hendricks Ordinary Bartow County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA, Bartow County, }
I, D.N.P. Barton hereby authorize George W. Hendricks of Bartowville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Grassdale Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14th day of January 1902.

Executed in presence of

L.M. Miller

POWER OF ATTORNEY.

STATE OF GEORGIA, Bartow County, }
I, D.N.P. Barton hereby authorize George W. Hendricks of Bartowville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Bartowville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15th day of July 1903.

Executed in presence of

Georg Cobb
N.P. Jr.

COPIES SECTION 1206.
(FOR THOSE ALREADY ENROLLED.)

No. 1856

DISABLED

SOLDIER'S PENSION

1902.

Name D.N.P. Barton
County Bartow
Co. D. Phillips Legion
Disability Wound in head
Amount, \$ 100.00

11/9/1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Gray

Cos. W. Harrison, State Printer, Atlanta.

no data

COPIES SECTION 1206.
(FOR THOSE ALREADY ENROLLED.)

No. 1914

DISABLED

SOLDIER'S PENSION

1903.

Name D.N.P. Barton
County Bartow
Co. D. Phillips Legion
Disability Wound in head
Amount, \$ 100.00

2/10/1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Gray

Cos. W. Harrison, State Printer, Atlanta.

no data

no data

1905
71
34

Bartow County.

Barfow County.

NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

Garton COUNTY.

Waukegan COUNTY.

NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

day of Jan 1904. Post-office Mark

G.W. Hendricks Ordinary

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,
Barlow County.

I, *G.W. Hendricks* Ordinary of said County,
do certify that I am well acquainted with *D.H.P. Barton*
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 1904.
G.W. Hendricks
Ordinary *Barlow* County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

day of Jan 1905. Post-office Mark

G.W. Hendricks Ordinary

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,
Barlow County.

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

Given under my official signature and seal, this 23rd
day of Jan 1905.
G.W. Hendricks
Ordinary *Barlow* County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, *D.H.P. Barton* hereby authorize
G.W. Hendricks of *Cartersville Ga*
to receive and receipt for the pension paid hereon, and request that he remit same to
me by *ck*
at *Cartersville Ga*

In Witness Whereof, I have hereunto set my hand and seal, this 18th
day of Jan 1904. *D.H.P. Barton* [L. S.]
mon

Executed in presence of
W.C. Walton
C.S.C.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, *D.H.P. Barton* hereby authorize
G.W. Hendricks of *Cartersville Ga*
to receive and receipt for the pension paid hereon, and request that he remit same to
me by *ck*
at *Cartersville Ga*

In Witness Whereof, I have hereunto set my hand and seal, this 20th
day of Jan 1905. *D.H.P. Barton* [L. S.]
mon

Executed in the presence of

(FOR THOSE ALREADY ENROLLED.)

No. 1537

DISABLED

SOLDIER'S PENSION

1904.

Name *D.H.P. Barton*
County *Barlow*
Co. *D. Phillips Reg*
Disability *Wound in leg*
Amount, \$ *100*

FEB 9 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Ord

Geo. W. Harrison, State Printer, Atlanta.

no cash

(FOR THOSE ALREADY ENROLLED.)

No. 1389

DISABLED

SOLDIER'S PENSION

1905.

Name *D.H.P. Barton*
County *Barlow*
Co. *D. Phillips Reg*
Disability *Wound in leg*
Amount, \$ *100*

FEB 7 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
0

Geo. W. Harrison, State Printer, Atlanta.

Barton, D. H. P.
Bartow

COHE SECTION 1280.
(FOR THOSE ALREADY ENROLLED)

No. *1537*

DISABLED

SOLDIER'S PENSION

1904.

Name *D. H. P. Barton*
County *Bartow*
Co. *D. Bartow's*
Disability *Wounded in battle*
Amount, \$ *100*

FEB 9

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO
D. H. P.

Geo. W. HARTMAN, State Printer, ALBANY.

Barton, D. H. P.
Bartow County

COHE SECTION 1280.
(FOR THOSE ALREADY ENROLLED)

No. *1389*

DISABLED

SOLDIER'S PENSION

1905.

Name *D. H. P. Barton*
County *Bartow*
Co. *1st Regt Phila*
Disability *Wounded in battle*
Amount, \$ *100*

FEB 7

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO
D. H. P.

Geo. W. HARTMAN, State Printer, ALBANY.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Bartow County.

Personally appears *D. H. P. Barton* of *Bartow* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *18*; that he enlisted in the military service of the Confederate States, (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *D*, of *1st* Regiment of *Phil. Leg.* Volunteers *Dralon's* Brigade; that whilst engaged in such military service in the State of *Maryland*, on the day of *Sept* 1862, he was wounded, injured or diseased as follows:
He was wounded in the head in the battle of South Mountain in Dec. 1862, affecting not only his physical but his mind as well.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of *Bartow* County, been allowed an invalid pension of *One hundred* Dollars, for the year 1905.

Sworn to and subscribed before me, this *17th* day of *Jan*, 1906. *G. W. Nindricks* Ordinary
Post-Office *mm*

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

Given under my official signature and seal, this *17th* day of *Jan*, 1906. *G. W. Nindricks* Ordinary *Bartow* County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Bartow County.

Personally appears *D. H. P. Barton* of *Bartow* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *Jan* of age; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *D*, of *1st* Regiment of *Phil. Leg.* Volunteers *Dralon's* Brigade; that whilst engaged in such military service in the State of *Maryland*, on the day of *Spring* 1862, he was wounded, injured or diseased as follows:
He was shot through the leg in the breast, and into the skull, finding him incapable of transacting business

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of *Bartow* County, been allowed an invalid pension of *One hundred* Dollars, for the year 1906.

Sworn to and subscribed before me, this *14* day of *Jan*, 1907. *G. W. Nindricks* Ordinary
Postoffice *mm*

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, *G. W. Nindricks* Ordinary of said County, do certify that I am well acquainted with *D. H. P. Barton* 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 *14th* day of *Jan*, 1907. *G. W. Nindricks* Ordinary *Bartow* County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

Sworn to and subscribed before me, this the 17th day of Jan 1906.

State of Georgia, Barlow County.

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

do certify that I am well acquainted with D. H. P. Barton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 17th day of Jan 1906.

G. W. Nundrick Ordinary Barton County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

Sworn to and subscribed before me, this the 14 day of Jan 1907.

State of Georgia, Barton County.

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

do certify that I am well acquainted with D. H. P. Barton 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 14th day of Jan 1907.

G. W. Nundrick Ordinary Barton County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

POWER OF ATTORNEY.

STATE OF GEORGIA, Barton County.

I, D. H. P. Barton hereby authorize G. W. Nundrick of Bartonsville Ga to receive and receipt for the pension paid hereon, and request that he remit same to me by ca at Bartonsville Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th day of Jan 1906.

Executed in the presence of D. H. P. Barton [L. S.] mark

POWER OF ATTORNEY.

STATE OF GEORGIA, Barton County.

I, D. H. P. Barton hereby authorize G. W. Nundrick of Bartonsville Ga to receive and receipt for the pension paid hereon, and request that he remit same to me by ca at Bartonsville Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th day of Jan 1907.

Executed in presence of D. H. P. Barton [L. S.] mark

Cons Section 126.
(FOR THOSE ALREADY ENROLLED.)
No. 570
DISABLED SOLDIER'S PENSION 1906.
Name D. H. P. Barton
County Barton
Co. B
Disability Head Wounds
Amount, \$100
JAN 29 1906.
JOHN W. LINDSEY, Commissioner of Pensions.
WARRANT HANDED TO
no date

Cons Section 126.
(FOR THOSE ALREADY ENROLLED.)
No. 1411
DISABLED SOLDIER'S PENSION 1907.
Name D. H. P. Barton
County Barton
Co. B
Disability Head & Wounds
Amount, \$100
JAN 29 1907.
JOHN W. LINDSEY, Commissioner of Pensions.
WARRANT HANDED TO
no date

Barton D.H.P.
28 Barton Co

Cons Section 1290.
 (FOR THOSE ALREADY ENROLLED.)

No. *970*

DISABLED
 SOLDIER'S PENSION
 1906.

Name *D.H.P. Barton*
 County *23 Bartow*
 Co. *D. Bartow*
 Disability *Head wounds*
 Amount, \$ *144*

JAN 29 1906.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

no data

Barton D.H.P.
Bartow County

Cons Section 1290.
 (FOR THOSE ALREADY ENROLLED.)

No. *1411*

DISABLED
 SOLDIER'S PENSION
 1907.

Name *D.H.P. Barton*
 County *Bartow*
 Co. *D. Bartow*
 Disability *Head & other wounds*
 Amount, \$ *144*

1907.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

no data

No. *1599*

STATE OF GEORGIA,
 EXECUTIVE DEPARTMENT.

Atlanta, Ga. March 26 1889.

Mr. *D.H.P. Barton* of the County
Bartow having filed his application in the Executive
 Department for an allowance under the Act approved October 24, 1887, as amended by Act,
 Dec. 24, 1888, and the same having been allowed for
Disability from head wounds
 He is entitled to receive the sum of *Eighty & 00/100* Dollars
 for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor, *J.P. Gordon*
 GOVERNOR.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Eighty & 00/100 Dollars.
 per above voucher, this *26* of *March* 1889.
D.H.P. Barton
W. Wright

No. *1411*

STATE OF GEORGIA,
 EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 13 1890

Mr. *D.H.P. Barton* of the County
Bartow having filed his application in the Executive
 Department for an allowance under the Act approved October 24, 1887, as amended by Act,
 approved, Dec. 24, 1888, and the same having been examined and allowed for
Totally disabled by body wounds
 He is entitled to receive the sum of *One Hundred & 00/100* Dollars
 for such disability, the same being the allowance due for the year ending October 24, 1890.

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

By the Governor, *J.P. Gordon*
 GOVERNOR.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hundred & 00/100 Dollars,
 per above voucher, this *13* of *July* 1890.
D.H.P. Barton, by his
att. in fact, A.M. Fouts.

Dec. 24, 1888, and the same having been allowed for

Disability from head wound

He is entitled to receive the sum of *Eighty & 00/100* Dollars

for such disability, the same being the allowance due for the year ending October 21, 1889.

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

By the Governor

W H Hamson



GOVERNOR.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Eighty & 00/100

Dollars.

per above voucher, this *26* of *March* 1889.

D H P Barton

W H Wright

of *100*

having filed his application in the Executive

Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for

Totally disabled by body wounds

He is entitled to receive the sum of *One Hundred & 00/100* Dollars

for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

W H Hamson



GOVERNOR.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100

Dollars,

per above voucher, this *13* of *July* 1890

D H P Barton, by his atty in fact, A M Fouts.

Audited *March 27* 1889.
W H Wright
COMPTROLLER-GENERAL

Barton

Maimed Soldiers.

Voucher No. *1599*

Amount, \$ *50*

Paid to *D H P Barton*
For *Disability from Head wound*
March 26, 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK

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

W H

Audited *18*

COMPTROLLER-GENERAL

Barton

Maimed Soldiers.

Voucher No. *1111*

Amount \$ *100.*

Paid to *D H P Barton*
For *Totally disabled by body wounds*
July 13 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK

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

A M Fouts

Read min
March 26 1889

Included in Warrant No.
issued to Treasurer.

1889

WARRANT CLERK

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

Waco

by W. J. Campbell
July 13 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK

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

Amesbury

Georgia
Barton leaving } In person appeared before
me Dr. J. W. Bradley and for
P. Bowdoin who in oath say that
the wound received by D. H. P. Barton
while in the service of the Confederate
States during the war between the
States renders applicant helpless and
totally unable to do any work for a
living.
Given to and subscribed by J. W. Bradley S. C.
before me July 14th 1890 J. W. Bradley
Prothonotary
Ordinary

1891.
No. 107
STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. July 6 1891.

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

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

By the Governor,

W. H. Hamson

Sec'y EXECUTIVE DEPARTMENT.

\$100

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

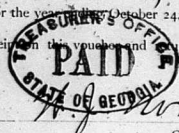
One Hundred & 00/100 Dollars,
per above voucher, this 6th of July 1891.

D. H. P. Barton

W. H. Hamson

P. Bowdon who in oath say that
 the wound received by S. H. P. Barton
 while in the service of the Confederate
 States, during the war between the
 States, renders applicant helpless and
 totally unable to do any work for a
 living.
 Given to and Subscribed J. H. Brainerd Sec'y
 before me 4th day of Feb 1891 J. H. Brainerd
 W. H. Brainerd
 Ordinary

of 1891 having filed his application in the Executive
 Department for an allowance under the Act approved October 24, 1887, as amended by Acts
 approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
 Total disability \$1000.00
 He is entitled to receive the sum of One Hundred Dollars
 for such disability, the same being the allowance due for the year ending October 24, 1891.
 The Treasurer will pay the same and hold his receipt on this voucher and turn same to
 Executive Department for warrant.



By the Governor,
 W. H. Harrison
 Sec'y EXECUTIVE DEPARTMENT.

\$ 100
 RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.
 One Hundred & 00/100 Dollars,
 per above voucher, this 6th of Feb 1891.
 D. H. P. Barton
 W. H. P.

Barton, S. H. P.
 Exp Charleston
 J. H. Brainerd
 1891.
 Maimed Soldiers.
 Voucher No. 107
 Amount \$ 100
 Paid to D. H. P. Barton
 For Total Dis. by
 Skill named
 Feb. 6 1891.
 Included in warrant No.
 issued to Treasurer.
 1891.
 WARRANT CLERK.
 Geo. W. Harrison, State Printer, Atlanta.
 H. A. Wright

Audited Feb. 6 1891.
 W. H. Brainerd
 CONTROLLER GENERAL.

Amount \$ 100
Paid to *A. H. P. Barton*
for *Total Dis* by
Skull removed
Feb. 6 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

H. A. Wright

Bolton, Mrs. J. E.
D. R. 1926-8.
Bartow County

WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When
Husband Was on the Pension Roll
of Georgia.

County Bartow
Name Mrs. J. E. Bolton
Widow of W. H. Bolton
Company _____
Regiment _____
Date of Husband's Death Aug 16, 1925
Date of Marriage Aug 6, 1888
Approved John W. Cannon
OCT 1 1925

G. H. McGowan,
Commissioner of Pensions.

10-25-3

Ordinary's Certificate

STATE OF GEORGIA

Bartow COUNTY.

I, Curran Andrew Ordinary of said County, do certify that I know Mrs. J. E. Bolton the applicant for pension; that she is the person she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know W. H. Bolton the witness as to marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 21 day of Aug 1925
(SEAL OF ORDINARY) Curran Andrew Ordinary,
Bartow County

Instructions.

1. Before any questions are answered the Ordinary shall swear applicant and the witnesses in the following words: "You solemnly swear that you will true answers give to each of the questions asked you and the evidence."
2. Additional affidavits as to the truth. So help you God, are made before the Ordinary, sworn to and the evidence is taken.
3. All affidavits must be made before the Ordinary, sworn to and the evidence is taken.
4. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by government records, and Pensioners must make no proof of service and were not required to do so.
5. Witness signature and Pensioners must make no proof of service and were not required to do so.
6. Witness signature and Pensioners must make no proof of service and were not required to do so.

and the witness in the following words:
I solemnly swear that you are the evidence
of said County, do certify that I
pension; that she is the person
resident of said County since
1920; that I also know the witness as to
marriage, by some person, or by gen-
eral reputation, and state and prove full term of hus-
band's service—because Disabled Pensioners made no proof of service and were not required to do so.

and the witness in the following words:
I solemnly swear that you are the evidence

County

Ordinary,

County

1925

of said County, do certify that I

pension; that she is the person

resident of said County since

1920; that I also know the witness as to

marriage, by some person, or by gen-
eral reputation, and state and prove full term of hus-
band's service—because Disabled Pensioners made no proof of service and were not required to do so.

G. B. McCOMBER,
Commissioner of Pensions.

104 25- E

WIDOW'S APPLICATION
To Be Put on Roll in Her Own Right When
Husband Was on the Pension Roll
of Georgia.

County Barlow
Name Wm. E. Bates
Widow of W. M. Bates
Company _____
Regiment _____
Date of Husband's Death Aug 10, 1918
Date of Marriage Aug 6, 1888
Approved W. P. Briggs
OCT 1 1925

G. B. McCOMBER,
Commissioner of Pensions.

104 25- E

Ordinary's Certificate

STATE OF GEORGIA,

Barlow COUNTY.

I, Wm. E. Bates Ordinary of said County, do certify that I
know Mrs. E. Bates, the applicant for pension; that she is the person
she represents herself to be, and that she is continuously a bona fide resident of said County since
January 1st, 1920; that I also know W. P. Briggs, the witness as to
marriage, and that both the foregoing were duly sworn by me before signing the respective affi-
davits, and that they are truthful and trustworthy and their statements are entitled to full faith
and credit.

Given under my hand and official seal of office this 21st day of Aug, 1925.
(SEAL OF ORDINARY) Wm. E. Bates Ordinary,
Barlow County

- Instructions.
1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
"You solemnly swear that you will true answers make to each of the questions asked you and the evidence."
you shall give will be the truth. So help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the Ordinary of the County of residence.
 4. Only widows who are married prior to first January, 1881, are entitled.
 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by gen-
eral reputation.
 6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of hus-
band's service—because Disabled Pensioners made no proof of service and were not required to do so.

Ordinary's Certificate

STATE OF GEORGIA,

Barlow COUNTY.

I, G. W. Anderson Ordinary of said County, do certify that I know Mrs. J. E. Bates, the applicant for pension; that she is the person she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know W. P. Griggs, the witness as to marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 21st day of Aug, 1925.
(SEAL OF ORDINARY) G. W. Anderson Ordinary,
Barlow County

Instructions.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the County of residence.
4. Only widows who are married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because Disabled Pensioners made no proof of service and were not required to do so.

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be Used by the Widow of a Disabled Soldier Pensioner.)

STATE OF GEORGIA,

Barlow COUNTY.

Personally before me comes J. E. Bates of said County, who, after having been duly sworn, says that she is the widow of W. A. Bates to whom, in the County of Barlow State of Ga she was married on the 6th day of Aug, 1888, and that she remained his wife, and resided with him to the date of his death in Aug 15, 1925 and that she has not since his death remarried; at the time of his death he was a resident of Barlow County, in said State of Georgia, and he was on the Service Pension Roll of the State and paid a pension of \$1.02 in Barlow County for 1925 (per annum), on account of being a soldier in Company _____ Regiment _____ (Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of Ga and she has, continuously, resided there since 16 day of Jan 1847

Sworn to and subscribed before me, this the

21st day of Aug, 1925.
G. W. Anderson Ordinary Mrs. J. E. Bates
of Barlow County. (Applicant)

(SEAL OF THE ORDINARY.)

Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA,

Barlow COUNTY.

Personally before me comes W. P. Griggs Sr known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. J. E. Bates, who made the foregoing affidavit, is the lawful widow of W. A. Bates, who died in Barlow County in said State of Ga on the 15 day of Aug, 1925, and that she has not since remarried; that she became the wife of W. A. Bates, on the 6 day of Aug, 1888; that she and he had resided together as husband and wife, continuously, since 6th day of Aug 1888, and that no was the same man who was on the pension roll of said State of Ga from Barlow County Ga when he died.

Sworn to and subscribed before me, this the

21 day of Aug, 1925.
G. W. Anderson Ordinary W. P. Griggs Sr
of Barlow County.

(SEAL OF ORDINARY)

has, continuously, resided there since 16 day of Jan 1847

Sworn to and subscribed before me, this the

21st day of Aug 1925

W. P. Griggs Jr Ordinary

of Bartow County

Mrs S. B. Bates
(Applicant)

(SEAL OF THE ORDINARY.)

Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA,

Bartow COUNTY.

Personally before me comes W. P. Griggs Jr known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. S. B. Bates, who made the foregoing affidavit, is the lawful widow of W. A. Bates, who died in Bartow County in said State of Ga on the 15 day of Aug 1925, and that she has not since remarried; that she became the wife of W. A. Bates on the 6 day of Aug 1847; that she and he had resided together as husband and wife, continuously, since 6 day of Aug 1847, and that he was the same man who was on the pension roll of said State of Ga from Bartow County Ga when he died.

Sworn to and subscribed before me, this the

21 day of Aug 1925

W. P. Griggs Jr Ordinary

of Bartow County

(SEAL OF ORDINARY)

POWER OF ATTORNEY.

STATE OF GEORGIA.

Bartow COUNTY }

W. A. Bales hereby authorize

Wm. A. Bales of Bartow Co.

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

me by check

at Bartow, Ga.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th

day of Jan 1906.

W. A. Bales [L.S.]

Executed in the presence of

Bates, W. A.
Cherokee & Bartow
1905 ?

Coda Section 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 841
Cherokee & 1905

DISABLED
SOLDIER'S PENSION
1906.

Name W. A. Bates

County Bartow

Co. B Regiment 38th Va

Disability disabled arm

Amount, \$ 50⁰⁰

JAN 29 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

The Franklin Printing & Job Printing Co., Oak St. N. W. Atlanta, Ga.

No data

Amount, \$ 50.00
JAN 29 1906.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
[L. S.]
The Franklin Printing and Publishing Co., 205 W. Harrison, Mo.

No date

Bates [L. S.]

and seal, this 15th

hereby authorize
request that he remit same to
Batesville Mo

RNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow COUNTY, }
I, W. A. Bates hereby authorize
G. W. Hendricks of Bartonsville Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
me by ck
at Bartonsville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th
day of Jan 1906.
W. A. Bates [L. S.]

Executed in the presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow COUNTY, }
I, W. A. Bates hereby authorize
G. W. Hendricks of Bartonsville Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
me by ck
at Bartonsville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2nd
day of Jan 1907.
W. A. Bates [L. S.]

Executed in presence of

J. H. Anderson N. P.
Bartonsville Ga

No date

Bates, W. A.
Bartonsville Ga
1905
Cons. Section 1260.
(FOR THOSE ALREADY ENROLLED.)
Enrolled Dec 2, 1905
DISABLED
SOLDIER'S PENSION
1906.
Name W. A. Bates
County Bartow
Co. B Regiment 38 Ga
Disability disabled arm
Amount, \$ 50.00
JAN 29 1906.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
[L. S.]
The Franklin Printing and Publishing Co., 205 W. Harrison, Mo.

No date

Bates, W. A.
Bartow County
Cons. Section 1260.
(FOR THOSE ALREADY ENROLLED.)
No. 1472
DISABLED
SOLDIER'S PENSION
1907.
Name W. A. Bates
County Bartow
Co. B Regiment 38
Disability disabled arm
Amount, \$ 50.00
1907.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
[L. S.]
The Franklin Printing and Publishing Co., 205 W. Harrison, Mo.

No date

Bates, W. A.
Cherokee Co. Ga.
1905

Cons. Section 1260.
FOR THOSE ALREADY ENROLLED

W. A. Bates
Cherokee Co. Ga.
1905

DISABLED
SOLDIER'S PENSION
1906.

Name *W. A. Bates*
County *Cherokee*
Co. *B* Regiment *38*
Disability *Wounded arm*
Amount, \$ *50.00*
JAN 29

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

No data

Bates, W. A.
Cherokee County

Cons. Section 1260.
FOR THOSE ALREADY ENROLLED

No. *1412*

DISABLED
SOLDIER'S PENSION
1907.

Name *W. A. Bates*
County *Cherokee*
Co. *B* Regiment *38*
Disability *Wounded arm*
Amount, \$ *50.00*

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Barlow County.

Personally appears *W. A. Bates* 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 day of *1843*; that he enlisted in the military service of the Confederate States, (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *B*, of *38*th Regiment of *Georgia* Volunteers *Gordon*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *15* day of *Dec* 1862, he was wounded, injured or diseased as follows:
Gun shot wound in right arm disabling the arm &c

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of *Cherokee* County, been allowed an invalid pension of *Eighty* Dollars, for the year 1906.

Sworn to and subscribed before me, this *15* day of *Jan* 1906. *W. A. Bates*
W. W. Hendricks Ordinary
Post-Office Emmerton Ga.

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,

Barlow County.

I, *W. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *W. A. Bates* 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 *15* day of *Jan* 1906. *W. W. Hendricks*
Ordinary *Barlow* County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Barlow County.

Personally appears *W. A. Bates* 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 day of *Oct* 1843; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *B*, of *38*th Regiment of *Georgia* Volunteers *Gordon*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *13* day of *Dec* 1862, he was wounded, injured or diseased as follows:
Gun shot wound in right arm in battle of Fredericksburg, rendering his arm substantially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of *Barlow* County, been allowed an invalid pension of *Eighty* Dollars, for the year 1906.

Sworn to and subscribed before me, this *24* day of *Jan* 1907. *W. A. Bates*
W. W. Hendricks Ordinary
Postoffice Emmerton Ga.

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,

Barlow County.

I, *W. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *W. A. Bates* 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 *24* day of *Jan* 1907. *W. W. Hendricks*
Ordinary *Barlow* County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

...he was wounded, injured or diseased as follows:
From shot wound in right arm dis-
abling the arm &c.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Cherokee County, been allowed an invalid pension of Five Dollars, for the year 1906.

Sworn to and subscribed before me, this the

15 day of Jan 1906.

W A Bates

Post-Office Emerson Ga

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, G W Hendricks Ordinary of said County,

do certify that I am well acquainted with W A Bates 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 15th day of Jan 1906.

G W Hendricks
Ordinary Bartow County.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

From shot wound in right arm in
cost of Fredrickburg, rendering his
arm substantially useless

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Bartow County, been allowed an invalid pension of Five Dollars, for the year 1906.

Sworn to and subscribed before me, this the

27 day of Jan 1907.

W A Bates

G W Hendricks Ordinary Postoffice Emerson Ga

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, G W Hendricks Ordinary of said County,

do certify that I am well acquainted with W A Bates 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 27 day of Jan 1907.

G W Hendricks
Ordinary Bartow County.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Barlow COUNTY,

I, Wm. H. H. H. H. Ordinary of said County, do certify that I know James M. Barlow the applicant for this position, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 13 day of July 1869 Emilia Bruce

That I also know John H. H. H. witness us to marriage, and I also know John H. H. H. that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 13 day of Oct 1900 (SEAL) Wm. H. H. H. Ordinary, Barlow County.

NOTES: 1. Before any questions are answered the Ordinary shall require each of the witnesses in the following order: 1. The husband, if he is living; 2. The wife, if she is living; 3. The nearest relatives, if any, who are living; 4. Any other persons who may be called upon by the Ordinary of the county of residence; 5. Any other persons who may be called upon by the Ordinary of the county of residence; 6. Witnesses of Doubled Pensioners must use the Blue Application Book and make and prove full term of husband's service—because he made no proof of service and was not entitled to it.

Barlow, James M.
Barlow, James M.
"OLD" CLASS 1923
No.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910—As Amended by Act of 1919.

County Barlow
Name James M. Barlow
Widow of James M. Barlow
Company B
Regiment 1st Regt. Tenn.
Approved John H. H. H.
Commissioner of Pensions
11-13-22

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

IFICATE

Ordinary of said County, do certify that I
 count for this pension, and that she is the
 continuing resident of said County and was
 born on June 1870

Witness me to marriage, and I also know
 of the foregoing were duly sworn by me
 and trustworthy and their statements

Subscribed and sworn to before me this 22 day of Oct 1932
Ordinary
 County

applicant and the witness in the following words:
 each of the questions asked you and the witness
 of residence.
 of residence.
 Blank and state and prove full term of husband's
 joined to do so.

Approved J. W. Lindsey
Commissioner of Pensions
11-13-22
 J. W. LINDSEY,
 Commissioner of Pensions.
 Byrd Printing Co. State Printers, Atlanta.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
Bartow COUNTY.
 I, J. W. Lindsey, Ordinary of said County, do certify that I
 know Mrs. Harry M. Battle the applicant for this pension, and that she is the
 person she represents herself to be, and that she is a bona fide continuing resident of said County and was
 on the 13 day of July 1869 Emma Battle
 That I also know Sally H. Battle witness as to marriage, and I also know
Nathaniel M. Gibbons; that both of the foregoing were duly sworn by me
 before signing the respective affidavits, and that they are truthful and trustworthy and their statements
 are entitled to full faith and credit.

Sworn under my hand and official seal of office this 19 day of Oct 1932
 (SEAL) J. W. Lindsey Ordinary.
Bartow County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
 "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence
 you shall give will be the truth. So help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the Ordinary of the county of residence.
 4. Only widows who married prior to first January, 1881, are entitled.
 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general
 reputation.
 6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's
 service—because he made no proof of service and was not required to do so.

Widow's Application

To Be Put on Roll in Her Own Right When
 Husband Was on the Indigent Roll or
 Put on Under Act of July 11, 1910—
 As Amended by Act of 1919.

No.

County Bartow
 Name Mrs. Harry M. Battle
 Widow of Harry M. Battle
 Company B
 Regiment 2nd Regt. Tenn.
 Approved J. W. Lindsey
Commissioner of Pensions
11-13-22

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

TO PAY-
 1930, \$ 127.
 Cig. & C. Tax. \$
 TOTAL.

For Bartow County
1932
**Application for Pension
 Due Deceased Pensioner**
 (UNDER ACT 1904)
 (To pay expenses of last illness and
 funeral)
R. M. Gamble Ordinary
 For Mrs. Fannie Battle
 Date of Death May 21 1932
 Amount \$ 225.00 127.00
 Approved and ordered paid

RECEIVED
 Commissioner of Pensions.
 APPROVED FOR PAYMENT
Heaton
 OFFICE
 PAID TO ORDINARY ON THIS CLAIM:
 DATE 1935 FUND FROM WHICH PAID \$
 1 26 1930 127 00
 TOTAL 127 00

Date of Death of Husband

STATE OF GEORGIA,

Bartow COUNTY.

Personally before me comes Hallie G. Gribbs known to be responsible and truthful person, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Fannie M. Battle, who made the foregoing affidavit, is the lawful widow of Dr. R. L. Battle who died in Bartow County in said State of Ga on 24th day of January, 1924, and that she has not since remarried. That she became the wife of R. L. Battle on the 13th day of July, 1864, and that she and he had resided together as man and wife continuously since 13th day of July, 1864, and that the R. L. Battle was the same man who was on the pension roll of said State from Bartow County Georgia when he died.

Sworn to and subscribed before me, this 12th day of Oct, 1928
G. W. Anderson Ordinary
of Bartow County.
(SEAL)

Mrs. Hallie G. Gribbs
Hattie M. Gribbs

citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs. Fannie Battle while in life and that this was the same person whose name appears on the Pension Roll of Bartow County, and was paid a Pension of three Dollars in said County for 1922, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 25th day of March, 1932.
(Seal of Ordinary) R. M. Gaines Ordinary
Bartow County

INSTRUCTIONS

- 1st. 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.
- 2nd. 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.
- 3rd. 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 as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, properly receipted, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

Cartersville, Ga.

Received of R. M. Gaines, Ordinary of Bartow County, Georgia,
One Hundred Twenty-Seven & no/100 (\$127.00) Dollars, to apply on
funeral expenses Mrs. Fannie Battle --- from Pension Department.

This 28th day of August, 1935.

CUMMINGS LONG OWEN,
Funeral Directors

By J. P. Owen mgr.

A Certificate

STATE OF GEORGIA, County of Bartow

IN RE: Expenses last illness and funeral Mrs. Fannie Battle

This is to certify that from an examination of the records in my office, and from personal knowledge, or inquiry, it is ascertained that this pensioner:

1. Died inside of the State of Georgia;
2. Left no estate of any kind or value, sufficient to pay these expenses.

This the 8 day of August, 1935.

(SEAL)

R. M. Gaines, Ordinary

(Ordinary will please complete and return immediately to A. L. Hanson, Director, Veterans Service Office, State Capitol, Atlanta, Ga.)

Cartersville, Ga., March 23, 1932

Mrs. R. H. Renfree

Funeral Expenses for Mrs. Fannie Battle

—IN ACCOUNT WITH—

Cummings-Long-Owen, Inc.

Funeral Directors

104 West Main Street Quick Ambulance Service
PHONE 255

Casket	125.00
Vault	75.00
Embalming	15.00
Funeral Car	15.00
Opening Grave	5.00
	235.00

The above and foregoing account is rendered for funeral expenses of Mrs. Fannie Battle, who died without owning sufficient property to pay this bill.

Cummings-Long-Owen Inc

Sworn to and subscribed before me,
this 25th day of March, 1932.

R. M. Gaines
Ordinary
Bartow Co., Ga.

Cartersville, Ga., March 25 1932

Mrs R. H. Renfroe

Funeral Expenses for Mrs Fannie Battle

IN ACCOUNT WITH

Cummings-Long-Owen, Inc.

Funeral Directors

104 West Main Street

Quick Ambulance Service

PHONE 255

Casket	125 00
Vault	75 00
Embalming	15 00
Funeral Car	15 00
Opening Grave	<u>5 00</u>
	235 00

The above and foregoing account is rendered for funeral expenses of Mrs Fannie Battle, who died without leaving sufficient property to pay this bill.

Cummings - Long - Owen Inc

By R. A. Johnson

Sworn to and subscribed before me,
this 25th day of March, 1932.

R. M. Grooms
Ordinary

Bartow Co., Ga.

STATE OF GEORGIA

Ordinary's Certificate

COUNTY

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

Given under my hand and official seal of office this 22 day of Oct 1919
of Bartow County }
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You give what you say and the answers you make to each of the questions asked you and the witnesses are true and correct to the best of your knowledge and belief." 2. All affidavits must be sworn to by the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Battle, P. D. Bader
Bartow Co.

Oct 19 1920
Confederate
Soldier's Application
Under Act 1910—As Amended by Act of 1918.

County Bartow
Name R. D. Bader
Company B 1
Regiment 202nd Regt
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co. State Printers, Atlanta.

10-29-1919

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-29-1919

Ordinary's Certificate

STATE OF GEORGIA,

COUNTY.

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

Sworn under my hand and official seal of office this 22 day of Oct, 1919.
of Barlow County.
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Soldier's Application Under Act 1910—As Amended by Act of 1919.

Confederate

County

Name

Company

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-29-1919

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

Questions For Applicants to Answer

STATE OF GEORGIA,

COUNTY.

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

1. What is your name and where do you reside? (Give County and Post-office.) Robert A. Battle, in Barrowsville, Ga.
2. How long and since when have you been a continuous resident citizen of this State? Since 1871
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Confederate States Army

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) May 17-1861, Nashville, Tenn. Co. B, 30th Reg.

5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) Something more than one year

6. When and where was your Company and Regiment surrendered or discharged from the Service? April 26, 1865, Freedman, what was left of them

7. Were you actually present with your command when it was surrendered or discharged? Yes

8. If you were not actually present, state specifically and clearly where you were. in Georgia

9. Where was your command when you left it? Went to England, in West Virginia, exchanged and held for 1 year

b. When did you leave the command? in the fall of 1862

c. For what cause did you leave? Went to England, which

d. By whose authority did you leave? and so on

e. For how long was your leave granted? In what way? 1 year

f. Why did you not return to your command after leave expired? Yes

g. In what way were you prevented? Yes

h. What effort did you make to return? Yes

i. Were you captured during the war? Yes

j. If so, when and where? In what prison were you held and when were you released? March 1862, New Orleans, Mo. 1862

9. Are you drawing a pension of any amount from this State or the United States? no

10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? no

Sworn to and subscribed before me, this the 22 day of Oct, 1919.
of Barlow County.
(SEAL)

Battle, R.D.
Bartow Co.
No. 1420
Confederate
Soldier's Applicant
Under Act 1910—As Amended by Act 1911
County Bartow
Name R.D. Battle
Company B-1
Regiment 20th
Approved _____

J. W. LINDSE
Commissioner of Pensions
Bartow Printing Co., State Printers, Atlanta

10-29-19

- a. When did you leave the command? March 1862
c. For what cause did you leave? Went for the 1st Regt. 1st Ala.
d. By whose authority did you leave? and so on
e. For how long was your leave granted? In what way?
f. Why did you not return to your command after leave expired?
g. In what way were you prevented?
h. What effort did you make to return?
i. Were you captured during the war? Yes
j. If so, when and where? In what prison were you held and when were you released?
March 1862 Alton Ill. Mo. 1862
9. Are you drawing a pension of any amount from this State or the United States? no
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? no

Sworn and subscribed before me, this the _____ day of _____, 1919.
G.W. Henderson Ordinary
of Bartow County.
(SEAL) R.D. Battle

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)

UNDER ACT APPROVED OCTOBER 9, 1901.

STATE OF GEORGIA, Bartow County

Personally before me comes Mrs. M. F. Battle, of said County, who after being duly sworn, on oath says that she is the widow of Dr. Robt. J. Battle who was duly enrolled as a Service Soldier Pensioner from the County of Bartow and was paid a Pension of One Hundred Dollars from Bartow County for 1920, and that the said Robt. J. Battle died in Bartow County on the 14th day of Jan, 1921, and at the time of his death a Pension of \$ 1.00 was due him from Bartow County and unpaid for 1921. Applicant further swears that she married the said Robt. J. Battle on the 13th day of July, 1864, in Bartow County and State of Ga, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 20th day of December, 1921.
G.W. Henderson Ordinary.
Bartow County. Mrs M. F. Battle (L. S.)
(SEAL)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Bartow County

Personally before me comes E. V. Gibbons, who on oath says that he knew Dr. Robt. J. Battle while in life and that he knows Mrs. M. F. Battle the above applicant; that he knows that the said Robt. J. Battle and Mrs. M. F. Battle were in due form of law married in the County of Bartow in the State of Ga on the 13th day of July, 1864, and that they resided together as husband and wife from date of marriage to the day of his death on the 14th day of January, 1921, and I know that she is his dependent widow.

Sworn to and subscribed before me this 20th day of December, 1921.
G.W. Henderson Ordinary.
Bartow County. E. V. Gibbons
(SEAL)

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)

UNDER ACT APPROVED OCTOBER 9, 1901.

STATE OF GEORGIA, Bartow County

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Sworn to and subscribed before me this 20th day of December, 1921.
G.W. Henderson Ordinary.
Bartow County. Mrs M. F. Battle (L. S.)
(SEAL)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Bartow County

Personally before me comes E. V. Gibbons, who on oath says that he knew Dr. Robt. J. Battle while in life and that he knows Mrs. M. F. Battle the above applicant; that he knows that the said Robt. J. Battle and Mrs. M. F. Battle were in due form of law married in the County of Bartow in the State of Ga on the 13th day of July, 1864, and that they resided together as husband and wife from date of marriage to the day of his death on the _____ day of January, 1921, and I know that she is his dependent widow.

Sworn to and subscribed before me this 20th day of December, 1921.
G.W. Henderson Ordinary.
Bartow County. E. V. Gibbons
(SEAL)

1st. This form can be used by guardian, or minor children, where there is no widow.
2nd. The Ordinary must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by suitable only for tracing. Such a certificate is entirely too bulky for use in any sort of pension paper.
3rd. This form is for widows of disabled soldiers who died after October 31st, and for widows and dependent children of service soldiers who died after November 1st.
4th. The Ordinary should examine the blank carefully and see that it is fully and correctly completed, and the seals affixed, and that the back, when folded, is filed out.
5th. Pay out no money on this application until it is approved in the Pension Office, and returned to you as your authority to make the payment.
6th. Return this application with your final settlement to the Pension Office.
7th. The widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.
8th. The pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If widow of a "new" pensioner, who was due 18th and 19th pensions, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

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