

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow COUNTY.

Samuel Burns
his heirs

of Barlow

being authorized

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

at Stonewall by Chick

Witness my hand and seal, this 23rd day of June

190 4

Samuel Burns

[T.S.]

Executed in presence of

J. H. Hurd

Pension Office, 10/1/04.

It is up to the applicant to make out a claim when a sick furlough is relied on. Must state date of furlough, by whom granted and for what reason why he could not return to duty before the surrender. It is important to know amount of land.

J. W. Lindsey,
Com. of Pensions.

Burns, Samuel
Barlow Co.

No. CA N. for 1910

INDIGENT PENSION.

190

Name Samuel Burns

County Barlow

Co. D. 2nd S.C. Regt.

Approved _____ 190

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

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

8/9/04.

9/20/04

Co. D. 2nd SS Regt. 190
Approved _____
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO _____
Ordinary will write name of Applicant, Company
and Regiment on back as indicated above.
Geo. W. Harrison, State Printer, Atlanta, Ga.
8/9/14. 9344

OF ATTORNEY.
Barnes, Samuel Burns hereby authorize
of Barlow County, Ga.
to receive for me the pension
allowed by law to Samuel Burns
by Chuck
day of June 1904
Witness Samuel Burns [L.S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow COUNTY.
Samuel Burns hereby authorize
G. W. Harrison of Barlow County, Ga.
to receive and receipt for the pension allowed and request that he remit same to me
at Adairsville by Chuck
Witness my hand and seal, this 25th day of June 1904.
Samuel Burns [L.S.]
Executed in presence of
J. H. Hurd

Pension Office, 10/1/04.
It is up to the applicant to
make out a claim when a check
has been issued on. Must
state date of birth, by
state granted and for what
reason. It is important to know amount
of land. J. W. Harrison,
Com. of Pensions.

INDIGENT PENSION.

190

Name Samuel Burns
County Barlow
Co. D. 2nd SS Regt.
Approved _____
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO _____
Ordinary will write name of Applicant, Company
and Regiment on back as indicated above.
Geo. W. Harrison, State Printer, Atlanta, Ga.
8/9/14. 9344

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Barlow COUNTY.
Jordan Bailey of said State and County, having been presented
as a witness in support of the application of Samuel Burns for pension
under section 1254, Code, and after being 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? Jordan Bailey
Near Adamsville, Ga.
2. Are you acquainted with Samuel Burns the applicant; if so, how
long have you known him? Since 1860
3. Where does he reside, and how long and since when has he been a resident of this State?
Near Adamsville, Barlow Co. Ga. - 2nd since 1871
4. When, where and in what company and regiment did he enlist, and how do you know?
July 9-1861. 1st Anderson's Ill. in 8th Co. D. 2nd I.C. Regt.
5. Were you a member of the same company and regiment?
Yes
6. How long did he perform regular military duty?
Nearly 4 years.
7. When and where was his command surrendered?
April 9, 1865. At Appomattox, Virginia
8. Were you present when it surrendered?
I was
9. Was applicant present?
No
10. If he was not present, where was he? He was sent home one Friday
before he left his command. For what cause?
He was sent home for the exact date when he was sent home
he was sent home for the exact date when he was sent home
he was sent home for the exact date when he was sent home
11. What property, effects or income has the applicant? (Give your means of knowledge.)
Has none. I was never in
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902,
and what disposition, if any, did he make of same?
Has not had any
and has not sold any or made out,
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
Deposited of any for he had none to sell
14. What is the applicant's occupation and physical condition? (Give your means of knowledge.)
His physical condition is bad
15. Is the applicant unable to support himself by labor of any sort; if so, why?
he is, on
account of his diseases, rheumatism
heart disease
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
By the help of his children
17. What portion of his support for those four years was derived from his own labor or income?
About 1/3 of his support I was able to
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under
Section 1254, Code?
He has rheumatism, heart trouble,
getting old and not able to perform labor
19. Who composes family? What property have they? Children's age and their earning capacity?
Has a wife, one daughter and one son.
His wife has a small farm, children's money
20. What interest have you in the recovery of a pension by this applicant?
None
Sworn to and subscribed before me, this the
25th day of June 1904
G. W. Harrison Ordinary.
Witness
Jordan Bailey
monk

Pension Office, 10/1/02.

It is up to the applicant to make out a claim. It is not the duty of the Pension Office to make out a claim for anyone. It is the duty of the Pension Office to make out a claim for anyone who is entitled to it. It is the duty of the Pension Office to make out a claim for anyone who is entitled to it.

INDIGENT PENSION.

190

Name Samuel Burns

County Barlow

Co. D. 2nd S.C.

Approved 100

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

JOHN W. LINDSEY, 9/19/04.

What authority do you have to know all of this? Regulated a business, but it was not long before the business fell with the war.

11. What property, effects or income has the applicant? (Give your means of knowledge.) Has none. I have never had any.

12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? Has not had any. And has not sold any or made any.

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Has not conveyed away any of his property in the last four years; if so, what was it, and to whom?

14. What is the applicant's occupation and physical condition? Has none. His physical condition is bad.

15. Is the applicant unable to support himself by labor of any sort; if so, what? He is on account of his diseases, rheumatism, heart disease.

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? By the help of his children.

17. What portion of his support for those four years was derived from his own labor or income? About 1/3 of his support is made from his own labor or income.

18. Give a full and complete statement of the applicant's physical condition that qualifies him to a pension under Section 1254, Code? He has rheumatism, heart trouble, getting old and not able to perform labor.

19. Who does he live with? What property have they? Children's age and their earning capacity? Has a wife. One daughter and one son. His wife has a small farm. Children none.

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

Sworn to and subscribed before me, this 25 day of June 1904. J. W. Lindsey, Ordinary.

Witness: J. W. Lindsey, Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Barlow COUNTY.

Personally came before me Dr. M. W. Dykes and Dr. J. P. Davidson, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Samuel Burns, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He has chronic rheumatism and organic heart trouble of a serious nature, which renders him unable and would be unsafe for him to attempt active manual labor at any time, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this 25 day of June 1904. M. W. Dykes (M. D.) J. P. Davidson (M. D.) G. W. Lindrick, Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Barlow COUNTY.

I, G. W. Lindrick, Ordinary, in and for said County, hereby certify that the applicant, Samuel Burns, resides in said County, and has been a bona fide resident of this State since the 12th day of June 1861, and that his witnesses, viz: Jordan Bailey, L. C. Prichard, J. H. Word, Dr. M. W. Dykes, J. P. Davidson, 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 herein prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digest of Barlow County shows that applicant returned for taxation in his name in 1899. Dollars of property; and in 1900. Dollars of property; in 1901. Dollars of property; in 1902. Dollars of property.

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

Witness my hand and seal of office, this 25 day of July 1904. G. W. Lindrick, Ordinary, of Barlow County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."

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

3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Barlow COUNTY.

I, Samuel Burns, of said State and County, desiring to avail myself of the Pension Act (Section 1254, Code), hereby submit my proofs, and after being duly sworn true answers to make to the following questions, "sworn and answers as follows:

1. What is your name and where do you reside? (Give State County and post-office.) Samuel Burns, Adamsville Ga.

2. How long and since when have you been a resident of the State? Since 1877.

3. When and where were you born? 1838, in S.C.

4. When and where and in what company and regiment did you enlist to serve? 1861, A Co. 1st Regt. S.C. - in Co. D. 2nd S.C. Regt.

5. How long did you remain in such company and regiment? Till the close of the war.

6. When and where was your company and regiment surrendered and discharged? April 9, 1865, at Appomattox.

7. Were you present with your company and regiment when it was surrendered? I was not.

8. If not present, state specifically and clearly when you were, when you left your command, for what cause and by whose authority? I was at home in S.C. in sick leave.

9. How much can you earn (gross) per annum by your own exertions or labor? About \$5.

10. What has been your occupation since 1865? Farming.

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? Age and poverty.

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its cause? If upon the third, state whether you were totally blind and when and where you lost your sight? I have rheumatism and affected with heart disease.

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

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? Have not had or owned any.

15. In what County did you reside during those years, and what property did you then return for taxation? Barlow. None.

16. How were you supported during the years 1899, 1900, 1901 and 1902? By aid of my sons.

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? About \$3.

18. What was your employment during 1898, 1899, 1900, 1901 and 1902? What pay did you receive in each year? I have been simply living what I could on my homestead, or other property? Their ages and how employed? Yes. Have a wife and one daughter and one son with me. My wife owns a small farm.

19. Are you receiving any pension? If so, what amount and for what disability? Not receiving any.

20. Have you ever made an application for pension before? Yes.

21. How many applications have you ever made and under what class? Two, under the Indigent class.

Sworn to and subscribed before me, this 25 day of June 1904. G. W. Lindrick, Ordinary, of Barlow County.

Witness: Samuel Burns, Applicant.

Barlow COUNTY.
 I, Geo. H. Hendricks Ordinary, in and for said County, hereby certify
 that the applicant Samuel Burns resides in said County, and has
 been a bona fide resident of this State since the 1874 day of July
 and that the witness, viz. Jordan Bailey, S. C. Prichard,
J. N. Word, Dr. M. W. Dykes, & P. B. Doudin
 are of trustworthy character, and that their statements are entitled to full faith and credit.
 I further certify that before answering the foregoing questions the applicant and each witness took the oath
 hereon prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed.
 I further certify that the tax digest of Barlow County shows that applicant
 returned for taxation in his name in 1899. Dollars of
 property, and in 1900. Dollars of property; in 1901
 Dollars of property; in 1902
 Dollars of property.
 In my opinion the foregoing claim is made in good faith.
 Witness my hand and seal of office this 8th day of July, 1909
Geo. H. Hendricks Ordinary,
 of Barlow County.

NOTE.

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

Every Question Must Be Answered on the following grounds on you raise your application for pension, viz. "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty." Actual blindness
 12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight. I have rheumatism and affected with most disease
 13. What property, real and personal, or income, do you possess, and its gross value? None
 14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? Have not had or owned any
 15. In what County did you reside during those years, and what property did you then return for taxation? Barlow
 16. How were you supported during the years 1899, 1900, 1901 and 1902? By an wife
 17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I do not know
 18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? I have been simply doing what I could for you
 19. Have you a family? If so, who composes such family? Give their means of support? Have they homestead, or other property? Their ages and how employed? Yes, I have a wife and one daughter, and one son with me. My wife owns a small farm
 20. Are you receiving any pension? If so, what amount and for what disability? Not receiving any
 21. Have you ever made an application for pension before? Yes
 22. How many applications have you ever made and under what class? Under the Indigent Class
 Sworn to and subscribed before me this the 8th day of June, 1909 Samuel Burns Applicant,
Geo. H. Hendricks Ordinary,
 of Barlow County.

Georgia, Barlow County.
 Personally appeared before me, Dr. Martin Eagle of said County and on oath says:—
 "I have known Samuel Burns personally for the past two years. Have practiced for him and his family. Mr. Burns has an organic heart disease and dare not attempt to do manual labor of any kind. He also has a kidney disease and rheumatism. He is physically totally unable to work and support himself. He is entirely dependent upon his family for support and maintenance. The family is composed of his wife, one daughter and one son. They live in a little place that belongs to his wife, which yields annually about fifty dollars."

Sworn to and subscribed before me, Oct 8th 1909
Dr. M. Eagle
Geo. H. Hendricks
Ordinary

This is an application long been pending and is a worthy case, and it has been overlooked. Mr. Burns is a worthy good man, and I will state that you can afford to approve his application with perfect consistency. I want you to approve this case. Be sure and don't fail.
Yours Truly
Geo. H. Hendricks Ordinary

Georgia, Barlow County.
 Personally came before me, Samuel Burns, applicant for pension, and for amendment to his former application. On oath says that he was at home in a sick bed near Wall Holla South Carolina at the date of the surrender in April 1865. That he was granted the Daulough Ammunition in March 1865 for thirty days or perhaps sixty days; that it was on account of his serious sickness with scurvy; that he never recovered from this disease for several months after the surrender; that he reported to the Doctor in Wall Holla, every few days as he was directed; that he never was able to return to the army at any time before the surrender, if he could have gone unimpeded. Also as to the land of his wife, it is a small little place of but little value and yields her a small sum, say about fifty or sixty dollars; that there are four in family, his wife, himself, one daughter and one son; that as to himself he is now seventy one years of age to day; that he is not physically able to earn a support and has no income on which to rely, but is dependent upon his family for a support and maintenance.
 Sworn to and subscribed before me, Oct. 8th 1909 Samuel Burns
Geo. H. Hendricks
Ordinary Barlow Co. Ga.

ing a strong disease and rheumatism.
He is physically, totally, unable to work
and support himself. He is entirely de-
pendent upon his family for support
and maintenance. The family is com-
posed of his wife, one daughter and one
son. They live in a little place that belongs
to his wife, which yields annually about
fifty dollars.

Sworn to and subscribed before me. Oct
8th 1909

Dr. M. C. L.
J. W. Hendricks
Onlinay

This is an application long been pending and
is a worthy case, and it has been overlooked.
Mr. Burns is a worthy good man, and
I will state that you can afford to
approve his application with perfect
consistency. I want you to approve
this case. Be sure and don't fail.
Truly
J. W. Hendricks Onlinay

March 1865 for thirty days or perhaps a few
days; that it was in account of his serious
sickness with diphtheria, that he never recovered
from this disease for several months after
the surrender that he reported to the Doctor
in Wall Halla, every few days as he was
directed; that he never was able to re-
turn to the army at any time before the
surrender, if he could have gone unharmed.
Also as to the land of his wife, it is a small
little place of but little value and fields.
her a small sum, say about fifty or sixty
dollars; that there are four in family, his
wife, himself, one daughter and one son; that
as to himself, he is now seventy one years of age
to-day, that he is not physically able to earn a
support and has no income on which to rely, but
is dependent upon his family for a support and
maintenance.
Sworn to and subscribed before me. Oct. 8th 1909
J. W. Hendricks
Onlinay Barton Co. Ga.

Samuel C. Burns

Burford, R. S.
Barlow Co

C. K. Jan 1906.

INDIGENT PENSION.

1906

Name R. S. Burford

County Barlow

Co. E 1st Ga Regt.

Approved 1906

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

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

7/10/06.

STATE OF GEORGIA,

Barlow COUNTY,

R. S. Burford
C. K. Burford
of Barlow Co.

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

Witness my hand and seal, this 18th day of Sept. 1905

at Barlow Co. Ga.

Executed in presence of
A. M. Joute.

POWER OF ATTORNEY.

Approved _____ 1905

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

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

7/16/06.

OF ATTORNEY.

of Barlow hereby authorize
that he send same to
with by ck
day of Sept. 1905
[S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow COUNTY. }
R. S. Buford hereby authorize
G. W. Hendricks of Cartersville Ga

to receive and receipt for the pension allowed and request that he remit same to me
at Cartersville by ck

Witness my hand and seal, this 13th day of Sept. 1905

R. S. Buford [L. S.]

Executed in presence of
A. M. Joute

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Barlow COUNTY. }
R. S. Buford of said State and County, desiring
to avail himself of the Pension Act (Section 1254, Code), 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? R. S. Buford, Cartersville Ga. P. O. 974
2. How long and since when have you been a resident of this State? I have lived in this State all of my life, except 16 1/2 years elsewhere
3. When and where were you born? 1854, in South Carolina
4. When and where and in what company and regiment did you enlist or serve? in Sept. 1864, Cartersville Ga. in Co. C of the 1st North Ga. Cavalry
5. How long did you remain in such company and regiment? I remained in that Company till May 1865

6. When and where was your company and regiment surrendered and discharged? May 13th 1865, At Kingston Ga.

7. Were you present with your company and regiment when it was surrendered? Yes
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?

9. How much can you earn (gross) per annum by your own exertions or labor? \$30.00

10. What has been your occupation since 1865? hired farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? Age and Poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I have not been able to earn a support in eight years. I am badly crippled and I am afflicted with rheumatism

13. What property, real and personal, or income, do you possess, and its gross value? I have neither property nor income

14. What property, real or personal, did you possess in 1864, 1865, 1866, 1867, 1868, 1869, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? I have not owned any property since 1874

15. In what County did you reside during these years, and what property did you then return for taxation? Barlow. Can't recollect, but know it was Barlow

16. How were you supported during the years 1869, 1900, 1901 and 1902? I have lived about with my children. They are all married

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Can't tell. had no part

18. What was your employment during 1868, 1869, 1901 and 1902? What pay did you receive in each year? I have been living with my children, they support me

19. Have you a family? If so, who compose such family? Give your means of support? Have they homestead or other property? Their ages and how employed? I have no family. Wife and about 5 or 6 years ago I was above. Had a family but they are all married

20. Are you receiving any pension? If so, what amount and for what disability? No

21. Have you ever made an application for pension before? No

22. How many applications have you ever made and under what class? None at all

Sworn to and subscribed before me this 13th day of Sept. 1905
G. W. Hendricks Ordinary,
of Barlow County.

Every Question MUST Be Answered.

INDIGENT PENSION.

1906

R. S. Buford
County Barlow
Co. C 1st Ga Regt. 190

Approved _____ 1906

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

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

7/16/06.

Buford, R. S.
Cartersville
Oct. 1906

Burford, Chas.
Burford Co
Chas. Burford
 INDIGENT PENSION.
 1906
 Name *R. S. Burford*
 County *Burford*
 Co. *E. 1st Ga* Regt.
 Approved *1906*
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
 Ordinary will write name of Applicant, Company and Regiment on back as indicated above.
1/10/06.

Every question must be answered.

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? *Age and poverty*

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? *I have not been able to earn a support for eight years. I am badly crippled and I am afflicted with rheumatism.*

13. What property, real and personal, or income, do you possess, and its gross value? *I have neither property nor income.*

14. What property, real or personal, did you possess in 1884, 1885, 1886, 1887, 1888, 1889, 1890, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? *I have not owned any property since 1874.*

15. In what County did you reside during these years, and what property did you then return for taxation? *Burford. Can't recall, but know it was very little.*

16. How were you supported during the years 1889, 1900, 1901 and 1902? *I have lived about with my children. They are all married.*

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *Can't tell. have no part.*

18. What was your employment during 1888, 1889, 1901 and 1902? What pay did you receive in each year? *I have been living with my children. They support me.*

19. Have you a family? If so, who compose such family? Give their means of support? Have they homestead or other property? Their ages and how employed? *I have no family. Was and about 30 years ago as above. Now live simply with my children.*

20. Are you receiving any pension? If so, what amount and for what disability? *No.*

21. Have you ever made an application for pension before? *No.*

22. How many applications have you ever made and under what class? *None at all.*

Sworn to and subscribed before me this the *19th* day of *Apr* 190*6*. *R. S. Burford* Applicant. ☒
J. W. Hendricks Ordinary.
 of *Burford* County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Burford County.
J. A. Stephenson of said State and County, having been presented as a witness in support of the application of *R. S. Burford* for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *J. A. Stephenson. At Whitesboro, Burford Co. Ga.*

2. Are you acquainted with *R. S. Burford*, the applicant; if so, how long have you known him? *Since 1857.*

3. Where does he reside, and how long and since when has he been a resident of this State? *In Burford Co. Ga. Since I have known him (1857).*

4. When, where and in what company and regiment did he enlist, and how do you know? *He was a member of Co. B. 1st Regt. Ga. Cav. when he enlisted in Apr. 1864.*

5. Were you a member of the same company and regiment? *Yes.*

6. How long did he perform regular military duty? *About 4 yrs. that I know of.*

7. When and where was his command surrendered? *May 12th 1865 at Kingston Ga.*

8. Were you present when it surrendered? *Yes.*

9. Was applicant present? *Yes.*

10. If he was not present, where was he? *Yes.*

When did he leave his command? *For what cause?*

By what authority he left? *How do you know all of this?*

We were both present at the surrender at Kingston, Burford Co. Ga. May 12, 1865.

11. What property, effects or income has the applicant? (Give your means of knowledge.) *Has none. I have known his condition since 1857.*

12. What property, effects or income did the applicant possess in 1889, 1887, 1888, 1889, 1900, 1901 and 1902, and what disposition, if any, did he make of same? *He has not had any property in twenty five years past, any, ant.*

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? *He has not.*

14. What is the applicant's occupation and physical condition? *He has been a farmer in the past. Nothing now. He is old and not stout. Quite infirm.*

15. Is the applicant unable to support himself by labor of any sort; if so, why? *He is, because of his old age, infirmities and being crippled.*

16. How was he supported during the years 1888, 1889, 1900, 1901 and 1902? *He has been living with his children.*

17. What portion of his support for these four years was derived from his own labor or income? *He has simply been supported by his children.*

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? *He is old, infirm, and the only thing he is not able to work. Has to be supported by others.*

19. Who composes family? What property have they? Children's age and their earning capacity? *Has no family. No real property. Children grown and have families. He is physically not able to work.*

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

Sworn to and subscribed before me, this the *19th* day of *Apr* 190*6*. *J. A. Stephenson* Witness.
J. W. Hendricks Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Burford County.
 Personally came before me *Dr. F. R. Calhoun* and *W. G. Calhoun*, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully *R. S. Burford*, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Buttly ruptured on left side. He is old and infirm and unable to earn a support.

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

Sworn to and subscribed before me, this, the *19th* day of *Apr* 190*6*. *F. R. Calhoun* and *W. G. Calhoun* Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Burford County.
 I, *J. W. Hendricks* Ordinary, in and for said County, hereby certify that the applicant *R. S. Burford* resides in said County, and has been a bona fide resident of this State since the *19th* day of *Apr* 1857, and that the witnesses, viz: *J. A. Stephenson, F. R. Calhoun, and W. G. Calhoun* are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of *Burford* County shows that applicant returned for taxation in his name in 1889, *76* Dollars of property; in 1901, *76* Dollars of property; in 1902, *76* Dollars of property; in 1903, *76* Dollars of property; in 1904, *76* Dollars of property; in 1905, *76* Dollars of property; in 1906, *76* Dollars of property.

In my opinion the foregoing claim is *Nothing* made in good faith.

Witness my hand and seal of office, this *19th* day of *Apr* 190*6*. *J. W. Hendricks* Ordinary, of *Burford* County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."

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

3. In every case the Ordinary must certify to the character of the witnesses, and as to the execution of the proof as above set out.

Barlow County, Georgia.

I, G. W. Hendricks, Ordinary, in and for said County, hereby certify that the applicant R. S. Burford resides in said County, and has been a bona fide resident of this State since the 1st day of May, 1885, and that the witnesses, viz., J. A. Stephenson, J. R. Balhoun, and H. D. Balhoun are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Barlow County shows that applicant returned for taxation in his name in 1899 230 Dollars of property, and in 1900 76 Dollars of property; in 1901 Nothing Dollars of property; in 1902 Nothing Dollars of property; in 1903 Nothing Dollars of property; in 1904 Nothing Dollars of property; in 1905 Nothing Dollars of property.

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

Witness my hand and seal of office, this 12th day of Sept, 1905.

G. W. Hendricks Ordinary, of Barlow County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."

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

3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

Barlow County, Georgia.

I, R. S. Burford, hereby authorize G. W. Hendricks of Barlow County to receive and receipt for the pension allowed, and request that he remit same to me at Barlow.

WITNESS my hand and seal, this 13 day of Jan, 1906.

R. S. Burford [L. S.]

Executed in the presence of mark

POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow COUNTY.

I, R. S. Burford, hereby authorize G. W. Hendricks of Barlow County to receive and receipt for the pension allowed, and request that he remit same to me at Barlow.

WITNESS my hand and seal, this 13 day of Jan, 1906.

R. S. Burford [L. S.]

Executed in the presence of mark

POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow COUNTY.

I, R. S. Burford, hereby authorize G. W. Hendricks of Barlow County to receive and receipt for the pension allowed, and request that he remit same to me at Barlow.

WITNESS my hand and seal, this 13 day of Jan, 1906.

R. S. Burford [L. S.]

Executed in the presence of mark

Barlow County, Georgia.

INDIGENT SOLDIER'S PENSION 1906.

Name R. S. Burford
County Barlow
Co. 8th Regiment
1st Cavalry

WARRANT ISSUED JAN 13 1906.

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT HANDED TO mark

Barlow County, Georgia.

INDIGENT SOLDIER'S PENSION 1907.

Name R. S. Burford
County Barlow
Co. 8th Regiment
1st Cavalry

WARRANT ISSUED FEB 4 1907.

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT HANDED TO mark

no data

no data

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

States, and served for the term of 7 1/2 years in Company L, of 1 th Regiment of North Ga Cavalry; that his physical condition is as follows: Has bad case of Rheumatism and has hernia

that his property consists of the following items:

of the value of \$ Dollars. I am now earning by my labor, \$ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of Barlow County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 13 day of Jan, 1906. G. W. Hendricks Ordinary.

State of Georgia,

Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with R. S. Burford 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 Jan, 1906.

G. W. Hendricks Ordinary Barlow County.

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

States, and served for the term of 8 mo in Company C, of 104 th Regiment of North Ga Cav; that his physical condition is as follows: He is physically unable to do any work

that his property consists of the following items:

of the value of \$ Dollars. I am now earning by my labor, \$ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Barlow County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 2nd day of Jan, 1907. G. W. Hendricks Ordinary. max

State of Georgia,

Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with R. S. Burford 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 2nd day of Jan, 1907.

G. W. Hendricks Ordinary Barlow County.

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

BAD COPY - LIGHT PRINT

*Pension Office
9-20-1907*

*Is the owner of
Property of late
able to take care
disposal of estate
it and maintain and
conserve it*

*J. W. Lindsey
Clerk of Court*

*Burroughs, Ed. (Mrs.)
Bartow County*

ACT DEC. 16, 1901.

*Case No. 410-1000
Alimony to kind
Party of late of Property*

WIDOW'S PENSION,

1907

Mrs. *E. D. Burroughs*

County of *Bartow*

Widow of *E. D. Burroughs*

Warrant issued _____ 1907

and handed to _____

J. W. LINDSEY,
Commissioner of Pensions.

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

9/25/07

STATE OF GEORGIA.

POWER OF ATTORNEY.

Bartow COUNTY.

E. D. Burroughs of *Bartow* County

do hereby authorize _____

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

Witness my hand and seal, this _____ day of _____ 1907

*Executed in presence of
J. W. Lindsey
Clerk of Court*

County of Barlow
 Widow of L. Burroughs
 Warrant issued _____ 190____
 and handed to _____
 J. W. LINDSEY,
 Commissioner of Pensions.
 Geo. W. Harrison, State Printer, Atlanta, Ga.
 4/25/07

DE ATTORNEY.
 I, Wm. H. Burroughs, hereby authorize
 request that he remit same to _____
 day of Dec by Wm. H. Burroughs
Barlow 1907
 [Seal]

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow COUNTY.
C. D. Burroughs hereby authorize
G. W. Hendricks of Cartersville Ga
 to receive and receipt for the pension allowed and request that he remit same to _____
 at Kingston Ga by CH
 Witness my hand and seal, this 20 day of Sep 1907
C. D. Burroughs [Seal]
 Executed in presence of
G. W. Hendricks
Ordinary

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA, Personally came Mrs. C. D. Burroughs
 COUNTY OF Barlow who says on oath she is the
 widow of L. E. Burroughs to whom, in the County of
Barlow State of Georgia, she was married on the
23rd day of Dec 1858, that she remained his wife up to the 15
 day of Sep 1907, at which time he died, and that she has not since married.
 At the time of his death he was a resident of Barlow County, in said State of
 Georgia, and was on the Invalid pension roll of the State of Georgia, having been allowed
 a pension of \$ 50. per annum on account of being a soldier in Company R
19. Regiment, Ga Volunteers or State
 What affliction have you and how does it affect you? Indigestion, Rheumatism
and nervousness, head and back and
broken down
 What have you been doing to earn a support since 1st of January, 1900? I have been
engaged waiting on my invalid husband
 What property or effects had you on 1st January, 1900? A small lot in the
town of Kingston, of very little value
 What have you acquired since, and what income have you now? None at all

What disposition have you made of any property since 1st January, 1900, and at what price and for what
 purpose? Made no disposition of any property.
Had none that I could dispose of.

Deponent further says that she is now a resident of Barlow County, and has contin-
 uously resided in the State of Georgia since the _____ day of _____ 1853

She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.

Sworn to and subscribed before me, this 20 day of Dec 1907

G. W. Hendricks
 before me, 4/20/1907 G. W. Hendricks
 Ordinary of Barlow County.

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

WIDOW'S PENSION,
 1907
 Mrs. C. D. Burroughs
 County of Barlow
 Widow of L. E. Burroughs
 Warrant issued _____ 190____
 and handed to _____
 J. W. LINDSEY,
 Commissioner of Pensions.
 Geo. W. Harrison, State Printer, Atlanta, Ga.
 4/25/07
 ACT DEC. 18, 1901.
 No. _____
 C. D. Burroughs
 G. W. Hendricks
 4/20/1907
 So the annuity of
 \$50.00 per month
 payable to the widow
 of said deceased
 is hereby ordered
 to be paid to her
 at the office of the
 Commissioner of Pensions
 in the sum of
 \$50.00 per month
 J. W. Lindsey
 Commr of Pensions
 4/20/1907

Census of 1900, Col. (nos.)
Barlow County
 ACT DEC. 16, 1901.
 No. *100*
WIDOW'S PENSION,
 1907
Mr. L. D. Burroughs
 County of *Barlow*
 Widow of *L. Burroughs*
 Warrant issued *100*
 and mailed to *Barlow*
 J. W. LINDSEY,
 Commissioner of Pensions.
9/25/07

What have you been doing to earn a support since 1st of January, 1900? *I have been engaged waiting on my invalid husband*
 What property or effects had you on 1st January, 1900? *Small lot in the town of Kingston of very little value*
 What have you acquired since, and what income have you now? *None at all*
 What disposition have you made of any property since 1st January, 1900, and at what price and for what purpose? *Made no disposition of any property. Had none that I could dispose of.*
 Deponent further says that she is now a resident of *Barlow* County, and has continuously resided in the State of Georgia since the *1853* day of *1853*
 She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.
 Sworn to and subscribed before me, this *20* day of *Sept* 1907
Sworn to and subscribed before me, this 20th day of Sept 1907 J. W. Lindsey
 Ordinary of *Barlow* County.
 Note.—All blank spaces must be filled before signing.

See copy marriage license made attached

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, Personally came *J. E. Hall*
 COUNTY OF *Barlow* *J. A. Cobb* and
J. A. Cobb known to me to be reputable and truthful person, who says on oath that from his own personal knowledge Mrs. *L. D. Burroughs*
 who made the foregoing affidavit, is the widow of *L. D. Burroughs*
 who died in *Barlow* County and State of *Georgia* on the *18th* day of *Sept* 1907, and that she has not since married; that she became his wife on the *8th* day of *Dec* 1858, and remained up to the time of his death, and that she has resided in this State continuously since the *1853* day of *1853*
 With what affliction does she suffer? *Indigestion, Rheumatism, nervousness and general debility incident to old age*
 What property or income had she on 1st January, 1900? *Lot in Kingston Barlow County Ga. of very little worth no income*
 What has she in her possession and control now? *Nothing but the lot in Kingston above mentioned. Worth very little indeed*
 How was she supported in 1900 and 1901? *By Mr. Burroughs's pension and from the charity of friends and neighbors.*
 I have no personal interest in the pension asked for *J. E. Hall*
John H. Cobb
Geo. Cobb
 Sworn to and subscribed before me, this *21* day of *Sept* 1907
J. W. Lindsey
 Ordinary *Barlow* County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, Personally came before me *Dr. W. C. Griffin*
 COUNTY OF *Barlow* *St. J. Cornington* both of whom are known to me to be reputable physicians, who say on oath that they personally know *L. D. Burroughs* mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her earning a support) *Is old infirm, suffers from Rheumatism Has been in constant attendance upon her husband for the past six years, is broken down and at her age, will be very slow if she ever recovers and is unable to earn a support*
 Sworn to and subscribed before me, this *20* day of *Sept* 1907
J. W. Lindsey
 Ordinary of *Barlow* County.

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

STATE OF GEORGIA, I, *J. W. Lindsey* Ordinary,
 COUNTY OF *Barlow* in and for said County, *Barlow* State of Georgia, hereby certify that I am acquainted with Mrs. *L. D. Burroughs* 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 *1853* day of *1853*, and has not lived out of the State since that date. I also certify that the witnesses, to-wit: *J. E. Hall* *John H. Cobb* and *Geo. Cobb* 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 *21st* day of *Sept* 1907
J. W. Lindsey
 Ordinary,
Barlow County Ga

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. State of marriage is essential and must be submitted.
 Proofs by one witness and two physicians will be accepted when it is shown that the same cannot be furnished, but in all cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case covering the above points.
 Affidavits must be made in presence of the Ordinary.

Sworn to and subscribed before me, this 21- day of Sep 1907
Ordinary Barlow County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, Personally came before me
COUNTY OF Bartow } Dr. W. C. Griffin
and St. J. Worthington both of whom are known to me to be reputable
physicians, who say on oath that they personally know C. D. Burroughs
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her
earning a support) Is old infirm, suffers from Rheumatism
Has been in constant attendance upon her husband
for the past six years, is broken down and
at her age, will be very slow if she ever recovers
and is unable to earn a support. NC 44
Sworn to and subscribed before me, this 20- day of Sep 1907
Ordinary of Bartow County.

NOTES.

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

Application for Pension Due to a Deceased Pensioner

Under the Act of August 15, 1904

To Be Paid to the Ordinary for Funeral Expenses and Expenses of Last Illness

GEORGIA, Bartow County.
Personally before me, the Ordinary of said County, comes James L
Burroughs of said County, who, after being sworn, on oath says that
he knew Mr. C. D. Burroughs of said County, and that he was on
the Widows Pension Roll Bartow County at the
time of his death, which occurred in Bartow County, in this
State, on the 27-1 day of March 1904, and that
a Pension of One Hundred Dollars was due him and
unpaid at the time of his death. That he left no widow or dependent children surviving him, and no estate
of any value sufficient to pay his funeral expenses, which amounted to the sum of 100.00
Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me
this 30 day of April 1924
G. W. Anderson Ordinary.
Bartow County.

GEORGIA, Bartow County.
May 8 1924

AFFIDAVIT OF ORDINARY

I, G. W. Anderson Ordinary of said County, do certify
that I personally know J. L. Burroughs, who is a resident
citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and
credit.
I also knew Mr. C. D. Burroughs while in life; that he
was the same person whose name appears on the Widows Pension
Roll of Bartow County, and was paid a Pension
of One Hundred Dollars in said County for 1902, and
I now believe him to be dead.

Given under my hand and official seal, this 2-4 day of May 1924
G. W. Anderson Ordinary.
Bartow County.

NOTE—Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the
account in itemized form, giving value of each item and for what. Running accounts, other than those connect-
ed with last illness before death, cannot be paid. All accounts must be made out and sworn to before the Ordinary,
in the following form:

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the
case may be) of _____ who died without leaving sufficient property to pay
this bill."

Parties who pay such bills must see to it that they are itemized and sworn to as above directed before
presenting them for payment by the State.
The Ordinary must see that an affidavit has been made on the face or back of each bill submitted for pay-
ment, and must then attach each bill to this voucher and send to the Pension Office so that his account may be
given credit for the money thus paid out. If you have any doubt about a claim, send it to this Office for instruc-
tions.

Application for Pension Due to a Deceased Pensioner.

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)

(Under Act Approved August 15, 1904)

GEORGIA, _____ County.
Personally before me, the Ordinary of said County, comes _____
of said County, who, after being sworn, on oath
says that he knew _____ of said County, and that said Pensioner
was on the _____ Pension Roll of _____ County at the
time of death, which occurred in _____ County, in this
State, on the _____ day of _____ 1922, and that
a Pension of _____ (\$ _____) Dollars was due pensioner and
unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children
surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted
to the sum of \$ _____, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me
this _____ day of _____ 1922
_____, Ordinary
(Seal of Ordinary) _____ County

CERTIFICATE OF ORDINARY

GEORGIA, _____ County.
I, _____, Ordinary of said County, do certify
that I personally know _____, who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to
full faith and credit; that I also knew _____ while in life and that this
was the same person whose name appears on the _____ Pension
Roll of _____ County, and was paid a Pension
of _____ (\$ _____) 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 _____ day of _____ 1922
(Seal of Ordinary) _____, Ordinary
_____ County

INSTRUCTIONS:

- 1st. For use in all cases where pensioner died after January 1st, but not more than twelve months, and died without
leaving sufficient property to pay such expenses. THE WIDOW OF A SOLDIER, IF SHE IS LIVING, HAS PRIOR CLAIM OVER
THOSE EXPENSES AND MUST MAKE APPLICATION ON YELLOW SLIP.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each
item and the value of it, and each date.
- 3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.
4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, un-
paid," etc.)
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____ who died without leaving sufficient property to pay
this bill."
- 5th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached
hereto in this blank, after this blank has been properly completed as indicated.
- 6th. 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.
- 7th. The Ordinary signs pay roll, as Ordinary, for the pension and then delivers the money himself and takes receipt.
8th. Accept no bills for services until you write the Pension Department, stating the circumstances in very great detail. Pen-
sioner's children or children-in-law must not charge the State for doing only what the law and common humanity demand of them.
- 9th. Return this application, and attached bills, with your final settlement to the Pension Department.
- 10th. Ordinary should see that the back of this blank, when folded, is filled out.

Date of Death *27th March 1954*
Amount \$ *#100*

Approved and ordered paid

[Signature] **COM. REGOR,** 1954
Comptroller of the Port of Boston.

Paid to Female, price
[Signature]
[Signature]

Ordinary: *EN* out above in full and send the *EN* to the Pension Department for approval. Do not pay out the money until the approved bill is in your hands, giving you authority to do so. Send back to the Pension Department with your requested pay-rolls to be permanently filed with them. Do not keep this application in your office.

Kingston, Ga., June 23 1924

Mrs C A Burroughs.

Kingston, Ga.

To C. L. ELLIS, M. D. DR.

TO MEDICAL SERVICES RENDERED \$15.00

May 22	One visit night	\$3.00
" "	" " "	"
" 24	" " "	2.00
" "	" " "	"
" 26	" " "	2.00
" "	" " "	"
" 27	" " "	2.00
" "	" " "	"
" 28	" " "	2.00
" "	" " "	"

George Barber & Chas. B. Ellis \$15.00
Remittance from Dr. Ellis made by check dated June 1st 1924
Very truly yours,
Chas. B. Ellis
Attest:
J. H. Wiley Jr.
My duty when presented to signed receipt of account can be furnished on request.

one of the firm of the Kingston Supply Company, and
in each says the foregoing account is just,
correct and true and unfeigned.

Sworn to and Subscribed
before me, May 1st 1924 } W.D. Henderson
Justices
Ordinary

Kingston, Ga., June 23 1924

Mrs C. D. Burroughs

Thungatees, Ga.
To C. L. ELLIS, M. D. DR.

TO MEDICAL SERVICES RENDERED \$15.00

May 22. One visit night	\$3.00
" 23 " "	2.00
" 24 " "	2.00
" 25 " "	2.00
" 26 " "	2.00
" 27 " "	2.00
" 28 " "	2.00
Total	\$15.00

Georgia, Bartow Co. Charles L. Ellis, M.D.
Remitted to Mrs. C. D. Burroughs
by order of the Court of the County of Bartow
and the County of Thungatees, Ga.
The Court of the County of Bartow and the County of Thungatees, Ga.
do hereby certify that the foregoing account can be furnished
on request.
J. W. Henderson

Kingston, Ga., May 1 1924

Mrs C. D. Burroughs

Thungatees Ga.
To C. L. ELLIS, M. D. DR.

TO MEDICAL SERVICES RENDERED \$15.00

Georgia, Bartow Co.
Remitted to Mrs. C. D. Burroughs
by order of the Court of the County of Bartow
and the County of Thungatees, Ga.
The Court of the County of Bartow and the County of Thungatees, Ga.
do hereby certify that the foregoing account can be furnished
on request.
J. W. Henderson

State of Georgia, To any Ordained Minister of
Bartow County, the Gospel Judge of the Superior
Court, Justice of the Inferior Court or Justice
of the Peace. You are hereby authorized to
join Leroy Burroughs and Miss Catherine
D. Redlow in lawful bonds of matri-
mony agreeable to the laws and Constitution
of this State.

Given under my hand and Seal of Office
this 23rd day, December 1858.

James W. Watts, Ordinary

Georgia, I hereby certify that the marriage
Bartow County of the persons named in the above
license actually took place and was duly
solemnized before me this 23rd day, of December
1858.

J. W. Henderson

Georgia, Bartow County.
I, G. W. Henderson Ordinary of said County
certify that the foregoing is a copy of
the marriage record of the parties, named
therein, in Book E, page 152.
Witness my hand and seal of office, this 1st
20th day of Sep. 1907

G. W. Henderson
Ordinary, Bartow
Co. Ga.

[illegible]

Georgia. ³ I hereby certify that the marriage
Cass County, of the persons named in the above
license actually took place and was duly
solemnized before me this 23rd day of December
1868
J. B. Elliott M. C.

Georgia, Bartow County.
I, G. W. Hendricks, Clerk of said County,
Certify that the foregoing is a copy of
the marriage record of the parties named
therein, in Book "E" page 152.
Witness my hand and seal of office, this 14
20th day of Sep- 1907

G. W. Hendricks
Clerk, Bartow
Co. Ga

In order to deal with unnecessary deaths as applicants, and to enable all parties interested to understand the laws governing ill-health awards to disabled soldiers, as well as the rules adopted by the Government concerning the payment provided, the following suggestions are submitted:

- a. The medical examination of the wound should be carefully made by a qualified medical officer, and not by a general practitioner or other person without special qualifications.
- b. If the applicant has been found to be suffering from a disease contracted in the service, a full investigation of his history of the disease should be given, treating the disability by positive proofs to the service.
- c. A medical officer makes no allowance for an arm or leg, unless the arm or leg has been rendered *useless* and *irremediably*.
- d. It will not answer to say that an arm is "substantially useless for ordinary work," or "of little use." There is no qualification to the clause of the Act in reference to the arm or leg; but the limb must be for all purposes lost, substantially and essentially useless.
- e. The word "limb" as applied to a wounded leg, it would seem to be a fair construction of the Act, and the words above apply equally to the arm.
- f. In order to require the constant use of crutch or stick, that the leg can be "substantially and essentially useless."
- g. If papers are returned for correction, and amendments are added to any of the affidavits, the amended facts must be made *valid* before an officer, and the proofs must show that the amendments have been made.

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

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

No. 1446

APPLICATION FOR ALLOWANCE.

FOI

Right Arm Diable
Applicant Jerry Burroughs
County Bartow

Amount 50

Date of Warrant Feb 187

Entered on record

Meek

mt

SECRETARY EXECUTIVE DEPARTMENT

arm. forte 45

County Barlow
 Amount 50.
 Date of Warrant March
 Entered on record 18 1887
W.H.
 SECRETARY EXECUTIVE DEPARTMENT.

Wm. H. H. 52

and to enable all parties interested to understand the rules adopted by the Governor touching the application 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.

ES.

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 payment 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,

Barlow County.

PERSONALLY appears Serry Burrough of Barlow county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the day of

1840; 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 K of 19th Regiment of Va Volunteers Colquhoun's Brigades that whilst engaged in such military service, at the battle of Seven days before Richmond in the State of Va on the 27th day of June 1862, he was wounded as follows: bullet wound in right elbow joint, and in right foot over ankle, producing partial dislocation of elbow joint preventing free rotation and extension of arm, constant suppuration from wound in ankle joint, with exfoliation of bone, rendering these limbs almost useless in performing the avocations of life.

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 thereunder for the year ending October 26, 1889.

Sworn to and subscribed before me, this

8 day of March 1889
Wm. H. H. Ordinary

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

County.

PERSONALLY came before me _____ of the county of _____ State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company _____ of _____ Regiment of Volunteers, and that deponent knows _____, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said _____ as stated by him in said affidavit. 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 the responsible citizens should be furnished:

Burrough, Serry
Barlow Co.

APPLICATION FOR ALLOWANCE.

FOR

Serry Burrough
Barlow County

Amount 50.

Date of Warrant March

Entered on record 18 1887

W.H.

SECRETARY EXECUTIVE DEPARTMENT.

Wm. H. H. 52

Executed in the presence of us:

Brothman & Co
Brothman & Co

Henry Burrage (L. S.)
Sent by Register to me
at Rimpston Boston Co
Ga
Henry Burrage

STATE OF GEORGIA,

Bartow

County.

PERSONALLY comes before me *Wm. H. Hurdick* Ordinary of said county,
Thos. F. Jones and *Chas. H. Mayson*, both known to
 me as reputable physicians of said county, who, being severally sworn, say on oath that
 they have carefully examined *Leroy Burrrough* and after such
 examination say that the applicant has been injured as follows:

*Gunshot wound in right elbow joint and gun
 shot wound in right foot and ankle by which
 wounds he is substantially and permanently and
 absolutely disabled. The right arm is shortened two inches from loss of a
 part of the humerus. Elbow joint partially ankylosed, preventing free rotation and
 extension. Wound in ankle joint suppurates constantly with frequent
 exfoliations of bone, rendering the limb almost useless in the performance
 of avocations of life.*

Sworn to and subscribed before me, this

8 day of *March*, 1889

Thos. F. Jones M.D.
Chas. H. Mayson M.D.

ORDINARY.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow

County.

Know all Men by these Presents, That I, *Leroy Burrrough*
 of *Ringolun Bartow*
 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

day of *March*, 1889

Executed in the presence of us:

Leroy Burrrough (L. S.)

Wm. H. Hurdick Ord. *Sind by Register to me*
Thos. F. Jones *at Ringolun Bartow Co*
Georgia
Leroy Burrrough

STATE OF GEORGIA,

Bartow

County.

I, *Wm. H. Hurdick* Ordinary of said county,
 do certify that I am well acquainted with *Leroy Burrrough* 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

14 day of *Feb*, 1891

Ordinary

Bartow

County.

STATE OF GEORGIA,

Bartow

County.

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

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

Given under my official signature and seal, this

7 day of *Feb*, 1891.

Ordinary

Bartow

County.

No. 1879
 APPLICATION FOR ALLOWANCE.
 FOR THE FIDELITY OF THE

Wm. H. Hurdick
 Applicant, *L. Burrrough*,
 County, *Bartow*,
 Amount, *50*,
 Date of warrant, *July 20*,
 Entered on record, *July 20*, 1890.

WARRANT HANDED TO

A. M. Foute

No additional date

*Burrrough, L.**Bartow Co.*

1891.

Application for Allowance

No. 192

*Wm. H. Hurdick*Applicant, *L. Burrrough*,
 County, *Bartow*,
 Amount, *Eighty Dollars*,
 Date of Warrant, *July 13*,
 Entered on record, *July 13*, 1891.

WARRANT HANDED TO

A. M. Foute

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

Burroughs, L.
Barlow
1890.
B. 19
No. 1889
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 26, 1891.
Applicant, L. Burroughs
County, Bartow
Amount, \$50
Date of payment, July 20
Energy received
July 20, 1890
W. H. H.
WARRANT HANDS TO
A. M. Houde
No additional data

Burroughs, L.
Barlow
1891.
No. 1922
APPLICATION FOR ALLOWANCE
FOR THE YEAR ENDING OCTOBER 26, 1891.
Applicant, L. Burroughs
County, Bartow
Amount, Fifty Dollars
Date of payment, July 13, 1891
Entered on record
July 13, 1891
W. H. H.
SECRETARY EXECUTIVE DEPARTMENT.
WARRANT HANDS TO
A. M. Houde
GEO. V. HARTMAN, HARTMAN PRINTING, ATLANTA, GA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

PERSONALLY appears Lee Burroughs 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 July 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 E, of 12th Regiment of Volunteers, Colquitt's Brigade; that whilst engaged in such military service, at the battle of Seven Days in the State of Virginia, on the 30th day of June 1862, he was wounded as follows: He was shot with a minnie ball just above the elbow joint and also in the right foot near the ankle. His arm is stiff, and practically useless to do any kind of labor. His right foot is still running and he is unable to walk. He 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 \$50.00 dollars.

Sworn to and subscribed before me, this 14th day of July 1891, L. Burroughs.

Notar. 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, Lee Burroughs

of Bartow County, State of Georgia, do hereby appoint A. M. Houde 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 14th day of July 1891.

Executed in the presence of us:

W. H. H.
Notary Public
Barlow

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

PERSONALLY appears Lee Burroughs 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 18th day of July 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 E, of 12th Regiment of Volunteers, Colquitt's Brigade; that whilst engaged in such military service at the battle of Seven Days before Richmond in the State of Virginia, on the 30th day of June 1862, he was wounded as follows: That though the ball did not go through the right arm above the elbow joint, but the bone thus rendering the arm practically and essentially useless, that he suffers constant pain with the wound in his foot. The wound continues to run night and times occasionally oozing out of the wound. He can scarcely walk at this time. He 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 \$50.00 dollars, for 1891 & 1892 March.

Sworn to and subscribed before me, this 14th day of July 1891, L. Burroughs.

Notar. 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,

Barlow County.

Know all Men by these Presents, That I, Lee Burroughs of Bartow County, State of Georgia, do hereby appoint A. M. Houde

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 14th day of July 1891.

Executed in the presence of us:

W. H. H.
Notary Public
Barlow

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

Sworn to and subscribed before me, this 14th day of Feb 1891, L. Burroughs
L. Burroughs Ordinary
Note. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA

Barlow County.

KNOW ALL MEN BY THESE PRESENTS, That I, Lee Burroughs

county, in said State, do hereby appoint Lee Burroughs of Barlow County, 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 14th day of Feb 1891

Executed in the presence of us:

L. Burroughs Ordinary

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

Sworn to and subscribed before me, this 14th day of Feb 1891, L. Burroughs
L. Burroughs 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.

POWER OF ATTORNEY.

STATE OF GEORGIA

Barlow County.

Know all Men by these Presents, That I, Lee Burroughs of Barlow County, State of Georgia, do hereby appoint

Lee Burroughs 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 14th day of Feb 1891

Executed in the presence of us:

L. Burroughs Ordinary

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA.

Barlow County.

I, L. Burroughs Ordinary of said county, do certify that I am well acquainted with Lee Burroughs 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 14th day of Feb 1891

L. Burroughs Ordinary

Ordinary

Barlow

County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County.

Know all Men by these Presents, That I, Lee Burroughs of Barlow County, State of Georgia, do hereby appoint

Lee Burroughs 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 14th day of Feb 1891

Executed in the presence of us:

L. Burroughs Ordinary

DIRECTION.

Send money to me as follows, by

STATE OF GEORGIA

County, Georgia.

P. O.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name Lee Burroughs

County Barlow

Disability 100%

Amount \$ 50

Entered on record

March 7 1893.

W. H. HARRISON,

Secretary of Pensions Department.

AGENT.

W. H. Harrison

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

1893.

Application for Allowance

No. 87

FOR THE YEAR ENDING OCTOBER 31, 1893.

Name Lee Burroughs

County Barlow

Amount \$ 50

Date of Warrant, 3/8/93

Entered on record,

March 7 1893.

W. H. HARRISON,

Secretary of Pensions Department.

AGENT.

W. H. Harrison

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

Burroughs, L. M.
Barton Co.

No. *1064*

SOLDIER'S PENSION.
1892.

FOR THE YEAR ENDING OCTOBER 24, 1892.

Name *Lie Burroughs*
County *Barton*
Disability *from arm*
Amount, \$ *50*
Entered on record *March 7* 1892.
W. H. HARRISON,
Secretary of Revenue Department.
AGENT.
W. H. Harrison

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

Burroughs, L. M.
Barton Co.

No. *87*

Application for Allowance

For the Year Ending October 24, 1892.

Name *Lie Burroughs*
County *Barton*
Disability *from arm*
Amount, \$ *50*
Entered on record *March 7* 1892.
W. H. HARRISON,
Secretary of Revenue Department.
AGENT.
W. H. Harrison

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barton County, }
PERSONALLY appears *Lie Burroughs*
of *Barton* 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 *1844*; 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 *B*,
of *19*th Regiment of *Volunteers* *Colquitt's*
Brigade; that whilst engaged in such military service at the battle of *Spotsylvania*
in the State of *Virginia*, on the *31st* day of *June* 1863, he was wounded as follows: *Shot with*
musket ball in right foot and in the
right arm, tearing the bone, rendering the
arm useless, broke and substantially
and, essentially, useless for manual labor.

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 24, 1892. I have heretofore been allowed a pension of
50 Dollars for *1890/1891*
Sworn to and subscribed before me this the *29* day of *July* 1892.
L. Burroughs
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barton County, }
Know all Men by these Presents, That I, *Lie Burroughs*
of *Barton* County, do hereby appoint *W. H. Harrison*
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 *29*
day of *July* 1892.
L. Burroughs [L. S.]

Executed in the presence of us:
W. H. Harrison
Ordinary

Send money to me as follows, by *Express*
to *me* P. O.
Centerville Barton County, Georgia.
L. Burroughs

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barton County, }
PERSONALLY appears *Lie Burroughs* 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 *1844*; 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 *B*, of *19*th Regiment
of *Volunteers* *Colquitt's* Brigade; that whilst engaged in
such military service at the battle of *Spotsylvania* in the State
of *Virginia*, on the *31st* day of *June* 1863, he was
wounded as follows: *Shot with*
musket ball in right foot and in the
right arm, tearing the bone, rendering the
arm useless, broke and substantially
and, essentially, useless for manual labor.

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 24, 1892. I have heretofore been allowed a pension of
50 Dollars for *1890/1891*
Sworn to and subscribed before me, this, the *29* day of *March* 1893.
L. Burroughs
Ordinary

STATE OF GEORGIA,
Barton County, }
Know all Men by these Presents, That I, *Lie Burroughs*
of *Barton* County, do hereby appoint *W. H. Harrison*
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 *29*
day of *March* 1893.
L. Burroughs [L. S.]

Executed in the presence of us:
W. H. Harrison
Ordinary

Send money to me as follows, by *Express*
to *me* P. O.
Centerville Barton County, Georgia.
L. Burroughs

Sworn to and subscribed before me to the
29 day of Feb. 1892. L. Burrrough
G. W. Hudnicks Ordinary.
Note—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

Know all Men by these Presents, That I,

L. Burrrough
Barlow

County, in said State, do hereby appoint
of Atlanta Ga. my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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 29 day of February 1892.

L. Burrrough [L. S.]

Executed in the presence of us:

G. W. Hudnicks
G. W. Hudnicks Ordinary

DIRECTIONS.

Send money to me as follows, by Express to me P. O.

Cartersville Barlow County, Georgia.

L. Burrrough

Sworn to and subscribed before me, this, the 20 day of March 1893. L. Burrrough
G. W. Hudnicks 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,
Barlow County.

Ordinary of said County,

do certify that I am well acquainted with L. Burrrough 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 member of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 20 day of March 1893.

G. W. Hudnicks
Ordinary Barlow County.

STATE OF GEORGIA
POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

Know all Men by these Presents, That I,

L. Burrrough
Barlow

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th day of March 1894.

L. Burrrough [L. S.]

Executed in the presence of us:

G. W. Hudnicks
G. W. Hudnicks Ordinary

DIRECTIONS.

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,

L. Burrrough
Barlow

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th day of March 1895.

L. Burrrough [L. S.]

Executed in presence of us:

G. W. Hudnicks
G. W. Hudnicks Ordinary

DIRECTIONS.

Send money to me as follows, by _____ to _____ P. O.
County, Georgia.

Burrrough & Co.
(For Those Already Enrolled.)
No. 802
Soldier's Pension.
1894.

Name L. Burrrough
County Barlow
Disability Wounded Arm
Amount, \$ 50.00
1894.
W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDLED TO
G. W. Hudnicks
G. W. Hudnicks Ordinary

Burrrough & Co.
(For Those Already Enrolled.)
No. 932
SOLDIER'S PENSION.
1895.

Name L. Burrrough
County Barlow
Disability Wounded Arm
Amount, \$ 50.00
1895.
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDLED TO
G. W. Hudnicks
G. W. Hudnicks Ordinary

Burrroughs Co.
Bartow Co.
 (For Those Already Enrolled.)
 No. *82*
Soldier's Pension.
1894.
 Name *Lee Burrrough*
 County *Bartow*
 Disability *Wounded Arm*
 Amount, \$ *50*
2/11
 1894.
 W. H. HARRISON,
 Secretary Executive Department.
 WARRANT HANDLED TO
J. W. Hendricks
No data

Burrroughs Co.
Bartow Co.
 (For Those Already Enrolled.)
 No. *952*
SOLDIER'S PENSION.
1895.
 Name *L. Burrrough*
 County *Bartow*
 Disability *Wounded Arm*
 Amount, \$ *50*
2/11
 1895.
 RICHARD JOHNSON,
 Secretary Executive Department.
 WARRANT HANDLED TO
W. H.
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Bartow County. }
 PERSONALLY appears *L. Burrrough* 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 *Feb* 18*84*; that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the States, and served as a *private* in Company *K*, of *19*th Regiment of *GA* Volunteers *Colquitt*'s Brigade; that whilst engaged in such military service at the battle of *Seven days battle* in the State of *Virginia* on the *27* day of *June* 1863, he was wounded as follows: *Shot in right foot and right arm the wound in the arm under the arm in bottom totally and essentially useless*

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 *50* dollars, for the year 1893

Sworn to and subscribed before me, this, the *6th* day of *March* 1894. } *L. Burrrough*
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 *L. Burrrough* 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 *March* 1894.
G. W. Hendricks
 Ordinary *Bartow* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Bartow County. }
 Personally appears *L. Burrrough* 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 *Feb* 18*84*; that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the States, and served as a *private* in Company *K*, of *19*th Regiment of *GA* Volunteers *Colquitt*'s Brigade; that whilst engaged in such military service at the battle of *Seven days battle* in the State of *Virginia* on the *27* day of *June* 1863, he was wounded as follows: *Shot in right foot and right arm the wound in the arm under the arm in bottom totally and essentially useless*

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 *50* dollars, for the year 1894

Sworn to and subscribed before me, this, the *6th* day of *March* 1895. } *L. Burrrough*
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 *L. Burrrough* 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 *March* 1895.
G. W. Hendricks
 Ordinary *Bartow* County.

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

Sworn to and subscribed before me, this, the day of March 1894.

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 L. Burroughs 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 March 1894.



Ordinary Barlow County.

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

Sworn to and subscribed before me, this, the day of March 1895.

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 L. Burroughs 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 March 1895.



Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

L. Burroughs hereby authorize George Hendricks of Cartersville Ga to receive and receipt for the pension paid hereon and request that he remit same to

at Cartersville Ga by Check

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

L. Burroughs [L. S.]

Executed in presence of

W. S. Anderson
H. L. Griffin

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

L. Burroughs hereby authorize Geo Hendricks of Cartersville Ga to receive and receipt for the pension paid hereon and request that he remit same to

at Cartersville Ga by Check

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

L. Burroughs [L. S.]

Executed in presence of

John Roberts
W. H. Hendricks

ACT OF OCT. 1887.
(For Those Already Enrolled.)

No. 2678

SOLDIER'S PENSION.

1896.

Name L. Burroughs
County Barlow
Disability Wounded arm
Amount, \$ 30 00
3/4

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

W. H. Hendricks

Geo. W. Hendricks, State Printer, Atlanta.

W. H. Hendricks

ACT OF OCT. 1887.
(For Those Already Enrolled.)

No. 517

INVALID

SOLDIER'S PENSION.

1897.

Name L. Burroughs
County Barlow
Disability Wounded arm
Amount, \$ 30 00
3/4

1897.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

W. H. Hendricks

Geo. W. Hendricks, State Printer, Atlanta.

W. H. Hendricks

Burroughs, S.
Barlow

ACT OF MARCH 3, 1887.
(For Those Already Enrolled.)

No. 2628

SOLDIER'S PENSION.
1896.

Name *L. Burroughs*
County *Barlow*
Disability *Wounded arm*
Amount, \$ *3 1/4* 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDLED TO
WMA

Geo. W. Harrison, State Printer, Atlanta.
No data

Burroughs, S.
Barlow

ACT OF MARCH 3, 1887.
(For Those Already Enrolled.)

No. 517

INVALID
SOLDIER'S PENSION.
1897.

Name *L. Burroughs*
County *Barlow*
Disability *Wounded arm*
Amount, \$ *5 1/2* 1897

RICHARD JOHNSON,
Comptroller of Pensions.

WARRANT HANDLED TO
WMA

Geo. W. Harrison, State Printer, Atlanta.
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears *L. Burroughs* 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 *fall* 1844; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States and served as a *private* in Company *K* of *19*th Regiment of *Ga* Volunteers, *Botquitt*'s Brigade; that whilst engaged in such military service in the State of *Virginia*, on the day of *June* 1863, he was wounded, injured or diseased as follows:
Shot through the left arm above the elbow rendering the arm absolutely and essentially useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of *Barlow* county been allowed a pension of *3 1/4* dollars, for the year 1895.

Sworn to and subscribed before me, this, *8th* day of *Feb* 1896. *L. Burroughs*
G. W. Hendricks My

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 *L. Burroughs* 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 *11th* day of *Feb* 1896.



Ordinary *Barlow* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears *L. Burroughs* 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 *fall* 1844; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *private* in Company *K* of *19*th Regiment of *Ga* Volunteers, *Botquitt*'s Brigade; that whilst engaged in such military service in the State of *Virginia*, on the day of *June* 1863, he was wounded, injured or diseased as follows:
Gun shot wound through right arm on the battle of Seven Days around Richmond, destroying practically the use of the arm

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore, under said law as a resident of *Barlow* county been allowed an invalid pension of *5 1/2* Dollars, for the year 1896.

Sworn to and subscribed before me, this, *8th* day of *Feb* 1897. *L. Burroughs*
G. W. Hendricks My POST OFFICE

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

Given under my official signature and seal, this *8th* day of *Feb* 1897.



Ordinary *Barlow* County.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Bartow county been allowed a pension of \$14.00 dollars, for the year 1895.

Sworn to and subscribed before me, this, 1st day of Feb, 1896. L. Burroughs
G. W. Hendricks
Notary Public for Florida

STATE OF GEORGIA,

Bartow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with L. Burroughs 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 1st day of Feb, 1896.



Ordinary Bartow County.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Bartow county been allowed an invalid pension of \$14.00 Dollars, for the year 1896.

Sworn to and subscribed before me, this, 8th day of Feb, 1897. L. Burroughs
G. W. Hendricks
Notary Public for Florida

STATE OF GEORGIA,

Bartow County.

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

Given under my official signature and seal, this 8th day of Feb, 1897.



Ordinary Bartow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, L. Burroughs hereby authorize G. W. Hendricks of Bartow Co.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th day of Feb, 1896.

L. Burroughs [L. S.]

Executed in presence of

J. R. Anderson
J. A. Jenkins

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, L. Burroughs hereby authorize G. W. Hendricks of Bartow Co.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11th day of Feb, 1899.

L. Burroughs [L. S.]

Executed in presence of

L. Burroughs

INVALID
SOLDIER'S PENSION.

1898.

Name L. Burroughs
County Bartow
Disability Wounds Arm
Amount, \$ 50.00
2/18 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO
W. H.

SEE W. HARRISON, STATE PRINTER, ATLANTA.

No data

INVALID
SOLDIER'S PENSION.

1899.

Name L. Burroughs
County Wounded Arm
Disability Bartow County
Amount, \$ 50.00
2/16 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO
W. H.

SEE W. HARRISON, STATE PRINTER, ATLANTA.

No data

Burroughs, L.
Barlow
 (For Those Already Enrolled.)
 No. *2398*
INVALID
SOLDIER'S PENSION.
1898.
 Name *L. Burroughs*
 County *Barlow*
 Disability *Wounded Arm*
 Amount, \$ *11.80*
 2/18 1898.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDLED TO
W.H.
 MADE IN BARLOW, STATE OF GEORGIA, 1898.
No data

Burroughs, L.
Barlow
 (For Those Already Enrolled.)
 No. *2398*
INVALID
SOLDIER'S PENSION.
1899.
 Name *L. Burroughs*
 County *Barlow*
 Disability *Wounded Arm*
 Amount, \$ *11.80*
 2/18 1899.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDLED TO
W.H.
 MADE IN BARLOW, STATE OF GEORGIA, 1899.
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears *L. Burroughs* 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 *Nov* 18*63*; 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 *K*, of *14*th Regiment of *Volunteers*, *Colquhoun*'s Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *26* day of *June* 1863, he was wounded, injured or diseased as follows:
Shot through the right arm rendering it substantially and essentially in a condition that he can not use it for any kind of labor

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of *Barlow* county been allowed an invalid pension of *fifty* Dollars, for the year 1897.

Sworn to and subscribed before me, this, *14* day of *Feb* 1898, *L. Burroughs* by *G.W. Hendricks* Ord.

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 *L. Burroughs* 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 *7* day of *Feb* 1898.

G.W. Hendricks
 Ordinary *Barlow* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears *L. Burroughs* 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 *fall* 1844; 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 *K*, of *19*th Regiment of *Volunteers*, *Colquhoun*'s Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *26* day of *June* 1863, he was wounded, injured or diseased as follows:
Am shot wound in right arm and a wound in the foot in both of arm days fight around Richmond

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 *fifty* Dollars, for the year 1898.

Sworn to and subscribed before me, this, *14* day of *Feb* 1899, *L. Burroughs* by *G.W. Hendricks* Ord.

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 *L. Burroughs* 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 *7* day of *Feb* 1899.

G.W. Hendricks
 Ordinary *Barlow* County.



Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Barlow county been allowed an invalid pension of forty Dollars, for the year 1897.

Sworn to and subscribed before me, this, 1st day of July, 1898. POST-OFFICE Barlow

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 L. Burroughs 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 7th day of July, 1898.



G. W. Hendricks
Ordinary Barlow County.

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 fifty Dollars, for the year 1898.

Sworn to and subscribed before me, this, 1st day of July, 1899. POST-OFFICE Barlowville Ga

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 L. Burroughs 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 7th day of July, 1899.



G. W. Hendricks
Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Barlow County. }

I, L. Burroughs hereby authorize G. W. Hendricks of Barlowville Ga

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th day of January, 1900.

L. Burroughs [L. S.]

Executed in presence of

Johnny

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Barlow County. }

I, L. Burroughs hereby authorize George W. Hendricks of Barlowville Ga

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 8th day of January, 1901.

L. Burroughs [L. S.]

Executed in presence of

John H. Cash

Burroughs Leary
Barlow County

CODE SECTION 120.
(For Those Already Enrolled.)

No. 369

INVALID

SOLDIER'S PENSION.

1900.

Name L. Burroughs
County Barlow
Disability Wounded Arm
Amount, \$ 20.00
Warrant issued Aug 19, 1900.

JOHN W. LINDSEY,

Commissioner of Pensions,

WARRANT HANDLED TO

Hendricks

Geo. W. Hendricks, State Printer, Atlanta.

No data

Burroughs Leary
Barlow County

CODE SECTION 120.
(For Those Already Enrolled.)

No. 148

DISABLED

SOLDIER'S PENSION.

1901.

Name L. Burroughs
County Barlow
Disability Wounded Arm
Amount, \$ 20.00

JOHN W. LINDSEY,

Commissioner of Pensions,

WARRANT HANDLED TO

Hendricks

Geo. W. Hendricks, State Printer, Atlanta.

No data

Burroughs Leary
Barton County
 (For Those Already Enrolled.)
 No. *369*
INVALID
SOLDIER'S PENSION.
1900.
 Name *L. Burroughs*
 County *Barton*
 Disability *Wounded Arm*
 Amount, \$ *50.00*
 Warrant issued *Feb 19, 1900.*
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
Hendrix
 No date

Burroughs Leary
Barton County
 (For Those Already Enrolled.)
 No. *1168*
DISABLED
SOLDIER'S PENSION.
1901.
 Name *Lee Burroughs*
 County *Barton*
 Disability *Wounded Arm*
 Amount, \$ *50.00*
 1899
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
Hendrix
 No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barton County.

Personally appears *L. Burroughs* 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* 1844; 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 *K*, of *19*th Regiment of *Georgia* Volunteers, *Colquhoun's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *26* day of *June* 1863, he was wounded, injured or diseased as follows:

He received a gun shot through the right arm near the shoulder severing 2 inches of the bone, destroying the length of the arm.

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 *forty* Dollars, for the year 1899.

Sworn to and subscribed before me, this, *L. Burroughs* day of *July* 1900, POST OFFICE *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,

Barton County.

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

Given under my official signature and seal, this *12th* day of *January* 1900.

G.W. Hendricks
 Ordinary *Barton* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barton County.

Personally appears *Lee Burroughs* 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* 1844; 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 *K*, of *19*th Regiment of *Georgia* Volunteers, *Colquhoun's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *26* day of *June* 1863, he was wounded, injured or diseased as follows:

Gun shot wound through the right arm in the battle of the Seven Days fight around Richmond destroying the use of the right arm.

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 *forty* Dollars, for the year 1900.

Sworn to and subscribed before me, this, *Lee Burroughs* day of *July* 1901, Postoffice *Kingstons, 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,

Barton County.

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

Given under my official signature and seal, this *8th* day of *July* 1901.

G.W. Hendricks
 Ordinary *Barton* County.



Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1900. I have heretofore under said law as a resident of Barlow County been allowed an invalid pension of forty Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 13th day of January 1900, } L. Burroughs POST OFFICE
G.W. Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.

I, G.W. Hendricks Ordinary of said County, do certify that I am well acquainted with L. Burroughs 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 13th day of January 1900.
G.W. Hendricks
Ordinary Barlow County.



Deponent makes application for the pension to which he is entitled for year ending October 28th, 1901. I have heretofore under said law as a resident of Barlow County been allowed an invalid pension of forty Dollars, for the year 1900.

Sworn to and subscribed before me, this the 8th day of January 1901, } L. Burroughs
G.W. Hendricks Ordinary Postoffice Kingston, 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, G.W. Hendricks Ordinary of said County, do certify that I am well acquainted with L. Burroughs the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself, to be and that he resides in this County.

Given under my official signature and seal, this 8th day of January 1901.
G.W. Hendricks
Ordinary Barlow County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, L. Burroughs hereby authorize George W. Hendricks of Cartersville Ga.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15th day of January 1902.

L. Burroughs [L. S.]

Executed in presence of

J. L. Burroughs

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, L. Burroughs hereby authorize George W. Hendricks of Cartersville Ga.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9th day of February 1903.

L. Burroughs [L. S.]

Executed in presence of

J. M. McPherson

(FOR THOSE ALREADY ENROLLED.)

No. 1857

DISABLED
SOLDIER'S PENSION
1902.

Name L. Burroughs
County Barlow
Co. K Regiment 18th
Disability Wounded arm
Amount, \$ 50.00 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordg

Gen. W. HARTON, Head Printing, Atlanta.

no data

(FOR THOSE ALREADY ENROLLED.)

No. 1913

DISABLED
SOLDIER'S PENSION
1903.

Name L. Burroughs
County Barlow
Co. K Regiment 18th
Disability Wounded arm
Amount, \$ 50.00 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordg

Gen. W. HARTON, Head Printing, Atlanta.

no data

Burroughs, L.
Barlow County
CO. DIRECTOR HAS
(FOR THOSE ALREADY ENROLLED.)
No. 1857
DISABLED
SOLDIER'S PENSION
1902.
Name L. Burroughs
County Barlow
Co. K Regiment 18th
Disability Wounded Arm
Amount, \$ 50.00
1911 1902.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Body
Geo. W. HARTMAN, BAR FINDER, ALABAMA.

no data

Burroughs, L.
Barlow County
CO. DIRECTOR HAS
(FOR THOSE ALREADY ENROLLED.)
No. 1913
DISABLED
SOLDIER'S PENSION
1903.
Name L. Burroughs
County Barlow
Co. K Regiment 18th
Disability Wounded Arm
Amount, \$ 50.00
1910 1903.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Body
Geo. W. HARTMAN, BAR FINDER, ALABAMA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Barlow County.

Personally appears L. Burroughs 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 1844; 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 K, of 19th Regiment of Volunteers, Colquitt's Brigade; that whilst engaged in such military service in the State of Georgia, on the 26 day of June, 1863, he was wounded, injured or diseased as follows:
Shot in left right arm in
battle of 7 days fight around Richmond
destroying independence of right arm.
he was shot in right foot

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 50 Dollars, for the year 1901.

Sworn to and subscribed before me, this 5th day of January, 1902, by L. Burroughs Post-office Ringdon Ga.
G. W. Hendricks Ord.

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 L. Burroughs 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 January, 1902.

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, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Barlow County.

Personally appears L. Burroughs 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 fall, 1844; 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 K, of 19th Regiment of Volunteers, Colquitt's Brigade; that whilst engaged in such military service in the State of Georgia, on the 26 day of June, 1863, he was wounded, injured or diseased as follows:
He was shot through the right arm
in the battle of Peachamville, destroying
usefulness of the arm

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 50 Dollars, for the year 1902.

Sworn to and subscribed before me, this 9th day of February, 1903, by L. Burroughs Post-office Ringdon Ga.
G. W. Hendricks Ord.

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 L. Burroughs 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 February, 1903.

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, 1903.

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 50 Dollars, for the year 1901.

Sworn to and subscribed before me, this 15 day of Jan 1902. L. Burroughs Post-office Kripplon 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, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with L. Burroughs 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 1902.

Ordinary Barlow County.

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

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

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 50 Dollars, for the year 1902.

Sworn to and subscribed before me, this 15 day of Feb 1903. L. Burroughs Post-office Kripplon 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, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with L. Burroughs 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 Feb 1903.

Ordinary Barlow 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,

Barlow County.

I, L. Burroughs 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

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 15 day of Jan 1904.

Executed in presence of

G. W. Hendricks

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, L. Burroughs 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

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 24 day of Jan 1905.

Executed in the presence of

L. Burroughs [L. S.]

DISABLED SOLDIER'S PENSION 1904.

Name L. Burroughs
County Barlow
Co. K Regiment 19
Disability Invalid
Amount, \$ 50

1904.

JOHN W. LINDSEY

Commissioner of Pensions.

WARRANT HANDLED TO

no date

(FOR THOSE ALREADY ENROLLED.)

No. 1890

DISABLED SOLDIER'S PENSION 1905.

Name L. Burroughs
County Barlow
Co. K Regiment 19
Disability Invalid
Amount, \$ 50

1905.

JOHN W. LINDSEY

Commissioner of Pensions.

WARRANT HANDLED TO

no date

Burroughs, L.
 (FOR THOSE ALREADY ENROLLED.)
 No. *1041*
 DISABLED
 SOLDIER'S PENSION
 1904.
 Name *Lee Burroughs*
 County *Bartow*
 Co. *K* Regiment *19th*
 Disability *wounded arm*
 Amount, \$ *50.00*
 1904.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
body
 JOHN W. HARTMAN, State Printer, ALBANY.

no date

Burroughs, L.
 (FOR THOSE ALREADY ENROLLED.)
 No. *1041*
 DISABLED
 SOLDIER'S PENSION
 1905.
 Name *Lee Burroughs*
 County *Bartow*
 Co. *K* Regiment *19th*
 Disability *wounded arm*
 Amount, \$ *50.00*
 1905.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
body
 JOHN W. HARTMAN, State Printer, ALBANY.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Bartow County.

Personally appears *L. Burroughs* 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 *July* 18*64*, 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 *K*, of *19th* Regiment of *Georgia* Volunteers *Brigade*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *26* day of *June* 18*63*, he was wounded, injured or diseased as follows:
On the 26th day of June 1863, he was wounded in the right arm and in the right leg, which injury was substantially and permanently disabling. He was also wounded in the left arm and in the left leg, which injury was also substantially and permanently disabling. He has been for some time past unable to perform any manual labor.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of *Bartow* County, been allowed an invalid pension of *50.00* Dollars, for the year 1903.

Sworn to and subscribed before me, this *20th* day of *Jan* 1904. *L. Burroughs*
G. W. Hendricks Post-office *Kingston 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 *L. Burroughs* 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 *Jan* 1904. *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, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Bartow County.

Personally appears *L. Burroughs* 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 *July* 18*64*, 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 *K*, of *19th* Regiment of *Georgia* Volunteers *Brigade*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *26* day of *June* 18*63*, he was wounded, injured or diseased as follows:
That my shoulder and my arm were and substantially permanently disabled by a ball from Richmond Va. on the 26th day of June 1863.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of *Bartow* County, been allowed an invalid pension of *50.00* Dollars, for the year 1904.

Sworn to and subscribed before me, this *24th* day of *Jan* 1905. *L. Burroughs*
G. W. Hendricks Post-office *Kingston 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 *L. Burroughs* 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 *24th* day of *Jan* 1905. *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, 1905.

Sworn to and subscribed before me, this the
5 day of Jan 1904.

L. J. Burroughs
Post-office Kingston Gore

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.

Barlow County.

Given under my official signature and seal, this 20th
day of Jan 1904.


 Affix
your
Seal
here.

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

Sworn to and subscribed before me, this the
24 day of Jan 1905.

Post-office *Amoy, 3*

Barlow, COURT

Given under my official signature and seal, this 24
day of June 1905.

Affix
your
Seal
here.

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

STATE OF GEORGIA.

Dartmouth COUNTY.

I, L. B. Bunnough 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 OK

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24

day of July 1906.

L. Burroughs [L. S.]

Executed in the presence of
J M McKelvey *pro*

STATE OF GEORGIA.

Barlow COUNTY.

I, L. Burroughs, hereby authorize
J. W. Hendricks of Centerville Ga.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 21st day of Jan 1907.

day of Jan 1907.

L. Burnigh [L. S.]

Executed in presence of

J. N. McElwee JR

Name *A. Dunaway*
County *Barton*
Co. *K* Regiment *19th La*
Disability *Wounded arm*
Amount, *\$50⁰⁰*

JAN 29 1906.
 W. W. LINDSEY,
Commissioner of Prisons.
 WARRANT HANDED TO

The Paramount Pictures and Publishing Co., 636 W. Harrison/ Mead.

Do To

Name L. Burroughs
County Bartow
Co. 1st Regiment 19th
Disability Wounded arm
Amount, \$ 50.⁰⁰

1907.

JOHN W. LINDSEY,
Commissioner of Penitentiaries.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

7

Cons Section 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 86

DISABLED
SOLDIER'S PENSION
1906.

Name L. Burrough
County Barlow
Co. K Regiment 19th Pa
Disability Wounded arm
Amount, \$ 50.00

1906.

JAN 29

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

See Pension Bureau and Regulations, Ch. 10, W. H. Lindsey, Sec.

no date

Cons Section 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 1414

DISABLED
SOLDIER'S PENSION
1907.

Name L. Burrough
County Barlow
Co. K Regiment 19th Pa
Disability Wounded arm
Amount, \$ 50.00

1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

See Pension Bureau and Regulations, Ch. 10, W. H. Lindsey, Sec.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Barlow County.

Personally appears L. Burrough 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 1844; 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 A, of 19th Regiment of Pa Volunteers, Volquitt's Brigade; that whilst engaged in such military service in the State of Virginia, on the day of June 1863, he was wounded, injured or diseased as follows:
He received a gun shot wound in right arm destroying practically the use of the arm

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 Barlow County, been allowed an invalid pension of Eighty Dollars, for the year 1905.

Sworn to and subscribed before me, this the 27th day of Jan 1906. L. Burrough
J. N. McHenry Jr. Post-Office Kingsboro 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, G. W. Hendricks, Ordinary of said County, do certify that I am well acquainted with L. Burrough the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 28th day of Jan 1906. G. W. Hendricks
Ordinary Barlow County.

See your seal here

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 L. Burrough 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 fall 1844; 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 A, of 19th Regiment of Pa Volunteers, Volquitt's Brigade; that whilst engaged in such military service in the State of Virginia, on the 16 day of June 1863, he was wounded, injured or diseased as follows:
Gun shot wound in arm destroying use of the arm with bullet over Richmond

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 the 21 day of Jan 1907. L. Burrough
J. N. McHenry Jr. Postoffice

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

Given under my official signature and seal this 26 day of Jan 1907. G. W. Hendricks
Ordinary Barlow County.

See your seal here

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

States, and served as a private in Company A, of 19th Regiment
of 1st Volunteers Colquitt's Brigade; that whilst engaged
in such military service in the State of Georgia, on the 16 day
of June 1863, he was wounded, injured or diseased as follows:
He received a gun shot wound in right
Elbow, destroying practically the use of the
arm.

Deponent makes application for the pension to which he is entitled for the year
ending October 28th, 1906. I have heretofore, under said law, as a resident of
Bartow County, been allowed an invalid pension of
\$12.00 Dollars, for the year 1906.

Sworn to and subscribed before me, this the

22nd day of Jan 1906.

L. Burroughs
Post-Office Kingston 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. Nindricks Ordinary of said County,

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

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

G. W. Nindricks
Ordinary Bartow County.



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

States, and served as a private in Company A, of 19th Regiment
of 1st Volunteers Colquitt's Brigade; that whilst engaged
in such military service in the State of Georgia, on the 16 day
of June 1863, he was wounded, injured or diseased as follows:
He received a gun shot wound in right
Elbow, destroying practically the use of the
arm.

Deponent makes application for the pension to which he is entitled for the year
ending October 28th, 1907. I have heretofore, under said law, as a resident of
Bartow County, been allowed an invalid pension of
\$12.00 Dollars, for the year 1906.

Sworn to and subscribed before me, this the
21st day of Jan 1907.

L. Burroughs
Postoffice

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

Given under my official signature and seal this 26
day of Jan 1907.



G. W. 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.

Audited 18

COMPTROLLER-GENERAL

Bartow

Maimed Soldiers.

Voucher No. 1587

Amount \$ 50

Paid to Leroy Burroughs
For Arm disabled

Feb 20 1896

Included in warrant No. 1
issued to Treasurer.

18

WARRANT-CLERK.

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

A. M. Gault

Audited 1891

COMPTROLLER-GENERAL

Burroughs, L.

Bartow

1891.

Maimed Soldiers.

Voucher No. 792

Amount \$ 50

Paid to L. Burroughs
For Arm disabled

Feb 13 1891

Included in warrant No. 1
issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

A. M. Gault

For *Arm disabled*

July 20 1890

Included in warrant No. *1*
issued to Treasurer.

18

WARRANT CLERK.

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

A Moute

Paid to *L. Burrough*
For *Arm disabled*

July 13 1891

Included in warrant No. *5*
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

A Moute

No. *1587*

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., July 20 1890

Mr. *L. Burrough* of the County
of *Barren* 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

Arm disabled,
He is entitled to receive the sum of *Fifty* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty + 00/100 Dollars,
per above voucher, this *20* of *July* 1890

Levy Burrough
By A. M. Moute, atty-in-fact.

1891.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. *792*
Atlanta, Ga., July 13 1891.

Mr. *L. Burrough* of the County
of *Barren* 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

Arm disabled,
He is entitled to receive the sum of *Fifty* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

W. H. Harrison
SECY EXECUTIVE DEPARTMENT.

\$ 50

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

Fifty Dollars,
per above voucher, this *13* of *July* 1891.

L. Burrough
By A. M. Moute

Mr. L. Burrough of the County
of Barton 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
Arm disabled,
He is entitled to receive the sum of Fifty 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. W. Harrison
CLERK EXECUTIVE DEPARTMENT.

\$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty + 00/100 Dollars,
per above voucher, this 20 of Feb 1890
Leroy Burrough
By A. M. Route 1 atty-in-fact.

EXECUTIVE DEPARTMENT,)
Mr. L. Burrough of the County
of Barton 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
Arm disabled
He is entitled to receive the sum of Fifty Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

W. W. Harrison
SECY EXECUTIVE DEPARTMENT.

\$ 50

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

Fifty Dollars,
per above voucher, this 13 of Feb 1891.
L. Burrough
By A. M. Route

Audited March 18 1889.

W. A. M. M. M.
CONTROLLER-GENERAL.

Barton

Maimed Soldiers.

Voucher No. 1446.

Amount, \$ 50.

Paid to Leroy Burrough
For Right leg disabled

March 18 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

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

A. M. Route

Amount \$ 50.
Paid to Leroy Burroughs
For Right leg disabled

March 18 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK

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

A. M. Foute

OFFICE OF
J. M. ANDERSON,
DEALER IN
GENERAL MERCHANDISE.

Kingsdon, Ga., March 14. 1889.

I hereby authorize A. M. Foute
to receipt for any sum which
may be allowed me under
my application for allowance
as a disabled Confederate
soldier. And this is in
the place and in lieu of
the authority heretofore
given for this purpose to
Hon. W. A. Wright.

L. Burroughs

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

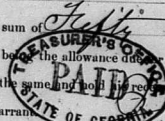
No. 11446

Atlanta, Ga. March 18. 1889.

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

He is entitled to receive the sum of Fifty & 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 the receipt on this voucher, and return same to
Executive Department for warrant



By the Governor

W. A. Harrison

CLERK EXECUTIVE DEPARTMENT.

50.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/100

Dollars,

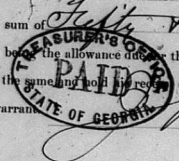
per above voucher, this 18 of March 1889.

Leroy Burroughs by his atty
in fact A. M. Foute.

I hereby authorize Adell Foute
to receipt for any sum which
may be allowed me under
my application for allowance
as a disabled Confederate
soldier. And this is in
the place and in lieu of
the authority heretofore
given for this purpose to
Hon. W. A. Wright.

L. Barrmy

Wm. C. Cunningham of the County
of Bartow having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1888, and the same having been allowed for Eighty
disabled four
He is entitled to receive the sum of Eighty 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 the receipt on this voucher and return same to
Executive Department for warrant.



GOVERNOR.

By the Governor
W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

50.
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Eighty four Dollars.
per above voucher, this 18 of March 1889.
Leroy Cunningham, by his atty.
in fact Adell Foute.

Form No. 5.
POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County.

Know all Men by these Presents, That I, Mary Ann Bartow

of Bartow County, do hereby appoint A. M. Joubert

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 as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Executed in the presence of us: Mary Ann Bartow [mark]

A. M. Joubert
Witnessed and Signed

If allowed, send amount by me at to me at and oblige,
DIX NOTIONS.

Ex. Alex. Atlanta
Dec 11/1891
Returned for full
proof.
Applicant then witnesses
are asked to show when
Mr. Bartow first had them
employed, from time to time.
What is the history of his family?
Was he entirely
sound when he
entered the army?
State his age when he died.
Did he before the service
in the army, have a cough?
Do you know that his death
was a direct result of his
service in the army?
W. H. Harrison
Dec

Bartow, Mary Ann
Bartow's
1891.
No. 36
No. 3988
Widows' Pension
PAID TO
Mrs. Mary Ann Bartow
of
Bartow County.
\$100.00.
Warrant Issued
1891
AND HANDED TO
Geo. W. Harrison, State Printer Atlanta.

POWER OF

STATE OF GEORGIA.

Barlow County.

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

of Barlow County

me and in my name, to receive and receipt for

to from the State of Georgia as a widow of a

affidavit, hereby authorizing my said attorney to

be issued by the Governor, or for any sum of me

aforsaid.

IN WITNESS WHEREOF, I have

day of 9th

Executed in the presence of us:

W. F. Barlow

Ordinary

If allowed, send amount by

me at

James S. Barlow when he
entered the Army.
State his age when he died
Did he before the service
in the Army, have a cough
Do you know that his death
was a direct result of his
service in the Army?
W. F. Barlow
Dec

Barlow COUNTY.
\$100.00.
Warrant Issued

1891
AND HANDED TO

Geo. W. Harrison, State Printer Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County.

Know all Men by these Presents, That I,

Mary Ann Barlow

of Barlow

County, in said State, do hereby appoint

A. M. Joite

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 as a widow of a Confederate Soldier, 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
aforsaid.

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

Executed in the presence of us:

Mary Ann Barlow [I. S.]

mark

W. F. Barlow
Ordinary

DIRECTIONS.

If allowed, send amount by
me at , and oblige,

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of Barlow

In person came before me, the undersigned Ordinary

in and for the County of Barlow

Mrs. Mary Ann Barlow, who being sworn according to law, says under
oath that she is the widow of James S. Barlow, who was a soldier in
the service of the Confederate States, and served as a member of Company H, of the

36th Regiment of Georgia Volunteers; that he enlisted in said
service on or about the day of May or June 1863, and was in the
Confederate Army up to close of war 1865. That while in the

Army, he was on the or about day of Sept. 1863. (See Note No. 1)
attacked with disease causing hemorrhage
of the lungs, which caused him to be
sent to the hospital at Columbus
Ga., from which he was discharged
on Sept. 22, 1864, that he was never
well again - was unable to reach home
again, but continued entirely unable for
work on any kind of service up to
time of his death which occurred on
June 20, 1867, of disease contracted
during the war while in line of
duty as a soldier.

Deponent further swears that she was the wife of said deceased soldier during his term of service in
the Army, and that she has never married since his death; that she became his wife on the 14th day of
April 1844, and that she has resided in Georgia continuously since the
10 day of Aug. (birth) 1830; that Georgia is her home, and was such
on the 23d day of December, 1890, and since said date she has not lived in any other State or Locality.
Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of
the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February
15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the
9th day of Apr. 1891.
W. F. Barlow
Ordinary.

Mary Ann Barlow
mark

NOTE 1. State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his
death resulted from disease, state how the disease is known positively to have resulted from the service of the soldier in the Army
and not from any other cause.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County.

Know all Men by these Presents, That I,

Mary Ann Barlow

of Barlow

County, in said State, do hereby appoint

A. M. Joite

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 as a widow of a Confederate Soldier, 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
aforsaid.

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

Executed in the presence of us:

Mary Ann Barlow [I. S.]

mark

W. F. Barlow
Ordinary

DIRECTIONS.

If allowed, send amount by
me at , and oblige,

Returned for full
proof of the evidence
affidavit as above
as attested by the
Ordinary, this 9th day of
April, 1891.
W. F. Barlow
Ordinary

Widow's Pension

PAID TO

Mary Ann Barlow

Barlow County.

\$100.00.

Warrant Issued

AND HANDED TO

1891

A pension is only payable to certain classes of widows.
Those whose husbands were killed in service.
Those whose husbands died in the army of wounds or disease contracted in the service.
Those whose husbands went to the army and have never been heard from since the war.
Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.
Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death.
No widow is entitled unless she was the wife of the soldier during the war, and has never remarried.

The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.

The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.

Widows who have married since the service of their husbands in the army are not entitled. There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.

If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary and testify. The attestation of a Justice of the Peace or Notary will not answer.

Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.

Fill out the "directions" below Power of Attorney, so that your Agent will know where and how to send the money.

By order of the Governor.

W. H. HARRISON,
Sec. Ex. Department.

1891

We further swear that Mrs. Mary Ann Bartow was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in Bartow County of the State of Georgia.

Sworn to and subscribed before me, this, the

12th day of Nov 1891.

W. H. Ramsey
Ordinary

W. G. Harris

J. K. Harris

Thos. R. Lister

Sworn and subscribed before me by John R. Barber, a truthful and reliable citizen of Whitfield County Ga. This 12th day of Nov 1891.
J. R. Barber, Ordinary

POWER OF ATTORNEY

Form No. 5.

STATE OF GEORGIA,
Bartow County.

Know all Men by these Presents, That I, Mary Ann Bartow of Bartow County, in said State, do hereby appoint Att. Joute 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 as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Executed in the presence of us: Mary Ann X Bartow [I. S.] mark.

W. F. Bartow
Edw. H. Bartow
Ordinary

DIRECTIONS.

If allowed, send amount by _____ to _____, and oblige, _____

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,
County of Bartow

In person came before me, the undersigned Ordinary in and for the County of Bartow

Mrs. Mary Ann Bartow, who being sworn according to law, says under oath that she is the widow of James S. Bartow, who was a soldier in the service of the Confederate States, and served as a member of Company A, of the 36th Regiment of Georgia Volunteers; that he enlisted in said service on or about the _____ day of May 1863, and was in the Confederate Army up to Close of war 1865. That while in the Army, he was on the _____ day of Sept 1863, (See Note No. 1)

attacked with disease causing hemorrhage of the lungs, which caused him to be sent to the hospital at Columbus Ga, from which he was furloughed on Sept. 22 1864, that he was never well again, was unable to, reach home again, but continued entirely unable for work on any kind of service up to time of his death which occurred on June 20 1867, of disease contracted during the war, while in line of duty as a soldier.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 14th day of April 1844, and that she has resided in Georgia continuously since the 10 day of Aug (Birth) 1820; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

9th day of Apr 1891.

Edw. H. Bartow
Ordinary.

Mary Ann X Bartow
mark

NOTE 1. State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is known positively to have resulted from the service of the soldier in the Army and not from any other cause.

POWER OF ATTORNEY

Form No. 5.

STATE OF GEORGIA,
Bartow County.

Know all Men by these Presents, That I, Mary Ann Bartow of Bartow County, in said State, do hereby appoint Att. Joute 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 as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Executed in the presence of us: Mary Ann X Bartow [I. S.] mark.

W. F. Bartow
Edw. H. Bartow
Ordinary

DIRECTIONS.

If allowed, send amount by _____ to _____, and oblige, _____

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,
County of Bartow

In person came before me, the undersigned Ordinary in and for the County of Bartow

Mrs. Mary Ann Bartow, who being sworn according to law, says under oath that she is the widow of James S. Bartow, who was a soldier in the service of the Confederate States, and served as a member of Company A, of the 36th Regiment of Georgia Volunteers; that he enlisted in said service on or about the _____ day of May 1863, and was in the Confederate Army up to Close of war 1865. That while in the Army, he was on the _____ day of Sept 1863, (See Note No. 1)

attacked with disease causing hemorrhage of the lungs, which caused him to be sent to the hospital at Columbus Ga, from which he was furloughed on Sept. 22 1864, that he was never well again, was unable to, reach home again, but continued entirely unable for work on any kind of service up to time of his death which occurred on June 20 1867, of disease contracted during the war, while in line of duty as a soldier.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 14th day of April 1844, and that she has resided in Georgia continuously since the 10 day of Aug (Birth) 1820; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

9th day of Apr 1891.

Edw. H. Bartow
Ordinary.

Mary Ann X Bartow
mark

NOTE 1. State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is known positively to have resulted from the service of the soldier in the Army and not from any other cause.

POWER OF ATTORNEY

Form No. 5.

STATE OF GEORGIA,
Bartow County.

Know all Men by these Presents, That I, Mary Ann Bartow of Bartow County, in said State, do hereby appoint Att. Joute 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 as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Executed in the presence of us: Mary Ann X Bartow [I. S.] mark.

W. F. Bartow
Edw. H. Bartow
Ordinary

DIRECTIONS.

If allowed, send amount by _____ to _____, and oblige, _____

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,
County of Bartow

In person came before me, the undersigned Ordinary in and for the County of Bartow

Mrs. Mary Ann Bartow, who being sworn according to law, says under oath that she is the widow of James S. Bartow, who was a soldier in the service of the Confederate States, and served as a member of Company A, of the 36th Regiment of Georgia Volunteers; that he enlisted in said service on or about the _____ day of May 1863, and was in the Confederate Army up to Close of war 1865. That while in the Army, he was on the _____ day of Sept 1863, (See Note No. 1)

attacked with disease causing hemorrhage of the lungs, which caused him to be sent to the hospital at Columbus Ga, from which he was furloughed on Sept. 22 1864, that he was never well again, was unable to, reach home again, but continued entirely unable for work on any kind of service up to time of his death which occurred on June 20 1867, of disease contracted during the war, while in line of duty as a soldier.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 14th day of April 1844, and that she has resided in Georgia continuously since the 10 day of Aug (Birth) 1820; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

9th day of Apr 1891.

Edw. H. Bartow
Ordinary.

Mary Ann X Bartow
mark

NOTE 1. State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is known positively to have resulted from the service of the soldier in the Army and not from any other cause.

will again be unable to reach home again, but continued entirely unable for work on any kind of service up to the time of his death which occurred on June 20, 1867, of disease contracted during the war while in line of duty as a soldier.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 14th day of April 1844, and that she has resided in Georgia continuously since the 10 day of Aug (20th) 1844; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the 9th day of Apr 1891. Mary Ann ^{he} Burton ^{mark}
G.W. Hendricks
Ordinary.

NOTE 1. State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is shown positively to have resulted from the service of the soldier in the Army and not from any other cause.

See 11/191
Returned of full
Application for is denied
are under the law of 1878
one dollar per month (what)
is being his family.
The State of Georgia
County of Bartow
Widows' Pension
PAID TO
Mary Ann Burton
Bartow COUNTY.
\$100.00.
Warrant Issued
AND HANDED TO
1891

Certificate of Ordinary of the County of Applicant's Residence. Form No. 2.

STATE OF GEORGIA, County of Bartow
G.W. Hendricks Ordinary in and for said County of
Bartow State of Georgia, hereby certify that I am acquainted with Mrs.
M. A. Burton 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 resided in the State of Georgia on December 23,
1890, and has not lived out of the State since that date. That she is the widow of
J. S. Burton deceased, and as such has heretofore been allowed a
pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 31st day of January 1893.
G.W. Hendricks Ordinary.

POWER OF ATTORNEY. Form No. 3.

STATE OF GEORGIA, County of Bartow
KNOW ALL MEN BY THESE PRESENTS, That I, M. A. Burton
County of said State, do hereby appoint J. W. Harrison
of Attenuate 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 as a widow of a Confederate Soldier, as stated in the foregoing affidavit;
herely 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 31st day of Jan 1893.
M. A. Burton [L.S.]
mark

Executed in the presence of us:

J. W. Harrison
G.W. Hendricks Ordinary

DIRECTIONS.

Send amount by check, care G.W. Hendricks to me at Bartow, Fla.

M. A. Burton
mark

Widows' Pension
for year ending February 15th, 1893.
PAID TO
M. A. Burton
Bartow COUNTY.
Warrant Issued
AND HANDED TO
G.W. Hendricks
1893

Certificate of Ordinary of the County of Applicant's Residence. Form No. 2.

STATE OF GEORGIA, County of Bartow
G.W. Hendricks Ordinary in and for said County of
Bartow State of Georgia, hereby certify that I am acquainted with Mrs.
Mary A. Burton 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 resided in the State of Georgia on
December 23, 1890, and has not lived out of the State since that date. That she is the
widow of James S. Burton deceased, and as such has heretofore
been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 6th day of Feb 1894.
G.W. Hendricks Ordinary.

POWER OF ATTORNEY. Form No. 3.

STATE OF GEORGIA, County of Bartow
KNOW ALL MEN BY THESE PRESENTS, That I, Mary A. Burton
County of said State, do hereby appoint G.W. Hendricks
of Bartow 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 as a widow of a Confederate Soldier, 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 6th day of Feb 1894.
Mary A. Burton [L.S.]
mark

Executed in the presence of us:

J. W. Harrison
G.W. Hendricks Ordinary

DIRECTIONS.

Send amount by _____ to me at _____, and oblige.

Widows' Pension
for year ending February 15th, 1894.
PAID TO
Mary A. Burton
Bartow COUNTY.
Warrant Issued
AND HANDED TO
G.W. Hendricks
1894