

NOTES.

STATE OF GEORGIA

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

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

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

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

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

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

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

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

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Bartow County.

PERSONALLY appears L. M. Fountain of Bartow county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the 15th day of

December 1840; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the

States, and served as a Private in Company D, of 14th Regiment of GA Volunteers Thomas Brigade; that whilst engaged

in such military service, at the battle of Seven Pines in the State of Virginia on the _____ day of May 1862, he was

wounded as follows: His first and second fingers were shot entirely off at the second joint of the right hand. He was shot in the back at the battle of Gettysburg, Penn with a Lee's Ot. shell in the region of the lungs causing said Fountain to be incompetent to perform ordinary manual labor.

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

Sworn to and subscribed before me, this the 19 day of March 1889, L. M. Fountain more

W. H. H. Ordway

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

Bartow County.

PERSONALLY came before me Dr. G. S. Barnely of the county of Bartow State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of 8th Regiment of GA

Volunteers, and that deponent knows L. M. Fountain, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit,

and that wounds (or disease) permanently disables the said L. M. Fountain as stated by him in said affidavit. Deponent further states that said

L. M. Fountain is a bona fide citizen of this State and resides in Bartow county.

G. W. H. Ordway Dr. G. S. Barnely Surgeon

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

APPLICATION FOR ALLOWANCE

FOR

Loss of Fingers
Applicant L. M. Fountain

County Bartow

Amount 10.00

Date of Warrant March 28

Entered on record March 28 1889

W. H. H. Ordway

SECRETARY EXECUTIVE DEPARTMENT.

L. M. Fountain

Fountain, L. M.

O.K.

Fountain, L. M.
Bartow Co

No 1664

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws governing this subject, the following regulations are submitted.

1. If an applicant has been wounded in battle, the wound should be carefully and fully examined by applicant and physician, and followed by a certificate showing the effect of the wound, and the nature of the injury, and the nature of the disease contracted in the service, carefully stated and signed by the physician.
2. If an applicant has been wounded in battle, the wound should be carefully and fully examined by applicant and physician, and followed by a certificate showing the effect of the wound, and the nature of the injury, and the nature of the disease contracted in the service, carefully stated and signed by the physician.
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 "substantially and essentially useless," to say that unless the injury is such as to require the constant use of crutches or sticks, and the leg is not capable of being used for ordinary pursuits of life, etc., the limb must for all purposes be "substantially and essentially useless."
5. If an applicant has been wounded in battle, the wound should be carefully and fully examined by applicant and physician, and followed by a certificate showing the effect of the wound, and the nature of the injury, and the nature of the disease contracted in the service, carefully stated and signed by the physician.
6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The Ordinary of the several counties are specially requested to call the attention of the physicians and applicants to these points.

Fountain, L. M.
O.K.
Fountain, L. M.
Bartons Co.
No 1664

APPLICATION FOR ALLOWANCE

FOR

Loss of 2 fingers
Applicant L. M. Fountain
County Bartons
Amount 10.
Date of Warrant March 28
Entered on record March 28 1889
W.M.
SECRETARY EXECUTIVE DEPARTMENT

Am. Route

NOTES.

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

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

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

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

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

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

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

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

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Bartow County.

PERSONALLY appears L. M. Fountain of Bartow county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the 28th day of December 1840; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company D, of 114th Regiment of GA Volunteers Thomas's Brigade; that whilst engaged in such military service, at the battle of Seven Pines in the State of Virginia, on the day of May 1862, he was wounded as follows:

His first and second fingers were shot entirely off at the second joint of the right hand. He was shot in the back at the battle of Gettysburg, Penna with a piece of shell in the region of kidney causing said Fountain to be incompetent to perform ordinary manual labor.

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

Sworn to and subscribed before me, this 19 day of March, 1889, L. M. Fountain Monk
Woodslands Ordinary

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

Bartow County.

PERSONALLY came before me Dr. G. J. Bambley of the county of Bartow State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of 8th Regiment of GA Volunteers, and that deponent knows L. M. Fountain, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said L. M. Fountain as stated by him in said affidavit. Deponent further states that said L. M. Fountain is a bona fide citizen of this State and resides in Bartow county.

G. J. Bambley Ordinary Dr. G. J. Bambley M.D. Surgeon

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

APPLICATION FOR ALLOWANCE

FOR
L. M. Fountain
Applicant
Bartow
County
Amount 10
Date of Warrant March 28
Expired at record March 28 1889
W. M. H.
SECRETARY EXECUTIVE DEPARTMENT

A. M. Harte

Fountain, L. M.
D. K.
110
Fountain, L. M.
Bartow Co
no 1664

County. }

citizens of _____ county, in said State,
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*
fide citizen of this State, and resides in _____ county, and we
are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this
day of 188

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

Barlow County.

PERSONALLY comes before me Gustav Andrus Ordinary of said county,
James M. Young and James H. Mayfield, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined S. M. Fountain and after such

examination say that the applicant has been injured as follows: *Two split with a
Mime ball cutting off the first and second ~~cutting~~
of fingers off of the right hand it second joint
and two hit with a piece of steel in the back
and complains of kidney trouble from the
Effect of it at this time*

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

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.

Barfleur County

I, Geo. H. Haddock Ordinary of said county,
certify that I am well acquainted with S. M. Fountain the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be,
and that he resides in this county. I also certify that the foregoing witnesses, are persons
of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this 19 day of March, 1888

Ordinary Barlow County.

POWER OF ATTORNEY.

Bastrop County

Know all Men by these Presents, That I, J. M. Fountain
of Bartow

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

In witness whereof I have hereunto set my hand and seal, this 19
day of March 1889 at St. Louis

Executed in the presence of us:

Robert B. Clark
L. W. Hendricks

Send money to me
by Register to Halls Mill
L. McKimbourne
make

STATE OF GEORGIA,

Bartow County.

I, Geo. Hudnicks Ordinary of said county, do certify that I am well acquainted with L. M. Fountain the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

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

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

Ordinary

Bartow County.

1890.

No. 2744
APPLICATION FOR ALLOWANCE.

Loss of 2 Fingers
Applicant, L. M. Fountain
County, Bartow

Amount, 10Date of warrant, Apr 12

Entered on record

Apr 12 1890W. H. H.

CLERK EXCISE DEPARTMENT.

WARRANT HANDED TO

Doan

No additional data

STATE OF GEORGIA,

Bartow County.

I, Geo. Hudnicks Ordinary of said County, do certify that I am well acquainted with L. M. Fountain the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

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

Given under my official signature and seal, this 27 day of March 1891

Ordinary

Bartow County.

1891.

No. 2745
Application for AllowanceFOR THE YEAR BEGINS OCTOBER 1ST, 1891.

Loss of 2 Fingers
Applicant, L. M. Fountain
County, Bartow

Amount, 10Date of Warrant, Mar 27

Entered on record

Mar 27 1891

CLERK EXCISE DEPARTMENT.

WARRANT HANDED TO

Doan

GEO. W. BARTOW, State Printer, Atlanta, Ga.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County, }
PERSONALLY appears L. M. Fountain of Barlow county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has been such continually since the 15th day of
December 1844; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a private in Company D, of 14 th Regiment
of Volunteers Thomas 's Brigade; that whilst engaged
in such military service, at the battle of Seven Pines in the State
of Virginia, on the day of 1862, he was
wounded as follows: His two front fingers were shot
entirely off the pointing the middle of the fingers
being the fingers of the right hand

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

Sworn to and subscribed before me, this the 12th day of April 1890, L. M. Fountain
W. H. Swadwick Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
12 day of April 1890, L. M. Fountain [I. S.]

Executed in the presence of us:

W. H. Swadwick Ordinary
Send money to me as follows, by W. H. Swadwick
Ordinary Barlow to Cartersville Ga express
L. M. Fountain
more

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County, }
PERSONALLY appears L. M. Fountain of Barlow
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has resided therein continuously ever since the
day of 1844; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a private in Company D, of 14 th Regiment
of Volunteers Thomas 's Brigade; that whilst engaged
in such military service at the battle of Seven Pines in the State
of Virginia, on the day of 1862, he was
wounded as follows: His two front fingers in the
right hand were shot completely off

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

Sworn to and subscribed before me, this the 27th day of March 1891, L. M. Fountain
W. H. Swadwick Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County, }
Know all Men by these Presents, That I, L. M. Fountain
of Barlow County, State of Georgia, do hereby appoint
Wm. A. Wright
of Atlanta Ga my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military
service of the Confederate States (or of this State), as stated in the foregoing affidavit;
herby 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
27 day of March 1891, L. M. Fountain [I. S.]

Executed in the presence of us:

W. H. Swadwick Ordinary
Send money to me as follows, by Register of Express
Barlow to Adairsville P. O.
L. M. Fountain
more

STATE OF GEORGIA.

Bartow County.

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

Given under my official signature and seal, this 9 day of March 1892.

G. W. Neudick

Ordinary Bartow County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Bartow County.

Know all Men by these Presents, That I L. M. Fountain of Bartow County, State of Georgia, do hereby appoint

of J. H. Neudick 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 25 day of March 1892.

L. M. Fountain [L. S.]

Executed in the presence of us:

J. H. Neudick
W. H. Harrison Notary Public Bartow Co. Ga.
DIRECTOR.

Send money to me as follows, by

to State of Georgia P. O.
County, Georgia.

Fountain, L. M.
Bartow Co. Ga.
No. 2688

SOLDIERS PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name L. M. Fountain
County Bartow
Disability Loss of two fingers
Amount \$ 10.00
Entered on record March 19 1892.
W. H. HARRISON.
Secretary of Examined Department.
AGENT.
A. W. Fite
Gen. W. Harrison, State Printer, Albany, Ga.

Fountain, L. M.
Bartow Co.
1893.

Application for Allowance

No. 93

For the Year Ending October 31, 1892.

J. H. Neudick
W. H. Harrison
County Bartow
Amount, 10
Date of Warrant 31
Entered on record 19

L. M. Fountain
W. H. Harrison
County Bartow
Amount, 10
Date of Warrant 31
Entered on record 19

STATE OF GEORGIA.

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County, }
PERSONALLY appears L. M. Fountain
of Barlow County, State of Georgia, who, being duly sworn, says
on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously
since the _____ day of _____ 1844, that he enlisted
in the military service of the Confederate States (or of the State of _____)
during the war between the States, and served as a Private in Company D,
of 11th Regiment of Co. 11th Volunteers Thomas's
Brigade; that whilst engaged in such military service at the battle of Seven Pines
in the State of Virginia, on the 31st day of
May 1862, he was wounded as follows: his first
and second fingers were off the right hand

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

\$100 Dollars for three years
Sworn to and subscribed before me this the 1st day of March 1892, by
G. W. Hendricks Ordinary, L. M. Fountain mark

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County, }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9
day of March 1892, L. M. Fountain [L. S.] mark

Executed in the presence of us:

G. W. Hendricks
G. W. Hendricks Ordinary

Send money to me as follows, by _____

to _____ P. O.
County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County, }

PERSONALLY appears L. M. Fountain of Barlow
County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and
resident of said State, and has resided therein continuously ever since the
day of _____ 1862; that he enlisted in the military service of the Con-
federate States (or of the State of _____) during the war between the
States, and served as a Private in Company D, of 11th Regiment
of Georgia Volunteers Thomas's
Brigade; that whilst engaged in
such military service at the battle of Seven Pines in the State
of Virginia, on the _____ day of _____ 1862, he was
wounded as follows: his first & second fingers
of the right hand were wounded the
first or fore finger shot off at second joint
the second or middle finger wounded &
amputated, rendering his hand pre-
judicially useless.

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

Sworn to and subscribed before me, this, the 1st day of March 1893, by
G. W. Hendricks Ordinary, L. M. Fountain mark
Geo. W. Hendricks Not Public Barlow County Ga

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

STATE OF GEORGIA,

Georgia County, }

I, George W. Hendricks Ordinary of said County,
do certify that I am well acquainted with L. M. Fountain the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
dividual he represents himself to be, and that he resides in this County.

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

Given under my official signature and seal, this 25th day of March 1893.
G. W. Hendricks Ordinary Barlow County.

STATE OF GEORGIA,

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow COUNTY.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7 day of March 1894.

Executed in the presence of us

B. J. Leake
W. M. Louless

DIRECTIONS.

Send money to me as follows, by

to W. H. Harrison P. O.
County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

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

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

Executed in presence of us

W. F. Stephens
Ed. B. Snodgrass

DIRECTIONS.

Send money to me as follows, by

to W. H. Harrison P. O.
County, Georgia.

(For Those Already Enrolled.)

Soldier's Pension.

1894.

Name L. M. Fountain

County Bartow

Disability Loss of fingers

Amount, \$ 10.00
2/5 1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

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

SOLDIER'S PENSION.

1895.

Name L. M. Fountain

County Bartow

Disability Loss of fingers

Amount, \$ 10.00
3/1 1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Bartow County. }

PERSONALLY appears *L. M. Hamilton* 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 *last* day of *December* 1844; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *private* in Company *D*, of *14th* Regiment of *GA* Volunteers *Thomas*'s Brigade; that whilst engaged in such military service at the battle of *Seven Pines* in the State of *Virginia* on the day of *May* 1862, he was wounded as follows: *shot the two first fingers off the right hand*

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 *ten* dollars, for the year 1893

Sworn to and subscribed before me, this, *7* day of *March* 1894, *L. M. Hamilton* *mark*

C. W. Hendricks Ordinary

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

STATE OF GEORGIA, }

Bartow County. }

I, *C. W. Hendricks* Ordinary of said County,

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

Given under my official signature and seal, this *7* day of *March* 1894.



C. W. Hendricks
Ordinary *Bartow* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Bartow County. }

Personally appears *L. M. Hamilton* 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 *December* 1840; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States and served as a *private* in Company *D*, of *14th* Regiment of *GA* Volunteers *Thomas*'s Brigade; that whilst engaged in such military service at the battle of *Seven Pines* in the State of *Virginia* on the day of *May* 1862, he was wounded as follows: *Had his two fingers next to thumb shot off of his right hand*

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 *ten* dollars, for the year 1890

Sworn to and subscribed before me, this, *7* day of *March* 1895, *L. M. Hamilton* *mark*

C. W. Hendricks Ordinary

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

STATE OF GEORGIA, }

Bartow County. }

I, *C. W. Hendricks* Ordinary of said County,

do certify that I am well acquainted with *L. M. Hamilton* 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 *6* day of *March* 1895.



C. W. Hendricks
Ordinary *Bartow* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, L. M. Fountain hereby authorize S. W. Henderson
of Barlow

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

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4th

day of March 1896.
L. M. Fountain [L. S.]
mark

Executed in presence of us

H. S. Anderson
John N. Cross

ACT OF 24 OCT. 1892.
(For Those Already Enrolled.)

No. 3098

SOLDIER'S PENSION.

1896.

Name L. M. Fountain

County Barlow

Disability loss of 2 fingers

Amount, \$ 11⁰⁰

3/11 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

299 for B.M.K.
See letter file of
M. H. Sanford
Barlow

Audited

1889.

COMPTROLLER-GENERAL.

Barlow

Maimed Soldiers.

Voucher No. 1664

Amount, \$ 10

Paid to L. M. Fountain

For Loss of 2 fingers

March 28 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT FILED

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

A. M. Founte

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barlow County. }

Personally appears L. M. Fountain of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of December 1844; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company 42, 61st 14th Regiment of Georgia Volunteers, Thomas's Brigade; that whilst engaged in such military service in the State of Ga., on the 31st day of May 1862, he was wounded, injured or diseased as follows: was shot in the right hand, which caused the two first fingers on said hand to be amputated at the knuckle joint.

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

Sworn to and subscribed before me, this, the 4th day of March 1890. L. M. Fountain
Wm Roberts Clerk Sole
NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,
Barlow County. }

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

Given under my official signature and seal, this 3rd day of March 1890.



G. W. Hendricks
Ordinary Barlow County.

No. 1664

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. March 28 1890

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

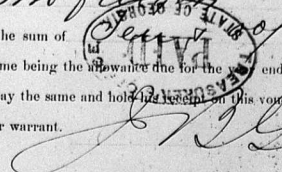
Sum of Ten dollars
He is entitled to receive the sum of ten Dollars, for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor

W. H. Harris

CLERK EXECUTIVE DEPARTMENT.



10

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Ten & 00/100

per above voucher, this 28 of March 1889.

A. M. Fouts, atty. in fact for
L. M. Fountain.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County }
L. M. Fountaine hereby authorize
W. H. Newrick of Cartersville Ga.

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

Witness my hand and seal this 25 day of January 1897.

Executed in presence of

J. J. Smyth } L. M. Fountaine
W. H. Anderson } mark

Questions for Applicant.

STATE OF GEORGIA,

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

1. What is your name and where do you reside? (give State, County and post office). L. M. Fountaine, of Barlow County, Ga.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? Barlow County, Ga. since 1874.
3. When and where were you born? June 15 - 1830, South Carolina.
4. When and where and in what company and regiment did you enlist or serve? Sept 1862, Co. 1st Regt. 1st Ga. Inf.
5. How long did you remain in such company and regiment? from April 1862 till May 1865.
6. For how long a period did you discharge regular military duty? three years.
7. When, where and under what circumstances were you discharged from service? May 1865, Kingston Ga. at close of the war.
8. What is your present occupation? Nothing.
9. How much can you earn (gross) per annum by your own exertions or labor? \$25.00
10. What has been your occupation since 1865? Nothing.
11. Upon which of the following grounds do you base your application for pension, viz: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? Infirmary & poverty.
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent, if upon the third, state whether you are totally blind and when and where you lost your sight? Suffering from partial paralysis, caused from the exposure to the heat, and the night and day, all of which renders me unable to do any amount of manual labor.
13. What property, effects or income do you possess and its gross value? None.
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? Had none.

Every Question MUST be answered.

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

Barlow County

16. How were you supported during the years 1895 and 1896? By my children

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I do not know.

18. What was your employment during 1895 and 1896? What pay did you receive in each year? Nothing.

19. Have you a family? If so, who compose such family? Give their means of support? Have they a homestead? Have a wife, children all grown and working, make their living by work. They are poor.

20. Are you receiving any pension, if so what amount and for what disability? Ten dollars per annum for loss of two fingers.

Sworn to and subscribed before me this 25 day of Jan 1897. L. M. Fountaine
W. H. Newrick Applicant.
Barlow County.

INDIGENT PENSION

1897.

Name L. M. FountaineCounty BarlowApproved 7/1 1897.

WARRANT HANDED TO

City

Wm. V. HARRISON, CLERK OF SUPERIOR COURT.

ok - Fountaine & M.
 \$10.00 paid to me
 not paid in 1897
 No. 1927
 Barlow Co.

Questions for Applicant.

STATE OF GEORGIA,

Bartow County Fla
L. M. Fountaine hereby authorize
W. D. Smithers of Centerville Ga.
 to receive and receipt for the pension allowed and request that he remit same to me

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

Witness my hand and seal this 25 day of February 1897.

Executed in presence of

22. Humphrey } L. M. + Mountaine
W. Anderson } moor

STATE OF GEORGIA

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

- What is your name and where do you reside? (give State, County and post office) Mountain View, San Diego Co., Cal.
- Where did you reside on January 1st, 1864, and how long have you been a resident of this State? Carmelita, Cal. 10 yrs. since 1854
- When and where were you born? June 15, 1830, Santa Fe, N.M.
- When and where and in what company and regiment did you enlist or serve? Aug 1st 1862
Smythe's Ca. Company D. 1st Regiment
- How long did you remain in such company and regiment? from April 1862
till May 1863
- For how long a period did you discharge regular military duty? three years
- When, where and under what circumstances were you discharged from service? May 1865 -
Kings Mountain, Ga. at close of the war
- What is your present occupation? Nothing
- How much can you earn (gross) per annum by your own exertions or labor? \$25.00
- What has been your occupation since 1863? Farming
- Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? Infirmity & Poverty
- 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? Suffering from partial paralysis caused from the weakness resulting in loss of mental light and the inability to keep anything in mind and my right arm all it will do is point out things I desire to do my answer is honest labor
- What property, effects or income do you possess and its gross value? Don't own property
- What property, effects or income did you possess in 1864, 1865 and 1866 and what disposition, if any, did you make of same? Had none

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

16. How were you supported during the years 1895 and 1896? By my children

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *I do not know*

18. What was ~~your~~ employment during 1895 and 1896? What pay did you receive in each year?

19. Have you a family? If so, who compose such family? Give their means of support? Have they a homestead? *Have a wife. Children all grown and working, make their living by work. They are poor.*

20. Are you receiving any pension, if so what amount and for what disability? Ten dollars per annum for loss of two fingers

Sworn to and subscribed before me this the 25th day of June 1897. L. M. ^{Thos} Hornblain Applicant.

John Newcomb Ordinary.
of Barlow County.

Every Question MUST be Answered.

**INDIGENT PENSION
1897.**

1897.

Name *L. M. Hunsdale*
County *Barlow*

Approved: 111 1897.

WARRANT HANDED TO

City

SO. W. HARRIS, STATE PRINTER, ATLANTA.

OK - found 2.11.
\$10.00 paid in cash.
not paid in 1897.
No. 1927
Barbours

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Barlow County.

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

1. What is your name and where do you reside? David Latham, 41- Alabama, Barlow County, Ga
2. Are you acquainted with M. J. Fontaine the applicant, is of how long have you known him? Shaw knows him 40 years
3. Where does he reside, and how long has he been a resident of this State? He lives in Ga. lived in Ga. ever since he came from
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? Yes, I served in the same company with him
5. When, where and in what company and regiment did he enlist? In Spring of 1862 in Decatur Ga. in Company D, 114th Regt
6. Were you a member of the same company and regiment? I was
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? from the date he enlisted till May 1865. He made a good soldier ready for duty served till close of the war
8. What property, effects or income has the applicant? (Give your means of knowledge.) I do not think he has any property or income of any kind or amount, his reg. for
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? None that I know of
10. What is the applicant's occupation and physical condition? Farming. His health is bad and he is a very feeble man.
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is, in account of his feebleness of health. He is too frail and weak to do work
12. How was he supported during the years 1895 and 1896? I do not know personally, think his children support him
13. What portion of his support for these two years was derived from his own labor or income? I do not. I know he is not able to work
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? He is feeble, and has bad spells of time. He is very feeble. Can't get about with.
15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this 9th day of Jan 1897. David Latham Witness. Mark

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Barlow County.

Personally came before me M. J. Fontaine and A. J. Calhoun, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully David Latham applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

Index and middle fingers of right hand shut off. Paralysis of right arm rendering that member helpless. There is a loss of power of long standing. Right side of face further weakens.

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

Sworn to and subscribed before me, this 9th day of Jan 1897. A. J. Calhoun Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Barlow County.

I, G. W. Hendricks, Ordinary in and for said County, hereby certify that the applicant M. J. Fontaine resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: David Latham are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Barlow County show that applicant returned for taxation in his name in 1895, nothing dollars of property, and in 1896, nothing dollars of property.

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

Witness my hand and seal of office, this 9th day of Feb 1897. G. W. Hendricks Ordinary

of Barlow County. This is a splendid case worthy Before any questions are answered the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God." Additional affidavits may be attached if blank space are insufficient.

POWER OF ATTORNEY.

State of Georgia,
Barlow County, }
 I, L. M. Fountain hereby authorize G. W. Hendricks
of Barlowville, Ga
 to receive and receipt for the pension paid hereon and request that he remit same to
me by check
at Barlowville, Ga

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

L. M. Fountain [L. S.]
mark

Executed in presence of
Walter Hendricks
E. L. Hauling

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County, }
 I, L. M. Fountain hereby authorize
G. W. Hendricks of Barlowville, Ga
 to receive and receipt for the pension allowed, and request that he remit same to
me at Barlowville, Ga
 by check

Witness my hand and seal this 19th day of January 1898.

Executed in presence of
J. A. Jenkins } L. M. Fountain [L. S.]
mark

For Those Already Enrolled.
 ACT OF 13 DEC. 1884.
No. 2284
 INDIGENT
 SOLDIER'S PENSION,
 1898.
 Name L. M. Fountain
 County Barlow
 WARRANT ISSUED
425 1898.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDED TO
G. W. Hendricks
No data

For Those Already Enrolled.
 CODE SEC. 1284.
No. 3592
 INDIGENT
 SOLDIER'S PENSION,
 1899.
 Name L. M. Fountain
 County Barlow
 WARRANT ISSUED
130 1899.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDED TO
G. W. Hendricks
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears L. M. Fountain of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 13th day of June 1844; that he is 67 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company D, of 14 th Regiment of Georgia Infantry Volunteers; that his physical condition is as follows: Injured severely and has a spinal affection, resulting from a wound in the hip, received in the battle of Gettysburg. that his property consists of the following items Has no property

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

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

Sworn to and subscribed before me, this, 13th day of January 1898. L. M. Fountain mark
G. W. Hendricks Ordinary.

State of Georgia,

Barlow County.

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

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



G. W. Hendricks
Ordinary Barlow County.

Note.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears L. M. Fountain of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 13th day of June 1844; that he is 68 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 yrs in Company D, of 14 th Regiment of Georgia Infantry; that his physical condition is as follows: Injured from spinal affection, as a result of a wound received in his hip at battle of Gettysburg. And generally broken down that his property consists of the following items

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

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

Sworn to and subscribed before me, this, 13th day of January 1898. L. M. Fountain mark
G. W. Hendricks Ordinary.

State of Georgia,

Barlow County.

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

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



G. W. Hendricks
Ordinary Barlow County.

Note.—The blank spaces must be filled.
Note.—A Affidavit should not be attested before January 1st, 1899.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, L. M. Fountain, hereby authorize
G. W. Hendricks of Bartow Co.
to receive and receipt for the pension allowed, and request that he remit same to
me at Bartow Co.
by check

Witness my hand and seal, this 8 day of January 1900.
L. M. Fountain [L. S.]
mark

Executed in presence of

John H. Cobb

CODE SEC. 1254.

(For Those Already Enrolled.)

NO. 2124

INDIGENT

SOLDIER'S PENSION,

1900.

Name L. M. Fountain
County Bartow

WARRANT ISSUED

January 25 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Hendricks

Chas. W. Harrison, State Printer, Atlanta

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, L. M. Fountain, hereby authorize George W.
Hendricks of Bartow Co.
to receive and receipt for the pension allowed, and request that he remit same to
me at Bartow Co.
by check

Witness my hand and seal, this 14 day of January 1901.
L. M. Fountain [L. S.]
mark

Executed in presence of

G. B. C. Brad

CODE SECTION 1254.

(For Those Already Enrolled.)

NO. 1758

INDIGENT

SOLDIER'S PENSION.

1901.

Name L. M. Fountain
County Bartow

WARRANT ISSUED

1/29 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Hendricks

Chas. W. Harrison, State Printer, Atlanta

No data

Bartow Co.
Fountain, L. M.

Fountain, L. M.
Bartow County

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears L. M. Houtain of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the Dec day of 1844; that he is 70 years old and by occupation a laborer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company D, of 14th Regiment of Georgia; that his physical condition is as follows: He is unable to earn a support in account of palsy and old age.

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this 1st day of Jan, 1900, by L. M. Houtain Ordinary. G. W. Hendricks mark

State of Georgia,

Bartow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with L. M. Houtain 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 8

day of Jan, 1900.

Ordinary Bartow County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1900.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears L. M. Houtain of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the fall day of 1844; that he is 70 years old and by occupation a laborer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company D, of 14th Regiment of Georgia; that his physical condition is as follows: Worn out from age, and suffers from a wound received in his hip during the war.

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this 14 day of January, 1901, by L. M. Houtain Ordinary. G. W. Hendricks mark

STATE OF GEORGIA,

Bartow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with L. M. Houtain 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 14

day of Jan, 1901.

Ordinary Bartow County.

NOTE.—The blank spaces must be filled.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, L. M. Fountain hereby authorize Geo
Hendricks of Cartersville Ga
to receive and receipt for the pension allowed and request that he remit same to
me at Barnesley Ga
by check

Witness my hand and seal, this 7th day of January 1902.
L. M. Fountain [L. S.]
mark

Executed in presence of
L. J. Barnett

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, L. M. Fountain hereby authorize George W.
Hendricks of Cartersville Ga
to receive and receipt for the pension allowed and request that he remit same to
me at Cartersville Ga
by ca

Witness my hand and seal, this 13th day of January 1903.
L. M. Fountain [L. S.]
mark

Executed in presence of
Geo. W. Cobb
N. P. Jones

(FOR THOSE ALREADY ENROLLED.)

No. 3169

INDIGENT

SOLDIER'S PENSION
1902.

Name L. M. Fountain
County Barlow
Co. Regiment 14
Ga. Inf. Div.
WARRANT ISSUED

1131 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Only
Geo. W. Harrison, State Printer, Atlanta

no data

(FOR THOSE ALREADY ENROLLED.)

No. 3754

INDIGENT

SOLDIER'S PENSION
1903.

Name L. M. Fountain
County Barlow
Co. Regiment 14
Ga. Inf. Div.
WARRANT ISSUED

370 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

0
Geo. Harrison, State Printer, Atlanta

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Bartow County.

Personally appears L.M. Fountain of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of fall of 1844; that he is 72 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 yrs in Company D, of 14th Regiment of Ga. Vol. Inf.; that his physical condition is as follows: Worn out from age, rupture and an old wound

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 7th day of Jan 1902, L.M. x Fountain his Ordinary. mark

STATE OF GEORGIA,

Bartow County.

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

Given under my official signature and seal, this 7th

day of Jan 1902, G.W. Hendricks Ordinary. Bartow County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Bartow County.

Personally appears L.M. Fountain of Bartow County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of _____ 1844; that he is 72 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 yrs in Company D, of 14th Regiment of Ga. Vols.; that his physical condition is as follows: Palsied badly, Can hardly feed himself very short

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this the 7th day of Jan 1903, L.M. x Fountain his Ordinary. mark

STATE OF GEORGIA,

Bartow County.

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

Given under my official signature and seal, this 13th

day of Jan 1903, G.W. Hendricks Ordinary. Bartow County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow COUNTY.

I, L. M. Fountain hereby authorize George W. Hendricks of Barlowville Ga to receive and receipt for the pension allowed and request that he remit same to my at Barlowville Ga by check

Witness my hand and seal, this 5th day of January 1904.

L. M. Fountain [L. S.]
mark

Executed in presence of

W. C. Walton
Clerk Supr Court

Fountain, L. M.
Barlow Ga

(FOR THOSE ALREADY ENROLLED.)

No. 3268

INDIGENT

**SOLDIER'S PENSION
1904.**

Name L. M. Fountain
County Barlow
Co. D Regiment 14th Ga

WARRANT ISSUED
2/4 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Andy

Geo. W. Harrison, State Printer, Atlanta.

mark

Fountain, L. M.
Barlow County

(FOR THOSE ALREADY ENROLLED.)

No. 3260

INDIGENT

**SOLDIER'S PENSION
1905.**

Name L. M. Fountain
County Barlow
Co. D Regiment 14th Ga

WARRANT ISSUED

FEB 7 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
C

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow COUNTY.

I, L. M. Fountain hereby authorize George W. Hendricks of Barlowville Ga to receive and receipt for the pension allowed and request that he remit same to my at Barlowville Ga by check

Witness my hand and seal, this 17th day of Jan 1905.

L. M. Fountain [L. S.]
mark

Executed in the presence of

720 date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow County.

Personally appears L. M. Fountain of Barlow County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of Fall 1840; that he is 75 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 4 yrs in Company D, of 14 th Regiment of Ga. Vols. of Infantry; that his physical condition is as follows: Has nervous spells, and quite feeble, principally from old age, and badly ruptured that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of Barlow County, been allowed a pension for the year 1903

Sworn to and subscribed before me, this 5 day of January 1904. } L. M. X Fountain mark
G. W. Hendricks Ordinary.

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this 5-13 day of January 1904.
G. W. Hendricks
Ordinary Barlow County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow County.

Personally appears L. M. Fountain of Barlow County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the he was twelve years old; that he is 74 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 3 yrs in Company D, of 14 th Regiment of Ga Vols; that his physical condition is as follows: Rheumatism, Indigestion, and lumbago and suffers from this

that his property consists of the following items:

of the value of 1111 Dollars. I am now earning, by my labor, 1111 Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this 17 day of Jan 1905. } L. M. X Fountain mark
G. W. Hendricks Ordinary.

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this 17 day of Jan 1905.
G. W. Hendricks
Ordinary Barlow County.

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

G. B. Elrod N. B.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Barton County.

Personally appears L. M. Fountain of Barton County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1842 day of Jan, that he is 75 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company D, of 14th Regiment of Georgia; that his physical condition is as follows: worn out from age

that his property consists of the following items:

of the value of 0 Dollars. I am now earning by my labor, 0 Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this the 6th day of Jan, 1906, } L. M. X Fountain his mark
G. W. Hendricks Ordinary.

State of Georgia,

Barton County.

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

Given under my official signature and seal, this 6th day of Jan, 1906.
G. W. Hendricks
Ordinary Barton County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Barton County.

Personally appears L. M. Fountain of Barton County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1842 day of Jan; that he is 76 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 yrs in Company D, of 14th Regiment of Georgia; that his physical condition is as follows: Old, worn out and weak

that his property consists of the following items:

of the value of 0 Dollars. I am now earning by my labor, 0 Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this the 6th day of Jan, 1907, } L. M. X Fountain his mark
G. W. Hendricks Ordinary.

State of Georgia,

Barton County.

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

Given under my official signature and seal this 6th day of Jan, 1907.
G. W. Hendricks
Ordinary Barton County.

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

Audited April 16 1890

COMPTROLLER GENERAL

E. H. C. Barton
W. H. C. Barton
Maimed Soldiers.

Voucher No. 2744

Amount \$ 10.

Paid to L. M. Fountain
For Loss of two
fingers
April 15 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

N. A. Wright

AUDITED
Audited MARCH 1891 1891.
W. M. Wright
COMPTROLLER GENERAL.

Fountain, L. M.
Barton
1891.

Maimed Soldiers.

Voucher No. 2875

Amount \$ 10

Paid to L. M. Fountain
For Loss of two
fingers
Mch 30 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

N. A. Wright

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 2744
Atlanta, Ga., April 15 1890.

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

Loss of 2 fingers
He is entitled to receive the sum of ten 00 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

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

By the Governor,

M. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

GOVERNOR.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

ten 00 Dollars,
per above voucher, this 15 of April 1890

L. M. Fountain
209

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

1891.
No. 2875
Atlanta, Ga. Mch 30 1891.

Mr. L. M. Fountain of the County
of Bartow having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Loss of two fingers
He is entitled to receive the sum of ten 00 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

M. H. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

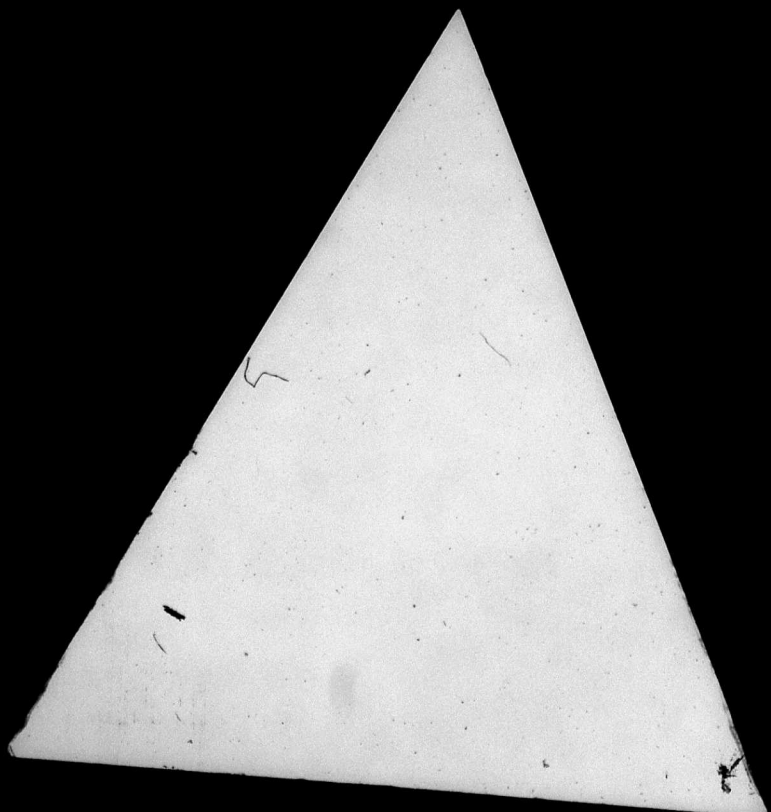
GOVERNOR.

\$ 10

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

ten 00 Dollars,
per above voucher, this 30 of mch 1891.

L. M. Fountain
W. M.



Haute, Augustus M.
247
Haute, Augustus M.
Barton Co.
No.

APPLICATION FOR

Arms

FOR CONFEDERATE SOLDIER.

Applicant... A. H. Haute

County... Barton

Limb... Arm above Elbow

Amount... \$60

Date of Warrant... Oct 29th 1879

Page.....

Ct. 260 Rpt.
Tennessee Inf.

61452

STATE OF GEORGIA.

Bartow County.

Personally appeared before me... Augustine M. Foute of the county of Bartow, State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1870, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a Private in Company C. 2d Regiment of Tennessee Volunteers that while engaged in such military service, to-wit: at the battle or engagement of Apalachicola Mountain in the State of Georgia on the 22nd day of June 1864 he was wounded in the right arm, and that the same was amputated above the elbow, below the middle third, 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, 1870; that he has not supplied himself with an artificial arm; or that, not having done so, he prefers to supply himself with an artificial

Sworn to and subscribed before me this.....

J. Atchard Ordway day of October 1879 Augustine M. Foute
 Notary.—The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

County.

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

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

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

APPLICATION FOR

FOR COMPENSATE SERVICE.

Applicant Augustine M. Foute

County Bartow

Limb arm above elbow

Amount \$60

Date of Warrant Oct 29 1879

Page

Oct 2 6th Regt.

Tennessee Vol.

Sworn to, Augustine M. Foute, August 17, 1879

AN ACT

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

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

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

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

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

HENRY R. GOETCHES,
Secretary House Representatives.
W. A. HARRIS,
Secretary Senate.
Approved, September 9th, 1879.

A. O. BACON,
Speaker House Representatives.
RUFUS E. LESTER,
President Senate.
ALFRED. H. COLQUITT, Governor.

STATE OF GEORGIA,

Fulton County.

Personally came Benj. F. Webb and Mr. E. F. Foute
and Charles B. Wallace
who, being duly sworn, depose and say they are acquainted with Augustus M. Foute
and know that he lost an arm in the military service during the late war;
that said arm was amputated above the elbow; that he is a bona fide
citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

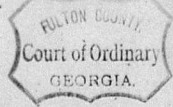
Sworn to and subscribed before me this 29th day of Oct, 1879.
B. F. Webb
M. E. Foute
Chas. B. Wallace
G. T. Harrison
in & by off. pro

STATE OF GEORGIA,

Fulton County.

I, Samuel Pittman, Ordinary of Fulton
county, do certify that I am well acquainted with A. M. Foute
the applicant for an arm, and am well satisfied that the facts stated by him in the foregoing
affidavit are true, and that I am well acquainted with Benj. F. Webb and Mr. E. F. Foute
and Charles B. Wallace
the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts
stated by them are true.

Given under my hand and official seal, this 29th
day of Oct, 1879.



Samuel Pittman
"Ordinary F. Co."

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.

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

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

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

Given under my official signature and seal, this *11th* day of *July*, 188*9*.

Geo. M. Hendricks
Ordinary *Bartow* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,
_____ of _____

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

In witness whereof I have hereunto set my hand and seal, this _____
day of _____ 188 _____

(L. S.)

Executed in the presence of us:

DIRECTION:

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

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

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

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

5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.

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

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

STATE OF GEORGIA,

Barlow County.

I, Jes. W. Hendricks Ordinary of said county, do certify that I am well acquainted with A. M. Foute the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

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

Given under my official signature and seal, this 6 day of Feb'y 1890.

Jes. W. HendricksOrdinary Barlow

County.

STATE OF GEORGIA,

Barlow County.

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

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

Given under my official signature and seal, this 5th day of Feb'y 1891.

Jes. W. HendricksOrdinary Barlow

County.

1890.

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

James of ArmApplicant, A. M. FouteCounty, BarlowAmount, 100Date of warrant Feb'y 6

Entered on record

Feb'y 6 1890A. M. Foute

SECRETARY EXECUTIVE DEPARTMENT

WARRANT HANDLED TO

ApplicantW. H. Harrison

1891.

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

James of ArmApplicant, A. M. FouteCounty, BarlowAmount, \$100Date of Warrant, Feb'y 13 1891

Entered on record

Feb'y 13 1891A. M. Foute

SECRETARY EXECUTIVE DEPARTMENT

WARRANT HANDLED TO

A. M. Foute

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

PERSONALLY appears A M Foute of Bartow county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the 29th day of August 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 Corporal, Single Maj. Aggr. Company F, of 26th Regiment of Tenn. Volunteers. Brown's Brigade; that whilst engaged in such military service, at the battle of Line of Tennessee in the State of Georgia, on the 22 day of June 1864, he was wounded as follows: Shot through the right arm, below the elbow and shoulder, the bone being broken - resulting in the amputation of the right arm below the middle third.

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

Sworn to and subscribed before me, this the

6th day of Feby. 1890

W. W. Sandricks Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA

Bartow County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

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 _____ day of _____ 189 _____

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

PERSONALLY appears A M Foute 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 _____ 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 Private, Single Maj. Aggr. Co. in Company F, of 26th Regiment of Tennessee Volunteers. Brown's Brigade; that whilst engaged in such military service at the battle of On the Tennessee Line in the State of Georgia, on the 22nd day of June 1864, he was wounded as follows: Right arm shattered by a minnie ball or other shot, which resulted in the amputation of said arm near the middle third.

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

Sworn to and subscribed before me, this the

6th day of Feby. 1891

W. W. Sandricks Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I,

of _____ County, State of Georgia, do hereby appoint

of 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 _____ 1891.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

STATE OF GEORGIA.

Bartow County.

I, J. M. Hendricks

Ordinary of said county,

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

Given under my official signature and seal, this 1st day of March 1892.

J. M. Hendricks

Ordinary Bartow County.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name A. M. Gorte

County Bartow

Disability Loss of Right Arm.

Amount \$100.00

Entered on record

1892.

W. H. HARRISON,

Secretary Executive Department.

AGENT.

Applicant

Wm. W. Harrison, State Printer, Albany, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I

of Bartow County, State of Georgia, do hereby appoint

my true and lawful attorney in fact, for me and my heirs, assigns, executors and administrators 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 1st day of March 1892.

Executed in the presence of us:

J. M. Hendricks

(Send money to me as follows, by)

STATE OF GEORGIA to P. O.

County, Georgia.

Witness my hand and seal, this 1st day of March 1892.

Know all Men by these Presents, That I

of Bartow County, State of Georgia, do hereby appoint

my true and lawful attorney in fact, for me and my heirs, assigns, executors and administrators 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 1st day of March 1892.

Executed in the presence of us:

J. M. Hendricks

A. M. Gorte

County Bartow

Amount \$100.00

Date of Warrant 3rd

Entered on record 3rd

W. H. HARRISON,

Secretary Executive Department.

AGENT.

Applicant

Wm. W. Harrison, State Printer, Albany, Ga.

FOR THE YEAR ENDING OCTOBER 31, 1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

PERSONALLY appears Augustus M. Foute

of Barlow County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the 29th day of August 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 Capt. Aug. M. Foute in Company F, of 26th Regiment of Tennessee Volunteers Brown's Brigade; that whilst engaged in such military service at the battle of on Kennesaw in the State of Georgia, on the 22nd day of June 1864, he was wounded as follows: Shot in right arm by minie ball or other shot, which resulted in the amputation of said right arm near the middle third.

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 from \$12.

To \$100. Dollars for several years

Sworn to and subscribed before me this 1st day of March 1892, W. W. Kendrick Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

Know all Men by these Presents, That I,

of

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 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 13th day of March 1892.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

PERSONALLY appears A. M. Foute of Barlow

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the

day of 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Capt. Aug. M. Foute in Company F, of 26th Regiment of Tennessee Volunteers Brown's Brigade; that whilst engaged in such military service at the battle of on Kennesaw in the State of Georgia, on the 22nd day of June 1864, he was wounded as follows: Shot through right arm above elbow and said arm amputated near middle third June 22 or 23, 1864.

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

100 dollars, for several years

Sworn to and subscribed before me, this, the 13th day of March 1893, W. W. Kendrick Ordinary.

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

STATE OF GEORGIA,

Barlow County.

I, W. W. Kendrick Ordinary of said County,

do certify that I am well acquainted with A. M. Foute the

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

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

Given under my official signature and seal, this 13th day of March 1893, W. W. Kendrick Ordinary, Barlow County.

STATE OF GEORGIA,

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us _____

[L. S.]

DIRECTIONS.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

KNOW ALL MEN BY THESE PRESENTS, That I, A. M. Foute of Bartowville, Bartow

County, State of Georgia, do hereby appoint J. W. Hendricks of Said County my true and lawful attorney in fact, for

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12th day of March 1895.

Executed in presence of us

J. D. Murchison
W. W. King

DIRECTIONS.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

(For These Already Enrolled.)

No.

Soldier's Pension.

1894.

Name A. M. Foute

County Bartow

Disability Loss of right arm.

Amount \$100.00

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

No date

1895
Foute, A. M.

(For These Already Enrolled)

Bartow

No.

SOLDIER'S

Name

A. M. Foute

County

Bartow

Disability

Loss of right arm

Amount, \$100.

March

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

1894

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Bartow County. }

PERSONALLY appears A. M. Foute 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 10th day of August 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 Volunteer Private in Company F, of 26th Regiment of Tenn. Volunteers Brown's Brigade; that whilst engaged in such military service at the battle of Kennesaw Ga. in the State of Georgia, on the 22 day of June 1864, he was wounded as follows: Shot in right arm above elbow and arm amputated near middle third.

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

Sworn to and subscribed before me, this, 1 day of March 1894, A. M. Foute.

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

STATE OF GEORGIA, }

Bartow County. }

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

Given under my official signature and seal, this 2nd day of March 1894.



G. W. Hendricks
Ordinary Bartow County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Bartow County. }

PERSONALLY appears A. M. Foute 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 31st day of August 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 Private in Company F, of 26th Regiment of Tenn. Volunteers Brown's Brigade; that whilst engaged in such military service at the battle of Kennesaw Ga. in the State of Georgia, on the 22 day of June 1864, he was wounded as follows: Shot in right arm, which resulted in the amputation of the arm near middle third, 1/4 day, during night

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

Sworn to and subscribed before me, this, 12th day of March 1895, A. M. Foute.

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

STATE OF GEORGIA, }

Bartow County. }

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

Given under my official signature and seal, this 12th day of March 1895.



G. W. Hendricks
Ordinary Bartow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, A. M. Youte hereby authorize George W. Hendricks of Leansville Ga

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

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

day of Feb 1896.

A. M. Youte [L. S.]

Executed in presence of us

W. S. Attaway

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____

of _____

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

at _____

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

day of _____ 1897.

[L. S.]

Executed in presence of _____

SOLDIER'S PENSION.

1896.

Name A. M. Youte
County Bartow
Disability Right arm amputated
Amount, \$ 100.00
3/4

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

W. S. Attaway

Geo. W. Harrison, State Printer, Atlanta.

No data

SOLDIER'S PENSION.

1897.

Name A. M. Youte
County Bartow
Disability Loss of right arm
Amount, \$ 100.00
7/25

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

att

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears A M Foute of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 31st day of August 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 2nd Corp., 10th Regt. Inf. in Company I, of 26th Regiment of Tennessee Volunteers, Brown's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22^d day of June 1864, he was wounded, injured or diseased as follows:

Shot in right arm, resulting in the amputation of same, near middle third, at Marietta, Ga., during night of same day of wounding.

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, 1890. I have heretofore as a resident of Barlow county been allowed a pension of one hundred dollars, for the year 1885.

Sworn to and subscribed before me, this, the

15th day of February 1890.

A M Foute
E W Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this

15th day of February 1890.



Ordinary Barlow County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears A M Foute of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 31st day of August 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 2nd Corp., 10th Regt. Inf. in Company I, of 26th Regiment of Tennessee Volunteers, Brown's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22^d day of June 1864, he was wounded, injured or diseased as follows:

Shot in right arm which resulted in amputation near middle third, at Marietta, Ga., on night of same day.

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

Sworn to and subscribed before me, this, the

15th day of February 1897.

A M Foute
E W Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this

15th day of Feb 1897.



Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of

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

by

at

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

day of _____ 1898.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize

of

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

by

at

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

day of _____ 1899,

[L. S.]

Executed in presence of

State A. M.

Barlow Co.

ACT OF 24 OCT. 1882.

(For Those Already Enrolled.)

No. *3097*

INVALID

SOLDIER'S PENSION.

1898.

Name *A. M. Finkle*

County *Barlow*

Disability *Leg of arm*

Amount, \$ *100*

2/28 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

apph

W. W. HARRISON, STATE PRINTER, ATLANTA.

No data

State A. M.

Barlow Co.

CODE SECTION 12A.

(For Those Already Enrolled.)

No. *519*

INVALID

SOLDIER'S PENSION.

1899.

Name *A. M. Finkle*

County *Barlow*

Disability *Leg of arm*

Amount, \$ *100.00*

2/2 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

apph

W. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears A. M. Houte of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 8/2 day of Aug 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 Sentinel in Company H, of 26th Regiment of Gen Volunteers, John C. Brown Brigade; that whilst engaged in such military service in the State of Geo, on the 22 day of June 1864, he was wounded, injured or diseased as follows:

Shot in right arm in battle of
Hemphreysville June 22 1864.
Arm amputated above elbow

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, 1888. I have heretofore under said law as a resident of Barlow county been allowed an invalid pension of One Hundred Dollars, for the year 1887.

Sworn to and subscribed before me, this, 23rd day of July 1898, A. M. Houte POST-OFFICE Cartersville Ga

G. W. Hendricks Ordinary

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this 23rd day of July 1898.

G. W. Hendricks
Ordinary Barlow County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears A. M. Houte of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 31st day of Aug 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 Private in Company H, of 26th Regiment of Gen Volunteers, Brown's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22 day of June 1864, he was wounded, injured or diseased as follows:

In right arm, which resulted in
amputation of same near middle third
on night of same day

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1889. I have heretofore under said law as a resident of Barlow County been allowed an invalid pension of One Hundred Dollars, for the year 1888.

Sworn to and subscribed before me, this, 23rd day of July 1898, A. M. Houte POST OFFICE Cartersville

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

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this 23rd day of July 1898.

G. W. Hendricks
Ordinary Barlow County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1900.

[L. S.]

Executed in presence of _____

CODE SECTION 1262

(For Those Already Enrolled.)

No. 234

INVALID

SOLDIER'S PENSION.

1900.

Name A. M. Foute
County Bartow
Disability Loss of right arm.
Amount, \$ 100.00
Warrant issued Feb 13 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

John W. Foute
Geo. W. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County. }

I, A. M. Foute hereby authorize _____

Hindricks of Bartonsville Ga

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

by _____

at Bartonsville Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2nd

day of January 1901.

[L. S.]

Executed in presence of _____

John H. Cobb

CODE SECTION 1262

(For Those Already Enrolled.)

No. 1174

DISABLED

SOLDIER'S PENSION.

1901.

Name A. M. Foute
County Bartow
Disability Loss of right arm.
Amount, \$ 100.00

Feb 9 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

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

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow

County.

Personally appears A. M. Houle of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the 31 day of August 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Sergeant in Company D, of 26th Regiment of Tenn. Volunteers, Brown's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22 day of June 1864, he was wounded, injured or diseased as follows:

While in the Confederate service and in line of duty on the Kansas River in front of Marietta Ga, at date aforesaid, he lost his right arm, same having been amputated near middle third.

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

Sworn to and subscribed before me, this, the 1 day of January 1900, at Post Office Cartersville Ga.

G. W. Hendricks Ord.

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

STATE OF GEORGIA,

Bartow

County.

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

Given under my official signature and seal, this 6th day of January 1900.

Ordinary Bartow County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow

County.

Personally appears A. M. Houle of said 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 29th day of August 1860; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 26th Regiment of Tenn. Volunteers, Brown's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22 day of June 1864, he was wounded, injured or diseased as follows:

Gun shot wound, resulting in the amputation of the right arm

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Bartow County been allowed an invalid pension of One hundred Dollars, for the year 1900.

Sworn to and subscribed before me, this, the 1 day of January 1901, at Post Office Cartersville Ga.

G. W. Hendricks Ord.

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

STATE OF GEORGIA,

Bartow

County.

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

Given under my official signature and seal, this 9th day of January 1901.

Ordinary Bartow County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10 day of January 1902.

A. M. Gault [L. S.]

Executed in presence of

W. H. Lumpkin

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, A. M. Gault hereby authorize George W. Hendricks of Cartersville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Cartersville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10 day of January 1903.

A. M. Gault [L. S.]

Executed in presence of

W. C. Wadsworth Clerk
Superior Court & Bartow Co. Ga.

CODE SECTION 128.
(FOR THOSE ALREADY ENROLLED.)

No. 1863

DISABLED
SOLDIER'S PENSION
1902.

Name A. M. Gault
County Bartow
Co. H. Regiment 26
Disability loss of arm
Amount, \$ 100.00

11/31 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ord
Geo. W. Harrison State Printer, Atlanta.

no data

DISABLED
SOLDIER'S PENSION
1903.

Name A. M. Gault
County Bartow
Co. H. Regiment 26
Disability loss of arm
Amount, \$ 100.00

1/10 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ord
Geo. W. Harrison State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Bartow County,

Personally appears A. M. Houle 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 31 day of August 1866; 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 Sergeant in Company 4, of 26th Regiment of Gennessee Volunteers, Brown's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22 day of June 1864, he was wounded, injured or diseased as follows:

Right arm amputated on account of gun shot wound received in battle of Kennesaw.

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

Sworn to and subscribed before me, this 10 day of January 1902, at Bartow, Ga.
G. W. Hendricks Ordinary

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

STATE OF GEORGIA,

Bartow County,

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with A. M. Houle 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 10 day of January 1902.

G. W. Hendricks Ordinary Bartow County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Bartow County,

Personally appears A. M. Houle 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 29 day of August 1862; 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 1st Lieut in Company 4, of 26th Regiment of Tenn Volunteers, Brown's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22 day of June 1864, he was wounded, injured or diseased as follows:

Shot through right arm in battle of Kennesaw
maim, arm amputated near shoulder

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

Sworn to and subscribed before me, this 10 day of January 1903, at Bartow, Ga.
G. W. Hendricks Ordinary

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

STATE OF GEORGIA,

Bartow County,

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with A. M. Houle 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 10 day of January 1903.

G. W. Hendricks Ordinary Bartow County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow COUNTY. }

I, A. M. Jonte hereby authorize
G. W. Hendricks of Said County
 to receive and receipt for the pension paid hereon, and request that he remit same to
 by _____
 at _____

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 22
 day of Jan 1904. A. M. Jonte [L. S.]

Executed in presence of
J. H. Miller

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow COUNTY. }

I, A. M. Jonte hereby authorize
G. W. Hendricks of Barlow County Ga
 to receive and receipt for the pension paid hereon, and request that he remit same to
 by check
 at Barlow County Ga

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 12th
 day of Jan 1905. A. M. Jonte [L. S.]

Executed in the presence of

Harty, A. M.
Barlow
 CODE SECTION 1280.
 (FOR THOSE ALREADY ENROLLED.)
 No. 1534
 DISABLED
 SOLDIER'S PENSION
 1904.
 Name A. M. Jonte
 County Barlow
 Co. H Regiment 26th Inf
 Disability Inf of arm
 Amount, \$100⁰⁰
 FEB 9 1904.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
Gray
 Geo. W. Harrison, State Printer, Atlanta.

No data

Jonte, A. M.
Barlow County
 CODE SECTION 1280.
 (FOR THOSE ALREADY ENROLLED.)
 No. 1393
 DISABLED
 SOLDIER'S PENSION
 1905.
 Name A. M. Jonte
 County Barlow
 Co. H Regiment 26th Inf
 Disability Inf of arm
 Amount, \$100⁰⁰
 FEB 7 1905.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
Gray
 Geo. W. Harrison, State Printer, Atlanta.

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow County.

Personally appears A. M. Jantz of Barlow

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 31st day of August 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 4, of 26th Regiment of Georgia Volunteers Brown's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22 day of June 1864, he was wounded, injured or diseased as follows: In right arm, resulting in amputation near middle third, same day.

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

Sworn to and subscribed before me, this the 22 day of January 1904. A. M. Jantz
G. W. Hendricks Ordinary

Post-office Cartersville, Ga.

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this 22nd day of January 1904.

G. W. Hendricks
Ordinary Barlow County.

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

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow County.

Personally appears A. M. Jantz of Barlow

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 31st day of August 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 4, of 26th Regiment of Tennessee Volunteers Brown's Brigade; that whilst engaged in such military service in the State of Georgia, on the 22 day of June 1864, he was wounded, injured or diseased as follows: Gun shot wound in right arm, resulting in amputation near middle third.

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

Sworn to and subscribed before me, this the 12th day of January 1905. A. M. Jantz
G. W. Hendricks Ordinary

Post-office Cartersville, Ga.

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this 12th day of January 1905.

G. W. Hendricks
Ordinary Barlow County.

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

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow COUNTY.

I, A. M. Jonte hereby authorize

G. W. Hendricks of Said County
to receive and receipt for the pension paid hereon, and request that he remit same to
by _____
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10
day of January, 1906.

Executed in the presence of

W. C. Walton
Rec. Sup'r Court.

A. M. Jonte [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow COUNTY.

I, A. M. Jonte hereby authorize

G. W. Hendricks of Said County
to receive and receipt for the pension paid hereon, and request that he remit same to
by CH
at Cartersville

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10
day of January, 1907.

Executed in presence of

G. W. Hendricks

A. M. Jonte [L. S.]

Harty, A. M.
Bartow Co.

COPIES SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)

No. 168

DISABLED
SOLDIER'S PENSION
1906.

Name A. M. Jonte
County Bartow
Co. F. 16. Regiment June
Disability Loss of right arm
Amount, \$19.29 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO

See Pensions Received and Payments Ch. W. Hendricks, Rec.

no date

Jonte, A. M.
Bartow County

COPIES SECTION 1250.
(FOR THOSE ALREADY ENROLLED)

No. 149

DISABLED
SOLDIER'S PENSION
1907.

Name A. M. Jonte
County Bartow
Co. F. 16. Regiment June
Disability Loss of right arm
Amount, \$100. 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO

See Pensions Received and Payments Ch. W. Hendricks, Rec.

no date

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84100 500
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