

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY,

Bartow }
H. J. Dent }

herby authorize

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

Witness my hand and seal, this

18

day of

Aug

1903.

Executed in the presence of

W. H. Walter

See days in Court

[L.S.]

Dr. Dent, A. J.
D. Bartow County
No.

INDIGENT PENSION. 1903.

Name *A. J. Dent*
County *Bartow*
Co. *H. Leobbs Leg. Regt.*

Approved _____ 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

9/15/03

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

9/15/03

NEY.
to me
by Clerk
1003.
[L.S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow COUNTY, A. J. Dent hereby authorize W. S. Hendricks of Bartonsville to receive and receipt for the pension allowed and request that he remit same to me at Bartonsville by Chuck Witness my hand and seal, this 18 day of Aug 1903. A. J. Dent [L.S.]

Executed in the presence of

W. B. Walton
Clerk Supr Court

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Bartow COUNTY, A. J. Dent 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? (Give State, County and post-office) A. J. Dent, Bartonsville, Bartow Co Ga
2. How long and since when have you been a resident of this State? Thru out life
3. When and where were you born? 1847, Athens Ga.
4. When and where and in what company and regiment did you enlist or serve? Feb 1862, Athens Ga. Company A, 100th Regt of Infantry
5. How long did you remain in such company and regiment? From Feb. 1862 to April 26 1865

6. When and where did your company and regiment surrender and discharged? April 26 1865, Gumborn K.C.

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? by order of Genl Sherman

9. How much can you earn (gross) per annum by your own exertions or labor? Very little hardly any

10. What has been your occupation since 1865? Farmer

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? Infirmary 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 am afflicted with Angina pectoris and many diseases

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? None

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

16. How were you supported during the years 1899, 1900, 1901 and 1902? By my 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 am without employment

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? Have a wife and two boys, none of the family have any homestead

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 claim? None

Sworn to and subscribed before me this the 18 day of Aug 1903. A. J. Dent Applicant.
W. S. Hendricks Ordinary,
of Bartow County.

Every question must be answered.

INDIGENT PENSION.
1903.

Name A. J. Dent
County Bartow
Co. H. Cobbs Regt.
Approved _____ 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.
Geo. W. Harrison, State Printer, Atlanta.

9/15/03

9/15/03

Horseshoe Lake

13. Has he conveyed 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?

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

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?

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

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?

19. Who composes family? What property have they? Children's age and their earning capacity?

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

Sworn to and subscribed before me, this the

day of August, 1903.

Ordinary.

Witness.

been a bona fide resident of this State since my marriage, 189

and that the wife cases, viz. J. W. Hirsley, J. W. Hirsley, A. R. Calhoun and A. J. 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 Bartow County show 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 Certainly made in good faith.

Witness my hand and seal of office, this 4th day of September, 1903.

J. W. Hirsley Ordinary, of Bartow County.

NOTE

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow COUNTY.

I, A. J. Dent, hereby authorize George W. Anderson of Bartonsville Ga to receive and receipt for the pension allowed and request that he remit same to me at Bartonsville Ga by my CK

Witness my hand and seal, this 18 day of Jan 1904.

A. J. Dent [L. S.]

Executed in presence of

J. R. Lindsey, N. B. Lindsey, Bartonsville Ga

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow COUNTY.

I, A. J. Dent, hereby authorize George W. Anderson of Bartonsville Ga to receive and receipt for the pension allowed, and request that he remit same to me at Bartonsville Ga by my CK

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

A. J. Dent [L. S.]

Executed in the presence of

INDIGENT
SOLDIER'S PENSION
1904.

Name A. J. Dent
County Bartow
Co. H. H. Regent Cobb
WARRANT ISSUED
1904.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Cody
Geo. W. Harrison, State Printer, Atlanta.

INDIGENT
SOLDIER'S PENSION
1905.

Name A. J. Dent
County Bartow
Co. H. H. Regent Cobb
WARRANT ISSUED
FEB 7 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Geo. W. Harrison, State Printer, Atlanta.

Dent, A. J.
 Barlow
 CODE SECTION 1284.
 (FOR THOSE ALREADY ENROLLED)
 No. *8753*
 INDIGENT
 SOLDIER'S PENS
 1904.
 Name *A. J. Dent*
 County *Barlow*
 Co. *H* Regiment *68*
Legion of Cavalry
 WARRANT ISSUED
 249
 JOHN W. LINDSEY,
 Commissioner of Pensions
 WARRANT HANDED TO
Cady
 Geo. W. Harrison, State Printer, Atlanta.

Dent, A. J.
 Barlow County
 CODE SECTION 1284.
 (FOR THOSE ALREADY ENROLLED)
 No. *3733*
 INDIGENT
 SOLDIER'S PENSIC
 1905.
 Name *A. J. Dent*
 County *Barlow*
 Co. *H* Regiment *68*
Legion of Cavalry
 WARRANT ISSUED
 FEB 7
 JOHN W. LINDSEY,
 Commissioner of Pensions
 WARRANT HANDED TO
 Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Barlow County.

Personally appears *A. J. Dent* of *Barlow* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *13* day of *Jan* 18*44*; that he is *62* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of *3 1/2 yrs* in Company *H*, of *Coobys Legion Cavalry*; that his physical condition is as follows: *Has Virginia pectoris and angigo*

that his property consists of the following items:

of the value of *3* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of *Barlow* County been allowed a pension for the year *1904*.

Sworn to and subscribed before me, this the *18* day of *Jan* 1904. *A. J. Dent*
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 *A. J. Dent* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this *18th* day of *Jan* 1904.

G. W. Hendricks
 Ordinary *Barlow* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Barlow County.

Personally appears *A. J. Dent* of *Barlow* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *13* day of *Jan* 18*44*; that he is *62* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of *3 1/2 yrs* in Company *H*, of *Coobys Legion of Cavalry*; that his physical condition is as follows: *Has Virginia Pectoris, Barlow &c*

that his property consists of the following items:

of the value of *3* Dollars. I am now earning, by my labor, *11* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of *Barlow* County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the *18* day of *Jan* 1905. *A. J. Dent*
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 *A. J. Dent* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this *18th* day of *Jan* 1905.

G. W. Hendricks
 Ordinary *Barlow* County.

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

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

NOTE.—Affidavit should not be attested before January 1st, 1905

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow COUNTY.
 I, A. T. Dent hereby authorize
W. A. Andrews of Barlow Ga
 to receive and receipt for the pension allowed, and request that he remit same to
me at Barlow Ga
 by OK
 WITNESS my hand and seal, this 15 day of Jan 1906,
A. T. Dent [L. S.]

Executed in the presence of
Mr. Trippe S. S.

Name Asst. W. Dent
 County Barlow
 Co. K. Regiment
Signatures
 WARRANT ISSUED
 JAN 29 1906.
 JOHN W. LINDSEY,
 Commissioner of Prisons.
 WARRANT FORWARDED TO
 THE PRISONERS' BOARD AND PRISONERS' CO. 205 N. W. 2nd St.

mir dater

Dent, A. J.
Barlow
 Cons Section 1294.
 (FOR THOSE ALREADY ENROLLED.)
 No. *2187*
 INDIGENT
 SOLDIER'S PENSION
 1906.
 Name *A. J. Dent*
 County *Barlow*
 Co. *1st* Regiment *10th*
Infantry
 WARRANT ISSUED
 JAN 29 1906
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Barlow County.

Personally appears *A. J. Dent* of *Barlow* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *18th* 18__; that he is *64* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of __) during the war between the States, and served for the term of *3 yrs* in Company *1st*, of *10th* Regiment of *Georgia Cavalry*, that his physical condition is as follows: *He is disabled from rheumatism and other infirmities*

that his property consists of the following items:

of the value of *1* Dollars. I am now earning by my labor, *1* 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 *15th* day of *Jan* 1906. *A. J. Dent*
W. L. Triplett Ordinary.

State of Georgia,

Barlow County.

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

Given under my official signature and seal, this *15th* day of *Jan* 1906.
G. W. Hendricks
 Ordinary *Barlow* County.



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

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 Barton
County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the }
10th day of Jan 1906. } A. J. Dent
W. L. Triffle, J. J. Ordinary.

State of Georgia,
Barton County.

I, W. L. Triffle, Ordinary of said County,
do certify that I am well acquainted with A. J. Dent
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.
W. L. Triffle
Ordinary Barton County.



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

Georgia Barton County
Personally came before me J. W. Winsley and T. W.
Winsley and after being by me sworn, in oath
say that they have known A. J. Dent of said
County for twenty five years. Have lived close
to him and know his condition physically and
financially; that he the said A. J. Dent is in
a frail condition, not able to earn a support,
that he had no property or income from
which to derive a support, that his boys have
been supporting him for about four years.
They the said boys are from being aged 25 & 28
years and they have no farm, are renters and
depend upon their labor in the farm for a
support for themselves and for their father.
Affiants have no interest in a recovery of
a pension by applicant.
Sworn to and subscribed } J. W. Winsley
before me, Sep. 4 1905. } T. W. Winsley
Geo. W. Winsley
Ordinary Barton Co. Ga.

to him and ~~Harold~~ his condition physically and
financially; that he the said A.J. is in
a frail condition, not able to earn a support;
that he has no property or means from
which to derive a support; that his boys have
been supporting him for about four years.
They the said boys are now being aged 25 & 28
years and they have no farms, no deuters and
depend upon their labor in the farm for a
support for themselves and for their father.
Applicant has no interest in a recovery of
a pension by applicant.

Sworn to and subscribed
before me, Sep-4-1905
J.W. Neidnicks
Ordinary, Eastern Co. Ga.

J.W. Neidnicks
J.M. Tinsley

OK *Asa A. Hobbs*
Barlow County
No. _____

INDIGENT PENSION

1899.

Name *Asa A. Hobbs*
County *Barlow*

Approved _____ 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

4/18 99

Pension Office 7/3 1899.
It is not clear that
applicant is unable
to earn a support for
himself -

Richard Johnson
Comm. of Pensions

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow COUNTY.

Asa A. Hobbs
Wm. A. Hobbs
of *Barlow* County, Ga.

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

Witness my hand and seal this *19* day of *April* 1899.

Executed in presence of
Wm. A. Hobbs
by *Wm. A. Hobbs* (L.S.)

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

REG. W. HARRISON, STATE PRINTER, ATLANTA.

4/18 99

ORNEY.

he is authorized to
make any check
April 1899
Asa A. Dobb

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow COUNTY.

Asa A. Dobb

W. W. Harrison

hereby authorize

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

at Cartersville Ga by check

Witness my hand and seal this 18th day of April 1899.

Executed in presence of

W. W. Harrison

Asa A. Dobb (L. S.)

Questions for Applicant.

STATE OF GEORGIA,

Barlow COUNTY.

Asa A. Dobb

of said State and County, desiring

to avail himself of the Pension Act (Section 1264, 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? (Give State, County and post office.)

Asa A. Dobb, Cartersville Ga

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

Have lived in Georgia all my life

3. When and where were you born?

Aug 31-1833, in Elbert Co. Ga

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

Aug August 1861, Richmond Virginia, in Company G of 116

5. How long did you remain in each company and regiment?

I remained in said com

pany till May 1864, when I was wounded in the 2nd battle

6. For how long a period did you discharge regular military duty?

From Aug, 1861 to May 1864

7. When, where and under what circumstances were you discharged from service?

My wound

8. What is your present occupation?

Butcher, keeping great market

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

I do not

10. What has been your occupation since 1865?

Keeping a small market of meat

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and

poverty," second, "infirmity and poverty," or third, "blindness and poverty," or fourth, "disability by

your support? If upon the second, give a full and complete history of the infirmity and its extent. If

upon the third, state whether you are totally blind and when and where you lost your sight? I have

been suffering with indigestion and heart disease

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

your support? I am also sup- ported on the left side, which renders me unable to work.

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

I have except a small lot of household goods

14. What property, effects or income did you possess in 1894, 1895, 1896, 1897 and 1898, and what dis-

position, if any, did you make of same? None except household

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 1897 and 1898? My stepson

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

by your own labor or income? I do not know exactly

18. What was your employment during 1897 and 1898? What pay did you receive in each year?

I attended a market. I do not know

19. Have you a family? If so, who composes your family? Give their means of support? Have they

a homestead? I have a wife only. Have no home- stead. My wife has very little

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

Sworn to and subscribed before me this 18th day of April 1899.

Asa A. Dobb

of Barlow County.

Every Question MUST be Answered.

INDIGENT PENSION

1899.

Name Asa A. Dobb

County Barlow

Approved 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

REG. W. HARRISON, STATE PRINTER, ATLANTA.

4/18 99

Commissioner of Pensions
It is not clear that
applicant is unable
to earn a support for
himself -
Richard Johnson
Comm of Pensions

CK State Pen 7/3
It is not clear if
applicant is male
& earn a support
himself -
Richard Johnson
Comptroller of Pen

INDIGENT PENSION

1899.

Name Asa A. Dobbs

County Barlow

Approved 1899.

RICHARD JOHNSON,
Comptroller of Penalties

WARRANT HANDED TO

REC. W. HARRISON, STATE PRISON, GEORGIA.

4/18 99

Every Question

13. What property, effects or income do you possess, and its gross value? None except a small lot of household goods
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897 and 1898, and what disposition, if any, did you make of same? None except household goods
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 1897 and 1898? My stepson gave me five dollars for medical fees and more
17. How much did you support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I do not know exactly
18. What was your employment during 1897 and 1898? What pay did you receive in each year? I attended a market. I do not know
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Have a wife only. Have no homestead. My wife is very feeble
20. Are you receiving any pension? If so, what amount, and for what disability? No

Sworn to and subscribed before me this the

21st day of March 1899.
G. W. Hendricks
of Barlow County.

Asa A. Dobbs
Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Barlow COUNTY.

F. M. Durham of said State and County, having been presented as a witness in support of the application of Asa A. Dobbs for pension under Section 1254, Code, and after being duly sworn, answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? F. M. Durham, in Carrollville Ga.
2. Are you acquainted with Asa A. Dobbs, the applicant; if so how long have you known him? Thirty seven years
3. Where does he reside, and how long and since when has he been a resident of this State? In Carrollville Ga. Since I have known him
4. When, where and in what company and regiment did he enlist, and how do you know? Aug. 1861. In Company G. 18th Regt. of Ga. Me
5. Were you a member of the same company and regiment? Same Regt. but to 4
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? I was wounded in Dec. 1862. Mr. Dobbs served up till that time and I left him there when I was sent home. I was not with the Regiment after my arm was amputated
7. What property, effects or income has the applicant? (Give your means of knowledge.) Has no property or income
8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same? None. Had none to dispose of
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? Has none. Has not sold any
10. What is the applicant's occupation and physical condition? Formerly a butcher. His physical condition is bad, being weak and old.
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is, in account of his age and disease, being old and quite feeble
12. How was he supported during the years 1897 and 1898? He did a little business in the butchering business, and did his stepson.
13. What portion of his support for these two years was derived from his own labor or income? I do not know
14. 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 and feeble and quite weak.
15. What interest have you in the recovery of a pension by this applicant? None
- Sworn to and subscribed before me, this 21 day of March 1899.
G. W. Hendricks Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Barlow COUNTY.

Personally came before me F. M. Durham and G. W. Hendricks, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Asa A. Dobbs, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He is very old and feeble. Suffer from a great deal of pain in digestion and palpitation of the heart. He has two inguinal hernias on left side. Several months ago a rib was fractured by falling from it. He is unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me this the

21st day of April 1899.
G. W. Hendricks Ordinary.

F. M. Durham
A. H. Hallman

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Barlow COUNTY.

I, G. W. Hendricks, Ordinary in and for said County, hereby certify that the applicant, Asa A. Dobbs, resides in said County, and has been a bona fide resident of this State since the many years 189 and that the witnesses, viz: F. M. Durham and W. W. Barlow are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Barlow County show that applicant returned for taxation in his name in 1897 \$ 35. (Nunshew) Dollars of property, and in 1898 \$ 35 Nunshew Dollars of property.

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

Witness my hand and seal of office, this 19 day of April 1899.
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 answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

tion, if any, did he make of same? none. Had none to dispose of

9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom?
Has none. Has not sold any

10. What is the applicant's occupation and physical condition? His occupation is formerly a butcher. His physical condition is bad, being weak and old.

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is, on account of his age and disease, being old and quite feeble.

12. How was he supported during the years 1897 and 1898? He did a little business in the butchering business, and aid of his system.

13. What portion of his support for these two years was derived from his own labor or income?
He does not know

14. 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 and feeble and quite weak.

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

Sworn to and subscribed before me, this 31 day of March, 1899.
J. M. Durham Witness.
G. W. Hendricks Ordinary.

G. W. Hendricks COUNTY, Ordinary in and for said County, hereby certify that the applicant Asa A. Dobbs resides in said County, and has been a bona fide resident of this State since the many years of 189 and that the witnesses, viz: H. M. Durham and W. W. Leavitt are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Barlow County show that applicant returned for taxation in his name in 1897 \$ 35 (Household) Dollars of property, and in 1898 \$ 35 Household Dollars of property.

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

Witness my hand and seal of office, this 17 day of April, 1899.
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 answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."

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

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County }
I, Asa A. Dobbs 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 Ga by check

Witness my hand and seal, this 4th day of January, 1900.
Asa A. Dobbs [L. S.]

Executed in presence of

W. M. Roberts Clerk

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County }
I, A. A. Dobbs hereby authorize George W. Hendricks of Cartersville Ga to receive and receipt for the pension allowed and request that he remit same to me at Cartersville Ga by check

Witness my hand and seal, this 3rd day of Jan, 1901.
A. A. Dobbs [L. S.]

Executed in presence of

J. M. Bygart

CODE SEC. 1254.
(For Those Already Enrolled.)

No. 2119

INDIGENT

SOLDIER'S PENSION,
1900.

Name Asa A. Dobbs
County Barlow
Enrolled in 1899

WARRANT ISSUED
January 25 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Hendricks
Obs. W. Hutton, State Printer, Atlanta.

no data

CODE SECTION 1254.
(For Those Already Enrolled.)

No. 1755

INDIGENT

SOLDIER'S PENSION.
1901.

Name A. A. Dobbs
County Barlow

WARRANT ISSUED
1/29 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
G. W. Hendricks
Obs. W. Hutton, State Printer, Atlanta.

no data

Barlow
Dobbs, Asa A

CODE SEC. 1284.
(For Those Already Enrolled)

No. 2119

INDIGENT
SOLDIER'S PENS.
1900.

Name Asa A. Dobbs
County Barlow
Enrolled in 18
WARRANT ISSUED
January 23
JOHN W. LINDSEY
Commissioner of
WARRANT HANDLED TO
Hendrick
One W. Harrison, State Prison, Albany
No data

Dobbs A. A.
Barlow

CODE SECTION 1284.
(For Those Already Enrolled)

No. 1755

INDIGENT
SOLDIER'S PENS.
1901.

Name A. A. Dobbs
County Barlow
WARRANT ISSUED
1/29
JOHN W. LINDSEY,
Commissioner of Pr
WARRANT HANDLED TO
Hendrick
One W. Harrison, State Prison, Albany
1/1

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears Asa A. Dobbs of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 21 day of Aug 1833; that he is 66 years old and by occupation a Butcher; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company E, of 18th Regiment of Ca. Vol; that his physical condition is as follows: Has Hernia, Angina Pectoris and Dyspepsia - is unable to labor

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Barlow county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this 23 day of January 1900. Asa A. Dobbs
H. G. Hendricks Ordinary.

State of Georgia,

Barlow County.

I, H. G. Hendricks Ordinary of said County, do certify that I am well acquainted with Asa A. Dobbs 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 4 day of January 1900.

H. G. Hendricks
Ordinary Barlow County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1901.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears Asa A. Dobbs of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 21 day of Aug 1833; that he is 67 years old and by occupation a Butcher; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 yrs &c in Company E, of 18th Regiment of Ca. Vol; that his physical condition is as follows: Captured and has Angina Pectoris and Dyspepsia - is unable to labor

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of Barlow county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this 23 day of Jan 1901. Asa A. Dobbs
H. G. Hendricks Ordinary.

STATE OF GEORGIA,

Barlow County.

I, H. G. Hendricks Ordinary of said County, do certify that I am well acquainted with Asa A. Dobbs 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 5 day of Jan 1901.

H. G. Hendricks
Ordinary Barlow County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1901.

Sworn to and subscribed before me, this, the 4th day of January, 1900. } Asa A. Dobbs
G. W. Hendricks Ordinary.

State of Georgia,
Bartow County. }
I, G. W. Hendricks Ordinary of said County,
do certify that I am well acquainted with Asa A. Dobbs 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 4th
day of January, 1900.
G. W. Hendricks
Ordinary Bartow County.



Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1900.

county been allowed a pension for the year 1900.
Sworn to and subscribed before me, this the 5th day of January, 1901. } A. A. Dobbs
G. W. Hendricks Ordinary.

STATE OF GEORGIA,
Bartow County. }
I, G. W. Hendricks Ordinary of said County,
do certify that I am well acquainted with A. A. Dobbs 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 5th
day of January, 1901.
G. W. Hendricks
Ordinary Bartow County.



Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1901.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County. }
I, Asa A. Dobbs hereby authorize George W. Hendricks
Hendricks of Bartonsville Ga
to receive and receipt for the pension allowed and request that he remit same to
me at Bartonsville Ga
by Check
Witness my hand and seal, this 14th day of January, 1902.
Asa A. Dobbs [L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County. }
I, A. A. Dobbs hereby authorize George W. Hendricks
Hendricks of Bartonsville Ga
to receive and receipt for the pension allowed and request that he remit same to
me at Bartonsville Ga
by Check
Witness my hand and seal, this 8th day of January, 1903.
A. A. Dobbs [L. S.]

Executed in presence of
J. R. Anderson W. J. Clark
Bartow Ship Creek

Asa A. Dobbs
Bartow County

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)
No. 5239

INDIGENT
SOLDIER'S PENSION
1902.

Name Asa A. Dobbs
County Bartow
Co. 18 Regiment 18
Ga. vol.

WARRANT ISSUED
11/31 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
only

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

Asa A. Dobbs
Bartow County

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)
No. 3759

INDIGENT
SOLDIER'S PENSION
1903.

Name A. A. Dobbs
County Bartow
Co. 18 Regiment 18
Ga. vol.

WARRANT ISSUED
2/10 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
C

Geo. W. Harrison, State Printer, Atlanta.

Subs. A. A. Dobbs
Barlow
CODE SECTION 184
(FOR THOSE ALREADY EMPLOYED)
No. *828*
INDIGENT
SOLDIER'S PENSION
1902.
Name *Asa A. Dobbs*
County *Barlow*
Co. *18th*
Regiment *18th*
WARRANT ISSUED
11/3
JOHN W. LINDSEY
Commissioner of the
WARRANT HANDLED TO
July
Geo. W. Harrison, State Printer, Tallahassee, Fla.
na ded

Subs. A. A. Dobbs
Barlow
CODE SECTION 184
(FOR THOSE ALREADY EMPLOYED)
No. *375*
INDIGENT
SOLDIER'S PENSION
1903.
Name *A. A. Dobbs*
County *Barlow*
Co. *18th*
Regiment *18th*
WARRANT ISSUED
3/10
JOHN W. LINDSEY,
Commissioner of the
WARRANT HANDLED TO
C
Geo. Harrison, State Printer, Tallahassee, Fla.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow County,

Personally appears *Asa A. Dobbs* of *Barlow* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *21* day of *August* 18*88*; that he is *68* years old and by occupation a *Beef Reaper* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 yrs* in Company *G*, of *18th* Regiment of *Ga. vols*; that his physical condition is as follows: *Physically weak from wound, rupture and stomach trouble*

that his property consists of the following items:

of the value of *10* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of *Barlow* county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this *14th* day of *Jan'y* 1902. *Asa A. Dobbs*
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 *Asa A. Dobbs* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *14th* day of *Jan'y* 1902.

G. W. Hendricks Ordinary *Barlow* County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow County,

Personally appears *A. A. Dobbs* of *Barlow* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *21st* day of *August* 18*88*; that he is *70* years old and by occupation a *Beef Reaper*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States and served for the term of *3 yrs* in Company *G*, of *18th* Regiment of *Ga. vols*; that his physical condition is as follows: *Has Indigestion is ruptured and physically quite feeble on account of said Indigestion, rupture and heart disease also* that his property consists of the following items:

of the value of *10* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of *Barlow* county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this *8th* day of *Jan'y* 1903. *A. A. Dobbs*
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 *A. A. Dobbs* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this *8th* day of *Jan'y* 1903.

G. W. Hendricks Ordinary *Barlow* County.

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

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 1902. I have heretofore as a resident of Barlow county been allowed a pension for the year 1901-

Sworn to and subscribed before me, this the 14th day of January, 1902. } A. A. Dobbs
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 A. A. Dobbs the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 14th day of January, 1902.
G. W. Hendricks
Ordinary Barlow County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1902.

Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of Barlow county been allowed a pension for the year 1902

Sworn to and subscribed before me, this the 8th day of January, 1903. } A. A. Dobbs
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 A. A. Dobbs 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, 1903.
G. W. Hendricks
Ordinary Barlow County.

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

Georgia } Personally came before
Barlow County } me Dr. A. J. Calhoun
who on oath says that Mr. A. A.
Dobbs is physically un-
able to support a support
by any kind of labor
A. J. Calhoun M.D.

Sworn to and subscribed before me
this Nov. 7th 1899.

G. W. Hendricks
Ordinary

Georgia, Barlow County.
In person came before me, Col. F. M. Ford
who on oath says that he is well acquainted
with A. A. Dobbs, and has been for forty
years, and that said Dobbs has no means
of support whatever and is totally un-
able to earn a support by any kind
of labor, and has been in this con-
dition for several years.

Sworn to and subscribed before me this
the 7th day of Nov. 1899.
G. W. Hendricks
Ordinary Barlow Co. Ga.

(Over)

Georgia } In person appeared before me
Barlow County } W. W. Cotton, who on oath
says that he served in company "H" of the 18th
Regiment of Georgia Volunteers; that A. A.
Dobbs served in the same 18th Regiment, but
in Company "G", and that Mr. Dobbs served
about three years; that he was wounded
in the battle of Cold Harbor Virginia
in Spring 1864; that after said Dobbs was
wounded I do not remember his ever returning
to the command.

Sworn to and subscribed }
before me. April 1st 1899 }
G. W. Hendricks
Ordinary } W. W. Cotton

One person came before me, Col. F. W. Ford
who on oath says that he is well acquainted
with A. A. Dobbs, and has been for forty
years, and that said Dobbs has no means
of support whatever and is totally un-
able to earn a support by any kind
of labor, and has been in this con-
dition for several years.

From Ford
Sworn to and Subscribed before me this
the 7th day of Nov. 1899.
G. W. Hendricks
Ordinary Barlow Co. Ga.

(Over)

... more years, that he was wounded
in the battle of Cold Harbor Virginia
in Spring 1864; that after said Dobbs was
wounded I do not remember his ever returning
to the command.
Sworn to and Subscribed } M. H. Co.
before me. April 1st 1899 }
G. W. Hendricks
Ordinary

Georgia - Barlow County.
Two persons came before me, W. H.
Barron and S. M. Rhea, who on
oath say, that they are acquainted
with A. A. Dobbs, and that of their
personal knowledge, they say that the
said Dobbs is, on account of old age
and infirmities of body, he is not able
to earn a support by manual labor
or any other calling, that said Dobbs
has no property or income whatever,
that said persons have no interest in
a recovery of a pension by applicant.
Sworn to and Subscribed
before me, Nov. 8th 1899
G. W. Hendricks
Ordinary

W. H. Barron
S. M. Rhea

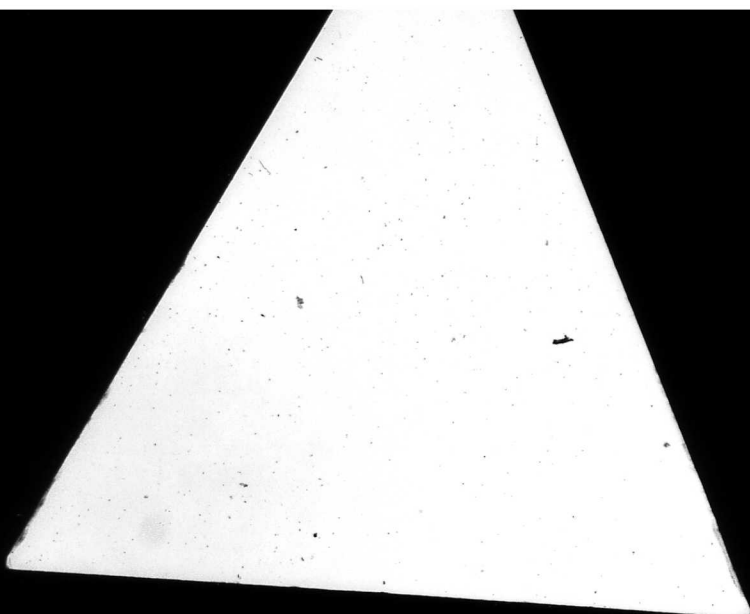
I, G. W. Hendricks, Ordinary of Barlow
County, Ga., hereby certify that W. H.
Barron and S. M. Rhea are men
of trustworthy character, and that
I read the above affidavit to them before
they signed the same.

G. W. Hendricks
Ordinary

that affidavits have no interest in
a recovery of a pension by applicant.
Sworn to and subscribed
before me, Nov. 8th 1899
G. W. Hendricks
Ordinary

W. H. Barron
S. M. Rhea

G. W. Hendricks, Ordinary of Bartow
County, Fla, hereby Certifies that W. H.
Barron and S. M. Rhea are men
of trustworthy character, and that
I read the above affidavit to them before
they signed the same.
G. W. Hendricks
Ordinary



Dobbs Sarah J.
Chatham County

No. *216 for 1911*

-Widow's Pension
UNDER ACT 1910.

County *Barlow*

Name *Sarah J. Dobbs*

Widow of *Norton Dobbs*

\$ 23 29

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer.

7/10/10

*paid by check
to Mrs. J. Dobbs
Chatham Co. Ga.*

A. J. Lindsey

*received of
the Pension Office*

423 84a

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer.

4130/10

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

STATE OF GEORGIA

Barlow

County

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

1. What is your name, and where do you reside? Sarah J. Dobbs, Barlow, Georgia
2. How long, and since when have you been a continuing resident in the State of Georgia? have lived in Ga. since 1876
3. When, where and to whom were you married? Oct. 1876, Wm. H. Dobbs, Barlow, Georgia
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the army and class of Service) Apr. 1864, Co. 40, 7th Div. 3rd S.C. Regt.
5. When and where did the Command of your husband surrender or discharge from the army? Apr. 26, 1865, Greensboro, N.C.
6. Was your husband personally present at the time of the surrender or discharge of this Command? I am informed that he was by those who
7. If he was not present state clearly where he was Wm. with him, and by him in his lifetime
8. Where was his Command when he left?
 - a. For what cause did he leave his command?
 - b. By whose authority did he leave his command?
 - c. For how long was he granted leave of absence?
 - d. What was his physical condition when he left his Command?
 - e. What effort did he make to return to his command?
9. In what way was he prevented from going back to Command?
 - a. Was he captured by the enemy at any time?
 - b. If so, when and where captured and where held in a prison, and when and for what cause released? Chancellorsville, Va. imprisoned at Ft. Delaware about 40 days and then exchanged Oct. 17-1876
 - c. When and where did your husband die?
 - d. Were you residing together when he died?
 - e. If not, how long had you resided apart?
10. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) None at all
11. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None
12. What property of any description of any value have you now? None
13. Give list and cash value? Nothing
14. What are your annual earnings or income and their value? Nothing
15. Have you heretofore been paid a pension by the State? No
16. If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the 10th day of April 1910 Sarah J. Dobbs
of Barlow County.

Chas. F. Byrd, State Printer.

J. W. LINDSEY,
Commissioner of Pensions.

UNDER ACT 1910.

Widow's Pension

No.

423 84a

Barlow

Sarah J. Dobbs

Widow of Wm. H. Dobbs

423 84a

Sworn to and subscribed before me this the 10th day of Sept 1910 Barlow County.

1. When and where did your husband die? Oct 17-1896

2. Were you residing together when he died? Yes

3. If not, how long had you resided apart? None at all

4. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) None

5. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None

6. What property of any description of any value have you now? None

7. Give list and cash value? Nothing

8. What are your annual earnings or income and their value? None

9. Have you heretofore been paid a pension by the State? No

10. If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the 10th day of Sept 1910 Barlow County.

G. W. Hendricks Ordinary.

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,

Barlow County.

Personally before me comes D. J. Guyton who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? D. J. Guyton

2. How long and since when have you known Sarah J. Dobbs applicant? Since 1860

3. How long and since when has she continuously resided in the State? (Give date.) Since 1860

4. When and to whom was she married? Newton Dobbs

5. How long and since when did you know Newton Dobbs her husband? Since 1860

6. When and where did Newton Dobbs die? Oct 17-1896

7. Where the Applicant and her husband living together as husband and wife at the date of his death? They were living as such in Barlow Co. Ga.

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

Were they divorced?

9. When, where and in what Company and Regiment did Newton Dobbs enlist? Enlisted 1861, At Big Shanty, Cobb Co., Ga., Co. F, 3rd Regt.

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

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From 31st day of Aug 1861 to April 26, 1865

12. When, and where did his Command surrender, and was discharged? April 26, 1865, Gunstonville, N.C.

13. Were you personally present when it was surrendered? Yes If not where were you? Barlow and how came you there?

14. Was the husband of applicant personally present at surrender? Yes If not where was he? Barlow when, where and for what cause did he leave Command? (Give date.) April 26, 1865 By whose authority did he leave his Command? Barlow and how long was he granted leave? Barlow How do you know all this? I was present and the surrender April 26, 1865. Mr. Newton Dobbs was also present

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

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

Sworn to and subscribed before me this the 10th day of Sept 1910 Barlow County.

G. W. Hendricks Ordinary,

OFFICE OF
COURT OF ORDINARY
BARTOW COUNTY
G. W. HENDRICKS, ORDINARY.



CARTERSVILLE, GA. Sept 10, 1910

Personally came W. H. Moore of said County and on oath says that he was present at the marriage of Newton Dobbs to Sarah Jane Moore, who is now the lawful widow of the said Newton Dobbs, he having died in October 1896, and she not having married since the death of the said Newton Dobbs, were married in 1861.

Sworn to and subscribed before me Sept. 10, 1910

W. H. Moore
G. W. Hendricks
Ordinary Bartow County Ga

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Barlow County.

G. W. Hendricks Ordinary of said County do certify that I know Sarah J. Dobbs the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov. 1908.

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

That the Tax Returns Bartow County Returned for Tax is for 1908 \$ nothing for 1910 \$ nothing

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

SEAL G. W. Hendricks Ordinary, Barlow County.

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

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

9. When, where and in what Company and Regiment did Newton Dobbs enlist?
Enlisted 1861. At Big Blauy Cobb, Ga. Co. F. 13th Regt

10. Were you a member of the same Company? Co. A. 33rd Ga

11. How long within your personal knowledge did he perform a real military service with his Company and Regiment? From 31st day of Aug till April 26th 1865

12. When, and where did his Command surrender, and was discharged? April 26th 1865. Gunston N.C.

13. Were you personally present when it was surrendered? yes If not where were you _____ and how came you there? _____

14. Was the husband of applicant personally present at surrender? yes If not where was he? _____ when, where and for what cause did he leave Command? (Give date.) _____ By whose authority did he leave his Command? _____ and how long was he granted leave? _____ How do you know all this?
I was present and the Surrender April 26th 1865. Mr Newton Dobbs was also present

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

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

Sworn to and subscribed before me this the 17th day of Apr 1910 O. S. Langston
W. H. Moore Ordinary,
 of Bartow County.

Dobbs, he having died in October 1896, and she not having married since the death of the said Newton Dobbs. Were married in 1867. Sworn to and subscribed before me Sept 23rd 1910
W. H. Moore
Ordinary Bartow County Ga

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Bartow County.

I W. H. Moore Ordinary of said County do certify that, I know Sarah J. Dobbs the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov., 1908.

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

That the Tax Returns Bartow County Returned for Tax is for 1908 \$ nothing for 1910 \$ _____

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

SEAL. W. H. Moore Ordinary,
Bartow County.

(SEAL)

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

300, Dodd, J. H. 427
Dodd, J. H.
Burlington Co.
No. 1088

Application for Allowance

FOR
Right Eyes

Applicant J. H. Dodd

County Burlington

Amount \$1.00

Date of Warrant Nov. 13/

Entered on Record,

Nov. 13 1889

mth

Secretary Executive Department.

Nov. 13 1889
H. H. M.
Secretary Executive Department.

Application for Allowance
No. 1088
Applicant: J. H. Dodd
County: Bartow
Amount: \$100
Date of Warrent: Nov. 13/1889
Entered on Record: Nov. 13/1889
H. H. M.
Secretary Executive Department.

STATE OF GEORGIA,
Bartow County.

PERSONALLY appears J. H. Dodd of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the 27th Feb'y, 1837; 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 H, of 19th Regiment of Georgia Volunteers Volquitts's Brigade; that whilst engaged in such military service, at the battle of Gettysburg in the State of North Carolina, on the 22nd day of July, 1865, he was wounded as follows (or whilst in said service in the year 1865, he contracted disease as follows) (State fully nature of wound or character of disease which causes disability):

Struck in the right eye fracturing the eyeball and causing the total destruction of the eye sight in the right eye. Which wound (or disease) permanently disabled him and renders him practically incompetent to perform manual labor, and his arm, or leg, or hand, or foot, substantially useless.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and make application for the allowance to which he is entitled thereunder.

Sworn to and subscribed before me, this the 5th day of Nov. 1889. J. M. Durham
Clerk Superior Court

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,
County.

PERSONALLY came before me _____ of the county _____ 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.

Sworn to and subscribed before me, this _____ day of _____ 1889.

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

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.
Sworn to and subscribed before me, this _____ day of _____ 188

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

STATE OF GEORGIA,

Bartow County.

Personally came before me H. H. Wade & J. M. Martin,
B. Dodd
citizens of Bartow County, in said State,
who, being duly sworn, say that they are acquainted with J. H. Dodd
and know that he received the wounds (or contracted the
disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or
disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen
of this State, and resides in Bartow County, and we are well satisfied that all the state-
ments in his affidavit are true.

Sworn to and subscribed before me, this
_____ day of Nov. 1887,
J. M. Durham
ck. sup. court

H. H. Wade
J. M. Martin
B. Dodd

STATE OF GEORGIA,

Bartow County.

Personally comes before me J. M. Howard Ordinary of said county,
Erindley Johnson and J. M. Jones, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that they have
carefully examined J. H. Dodd and after such examination say that the
applicant has been injured to the extent claimed by him, and that he has been rendered permanently
and practically incompetent for the performance of ordinary manual labor by reason of said wounds
(or disease), and that, in our opinion, applicant is entitled to the benefits allowed under the Act, approved
October 24, 1887, for the relief of the disabled.

Sworn to and subscribed before me, this
_____ day of November 1887,
J. M. Howard
ORDINARY.

Erindley Johnson M.D.
J. M. Jones M.D.

STATE OF GEORGIA,

Bartow County.

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

I further certify that J. M. Durham before whom the foregoing
affidavits were made and power of attorney was signed, is Chief of the Bartow Co.
of said county, and that the signatures thereto are genuine.

Given under my official signature and seal, this _____ day of November 1887,
J. A. Howard
Ordinary Bartow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all men by these presents, That I J. H. Dodd
of Bartow
county, in said State, do hereby appoint Am. W. A. Wright
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 Confed-
erate 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 November 1887

Executed in the presence of us:

J. M. Durham
J. M. Durham
ck. sup. court

J. H. Dodd [L. S.]

Barlow County.

PERSONALLY comes before me J. M. Howard Ordinary of said county, Guidry, J. H. and M. J. Young, M.D., both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined J. H. Dodd and after such examination say that the applicant has been injured to the extent claimed by him, and that he has been rendered permanently and practically incompetent for the performance of ordinary manual labor by reason of said wounds (or disease), and that, in our opinion, applicant is entitled to the benefits allowed under the Act, approved October 24, 1887, for the relief of the disabled.

Sworn to and subscribed before me, this 7th day of November, 1888
J. M. Howard
ORDINARY.

Guidry, J. H. M.D.
M. J. Young M.D.

county, in said State, do hereby appoint Ann W. A. Wright 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 hereto set my hand and seal, this third day of November, 1888
J. H. Dodd [L. S.]

Executed in the presence of us:
J. H. Dodd
M. J. Young
ck. Supr. Court

BAD COPY - LIGHT PRINT

STATE OF GEORGIA,

Barlow County, }
PERSONALLY appears J. H. Dodd 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 continuously since the about day of July 1861; 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, Colquhoun's Brigade; that whilst engaged in such military service, at the battle of Smith's in the State of North Carolina on the 27 day of July, 1865, he was wounded as follows: Shot with a minnie ball in the right eye, which entirely destroyed the sight of the eye.

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

Sworn to and subscribed before me, this 20 day of July, 1889
J. M. Young
M. J. Young
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

Barlow County, }
PERSONALLY comes before me W. H. Linducks Ordinary of said county, J. M. Young and J. H. Mayfield, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined J. H. Dodd and after such examination say that the applicant has been injured as follows: was shot in Right Eye and completely destroy the sight of the eye the ball is completely out

Sworn to and subscribed before me, this 18 day of March, 1889
W. H. Linducks
J. H. Mayfield M.D.
ORDINARY.

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

APPLICATION FOR ALLOWANCE FOR YEAR ENDING, OCT. 26, 1889.

FOR
Law of Regt. Ene
Applicant J. H. Dodd
County Barlow
Amount 30
Date of Warrant Apr 6
Entered on Record, Apr 6 1889
SECRETARY RESERVE DEPARTMENT.
No returned data
W. H. Linducks

Dodd, J. H.
Barlow
No 1890

W. H. Linducks
Physician

STATE OF GEORGIA.

Barlow County.

PERSONALLY comes before me Two Physicians Ordinary of said county, J. M. Young and J. H. Mayfield, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined and after such examination say that the applicant has been injured as follows: was shot in Right Eye and completely losing the sight of the eye. The ball is complete out

Sworn to and subscribed before me, this 18 day of March 1889 J. M. Young M.D.
Two Physicians J. H. Mayfield M.D.
ORDINARY.

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

BAD COPY - LIGHT PRINT

STATE OF GEORGIA.

Barlow County.

Ordinary of said county,

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

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

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

Given under my official signature and seal, this 20 day of March 1889

Two Physicians
Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County.

KNOW ALL MEN BY THESE PRESENTS, That I

of Barlow County, in said State, do hereby appoint John W. Wright my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrent 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 20 day of March 1889 J. M. Durham (L.S.)

Executed in the presence of us:

Frank P. Dearham
J. M. Durham
Ch. Supr. of

DIRECTION.

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

NOTES.

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

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 receive in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this 20th day of February 1889 J. H. Dodd (L.S.)

Executed in the presence of us:

Frank P. Durham
J. M. Durham
Clerk of Court

DIRECTION:

Send money to me as follows, by Express to Statenburg P.O. Burton County, Georgia.

stant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the County of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

Bartow County.

I, Geo. H. Dodd Ordinary of said county, do certify that I am well acquainted with J. H. Dodd 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 Geo. H. Dodd of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 24 day of February 1891

Geo. H. Dodd Ordinary Bartow County.

STATE OF GEORGIA,

Bartow County.

I, Geo. H. Dodd Ordinary of said County, do certify that I am well acquainted with J. H. Dodd 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 Geo. H. Dodd of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 9 day of February 1891

Geo. H. Dodd Ordinary Bartow County.

APPLICATION FOR ALLOWANCE.

No. 1490

FOR THE YEAR ENDING OCTOBER 31, 1891.

Loss of an eye

Applicant, J. H. Dodd

County, Bartow

Amount, \$30.00

Date of warrant, July 26

Entered on record Aug 26

Geo. H. Dodd 1890

WARRANT HANDLED TO

A. M. Harte

SECRETARY EXECUTIVE DEPARTMENT.

No additional data

Dodd, J. H.

Bartow Co.

1891.

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

PAY.

Loss of one eye

Applicant, J. H. Dodd

County, Bartow

Amount, \$30.00

Date of Warrant, July 26, 1891

Entered on record

Geo. H. Dodd 1891

WARRANT HANDLED TO

A. M. Harte

SECRETARY EXECUTIVE DEPARTMENT.

No additional data

Geo. W. Harrison, State Printer, ATLANTA, GA.

Dodd, J. H.
Barlow Co.
1890.

No. 1990
APPLICATION FOR ALLOWANCE
FOR THE YEAR ENDING OCTOBER 24, 1887.

State of Ga.
Applicant, *J. H. Dodd*
County, *Barlow*
Amount, *\$50.00*
Date of Warrant, *July 11, 1889*
Entered on record
July 26
W. H. H.
WARRANT HANDED TO
A. M. Houte
No additional

Dodd, J. H.
Barlow Co.
1891.

No. 1991
APPLICATION FOR ALLOWANCE
FOR THE YEAR ENDING OCTOBER 24, 1891.

State of Ga.
Applicant, *J. H. Dodd*
County, *Barlow*
Amount, *\$50.00*
Date of Warrant, *July 11, 1889*
Entered on record
July 26
W. H. H.
WARRANT HANDED TO
A. M. Houte
No additional

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barlow County,
PERSONALLY appears *J. H. Dodd* of *Barlow* county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has been such continually since the *19th* year day of
1837; that he enlisted in the military service of the Con-
federate States (or of the State of *Ga.*) during the war between the
States, and served as a *private* in Company *B*, of *19th* Regiment
of *Ga.* Volunteers *Colquhoun's* Brigade; that whilst engaged
in such military service, at the battle of *Williamston* in the State
of *N. C.*, on the *23rd* day of *July*, 1862, he was
wounded as follows: *Shot in the right eye*
with a minnie ball knocking the
eye entirely out.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26, 1890. I have heretofore been allowed a pension
of *\$50.00* dollars.
Sworn to and subscribed before me, this *26th* day of *July*, 1891.
J. H. Dodd
W. H. H.
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of
the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County,
KNOW ALL MEN BY THESE PRESENTS, That I, *J. H. Dodd*
of *Barlow* County, State of Georgia, do hereby appoint
my true and lawful attorney in fact, for
me and in my name, to receive and receipt for 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
24th day of *July*, 1891.
Executed in the presence of us:
J. A. Baxin
W. H. H.
DIRECTION.
Send money to me as follows, by *J. H. Dodd* [L. S.]
to *Barlow* County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barlow County,
PERSONALLY appears *J. H. Dodd* of *Barlow* county,
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 *1837*; that he enlisted in the military service of the Con-
federate States (or of the State of *Ga.*) during the war between the
States, and served as a *private* in Company *B*, of *19th* Regiment
of *Ga.* Volunteers *Colquhoun's* Brigade; that whilst engaged
in such military service at the battle of *Williamston* in the State
of *N. C.*, on the *23rd* day of *July*, 1862, he was
wounded as follows: *Shot in the right eye with a*
minnie ball putting out the eye and
bursting the eye ball

Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is entitled
for the year ending October 26, 1891. I have heretofore been allowed a pension of
\$50.00 dollars, for *1889 & 1890*.
Sworn to and subscribed before me, this *26th* day of *July*, 1891.
J. H. Dodd
W. H. H.
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, *J. H. Dodd*
of *Barlow* County, State of Georgia, do hereby appoint
my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military service
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing
my said attorney to receipt in my name for any Warrant that may be issued by the Govern-
or, 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
24th day of *July*, 1891.
Executed in the presence of us:
J. A. Baxin
W. H. H.
DIRECTION.
Send money to me as follows, by *J. H. Dodd* [L. S.]
to *Barlow* County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA

Bartow County.

KNOW ALL MEN BY THESE PRESENTS, That I, J. H. Dodd

of Leonteville Ga my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; 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 24 day of Feb 1890

Executed in the presence of us:

J. A. Batin
W. H. Hendricks

DIRECTION.

Send money to me as follows, by

to

Bartow County, Georgia.

P. O.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I, J. H. Dodd of Bartow County, State of Georgia, do hereby appoint

of Leonteville 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 9 day of Feb 1891

Executed in the presence of us:

A. P. Moor
W. H. Hendricks

DIRECTION.

Send money to me as follows, by

to

Bartow County, Georgia.

P. O.

STATE OF GEORGIA.

Bartow County.

I, J. M. Hendricks Ordinary of said county,

do certify that I am well acquainted with James H. Dodd 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 5 day of March 1892.

J. M. Hendricks

Ordinary

Bartow

County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Bartow County.

Know all Men by these Presents, That I, J. H. Dodd of Bartow County, State of Georgia, do hereby appoint

of Leonteville 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 30 day of March 1893

Executed in the presence of us:

W. H. Hendricks
W. H. Hendricks

DIRECTION.

Send money to me as follows, by

to

Bartow County, Georgia.

P. O.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name James H. Dodd
County Bartow
Disability Loss of Eye
Amount \$ 30
Entered on record March 7 1892

W. H. HARRISON,

Secretary of Pension Department.

AGENT.

W. H. Harrison

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

1893

Dodd, J. H.
Bartow Co.

Application for Allowance

No. 91

For the Year Ending October 31, 1893.

Name Living up to
County Bartow
Disability Loss of Eye
Amount, 30
Entered on record, March 7 1893

WARRANT FOR THE YEAR ENDING OCTOBER 31, 1893.
W. H. Harrison
Secretary of Pension Department.

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

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

Dodd, James
Bartow Co
No. 1391
SOLDIER'S PEN
1892.
FOR THE YEAR ENDING OCTOBER
Name *James H Dodd*
County *Bartow*
Disability *Loss of eye*
Amount \$ *30*
Entered on record *May 7*
W. H. HARRISON,
Secretary of Revenue
AGENT.
A. M. J. J.
Geo. W. Harrison, State Printer, Atlanta

Dodd, J. H.
Bartow Co.
1893
Application for Allowance
No. *91*
For the Year Ending October 24, 1893
Applicant *J. H. Dodd*
County *Bartow*
Amount *30*
Date of Warrant *May 7*
Entered on record *May 7*
Warrant issued to *A. M. J. J.*
Geo. W. Harrison, State Printer, Atlanta

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,

Bartow County.
PERSONALLY appears *James H Dodd*
of *Bartow* County, State of Georgia, who, being duly sworn, says
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
since the _____ day of _____ 1837; that he enlisted
in the military service of the Confederate States (or of the State of _____)
during the war between the States, and served as a *Private* in Company *H*,
of *79*th Regiment of *Georgia* Volunteers *Colquitt*'s
Brigade; that whilst engaged in such military service at the battle of *Skirmish at North River*
in the State of *North Carolina*, on the *22* day of *Feb.*
1865, he was wounded as follows: *entire loss*
of right eye

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and
the acts amendatory thereof, and makes application for the allowance to which he is entitled for
the year ending October 26, 1892. I have heretofore been allowed a pension of
Thirty Dollars for *3 yrs.*
Sworn to and subscribed before me this *5th* day of *March* 1892.
G. W. Studduck Ordinary.
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the
extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County.
Know all Men by these Presents, That I, *James H Dodd*
of *Bartow* County, do hereby appoint *A. M. J. J.*
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 *5th* day of *March* 1892.
Executed in the presence of us:
G. W. Studduck
G. W. Studduck Ordinary.
DIRECTION.
Send money to me as follows, by _____ to _____ P. O.
_____ County, Georgia.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,

Bartow County.
PERSONALLY appears *J. H. Dodd* 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 *fall* 1837; that he enlisted in the military service of the Con-
federate States (or of the State of _____) during the war between the States
and served as a *Private* in Company *B*, of *19*th Regiment
of *40*th Volunteer *Colquitt*'s Brigade; that whilst engaged in
such military service at the battle of *near Wilmington* in the State
of *N.C.*, on the *22* day of *Feb.* 1862, he was
wounded as follows:
right eye completely destroyed and
eye remaining the entire ball off the eye

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and
the acts amendatory thereof, and makes application for the allowance to which he is entitled for
the year ending October 26, 1893. I have heretofore been allowed a pension of
Thirty dollars, for *Loss of eye*
Sworn to and subscribed before me, this, *5th* day of *March* 1893.
G. W. Studduck Ordinary.
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the
disability, resulting from the wound or disease.

STATE OF GEORGIA,
Bartow County.
I, *G. W. Studduck* Ordinary of said County,
do certify that I am well acquainted with *J. H. Dodd* the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
dividual he represents himself to be, and that he resides in this County.
I further certify that
before whom the foregoing affidavits were made and power of attorney was signed, is a
Justice of the Peace for said County, and the said affidavits and
signatures thereto are genuine.
Given under my official signature and seal, this *5th* day of *March* 1893.
G. W. Studduck Ordinary *Bartow* County.

STATE OF GEORGIA
POWER OF ATTORNEY

STATE OF GEORGIA.

Barlow County.

Know all Men by these Presents, That I, *James H Dodd*

of *Barlow*
A M Houte

County, in said State, do hereby appoint

of *Said county* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to 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 *5th* day of *March* 1892.

Executed in the presence of us:

W. S. Stephens
G. W. H. Houte

DIRECTION.

Send money to me as follows, by

to _____ P. O.

County, Georgia.

STATE OF GEORGIA.

Barlow County.

I, *G. W. H. Houte* Ordinary of said County,

do certify that I am well acquainted with *J. H. Dodd* 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 *20* day of *March* 1893.

G. W. H. Houte Ordinary _____ County.

STATE OF GEORGIA

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow COUNTY.

Know all Men by these Presents, That I

County, State of Georgia, do hereby appoint *J. H. Dodd* of *Barlow* 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 *7* day of *March* 1894.

Executed in the presence of us

M. S. Anderson
J. H. G. Gowan

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

County, State of Georgia, do hereby appoint *J. H. Dodd* of *Barlow* 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 *19th* day of *March* 1895.

Executed in the presence of us

J. D. Murchison
J. H. H. Houte

DIRECTIONS.

Send money to me as follows, by

to _____ P. O.

County, Georgia.

(For Those Already Enrolled.)

No. *86*

Soldier's Pension.

1894.

Name *J. H. Dodd*
County *Barlow*
Disability *loss of eye*
Amount *\$ 00.00*
3/5

1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDLED TO
G. W. H. Houte
G. W. H. Houte, Attorney at Law

D. Dodd, J. H.

Barlow Co

(For Those Already Enrolled.)

No. *956*

Soldier's Pension.

1894.

Name *J. H. Dodd*
County *Barlow*
Disability *loss of eye*
Amount *\$ 00.00*
3/4

1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDLED TO
G. W. H. Houte
G. W. H. Houte, Attorney at Law

Dodd, J. H.
Bartow

(For Those Already Enrolled)

No. *86*

Soldier's Pensions
1894.

Name *J. H. Dodd*
County *Bartow*
Disability *loss of eye*
Amount, \$ *80.00*
3/15

W. H. HARRISON,
Secretary Executive Dep't

WARRANT HANDLED TO
J. H. Dodd

ONE W. HARRISON, 1894

Dodd, J. H.
Bartow

(For Those Already Enrolled)

No. *86*

Soldier's Pensions
1894.

Name *J. H. Dodd*
County *Bartow*
Disability *loss of eye*
Amount, \$ *80.00*
3/15

W. H. HARRISON,
Secretary Executive Dep't

WARRANT HANDLED TO
J. H. Dodd

ONE W. HARRISON, 1894

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County.

PERSONALLY appears *J. H. Dodd* 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 *1867*; 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 *GA* Volunteers *Bolquith*'s Brigade; that whilst engaged in such military service at the battle of *Knox* *Washington* in the State of *N. C.* on the *22*nd day of *July* 1865, he was wounded as follows: *shot right out by minnie ball*

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 *thirty* dollars, for the year 1893

Sworn to and subscribed before me, this, the *19th* day of *March* 1894. *J. H. Dodd*
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,
Bartow County.

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

Given under my official signature and seal, this *19th* day of *March* 1894.
G. W. Hendricks
Ordinary *Bartow* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County.

PERSONALLY appears *J. H. Dodd* 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 *Winter* 1837; 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 *GA* Volunteers *Bolquith*'s Brigade; that whilst engaged in such military service at the battle of *in a skirmish* in the State of *N. C.* on the *22*nd day of *July* 1865, he was wounded as follows: *Right eye shot out with a minnie ball*

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 *thirty* dollars, for the year 1894

Sworn to and subscribed before me, this, the *19th* day of *March* 1894. *J. H. Dodd*
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,
Bartow County.

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

Given under my official signature and seal, this *19th* day of *March* 1894.
G. W. Hendricks
Ordinary *Bartow* County.



Sworn to and subscribed before me, this, the
day of March 1894. } J. H. Dodd
GW Hendricks Ord.
Notary—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,
Bartow County.
I, GW Hendricks Ordinary of said County,
do certify that I am well acquainted with J. H. Dodd 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 March 1894.



GW Hendricks
Ordinary Bartow County.

dollars, for the year 1894.
Sworn to and subscribed before me, this, the
day of March 1894. } J. H. Dodd
GW Hendricks Ord.
Notary—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,
Bartow County.
I, GW Hendricks Ordinary of said County,
do certify that I am well acquainted with J. H. Dodd 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 13
day of March 1894.



GW Hendricks Ord.
Ordinary Bartow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County.
Jas H. Dodd hereby authorize F. M. Willis
of Cartersville, Ga
to receive and receipt for the pension paid hereon and request that he remit same to
me by _____
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 27
day of February 1896. Jas H. Dodd [L. S.]
mark

Executed in presence of us
GW Hendricks
Ordinary Bartow
Co. Ga

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County.
J. H. Dodd hereby authorize GW
Hendricks of Cartersville, Ga
to receive and receipt for the pension paid hereon and request that he remit same to
me by Chick
at Cartersville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19
day of January 1897. J. H. Dodd [L. S.]

Executed in presence of
L. Walker Hendricks
H. L. Ahernathy

SOLDIER'S PENSION.

1896.

Name J. H. Dodd
County Bartow
Disability Left eye
Amount, \$ 3.00
3/3 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

at

Geo. W. Harrison, State Printer, Atlanta.

No data

SOLDIER'S PENSION.

1897.

Name J. H. Dodd
County Bartow
Disability Left eye
Amount, \$ 3.00
2/17 1897

RICHARD JOHNSON,

Comptroller of Pensions.

WARRANT HANDED TO

GW

Geo. W. Harrison, State Printer, Atlanta.

no data

10000, J. H.
 (For Those Already Enrolled)
 No. 2348
SOLDIER'S PENS
1896.
 Name J. H. Dodd
 County Barlow
 Disability lost eye
 Amount, \$ 3.00
3/3
 RICHARD JOHNSON
 Secretary Executive Dep
 WARRANT HANDLED TO
at
 Sec. W. HARRISON, State Printer, Atlanta.
No data

Dodd, J. H.
 (For Those Already Enrolled.)
 No. 520
INVALID
SOLDIER'S PENS
1897.
 Name J. H. Dodd
 County Barlow
 Disability lost eye
 Amount, \$ 3.00
2/7
 RICHARD JOHNSON,
 Commissioner of Pensi
 WARRANT HANDLED TO
at
 SEC. W. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barlow County.

Personally appears J. H. Dodd 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 January 1888; that he existed in the military service of the Con-
 federate States (or of the State of) during the war between the
 States, and served as a private in Company K, of 19th Regiment
 of Volunteers, Colquhoun's Brigade; that whilst engaged
 in such military service in the State of N. C., on the 23rd day
 of February 1865, he was wounded, injured or diseased as follows:
His right eye shot out with minnie
ball in an engagement near Wilmington
N. C. February 23rd 1865

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 thirty
 dollars, for the year 1895.

Sworn to and subscribed before me, this, the 27th day of February 1896,
G. W. Hendricks Ordinary
mark

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

STATE OF GEORGIA,
Barlow County.

I, G. W. Hendricks Ordinary of said County,
 do certify that I am well acquainted with Jas. H. Dodd 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 27th
 day of February 1896.
G. W. Hendricks
 Ordinary Barlow County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barlow County.

Personally appears J. H. Dodd 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 1887; that he enlisted in the military service of the Con-
 federate States (or of the State of) during the war between the
 States, and served as a private in Company K, of 19th Regiment
 of Volunteers, Colquhoun's Brigade; that whilst engaged
 in such military service in the State of N. C., on the 22 day
 of Feb 1865, he was wounded, injured or diseased as follows:
His right eye was shot out by
minnie ball near Wilmington N. C.

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
thirty Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 19th day of Janu 1897,
G. W. Hendricks Ordinary
mark

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

STATE OF GEORGIA,
Barlow County.

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

Given under my official signature and seal, this 19th
 day of January 1897.
G. W. Hendricks
 Ordinary Barlow County.

Sworn to and subscribed before me, this, the 17th day of February, 1896. J. H. Dodd
G. W. Hendricks Ordinary
Mark
NOTE—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,
Barlow County.

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

Given under my official signature and seal, this 17th day of February, 1896.



G. W. Hendricks
Ordinary Barlow County.

Sworn to and subscribed before me, this, the 19th day of January, 1897. J. H. Dodd
G. W. Hendricks Ordinary
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 J. H. Dodd the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 19th day of January, 1897.



G. W. Hendricks
Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, J. H. Dodd 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 12th day of January, 1896.

Executed in presence of

J. H. Dodd
J. S. Gore

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, J. H. Dodd 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 Lyon.

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

Executed in presence of

J. H. Dodd
J. S. Gore

INVALID SOLDIER'S PENSION. 1898.

Name J. H. Dodd
County Barlow
Disability Loss of eye
Amount, \$ 50.00
2/18 1898.

RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
B. H. H.
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

INVALID SOLDIER'S PENSION. 1899.

Name J. H. Dodd
County Barlow
Disability Loss of eye
Amount, \$ 50.00
2/16 1899.

RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
J. H. Dodd
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

Dodd, J. H.
Barlow Co
 ACT OF 24 OCT., 1887.
 (For Those Already Enrolled)
 No. *2395*
 INVALID
 SOLDIER'S PENSION
 1898.
 Name *J. H. Dodd*
 County *Barlow*
 Disability *loss of eye*
 Amount, \$ *30.00*
218
 RICHARD JOHNSON,
 Commissioner of Pensions
 WARRANT HANDED TO
W. H. H.
 GEO. W. HARRISON, STATE PRINTER, ATLANTA

Dodd, J. H.
Barlow Co
 CIVIL SERVICE LAW
 (For Those Already Enrolled)
 No. *2223*
 INVALID
 SOLDIER'S PENSION
 1899.
 Name *J. H. Dodd*
 County *Barlow*
 Disability *loss of eye*
 Amount, \$ *30.00*
216
 RICHARD JOHNSON,
 Commissioner of Pensions
 WARRANT HANDED TO
W. H. H.
 GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barlow County.
 Personally appears *J. H. Dodd* 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* 18*37*; that he enlisted in the military service of the Con-
 federate States (or of the State of _____) during the war between the
 States, and served as a *private* in Company *K*, of *19*th Regiment
 of *GA* Volunteers, *Colquhoun*'s Brigade; that whilst engaged
 in such military service in the State of *NC*, on the _____ day
 of *Feb* 186*5*, he was wounded, injured or diseased as follows:
right eye shot out near Wilmington
NC

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
thirty Dollars, for the year 189*7*.
 Sworn to and subscribed before me, this, _____ day of *January* 1898, *J. H. Dodd*
G. W. Hendricks Ordinary
 POST-OFFICE

STATE OF GEORGIA,
Barlow County.
 I, *G. W. Hendricks* Ordinary of said County,
 do certify that I am well acquainted with *J. H. Dodd* the
 applicant in the foregoing affidavit, and am well satisfied that the statements made by him
 in his said affidavit are true, and I know he is the individual he represents himself to be
 and that he resides in this County.
 Given under my official signature and seal, this *12th*
 day of *January* 1898.
G. W. Hendricks
 Ordinary *Barlow* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barlow County.
 Personally appears *J. H. Dodd* 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* 18*37*; that he enlisted in the military service of the Con-
 federate States (or of the State of _____) during the war between the
 States, and served as a *private* in Company *K*, of *19*th Regiment
 of *GA* Volunteers, *Colquhoun*'s Brigade; that whilst engaged
 in such military service in the State of *NC*, on the *22* day
 of *Feb* 186*5*, he was wounded, injured or diseased as follows:
Right eye shot in an engagement
near Wilmington NC.

Deponent makes application for the pension to which he is entitled for the year end-
 ing October 26th, 1899. I have heretofore under said law as a resident of
Barlow County been allowed an invalid pension of
thirty Dollars, for the year 189*8*.
 Sworn to and subscribed before me, this, _____ day of *January* 1899, *J. H. Dodd*
G. W. Hendricks Ordinary
 POST-OFFICE

STATE OF GEORGIA,
Barlow County.
 I, *G. W. Hendricks* Ordinary of said County,
 do certify that I am well acquainted with *J. H. Dodd* 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 *25th*
 day of *January* 1899.
G. W. Hendricks
 Ordinary *Barlow* County.

day of January 1898. POST-OFFICE
G. W. Hendricks Ordinary
Notary—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Barlow County.

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

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



G. W. Hendricks
Ordinary Barlow County.

day of January 1899. POST-OFFICE
G. W. Hendricks Ordinary
Notary—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with J. H. Dodd 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 25th day of January 1899.



G. W. Hendricks
Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, J. H. Dodd hereby authorize G. W. Hendricks of Barlow County, Ga. to receive and receipt for the pension paid hereon and request that he remit same to

at Ligon Ga. by Check

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th day of January 1900.

Executed in presence of
G. W. Cobb, Notary

CODE SECTION 120.
(For Those Already Enrolled.)
No. 874
INVALID
SOLDIER'S PENSION.
1900.
Name J. H. Dodd
County Barlow
Disability loss of eye
Amount, \$ 30.00
Warrant issued Feb. 19, 1900.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Hendricks
G. W. Harrison, State Printer, ALBANY.
No date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, J. H. Dodd hereby authorize George W. Hendricks of Barlow County, Ga. to receive and receipt for the pension paid hereon and request that he remit same to

at Ligon Ga. by Check

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th day of January 1901.

Executed in presence of
J. A. Madden

CODE SECTION 120.
(For Those Already Enrolled.)
No. 1173
DISABLED
SOLDIER'S PENSION.
1901.
Name J. H. Dodd
County Barlow
Disability loss of eye
Amount, \$ 30.00
Warrant issued Feb. 19, 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Hendricks
G. W. Harrison, State Printer, ALBANY.
No date

Dodd, J.H.
CODE SECTION 128.
(For Those Already Enrolled.)
No. *874*
INVALID
SOLDIER'S PENSION
1900.
Name *J.H. Dodd*
County *Barlow*
Disability *loss of eye*
Amount, \$ *20.00*
Warrant issued *Feb. 12, 1900*
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Frederick
Geo. W. Harrison, State Printer, Atlanta.
No data

Dodd, J.H.
CODE SECTION 128.
(For Those Already Enrolled.)
No. *1173*
DISABLED
SOLDIER'S PENSION
1901.
Name *J.H. Dodd*
County *Barlow*
Disability *loss of eye*
Amount, \$ *20.00*
Warrant issued *Feb. 12, 1901*
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Frederick
Geo. W. Harrison, State Printer, Atlanta.
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barlow County.
Personally appears *J.H. Dodd* 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 County, and has resided therein continuously ever since the
day of *Feb* 1837; that he enlisted in the military service of
the Confederate States (or of the State of _____) during the war be-
tween 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 in the State of *NC*, on the *22nd*
day of *Feb*, 1865, he was wounded, injured or diseased as follows:
His right eye was shot out near
Wilmington N.C. Feb. 22nd 1865.

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
Barlow County been allowed an invalid pension of
thirty Dollars, for the year 1899.
Sworn to and subscribed before me, this, the *15th* day of *January*, 1900. POST OFFICE *J.H. Dodd*
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 *J.H. Dodd* 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*, 1900.
G.W. Hendricks
Ordinary *Barlow* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barlow County.
Personally appears *J.H. Dodd* of *Barlow*
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of *Feb* 1837; that he enlisted in the military service of the Con-
federate States (or of the State of _____) during the war between the
States, and served as a *Private* in Company *K*, of *19*th Regiment
of *GA* Volunteers, *Colquitt*'s Brigade; that whilst engaged
in such military service in the State of *NC*, on the *22nd*
day of *Feb*, 1865, he was wounded, injured or diseased as follows:
Wounded near Wilmington in the
right eye, putting it entirely out.

Deponent makes application for the pension to which he is entitled for year end-
ing October 26th, 1901. I have heretofore under said law as a resident of
Barlow County been allowed an invalid pension of
thirty Dollars, for the year 1900.
Sworn to and subscribed before me, this the *14th* day of *Jan*, 1901. Postoffice *J.H. Dodd*
G.W. Hendricks Ord.

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particu-
larly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
Barlow County.
I, *G.W. Hendricks* Ordinary of said County,
do certify that I am well acquainted with *J.H. Dodd* the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.

Given under my official signature and seal, this *14th*
day of *Jan*, 1901.
G.W. Hendricks
Ordinary *Barlow* County.

Sworn to and subscribed before me, this, the 15th day of January 1900. POST OFFICE J. H. Dodd
G. W. Hendricks Only
NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with J. H. Dodd 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 1900.
G. W. Hendricks
Ordinary Barlow County.



Thirty Dollars, for the year 1900.
Sworn to and subscribed before me, this the 14th day of January 1901. Postoffice J. H. Dodd
G. W. Hendricks Only
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 J. H. Dodd the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 14th day of January 1901.
G. W. Hendricks
Ordinary Barlow County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, J. H. Dodd 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 Cartersville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9 day of January 1902.
J. H. Dodd [L. S.]

Executed in presence of
Geo. W. Cobb

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, J. H. Dodd 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 Cartersville

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10th day of January 1903.
J. H. Dodd [L. S.]

Executed in presence of
Geo. W. Cobb
W. D. H.

CODE SECTION FOR
(FOR THOSE ALREADY ENROLLED.)
No. 1861
DISABLED
SOLDIER'S PENSION
1902.
Name J. H. Dodd
County Barlow
Co. 12 Regiment 19
Disability loss of eye
Amount, \$ 20.00
11/21 1902.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Geo. W. Cobb
Geo. W. Harrison, State Printer, Atlanta.
no data

CODE SECTION FOR
(FOR THOSE ALREADY ENROLLED.)
No. 1919
DISABLED
SOLDIER'S PENSION
1903.
Name J. H. Dodd
County Barlow
Co. 11 Regiment 19th
Disability loss of eye
Amount, \$ 20.00
7/10 1903.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Arday
Geo. W. Harrison, State Printer, Atlanta.

No card

*Louis J. R
Carter Co.*

CODING SECTION 1960

(FOR THOSE ALREADY E)

No. *172*

DISABLED]

SOLDIER'S PE

1903

Name *J. H. Jones*

County *Bartow*

Co. *N* Regiment

Disability *Loss of leg*

Amount, \$ *\$14.00*

2/10

JOHN W. LINDS

Comdr.

WARRANT HANDLED

Ordry

Cec. W. Anderson State Prison,

Thirty Dollars, for the year 1901
Sworn to and subscribed before me, this the 31st day of Jan 1902, Post-office Gwinnicks Ordinary
Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Barlow County.

I, Gwinnicks Ordinary of said County, do certify that I am well acquainted with J. N. Dodd 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 Jan 1902.

Gwinnicks Ordinary Barlow County.

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

БОНЕВ ОН АЛЛОРИКА

Barlow County, been allowed an invalid pension of Thirty Dollars, for the year 1902.
Sworn to and subscribed before me, this the 31st day of Jan 1903, Post-office Ford Ga
Gwinnicks Ordinary
Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this 15th day of Jan 1903.

Gwinnicks Ordinary Barlow County.

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

GEORGIA, Barlow County.

I, Gwinnicks Ordinary of said county, do certify that I personally know Mary Dodd, the applicant, and that she is the lawful widow of J. N. Dodd, and was on the Invalid Pension Roll of said Barlow county, and was paid a Pension from Barlow county for 1903, and at the time of his death on the 11th day of Nov 1903, there was due to him and unpaid his Pension of thirty dollars from the State of Georgia, and I know R. B. Carns, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 18th day of Jan 1904.
Gwinnicks Ordinary Barlow County.

Audited April 10 1889.

Wm. B. Mather
COMPTROLLER GENERAL

Maimed Soldiers.

Voucher No. 1870.

Amount, \$ 30.

Paid to J. N. Dodd

For Loss of Right

Eye

April 9 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT

W. B. Mather, Comptroller General

M. A. M.

Application for Pension
Due Deceased Soldier
Under Act 1891.
No. 15740
190
Mrs. Mary Dodd
Widow of J. N. Dodd
of County Barlow
Co. H Regt 19 Ga Vols.
Approved and Paid
J. W. LINDSEY,
Comptroller of Pensions.
190

GEORGIA, Barlow County.

I hereby authorize and constitute Gwinnicks of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1904, through my deceased husband J. N. Dodd, who was on Invalid Pension Roll and paid from Barlow County for 1903.

Witness my hand this 18th day of Jan 1904.

Attested before me: J. R. Anderson } M. A. M.
Barlow Ga } more

M.A.H.

GEORGIA, Barlow County.
I hereby authorize and constitute Guthrie of said county, my
lawful attorney to collect and receipt for me in my name the Pension due me for 1904, through my deceased husband
J.H. Dodd, who was on Invalid Pension
Roll and paid from Barlow County for 1903.
Witness my hand this 18 day of Jan 1904
Attested before me:
J.R. Anderson } Manish } Dodd
Barlow } mark

APPLICATION FOR PENSIONS DUE DECEASED SOLDIER.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Barlow County.

Personally before me come Mrs. Manish Dodd, of said county,
after being duly sworn, on oath says that she is the widow of J.H. Dodd
who was duly enrolled as a Invalid Pensioner from the county
of Barlow and was paid a Pension of thirty
Dollars from Barlow county for 1903, and that the said
J.H. Dodd died in Barlow county on
the 11 day of Nov 1903, and at the time of his death a
Pension of 8.50 was due him from Barlow county
and unpaid for 1904. Applicant further swears that she married the said J.H.
Dodd on the 22 day of Nov
1869, in Barlow county and State of Ga and
resided with him from date of marriage to his death as his lawful wife, and is now his
dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 18 day of Jan 1904
Guthrie ORDINARY } Manish } Dodd [L.S.]
Barlow County. } mark

AFFIDAVIT OF WITNESS.

GEORGIA, Barlow County.

Personally before me come R.B. Barnes, who
on oath says: that he knew J.H. Dodd while in life
and that he knows Mrs. Manish Dodd
the above applicant; that he knows that the said J.H. Dodd
and Manish Barnes were in due form of law married in the county
of Barlow in the State of Ga on
the 22 day of Nov 1869, and that they resided
together as husband and wife from date of marriage to the day of his death on the 11
day of Nov 1903, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 18 day of Jan 1904
Guthrie ORDINARY } R.B. Barnes
Barlow County. }

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1890

Atlanta, Ga. Apr 9 1889.

Mr. J.H. Dodd of the County
of Barlow having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1883, and the same having been allowed for

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

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

By the Governor.

W.N. Harrison
CLERK EXECUTIVE DEPARTMENT.

30.
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
thirty & 00/100 Dollars,
per above voucher, this 9 of April 1889.
J.H. Dodd
W.N. Harrison

Sworn to and subscribed before me this 14 day of Jan 1904
Guthrie ORDINARY } March 14 Dodd [L.S.]
Barlow County. } mark

AFFIDAVIT OF WITNESS.

GEORGIA Barlow County.
Personally before me come R. B. Barnes, who
on oath says that he knew J. H. Dodd while in life
and that he knows Mrs. Mary Dodd
the above applicant; that he knows that the said J. H. Dodd
and Mary Barnes were in due form of law married in the county
of Barlow in the State of Ga on
the 22 day of Nov 1869, and that they resided
together as husband and wife from date of marriage to the day of his death on the 11-
day of Nov 1903, and I now know that she is his dependant widow.
Sworn to and subscribed before me this 18 day of Jan 1904
Guthrie ORDINARY } R. B. Barnes
Barlow County. }

NOTE 1st.—This form can be used by guardian of minor children where there is no widow.
2nd. Ordinary must send in all cases certified copy of marriage license attached.

Executive Department for warrant.

By the Governor.

W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

30.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Thirty 00/ Dollars,
per above voucher, this 9 of April 1889.
J. H. Dodd
W. H. Harrison

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1891.
636
Atlanta, Ga. Feb 12 1891.

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

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

By the Governor,

W. H. Harrison
Sec'y EXECUTIVE DEPARTMENT.

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

Thirty 00/ Dollars,
per above voucher, this 12 of Feb 1891.
J. H. Dodd
W. H. Harrison

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1990
Atlanta, Ga. Feb 24 1891

Mr. J. H. Dodd, of the County
of Barlow having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved, Dec. 24, 1888, and the same having been examined and allowed for
Loss of an eye
He is entitled to receive the sum of 20 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
CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Twenty 00/ Dollars,
per above voucher, this 26 of Feb 1891.
J. H. Dodd, by
A. M. Fouts, his atty in fact

Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Loss of one eye
He is entitled to receive the sum of *Thirty* 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
GOVERNOR.
CLERK EXECUTIVE DEPARTMENT.

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

Thirty Dollars,
per above voucher, this *12* of *July* 1891.

J. H. Dodd
W. H. Harrison

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

Loss of an Eye
He is entitled to receive the sum of *Thirty* 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
GOVERNOR.
CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Thirty Dollars,
per above voucher, this *26* of *Feb* 1891.

J. H. Dodd, by
A. M. Fouts, his atty in fa

Audited *Feb 12* 1891.
W. H. Harrison
COMPTROLLER GENERAL.

Dodd, J. H.

1891.

Maimed Soldiers.

Voucher No. *636*

Amount \$ *30.00*

Paid to *J. H. Dodd*

For *Loss of one eye*

July 12 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. H. Harrison

Audited *18*

COMPTROLLER GENERAL.

Barton

Maimed Soldiers.

Voucher No. *1990*

Amount \$ *30*

Paid to *J. H. Dodd*

For *Loss of*
An Eye
Feb 26 1891.

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

W. H. Harrison, State Printer, Constitution Job Office.

A. M. Fouts

Audited Feb. 12 1891.

W. M. Wright
COMPTROLLER GENERAL

Voucher No. 636

Amount \$ 30.00

Paid to J. N. Dodd

For Loss of one eye

Feby. 12 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. M. Wright.

Audited

18

COMPTROLLER GENERAL.

Voucher No. 1990

Amount \$ 30

Paid to J. N. Dodd

For Loss of
an Eye

Feby 26 1891

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

W. M. Gault

Pension Office. 13-8-1910.
 Husband was on Disable roll and his testimony in application does not show a six months period of service as required. Make out claim on false blue blank having ever having been on the pension roll.

J. W. Lindsey, Com'r. of Pensions.

Roddy Mariah
Barlow County
123
Supplement
 No.

Widow's Application

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

County *Barlow*
 Name *Mariah Judd*
 Widow of *J. H. Judd*
76 19 92

Approved _____

J. W. LINDSEY
 Commissioner of Pensions

Chas. F. Byrd, State Printer, Atlanta.

5/23/14 11/24/10

and his testimony in
military service
le blue blank proving
survived to husband
r. of Pensions.

Approved

J. W. LINDSEY
Commissioner of Pensions

Chas. F. Byrd, State Printer, Atlanta.

5/23/11 11/24/10

Good, Maria
Robertson, George
5/23/11
Supplement
OK

Widow's Application

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

County *Barlow*

Name *Maria Good*

Widow of *J. H. Good*

5/23/11

Approved

J. W. LINDSEY
Commissioner of Pensions

Chas. F. Byrd, State Printer, Atlanta.

5/23/11 11/24/10

Pension Office. 12-8-1910.

Husband was on Disable roll and his testimony in
application does not show a six months actual military service
as the new Act requires. Make out claim on pale blue blank proving
Term of service as other widows do without reference to husband
ever having been on the pension roll.

J. W. Lindsey, Com'r. of Pensions.

Widow's App
To Be Put on Roll in Her Own Right
Husband Was on Roll
Barlow
Manick
Widow of J. H. Dadd
5/23/10
11/24/10
J. W. LIT
Committee
Chas. F. Byrd, State Printer

Pension Office. 12-8-1910.

Husband was on Disable roll and his testimony in application does not show a six months actual military service as the new Act requires. Make out claim on pale blue blank proving Term of service as other widows do without reference to husband ever having been on the pension roll.

J. W. Lindsey, Com'r. of Pensions.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Barlow County.

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

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

_____ of the value of \$ _____

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

_____ Ordinary,
 of _____ County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Barlow County.

I, Wm. Manick Ordinary of said County, do certify, that, I know Mrs. Manick Dadd the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the _____ That I also know R. B. Barnes witness as to marriage and I also know _____ who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Barlow County shows that She returned property to the amount of 274 for 1908 \$ 281 for 1909 \$ 200 for 1910 \$ _____

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

(SEAL) Wm. Manick Ordinary,
Wm. Manick County.

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

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,
Barlow County.

Personally before me comes Mrs. Manick Dadd of said County, who, after being duly sworn, on oath says, that she is the widow of J. H. Dadd to whom in the County of Barlow State of Ga she was married on the 22nd day of Nov 1869 and that she remained his wife, and resided with him to the date of his death in Nov 1904 and that she has not since his death remarried. At the time of his death he was a resident of Barlow County, in _____ said State of Georgia, and he was on the Disabled Invalids Pension Roll of the State and paid a pension of \$20 in Barlow County for 1904 per annum, on account of being a soldier in Company _____ Regiment 19th (Volunteers of State Militia).

At the death of J. H. Dadd he was in the use and possession of the following property _____

of the cash value of \$ _____

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

_____ Acres land _____ \$ _____
 _____ Horses and Mules One mule \$ 75
 _____ Hogs, Cows, etc. _____ \$ _____
 Total Cash value of all property _____ \$ _____

That she is now a bona fide resident citizen of said County of Barlow and she has so continuously resided since 25th day of Sept 1847

Sworn to and subscribed before me, this _____ day of Sept 1910 Manick Dadd mark
Wm. Manick Ordinary,
 of Barlow County.

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

STATE OF GEORGIA,
Barlow County.

Personally before me come R. B. Barnes known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Manick Dadd who made the foregoing affidavit, is the lawful widow of J. H. Dadd who died in Barlow County in said State of Ga on _____ day of Nov 1904 and that she has not since remarried. That she became the wife of J. H. Dadd on the 22nd day of Nov 1869 and that she and he had resided together as man and wife continuously since 22nd day of Nov 1869 and that the J. H. Dadd was the same man who was on the pension roll of said State _____ from Barlow County _____ when he died.

Sworn to and subscribed before me, this _____ day of Sept 1910 R. B. Barnes
Wm. Manick Ordinary,
 of Barlow County.