

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Government touching the payment of such allowances, the following suggestions are submitted:

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by a medical officer, and the nature of the injury should be stated in plain language, showing the extent of the disability. If applicant claims disability from disease, the nature of the disease should be stated, and a full and careful history of the disease should be given, tracing the disability by positive medical evidence.

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 is not necessary to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification as to the nature of the work 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, the leg is not "substantially and essentially useless."

5. If the applicant is a private soldier, and the provisions of the Act require that the amendments have been made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.

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

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

Durham, B. I.
Barton Co.

No. 497

APPLICATION FOR ALLOWANCE.

FOR

Genl. Rej. Abilt. Head.

Applicant, B. L. Durham

County Barton

Amount 50.

Date of Warrant Feb 14

Entered on record Feb 14

B. N. H. 1887

SECRETARY EXECUTIVE DEPARTMENT.

A. M. Forte

STATE OF GEORGIA.

Bartow County.

Personally appeared before me.....F. M. Dinsham.....of
the county of.....Bartow....., State of Georgia, who, being duly sworn, deposes
and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he
enlisted in the military service of the Confederate States, or of this State, as a.....Private
in Company.....F. 15th.....Regiment of.....Georgia.....Volunteers
that while engaged in such military service, to-wit: at the battle or engagement of.....Five Forks
in the State of.....Virginia.....on the.....13th.....day of
December.....1862, he was wounded in the.....Arm.....and
that the same was amputated.....at the shoulder.....
that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into
effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September
20th, 1879; that he has.....not.....supplied himself with an artificial.....Arm.....or that, not having
done so, he prefers to supply himself with an artificial.....Arm.....

Sworn to and subscribed before me this.....1st.....F. M. Dinsham
.....day of.....Nov.....1879
J. P. Bowden JP & R

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

County.

Personally came before me.....of
the county of....., State of Georgia, who, being duly sworn, deposes
and says that he was.....in Company.....Regiment
and that....., the above deponent, was a.....
in said Company, and that this deponent knows that said,
lost ain the military service as said in the above affidavit.

Sworn to and subscribed before me this.....
.....day of.....18.....

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

APPLICATION FOR

ARM

For CONFEDERATE SERVICE.

Applicant.....F. M. Dinsham.....

County.....Bartow.....

Limb.....Arm above elbow.....

Amount.....\$ 60.....

Date of Warrant.....Nov 17 79.....

Page.....

Oct 7 1880 Rep. by

4952

Bartow 3-28-79.
Dinsham F. M.
No. 306 Bartow Co.

AN ACT

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

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

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

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

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

HENRY R. GORTCHIPS,
Secretary House Representatives.
Wm. A. HARRIS,
Secretary Senate.
Approved, September 6th, 1879.

A. O. BACON,
Speaker House Representatives.
RUFUS E. LAMSTER,
President Senate.
ALFRED H. GOLQUITT, Governor.

STATE OF GEORGIA,

Bartow County.

Personally came Thos Johnson Wm Shuler

and J. H. Newlin
who, being duly sworn, depose and say they are acquainted with J. W. Durham
and know that he lost a arm in the military service during the late war;
that said arm was amputated at the shoulder; that he is a bona fide
citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

Sworn to and subscribed before me this 1st day of Nov 1879
J. H. Newlin Thos Johnson
Wm Shuler
J. W. Durham
J. P. G. P.

STATE OF GEORGIA,

Bartow County.

J. Howard Goreman of
Bartholomew
do certify that I am well acquainted with J. W. Durham
the applicant for a limb, and am well satisfied that the facts stated by him in the foregoing
affidavit are true, and that I am well acquainted with Thos Johnson Wm
Shuler and J. H. Newlin
the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts
stated by them are true.

Given under my hand and official seal, this 1st day of Nov 1879
J. Howard Goreman
Ordinary

STATE OF GEORGIA,

Bartow County.

PERSONALLY appears *F M Durham* of *Bartow* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *birth* 17 day of

June 1842; 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 18th Regiment of *Georgia* Volunteers *Wofford's* Brigade; that whilst engaged in such military service, at the battle of *Fridmansburg* in the State of *Virginia*, on the 13th day of *December* 1864, he was

wounded as follows: *shot in the right arm near the shoulder, and in consequence of said wound the right arm was amputated above the elbow*

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

Sworn to and subscribed before me, this the

11 day of *July* 1889
Wm. H. Durbin Ordinary

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,

County.

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

Sworn to and subscribed before me, this }

day of _____ 188 _____

ORDINARY.

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

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

No. *485*
Applicant, *F M Durham*
County, *Bartow*
Amount, *100*
Date of Warrant, *July 12/89*
Enight on record, *July 12 1889*
SECRETARY EXECUTIVE DEPARTMENT.

A. M. J. J. J.

Durham, F. M.,
Bartow Co.,

STATE OF GEORGIA,

Bartow County.

I, *Geo W Hendricks* Ordinary of said county, do certify that I am well acquainted with *J M Durham* 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 _____ 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 *11* day of *Feb* 188*9*

Geo W Hendricks
Ordinary *Bartow* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I, *J M Durham* of *Bartow* County, in said State, do hereby appoint *Hon. A M Forte* of *Bartow* 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 *11* day of *Feb* 188*9*

J M Durham (L. S.)

Executed in the presence of us:

Geo W Hendricks
W O Hendricks
Ordinary

DIRECTION:

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

Barlow 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 3 day of Feb, 1894

Ordinary *Wm. Barton* County

Bartow 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 9 day of Feb 1891.

Ordinary Barlow County

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 31, 1962.

Loss of Arm.
Applicant F. M. Durham
— FOUR —
PER YEAR ENDING OCTOBER 31, 1940.

County, Barlow

Amount, 108.

Date of warrant.

Entered on record,

Reh. D

Sept 4

SECRETARY EXECUTIVE DEPT.

WARRANT HANDED TO

Wm. A. Fow

14

Warrant and

Durham, F.M.

Bartlett Co.

1981

No. 190

Application for Allowance

103 NEW YORK PUBLIC LIBRARY

FOR

W. J. F. M.

Applicant, F. M. Burkham

County, Barlow

Amount, One Hundred Dollars

Date of Warrant, 5th Aug 1871

Entered on record

7684 12 789

SECRETARY EXECUTIVE DEPARTMENT

Am. Fr. b.

1890

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County, PERSONALLY appears F M Durham of Bartow county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the 18 day of his birth; 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 18th Regiment of Georgia Volunteers, Wood & others's Brigade; that whilst engaged in such military service, at the battle of Fredericksburg in the State of Virginia, on the 13 day of Dec, 1862, he was wounded as follows: in the right arm by a shell causing amputation above the elbow

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

Sworn to and subscribed before me, this 3rd day of Feb, 1890.

G. W. Hendricks 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, F M Durham

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd day of February, 1890.

Executed in the presence of us:

H. F. Ford
G. W. Hendricks Ordinary

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

[L. S.]

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

PERSONALLY appears F M Durham 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 18 day of birth; 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 18th Regiment of Georgia Volunteers, Wood & others's Brigade; that whilst engaged in such military service at the battle of Fredericksburg in the State of Virginia, on the 13 day of Dec, 1862, he was wounded as follows: shot with a gun shot near the right shoulder, causing amputation of the right arm above the elbow

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of One Hundred dollars, for 1888 & 1890.

Sworn to and subscribed before me, this 3rd day of Feb, 1891.

G. W. Hendricks Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I, F M Durham

of Bartow county, in said State, do hereby appoint Hon A M Gault of Cartersville Georgia 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 3rd day of February, 1891.

Executed in the presence of us:

H. F. Ford
G. W. Hendricks Ordinary

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

[L. S.]

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County,
 PERSONALLY appears *F. M. Durham*
 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 *birth* 18; that he enlisted
 in the military service of the Confederate States (or of the State of
 during the war between the States, and served as a *private* in Company *F*
 of *18* th Regiment of *Georgia* Volunteers *Hood's 3rd*'s
 Brigade; that whilst engaged in such military service at the battle of *Fredricksburg*
 in the State of *Virginia*, on the *thirtieth* day of
December 1861, he was wounded as follows: *shot*
with a grape shot causing amputation
of the right arm above the elbow

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

one hundred Dollars for *the loss of right arm*

Sworn to and subscribed before me this *29th* day of *February* 1892,
W. W. Hendricks 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, *F. M. Durham*
 of *Bartow* County,
 County, in said State, do hereby appoint *the Hon. Wm. 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 hereunto set my hand and seal this *29th*
 day of *February* 1892: *F. M. Durham* [L. S.]

Executed in the presence of us:

W. W. Hendricks
Ordinary
 DIRECTION.
 Send money to me as follows, by *Express or any other safe*
and convenient way to *Conoverville* P. O.
Bartow County, Georgia.
F. M. Durham

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County,
 PERSONALLY appears *F. M. Durham* 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 *17*
 day of *June* 1861; 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 *F*, of *18* th Regiment
 of *Ga* Volunteers *88th*'s
 Brigade; that whilst engaged in
 such military service at the battle of *Fredricksburg* in the State
 of *Virginia*, on the *13* day of *Dec* 1861, he was
 wounded as follows: *shot that wound was referred to*
of right arm, said arm amputated at
the shoulder joint in consequence thereof

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, 1892. I have heretofore been allowed a pension of

One hundred dollars, for *1889-90-91-92*
 Sworn to and subscribed before me, this, the *16th* day of *March* 1893,
W. W. Hendricks 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, *W. W. Hendricks* Ordinary of said County,
 do certify that I am well acquainted with *F. M. Durham* 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 in and for the County of said County, and the said affidavits and
 signatures thereto are genuine. and of the legal force and effect of such affidavits and
 signatures.
 Given under my official signature and seal, this *16th* day of *March* 1893.

W. W. Hendricks
 Ordinary *Bartow* County.

STATE OF GEORGIA
 POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA.

Bartow COUNTY.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

of *Charles White* 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 *7th* day of *March* 1894.

F. M. Durham [L. S.]

Executed in the presence of us

K. E. Anderson
Geo. W. Harrison State Printer, Atlanta

DIRECTIONS.

Send money to me as follows, by

to _____ P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

of *Charles White* 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 *7th* day of *February* 1895.

F. M. Durham [L. S.]

Executed in presence of us

K. E. Anderson
K. E. Anderson

DIRECTIONS.

Send money to me as follows, by

to _____ P. O.

County, Georgia.

(For Those Already Enrolled)

No.

87
Soldier's Pension.

1894.

Name *F. M. Durham*

County *Bartow*

Disability *loss of arm*

Amount, \$ *100.00*

1894.

3/10
W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

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

No. 87

(For Those Already Enrolled.)

No.

857
SOLDIER'S PENSION.

1895.

Name *F. M. Durham*

County *Bartow*

Disability *loss of arm*

Amount, \$ *100.00*

1895.

3/4
RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

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

No. 857

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

PERSONALLY appears

F. M. Durham 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

1846;

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 7, of 16th Regiment of Georgia Volunteers Hood's Brigade; that whilst engaged in

such military service at the battle of Fredericksburg in the State of Virginia on the 13th day of December 1862, he was

wounded as follows: gun shot wound in the right arm causing arm to be taken of the same at the shoulder joint

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

one hundred dollars, for the year 1893.

Sworn to and subscribed before me, this, the

1894.

day of March

F. M. Durham

G. W. Hendrick

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. Hendrick

Ordinary of said County.

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

Given under my official signature and seal, this

day of March 1894.

G. W. Hendrick

Ordinary Bartow County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

PERSONALLY appears

F. M. Durham 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 June 1842; 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 7, of 16th Regiment of Georgia Volunteers Hood's Brigade; that whilst engaged in

such military service at the battle of Fredericksburg in the State of Virginia on the 13th day of December 1862, he was

wounded as follows: with a grape shot near the right shoulder, resulting in amputation of the right arm at the shoulder

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

one hundred dollars, for the year 1894.

Sworn to and subscribed before me, this, the

1895.

day of February

F. M. Durham

G. W. Hendrick

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. Hendrick

Ordinary of said County.

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

Given under my official signature and seal, this

day of Feb 1895.

G. W. Hendrick

Ordinary Bartow County.



NOTES.

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

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

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

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

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

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

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

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Bartow County,

PERSONALLY appears B. L. Durham 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 birth, 12th day of August 1858; 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 J, of 1st Regiment of Arkansas Volunteers Volunt Brigade; that whilst engaged in such military service, at the battle of Bentonville in the State of North Carolina on the day of April 1865, he was wounded as follows: shot with a minnie ball which entered the left nostril going through the head passing out behind the right ear, breaking the jaw bone, destroying the right eye and the hearing in the right ear, the consequence of said wound he mentions his food with great difficulty, causing indignation and much suffering in various ways, by which he is permanently injured. Said wound has never healed still gives him pain and suffering by which he is rendered practically incompetent to perform the ordinary manual labor of life.

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

Sworn to and subscribed before me, this 11 day of Febry 1889, B. L. Durham
B. L. Durham Clerk of said County.
I, M. J. Durham, Clerk of said County, do hereby certify that the above is a true and correct copy of the original of the foregoing affidavit, as the same appears from the records of the County of Bartow, State of Georgia, this 11 day of Febry 1889.
M. J. Durham Clerk of said County.

Commissioned Officer's Affidavit.

STATE OF GEORGIA, _____ }
County, _____ }

PERSONALLY came before me _____ of the county of _____ State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company _____ of _____ Regiment of Volunteers, and that deponent knows _____, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said _____ as stated by him in said affidavit. Deponent further states that said _____ is a bona fide citizen of this State and resides in _____ county.

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

APPLICATION FOR ALLOWANCE.

FOR
Paul Wendell Howard
Applicant, B. L. Durham
County Bartow
Amount 50.
Date of Warrant Febry 14
Entered on record Febry 14 1889
B. L. H.
SECRETARY EXECUTIVE DEPARTMENT.

Am. State

Durham, W. S.
Bartow Co.,

Not Held

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barton County.

I, F M Durham hereby authorize W W Henderson
Ordinary of Barton County

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 11th
day of Febry 1896.

F M Durham [L. S.]

Executed in presence of us

J. D. Murchison,
R. S. Anderson

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barton County.

I, F M Durham hereby authorize W W Henderson
Ordinary of Barton Co. Ga

to receive and receipt for the pension paid hereon and request that he remit same to
me in person
at Cartersville

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th
day of Febry 1897.

F M Durham [L. S.]

Executed in presence of

W W Henderson
J. M. McCarty

SOLDIER'S PENSION.

1896.

Name F M Durham
County Barton
Disability top of arm
Amount, \$ 100.00
3/4

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

W W Henderson

Geo. W. Henderson, State Printer, Atlanta.

No data

SOLDIER'S PENSION.

1897.

Name F M Durham
County Barton
Disability top of arm
Amount, \$ 100.00

1897

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

W W Henderson

Geo. W. Henderson, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears F. M. Durham 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 1845, 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 7, of 18th Regiment of Georgia Volunteers, Wood's Brigade; that whilst engaged in such military service in the State of Virginia, on the 13th day of December 1862, he was wounded, injured or diseased as follows:
Wounded by a minnie ball or grape shot
near the shoulder of the right arm
causing amputation of the arm
at the shoulder

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Bartow county been allowed a pension of one hundred dollars, for the year 1885.

Sworn to and subscribed before me, this, the

11th day of Feb, 1896.

G. W. Hendricks Ordinary

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

STATE OF GEORGIA,

Bartow County.

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

Given under my official signature and seal, this

day of Feb, 1896.

G. W. Hendricks
Ordinary Bartow County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears F. M. Durham 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 birth 1842 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 7, of 18th Regiment of Georgia Volunteers, Wood's Brigade; that whilst engaged in such military service in the State of Virginia, on the 13th day of December 1862, he was wounded, injured or diseased as follows:
Wounded with grape shot or minnie
ball near the shoulder of the right
arm causing the right arm to
be amputated at the shoulder joint

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Bartow county been allowed an invalid pension of one hundred Dollars, for the year 1886.

Sworn to and subscribed before me, this, the

9th day of Feb, 1897.

G. W. Hendricks Ordinary

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

STATE OF GEORGIA,

Bartow County.

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

Given under my official signature and seal, this

day of Feb, 1897.

G. W. Hendricks
Ordinary Bartow County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, F M Durham hereby authorize George W
Hendricks Ordg. of Bartow County
to receive and receipt for the pension paid hereon and request that he remit same to
me in person
at Cartersville Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th
day of January 1898.
F M Durham [L. S.]

Executed in presence of

J K Walbridge
A K Hornah

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, F M Durham hereby authorize
G. W. Hendricks Ordg. of Bartow Co.
to receive and receipt for the pension paid hereon and request that he remit same to
me by in person
at Cartersville

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4th
day of Febry 1899.
F M Durham [L. S.]

Executed in presence of

Wm Fite Jr
J R Anderson Notary Public
Bartow Co Ga

**INVALID
SOLDIER'S PENSION.
1898.**

Name F M Durham
County Bartow
Disability loss of arm
Amount, \$ 100.00
2/18 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

W M H

SEE W. HARRISON, STATE PRINTER, ATLANTA

No data

**INVALID
SOLDIER'S PENSION.
1899.**

Name F M Durham
County Bartow
Disability loss of arm
Amount, \$ 100.00
2/16 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

W M H

SEE W. HARRISON, STATE PRINTER, ATLANTA

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears F. M. Durham 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 birth 1842; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company 7, of 18th Regiment of Georgia Volunteers, Hood's Brigade; that whilst engaged in such military service in the State of Virginia, on the 13th day of December 1862, he was wounded, injured or diseased as follows:

gun shot wound causing amputation of shoulder joint of the right arm

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

Sworn to and subscribed before me, this, 25th day of January 1898. F. M. Durham G. W. Hendricks Ordinary. Cartersville Ga.

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

STATE OF GEORGIA,

Bartow County.

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

Given under my official signature and seal, this 24th day of January 1898.

G. W. Hendricks Ordinary Bartow County.

AM
your
not
here

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears F. M. Durham 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 birth 1842; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company 7, of 18th Regiment of Georgia Volunteers, Hood's Brigade; that whilst engaged in such military service in the State of Virginia, on the 13th day of December 1862, he was wounded, injured or diseased as follows:

wounded in the right arm, causing amputation of the shoulder joint

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

Sworn to and subscribed before me, this, 25th day of February 1898. F. M. Durham G. W. Hendricks Ordinary. Cartersville Ga.

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

STATE OF GEORGIA,

Bartow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with F. M. Durham 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 February 1898.

G. W. Hendricks Ordinary Bartow County.

AM
your
not
here

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, J. M. Durham hereby authorize G. W. Hendricks of Barlowville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Adamsville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12th day of January 1900. J. M. Durham [L. S.]

Executed in presence of

jmm

Barlow Co.
Durham, J. M.

CODE SECTION 124.
(For These Already Enrolled.)

No. 373

INVALID

SOLDIER'S PENSION.

1900.

Name J. M. Durham
County Barlow
Disability loss of arm
Amount, \$ 100.00
Warrant issued Jan. 16, 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Hendricks
G. W. Hendricks, State Prison, Atlanta.

No date

Barlow

Maimed Soldiers.

Voucher No. 425

Amount, \$ 100.

Paid to J. M. Durham

For Loss of Right

arm

July 12 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

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

A. M. Foute

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears F. M. Durham 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 County, and has resided therein continuously ever since the 17 day of June 1862; that he enlisted in the military service of the Confederate States (or of the State of Virginia) during the war between the States, and served as a private in Company A, of 18th Regiment of Volunteers, Co. 665, 's Brigade; that whilst engaged in such military service in the State of Virginia, on the 12 day of Dec 1862, he was wounded, injured or diseased as follows:

Received gunshot wound in the right arm in Battle of Fredericksburg.
Arm amputated above elbow

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Bartow County been allowed an invalid pension of One Hundred Dollars, for the year 1899.

Sworn to and subscribed before me, this, 12 day of January 1900, F. M. Durham POST OFFICE
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,

Bartow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with F. M. Durham 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 12 day of January 1900.

G. W. Hendricks
Ordinary Bartow County.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 425

Atlanta, Ga. Feb. 12 1899

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

Loss of Right Arm

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

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

By the Governor.

W. H. Hamlin

CLERK EXECUTIVE DEPARTMENT.

100.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100 Dollars.
per above voucher, this 12 of Feb 1889.

Will State, att. in fact
for F. M. Durham.



Audited _____ 18

COMPTROLLER-GENERAL.

Barton

Maimed Soldiers.

Voucher No. *392*

Amount \$ *100*

Paid to

J. M. Durham

For

Loss of arm

July 6 1890

Included in warrant No. _____

issued to Treasurer.

18

WARRANT CLERK.

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

Am Soule

Audited _____ 1891.

COMPTROLLER-GENERAL.

Dyham, J. M.

Barton

1891.

Maimed Soldiers.

Voucher No. *790*

Amount \$ *100*

Paid to

J. M. Durham

For Loss of arm

Feby 13 1891.

Included in warrant No. _____

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Am Soule

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No.

392

Atlanta, Ga., Feb'y 6 1890

Mr. J. M. Durham 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 arm

He is entitled to receive the sum of One Hundred Dollars

for such disability, the same being the allowance due for the year ending October 24, 18 90

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.

GOVERNOR.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00 Dollars,
per above voucher, this 6 of Feb'y 18 90

J. M. Durham, by his
att'y in fact A. M. Foulke.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

1891.

No. 790

Atlanta, Ga., Feby 13 1891.

Mr. J. M. Durham 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 arm

He is entitled to receive the sum of One Hundred Dollars

for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

W. H. Harrison

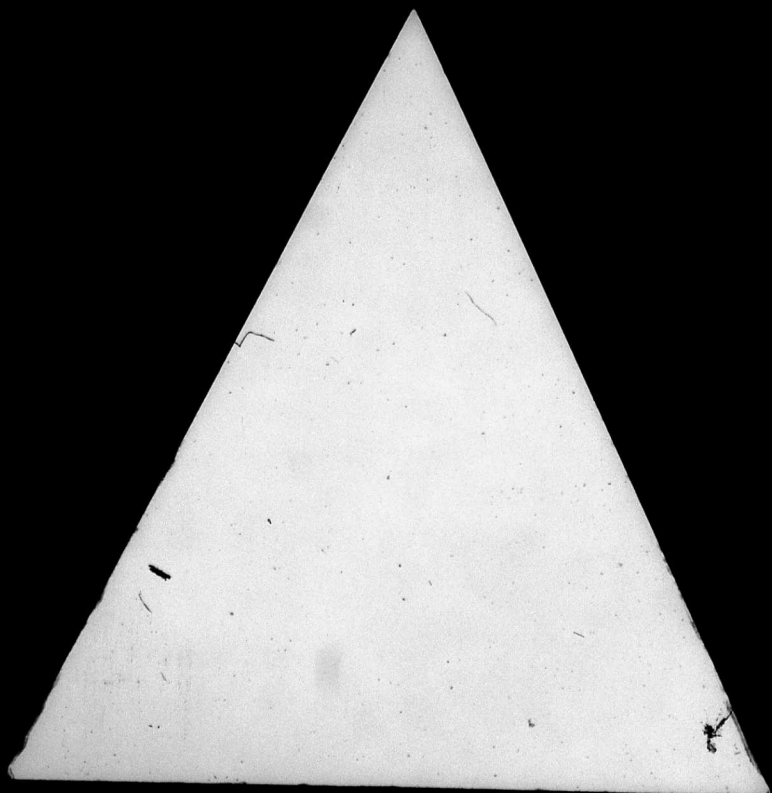
SEC'Y EXECUTIVE DEPARTMENT.

GOVERNOR.

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

One Hundred Dollars,
per above voucher, this 13 of Feby 1891.

J. M. Durham
By A. M. Foulke.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow

County,

Wm. E. M. Dyar of *Lowndes Co* hereby authorize

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

himself by

Witness my hand and seal this

8th

day of

April

1895.

Executed in presence of

J. S. Hardy
E. M. Dyar

E. M. Dyar

L. Dyar, E. M.
Barlow Co
No. *91*

INDIGENT PENSION
1895.

Name

E. M. Dyar

County

Barlow

Ground

Infirmary poverty
June 1
April 8th

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

atly

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,

Bartow

County.

PERSONALLY came A. M. Franklin, Jno. H. Wickie
and W. W. Robertscitizens of said county, in said State,who, being duly sworn, say that they are acquainted with B. S. Durham

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 statements in his affidavit are true.

Sworn to and subscribed before me, this

11th day of Feb. 1889G. H. Hendricks
Ord., Bartow CoA. M. Franklin
Jno. H. Wickie
W. W. Roberts

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

STATE OF GEORGIA,

Bartow

County.

PERSONALLY comes before me G. H. Hendricks Ordinary of said county,W. S. Kirtpatrick and James M. Young, both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that

they have carefully examined B. S. Durham and after suchexamination say that the applicant has been injured as follows: Substantially asset out in his own affidavit, the fall passing through theupper end of the lower jaw bone fracturing it. The right eye is sightlessin a state of chronic inflammation. There is besidesconstant discharge of pus from the ear of right sideThe fracture of jaw bone makes mastication difficult &we may say impossible on that side and in my opinionis a permanent disability for many

Sworn to and subscribed before me, this

11th day of Feb. 1889G. H. HendricksW. S. Kirtpatrick M. D.James M. Young M. D.

ORDINARY.

READ NOTE:—The physicians will state fully the extent of the wound, and then give facts to show the extent of

the disability resulting therefrom.

The above amendments dulysubscribed & sworn to before meFeb. 13th 1889 G. H. Hendricks Ordinary

STATE OF GEORGIA,

Bartow

County.

I, G. H. Hendricks

Ordinary of said county,

do certify that I am well acquainted with B. S. Durham the

applicant in the foregoing affidavit, and am well satisfied that the statements made by him

in his said affidavit are true, and I know he is the individual he represents himself to be,

and that he resides in this county. I also certify that the foregoing witnesses are persons

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

I further certify that F. M. Durham before

whom the foregoing affidavits were made and power of attorney was signed, is a

Black superior Court of said county, and the said affidavits and signa-

tures thereto are genuine.

Given under my official signature and seal, this 11th day of Feb. 1889G. H. HendricksOrdinary Bartow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow

County.

Know all Men by these Presents, That I, B. S. Durhamof Bartowcounty, in said State, do hereby appoint W. S. Kirtpatrickof Cartersville Bartow Co my true and lawful attorney in fact, for

me and in my name, to receive and receipt for whatever amount of money I may be entitled

to from the State of Georgia by reason of the injury received as aforesaid in the military ser-

vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby

authorizing my said attorney to receipt in my name for any Warrant that may be issued by

the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this 11thday of February 1889

Executed in the presence of us:

Frank L. Durham
F. M. Durham
clerkB. S. Durham (L. S.)

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

E. M. Dyer of Bartowville Ga hereby, authorize

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

Witness my hand and seal this 8th day of April 1895.

Executed in presence of

J. S. Hardy
& W. Dyer

E. M. Dyer

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Bartow County.

E. M. Dyer of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) E. M. Dyer, Linwood, Bartow County Ga
2. Where did you reside on January 1st, 1894, and how long have you been resident of this State? Linwood Bartow County Ga. About 60 years
3. When and where were you born? Dec. 10, 1833, in Liberty Co. Ga.
4. Did you volunteer in the Confederate Army or in the Georgia Militia? Confederate
5. When and where did you enlist? 13 days of June 1862 near Bartowville Ga
6. In what company and regiment did you enlist? 1st Co. 2nd Regt. Inf.
7. How long did you remain in that company and regiment? Until April 26, 1865
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? In 1863 Smith's Inf. Co. was converted into a Regt. and named 1st
9. For how long a period did you discharge regular military duty? About 8 years
10. When, where, and under what circumstances were you discharged from service? April 26, 1865, at Whitman's Surrender in Greensboro North Carolina
11. What is your present occupation? Farming
12. How much can you earn per annum by your own exertions or labor? Nothing
13. What has been your occupation since 1865? Farming
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? \$60.00 Nothing
15. What is your present physical condition and how long have you been in such condition? Have Catarrh of the head; Rheumatism of the shoulders, bronchitis
16. 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
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? I have been suffering with Catarrh, Rheumatism and Bronchitis for about thirty years. I am getting worse daily. I will be 60 years old next Dec.
18. What property, effects or income do you possess? None
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? One share and one pony, which I never paid for, and let them go to pay for themselves
20. In what County did you reside during those years and what property did you then retain for taxation? Bartow County Ga. About 50 dollars
21. How were you supported during the years 1893 and 1894? By aid of my brother and what little I earned
22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I do not know, but it was not much
23. What was your employment during 1893 and 1894? What pay did you receive in each year? Did what little I could in the farm
24. Are you married and have you a family? If so, in your wife living and how many children have you? Give age and sex of children and their means of support? Have a wife, one son and one daughter with my means, the daughter is a cripple and my son is crippled badly

INDIGENT PENSION

1895.

Name

E. M. Dyer

County

Bartow

Ground

Indigent family

Official

April 8th 1895

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT DATED TO

Atty

One to Justice, State Printer, Atlanta.

Hyatt E. M. Bartow
No. 91

25. Are you receiving a pension under any law of this State, if so what amount and for what disability?

Sworn to and subscribed before me this the

8th day of April 1895.

Ordinary

County.

Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Barlow County.

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

1. What is your name and where do you reside? Richard Worthington, Green Spring, Barlow County, Ga.
2. Are you acquainted with E. M. Dyar, the applicant, if so how long have you known him? For about 32 years.
3. Where does he reside, and how long has he been a resident of this State? Linwood Barlow Co. Ga. Ever since I have known him.
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I do. I served with him about three years.
5. When, where and in what company and regiment did he enlist? June 1862, near Leesville, Barlow Co. Ga. In Co. B, 1st Regt. Cavalry.
6. Were you a member of the same company and regiment? Same company.
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? About 8 years. He was a good soldier. I was not at his surrender, but am informed that he served till Johnson's surrender at Greensboro N.C.
8. What property, effects or income has the applicant? (Give your means of knowledge.)

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

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

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

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

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

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

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

Sworn to and subscribed before me, this

8th day of April 1895.

Richard Worthington
monk Applicant

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

County.

Personally came before me

and

both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully

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

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

Sworn to and subscribed before me, this

the day of 1895.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Barlow County.

I,

the applicant.

Ordinary in and for said County, hereby certify that

resides in said County, and was a bona

fide resident of this State on the first day of January, 1894, and that the witnesses, viz: Richard

Worthington and J. W. Mize are of trustworthy character and that their statements are entitled to full faith and credit.

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

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

Witness my hand and seal of office this 20 day of May 1895.

G. W. Hendrick
Ordinary
of Barlow County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

E. M. Dyer

W. H. Hendrick of *Cartersville Ga* hereby authorize

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

at *Linwood Ga* by

Witness my hand and seal this *8th* day of *April* 1895.

Executed in presence of

J. S. Hardy

E. M. Dyer

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Barlow County.

E. M. Dyer of said State and County, desiring to avail himself of the Pension Act approved December 16th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions; deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) *E. M. Dyer, Linwood, Barlow County Ga*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? *Linwood Barlow County Ga. About 60 years*
3. When and where were you born? *Dec. 10, 1833, in Abbot River Ga*
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *Confederate*
5. When and where did you enlist? *13 days of June 1862 near Cartersville Ga*
6. In what company and regiment did you enlist? *1st Regt. Smiths Legion*
7. How long did you remain in that company and regiment? *Till April 26, 1865*
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer. *In 1863 Smiths Legion, Cal. was converted into a Regt. and named 1st*
9. For how long a period did you discharge regular military duty? *About 8 years*
10. When, where, and under what circumstances were you discharged from service? *April 26, 1865, at Whitman's surrender in Greensboro North Carolina*
11. What is your present occupation? *Farming*
12. How much can you earn per annum by your own exertions or labor? *Nothing*
13. What has been your occupation since 1865? *Farming*
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? *\$600 Nothing*
15. What is your present physical condition and how long have you been in such condition? *Have Catarrh of the head, Rheumatism of the shoulders, Bronchitis*
16. 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"? *Definitely poverty*
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? *I have been suffering with Catarrh, Rheumatism and Bronchitis for about thirty years & I am getting worse daily. I will be 60 by the old New Dec.*
18. What property, effects or income do you possess? *None*
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? *One Mule and one pony, which I never paid for, and let them go to pay for themselves*
20. In what County did you reside during those years and what property did you then return for taxation? *Barlow County Ga. About 80 dollars*
21. How were you supported during the years 1893 and 1894? *By aid of my brother and what little I could do*
22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *I do not know, but it was not much*
23. What was your employment during 1893 and 1894? What pay did you receive in each year? *Did what little I could in the farm*
24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support? *Have a wife One son and one daughter with my annuity. The daughter is a cripple and my son is maimed badly*

INDIGENT PENSION

1895.

Name

E. M. Dyer

County

Barlow

Ground

Infirmary & poverty

April 8, 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

atly

Copy to be sent to the State Printer, Albany.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Darlow County.

E. M. Dyar hereby authorize his
Hendricks of Cartersville Ga

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

at Adamsville Ga by Cheek

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 23rd

day of January 1897. E. M. Dyar [L. S.]

Executed in presence of

J. B. Ward
J. H. Lane

POWER OF ATTORNEY.

State of Georgia,

Darlow County.

E. M. Dyar hereby authorize his
Hendricks of Cartersville Ga

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

at Adamsville Ga by Cheek

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18th

day of July 1898. E. M. Dyar [L. S.]

Executed in presence of

B. H. Pitt
R. G. Woodall

Dyar, E. M.
for Dyar

Barlow Co.
(For Those Already Enrolled.)

No. 1707

INDIGENT

Soldier's Pension.

1897.

Name E. M. Dyar
County Darlow

1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

Emx

SEC. W. HARRISON, STATE PRINTER, ATLANTA.

No data

Dyar, E. M.

Barlow Co.

(For Those Already Enrolled.)

No. 2276

INDIGENT

SOLDIER'S PENSION,

1898.

Name E. M. Dyar
County Darlow

WARRANT ISSUED

1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

Emx

SEC. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears E. M. Dyar 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 10 day of Dec 1880; that he is 61 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 three yrs in Company B, of Barlow Regiment Inf; that his physical condition is as follows: suffering from indigestion and age

that his property consists of the following items Nothing

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

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

Sworn to and subscribed before me, this, the 13 day of Jan 1897, } E. M. Dyar his mark
G. W. Windricks Ordinary.

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this 23rd day of Jan 1897.



G. W. Windricks
Ordinary Barlow County.

Note.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears E. M. Dyar 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 10 day of Dec 1880; 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 yrs in Company D, of Smith's Regiment Inf; that his physical condition is as follows: has Chronic Catarrh and Indigestion totally disabled from labor

that his property consists of the following items none

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

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

Sworn to and subscribed before me, this, the 13 day of Jan 1898, } E. M. Dyar his mark
G. W. Windricks Ordinary.

State of Georgia,

Barlow County.

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

Given under my official signature and seal, this 13th day of Jan 1898.



G. W. Windricks
Ordinary Barlow County.

Note.—The blank spaces must be filled.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, E. M. Lyon, hereby authorize
G. W. Menchillo of Bartow county Ga
to receive and receipt for the pension allowed, and request that he remit same to
E. M. Lyon at McDonville Ga
by _____

Witness my hand and seal this 7 day of January 1899.

Executed in presence of

J. B. B. B. } E. M. Lyon (I. S.)

E. M. Lyon
Bartow County

CODE SEC. 1254.

(For Those Already Enrolled.)

No. 3577

INDIGENT

SOLDIER'S PENSION,

1899.

Name E. M. Lyon
County Bartow

WARRANT ISSUED

420 1899

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

G. W. Menchillo

Geo. W. Harrison, State Printer, Atlanta.

no date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears E. M. Dyer of Bartow

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 10 day of September 1885; that he is 63 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 thirteen months in Company C, of 10th Regiment of Smith's Infantry; that his physical condition is as follows: Indigestion, Irry, Colic and general debility

that his property consists of the following items No property

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 1899. I have heretofore as a resident of Bartow county been allowed a pension for the year 1895.

Sworn to and subscribed before me, this, the 7 day of January, 1899. E. M. Dyer
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 E. M. Dyer 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 January, 1899.



G. W. Hendricks
Ordinary Bartow County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavits should not be attested before January 1st, 1899.

C. M. FRANKS, N.P.

OFFICE OF

J. L. BIDDY.

FRANKS & BIDDY.

DEALERS IN

Staple and Fancy Groceries,

AND AGENTS FOR

STANDARD FERTILIZERS AND FIRE INSURANCE.

Adairsville, Ga. May 18 / 1895

Persons appearing before me D. W. Hight who upon oath says he has known E. M. Dyer personally for ten years and that he has known said E. M. Dyer to be a citizen of Bartow County Ga. for the last ten years in 1883 he had 2 head of horse stock 5 hogs and 2 hinds & 1 calf in fall of 1883 there he killed the 5 hogs in 1894 one of the cows died and he had to sell the other to buy corn for bread and one of the hogs went for bread. He also gave a mortgage on the other horse for stock to him upon this leave him with 3 pigs

Physicians Affidavit

State of Georgia, Personally came before me
Bartow County, John H. King and J. M. Bradley,
both known to me as reputable physicians
of said county, who being severally sworn, say
in oath that they have examined carefully
E. M. Dyer, applicant for pension under
the Act of 1874, and after such personal
examination, say that his present physical
condition is as follows: He has chronic nasal
catarrh and bronchitis. Suffers with
neuralgia in his shoulders and general
debility.
We further say in oath that the physical
condition of Applicant renders him unable
to labor or any work requiring sufficient
brawn a support for himself and that we
have no interest in said pension being
allowed.

Sworn to and Subscribed

before me, this the 24th day

of April 1895

J. N. King
J. M. Bradley
J. M. Dyer
Ordinary Bartow
County Ga

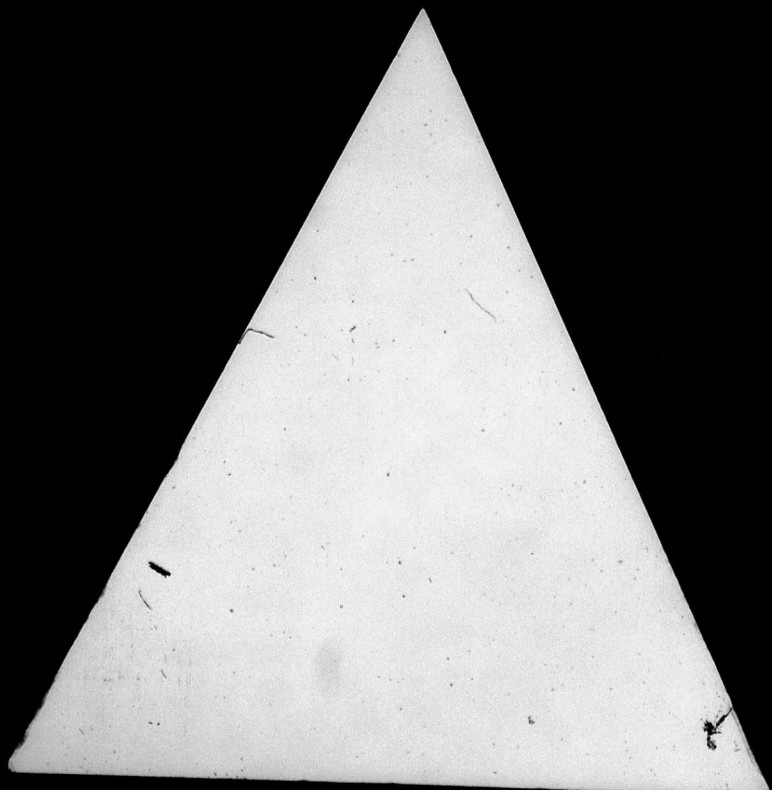
worth about \$4.00 This is all he
has except his house & food,
his ability for work is bad
he was not able to do any thing
hardly at last year & nothing
this year he has no means
of any kind he has two children
that is cripple not able to do
any thing, and his means for
a support is his own labor
while he is not able to do. He
further swears he has no
interest in said Dyas &
he is nothing more to him
than a neighbor

Sworn to before me
this 18th May 1895

D. H. Craig

C. M. Thompson

Notary Public



ORDINARY

STATE OF GEORGIA,

Barlow County.

I, *Wm. H. H. H. H. H.* Ordinary of said county,
do certify that I am well acquainted with *B. L. Durham* 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 *10* day of *Feb* 189*0*

Ordinary

Barlow

County.

Durham, B. L.
Barlow Co.
1890.

No. *1992*
APPLICATION FOR ALLOWANCE.

Total Bonds
Applicant, *B. L. Durham*

County, *Barlow*Amount, *100*Date of warrant, *Feb 26*

Entered on record
Feb 26 1890

W. H. H.

ORDINARY CLERK'S DEPARTMENT

WARRANT RETURNED TO

*Am. H. H.**No additional duty*

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County,

Know all Men by these Presents, That I,

Sarah Ann Dyer

County, in said State do hereby appoint

Charles W. Hite of Bartow my true and lawful attorney in fact for

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

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

14th day of May 1891 at Bartow Fla.

Executed in the presence of us:

E. M. Dyer
Chas. W. Hite

DIRECTOR.

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

Ex. Gift
July 2/91
Harnish Proof by
other witnesses
to show that the
applicant was the
wife of soldier [redacted]
since he was wounded
and has not married
since his death.

W. H. Harrison
Secy



Dyer, Sarah A.
Bartow Co.
1891.

Ch

No. 8540

Widows' Pension

— PAID TO —

Mrs. Sarah A. Dyer

— OF —

Bartow COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

Barlow County.

Know all Men by these Presents, That I,

Sarah Ann Dyer
of Barlow

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

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

14

day of

May

1891

Executed in the presence of us:

E. M. Dyer

Chas. H. Dunder Ordinary

DIRECTIONS.

If allowed, send amount by

me at

and oblige

to



Warrant Issued

\$100.00.

Sarah Ann Dyer
of Barlow County.

Widows' Pension

270. 8370

1891.

Sarah Ann Dyer
of Barlow County.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,

County of Barlow

In person came before me, the undersigned Ordinary

in and for the County of Barlow

Mrs. Sarah Ann Dyer, who being sworn according to law, says under oath that she is the widow of Elis S. Dyer, who was a soldier in

the service of the Confederate States, and served as a member of Company 4 of the

16 Regiment of Ga Inf Volunteers; that he enlisted in said

service on or about the 13 day of July 1861, and was in the

Barlow Army up to June 1864 That while in the

Army, he was on the day of May 1864. (See Note No. 1)

fatally wounded in the Battle of the Wilderness in the State of Virginia and from said wound he died in the hospital in Richmond in June about the 12 day 1864.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 26th day of July 1861, and that she has resided in Georgia continuously since the 15th day of April 1882; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

14

day of

May

1891.

Sarah Ann Dyer
more

Chas. H. Dunder Ordinary.

Test Of Ball's Mills

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

Affidavit for Three Witnesses.

Form No. 2.

State of Georgia,

County of Hart

In person came before me, the undersigned Ordinary

in and for said County, witnesses

and

(each known to said Attesting Officer as truthful,

reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,

Mrs. Sarah A. Dyer of the County of Hart

State of Georgia, is the widow of Wm. S. Dyer, who was a soldier in

Company 6 of the 16 Regiment of Georgia Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or

about the 17 day of July 1861. That while in said service, or by

reason of said service in the Army, he lost his life as follows:

He was mortally wounded in the fight
of the Wilderness in No same term the day
1864, and was sent to the Hospital in
Richmond Va. in May 1864 and died
in the Hospital in Richmond Va
in June 1864. (James)

Our opportunity for knowing the facts stated in reference to death of applicant's husband were

We went to the army with him & saw with him
the time until he died & we know the
facts stated above & have an true

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

Sworn to and subscribed before me, this

2 day of May 1891.

J. L. Stephenson

Ordinary.

J. G. Edwards
J. H. Kelly
E. H. Sanders

NOTE. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

I certify the witness on which & that the
Signature on previous May 3, 1891.

J. L. Stephenson
Ordinary
Hart Co Ga

Certificate of Ordinary of the County of Applicant's Residence.

Form No. 3.

State of Georgia,

County of Bartow

Ordinary

in and for said County of Bartow

State of Georgia, hereby certify that I am acquainted with Mrs. Sarah Ann Dyer the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she died in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this,

14 day of May 1891.



J. G. Edwards
Ordinary.
At to Mrs. Sarah Ann Dyer

Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

Those whose husbands died in the army of wounds or disease contracted in the service.

Those whose husbands went to the army and have never been heard from since the war.

Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.

Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death.

No widow is entitled unless she was the wife of the soldier during the war, and has never remarried.

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

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

Widows who have married since the service of their husbands in the army are not entitled.

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.

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

If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine.

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

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

By order of the Governor.

W. H. HARRISON,

Sec. Ex. Department.

Certificate of Ordinary of the County of Applicant's Residence.

Form No. 2.

STATE OF GEORGIA, County of Bartow
J. A. Dyer Ordinary in and for said County of
Bartow State of Georgia, hereby certify that I am acquainted with Mrs.
S. A. Dyer the applicant for a pension in this case, and
know, from my own knowledge, (or from positive proof presented to me by reputable witnesses),
that she resides in this County, and that she resided in the State of Georgia on December 23,
1890, and has not lived out of the State since that date. That she is the widow of
C. S. Dyer deceased, and as such has heretofore been allowed a
pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the
30 day of January, 1893.
J. A. Dyer Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Bartow County.
KNOW ALL MEN BY THESE PRESENTS, That I, Sarah A. Dyer
of Bartow
County, in said State, do hereby appoint J. A. Dyer
of Bartow my true and lawful Attorney in
fact, and in my name, to receive and receipt for whatever amount of money I may be entitled to
from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affi-
davit; 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 January, 1893.
Sarah A. Dyer [L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by Chas. Conroy to
me at Bartow, and oblige
Sarah A. Dyer

Widow's Pension,

for year ending February 15th, 1893.

—PAID TO—

No. 88

1893.

FOR THOSE HERETOFORE PAID.

Dyer, Sarah A.

Bartow Co.

Warrant Issued

AND HANDLED TO

J. A. Dyer

1893

COUNTY.

Certificate of Ordinary of the County of Applicant's Residence.

Form No. 2.

STATE OF GEORGIA, County of Bartow
J. A. Dyer Ordinary in and for said County of
Bartow State of Georgia, hereby certify that I am acquainted with Mrs.
Sarah A. Dyer the applicant for a pension in this case, and
know, from my own knowledge (or from positive proof presented to me by reputable wit-
nesses), that she resides in this County, and that she resided in the State of Georgia on
December 23, 1890, and has not lived out of the State since that date. That she is the
widow of C. S. Dyer deceased, and as such has heretofore
been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
this, the 29 day of January, 1894.
J. A. Dyer Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Bartow County.
KNOW ALL MEN BY THESE PRESENTS, That I, Sarah A. Dyer
of Bartow
County, in said State, do hereby appoint J. A. Dyer
of Bartow my true and lawful Attorney in fact, for
me, and in my name, to receive and receipt for whatever amount of money I may be en-
titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the
foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
Warrant that may be issued by the Governor, or for any sum of money which may be
coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
29 day of January, 1894.
Sarah A. Dyer [L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by Chas. Conroy to
me at Bartow, and oblige
Sarah A. Dyer

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Dyer, Sarah A.

Bartow Co.

WARRANT ISSUED

1894.

AND HANDLED TO

J. A. Dyer

FOR THOSE HERETOFORE PAID.

Dyer, Sarah A.
Bartow Co.

1894.

No. 100

Barlow
L. A. Dyar
the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of C. S. Dyar deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, 20 day of Jan 1893
[Seal] J. W. Hendricks Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow County.
KNOW ALL MEN BY THESE PRESENTS, That I, Sarah A. Dyar of Barlow County, in said State, do hereby appoint J. W. Hendricks

me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 20 day of Jan 1893 Sarah A. Dyar [L.S.]

Executed in the presence of:

DIRECTIONS.

Send amount by Check, Cash or Money Order to me at Barlow, Ga. and oblige Sarah A. Dyar

FOR THOSE HERETOFORE PAID.

1893.

No. 88

WIDOWS' PENSION,

for year ending February 15th. 1893.

PAID TO—

—OF—

COUNTY.

Warrant Issued

1893

AND HANDED TO

J. W. Hendricks

Geo. W. Hendricks, State Printer, Atlanta.

State of Georgia, hereby certify that I am acquainted with Mrs. Sarah A. Dyar the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of C. S. Dyar deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, 20 day of Jan 1894.
[Seal] J. W. Hendricks Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow County.
KNOW ALL MEN BY THESE PRESENTS, That I, Sarah A. Dyar of Barlow County, in said State, do hereby appoint J. W. Hendricks my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 20 day of Jan 1894. Sarah A. Dyar [L.S.]

Executed in the presence of:

DIRECTIONS.

Send amount by me at Barlow, Ga. and oblige Sarah A. Dyar

FOR THOSE HERETOFORE PAID.

1894.

No. 100

WIDOWS' PENSION,

for year ending February 15th. 1894.

PAID TO—

—OF—

COUNTY.

WARRANT ISSUED

1894.

AND HANDED TO

J. W. Hendricks

Geo. W. Hendricks, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Bartow

Personally comes Mrs.

Sarah A. Eyar

who being sworn, says on oath, that she is a bona fide resident of said County of

Bartow

State of Georgia, and that she has resided in said State

continuously ever since Birth 18 That she is the Widow ofG. S. Eyar

who was a Soldier in Company

16

Regiment of

5thVolunteers, that he enlisted in said Regiment on or about the month of July1864 and served in the Army up to May 1864 That he lost hislife on the 16th day of June 1864 (State herefull particulars of the husband's death, when, where and from what cause.) Hewas mortally wounded in the battle of the Wilderness in the State of Virginia in May 1864, and died the 6th day of June 1864 of said wound.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

20 day of Aug, 1893.Charles H. Eyer Ordinary.

Post-office

Marble

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Bartow

Personally comes Mrs.

Sarah A. Eyar

who being sworn, says on oath, that she is a bona fide resident of said County of

Bartow

State of Georgia, and that she has resided in said State

continuously ever since April 15 1832 That she is the Widow ofCalias S. Eyar

who was a Soldier in Company

16

of the

16th

Regiment of

9thVolunteers, that he enlisted in said Regiment on or about the month of July1861 and served in the Army up to June 6th 1864 That he lost hislife on the 6th day of June 1864 (State herefull particulars of the husband's death, when, where and from what cause.) Hewas wounded in the battle of the Wilderness in the State of Virginia in May 1864, and died from said wound June 6th 1864.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

20 day of Aug, 1894.Charles H. Eyer Ordinary.

Post-office

Marble

Certificate of Ordinary of the County of Applicant's Residence.

Form No. 2.

STATE OF GEORGIA, County of Barlow

Ordinary in and for said County of

Barlow State of Georgia, hereby certify that I am acquainted with Mrs. Sarah A. Dyan the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of S. S. Dyan deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 19 day of January, 1895.
{REAL} G. W. Hendricks Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Barlow County.

KNOW ALL MEN BY THESE PRESENTS, That I, Sarah A. Dyan

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16 day of January, 1895. Sarah A. Dyan [L. S.]

Executed in the presence of us:

Jos. Baudley
J. N. Stanford

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

Barlow County,
widow of S. S. Dyan

WARRANT ISSUED

30 July 1895.

AND NAMED TO

at

W. W. Hendricks, State Printer.

for year ending February 15th, 1895.

WIDOW'S PENSION,

No. 1577

1895.

FOR THOSE HERETOFORE PAID.

Dyan, Sarah A.
Barlow County

Certificate of Ordinary of the County of Applicant's Residence.

Form No. 2.

STATE OF GEORGIA, County of Barlow

Ordinary in and for said County of

Barlow State of Georgia, hereby certify that I am acquainted with Mrs. Sarah A. Dyan the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of S. S. Dyan deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 19 day of July, 1896.

{REAL} G. W. Hendricks Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Barlow County.

S. A. Dyan hereby authorize G. W. Hendricks of Barlow to receive and receipt for the pension paid hereon and request that he remit same to me at Adamsville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18 day of Jan, 1896.

Executed in the presence of

Wm. A. Dyan
J. N. Stanford

S. A. Dyan [L. S.]
mark

WIDOW'S PENSION,

No. 292d

1896.

FOR THOSE HERETOFORE PAID.

Dyan, Sarah A.
Barlow County

for year ending February 15th, 1896.

PAID TO

Wm. A. Dyan

Barlow County.

widow of S. S. Dyan

WARRANT ISSUED

1896.

AND NAMED TO

at

W. W. Hendricks, State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Barlow

Personally Comes Mrs.

Sarah A. Dyar

who being sworn, says on oath, that she is a bona fide resident of said county of Barlow State of Georgia, and that she has resided in said State continuously ever since April 15th 1883 That she is the Widow of E. S. Dyar who was a Soldier in Company C of the 16th Regiment of Ga

Volunteers, that he enlisted in said Regiment on or about the month of July 1861 and served in the Army up to June 1862 That he lost his life on the 6th day of June 1862 (State here

full particulars of the husband's death, when, where and from what cause.) He was from a wound received in battle of Spotsylvania Courthouse in Virginia in May 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this 16th day of Jan 1895. Sarah A. Dyar Ordinary. Post-office mark

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Barlow

Personally Comes Mrs.

Sarah A. Dyar

who being sworn, says on oath, that she is a bona fide resident of said county of Barlow State of Georgia, and that she has resided in said State continuously ever since April 1882 That she is the Widow of E. S. Dyar who was a Soldier in Company C of the 16th Regiment of Ga

Volunteers, that he enlisted in said regiment on or about the month of July 1861 and served in the Army up to May 1864 That he lost his life on the 6th day of June 1864 (State here

full particulars of the husband's death, when, where and from what cause.) He was wounded in battle of Spotsylvania Courthouse May 12th 1864 and died 6th of June 1864 from side wound

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Barlow County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this 18th day of Jan 1896. Sarah A. Dyar Ordinary. Post-office mark

POWER OF ATTORNEY.

State of Georgia, Barlow County.
S. A. Dyar hereby authorize G. W. Hendricks
of Carlinville Ga to receive and receipt for the pension paid hereon and request
that he remit same to me at Wansville Ga
In WITNESS WHEREOF, I have hereunto set my hand and seal, this 18th
day of January 1898.

[L. S.]

Executed in the presence of

S. A. H. Brownlow
R. G. Woodall

Certificate of Ordinary of the County of Applicant's Residence.

Form No. 2.

STATE OF GEORGIA, County of Barlow
G. W. Hendricks Ordinary in and for said County of
Barlow State of Georgia, hereby certify that I am acquainted with Mrs.
Sarah A. Dyar the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not
lived out of the State since that date. That she is the widow of S. S. Dyar
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1890.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
the 23rd day of January 1897.

{ SEAL }

G. W. Hendricks

Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow County.
S. A. Dyar hereby authorize G. W. Hendricks
of Carlinville Ga to receive and receipt for the pension paid hereon and request
that he remit same to me at Wansville Ga
In WITNESS WHEREOF, I have hereunto set my hand and seal, this 23rd
day of January 1897.

Executed in the presence of

A. R. Balis
G. W. Hendricks

[L. S.]

Dyar, Sarah A.
Barlow
For Those Heretofore Paid.
1898.
NO. 1082
WIDOW'S PENSION,
For year ending February 15th, 1898.
Mrs. S. A. Dyar
Barlow County,
Widow of E. S. Dyar
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
18th
AND HANDED TO
G. W. H.
Geo. W. Jackson, State Printer, Atlanta

Dyar, Sarah A.
Barlow
For Those Heretofore Paid.
1897.
NO. 2211
WIDOW'S PENSION,
For year ending February 15th, 1897.
Mrs. S. A. Dyar
Barlow County,
Widow of E. S. Dyar
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
2nd
AND HANDED TO
G. W. H.
Geo. W. Jackson, State Printer, Atlanta

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Bartow

Personally Comes Mrs.

Sarah A. Dyar

who, being sworn, says on oath, that she is a bona fide resident of said county of

Bartow State of Georgia, and that she has resided in said Statecontinuously ever since 15th of April 1880. That she is the Widow ofS. S. Dyar who was a Soldier in Company
6 of the 16th Regiment of GoVolunteers, that he enlisted in said regiment on or about the month of July1861 and served in the Army up to May 1864. That he lost hislife on the 12 day of May 1864 (State herefull particulars of the husband's death, when, where and from what cause.) he wasmortally wounded in battle of Opoka-
Sylvania Court House in May 1864
and died June 1864Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1849.I have been allowed a pension as a resident of Bartow County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this

day of Jan 1898.

Ordinary.

Sarah A. Dyar
Post-Office mark

State of Georgia,

Bartow County.I, G. W. Nundrick Ordinary of said County, certify that I am well acquainted with Mrs. S. A. Dyar who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since theday of Jan 1889.Given under my official signature and seal this 19 day of Jan 1898.G. W. NundrickOrdinary of Bartow County.Official
Seal.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Bartow

Personally Comes Mrs.

Sarah A. Dyar

who being sworn, says on oath, that she is a bona fide resident of said county of

Bartow State of Georgia, and that she has resided in said Statecontinuously ever since all her life 18 . That she is the Widow ofAlia S. Dyar who was a Soldier in Company
6 of the 16th Regiment of GoVolunteers, that enlisted in said regiment on or about the month of July1861 and served in the Army up to June 1864. That he lost hislife on the 12 day of June 1864 (State herefull particulars of the husband's death, when, where and from what cause.) He wasmortally wounded in the battle
of the Wilderness in June 1864
from which he diedDeponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849,and that she has never married since his death aforesaid, that she became his wife in the year 1849,

that Georgia is her home and she resided in this State 23d day of December, 1890, and has not

lived in any other State or locality since that date. I have been allowed a pension as a resident of

Bartow County for the year ending February 15th, 1896, and now apply for

the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this

day of Jan 1897.

Ordinary.

Sarah A. Dyar
Post-Office markG. W. Nundrick

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County,
PERSONALLY appears *B. L. Durham* of *Bartow* county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has been such continually since the *first* day of
Sept 1863; 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 *V*, of *12*th Regiment
of *Arkansas* Volunteers *Holmes & others* Brigade; that whilst engaged
in such military service, at the battle of *Newtonville* in the State
of *Fla.*, on the *10* day of *May* 1864, he was

wounded as follows: *wrote a minor Ball which entered the left nostril*
going through the head & coming out behind the right ear, fracturing the jaw bone
fracturing the skull & the right eye and the hearing of the ear & the ear
the consequence of said wound he sustained the loss of the ear
great difficulty in seeing, indigestion & much suffering in various
ways & in consequence of the permanent injury, said wound has
never healed & still gives him pain and suffering, & is incurable

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, *and from said wound & the disease resulting therefrom*
and the acts amendatory thereof, and makes application for the allowance to which he is *entitled*
entitled for the year ending October 26, 1890. I have heretofore been allowed a pension *of \$10.00*
of *fifty* dollars.

Sworn to and subscribed before me, this *10* day of *February*, 1890

B. L. Durham
Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA

Bartow County.

KNOW ALL MEN BY THESE PRESENTS, That I, *B. L. Durham*

of *Bartow* county, in said State, do hereby appoint *John A. M. Fouts*
of *Cartersville 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
10 day of *February*, 1890

Executed in the presence of us:

B. H. Page
Ordinary

Send money to me as follows, by

Money you get from the State of Georgia
Cartersville Ga

County, Georgia.

B. L. Durham

P. O.

POWER OF ATTORNEY.

State of Georgia.

Barlow County.

S. A. Dyar hereby authorize

Hindrick of Adamsville Ga

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

me at Adamsville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th

day of July 1899.

S. A. Dyar [L. S.]

Executed in presence of

J. A. P. Mc 10

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

S. A. Dyar hereby authorize

S. W. Hindrick of Barlow County Ga

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

Sarah Dyar at Adamsville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9

day of July 1900.

Sarah Dyar [L. S.]

Executed in presence of

J. A. P. Mc

Dyar, Sarah A.
Barlow County
For Those Heretofore Paid.
1899.
NO. 2244
WIDOW'S PENSION,
For year ending February 15th, 1899.
PAID TO
Mrs. S. A. Dyar
Barlow County
Widow of S. A. Dyar
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
7211
AND HAND TO
S. W. Hindrick
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Dyar, Sarah
Barlow County
For Those Heretofore Paid.
1900.
NO. 2236
WIDOW'S PENSION,
For year ending February 15th, 1900.
PAID TO
Mrs. Sarah Dyar
Barlow County
Widow of S. A. Dyar
JNO. W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
7211
AND HAND TO
S. W. Hindrick
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Cartersville, Ga., Feb 10th 1890.

In person appeared before me James M. Young and James M. Howard, two reputable physicians of said county who on oath say they are well acquainted with Ben S. Durham; that his condition, resulting from wounds and disease contracted while in line of duty in the service of the Confederate State, during the war between the state, that he is now helpless and totally unable to do any work for a living.

I have read and subscribed } I M. Young M.D.
before me, Feb 10, 1890 } Jas. M. Howard, M.D.
G. W. Hendricks
Ordinary

Cartersville, Ga., Feb 21st 1890.

In person appeared before me Ben S. Durham of said county and on oath says that he is helpless and totally unable to do any work for a living; that his helpless condition is the result of wounds and disease which he contracted while in line of duty as a soldier in the Confederate States during the war between the state

I have read and subscribed } B. S. Durham
before me this Feb 21, 1890 }
G. W. Hendricks
Ordinary

Barton

Maimed Soldiers.

Voucher No. 1992

Amount \$ 100

Paid to Ben S. Durham

For Totally disabled

by wounds & disease

Feb 26 1890.

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

A. M. Fonte

Barton

Maimed Soldiers.

Voucher No. 1497

Amount \$ 50.

Paid to B. S. Durham

For General Disability

Feb 14 1890.

Included in Warrant No.

issued to Treasurer.

1890.

WARRANT CLERK.

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

A. M. Fonte

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1992

Atlanta, Ga., Feb 26, 1890

Mr. Benj L Durham of the County
of Bartow having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

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

Totally disabled by wounds & disease.
He is entitled to receive the sum of One Hundred Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

W H Hamlin

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred Dollars,
per above voucher, this 26 of Feb 18 90

Benj L Durham, by
A M Gault, his atty in fact.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1497

Atlanta, Ga. Feb 14, 1889

Mr. B. L. Durham of the County
of Bartow having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

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

General Disability from Head wound.

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

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

By the Governor,

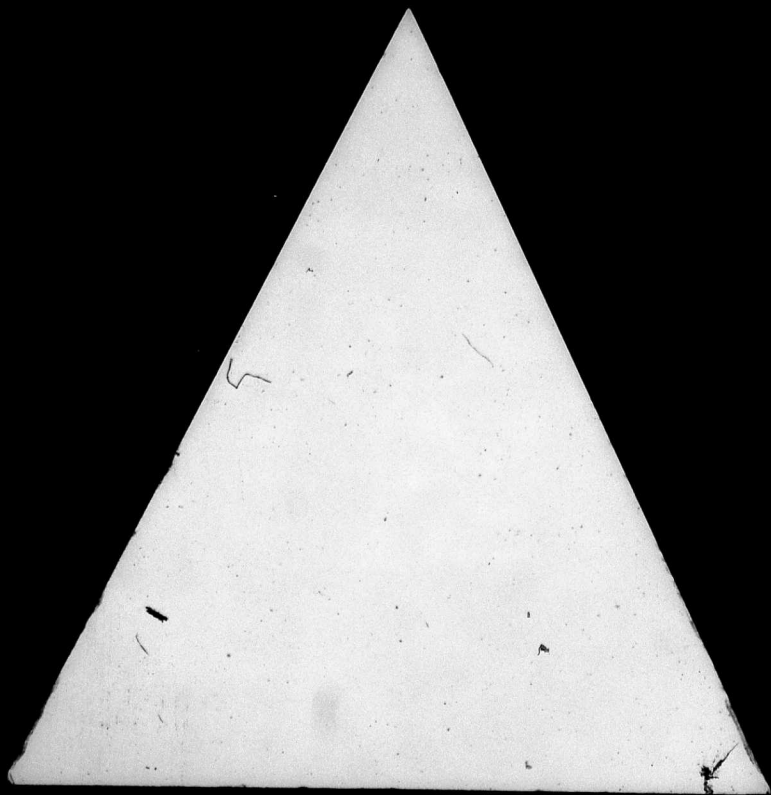
W H Hamlin

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/100 Dollars,
per above voucher, this 14 of Feb 1889.

A M Gault, atty in fact for
B L Durham.



Durham, S. M.
3-28 M.
Durham, F. M.
No. 306 Barton Co.

APPLICATION FOR

Urm

FOR CONFEDERATE SOLDIER.

Applicant... F. M. Durham

County... Barton

Limb... Urm above elbow

Amount... \$ 60

Date of Warrant... Nov 18 1862

Page...

C. H. 18th Regt. Indep.

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1952