all twill not answer to say that an arm is "substantially useless for ordinary pursuits of life, etg."

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."

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."

If papers are returned for correction, and amendments are added to any of the affairits, the amendments must be made under odd before an officer, and the proofs must show that the unsendments have been duly aworn to.

Every application must be certified by the Ordinary of the county of the residence of the applicant.

The substantial are such as a substantial and a provided in any case.

Durliam, B.S. Bartow Co., APPLICATION FOR ALLOWANGE. Lew Dejabile Hear .
Applicant, 18 & Deerhaun County Barters Date of Warrant Hebry 14 Entered on record Port of 1889
SECRETARY EXECUTIVE DEPARTMENT. 1889

am Foute

APPLICATION FOR
APPLICATION FOR
OTHER BASES

FOR CONTENDENT SCAPE

Applicant F. On Suinhann
County A. M. A. Marrie & M. M.

Into A. M. A. M. A. M.

Page

Pa

STATE		

Bartow County. Personally appeared before me..... and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he that while engaged in such military service, to wit: at the battle or engagement of Fire dericks burne Sheemaker 186.2 he was wounded in the Arriv and that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has ... ust ... supplied himself with an artificial ... I run. 4 or that, not having. done so, he prefers to supply himself with an artificial ........ Sworn to and subscribed before me this ...... Nork.—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. the county of ......., State of Georgia, who, being duly sworn, deposes and that....., the above deponent, was a...... in said Company, and that this deponent knows that said,..... lost a .....in the military service as said in the above affidavit. Sworn to and subscribed before me this.....

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

#### AN ACT

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

Section I. Be it enacted by the General Assembly of the State of Georgia, That any person now a bons fide resident of this State, who emissed in the military service, do 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 warfant 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 chow, sixty dollars; for an arm extending above the clow, sixty dollars; for an arm not extending above the elbow, sixty dollars; for an arm not extending above the such application of the said amounts of money hay-be allowed to any one entitled to the benefits of this Act who may prefer to supply limself 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 authoritys Albat no applicant abail receive the sum allowed under this act oftener this 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. GORTCHIUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 0th, 1879.

A. O. BACON,
Speaker House Representative
RUFUS E. LESTER,
President Senat

ALFRED. H. COLQUITT, Governor.

	STATE OF GEOLOGIA,
	Bartow County
	Personally came has Johnson Mu Shuler
	who, being duly sworn, depose and say they are acquainted with
	that said Amas, was amputated at Man, Shutthelder; 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.
	Sworm to and subscribed before me this
	4 Provodoin u. Prof. P. Marin
	STATE OF GEORGIA,
	Dantow County,
-,-	1. All Plate and Popular of Particular of P
s are	county, do certify that I am well acquainted with
1	affidavit are true, and that I am well acquainted with
	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 soal, this day of Monte and beautiful to the control of the con
	Day of the De De Per
	I associated.
	Ordinary
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STATE OF CHOPCE

the state of the same of	4,4
STATE OF GEORGIA,	Proposition of the
Bartow County.	
PERSONALLY appears 7 m Dusha	BI
State of Georgia, who, being duly sworn, says on oa	county,
resident of said State, and has been such continually	that he is a bona fide citizen and
2001 1841 : that he called	since the from 17 day of
federate States (or of the State of	ed in the military service of the Con-
States, and served as a private in t	during the war between the
of Georgia Volunteers Wolfind's	
in such military service at the battle of	's Brigade; that whilst engaged
of ringuia, on the 18, day of	A State
wounded as follows: ohot in the	1862, he was
my should son	
and wound the right	1 million of
amputated about the	albow was
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A CONTRACT OF THE PARTY OF THE	
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 endi	ng October 26, 1889.
Sworn to and subscribed before me, this the	M Durhaun
11 day of Melone 1880	i worden
Whendrich Ordina	
North State fully nature of many	
Note.—State fully nature of wound or character of disease which the extent of the disability.	causes the disability, and explain particularly
	THE WAR
STATE OF GEORGIA,	
<b>}.</b>	Control of the Contro
- 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

Sworn to and subscribed before me, this day of

examination say that the applicant has been injured as follows:

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.

STATE OF GEORGIA,	
Bartow county,	
1, Seon Ne	educas Ordinary of said county,
lo certify that I am well acquainted with	h Fru Trusham the
	m well satisfied that the statements made by him
u his said affidavit are true, and that he t	is disabled to the extent he claims, and I know he is
he individual he represents himself to be,	, and that he resides in this county. I also certify
hat the foregoing witnesses, to-wit:	
ρ	
	eir statements are worthy of full credit and belief.
I further certify that	before whom the foregoing
ffidavits were made and power of attorne i said county, and the said affidavits and	
Given under my official signature and	d seal, this // day of 4.26 1889
. Given under my omerar signature and	d seal, this I day of 4.86 1889
	of the production
	Ordinary BOINE County.
POWER O	OF ATTORNEY.
STATE OF GEORGIA,	
Burton County.	7 0
Know all Men by these Presents, The	at I, I M Durham
	of Marion
ounty, in said State, do hereby appoint	of Markow How, a my Toute co gamy true and lawful attorney in fact, for
	t for whatever amount of money I may be entitled
	the injury received as aforesaid in the military ser-
	State), as stated in the foregoing affidavit; hereby
	my name for any Warrant that may be issued by
	hich may be coming to me for the reason aforesaid.
In witness whereof I have hereunto s	et my hand and seal, this
ay of Frelny	1889
	7 m Durkon (L.S.)
Executed in the presence of us:	[2] 전 [2] (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
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In Haire	
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In Harrey	
Ma Sturker )	ECTION
Musture )	ECTION:

#### 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 has a contracted by the service. It is a service in the service of the service of

meets must be made under out before an oneer, and are provided to the residence of the applicant.

7. Every application must be certified by the Ordinary of the county of the residence of the applicant.

The certificate of any other will not be received in any case.

STATE OF GEORGIA,

Bartore

County.

I, When directly

do certify that I am well acquainted with H m Durk and the
applicant in the foregoing affidayit, 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

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 day of Hely

Ordinary Barlore

County.

	MGE.	00 1 6 13
Director of Mr. 1850.	APPUGATION FOR ALLOWANCE. TO THE STATE OF THE NEETLES. COMED, CONTROLL COMED, CONTROLL COMED, CONTROLL COMED, CONTROLL COMED COMED CONTROLL COMED COMED CONTROLL COMED C	Enterolyn racid (1896 WH 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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8	APPILLON APPILLON AMOUND Date o	In a land

Count of the Allowand of the A	ACTUAL DESIGNATION OF THE PARTY	Community Commun	is to he s	Durha.	dinary of said County
I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is of said County, and the said affidavits are signatures thereto are genuine.  Given under my official signature and seal, this day of Heart 189  Ordinary Barlow County  Ordinary Barlow County					
before whom the foregoing affidavits were made and power of attorney was signed, is of said County, and the said affidavits are signatures thereto are genuine.  Given under my official signature and seal, this day of HEA. 189  Ordinary Barlozo County  Ordinary Barlozo County			be, and that he re	sides in this Coun	ty.
of said County, and the said affidavits are signatures thereto are genuine.  Given under my official agnature and seal, this grant day of HEG. 189  Ordinary Barlozo. Count of the county and the said affidavits are signatures thereto are genuine.  Ordinary Barlozo. County and the said affidavits are signatures thereto are genuine.			,, ,	i alkan at ana	man was sland is
Given under my official agriculture and seal, this day of Heart 189  Ordinary Daylozo Count  Ordinary Daylozo  Ordinary	before whom th	e foregoing amdavid			
Count for Allowanies of the State of the Sta					
Count for Allowanies of the State of the Sta	Given under	my official signature	and seal, this	day of	48 By 189
LBOIL  O. 740		eswo	Dendu	ORS (	
			Ordinary	Barlo	County
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Applicate in m m m m m m m m m m m m m m m m m m	in Walley to her		Poplice of	ute o)	, 3

STATE OF GEORGIA,

STATE OF GEORGIA,
Quitow County.
PERSONALLY appears F. Maturham of Barton county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has been such continually since the day of
his buth 18; 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 Frivate in Company &, of 18 th Regiment
of You Volunteers Hood Fortung 's Brigade; that whilst engaged
in such military service, at the battle of Greedericksbury in the State
of Virginia on the 18 day of Love, 1862 he was
wounded as follows: in the right arm by a shill
Cousing amputation above the elbour
The state of the s
A CONTRACTOR OF THE STATE OF TH
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Description of the control of the co
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
Sworn to and subscribed before me, this the " Mulusham
2 and devot Felore 18011
Wendreks Orderdary
Nork.—State fully nature of wound or character of discole which causes the disability, and explain particularly the extent of the disability.
The disability.
POWER OF ATTORNEY.
STATE OF GEORGIA
Baston County.
KNOW ALL MEN BY THESE PRESENTS, That I, & Menham
. MINOT FILE MENT OF THEOR PRODUCTION AND A
of Chester soulder 19 1015
of Curtusville Butow
county, in said State, do hereby appoint How Am Fould
county, in said State, do hereby appoint Hope & M Journ of La Tursoul Barrow Co Ma my true and lawful attorney in fact, for
county, in said State, do hereby appoint Hope & M Journ of La Tursoul Barrow Co Ma my true and lawful attorney in fact, for
county, in said State, do hereby appoint Ary Am Jouw of La Thurshall Burlow Co Mamy 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
county, in said State, do hereby appoint for 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.
county, in said State, do hereby appoint of 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
county, in said State, do hereby appoint Arm Y true and lawful attorney in fact, for of Lattus and Lawful Button. Co M 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 day of Therman 180 A.
county, in said State, do hereby appoint Arm Wrue and lawful attorney in fact, for of Lattusouth Burlow Co M 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 day of July Mandau Marchanter 1890
county, in said State, do hereby appoint Arm Wrue and lawful attorney in fact, for of Lattus and Lawful Dente Co. Mr. 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 day of July Mary Mary [1. 8]  Executed in the presence of us:
county, in said State, do hereby appoint Arm Wrue and lawful attorney in fact, for of Lattuscally Berlin Co. Mr. 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 day of Jubruscy 1890  Executed in the presence of us:
county, in said State, do hereby appoint Army true and lawful attorney in fact, for of Lattusoulus Bernson. Co Mr 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 day of Jubrusy 1890  Executed in the presence of us:
county, in said State, do hereby appoint Army true and lawful attorney in fact, for of Lattusouth Burlow Co May 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 day of Jubrusy 1890  Executed in the presence of us:
county, in said State, do hereby appoint Army true and lawful attorney in fact, for of Lattusoulus Bernson. Co Mr 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 day of Jubrusy 1890  Executed in the presence of us:

ror applicants heretolore allowed Pensions.
STATE OF GEORGIA,
Dartow County
PERSONALLY appears & M Drinham of Bartow
County State of Georgia who hairs did
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
that he emisted in the military service of the Con-
federate States (or of the State of:) during the war between the
States, and served as a free in Company H. of 18 th Recomment
of Ceryfer Volunteers Avach y thus's Brigade; that whilst engaged
in such military service at the battle of Accounted by in the State
on the to day of the 1862 he was
wounded as follows: The work a grant of a green
the right shoulder, churing and
Thomas of the regal arm
anovelly elbow
Deponent desires to participate in the beaufity of the second
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 Oriober 24, 288, and the second of the property of
24, 1091. I have heretolore been allowed a pension of
dollars, for 1878 1890
Sworn to and subscribed before me this the VIII A A / 131
Gund day of Joly 1891.
Swowiek Ordenary
Norz 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.
the disability, resulting from the wound or disease.
POWER OF ATTORNEY.
STATE OF GEORGIA,
County.)
Know all Men by these Presents, That I, I M Durling
of Jon 2 21 County, State of Georgia, do hereby appoint
- Towar
of Kin to the Same to receive and receipt for 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) are greatly in the military service of the Confederate States (or of this State) are greatly in the military service of the Confederate States (or of this State) are greatly in the military service of the Confederate States (or of this State) are greatly in the military service of the Confederate States (or of this State) are greatly in the confederate States (or of this State) are greatly in the confederate States (or of this State) are greatly in the confederate States (or of this State) are greatly in the confederate States (or of this State) are greatly in the confederate States (or of this State) are greatly in the confederate States (or of this State) are greatly in the confederate States (or of this States) are greatly in the confederate States (or of this States) are greatly in the confederate States (or of this States) are greatly in the confederate States (or of this States) are greatly in the greatly in the confederate States (or of this States) are greatly in the greatly in th
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said autorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be compared.
IN WINESS WHEREOF, I have hereunto set my hand and seal this
day of the 1891,
7 M Durham [L. 8]
Decuted in the presence of us:
When he
Christ. L. D. DO
DIRECTION.
Send money to me as follows, by
to P. O.
County, Georgia.
County, Georgia.

POWER OF ATTORNEY. STATE OF GEORGIA. STATE OF GEORGIA, Darlow court Know all Men by these Presents, That I. Ordinary of said county, do certify that I am well acquainted with. applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his 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 Stars of Georgia by neason 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. said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he repesents himself to be, and that he resides in this county. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this dividual he represents himself to be, and that and an well satisfied that the statements made by him in hi Control of Seld Coald Send money to me as follows, by STATE OF GEORGIA, County, Georgia. Sworn to and the year ending to SOLDIERS on the such military service at the battle of the States, and served as a server of lederate States (or of the State of 18 7. I that he enlisted in the nilitary service of the Conresident of said State, and has resided therein condinuously ever since the County, State of Georgia: wito, being duly sworn, says on data that he is a lova fide cinten and STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions.
Bartow county.
of Sartow County, State of Georgia, who, being duly aworn, says
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the
in the military service of the Confederate States (or of the State of during the war between the States, and served as a grivally in Company, In
of /8 th Regiment of George & Volunteers North others's Brigade; that whilst engaged in such military service at the battle of freederick's bury
in the State of Virginia, on the Mirlianth day of Alexander 1861 he was wounded as follows: Shot
of the right aren shove 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 OME Afficial Dollars for The World Order.
Sworn to and subscribed before me this the find Durham  Agent day of Febry 1892.  Lei Arendii Or Ordinary.
Nora.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extant of the disability.
POWER OF ATTORNEY.
STATE OF GEORGIA.
Know all Men by these Presents, That I, F. M. Dusham
of Barton Vol.
a alterita da
me and in my name, to receive and receipt for whatever amount of money It 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 the service of the State).
or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESSWHEREOF, I have hereunto set my hand and seal this.
day of Thory 1892: AMStuham [L. s.]
Executed in the presence of us:
I Co Ja Henduck
Send money to me as follows, by ON Mess or any other pale
red convenient way to Cartersville
County, Georgia,
- TM Dunam

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STATE OF	IGEORGIA, )			
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County, State of G	eorgia, who, being duly	sworn, says on oath	that he is a bona fide cit	izen and
resident of said Sta	ate, and has resided ther	ein continuously ever	since the	
day of line		; that he enlisted in	the military service of the	he Con-
federate States (or	Best College Barrier	_	) during the war bety	veen the
States, and served	as a priva		npany A, of /8 th F	
ouch military service	volunteers 70	-	Brigade; that whilst en	
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	lder fromt	TO A SHARE STORY AND A SHARE STORY	vience theres	2
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the acts amendator	res to praticipate in the y thereof, and makes ap	benefits of the Act,	approved October 24th, 1 wance to which he is enti	887, and
the year ending Do	tober 20, 1893. 1 have	heretofore been allo	wed a pension of	
	subscribed before me, thi	dollars, for	7-90-91-7	-
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AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Managor	ay		
Note—State fully na disability, resulting from	ture of wound or character of dis the wound or disease,	which causes the disabil	ity, and enplain particularly the en	tent of the
STATE OF	GEORGIA.	had growing a supple		
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			e statements made by his	The state of the s
said affidavit are tr	ne, and that he is disable	ed, to the extent he cl	aims, and I know he is	the in-
dividual he represe	nts himself to be, and th	at he resides in this (	County.	It as
I further certify	y that	1893		
before whom the fo	oregoing affidavits wen	pane peterus and	of attorney was signe	d, is a
my said attorney to	receipt in my pame total	of said G	ounty, and the said affida	
signatures thereto	are definite son of the h	stated in the teregois	g studavit; agachyy tath	outen't
	ny oficial signature and		ay of March	T 1803.
	91/1M	uducks	and lawful attorney in fr	rer' tor.
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4.	POWER	OF ALL	UKNEY.		
STATE OF	GEORGIA,	}			
Wantes Know all Men	000	That I, I M.	Durhan	m	
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of Carles	orgia, do hareby appo	ga	my true and lawful at	ttorney in fact, for	
me and in my name	, to receive and receip	ot for whatever, amoun	t of money I may be en the military service of	entitled to from the	
States (or of this	State), as stated in	the foregoing affiday	it; hereby authorizing	my said Attor-	
which may be comi	ng to me for the reaso	on aforesaid,	d and seal this Z	92.	
day of Mar	ch	1894 77 /	Winha	1111	
Executed	in the presence of us		overena	. s.]	*
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Send money to	me as follows, by	to:	****		
		County, Georgia.			
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POWER OF ATTORNEY.	
STATE OF GEORGIA,  Bartow County,	
KNOW ALL MEN BY THESE PRESENTS, That I, January	
KNOW ALL MEN BY THESE PRESENTS, That I, J. M. Durhau  County, State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County, State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of Georgia, do hereby appoint Sio of County State of County Sta	
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.	
ay of february 1895. IM Nurham [1.8.]	
Executed in pressore of us  Walliam DIRECTIONS.  Send money to me as follows, by  to  County, Georgia.	
(For Those Aiready Enrolled.)  No. 757  1.895.  1.895.  1.895.  RICHARD JOHNSON, Secolory Exercitic Department.  Secolory Exercitic Department.	. In auc

# For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. County. Personally appears Frudencham 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 Con-
	federate States (or of the State of) during the war between the
	States, and served as a frivale in Company 7, of 8 th Regiment
	of Georgia Volunteers Woods returns Brigade; that whilst engaged in
	such military service at the battle of Frederickbury in the State
	of Virginia on the 13th day of Descholor 1862 he was
	wounded as follows: gun shot wound in the
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	Jours
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	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 Shouldred dollars, for the year 1893
	Sworn to and subscribed before me, this, the F. MA Jon Janes
	day of March 1894.
	LW Sunnels Or
	Note-State fully the nature of wound or character of disease which causes the disability, and explain particularity the extent
	of the disability, resulting from the wound or disease.
	STATE OF GEORGIA. 1
	19/1-1-
	County.)
•	I, Ordinary of said County.
	do certify that I am well acquainted with H Munham 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.
	Amx?
	here.
	Bartie
	Ordinary County.
1	

*	STATE OF GEORGIA,  Sartow County.  Personally appears F. M. Durhound Butow.
	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 Mull 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 mull in Company 7, of b th Regiment of during war Volunteers, therefore them 's Brigade; that whilst engaged in such military service at the battle of Trighting in the State of Trighting on the 13th day of Researcher 1862, he was
	wounded as follows: with a grape obet mean the
/	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 orne new following of olders, for the year 1894.  Sworn to and subscribed before me, this, the day of February 1895.  More state fully the nature of wound or character of disease which suses the disability, and explain particularly the extent of the disability, resulting from the wounder of disease.
	STATE OF GEORGIA,
*	do certify that I am well acquainted with H W Surkar 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 Febry 1895.
	ordinary Borlow 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 es the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

It 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 pain statement of facts showing the cetter 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 seemically 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 stilet,
that the leg is not "substantially and essentially useless."

5. If payers are returned or correction, and amendments are added to any of the affidavits, the amendmerts, 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	4
18 F	4.4
County.	
PERSONALLY appears & L & wirham of Bar	tow county,
State of Georgia, who, being duly sworn, says on oath that he is a bon	
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7	
federate States (or of the State of ) during th	e war between the
States and served as a brivate in Company 0, of of Marian Volunteers Nolwis Brigade; the	th Regiment
of Chicana Volunteers Halmes this Brigade; the	nat whilst engaged
in such military service, at the battle of " Buttonville	in the State
of Narth Caroling on the day of april	
wounded as follows: Ohok with a minie ball which en	
mostil going through the head fassing out behind the	right ear bu
the fow bout distroying twaight in the night eye a	ud the hearing
the right ear, In consequence of said wound he m	articutes his for
with great difficulty, causing indigestion and muse	Leuthing in
garious ways, by which he is pariamently infor	to Said
has never hegled totill guis him pain and plet	11 1
brancary production of perform the orderent to	namel avolation
Deponent desires to participate in the benefits of the Act, approved	
and the Act amendatory thereof, approved December 24, 1888, and mal	kes application for
the allowance to which he is entitled thereunder for the year ending Oct	ober 26, 1889.
Sworn to and subscribed before me, this the	
Il day of Febri 1884 18. 2. Dispan	
" 111 A 1 . 1 . 1 . 1 . 1 . 1	
Grown to emporing the Dufor Ch.	
North-Biate fully nature of wound or shameter of disease which causes the disability, a the extent of the disability to words medical in portulations	nd explain particularly
mis Febry 13th 1884	
7 m Dichouncek Super ch.	
	2013年,为18年11日
Commissioned Officer's Affidavit.	
STATE OF GEORGIA,	
County.)	Security of
Personally came before me	of the county
of State of Georgia, who, being duly sworn	
a commissioned officer in Company. , of Regiment	
	nat he received the
wounds (or contracted the disease) in the military service, as stated in his	oregoing amdavit,
and that wounds (or disease) permanently disables the said	
as stated by him in said affidavit. Deponent furth	
is a bona fide citizen of thi	State and resides
in county.	: 199
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 3 3 3
The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of	Company or Regiment.

# POWER OF ATTORNEY. STATE OF GEORGIA, Sactor County. A Manchar hereby authorize of Mountingsts of Barton County to receive and receipt for the pension paid hereon and request that he remit same to by Check IN WITNESS WHEREOF, I have hereunto set my hand and seal, this I the day of Febry 1896. Executed in presence of us J.D. Murchiner In S. Ancherone

SOLDIER'S PENSION 1896.

No. 2681

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## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County
personally appears & Marchanof Barbow
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 Con-
federate States (or of the State of) during the war between the
States, and served as a forwate in Company, 7, of /8 th Regiment
of Georgia Volunteers, Noods Hortus'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:
Hodurded by a minin ball or grape that
near the shoulder of the night arms
Caricing aufutation of the aren
at the shoulder
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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 28th, 1896. I have heretofore as a resident of
entitled for the year ending October 28th, 1896. I have heretofore as a resident of
entitled for the year ending October 26th, 1896. I have heretofore as a resident of Control of County been allowed a pension of October 26th, 1896.
entitled for the year ending October 28th, 1896. I have heretofore as a resident of
entitled for the year ending October 26th, 1896. I have heretofore as a resident of Control of County been allowed a pension of October 26th, 1896.
entitled for the year ending October 28th, 1896. I have heretofore as a resident of Barto cur county been allowed a pension of Out Name of dollars, for the year 1895.  Sworn to and subscribed before me, this, the July Deurhaum  July day of July 1896.
entitled for the year ending October 28th, 1896. I have heretofore as a resident of Derice county been allowed a pension of Out Neuroles dollars, for the year 1895.  Sworn to and subscribed before me, this, the Jan Durham  Jan day of Jebry 1896.  Milliand notes Durham
entitled for the year ending October 28th, 1896. I have heretofore as a resident of Barto cur county been allowed a pension of Out Name of dollars, for the year 1895.  Sworn to and subscribed before me, this, the July Deurhaum  July day of July 1896.
entitled for the year ending October 28th, 1896. I have heretofore as a resident of Derice county been allowed a pension of Out Name of dollars, for the year 1895.  Sworn to and subscribed before me, this, the Jam Danham  Aday of Jebry 1896.  Milliam Anglis Odinar
entitled for the year ending October 28th, 1896. I have heretofore as a resident of Color occurrence and subscribed before me, this, the Sworm to and subscribed before me, this, the July Doubles of July 1896.  When the state fully the nature of wound or character of disease which causes the disability, resulting from the wound or disease.
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entitled for the year ending October 28th, 1896. I have heretofore as a resident of Color occurrence and subscribed before me, this, the Sworm to and subscribed before me, this, the July Doubles of July 1896.  When the state fully the nature of wound or character of disease which causes the disability, resulting from the wound or disease.
entitled for the year ending October 28th, 1896. I have heretofore as a resident of County october 28th, 1896. I have heretofore as a resident of County october 28th, 1896.  Sworn to and subscribed before me, this, the Manual of County of 1896.  When the display of The Year 1896.  Nora-State fully the nature of wound or character of disease whist causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.
entitled for the year ending October 28th, 1896. I have heretofore as a resident of Darlow country been allowed a pension of Our Standard dollars, for the year 1895.  Sworn to and subscribed before me, this, the James of Darlow Darlow Darlow 1896.  Manual of John 1896.  More State fully the nature of wound or character of disease which causes the disability, and explain perficularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA, Country.  I, Washington Ordinary of said County.
entitled for the year ending October 28th, 1896. I have heretofore as a resident of Darlow country been allowed a pension of Our Standard dollars, for the year 1895.  Sworn to and subscribed before me, this, the James of Darlow Darlow Darlow 1896.  Manual of John 1896.  More State fully the nature of wound or character of disease which causes the disability, and explain perficularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA, Country.  I, Washington Ordinary of said County.
entitled for the year ending October 26th, 1896. I have heretofore as a resident of Dark County been allowed a pension of Oll Skinder Standard dollars, for the year 1895.  Sworn to and subscribed before me, this, the JM Darkage May day of July 1896.  May a day of July 1896.  Nore-State fully the nature of wound or character of disease which causes the disability, and explain peritularly the extent of the linking, resulting from the wound or disease.  STATE OF GEORGIA, County.  I God Georgia County, do certify that I am well acquainted with the Darkage County, the
entitled for the year ending October 26th, 1896. I have heretofore as a resident of Doctober 20th, 1896. I have heretofore as a resident of October 20th, 1896.  Sworn to and subscribed before me, this, the Market of day of July 1896.  When the day of July 1896.  Nora-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,  County,  do certify that I am well acquainted with Market of the applicant in the foregoing affidavit, and am well satisfied that the statements made by him
entitled for the year ending October 28th, 1896. I have heretofore as a resident of College of the year 1895.  Sworn to and subscribed before me, this, the Market of disability, for the year 1896.  Norn-State fully the nature of wound or character of disease which causes the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County,  do certify that I am well acquainted with Market of 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
entitled for the year ending October 28th, 1896. I have heretofore as a resident of Collars, for the year 1895.  Sworn to and subscribed before me, this, the July Deurhause Sworn to and subscribed before me, this, the July day of July 1896.  Nore-State fully the nature of wound or character of disease which causes the disability, and explain perticularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.  I, July Loudy Loudy County, do certify that I am well acquainted with Market Deurhause the disability and explain perticularly the extent of the disability and explain perticularly the exte
entitled for the year ending October 28th, 1896. I have heretofore as a resident of Collars, for the year 1895.  Sworn to and subscribed before me, this, the day of John Sworn to and subscribed before me, this, the John Sworn to and subscribed before me, this, the John Sworn Sworn to and subscribed before me, this, the John Sworn Swor
entitled for the year ending October 28th, 1896. I have heretofore as a resident of Collars, for the year 1895.  Sworn to and subscribed before me, this, the July Deurhause Sworn to and subscribed before me, this, the July day of July 1896.  Nore-State fully the nature of wound or character of disease which causes the disability, and explain perticularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.  I, July Loudy Loudy County, do certify that I am well acquainted with Market Deurhause the disability and explain perticularly the extent of the disability and explain perticularly the exte
entitled for the year ending October 28th, 1896. I have heretofore as a resident of Collars, for the year 1895.  Sworn to and subscribed before me, this, the day of John Sworn to and subscribed before me, this, the John Sworn to and subscribed before me, this, the John Sworn Sworn to and subscribed before me, this, the John Sworn Swor
entitled for the year ending October 28th, 1896. I have heretofore as a resident of College County been allowed a pension of Oll Neuroland dollars, for the year 1895.  Sworn to and subscribed before me, this, the Mark of M
entitled for the year ending October 28th, 1896. I have heretofore as a resident of Collars, for the year 1895.  Sworn to and subscribed before me, this, the day of John Sworn to and subscribed before me, this, the John Sworn to and subscribed before me, this, the John Sworn Sworn to and subscribed before me, this, the John Sworn Swor
entitled for the year ending October 28th, 1896. I have heretofore as a resident of College County been allowed a pension of Oll Neuroland dollars, for the year 1895.  Sworn to and subscribed before me, this, the Mark of M

# For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, Gunton County.

personally appears 7, M. Duhanos Barlow
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of birth 1842 that he enlisted in the military service of the Con
federate States (or of the State of) during the war between the
federate States (or of the State of ) during the war between the States, and served as a forward in Company 7, of 18th Regimen
of Scoryina Volunteers, Cobborottas Brigade; that whilst engaged
in such military service in the State of Virginia, on the 13th day
of Cleanty 1862, he was wounded, injured or diseased of follows:
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ball near the shoulder of the right
ann Cousing the night arms to
The and the state of the state of
The amostated at the shoulder foin
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 Porton county been allowed an invalid pension of
One hundred Dollars, for the year 189 6.
Sworn to and subscribed before me, this, the 17 m Durham
git day of Felly 1897. POST OFFICE Cartersvill
day of Telly 1897. POST OFFICE Callersoil
TWAmorick On
Nora—State fully the nature of wound or character of disease which causes the disability, and explain particularly the axion of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
Bartow County.
411-91 9 12
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do certify that I am well acquainted with HM Busho 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 7 Ely 1897.
Gund Such
1 Tollewick
Ordinary Borlow County
Ordinary County.

# POWER OF ATTORNEY. STATE OF GEORGIA. Bartow County. 14 7 mourham hereby authorize George W to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Diffe Modayham [L. S.] Executed in presence of ( Formale SOLDIER'S PENS INVALIE RICHARD JOHNSON 1898.

# POWER OF ATTORNEY. STATE OF GEORGIA, Relation County. I. J. Marchan hereby authorize. L. M. Marchan Co. To receive and receipt for the pension paid hereofrand request that he remit same to be in Jacob Jacob Co. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Moday of Jelry 1899. L. S.] Executed in presence of Jacob Parking Borton Co. Borton

Solubler's Pension

Solubler's Pension

INVALID

Solubler's Pension

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Solubler's Pension

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Solubler's Pension

Ocumby George of Grand

Amount, \$ (UT).

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### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Dartow County.
personally appears 7. 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 Con-
federate States (or of the State of ) during the war between the
States, and served as a frivate in Company 7, of 18th Regiment
of Tronges Volunteers, Not do other's Brigade; that whilst engaged
in such military service in the State of Virginia, on the 18 the day
of Alexander 1862, he was wounded, injured or diseased as follows:
Gun shot wound causing am -
putation at Shouldes frich
of the night orm
2,1
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
Sworn to and subscribed before me, this, the J. Durham  Aday of Junuary 1898. POST-OFFICE Durham
STATE OF GEORGIA.
Bartow County.
I, Therebreaky Ordinary of said County,
do certify that I am well acquainted with I Marie lace 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
Given under my official signature and seal his 2/4
day of 1898,
Car llyman will
R. The Reserved
Ordinary County.

Deponent makes application for the pension to which he is entitled for the year end ing October 28th, 1899. I have heretofore under said law as a resident of and subscribed before me, this, the January for the year 1898. Sworn to and subscribed before me, this, the January for the year 1898. FOST-ORFICE Canters with a said affidavit are true, and I know he is the individual he represents himself to be applicant in the foregoing affidavit, and am well satisfied that the statements made by himself to the applicant in the foregoing affidavit, and am well satisfied that the statements made by himself to the said affidavit are true, and I know he is the individual he represents himself to 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 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 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 applicant in the foregoing affidavit, and am well acquainted with The content of the disability resulting the sature of the disability resulting to the said affidavit are true, and I know he is the individual he represents himself to be	Bartow County	
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizer and resident of said State, and has resided therein continuously ever since the day of 1847; that he enlisted in the military service of the Confederate States (or of the State of 1847; that he enlisted in the military service of the Confederate States (or of the State of 1947; that he enlisted in the military service of the Confederate States, and served as a 1947; that he enlisted in the military service of the Confederate States, and served as a 1947; that he enlisted in the military service in the State of 1949; that is Brigade; that whilst engage in such military service in the State of 1949; that is a possible of the pension to which he is entitled for the year end ing October 28th, 1899. I have heretofore under said law as a resident of 1949; the saturation of 1949; the pension of 1949; the saturation of the disability residing from the wond of disasses.  STATE IF GEORGIA,  County.  I, White saturation of the pension to which he is entitled for the year end ing 1949; the saturation of the disability residing from the wond of disasses.  STATE IF GEORGIA,  Given under my official signature and seal, this day of 1949; the saturation of the disability residing from the wond of disasses.	County.	
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizer and resident of said State, and has resided therein continuously ever since the day of 1847; that he enlisted in the military service of the Confederate States (or of the State of 1847; that he enlisted in the military service of the Confederate States (or of the State of 1947; that he enlisted in the military service of the Confederate States, and served as a 1947; that he enlisted in the military service of the Confederate States, and served as a 1947; that he enlisted in the military service in the State of 1949; that is Brigade; that whilst engage in such military service in the State of 1949; that is a possible of the pension to which he is entitled for the year end ing October 28th, 1899. I have heretofore under said law as a resident of 1949; the saturation of 1949; the pension of 1949; the saturation of the disability residing from the wond of disasses.  STATE IF GEORGIA,  County.  I, White saturation of the pension to which he is entitled for the year end ing 1949; the saturation of the disability residing from the wond of disasses.  STATE IF GEORGIA,  Given under my official signature and seal, this day of 1949; the saturation of the disability residing from the wond of disasses.	Dersonally appears & MA	urhand Barton
Deponent makes application for the pension to which he is entitled for the year end ing October 26th, 1899. I have heretofore under said law as a resident of Swint and subscribed before me, this, the T. W. Burkare Swint day of July 1899. Post of prostock and subscribed before me, this, the T. W. Burkare Swint law of July 1899. Post of prostock and explain perfeculstry the sain of the foregoing affidavit, and an 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 Huly 1899.  Given under my official signature and seal, this day of Huly 1899.  Given under my official signature and seal, this day of Huly 1899.  Given under my official signature and seal, this day of Huly 1899.  Given under my official signature and seal, this day of Huly 1899.  Given under my official signature and seal, this day of Huly 1899.  Given under my official signature and seal, this day of Huly 1899.  Given under my official signature and seal, this day of Huly 1899.		
Deponent makes application for the pension to which he is entitled for the year end ing October 28th, 1899. I have heretofore under said law as a resident of Deponent makes application for the pension to which he is entitled for the year end ing October 28th, 1899. I have heretofore under said law as a resident of Deponent makes application for the pension to which he is entitled for the year end ing October 28th, 1899. I have heretofore under said law as a resident of Deponent makes application at the phone of pension of Deponent makes application for the pension to which he is entitled for the year end ing October 28th, 1899. I have heretofore under said law as a resident of Deponent makes application for the pension to which he is entitled for the year end ing October 28th, 1899. I have heretofore under said law as a resident of Deponent makes application of Deponent makes application for the pension to which he is entitled for the year end ing October 28th, 1899. I have heretofore under said law as a resident of Deponent makes application of Deponent makes applicati	and resident of said State, and has resided t	herein continuously ever since the
Deponent makes application for the pension to which he is entitled for the year end ing October 26th, 1899. I have heretofore under said law as a resident or County been allowed an invalid pension of Description of County been allowed an invalid pension of Description of County been allowed an invalid pension of Description of County been allowed an invalid pension of Description of Descriptio	day of18/12; that	he enlisted in the military service of the Con-
Deponent makes application for the pension to which he is entitled for the year end ing October 26th, 1899. I have heretofore under said law as a resident of Deponent makes application for the pension to which he is entitled for the year end ing October 26th, 1899. I have heretofore under said law as a resident or County been allowed an invalid pension of Deponent to and subscribed before me, this, the The Deponent to and subscribed before me, this, the The Deponent to and subscribed before me, this, the The Deponent of the disability resulting from the wound or character of disease which causes the disability, and explain perfecularly the extent of the disability resulting from the wound or disease.  STATE F GEORGIA,  County.  County.  L. When 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 Hully When display the day of Hully When th	federate States (or of the State of	during the war between the
Deponent makes application for the pension to which he is entitled for the year end ing October 26th, 1899. I have heretofore under said law as a resident or Sourtown County been allowed an invalid pension of County been the causes the disability, and explain perticularly the extent of the disability resulting from the wound of disasse.  STATE of GEORGIA,  County.  Gounty.  I. County been allowed an invalid pension of County of Said County of Said County of County.  I. County been allowed an invalid County of Said County of County of Said County of County.  I. County been allowed an invalid pension of County of Said County of Said County of County.  I. County been allowed an invalid pension of County of Said Count	States, and served as a private	in Company 7, of 18 th Regiment
Deponent makes application for the pension to which he is entitled for the year end ing October 28th, 1899. I have heretofore under said law as a resident of County been allowed an invalid pension o	of Volunteers, Orbo	or ochow's Brigade; that whilst engaged
Deponent makes application for the pension to which he is entitled for the year end ing October 28th, 1899. I have heretofore under said law as a resident of County been allowed an invalid pension of County and County been of County been allowed an invalid pension of County been allowed and county of Said County of County been allowed and county of County been of County been allowed and County been allowed and County been allowed and county of County been allowed and invalid pension of County been allowed and invalid pension of County been allowed and invalid pension of County been allowed an invalid pension of County been allowed an invalid pension of County been allowed a	in such military service in the State of	day
Deponent makes application for the pension to which he is entitled for the year end ing October 26th, 1899. I have heretofore under said law as a resident of County been allowed an invalid pension of County been allowed an invalid law as a resident of County been allowed an invalid law as a resident of County been allowed an invalid law as a resident of County been allowed an invalid law as a resident of County been allowed an invalid law as a resident of County been allowed an invalid law as a resident of County been allowed an invalid law as a resident of County been allowed an invalid law as a resident of County been allowed an invalid law as a resi	of News wo	finded, injured or diseased as follows:
Deponent makes application for the pension to which he is entitled for the year end ing October 26th, 1899. I have heretofore under said law as a resident of Durlow County been allowed an invalid pension of Durlow Pension of Dollars, for the year 1898.  Sworn to and subscribed before me, this, the The Durlow has day of 1899. POST OFFICE Canterwill Office of the year 1899.  FOST OFFICE Canterwill States all the nature of wound or character of disease which causes the disability, and explain perficularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County.  I, Define perficularly 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 1899.	hounded in the	right arm Caning
October 28th, 1899. I have heretofore under said law as a resident of County been allowed an invalid pension of County and Subscribed before me, this, the The County and C	De apulation at	the shoulder frint
County been allowed an invalid pension of County County been allowed an invalid pension of County Co		
County been allowed an invalid pension of County County been allowed an invalid pension of County Co		
County been allowed an invalid pension of County County been allowed an invalid pension of County Co	75 18 9	*
County been allowed an invalid pension of County County been allowed an invalid pension of County Co		
County been allowed an invalid pension of County County been allowed an invalid pension of County Co		A. C. March Co.
day of 1890. FOST OFFICE CANTURATION OF COUNTY.  Over State fully the nature of vounded or character of disease which causes the disability, and explain perficularly the extent of the disability resulting from the wound of disease.  STATE F GEORGIA,  County.  I, Oudinary of said County of certify that I am well acquainted with T III. Durant 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 1890.	Dollars	
Norz-State fally the nature of wound or character of disease which causes the disability, and explain perviouslarly the excess of the disability resulting from the wound or disease.  STATE F GEORGIA,  County.  I,  Oadinary of said County the operation of the same which causes the disability, and explain perviouslarly the state of the disability resulting from the wound or disease.  Oadinary of said County 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 Hully 1889.	Sworn to and subscribed before me, this	s, for the year 189.8?
Note: State fully the nature of wound or character of disease which causes the disability, and explain perficularly the STATE of GEORGIA,  County.  I,  Ordinary of said County do certify that I am well acquainted with To M. Durantan 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 The County of Said Count		the 7 m Durham
County.  I. County.  I. Ordinary of said County of certify that I am well acquainted with Fi W. Durnam 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 Huly 1890.		the 7 m Durham
County.  I, Ordinary of said County do certify that I am well acquainted with A 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 Helly 1890.	Godindrick and	1899. POST OFFICE Cartersvill
County.  I, Ordinary of said County do certify that I am well acquainted with A 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 Helly 1890.	Godindrick and	1899. POST OFFICE Cartersvill
I, Ordinary of said County do certify that I am well acquainted with To Will Distribution 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 Heley 1890.	Average design of the state of the state of the extent of the disability resulting from the wound or disease.	1899. POST OFFICE Cartersvill
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 1890.	day of Gundal Comments of the state of the extent of the disability resulting from the wound or character of diseases of the disability resulting from the wound or disease.  STATE F GEORGIA,	1899. POST OFFICE Cartersvill
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 1890.	day of Gundal Comments of the state of the extent of the disability resulting from the wound or character of diseases of the disability resulting from the wound or disease.  STATE F GEORGIA,	1899. POST OFFICE Cartersvill
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 Huly 1890.	day of Gundal Comments of the state of the extent of the disability resulting from the wound or character of diseases of the disability resulting from the wound or disease.  STATE F GEORGIA,	the FM Durhau  1899. POST ORFICE Carterwill  Mary  Manage which causes the disability, and explain performancy the
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 Heley 1890.	day of Grand Trade On Management of the diability resulting from the wound or disease.  STATE F GEORGIA,  County.	1899. POST OFFICE Carterwill  Many which causes the disability, and explain perficularly the
Given under my official signature and seal, this day of Haley 1899.	day of June 1970 Only  Norre State fully the nature of wound or chancier of disease.  STATE F GEORGIA,  County.  I, When I am well acquainted with 2  do certify that I am well acquainted with 2	1899. POST OEFICE Carthrovill  Luar  Luar  Ordinary of said County,  Will Durinary of said County,  M. Durinary of the
day of Heley 1899.	day of Andrew Control of the state of the diability resulting from the wound or character of disease.  STATE IF GEORGIA,  County.  I,  do certify that I am well acquainted with Applicant in the foregoing affidavit, and am well applicant in the foregoing affidavity.	1899. POST OEFICE Carterwill  Lucy  Manage which causes the disability, and explain particularly the  Ordinary of said County,  The Ordinary of said County,  the cell satisfied that the statements made by him
day of 44 by 1899.	day of Annual Comments of the state of the extent of the diability resulting from the wound or character of disease.  STATE F GEORGIA,  County.  I,  do certify that I am well acquainted with Z applicant in the foregoing affidavit, and am win his said affidavit are true, and I know he is	1899. POST OEFICE Carterwill  Lucy  Manage which causes the disability, and explain particularly the  Ordinary of said County,  The Ordinary of said County,  the cell satisfied that the statements made by him
Age of the second of the secon	day of Andrew Company of wound or character of disease.  STATE of GEORGIA,  County.  I, County.  do certify that I am well acquainted with Applicant in the foregoing affidavit, and am win his said affidavit are true, and I know he is and that he resides in this County.	1899. POST OEFICE Carterwill  Lucy  And State Courses the disability, and explain particularly the  Ordinary of said County,  The Statements made by him  s the individual he represents himself to be
(here)	day of Annual Company of wound or character of disease.  STATE F GEORGIA,  County.  I, County.  do certify that I am well acquainted with A applicant in the foregoing affidavit, and am win his said affidavit are true, and I know he is and that he resides in this County.  Given under my officia	1899. POST OEFICE Carthraville Construction of the Country of Said Country of
Ordinary Darlow County	day of Annual Company of wound or character of disease.  STATE F GEORGIA,  County.  I, County.  do certify that I am well acquainted with A applicant in the foregoing affidavit, and am win his said affidavit are true, and I know he is and that he resides in this County.  Given under my officia	1899. POST OEFICE Carthrowill  Cuary  Ordinary of said County,  Which causes the disability, and explain particularly the  Ordinary of said County,  Which causes the disability and explain particularly the  Ordinary of said County,  the  rell satisfied that the statements made by him  s the individual he represents himself to be  1 signature and seal, this.
	day of Annual Company of wound or character of disease.  STATE F GEORGIA,  County.  I, County.  do certify that I am well acquainted with A applicant in the foregoing affidavit, and am win his said affidavit are true, and I know he is and that he resides in this County.  Given under my officia	1899. POST OEFICE Carthraville Characteristics of the State of the Sta

#### POWER OF ATTORNEY

	DE CHOROLA	
Rank	OF GEORGIA,	
1.4	M. Durham bereby authorize & &.	
Klind	m. Durham bereby authorize IN.	
- Willy	. The state of the	
to receive an	and receipt for the pension paid hereon and request that he remit same to	
. Ad	1. 2011. 4	
IN WIT	TINESS WHEREOF ILL.	
4	ITNESS WHEREOF, I have hereunto set my hand and seal, this	
day of	+m	
STY FLOO	cented in presence of	
0m1/	MA	
- fire	Private .	
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	The state of the s	
	The second secon	
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rolled.)	NSION.	
y Enrolled.)	DENSION.  O.  Carrel	
remos um. ready Enrolled.) \$73	ALID S PENSION. OO. Ludiana Ludiana Luniser, Ominimum y Punin. Lanser To Christ Ominimum y Punin.	
to Already Enrolled.)	WALID R'S PENSION. DOO. Sudden Sudden Omniscery fraise. ANY BANDED TO Commiscery fraise.	
coursection as. Those Already Enrolled.) No. \$73	NVALID  IER'S PENSION.  1900.  M. Lunham  Contact of the 1800.  HIN W. LINDSEY,  Omnitteer of Praise.  CARRAYT BANDED TO  HE do right  Tables of Praise.  Called right  Tables of Praise.	
Con assertors ass.  (For Those Already Enrolled.)  No. \$73	INVALID  INVALID  OULDIER'S PENSION.  1900.  1900.  INVALID  OULDIER'S PENSION.  1900.  IOHN W. LINDSEY,  Ouncident of Pariet.  Our T. Linds of Pariet.	

Maimed Soldiers. Voucher No. 425 Amount & 100 p Included in Warrant No. issued to Treasurer.

am Foute

#### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.	
Bo II	
County.	
personally appears 4.M. Durham of Bostow	
County, State of Georgia, who being duly sworn, says on oath that he is a bona fid.	citizen
and resident of said State and County, and has resided therein continuously ever s	ince the
day of ferre 1841; that he enlisted in the military se	
the Confederate States (or of the State of) during the	
tween the States, and served as a fillotte in Company A, of	
Regiment of 90 Volunteers, 2000 5 's Brigade; tha	t whilst
engaged in such military service in the State of verginia, on the	74
day of we as wounded, injured or diseased as follow	S: .
Received gun ohot wound in the ng	M
One in bottle of treverchburg.	
Ann augustated obwellow	- finimus
ending October 26th, 1900. I have heretofore under said law as a residual control of the blenner Dollars, for the year 1899.  Sworm to and subscribed before me, this, the and subscribed before me, the and subscribed before	
Norz.—State fully the nature of wound or character of decase which causes the disability, and explain parties	ularly the
STATE OF GEORGIA,	
A9015-	
County.)	
I, WHENVICKS, Ordinary of said (	Sounts.
do certify that I am well acquainted with H. HI. Devrham	
applicant in the foregoing affidavit, and am well satisfied that the statements made	
in his said affidavit are true, and I know he is the individual he represents himsel	f to be
and that he resides in this County.	
Given under my official signature and seal, this 1894	eus cto
day of January GW Henry rick	,
Ordinary Borlow	County.

No. 420 STATE OF GEORGIA, EXECUTIVE DEPARTMENT. & Manta, Ga Suby Mr. J. M. Durham 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. Jose of Right am He is entitled to receive the sum of Our Hundre & Bal Dollars for such disability, the same being the allowance due for the year enting October 24, 1889. The Treasurer will pay the same and hold his receipt po this youcher, and return same to Executive Department for warrant. By the Governor. If amisin One Hundred toof Dollars. per above voucher, this /2

Barton Maimed Soldiers. 1891 Maimed Soldiers. Audited Amount \$ 100 1801. Audited Paid to D. M Durham COMPTROLLER GENERAL. Amount \$ 100 Paid to F. M. Ducham For Loss of arm For Loss of arms Included in warrant No. Included in warrant No. issued to Treasurer. issued to Treasurer, "WARRANT CLERK.

No. 392 Atlanta, Ba., Feby 6 STATE OF GEORGIA. EXECUTIVE DEPARTMENT. Mr. J. M Durham of the County 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 Lass of arm He is entitled preceive the sum of Charles Lundred Dollars for such disability, the same being the moving the war the year ending October 24, 18 90 The Treasurer will pay the same and hold is recept on this voucher, and return same to Executive Department for warrant. By the Governor, CLERK EXECUTIVE DEPARTMENT. .100 ECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Sweet of Deby 1890

J. M. Durham, by his ally in factor M. Foute. RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Im Audi
Mr. Im Aurhau of the Courty  Garlon having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
pproved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Loss of annieled to receive the sum of Our Kundred — Dollars
The Treasurer will pay the same and hold his eccin parties you and return same to executive Department for warrant.
the Governor, Governor.
SEC'Y EXECUTIVE DEPARTMENT.
100

I le surham By All Fronte.

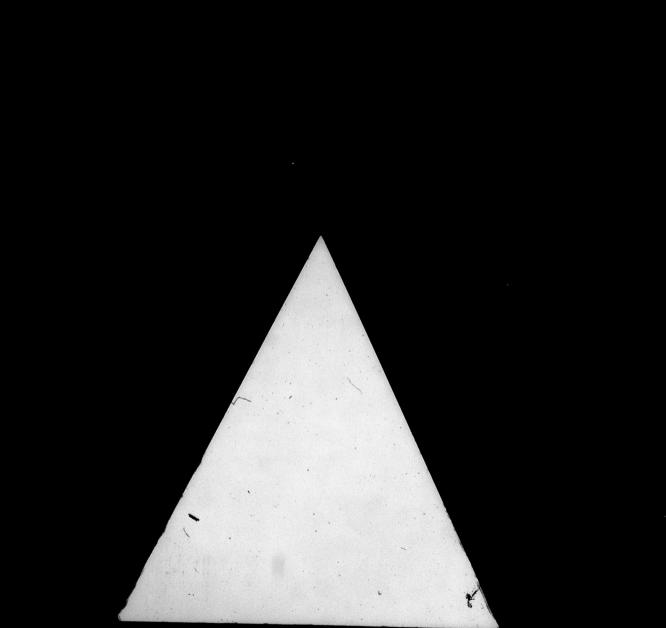
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

per above voucher, this 13 of Fem

Allanta, Ba. Fly 13 1891.

STATE OF GEORGIA

EXECUTIVE DEPARTMENT.



INDIGENT OF GEORGIA 1895. county Barlow Office Suly ard Spile RICHARD JOHNSON, WARRANT HANDED TO

POWER OF ATTORNEY.

STATE OF GEORGIA Berlow County. RENONALLY CAME A. Mr. Frankline for to, willo suid citizens of county, in said State. B. S. Ourham who, being duly sworn, say that they are acquainted with 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 Barlow fide citizen of this State, and resides in are well satisfied that all the statements in his affidavit are true. Sworm to and subscribed before me, this War day of 486 1889 of M. Branklin Co Chang, Bestin Co M. Mobuts Note. Above affidavit must be made by three citizens of the county of applicant's residence. STATE OF GEORGIA. Barlow PHESONALLY comes before me Willewich Ordinary of said county, W.S. Ristefolich and Janos Mr. young, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined B. L. Surhan examination say that the applicant has been injured as follows: Substantially as set out in his own officient, the fall faising through the Suferior Maxellary Bine the right ranus of the lower for bone fracturing it. The right eye is right less t in a State of Ormic inflammation. There is heredos Constant discharge of per from the last of right side The fraction of jun line makes mastication difficult & he may say amposeth in that side and in om chimm Smorth so and subjective before me, this W. Kintfaluck M. A. day of the by 1888 Lumes De Jorning Med Grabbendies READ NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of The obeve amendments duly Subscribed & Swam to before me

486, 13 10 1889 Geof Luner to Ordining

Bartow County. 1, Grathendricks Ordinary of said county, do certify that I am well acquainted with B. L. Durham 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 7 M. Centrain whom the foregoing affidavits were made and power of attorney was signed, is a Blok Suferin Court of said county, and the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this // day of 48% Muklindicho Ordinary Banton County.

#### POWER OF ATTORNEY

STATE OF GEORGIA, Dartow County.

STATE OF GEORGIA.

Know all Men by these Presents, That I, B L. Durhau

Bartow county, in said State, do hereby appoint foul my suite of Wartus nile Barton 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 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 day of Hebrury

Executed in the presence of us:

Julan (L.S.)

#### POWER OF ATTORNEY.

STATE OF GEORGIA, to receive and receipt for the pension allowed and request that he remit same to Melandrical Amelandrical States of April 1895.

Executed in presence of States of April 1895.

Executed in presence of States of April 1895.

#### QUESTIONS FOR APPLICANT

QUESTIONS FOR APPLICANT.
STATE OF GEORGIA,
Wally County
70 111 12 21
to avail himself of the Pensies Act approved December 15th, 1894, hereby submits his proofs and effective
to avail himself of the Pensies 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:
What is your name and where do your poide? (give State, County and post office) OM.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
dinword Batton County to Bbut 60 years
3. When and where were you born? Dec., 10 1, 1885, in Elbert lo Ga
4. Did you volunteer in the Confederate Army or in the Georgia Militia? Our federate
6. In what company and regiment did you enlist? Into your Santing of
6. In what company and regiment did you enlist? Into V. Smith Legion
7. How long did you remain in that company and regiment? All Horif 26%, 1885
8. If you were discharged from same and joined another, or if you were transferred to another, give an
account of eyoh displayed or transfer In 1863 Smille Inthe Bal was
9. For how long a period did you discharge regular military duty? Phout 8 years
10. When, where and under what circumstances were you discharged from service? And 26 7
1865, of Johnsons Surtender in humbora
North Volordina,
11. What is your present occupation? Harming
12. How much can you earn per annum by your own exertions or labor? Molhing
13. What has been your occupation since 1865? Farnery
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute therete aithers a bor on income of the support of the suppo
16. What is your present physical condition and how long have you been in such condition? He we
Catarrief the head; Theumation of the Phanelers
Bronehotio_
and the state of t
16. Upon which of the following grounds do you buse your application for pension, viz.: first, "age and
poverty," second "infirmity and poverty" or third "blindness and poverty"? "It to want the first ground, state how long you have been in such condition that you will not any
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
aun differing with balank, Cheumalione
Sam getting work daily I will be boly to old next bee
18. What property, effects or income do you posses? I fort
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, lid you make of same? One Mule and one porry, to high I never
did you make of same? One small and one from, wough I mener
faid 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?
20. In what County did you reside during those years and what property did you then return for taxation?
bro the and what will I could be
22 How much did your support for each of these years and what waiting it
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, build was not amely
23. What was your employment during 1893 and 1894? What pay did you receive in each year?
Til whol littly leaved in the form
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? Aloge a wife, Ou ain ain

	STATE OF CALCALAN ON A STATE
5	Sworn to and subscribed before me this the
-	Applicant.
*	of Barlin County.
	Upo to a distribution of the
	QUESTIONS FOR WITNESS.
S	TATE OF GEORGIA
	Richard Wirthing land. of said State and County, baving been presented
as d	witness in support of the application of O. M. Byar for pension for the Act approved December 15th, 1894, and after being duly sworn true answers to make to the
foll	owing questions, deposes and answers as follows:
ت	hun Spring Daylow County The
2.	Are you acquainted with GM. Dyar, the applicant, if so long have you known him to boach 344car
	Where does he reside, and how long has he been a resident of this State, Linewood
4.	Do you know of his having segred to the Confederate gray or the Georgia militia? How do you
	me years I served with him obout
5/	When, where and in what company and regiment did he enlist where and in what company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and regiment did he enlist which have been supported by the company and the compa
6.	Were you a member of the same company and regiment? Adule Combany
rat	e soldier, and the time and circumstances of his discharge from the service?
Po	Ad He was a good soldier I was not at the sumender with au informed that he served till Johnson
N	invendered of Treensboro N.C.
٠.	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,
	y; did he make of same?
0.	What is the applicant's occupation and physical condition?
****	
1.	Is the applicant unable to support himself by labor of any sort, if so, why?
	· · · · · · · · · · · · · · · · · · ·
	How was he supported during the years 1893 and 1894.
2.	
	What portion of his support for these two years was derived from his own labor or income?
3.	What portion of his support for these two years was derived from like own labor or income?  Give a full and complete statement of the applicant's physical condition that entitles him to a pension
3.	What portion of his support for these two years was derived from his own labor or income?  Give a full and complete statement of the applicant's physical condition that entitles him to a pension or the Act of December 15th, 1894?
12. 13. 14. and	Give a full and complete statement of the applicant's physical condition that entitles him to a pension
3.	Give a full and complete statement of the applicant's physical condition that entitles him to a pension

TATE OF GEORGIA		1:	AN	9030	7 7 7 6 7
	Count	y.∫			171-57
Personally came before m			11.11		
			Andrew Street		·
and any or other below to	Production of the const		, both known to	15000 C 1200 E 1500	
sald county, who being severall		to total one state	Lorenza santiene	141 St. 182 St. 141 - 1	Line House
ch homenal avaniantian		, applican	for pension und	er the Act o	f 1894, and af
ch personal examination, say tha	it his precise p	hysical cond	ition is as follows	·	
			The state of the s	THE PARTY	1
4			)k		
		4			destruction of
ing allowed.	arn a support	cal condition for himself,	of applicant ren	ders him u no interest	nable to labor in said pens
We further say on oath t y work or calling sufficient to e ing allowed.  Sworn to and subscribed before day of	arn a support	cal condition for himself,	a of applicant ren	ders him u no interest	nable to labor in said pensi
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y work or calling sufficient to e ing allowed.  Sworn to and subscribed before the day of ORD	ore me, this  189	for himself,	and that we have	no interest	nable to labor in said pensi
y work or calling sufficient to eng allowed.  Sworn to and subscribed before the day of the order of the orde	INARY	for himself,  95.  S CER	TIFICAT	no interest	in said pensi
y work or calling sufficient to eng allowed.  Sworn to and subscribed before the day of the order of the orde	INARY	for himself,  95.  S CER	TIFICAT	no interest	in said pensi
y work or calling sufficient to e ing allowed.  Sworn to and subscribed before the subsc	INARY	S CER  y. }	TIFICATI	no interest	in said pensi
y work or calling sufficient to eing allowed.  Sworn to and subscribed befine the day of ORD	INARY'S	S CER  y. }	TIFICAT	no interest	in said pensi

the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same were signed.

re 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 Hundreds Sixty fine dollars of property, and in 1894, One Humbred & Twenty fine dollars of property.

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

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

Ordinary of Bartow Co

#### POWER OF ATTORNEY.

STATE OF GEORGIA, to receive and receipt for the pension ellowed and request that he remit same to Melastronia at Amurous Gaby

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

Executed in presence of Ja S. Hardy

Let Dyor

Let D

#### QUESTIONS FOR APPLICANT

TOWERO	F ATTORNE	
STATE OF GEORGIA,		
County.		esin
Dinonich .	bereby authorize	wille le.
to receive and receipt for the pension	paid hereon and reques	t that he remit same to
me.		eck
at Delaistilley	as	
IN WITNESS WHEREOF, I have	hereunto set my hand a	nd seal, this 23 %
day of Juneary	1897.9 1. Hus	0
	G.M.X	yor [L. S.]
Executed in presence of	1 - mi	will .
for 15 Wasd		
I I Land		
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ady Enrolled.) 70 FENT Pension	2	NO 10 10 10 10 10 10 10 10 10 10 10 10 10
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S. S. All	7 8 7	8 3
For Those Already Enrolled No. 1700 INDIGENT Idier's Pensi 1897.	30 1	WARRANT DOHNSON  Commissions of Comm
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S S	Coun	1

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day	of J b	luy	~	1898.	E. M	1	and seal,		. s.]
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Enrolled.)		ENT .	white the	w has		1898.	SON, ioner of Pensions.	10	S. ATLANTA
ACT OF 13 DEC., 184	96220N	INDIGEN Ehic he	EN 2 FI	1.94	ARRANT ISSURI	11	CHARD JOHNSON	VERANT HANDED	O LEE
01.			- AND AND AND AND	PIN 3	3	7	0	7 4	13 //

Dyan, E. M.

#### For Applicants Heretofore Allowed Pensions.

Tot approaches troceroise time and template.
STATE OF GEORGIA.
Warlow gounty.
personally appears OM, Syar of Cantow
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 continously ever since
11
the day of 1880; that he is dyears old and
by occupation a the confedition in the military service of the Confed-
erate States (or of the State of ) during the war between the States,
and served for the term of hearly 8 yrs in Company , of Company
Millis Jegung Inth; that his physical condition is as
follows: Mufferning from Indigeoline
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· Anti-to
that his property consists of the following items // 111111
Mahring In the second
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 1897. I have heretofore as a resident of Darton
county been allowed a pension for the year 189 6
Sworn to and subscribed before me, this, the
10 11 1 2 90
day of Jarry 1897.)
Justinoville Ordinary.
Total Ordinary.
STATE OF GEORGIA.
Dorlaw County.
1, JUNIOVICE COndinary of said County
the said county,
do certify that I am well acquainted with Other 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 11 11 1897.
Amix your July War Land
here I I I I I I I I I I I I I I I I I I
(Mar)
Note-The blanks spaces must be filled.

#### For Applicants Heretofore Allowed Pensions.

11	101
STATE OF GEORGIA,	
Dartier County,	
Personally appears U. M. Dy an of Derlin	
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 continuous	ly ever
since the 10 day of Que 1885; that he is 62 years of	ld and
by occupation af onne; that he enlisted in the military service of the C	
erate States (or of the State of ) during the war between the	States,
and gived for the term of 8 fro nearly in Company D, of	
Legion Inductory ; that his physical condition	n is as
follows: Las Chrinic Calorch and Indel	noho
lutally disable from labor	
	, in the second
that his property consists of the following items	
	*
of the value of Dollars, that by reason of his ph	1
condition and poverty he is unable to support himself by his own exertion or labo	ysical
that he receives no pension but the one herein applied for.	r, and
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 whi	ch he
is entitled for the year 1898. I have heretofore as a resident of Bollow	ch he
county been allowed a pension for the year 189 7	
Sworn to and subscribed before me, this, the	
119 (Va. ) (D. 111 V NY 10)	
1. 11	
ywaturtiens ordinary. mark	
State of Georgia,	4. 10 1
Barton County	
Must a solo	
I, Ordinary of said Co	unty,
do certify that I am well acquainted with O.M. Oyar	_the
applicant in the foregoing affidavit, and am well satisfied that the statements made by	him
n 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 Jany 0 1898:	,
Your Junivier	,

NOTE .- The blank spaces must be fille

			OF AT	OKNE	Y.			
	GEORGIA W. Du	m &	you	_of_ <i>O</i>	1-	creby author	ize Su	
ره. ا	d receipt for	the pens	ion allowed,	and request	that he	remit same	to	
Execute	ed in presence	of NO.		6.	U b	yar (I.	s.)	
7 (meu.)	T. NSION.		and and	ED	ON, er of Pensions.	10	(Basis,	
No. 3577	INDIGENT DIER'S PENSIO	1899.	Service Services	WARRANT ISSUED	RICHARD JOHNSON	WARRANT HANDED TO	Harrison, State Printer, A	
V	OPDI		Name &	B	RIC	The state of the s	3 Con W. H	

my G.M.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	<b>,</b> }
$\sim$ 1.	Dyon of Boston
	sworn, says on oath that he is a bona fide citizen
and resident of said County and State, an	that has resided in said State continuously ever the 1835; that he is 63 years old and
by occupation a formen; that he	enlisted in the military service of the Confed-
erate States (or of the State of	during the war between the States,
and goved for the term of Three	Company D , of Blad Regiment of
smun segnon	that his obveical condition is as
follows: Indigeston I	my, bolet and
general clefonly	1
that his property consists of the following	items Str Property
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of the value of	Dollars, that by reason of his physical
ondition and poverty he is unable to supp	port himself by his own exertion or labor and
nat he receives no pension but the one here	in applied for.
Deponent desires to participate in the	e benefits of the Act, approved December 15th,
894, and the acts amendatory thereof, and	makes application for the pension to which he
s entitled for the year 1899. I have hereton	fore as a resident of Bulen
ounty been allowed a pension for the year 1	1895
Sworn to and subscribed before me, the	is, the ]_ EM Dyar
0.7 day of John	1899. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
gur li Souch	
o v symi iese	Ordinary.
State of Georgia,	
Sounty. County.	
1 110 11	hacks Ordinary of said Commen
A CONTROL OF THE CONT	Ordinary of Said County.
o certify that I am well acquainted with_	6 IM styon the
pplicant in the foregoing affidavit, and am	well satisfied that the statements made by him
i his said affidavit are true, and I know he	is the individual he represents himself to be
nd that he resides in this County.	
Given under my offi	icial signature and seal, this 7
day of framing	1899.
Amx	mil a de
here.	VV ASSOMENS
	Ordinary County.
Norg.—The blank spaces must be filled.	

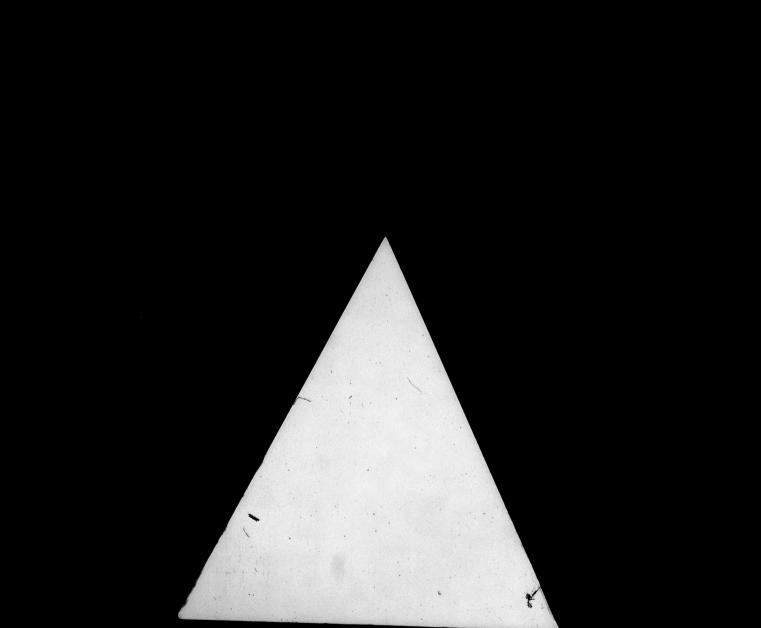
Norg.—The blank spaces must be filled.

Norg.—Affidavit should not be attested before January 1st, 1899.

1

Physicians Afilavit State of Guerges ? Personally came before me FRANKS & BIDDY, Barton Carrely; John H. Ring and JM. Brodly, Staple and Fancy Groceries, buth known to me as reputable physicians of said county, who being severally drown, day STANDARD FERTILIZERS AND FIRE INSURANCE. in wath that they have exacused confecter Ga Barties 60 Sa. May 18/ 1895 O.M. Gyar, opplicant for person under Derdoming appeared before The Hel of 1814, and ofter such permae The D.10. Mige who whom examinatione. Day that his friend physical authe Sayo he has Known condition is as fullows: He Chronic nord E.M. Dyan for sonnelly fac Catorrh and bronchitis Duffers with year year and that he line nemalgia in his Thankding and general Know Said ?14 Dyan to be a citizen of Bartaer county The further day in vail that the physical ga for the last then years Condition of Applicant render him mobile in 1843 he had I head of horse Hock to labor of cun work wealing and ficient 5 hops and I hope of I cary in he am a Dupport for himself and that the Lall of 1893 Flee he Killed the have no interest mesaid pension being 5 hags-in 1894 out of the consider allowed and he had to sell the atten to lang Sworn to and Dubscribed com for bread and only the before me, this the 94th, day & Africa horas went for Great He also Syn Seminis give a mortgage an the other horse for Stuff to live offer Comany Dorlow & This leave him with 3 /3igs Cauly Ga

worth about \$400 This is all he has Excepties hoods good This chilled for worth is had the was het able to do my thing hardly ill last your & water & This year he has no meanice of any Kind he has two children that is existe not able to do any thing, and his man for a suffert is his own labor which he is not able to do. He Justo Tuens he has no sulest in Vaid Dyand the W nathing more to him than a neighbor Sworn to be fore me his 18the heary 1895 D. M. exige Colary Public



. -- OFFICE OF DRDINARY

# STATE OF GEORGIA

Ordinary of said county. do certify that I am well acquainted with 13, D. Wirhams 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

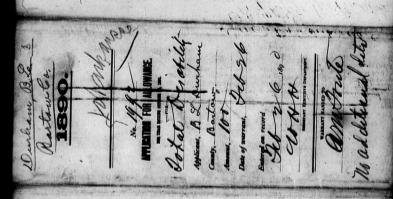
whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and

signatures thereto are genuine

Given under my official signature and seal, this / day of Heby

Stroffendniko Baslow

County.



Furnish Groot by affidavit; hereby authorizing my said attorney to receipt in my name for any Warran be issued by the Governor, or for any sum of money which may be coming to me for lo whow that ATTORNEY applicant was me and in my name, to receive and receipt for whatever amount of to from the State of Georgia as a widow of a Confederate Soldier, and oblige audka, not married Mis. Sarch A. Oyar Bantaer COUNTY. County, is said State, do hereby appointed for Quie her deat, d by the c...

1. WITNESS WHEREOF, A have day of Many POWER OF Know all Men by these Presents, That I, Co & Hamsen STATE OF GEORGIA, Deel arlow

200. 85HO

**3100.00.** 

Warrant Issued

1891

AND HANDED TO

#### Affidavit to be Made by the Widow. Form No. 1.

STATE OF GEORGIA,	
County of Bank	In person came before me, the undersigned Ordina in and for the County of Sortion
· Lucal Base	in and for the County of Concerns
irs. Lund n Will	, who being sworn according to law, says unc
ath that she is the widow of	lias S. Wy ar , who was a soldier
ne service of the Confederate State	s, and served as a member of Company , of t
16 Regiment	of Sa Infly Volunteers; that he enlisted in s
ervice on or about the /3	day of fully 1861, and was in t
Garlern	Army up to 1864 That while in t
rmy, he was on the	
	day of hay 1864, (See Note No.
monally wound	led in the battle of the
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the Army, and that she has never married since his death; that she became his wife on the 1849, and that she has resided in Georgia continuously since the 1822; 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.

#### Affidavit for Three Witnesses.

State of Georgia,
In person came before me, the undersigned Ordinary
Enunty of Mark In person came before me, the undersigned Ordinary in and for said County, witnesses in All Milley and county witnesses (each known to said Attesting Officer as truthful, reliable and county his circles and county
and C. H. Sandan
reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,
Mrs. an ah Ar Oyar, of the County of
State of Georgia, is the widow of Clino J. Once who was a seldier in
Company of the Regiment of Manual Volunteurs
and soldier emisted in the service of the Confederate States (or the Georgia State Troops) or or
about the day of 186. That while in said service or hy
reason of said service in the Army, he lost his life as follows:
the was mostally wounded in the fall.
of the Mildoness in Na Some Time indy
1864, and was dent to the Hargitat in
Richmond Na. in May 1864 and dies
in the Wall it is pil
in the Harfitat in Richmons Na
in Juay 1864. ( June)
and the second s
Our opportunity for knowing the facts stated in reference to death of applicant's husband were
Me went to the war with I - and with
the time until be die I me man the
foods states about states are ten
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
We further swear that Mrs was the wife of sald
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, the
I day of may we de by today and
J. b. Stophenon 1091.) J. J. Hilly
Ordinary. En the franchis
O. o. semento
Nore. Witnesses must not testify about things they may believe, but contine their statements to such facts as they per- onally know. I certify the worknow are which or that
Synatum are generic may 8 1884.
V. b. Stophen
De de

Har ca 4a

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

State of Georgia, hereby certify that I am acquainted with Mrs. State of Georgia, hereby certify that I am acquainted with Mrs. 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 satsafir 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 bereunto set my hand and affixed the seal of my office, this, the

and and may graduations of stands of the sta

#### VOTES.

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 lawer 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,

STATE OF GEO	ROIA, Co	unty of	00	Mou	7.			
Barlos	- our	ance	f Georgia, h	O	rdinary in			
	Enjar	,-·		the applica				
now, from my own	knowledge,	(or from						
at she resides in t								
loo, and has not l	ived out of th							
-	ar		_deceased,	and as suc	h has here	tofore be	en allow	red a
ension for the year								
In Witness WI	ereof, I have			nd and affin	ted the sea	l of my o	ffice, this	, the
		day of	- Turk	yy	1	893.		
SEAL!		, J	242	Lus	7307	62.	Ordin	nary.
	P	OWER	OF AT	TORNE	Y.		Form N	o, s. F
		.,						
TATE OF GEO	RGIA,	Da	Novo		County	~		
KNOW ALL ME	BY THESE I	PRESENTS,	That I,	arch	4	8-1/1	21.	
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ounty in said Sta	te, do hereb	y appoin	1400	You	4 Na	1121	co	2
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foresaid.	nor, or for a	ny sum of		in my nan	coming t	Marrant	that me	ha
oresaid. In Vitness W	nor, or for a	ny sum of	money wh	in my nan ich may be and and sea	te for any coming to	Warrant o me for	that ma	y be ason
oresaid.  In Vitness Way of	nor, or for a	ny sum of	money wh	in my nan ich may be and and sea	te for any coming to	Marrant	that ma	y be ason
oresaid.  In Vitness Way of	nor, or for a	ny sum of	money wh	in my nan ich may be and and sea	te for any coming to	Warrant o me for	that ma	y be ason
oresaid.  In Vitness Way of	nor, or for a	ny sum of	money wh	in my nan ich may be and and sea	te for any coming to	Warrant o me for	that ma	y be ason
oresaid.  In Vitness Way of	nor, or for a	e of us:	so set my ha	in my nanich may be	the for any coming to	Warrant o me for	that ma	y be ason
oresaid.  In Vitness Way of	nor, or for a	e of us:	so set my ha	in my nanich may be	te for any coming to	Warrant o me for	that ma	y be ason
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issued by the Gover foresaid. In Witness W. ay of Executed in	nor, or for a	e of us:	Say	in my namich may be and and see and and and see and	and each	Warrant o me for	that ma	y be ason
Executed in	nor, or for a	e of us:	Say	in my namich may be and and see and and and see and	and each	Warrant o me for	that ma	y be ason
Executed in	nor, or for a	e of us:	Say	in my namich may be and and see and and and see and	and each	Warrant o me for	that ma	y be ason
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Executed in	nor, or for a	e of us:	Say	in my nanich may be and and sea	and each	Warrant o me for	that ma	y be ason

## Certificate of Ordinary of the County of Applicant's Residence. 103

STATE OF GEORGIA, County of	Osalow !
J. J. Wenness	A Cordinary in and for said County of
0 1 1 1	a, hereby certify that I am acquainted with Mrs.
Sanh A. Oyar	the applicant for a pension in this case, and
	ositive proof presented to me by reputable wit-
	d that she resided in the State of Georgia on of the State since that date. That she is the
widow of Elias & Byar	deceased, and as such has heretofore
been allowed a pension for the year ending	
THE RESERVE OF THE PARTY OF THE	set my hand and affixed the seal of my office,
this, the day of	Jan 1894.
{man}	DuduenOrdinary,
= 1 - 1 strain of the mode of the	s - Transis quest de la conjunction de la conjun
id test ad a PT POWER OI	F ATTORNEY.
STATE OF GEORGIA, WAS	
KNOW ALL MEN BY THESE PRESENT	
County in said State, do hereby appoint	of Barlow
of Danting will USA	my true and lawful attorney in fact, for
me, and in my name, to receive and receiv	pt for whatever amount of money I may be en-
titled to from the State of Georgia as a	vidow of a Confederate Soldier, as stated in the
Warrant that may be issued by the Gover	nor, or for any sum of money which may be
coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereur	nto set my hand and seal, this 99
day of My 1894.	la 1 min
0	ann U, x Oyar [L. s.]
Executed in the presence of us:	non endo
fright wikle	) ornaric
Note Onglife Barton Co	1
With Stephens DIR	ECTIONS.
Send amount by	Thin to offer the and advantage and proque
me at	, and oblige



State of Georgia, hereby certify that I am acquainted with Mrs.  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, 1300, and has not lived out of the State since that date. That she is the widow of deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.  In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the day of 1893.  Ordinary.	State of Georgia, hereby certify that I am acquainted with Mrs.  Line applicant for a pension in this cases, 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, 1850, and has not lived out of the State since that date. That she is the widow of Cleus Sayan 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
POWER OF ATTORNEY.	POWER OF ATTORNEY, at the bar ().
STATE OF GEORGIA, Bailow, County	STATE OF GEORGIA, DINGON County, A. Cyar KNOW ALL, MEN BY THESE PRESENTS, That I, Sarah A. Cyar
KNOW ALL MEN BY THESE PRESENTS, That I, of Andria	County in said State, do hereby appoint of Barlow
County in said State, do hereby appoint the lotter and the said state of Alla State and the said st	of Name with the 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
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	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 WITTHESS WHEREOF, I have hereunto set my hand and seal, this
aforesaid.  In Witness Whereor, I have hereunto set my hand and seal, this	day of Mary 1894.
day of flery 1898 Sarah a Jan 1687	Executed in the presence of us:
Executed in the presence of us:	Importwikle mark
Justucation	My Stateburg DIRECTIONS.
Send amount by Rich Care of the Head no by to	Send amount by to me at, and oblige
me at Andrew Jarok la Lyar	which others in the real mean and the strong of the strong
male	- of December 1719 and to out in the company of the company of the alternation of the Company of
Widows' Pension, for year enting February 15th, 1893.  Warrant Issued	NO. 100 PENSION, for year ending Federalty 15th 1894.  MIDOWS' PENSION, for year ending Federalty 15th 1894.  PAID TO  MARRIET ISSUED  WARRIET ISSUED  JE 1894.  JAND MARBET TO  MARRIET TO  MARRIET ISSUED  JE 1894.  JAND MARBET TO  MARRIET TO  MAR

### For Widows' Heretofore Allowed Pensions.

Barrier Town Street Towns of the Street Stre
STATE OF GEORGIA, Detsonally comes Mrs.
County of Bartow Sarah a. Lyan
who being sworn, says on oath, that she is a bona fide resident of said County of
State of Georgia, and that she has resided in said State
continuously ever since Bertle 18 That she is the Widow of
Who was a Soldier in Company
of the Regiment of Th
Volunteers, that he enlisted in said Regiment on or about the month of July
186/ and served in the Army up to May 186/ That he lost his
life on the day of Fring 1864 (State here
full particulars of the husband's death, when, where and from what cause.)
was mortale, wanted in the bottle
of the laidenass in the state diregines
in May 1864 and and the 64 day
If fine 1860 of Law wered .
· · · · · · · · · · · · · · · · · · ·
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 18/4/; 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
day of chang 1893.
Ordinary. Post-office number

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	TATE OF GEORGIA County of State of Stat
County of Baston	Saroh A. Oyar
who being sworn, says on oath, that she is a	bona fide resident of said County of Georgia, and that she has resided in said State
continuously ever since April	Seorgia, and that she has resided in said State
Celias S. Dyar 4 of the 16th	who was a Soldier in Company
Volunteers, that he enlisted in said Regime	nt on or about the month of Luly
	ne 06 18 W 01864 That he lost his
	June 1864 (State here
full particulars of the husband's death, whe	
was wounded in the	
Wied did from Jail	would fine 6 1864
so your double Parolin to miss one not no.	Warrant there may be seen by the Continue.
A Sent for the done of the	To the first of the second of
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	1.1 Section and the second section of

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

# For Widows' Heretofore Allowed Pensions.

County of Bartow	Doroh A. Dyar
who being sworn, says on oath, that she i	s a bona fide resident of said county of
Darlow State o	of Georgia, and that she has resided in said St
ontinuously ever since April	15 12 1839 That she is the Widow
E.S. Oyar	who was a Soldier in Compa
6 of the 16"	Regiment of Ga
olunteers, that he enlisted in said Regin	ent on or about the month of July
86 / and served in the Army up to	Rive 1862 That he lost 1
fe on the 6 day of	of June 1862 (State he
fe on the day of the husband's death, who	of June 1862 (State hi
fe on the day of the husband's death, who	of June 1862 (State hi
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fe on the day of the husband's death, who	of June 1862 (State hi
fe on the day of the husband's death, who	of June 1862 (State hi

allowance provided by law for the year ending February 15th, 1895.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Dersonally Comes Mrs.
County of Barber Saroh H. Sy or
who being sworn, says on oath, that she is a bona fide resident of said county of
State of Georgia, and that she has RESIDED in said State continuously ever since. 1832 That she is the Widow of
O. S. Lyar who was a Soldier in Company
6 of the 16 Regiment of Ga
Volunteers, that he enlisted in said regiment on or about the month of July
186 and served in the Army up to May 186 That he lost his life on the 612 day of June 1864 (State here
full particulars of the husband's death, when, where and from what cause) ( He Wo
wounded no bottle of opologlooms
Court House may 13 1864 and
lovered for for the
or and
The state of the s
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 1844,
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
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
181, day of Jany 1896. Oaroh My yar
AWMurtness Ordinary.) Post-office Miles K

#### POWER OF ATTORNEY.

State of Georgia, Barlow IN WAYNESS WHEREOF, I have hereunto set my hand and seal, this J.A H Biounlow R9 Woodall

RICHARD JOHNSON

WARRANT ISSUED

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

THE OF GEORGIA, COUNTY OF BANCON State of Georgia, hereby certify that I am acquainted with Mrs. the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesse-,) that she in this County, and that she resided in the State of Georgia on December 21, 1890, and has not lived out of the State since that date. That she is the widow of deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896. hereunto set my hand and affixed the seal of my office, this

#### POWER OF ATTORNEY,

STATE OF GEORGIA Barton County. to receive and receipt for the pension paid hereon and request

a R Balin

Cip edillo

# For Widows Heretofore Allowed Pensions.

	•**
STATE OF GEORGIA,	Personally Comes Mrs.
County of Donton	Soroh A. Syar
Barlow who, being	ing sworn, says on oath, that she is a bona fide resident of said county of
warrow 1	State of Georgia, and that she has RESIDED in said State
continuously ever since	1830. That she is the Widow of
B. S. Dyor	who was a Soldier in Company
6 of the 1612	Regiment of
Volunteers, that he enlisted in said regiment	on or about the month of Luly
186 and served in the Army up to	may 186 4. That he lost tris
, 9	11
life on the	( 1
full particulars of the husband's death, wh	- 000
mortally wou	ided in both of tool -
Sylvonia Con	1 Course in broy 1864
and dut from	
	The state of the s
	d deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesai	id, and that she became his wife in the year 18 49.
I have been allowed a pension as a res	sident of 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 n	ne, this ) Sandy and Sun)
by day of Jany	1898.
ywww.novios on	dinary. Post-Office. / May
State of Georgia.	1 Gust oneden
-1 JANIAT	unty. Ordinary of said County, certify that I am well acquainted
Sa. Dyan	
with Mrs. O	Y who made the above affidavit and am satis-
fied that the facts therein stated are true, and	I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the	day of 18.89
Given under my official signature and	seal this the day of Jacy 1898.
	ywwwicks
(Official)	a. Balon
Seal.	Ordinary of County.

# For Widows Heretofore Allowed Pensions.

Volunteers, that enlisted in said regiment on or about the month of July	STATE OF GEORGIA,	Dersonally Comes M
State of Georgia, and that she has RESIDED in said continuously ever since Oll her life and served in the Army up to Regiment of 186 And served in the Army up to 186 And that she has never married since his death aforesaid, that she became his wife in the year 186 And has never married since his death aforesaid, that she became his wife in the year 186 And has seed in any other State or locality since that date. I have been allowed a pension as a resident of the year ending February 15th, 1890, and now apply to pension provided by law for the year ending February 15th, 1897.  Syorn to and subscribed before me, this  And All All All All All All All All All Al	County of Wanlow	Sprok A. Syar
State of Georgia, and that she has RESIDED in said continuously ever since Oll her life and served in the Army up to Regiment of 186 And served in the Army up to 186 And that she has never married since his death aforesaid, that she became his wife in the year 186 And has never married since his death aforesaid, that she became his wife in the year 186 And has seed in any other State or locality since that date. I have been allowed a pension as a resident of the year ending February 15th, 1890, and now apply to pension provided by law for the year ending February 15th, 1897.  Syorn to and subscribed before me, this  And All All All All All All All All All Al		
continuously ever since Ches her hip and that she has RESIDED in said continuously ever since Ches her hip and that she is the Wide who was a Soldier in Come Regiment of Regi	/ / / /	HE HONE HOLD IN THE STATE OF T
who was a Soldier in Com  Wolunteers, that enlisted in said regiment on or about the month of  186  and served in the Army up to  186  the husband's death, when, where and from what equse.  Mor locky wou are  The husband's death, when, where and from what equse.  Wolld by the husband's death, when the early are a sold that she has never married since his death aforesaid, that she became his wife in the year 18  and Georgia is her home and she resided in this State 23d day of December, 1890, and has wed in any other State or locality since that date. I have been allowed a pension as a resident  County for the year ending February 15th, 1896, and now apply to pension provided by law for the year ending February 15th, 1897.  Syorn to and subscribed before me, this  And All All All All All All All All All Al	De la companya del companya de la companya del companya de la comp	1.1/
Volunteers, that enlisted in said regiment on or about the month of July 186 and served in the Army up to 186 f That he low 186 f That he	continuously ever since	That she is the Widow
Volunteers, that collisted in said regiment on or about the month of 126 grand and served in the Army up to 186 grand served in the Army up to 186 grand served in the Army up to 186 grand served in the husband's death, when, where and from what cause. He was the wife of said deceased soldier, during his service in the army as a sold that she has never married since his death aforesaid, that she became his wife in the year 18 grand is her home and she resided in this State 23d day of December, 1890, and has ved in any other State or locality since that date. I have been allowed a pension as a resident of the year ending February 15th, 1896, and now apply to pension provided by law for the year ending February 15th, 1897.  Syvorn to and subscribed before me, this 1897.  Syvorn to and subscribed before me, this 1897.	6 169	who was a Soldier in Compa
That he lose the find served in the Army up to the day of 2 2 2 186 That he lose the find particulars of the husband's death, when, where and from what equae. He was the Wilderners of the husband's death, when, where and from what equae. He was the Wilderners of the husband's death, when, where and from what equae. He was the Wilderners of the husband's death, when, where and from what equae. He was the was the wife of said deceased soldier, during his service in the army as a sold and that she has never married since his death aforesaid, that she became his wife in the year 18 was the was the wife of said deceased soldier, during his service in the army as a sold and that she has never married since his death aforesaid, that she became his wife in the year 18 was the was the was the wife of said deceased soldier, during his service in the army as a sold and that she has never married since his death aforesaid, that she became his wife in the year 18 was a sold and that she has never married since his death aforesaid, that she became his wife in the year 18 was a sold and that she has never married since his death aforesaid, that she became his wife in the year 18 was a sold and that she has never married since his death aforesaid, that she became his wife in the year 18 was a sold and that she has never married since his death aforesaid, that she became his wife in the year 18 was a sold and that she has never married since his death aforesaid, that she became his wife in the year 18 was a sold and that she has never married since his death aforesaid, that she became his wife in the army as a sold and that she has never married since his death aforesaid, that she became his wife in the army as a sold and that she has never married since his death aforesaid, that she became his wife in the army as a sold and that she has never married since his death aforesaid, that she became his wife in the army as a sold and that she has never married since his death aforesaid, that she came his wife in the same his wife in		101
day of 2222 186 (State full particulars of the husband's death, when, where and from what equae.)  More a Cley Worn 2222 186 (State of the husband's death, when, where and from what equae.)  Perponent awears that she was the wife of said deceased soldier, during his service in the army as a sold of that she has never married since his death aforesaid, that she became his wife in the year 18 / 18 (Georgia is her home and she resided in this State 23d day of December, 1890, and has veed in any other State or locality since that date. I have been allowed a pension as a resident of the year ending February 15th, 1896, and now apply the pension provided by law for the year ending February 15th, 1897.  Sworn to and subscribed before me, this Amoh A Sychology of Author 1897.	,	1)
Deponent awears that she was the wife of said deceased soldier, during his service in the army as a sold and that she has never married since his death aforesaid, that she became his wife in the year 18 will also deceased in this State 23d day of December, 1890, and has veed in any other State or locality since that date. I have been allowed a pension as a resident was a possible of the year ending February 15th, 1896, and now apply the pension provided by law for the year ending February 15th, 1897.  Syorn to and subscribed before me, this Sanch A San	.0	4
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a sold at that she has never married since his death aforesaid, that she became his wife in the year 18 of that Georgia is her home and she resided in this State 23d day of December, 1890, and has red in any other State or locality since that date. I have been allowed a pension as a resident of the year ending February 15th, 1896, and now apply to pension provided by law for the year ending February 15th, 1897.  Sworn to and subscribed before me, this August A		
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a sold that she has never married since his death aforesaid, that she became his wife in the year 18 of that Georgia is her home and she resided in this State 23d day of December, 1890, and has reed in any other State or locality since that date. I have been allowed a pension as a resident of the year ending February 15th, 1896, and now apply the pension provided by law for the year ending February 15th, 1897.  Syvorn to and subscribed before me, this Sarah A. Syvorn to and subscribed before me, this Sarah A. Syvorn to and subscribed before me, this Sarah A. Syvorn to and subscribed before me, this Sarah A. Syvorn to and subscribed before me, this Sarah A. Sarah		
Deponent awears that she was the wife of said deceased soldier, during his service in the army as a sold all that she has never married since his death aforesaid, that she became his wife in the year 18 // int Georgia is her home and she resided in this State 23d day of December, 1890, and has red in any other State or locality since that date. I have been allowed a pension as a resident  County for the year ending February 15th, 1896, and now apply e pension provided by law for the year ending February 15th, 1897.  Sworn to and subscribed before me, this  day of Added 1897.	The wound	une in boll
Deponent awears that she was the wife of said deceased soldier, during his service in the army as a sold all that she has never married since his death aforesaid, that she became his wife in the year 18 // int Georgia is her home and she resided in this State 23d day of December, 1890, and has red in any other State or locality since that date. I have been allowed a pension as a resident  County for the year ending February 15th, 1896, and now apply e pension provided by law for the year ending February 15th, 1897.  Sworn to and subscribed before me, this  day of Added 1897.	The wildenis	myric 186
and that she has never married since his death aforesaid, that she became his wife in the year 18.4  and Georgia is her home and she resided in this State 23d day of December, 1890, and has reed in any other State or locality since that date. I have been allowed a pension as a resident  County for the year ending February 15th, 1896, and now apply e pension provided by law for the year ending February 15th, 1897.  Sworn to and subscribed before me, this  Analy Ana	your winey n	e Acic
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at Georgia is her home and she resided in this State 23d day of December, 1890, and has red in any other State or locality since that date. I have been allowed a pension as a resident  County for the year ending February 15th, 1896, and now apply pension provided by law for the year ending February 15th, 1897.  Sworn to and subscribed before me, this  day of Access 1897.		
County for the year ending February 15th, 1896, and now apply e pension provided by law for the year ending February 15th, 1897.  Sworn to and subscribed before me, this  day of Access 1897.		
County for the year ending February 15th, 1896, and now apply e pension provided by law for the year ending February 15th, 1897.  Sworn to and subscribed before me, this  day of Access 1897.		
e pension provided by law for the year ending February 15th, 1897.  Sworn to and subscribed before me, this  Aaroh A Ay		
Syorn to and subscribed before me, this Sarah a Dya	County for the	year ending February 15th, 1896, and now apply for
J day of Jacus 1897 Jaroh U Vyo	e pension provided by law for the year ending Fe	bruary 15th, 1897.
J day of Jacus 1897 Daroh U Vyo	Sworn to and subscribed before me this	POS
OHUW NABOrdinary. Post-office many	5 day of Jacey 1897	daroh U Dyo
	VALUO NORBORDINARY.	Post-office many
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		A STATE OF THE STATE OF

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, Barton 10 L Durlan of PERSONALLY appears 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 1865; 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 mirale in Company of the Regiment of Arkansas Volunteers Holmes Fortures Brigade; that whilst engaged in such military service, at the battle of Sentonville day of May wounded as follows: with a minuse Ball which interest the left nostril gring trough the had properly out which the right ear fredling the further and the state of the formation of the first for the first garden to the first for the first garden to the first for the first garden to the first formation of the formation of the formation of the world the many to the first world the new health of the first formation and fuffer for the the Deponent desires to participate in the benefits of the Act, approved October 24, 1887 to and the acts amendatory thereof, and makes application for the allowance to which he is the traffic entitled for the year ending October 26, 1890. I have herefore been allowed a possion free full of Sworn to and subscribed before me, this the D. L. Ducham Swampaw dubsculed ATTORNEY Gullenduck POWER OF STATE OF GEORGIA Bartow County. KNOW ALL MEN BY THESE PRESENTS, That I, county, in said State, do hereby appoint of Cartesbelle Da 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 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this P.O.

B. L. Durham

#### POWER OF ATTORNEY.

State of Georgia, County.	que
to receive and receipt for the pension paid hereon and	listelle to
day of July 1899.	my hand and seal, this //L
Executed in presence of  As Price P.	may .

# MALL BANK TUNENT TOWNS TO THE STATE OF THOSE HEREIGIOUS PAIL. 1899. TOWN OF COUNTY SHELLING, FOR YEAR COUNTY SHELLING, FOR YEAR COUNTY SHELLING, TOWN OF C. S. BAY A. RICHARD JOHNSON, COUNTY COUNTY WARRANT ISSUED AND MANABED TO BE TO MANABED TO BE TO

#### POWER OF ATTORNEY

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STATE OF GEORGI	A, jus	Institution		-County
Layon,	gounty.			
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7 / Nen	child	of Horlor	or con	ruly Se
to receive and receipt for	the pension paid	hereon and reque	est that he ren	same to
TO THE	71	it Claours	ille &	a
IN WITNESS WH	EREOF, I have h	ereunto set my hand	and seal, this	9
day of ASW	1900.	1/100	1	
	A	Dan It	yon	[L. S.]
Executed in preser	ice of	my	C	
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AND ASSESSED TO A SECURITY OF THE PARTY OF T	20 0 · 1	4 1	- C   H	1

For year end

Bartow County. G. W. HENDRICKS. ORDI Cartersville, Ga. A & by 10 1890, On person officiand before me James m. young and James M. Avword, Inv repulsoo, physicians of said county who in oath son this are well alquainted with Bin I. Durham that his Barton Endition, Milling from wounds and desion inhocked while in line of duty my the service Maimed Soldiers. The Workederald State during the may between the state. that he is rendered helpless Voucher No. 1992 and totally mobile to do any werk for a living Spoin to and Subscribed of Sm. Young In & before me, Hely 10, 1880 Jas. In Soward, M.D. Ordinary Bartow County. G. W. HENDRICKS, ORDINARY Cartersville, Ga., HEby 21 1890. In person appeared before me. Ban. I Durham of faid County and in ooth days hat he is helpless and totally smoble to do Ciny work for a hoing that his helples Conditioned the result of wounds and the Olixease which he contracted while in line of duly as a soldier in the Confederales) fales during the war between the state Levern to and Subscribed 3 13, 50 milan of ere me this Heby 214, 1993 yw Senducks Ondinary

Amount \$ 100 Paid Bery Durham For Potally disabled by muids & denou dely 36 1890; Included in warrant No. Included in Warrant No. issued to Treasurer. W. J. Campbell, State Printer, Constitution Job Office. a.m. Doute

Barton

Maimed Soldiers. Voucher No. 447

Amount. \$ 50. Paid to 19 2. Durham For Telecal Derability

Head deby 14.

WARRANT CLERK

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

&m Saule

issued to Treasurer.

Allanta, Sa., Hely 26 , og d STATE OF GEORGIA. EXECUTIVE DEPARTMENT. Benj & Durham of the County 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 desabled by mounds & slesease He is entitled to receive the sum of the sull suitable for such disability, the same been the Department of the year ending October 24, 18 GO.

The Treasurer will pay the tone and hold the receipt on this voucher, and return same The Treasurer will pay the the and hold his rece to Executive Department for warrant. GOVERNOR. By the Governor. MA Hamson CLERK EXECUTIVE DEPARTMENT. \$ 100.00 RECEIVED OF STATE TREASURER, R. U. HARDEMAN, 26 of Jak per above voucher, this Renj. L. Durham, by Att Foot.

Mr. D. L. Purhau of the County of 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 Lournal October the sum of Dollars for such disability, the same being the allowance dues for the year ending October 24, 1889.

The Treasurer will pay the same and have been allowed for the year ending October 24, 1889.

The Treasurer will pay the same and have been allowed for the year ending October 24, 1889.

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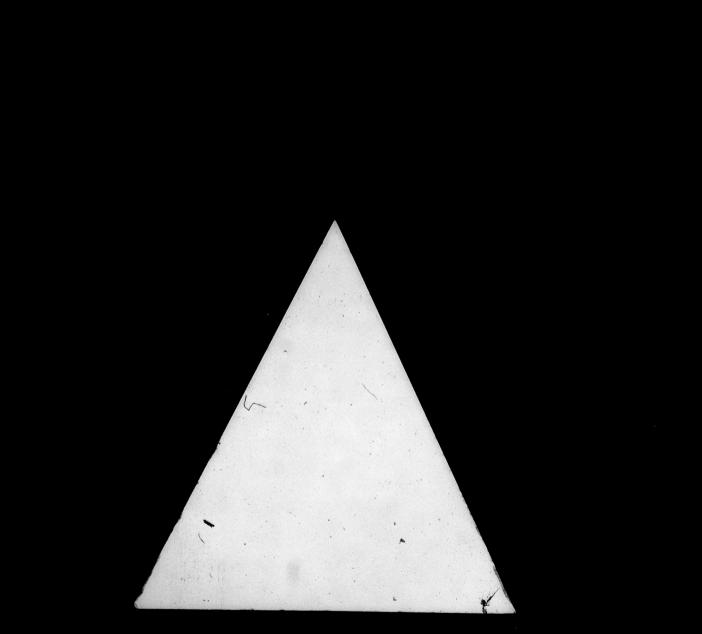
CLERK EXECUTIVE DEPARTMENT.

Dollars.

A M Fronte all in fact for

RECEIVED OF STATE THEASURER, R. U. HARDEMAN,

Hefty toof



Duscham, 7. m. No. 306 Barton Co. APPLICATION FOR Am FOR CONFEDERATE SOLDIER. Applicant F. M. Sunham. County Bowlow Limb Am above el bro Amount ... \$ 60 Date of Warrant 18 1779 G. F. 18th Rept. Galy