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 firth by applicant and physician, and followed by a plain statement of facts showing the caterior of the disability. It applicant claims disability from disease contracted in the service, a full and carefully stated history of the dissease 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 contribute waters.

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3. It will not noswer 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."

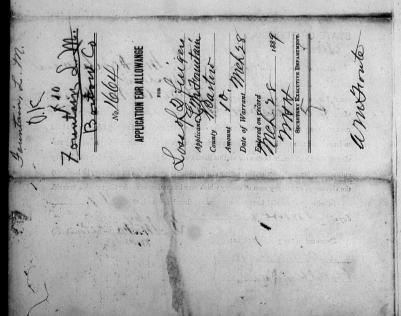
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of orutoh or stick, that the leg is not "substantially and essentially useless."

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

merts must be made studies out to televant or an omeer, and the proofs must show that the amenuments have been duly sworm to.

6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The ordinaries of the several counties are specially requested to call the attention of the physicians.

and applicants to these points.



For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA.
Barlow County
PHRSONALLY appears L. M. Formlein of Barlas county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the day of
December 1840; 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 Privale in Company , of 14 th Regiment
of Ga Volunteers Thomas & Brigade; that whilst engaged
in such military service, at the battle of Seven Prince in the State
of Warsinia on the day of Pricy 1862, he was
wounded as follows: Dies fresh and seeind fingers were
Shot entirely off at the second found of the
battle of Gettishing Penn with a fell of thell
in the region of kidney Causing said Hountain
to be incompetent to for from Ordinas manual
lobon.
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
day of Meh. 1889 moste
Muldendrolls Ordinay
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.
Bay-
6015
Personally came before me or of S. Banneley of the county
of Bartow State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of Regiment of GA
Volunteers, and that deponent knows of M. Maurilain, 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 & M. Houndain
as stated by him in said affidavit. Deponent further states that said
Im. Hountern is a bona fide citizen of this State and resides

NOTES

In order to avoid unaccessary delays to applicants, and to enable all parties, interested to understand the laws graving allocances or disabled colders, as well as the rules adopted by the Covernor touching the attention provided, the following suggestions are submitted:

It is a applicant has been wounded, the description of the wound should be carefully smill by the shift by applicant and physician, and followed by a plain statement of feets showing the order of the disability. It applicant chains disability from disease entirated in the service, at all and carefully stated the provided of the service.

The law makes no allocance for an arm or leg, unless the arm or leg has been rendered substantially unless.

3. It will not answer to say that no arm is "substantially useless for ordinary pursuits of life, etc." here is no qualification to the classe of the Act in reference to the arm or leg, but the limb most for all three six "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 north above quoted, to say that unless the injury is such as to require the constant use of crutch or at dis, but the leg is not "substantially and essentially useless."

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

The Ordinaries of the several countries are available to account to a sell the

ultimries of the several counties are specially requested to call the attention of the physic uns to these points.

APPLICATION EAR ALLOWANGE

No. 1664

APPLICATION EAR ALLOWANGE

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Applican Sylvatorius County

Date of Warrant Mek 28

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BLANCOTIVE DEPARTMENTS

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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.

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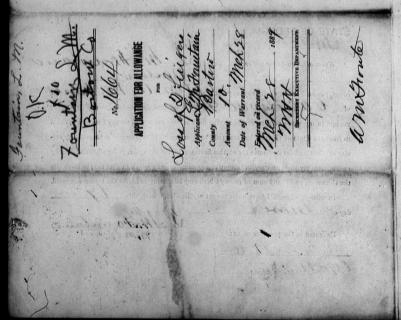
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and applicants to these points.



For Use of Applicants Who Have not Heretofore Drawn.

Personally appears I. M., Socializino of Bastan county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the day of Decender 1840; 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 Province in Company of of the Regiment of Day 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 gading October 26, 1889. Sworn to and subscribed before me, this the Any M. 1889 Sworn to and subscribed before me, this the Any M. 1889 Sworn to and subscribed before me, this the Any M. 1889 Commissioned Officer's Affidavit. STATE OF GEORGIA, Barranley Commissioned Officer's Affidavit. STATE OF GEORGIA, Barranley Commissioned Officer's Affidavit. STATE OF GEORGIA, County Personally came before me Of Barranley State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of County, a commissionent of the received the Volunteers, and that deponent knows A. M. Haumlein, and that he received the	Barlow	RGIA, County.		Vila caspa stand	7. A. C. 2. A. C.
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the day of Decenter 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 Privall in Company of the the Regiment of Wolunteers Thomas 's Brigade; that whilst engaged in such military service, at the battle of States, and the State of Warzania on the day of 1862, he was wounded as follows: Brief find and seemed fingers when should enlightly of the Lecent fingers when should be a state of Warzania on the Land Ble was that with a felle of the Warzania of the battle of States of Warzania on the Land Ble was that with a felle of the Warzania of the Land Ble was that with a felle of the Warzania of the Land Ble was that with a felle of the Warzania of the Land Ble was that with a felle of the Warzania of the Marzania 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 adding October 26, 1889, Sworn to and subscribed before me, this the was a commissioned Officer's Affidavit. STATE OF GEORGIA, Barrania of Wound or character of disease which causes the disability, and explain particularity the extent of the disability. State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of Barrania of Barr	PERSONALLY appear	s L. M. For	where of	Bartar	county.
resident of said State, and has been such since the State of States (or of the State of) during the war between the States (or of the State of) during the war between the States, and served as a Privalle in Company of H th Regiment of Wounters Thomas 's Brigade; that whilst engaged in such military service, at the battle of Siven Prints in the State of Wargania on the day of 1862 he was wounded as follows: It do find and social fingers were shown that could be supposed by the Bleens form of the has been such that the state of Wargania on the way that the said of the state of Wargania on the look of the State of Causing Bail Roundary Brown with a feeler of the State of the Roundary of the region of the state 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 unding October 26, 1889, Sworn to and subagribed before me, this the was a commissioned Officer's Affidavit. STATE OF GEORGIA, Barrow County of the county of Barrow State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of Regiment of Barrows and commissioned officer in Company A, of Regiment of Barrows and commissioned officer in Company A, of Regiment of Barrows and commissioned officer in Company A, of Regiment of Barrows and commissioned officer in Company A, of Regiment of Barrows and commissioned officer in Company A, of Regiment of Barrows and commissioned officer in Company A, of Regiment of Barrows and commissioned officer in Company A, of Regiment of Barrows and commissioned officer in Company A, of Regiment of Barrows and commissioned officer in Company A, of Regiment of Barrows and commissioned officer in Company A, of Regiment of Barrows and commissioned officer in Company A, of Regiment of Barrows and commissioned officer in Company A, of Regiment of Barrows and commissioned officer in Company A, of Regiment of Barrows and commissioned officer in Company A, of Regiment				Sect All Control of the Control of t	AND THE RESIDENCE OF THE PARTY
federate States (or of the State of) during the war between the States, and served as a Private in Company of H th Regiment of H Volunteers Houses in Company of H th Regiment of H Volunteers Houses in Company of H th Regiment of H Volunteers Houses in the State in such military service, at the battle of Liven Private in the State of Warsania on the day of Island in the State of Warsania on the day of Island Warsania wounded as follows: Island And Vocand fingers where Shoot and the County of the Legans for the Language Warsania of the Warsania of the Language From With a faller of the Warsania of the Market 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 sading October 26, 1889. Sworn to and subscribed before me, this the Warsania of the disability, and explain particularly the extent of the disability. Commissioned Officer's Affidavit. STATE OF GEORGIA, BOLLOW State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of Regiment of He	resident of said State, and	d has been such sind	e the	Kth	day of
States, and served as a Mericula in Company of the th Regiment of the Volunteers Thomas 's Brigade; that whilst engaged in such military service, at the battle of Server American in the State of Wazarnia on the state of Wazarnia on the state of Wazarnia on the send sevend firmers were shown and sevend firmers were shown and sevend firmers were shown and sevend firmers were shown as the least of the battle of the least shown the least of the battle of the least shown the least of the battle of the least shown Causing Sacra Houndaring to an exceeding the constant of the land to forgram the shown manual to be included to forgram the shown manual to be included to forgram the shown makes application for the allowance to which he is entitled for the year thereunder ending 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 shown the should be shown to an authority of the disability, and explain particularly the extent of the disability and explain particularly and captain particularly the extent of the disability of the county of Barrally of the county of Barrally came before me Or State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of Barrally of Barrally of the county	TO ACCOUNT AND DESCRIPTION OF THE PARTY OF T	CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR			
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wounded as follows: Brid find and recent fingers were shot enlicely of at the bleens found of the head with hearth. He was shot no the langer of the balls of settle of the west shot no the langer of the west shot no the langer of the west should be a felle of theeld with a settle of the west should be for the year thereunder sading 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 sading October 26, 1889. Sworn to and subscribed before me, this the langer of the disability and explain particularly the estent of the disability. Norne-State fully nature of wound or character of disease which causes the disability, and explain particularly the estent of the disability. Commissioned Officer's Affidavit. STATE OF GEORGIA, BOLLOW County. Personally came before me Of Barrally of the county of Barrally of the county of Barrally State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of Regiment of Barrally	110				
State Of Georgia, before me Of State of Georgia, who, being duly sworn; says that he was a commissioned officer in Company A, of Regiment of AR				Library w	ese -
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, 1886. Sworn to and subscribed before me, this the grant the state fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability of the county of Barrally of the county of Barrally are before me of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of Beginnent of Barrally Regiment Reg	Shot entirely			crist-of 1	to
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 gray day of Milk. 1889, Sworn to and subscribed before me, this the state of the disability and explain particularly has called the causes the disability, and explain particularly the extent of the disability. Commissioned Officer's Affidavit. STATE OF GEORGIA, Barrolly of the county of Barrolly came before me Or State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of Regiment of Barrolly			Shat in	the back	al-tha
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 day of Mills 1889. Normalistic 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, BOLLOW County. PERSONALLY came before me Of Barnelly of the county of Barnelly State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of Regiment of Ba	bottle of the	Melens	Penn wi	tha Luc	cot thell
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 land lifty. Norm.—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, BOLLOW County. PERSONALLY came before me Of Bollow State of Georgia, who, being duly sworn; says that he was a commissioned officer in Company A, of Regiment of Bollow	six the rescine	of kidney	Causin	a said &	Comlete
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 land lifty. Norm.—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, BOLLOW County. PERSONALLY came before me Of Bollow State of Georgia, who, being duly sworn; says that he was a commissioned officer in Company A, of Regiment of Bollow	to be incomp	relate to f	rfum &	ndinon,	manuel
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 subactible before me, this the day of Milk. 1889 More But fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. Commissioned Officer's Afficiavit. STATE OF GEORGIA, Barton County. Personally came before me Or A Barnelly of the county of Barton State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of Regiment of Barton Barnelly.	lobon.			1	
STATE OF GEORGIA, BOLLOW County. PERSONALLY came before me Or G. Barrelly of the county of Barlow State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of Regiment of Ba	Gradenda	h. (0200	m	S. BRESTAN	in particularly
STATE OF GEORGIA, BOLLOW County. PERSONALLY came before me Or G. Barrelly of the county of Barlow State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of Regiment of Ba	din tera e e e e e	Tropical and	N. P.		· 4.5
Barton County, Service of the county of Barton of the county of Barton State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of B. Regiment of Ba	C	ommissioned C	Officer's Affi	davit.	STATE OF THE STATE
Barton County, Service of the county of Barton of the county of Barton State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of B. Regiment of Ba	STATE OF GEOL	BOIA V			15/16
PERSONALLY came before me D. J. Bernsley of the county of Bandou State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of A Regiment of Ba			20	a her comes	Mark .
of Bantow State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company A, of Regiment of Ba	overiou	4 /	1 1 6	CALL VALUE	
a commissioned officer in Company A, of Regiment of GA	0 . 1 -				
	And the Committee of th		rgia, who, being		
Volunteers, and that deponent knows at the Thomas and that he essented the			8 -		
wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit,					no affidavit.
and that wounds (or disease) permanently disables the said 2/m. Hountain					
as stated by him in said affidavit. Deponent further states that said is a bona fide citizen of this State and resides	and that wounds (or dise				ntein
	and that wounds (or dise	stated by him in sai	d affidavit. Dep	onent further stat	mlain es that said
Withendricks Geof Barneles HD Shingson	and that wounds (or dise	stated by him in sai	d affidavit. Dep	onent further stat	mlain es that said
Ordinary Strangeros Songeon	and that wounds (or dise	stated by him in sai	d affidavit. Dep	onent further stat	mlain es that said

County.)	
Personally came	The second second second second
	The state of the s
citizens of	county, in said State,
who, being duly sworn, say that they are acqu	ainted with
and know t	hat he received the wounds (or contracted the
	m in the foregoing affidavit; that said wounds
	s 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	s affidavit are true.
Sworn to and subscribed before me, this	No Maria
day of r88	
A second second	The state of the state of
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Note.—Above affidavit must be made by three citizens of	of the county of applicant's residence.
STATE OF GEORGIA,	
Barlow county.	
Physonally comes before me	Hendricks Ordinary of said county,
faires M. youngand far	nes I may feel both known to
ne as reputable physicians of said county, w	ho, being severally sworn, say on oath that
hey have carefully examined . M.	Hountain and after such
xamination say that the applicant has been in	ijured as follows: 2000 shot with
more ball custing of the	first and second det
* Henger He A The King	first and second &
and her hit mith a l	was of Aboll in The to
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ORDINARY.

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

STATE OF GEORGIA, County.
I, Groblendicks Ordinary of said county,
do certify that I am well acquainted with & . In Jountain 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 Mek, 1889
Gur Smeucks
Ordinary Barlow County.
The state of the s
Power of Attorney.
STATE OF GEORGIA, County,
Know all Men by these Presents, That I, I'M. Hountain
of Barlow
county, in said State, do hereby appoint on. a. m. Houle of Carinovill ga my true and lawful attorney in fact, for
ne and in my name, to receive and receipt for whatever amount of money I may be entitled
o from the State of Georgia by reason of the injury received as aforesaid in the military ser-
rice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby
uthorizing my said attorney to receipt in my name for any Warrant that may be issued by
he 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
ay of march 1889 Mis
S. M. Faintais
Executed in the presence of us:
Probt B. Clark
Moderation Send miny to me
Ly Resister to Hollo mill
& S. Mixtounteur
male

STATE OF GEORGIA Buntoro do certify that I am well acquainted with L. M. Houndas applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I further certify that whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this & day of Efficier

Given under my official signature and seal, this & day of Efficier

Ordinary Bartoro

policant in the his said affidavi	m well acquainted foregoing affidave t are true, and the represents himself	it, and am we	Il satisfied the	at the statement he claims,	ents made by
I further cer		13		earrain descriptions descriptions	was signed
matures thereto				ounty, and the	
Carlotte Co. C. State Carlotte	my official Rynat	ure and seal, t	his 27	day of M	wood
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FOR Applicants Moretofore Alliqued Panalena.

For Applicants Heretofore Allowed Pensions.

Tot Applicants Heretotote Allowed Tellsions.
STATE OF GEORGIA,
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+00m3 N 1- b 1-
PERSONALLY appears Im. Fountain of Barlow county,
State of Georgia, who, being duly sworn, says on oath that he is a bong fide citizen and
resident of said State, and has been such continually since the 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 frivale in Company , of 14 th Regiment
of Volunteers Thomas 's Brigade; that whilst engaged
in such military service, at the battle of Seven Rines in the State
of winging, on the day of 186, he was
wounded as follows: His hor from finger some what
entirely that he found in the middle of the fingers,
being "to fingers of the right hand
Deponent desires to participate in the benefits of the Act, approved October 24, 1887.
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
of dollars.
Sworn to and subscribed before me, this the & hand fundame
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Norz. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of
Nora.—State fully nature of wound or character of disease which causes the disability, and explain perticularly the extent of the disability.
/ POWER OF ATTORNEY.
POWER OF ATTORNEY.
POWER OF ATTORNEY. STATE OF GEORGIA Burling County.
STATE OF GEORGIA Burlow County. KNOW ALL MEN BY THESE PRESENTS, That I, & M. Foundame
STATE OF GEORGIA Burlow County. KNOW ALL MEN BY THESE PRESENTS, That I, I M. Fromton
POWER OF ATTORNEY. STATE OF GEORGIA Barlow County. KNOW ALL MEN BY THESE PRESENTS, That I, I In Final County. of Barlow County, in said State, do hereby appoint Hen We a foright
POWER OF ATTORNEY. STATE OF GEORGIA Barbor County. KNOW ALL MEN BY THESE PRESENTS, That I, L. M. Formulation of Barbor of B
POWER OF ATTORNEY. STATE OF GEORGIA Barbor County. KNOW ALL MEN BY THESE PRESENTS, That I, Im Foundary of Barbor of Manage, to receipt for what ever amount of money I may be entitled to from the State of Georgies by reason of the injury received as a feccasid in the state of Georgies by reason of the injury received as a feccasid in the state of Georgies by reason of the injury received as a feccasid in the state of Georgies by reason of the injury received as a feccasid in the state of Georgies by reason of the injury received as a feccasid in the state of Georgies by reason of the injury received as a feccasid in the state of Georgies by reason of the injury received as a feccasid in the state of Georgies by reason of the injury received as a feccasid in the state of Georgies by reason of the injury received as a feccasid in the state of th
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POWER OF ATTORNEY. STATE OF GEORGIA Barber County. KNOW ALL MEN BY THESE PRESENTS, That I, Im Foundary of Barber My Bully House of Barber My Bully Market Management of Market My Bully My Bully Market My Bully Market My Bully Market My Bully
POWER OF ATTORNEY. STATE OF GEORGIA Barber County. KNOW ALL MEN BY THESE PRESENTS, That I, Im Franciscus of Barber My War II Would 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.
STATE OF GEORGIA Barber County. KNOW ALL MEN BY THESE PRESENTS, That I, Im Franciscus of Barber County, in said State, do hereby appoint Am West 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 bergunto set my hand and seal, this
POWER OF ATTORNEY. STATE OF GEORGIA Barber County. KNOW ALL MEN BY THESE PRESENTS, That I, Im Franciscus of Barber My War II Would be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
County. KNOW ALL MEN BY THESE PRESENTS, That I, In the Manual County in said State, do hereby appoint An War Lawright and in the military service of the Confederate States (or of this State), as stated in the Jorgoing 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 bereunto set my hand and seal, this day of Lawright and the said of Lawright
POWER OF ATTORNEY. STATE OF GEORGIA Burling County. KNOW ALL MEN BY THESE PRESENTS, That I, In Armylosia of Bonlove 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 become set my hand and seal, this day of International [i. s.] Executed in the presence of us:
POWER OF ATTORNEY. STATE OF GEORGIA Barber (county, KNOW ALL MEN BY THESE PRESENTS, That I, Im Formulated of Barber of Market of Barber of Market of Mar
POWER OF ATTORNEY. STATE OF GEORGIA Burling County. KNOW ALL MEN BY THESE PRESENTS, That I, In Armylosia of Bonlove 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 become set my hand and seal, this day of International [i. s.] Executed in the presence of us:
POWER OF ATTORNEY. STATE OF GEORGIA Burlow County. KNOW ALL MEN BY THESE PRESENTS, That I, In Formulate of Borlow county, in said State, do hereby appoint Hen Me I Abrilghed of Office 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 bereunto set my hand and seal, this day of Land of the Confederate States (or of this State), as tated 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 bereunto set my hand and seal, this day of Land of the confederate States (or of this State). Executed in the presence of us: Market States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney 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 bereunto set my hand and seal, this day of Land of the confederate States (or of this State). Executed in the presence of us: Market States (or of this State), as tated in the foregoing affidavit; hereby authorizing the military services and the foregoing affidavit.
POWER OF ATTORNEY. STATE OF GEORGIA Burlow County. KNOW ALL MEN BY THESE PRESENTS, That I, In Formulated of Burlow of Burlow county, in said State, do hereby appoint An War Lawiland 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 affaivir, 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 bereunto set my hand and seal, this day of International Comments of the Confederation of
POWER OF ATTORNEY. STATE OF GEORGIA Barbor County. KNOW ALL MEN BY THESE PRESENTS, That I, Im Foundary of Barbor My United House 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 bereunto set my hand and seal, this day of Spath State May of May
POWER OF ATTORNEY. STATE OF GEORGIA Barber (county.) KNOW All MEN BY THESE PRESENTS, That I, Im Foundary of Barber (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 bereunto set my hand and seal, this day of International Comments of the Comments of t
POWER OF ATTORNEY. STATE OF GEORGIA Burling County. KNOW ALL MEN BY THESE PRESENTS, That I, In Thompsonth of Burling of Burling of Burling county, in said State, do hereby appoint And Was I Abrilghable of Burling 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 bereunto set my hand and seal, this day of Spirit for the presence of us: Second in the presence of us: Send money to me a fellow, by the Country of the state of the confederation o

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
attitude County.	
Personally appears & M. 20	undan of Barton
County, State of Georgia, who, being duly s	worn, says on oath that he is a fame 64
resident of said State, and has resided therein	n continuously ever since the
day of	that he enlisted the military service of the Con-
redefate States (or of the State of	during the war between the
States, and served as a friendle	in Company (A) of 14 th Paris
of Yk Volunteers 7	's Brigade that whilet any
in such military service at the battle of	were Rines in the State
of Virginia, on the	day of the total
wounded as follows: Lis love	rond truces in the
right hand were &	hat complettly off
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W. Taraka	
U H	
Deponent desires to participate in the	benefits of the Act, approved October 24, 1887,
for the year ending October 26, 1801 I have	benefits of the Act, approved October 24, 1887, application for the allowance to which he is entitled theretofore been allowed a pension of
Len	rs, for 1884 4 1840
Sworn to and subscribed before me, this,	
94 4 1	com pountaine v
11. 17	minte
Note, State fully nature of wound or character of disease	se when causes the disability, and explain particularly the extent of
the disability, resulting from the wound or disease,	se wings causes the disability, and explain particularly the extent of
POWER OF	F ATTORNEY.
POWER OF STATE OF GEORGIA,	
STATE OF GEORGIA, County.	ATTORNEY.
POWER OF STATE OF GEORGIA, Sastow County. Kngw all Men by these Presents	That I d M. Humlain
POWER OF STATE OF GEORGIA, Sastow County. Kngw all Men by these Presents	ATTORNEY.
POWER OF STATE OF GEORGIA, Salve County, Know all Men by these Presents of Barlin Men B. Right	That I. d. M. Humlain County, State of Georgia, do hereby appoint
POWER OF STATE OF GEORGIA, Salve County, Know all Men by these Presents of Barlin Men B. Right	That I. d. M. Humlain County, State of Georgia, do hereby appoint
POWER OF STATE OF GEORGIA, Know all Men by these Presents of Georgia by reason of the Confidence State of Georgia by reason of the Confidence State of the Confidence State of the Confidence State of the Confidence of the Confid	That I. M. Humlain ounty, State of Georgia, do hereby appoint my true and lawful attorney in fact, for r whatever amount of money I may be entitled injury received as aforesaid in the military service
POWER OF STATE OF GEORGIA, Know all Men by these Presents of Georgia by reason of the Confidence State of Georgia by reason of the Confidence State of the Confidence State of the Confidence State of the Confidence of the Confid	That I. M. Humlain ounty, State of Georgia, do hereby appoint my true and lawful attorney in fact, for r whatever amount of money I may be entitled injury received as aforesaid in the military service
POWER OF STATE OF GEORGIA, STATE OF GEORGIA, Know all Men by those Presents of Manufacture me and in my name, to receive and receipt fo to from the State of Georgia by reason of the of the Confederate States (or of this State), as ing my said attorney to receipt in my name for one, or for any sum of money which may be co	oynty, State of Georgia, do hereby appoint my true and lawful attorney in fact, for whatever amount of money I may be entitled injury received as aforesaid in the military service stated in the foregoing affidavit; hereby authoriz- any Warrant that may be issued by the Gover- ming to me for the reason aforesaid.
POWER OF STATE OF GEORGIA, Know all Men by these Presents of Marillo Men. Right of Marillo Men. Right of Marillo Men. Right of Marillo Men. Right of the Confederate States (or of this State), as ing my said attorney to receipt in my name for one, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conormally sufficiently and the sum of the su	That I, a M. Houndain ounty, State of Georgia, do hereby appoint my true and lawful attorney in fact, for whatever amount of money I may be entitled injury received as aforesaid in the military service stated in the foregoing affidiwir; hereby authoriz- any Warrant that may be issued by the Gover- bright one for the reason aforesaid, we hereunto set my hand and seal, this
POWER OF STATE OF GEORGIA, STATE OF GEORGIA, Know all Men by those Presents of Manufacture me and in my name, to receive and receipt fo to from the State of Georgia by reason of the of the Confederate States (or of this State), as ing my said attorney to receipt in my name for one, or for any sum of money which may be co	That I, a M. Humbain ounty, State of Georgia, do hereby appoint my true and lawful attorney in fact, for rewhatever amount of money I may be entitled injury received as aforesaid in the military service stated in the foregoing affidavit; hereby authoriz- any Warrant that may be issued by the Gover- ming to fine for the reason aforesaid. we hereunto set my hand and seal, this where the control of the season aforesaid.
POWER OF STATE OF GEORGIA, Know all Men by these Presents of Marillo Men. Right of Marillo Men. Right of Marillo Men. Right of Marillo Men. Right of the Confederate States (or of this State), as ing my said attorney to receipt in my name for one, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conor, or for any sum of money which may be conormally sufficiently and the sum of the su	That I, a M. Humbain ounty, State of Georgia, do hereby appoint my true and lawful attorney in fact, for rewhatever amount of money I may be entitled injury received as aforesaid in the military service stated in the foregoing affidavit; hereby authoriz- any Warrant that may be issued by the Gover- oming to me for the reason aforesaid, we hereunto set my hand and seal, this the state of the reason aforesaid. The state of the reason aforesaid.
POWER OF STATE OF GEORGIA, STATE OF GEORGIA, Know all Men by these Presents of Manual Men by these Presents of Manual Men	That I, a M. Humbain ounty, State of Georgia, do hereby appoint my true and lawful attorney in fact, for rewhatever amount of money I may be entitled injury received as aforesaid in the military service stated in the foregoing affidavit; hereby authoriz- any Warrant that may be issued by the Gover- ming to fine for the reason aforesaid. we hereunto set my hand and seal, this where the control of the season aforesaid.
POWER OF STATE OF GEORGIA, Know all Men by these Presents of Georgia by reason of the of the Confederate States (or of this State), as ing my said attorney to receipt in my name for nor, or for any sum of money which may be compared to the Confederate States (or of this State), as ing my said attorney to receipt in my name for nor, or for any sum of money which may be compared to the Confederate States (or of this State), as ing my said attorney to receipt in my name for nor, or for any sum of money which may be compared to the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as in the confederate States (or of this State), as	That I, a M. Humbain ounty, State of Georgia, do hereby appoint my true and lawful attorney in fact, for rewhatever amount of money I may be entitled injury received as aforesaid in the military service stated in the foregoing affidavit; hereby authoriz- any Warrant that may be issued by the Gover- oming to me for the reason aforesaid, we hereunto set my hand and seal, this the state of the reason aforesaid. The state of the reason aforesaid.
POWER OF STATE OF GEORGIA, STATE OF GEORGIA, Know all Men by these Presents of Manual Men by these Presents of Manual Men	That I, a M. Humbain ounty, State of Georgia, do hereby appoint my true and lawful attorney in fact, for rewhatever amount of money I may be entitled injury received as aforesaid in the military service stated in the foregoing affidavit; hereby authoriz- any Warrant that may be issued by the Gover- oming to me for the reason aforesaid, we hereunto set my hand and seal, this the state of the reason aforesaid. The state of the reason aforesaid.
POWER OF STATE OF GEORGIA, STATE OF GEORGIA, Know all Men by these Presents of Manual Men by these Presents of Manual Men	That I, a M. Humbain ounty, State of Georgia, do hereby appoint my true and lawful attorney in fact, for rewhatever amount of money I may be entitled injury received as aforesaid in the military service stated in the foregoing affidavit; hereby authoriz- any Warrant that may be issued by the Gover- oming to me for the reason aforesaid, we hereunto set my hand and seal, this the state of the reason aforesaid. The state of the reason aforesaid.
POWER OF STATE OF GEORGIA, STATE OF GEORGIA, Know all Men by these Presents of Manual Men by these Presents of Manual Men me and in my name, to receive and receipt fo to from the State of Georgia by reason of the of the Confederate States (or of this State), as ing my said attorney to receipt in my name for nor, or for any sum of money which may be ce IN WITNESS WHEREOF I ha Aday of Manual Executed in the presence of us:	That I, a M. Humbain ounty, State of Georgia, do hereby appoint my true and lawful attorney in fact, for rewhatever amount of money I may be entitled injury received as aforesaid in the military service stated in the foregoing affidavit; hereby authoriz- any Warrant that may be issued by the Gover- oming to me for the reason aforesaid, we hereunto set my hand and seal, this the state of the reason aforesaid. The state of the reason aforesaid.
POWER OF STATE OF GEORGIA, STATE OF GEORGIA, Know all Men by these Presents of Hone William M. Right of Manufacture of Manufacture of Manufacture of Manufacture of the Confederate States (or of this State), as ing my said attorney to receipt in my name for nor, or for any sum of money which may be a MITNESS WHEREOF I had a day of Manufacture of Manufacture of the Confederate States (as in MITNESS WHEREOF I had a day of MITNESS W	That I, a M. Humbain ounty, State of Georgia, do hereby appoint my true and lawful attorney in fict, for r whatever amount of money I may be entitled injury received as aforesaid in the military service stated in the foregoing affidavit; hereby suthoriz- any Warrant that may be issued by the Gover- ming to fire for the reason aforesaid, we hereunto set my hand and seal, this 1801. Hand with the season aforesaid. The season aforesaid. The season aforesaid.
POWER OF STATE OF GEORGIA, STATE OF GEORGIA, Know all Men by these Presents of Hone William M. Right of Manufacture of Manufacture of Manufacture of Manufacture of the Confederate States (or of this State), as ing my said attorney to receipt in my name for nor, or for any sum of money which may be a MITNESS WHEREOF I had a day of Manufacture of Manufacture of the Confederate States (as in MITNESS WHEREOF I had a day of MITNESS W	That I, a M. Humbain ounty, State of Georgia, do hereby appoint my true and lawful attorney in fict, for r whatever amount of money I may be entitled injury received as aforesaid in the military service stated in the foregoing affidavit; hereby suthoriz- any Warrant that may be issued by the Gover- ming to fire for the reason aforesaid, we hereunto set my hand and seal, this 1801. Hand with the season aforesaid. The season aforesaid. The season aforesaid.

STATE OF GEORGIA, Barton do certify that I am well acquainted with. I M. 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 repesents himself to be, and that he resides in this county. SOLDIER'S PENS

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of	garja	Vendno	County, S	state of Georgi	a, do hereby appoi
the Con	federate States (o	eccive and receipt a by reason of the or of this State), a	for whatever a injury received s stated in the f	as aforesaid in oregoing affida	rful attorney in fact, fi y I may be entitled the military service vit; hereby authorizing ed by the Governor,
any	some of money wi	uch may be comit	ig to me ion the	reason atoresa	id was writed, is
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dividual	he represents his	need to be, and ti	LM	The duty.	taus .
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County, State of Googja, who, bong duly awon, any an early time to the ages, and man in resident of said. State, and has resided therein continuously ever time the.

18. that he collised in the milling a service of the County included the State of the

STATE OF GEORGIA.

For Applicants Heretofore Allowed Pensions

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,
PERSONALLY appears L. M. Hauntain
of 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 18/1/1 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 fill the in Company of
of 14 th Regiment of Infly Volunteers Thomas 's
Brigade; that whilst engaged in such military service at the battle of Store Lines in the State of Corporation, on the day of
in the State of warganes, on the day of
May 1861, he was wounded as follows: his first were off the right hand
the second secon
Z. Descript designs to continue to in the handite of the Ast annually October 11, 1997 and
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 Dollars for three years
Sworn to and subscribed before me this the)
of day of March 1802.
The windricks Ordinary,
Nora.—State fully nature of wound or character of disease which causes the disability, and explain particularly the
POWER OF ATTORNEY
STATE OF GEORGIA.
RAC
11 1 1 1 1
Know all Men by these Presents, That I, I Hamber
County, in said State, do hereby appoint AIV Mite.
of Carter Mille HA my true and lawful attend to the
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 harch, 1802.
day of 1892. L. Max Houndary [s. s.]
Executed in the presence of us:
out suppine
Studie 16 Ordinary
DIPECTION.
Send money to me as follows, by
P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions. STATE OFIGEORGIA, Bartow PERSONALLY appears & Mo 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 State, and has resided therein continuously ever since the day of. 1852; 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 O, of /4 th Regiment such military service at the battle of Severi Cino headly uncless, Deponent desires to praticipate in the benefits of the Act, approved October 2 kth, 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 dollars for Sworn to and subscribed before me, this, the note Sable Boxlas Civity Ga STATE OF GEORGIA, Jeggea County. George W Hendratos Ordinary of said County, do certify that I am well acquainted with & M Fountain 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 the Williams

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

signatures thereto are genuine. Given under my official signature and seal, this 20 day of Morch 1803

STATE OF SEORGIA.

POWER OF AN ORNEW

DOWER OF ATTORNEY

PUWER OF ALTORNEL.	
STATE OF GEORGIA, \(\)	
Santar COUNTY. SANTA	
Know all Men by these Presents, That I, & M. Haumlain	
County, State of Georgia, do hereby appoint 1 W New One State of Georgia, do hereby appoint 1 when the 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.	
day of houreh 1894. / hus	
& Mx Houndain [i. s.]	
day of March 1894. his distribution [L. s.] Executed in the presence of us Morle	
B. T. Leeke	
WM Louless	
DIRECTIONS.	
Send money to me as follows, by	
toP. O.	
County, Georgian	
	and the
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me and in	my name	e, to receive	e and rec	eipt for what	ever amount	of money	y I may be	entitled to from the
States (or o	of this St	ate) as stat	ed in the	foregoing aff	idavit · herel	ov anthonis	ring my said	A stampan to manife
De coming	to me fo	r the reason	a foresai	d				of money which me
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For Those Aiready Enrolle	4	=		36	18.		R	2

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA

Bartin County.
PERSONALLY appears & M. Frantain of Banton
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 Delun hy 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 Mulate in Company , of 14 th Regiment
of GO Volunteers Thomas 's Brigade; that whilst engaged in
such military service at the battle of Leven Rigins in the State
of Wingrain on the two first finger of the
wounded as follows: And the wo first fingers of & the
right chaud
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of
dollars for the year 189 7
Sworn to and subscribed before me, this, the) And by
Sworn to and subscribed before me, this, the I & M & Hountain
Sworn to and subscribed before me, this, the day of march 1894.
Sworn to and subscribed before me, this, the a Min Humatain day of March 1894. I mink
Sworn to and subscribed before me, this, the day of harely 1894. A M x Hacutain more ward of harely and subscribed before me, this, the day of harely 1894. A more ward of harely of dispersion of the state fully the nature of wound or character of dispersion of the state fully the nature of wound or character of dispersion of the state of the
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Sworn to and subscribed before me, this, the day of hard 1894. I a Mark to the day of hard 1894. I a Mark to the day of hard 1894. I a more more would be be a true of wound or character of disability, resulting from the wound or disease.
Sworn to and subscribed before me, this, the day of March 1894. day of March 1894. Mr Humilain Mirk 1894. Nors-State fully the nature of wound or character of diable which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA. STATE OF GEORGIA.
Sworm to and subscribed before me, this, the day of March 1894. I sound or character of disabellity, resulting from the wound or character of disabellity, resulting from the wound or character of disabellity, resulting from the wound or character of disabellity, and explain particularly the extent of the disability, resulting from the wound or character of disabellity, and explain particularly the extent of the disability, and explain particularly the extent of the disability, resulting from the wound or character of disabellity, and explain particularly the extent of the disability, and explain particularly the extent of the disability and explain particularly the extent of the disabilit
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Sworm to and subscribed before me, this, the day of harden 1894. day of harden 1894. Nork—State fully the nature of wound or character of divide which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, STATE OF GEORGIA, County. I, Was a county. Ordinary of said County. do certify that I am well acquainted with A, M Hamman the applicant in the foregoing affidavit, and am well satisfied that the statements made by him
Sworm to and subscribed before me, this, the day of harden 1894. It will be nature of wound or character of divide which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County, I, Would a county, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be
Sworn to and subscribed before me, this, the day of 1894. Is94. Is
Sworn to and subscribed before me, this, the day of harden 1894. A M X Hauntain Mork Its fally the nature of wound or character of divine which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA. STATE OF GEORGIA. County. I, Word State fally the nature of wound or disease. Ordinary of said County. do certify that I am well acquainted with W., M. Hauntain 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
Sworn to and subscribed before me, this, the day of 1894. Is 4 M * Humilain Mark 1894. Is 4 M * Humilai
Sworn to and subscribed before me, this, the day of 1894. Is 4 M * Humilain Mark 1894. Is 4 M * Humilai
Sworn to and subscribed before me, this, the day of March 1894. Isolated a 1894. Nork—State fully the nature of wound or character of diable which causes the disability, and explain particularly the extent of the disability, resulting from the wound or character of diable which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA. County. I Grand Tam well acquainted with the statements of said County. Ordinary of said County. The applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and sail, this day of MMMM 1894. County 1894.
Sworn to and subscribed before me, this, the day of 1894. Is 4 M * Humilain Mark 1894. Is 4 M * Humilai

For Applicants Heretofore Allowed Pensions.

STATE Of Borling Personally	F GEORGIA, Cour appears L.M. F	aty. Levelance of	Barton	o
and resident of sa day of le confederate States (o	r of the State of	ed therein continuous; that he enlisted in t	sly ever since the he military service () during the war be	of the Con-
of Ga	vice at the battle of	in Comp	igade; that whilst	
wounded as followhile thereby	11 11	of his night	L'hand	110

and the acts ame entitled for the year of Sworn to and	subscribed before me,	akes application for it, 1895. I have here dollars, for the ye this, the 1895.	the allowance to w tofore been allowed has 1895 his Hounds mark	hich he is a pension
STATE O	F GEORGIA,	ich	Ordinary of sai	3 h
applicant in the fe	am well acquainted wit pregoing affidavit, and a it are true, and I know as in this County	am well satisfied that	the statements ma	the de by him uself to be
Amx		official signature at	nd seal, this	ş
your year here	LOMBEO	Ordinary 9	arlas	County.
	1		a división	

Barlow Count	_ }		
I, L. M. Famile	y. 1	G. W. Hen	1
il, a mi vounta	hereby authorize_	J. W. Jun	aner
	of Carterin		
to receive and receipt for the	e pension paid hereon and re	quest that he remit san	ie to
	by		
at			K
	OF, I have hereunto set my has	nd and seal, this 4	
day of March	1896. June		
STATE OF THE CH	L.M.XT	Fundain 1	t. s.]
Executed in presence	of us	٤- ا	
KS. anders			*
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Se Aiready Em 3098 R'S PEN	Janhor Janhor	IARD JOHNSON, Secretary Executive Depart ANY HANDED TO	malin
Those Arready Emple Those Arready Emple Too. 3698 TER'S PENS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Seenlary Ext	The state
For Those Already Em. No. 3698 DIER'S PEN	1 8 8 % .	RICHARD JOHNSON Serring Executes by WARRINGTO	Little Sand
(For Those Air-asy Enrolled No. 3698	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RICHARD JOH Secretary Ess WARRAST HANDE	t Surfred by

Barton Maimed Soldiers. Audited Voucher No. 16611 For Lows of One. frigers. Included in Warrant No. issued to Treasurer.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, County.	
personally appears L. M. Familian	of Barton
County, State of Georgia, who being duly sworn, s	of damy
and resident of said State, and has resided therein	ays on oath that he is a bona fide citizen
day of Occurred 1844: that he enli	continuously ever since the
federate States (or of the State of	sted in the military service of the Con-
States, and served as a funding	in Company of the At Parisment
of Seorge Wolunteers, Thomas	's Brigade; that whilst engaged
in such military service in the State of Ua	on the 3/2 day
of Man 1862 he was wounded in	jured or diseased as follows:
was that in the right	legered which Comment
the two first fringers on	dard rund to be
amputated at the Knuck	ll fourt.
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entitled for the year ending October 26th, 1896 Courter county been allowed a pensi dollars, for the year 1895. Sworn to and subscribed before me, this, the day of March 1896. Nore—State fully the nature of wound or character of disease which of the disability, resulting from the wound or disease.	4. M. Fountain
STATE OF OPOROUS	, 6
STATE OF GEORGIA,	
County.	
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do certify that I are well acquainted with &	Ordinary of said County,
applicant in the foregoing efficient and and	1 Hoursain the
applicant in the foregoing affidavit, and am well sat in his said affidavit are true, and I know he is the	sned that the statements made by him
and that he resides in this County.	individual he represents himself to be
Given under my official signa	turn and and the fact
day of morch	1896.
0	A . > 000
Affix your Sheet S	Menorielas
Lul'	

No. 1664 STATE OF GEORGIA, EXECUTIVE DEPARTMENT. | Manta, Ga. Mich 2/8 Mr. L M. Fountain having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec. 24, 1888, and the same having been allowed for

Loss of In funtion to

He is entitled to receive the sum of Local disability, the same being the Mowalice due for the Pending October 24, 1889

The Treasurer will pay the same and hold had been his vowher, and return same to Executive Department for warrant.

By the Governor It Harrisin

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this 28 of Macch 1880.

All Founte, atty in factor

	Questions for Applicant.
S	CATE OF GEORGIA,)
4	Par line
	P In County
	J. M. Houndon of said State and County, desiring
to s	avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after
	ng duly sworn true answers to make to the following questions, deposes and answers as follows
5	What is your name and where do you reside? (give State, County and post office) of the
2	Where did you reside on anuary 1st 1894 and w long have ou been a resident of this State?
1	Somesley Borlow Co Go In To Since 1844
3.	When and other man have a facility to the formation of the state of the formation of the state o
1.	When and whee end on what company and regiment did you enlist or governments of 18 September 18 Company D. H. & Regament
2	Legarth La, Company D. Hy's Regiment
1	- Go Enfautry 1 14
5,	How long did you remain in such company and regiment? From Oping 1862
L	is may 1865
3.	For how long a period did you discharge regular military duty? Merce years
1	When, where and witter what circumstances where you discharged from service? 186
L	ingelow ya. Or-closes the wor
	What is your present occupation? Avining
0.	How much can you earn (gross) per annum by your own exertions or labor?
1.	Upon which of the following grounds do you base your application for pension, via: first "age and
2.	erty," second "infirmity and poverty" or third "blindness and poverty"? Infirmity a future If upon the first ground, state how long you have been in such condition that you could not earn
	r support? If upon the second, give a full and complete history of the infirmity and its extent?, If
Q	n the third state whether you are totally blind and when and where you lost your eight? A inflored TIM & asking Carry of the thing wounders a walk on the way of the world of the things have the
4	will in the way on mouse right on the trongs his
3	say culting off live, and on the right hip all of which
3.	What property, effects or income do you possess and its gross value and no huber
14.	What property, effects or ipcome did you possess in 1894, 1895 and 1896 and what disposition, if any, you make of same?
nd .	you make of same? Now Nove
7	
15.	In what County, did you reside during those years and what property did you then return for taxation?
	Deston county
R	How were you supported during the years 1895 and 1896 & By my Children
0.	How were you supported during the years 1890 and 1896 1209 1109 1109
7.	How much did your support cost for each of those years, and what portion did you contribute thereto
	our own labor or income? I do not know
8.	What was your employment during 1895 and 1896? What pay did you receive in each year?
	Nothing
^	
9.	Have you a family? If so, who composes such family? Give their means of support? Have they
	mostered Lave a firste. Children off genon and
1	are to on the their hing by worth they
0.	
	Marie Land Con Ed Latt L.
11	
u	Sworn to and subscribed before me this the
9	Sworn to and subscribed before me this the
9	Sworn to and subscribed before me this the L. M. Hornelond Applicant.
9	Sworn to and subscribed before me this the
200	Sworn to and subscribed before me this the day of flury 1897. Applicant.

Questions for Applicant.

	Questions for Applicant.	
STATE OF GE	EORGIA, ¿ `	
Danfor	County.	
J. M.	Hountoine of said State and County, desiring	
to avail himself of the Per	ension Act approved December 15th, 1894, hereby submits his proofs, and after	
	swers 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)	
Hountan		
2Where did you resid	de on anuary 1st, 1894 and how long have you been a resident of this State?	
Dornesley	comme was in to since 1844	
	ere you born freme / 5 = 1000. South Convin	av .
4. When and where an	down what company and regiment did you enlist or sorve Hung of 180	52
1 your	having the March	
5, How long did you r	remain in such company and regiment? Jum Opris 1802	
List may 1	8.60	
6. For how long a peri	riod did you discharge regular military duty? Three years	
	ofler what circumstances where you discharged from service? Intay 1865	~
	la. of-closest the wor	
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8. What is your preser	nt occupation? Nothing	
9. How much can you e	earn (gross) per annum by your own exertions or labor?	
10. What has been you	ur occupation since 1865? Horney	
	following grounds do you base your application for pension, via : first "age and	
poverty," second "infirmit	ty and poverty" or third "blindness and poverty"? Internate & bow	de
12. If upon the first grou	ty and poverty" or third "blindness and poverty"? Infimily to fundamentally bund, state how long you have been in such condition that you could not earn	0
your support? If upon the	the second, give a full and complete history of the infirmity and its extent?	
upon the third state wheth	ther you are totally blind and when and where you lost your sight? & coffee	mg
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13. What property, effec	of the war and the white line of of Wareh	to
14 What amounts offer	-1	/
14. What property, enec	cts or income did you possess in 1894, 1895 and 1896 and what disposition, if any,	
did you make of same?	Dad none	
	· · · · · · · · · · · · · · · · · · ·	
15. In what County did	you reside during those years and what property did you then return for taxation?	
Derlo	w county	
16. How were you suppo	ported during the years 1895 and 1896 7 By My Children	
10. How were you suppo	orted during the years 1000 and 1000 200 110	
17. How much did your	r support cost for each of those years, and what portion did you contribute thereto	
	ome? I do not lonow	
	ployment during 1895 and 1896? What pay did you receive in each year?	
Nothing		
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	? If so, who composes such smily? Give their means of support? Have they	
homestead?	malle the lexice le word It-	
are Up or	mole their living by worth they	
	gy pension, if so what amount and for what disability? Ven dollars	tea
	w loss & two fingers	, ,
	thed before me this the	
-9-5-2	o.	
The stay of	Applicant,	
on Hu	Ordinary.	
of 19	arlow county	

AFFIDAVIT OF PHYSICIANS.
STATE OF GEORGIA, County.
Personally came before me Jos 412 Call and
A. J. Colleman, both known to me as reputable physicians
of said county, who being severally sworm say on oath that they have examined carefully & ha
Toronto, applicant for pension under the Act of 1894; and after
such personal examination say that his precise physical condition is as follows:
Ludge and middle finger of right
that of tenders lighting of right and
in ale 18
Right Fil to was two twenty were to
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. HRealhow
Sworn to and subscribed before me, this . A. T. Calhoun the day of Min 1887
You Himbrietto Ordinary.
ODDINADV'S CEDITIFICATE
ORDINARY'S CERTIFICATE.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA, Sarlow County.
STATE OF GEORGIA,
STATE OF GEORGIA, County.
STATE OF GEORGIA. County. 1, Supervised of the applicant of this State on the first day of January, 1894, and that the witnesses, vis:
STATE OF GEORGIA, County. I, Surface of County. A resides in said County, hereby certify that the applicant of this State on the first day of January, 1894, and that the witnesses, viz : are of trustworthy character and that their statements are entitled to full faith and credit.
STATE OF GEORGIA, County. I. J.
STATE OF GEORGIA, County. I, County. I, County. I, County. I, County. I, County. I resides in said County, hereby certify that the applicant of this State on the first day of January, 1894, and that the witnesses, viz : are of trustworthy character and that their statements are entitled to full faith and credits.
STATE OF GEORGIA, County. I.
STATE OF GEORGIA, L. County. I. County.
STATE OF GEORGIA, County, I, JAMPSHADELLES, Ordinary in and for said County, hereby certify that the applicant of this State on the first day of January, 1894, and that the witnessees, vis: 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 witnessee before same was algued. I further certify that the tax digests of Parton County show that applicant
STATE OF GEORGIA, L. L
STATE OF GEORGIA, L. J.
STATE OF GEORGIA, County. I, My County. I resides in said County, hereby certify that the applicant of this State on the first day of January, 1894, and that the witnesses, viz: 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 witnesses before same was signed. I further certify that the tax digests of Parton County abow that applicant returned for taxation in his name in 1898, Aux Chiny dollars of property, and in 1898, Mothers, Mothers
STATE OF GEORGIA, L. J.
STATE OF GEORGIA, County. I. Augustuation of the plant of this State on the first day of January, 1894, and that the witnesses, viz: 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 witnesses before same was signed. I further certify that the tax digests of Parton County show that applicant returned for taxation in his name in 1898, dollars of property, and in 1898, to thought dollars of property, and in 1898, to thought dollars of property. In my opinion the foregoing clain is made in good faith. Witness my hand and seel of office, this Times of Ordinary Ordinary

10 Alcurus

POWER OF ATTORNEY

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(For 1	1 OLDE	me L.	12	RICE RICE	M

POWER OF ATTORNEY

STATE OF GEORGIA, Barlow County	}	
Giral Tom	low	, hereby authorize
to receive and receipt for the pension	n allowed, and reque	
by thick	14 0	amswell , V
Witness my hand and seal this C Executed in presence of T. Ayfurting	L. hi.x	Formland s.
	me	ork

Name L. 111. Hotterlow

Contraction of M. Court
Coor sec. 134.

(For These Already Euroled.)

No. 3522

INDIGENT

SOLDIER'S PENSION,
1899.

WARRANT ISSUED

130

RICHARD JOHNSON,
Commissioner of Pennson

WARRANT BANDED TO

WARRANT BANDED TO

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, County.
Personally appears L. M. Fountain of Bartow
Country State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said Country and State, and has resided in said State continuously ever since the day of fine 1844; that he is day of fine 1844; that he is day of fine 1844; that he is day of fine 2 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 the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and served for the term of the fine states, and the fine states are the fine states are the fine states and the fine states are the fine states are the fine states and the fine states are t
that his property consists of the following items Has no property
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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 Barline county been allowed a pension for the year 1897 Sworn to and subscribed before me, this, the day of Mun my 1898. MUVILLE WILLIAM Ordinary. Ordinary.
84-4
State of Georgia, Larfow County. 1, When wells Ordinary of said County.
do certify that I am well acquainted with d. MI, Hountain 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 Jelling day of fleen ary 1898.
Anny Survey Survey Ordinary Barlow County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Darlow Count	tv.}
, ,	rentain of Boston
County State of Georgia who hairs duly	sworn, sys on oath that he is a bona fide citizen
and resident of said County and State of	sworn, says on oath that he is a bona fide citizen ud has resided in said State continuously ever
since the day of A	1844; that he is 68 years old and
by occupation a an that he	e enlisted in the military service of the Confed-
erate States (or of the State of	during the war between the States,
and served for the term of (7 %)	in Company , of th Regiment of
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1894, and the acts amendatory thereof, and	makes application for the pension to which he
is entitled for the year 1899. I have hereto	ofore as a resident of Smlow
county been allowed a pension for the year	1898 0 his
Sworn to and subscribed before me, the	is the L.M. Hoursair
day of Jarry	1899.
12 wslindrick	Ordinary.
State of Georgia,	
Cantow County.	
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do certify that I am well acquainted witho	Ordinary of said County,
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.	-/4
	ficial signature and seal, this 3
day of January	1899.
AMX	- Gentle Dicks
here.	- Augusters
Notz.—The blank spaces must be filled.	Ordinary Santow County.
Norz.—Affidavit should not be attested before January 1s	ıt, 1899.

POWER OF ATTORNEY.
STATE OF GEORGIA,
(Serfer County)
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to receive and receipt for the pension allowed, and request that he remit same to
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by thick
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Executed in presence of mark
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(For Those Aiready Enrolled.)

SOLDIER'S PENSION.

INDIGENT

JOHN W. LINDSEY,

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Ro 1-1
County.)
personally appears d. M. Abullain of Daylow
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 over
since the day of the 1844; that he is years old and
by occupation a lobors; that he enlisted in the military service of the Confed-
erate States (or of the State of) during the war between the States,
and served for the term of Hy one in Company of 14th Regiment of
ga vol. ; that his physical condition is as
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in account of polony and old age.
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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.
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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 which he
county ben allowed a pension for the year 1899
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Ordinary.
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State of Georgia,
Boy Low County.
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do certify that I am well acquainted with L. M. Hornelong 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
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Mymoriche
Ordinary Sartow County.
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For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, County.	
personally appears I. 111, Hountain of Darlow	
County, State of Georgia, who being duly sworn, says of 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 foll 1844; that he is 70 years old and	
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county been allowed a pension for the year 1/10", his	
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STATE OF GEORGIA,	
aztru county.	
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pplicant in the foregoing affidavit, and am well satisfied that the statements made by him	
n his said affidavit are true, and I know he is the individual he represents himself to be	
nd that he resides in this County.	
Given under my official signature and seal, this	
day of fully property of the	
your good grown of good grown of the good grown	
Ordinary Carlow County.	
NOTE — The Ulank spaces must be filled.	
Note .—Affidavit should not be attested before January 1st, 1901.	

POWER OF ATTORNEY.
STATE OF GEORGIA,
Darfow County.
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Westricks of Costinville Va
to receive and receipt for the pension allowed and request that he remit same to at Bamsley Var
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Witness my hand and seal, this Tige day of July 1902.
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Executed in presence of most
L. Baritt
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The state of the s
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POWER OF ATTORNEY.	
STATE OF GEORGIA,	
Bastow County.	
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to receive and receipt for the pension allowed and request that he remit same to	
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by_ EN	
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

that he enlisted in the military service of the Concederate States (or of the State of) during the war between the States, and served for the term of			7	
Personally appears M. Fotulas of Dentino County, State of Geoogia, who being duly sworn, says on oath that he is a bona fide citizer and resident of said County and State, and has resided in said State continuously ever ince the day of follows that he enlisted in the military service of the Concederate States (or of the State of hot follows: Low John Dut Frank and County, of Mark Regiment of Mark Mark Mark Mark Mark Mark Mark Mark	STATE OF GI	EORGIA.)	
Personally appears M. Jounname of Danison County, State of Georgia, who being duly sworn, says on oath that he is a dona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of John M. Little in the military service of the Con- decerate States (or of the State of that he enlisted in the military service of the Con- decerate States (or of the State of that he enlisted in the military service of the Con- decerate States (or of the State of the term of that he enlisted in the military service of the Con- decerate States (or of the State of the Con- decerate States, and served for the term of that he enlisted in the military service of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the State of the Con- decerate States (or of the Stat				
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im in his said affidavit are true, and I know he is the individual he represents himself to e and that he resides in this County. Given under my official signature and seal, this day of Jany 1903 Ordinary Bowlow County.				
Given under my official signature and seal, this day of Journal 1909 Age Ordinary Bowlow County.	im in his said affidavit a	orng amouvit, and an	well satisfied that t	ne statements made by
Given under my official signature and seal, this 7 & day of Journal 1909 Hubricks Ordinary Bowlin County.	e and that he resides in	this County	ie is the individual h	e represents himself to
day of Jany 1909 Live County. Ordinary Downton County.				70
Ordinary Bontin County.			gnature and seal, this	8
County.	day c	Jelly,	1902	0 /
County.	your sept	U Ly	when	wick
County.		Ordi	Mary RAM	line on
Norg.—The blank spaces must be filled.	Note.	-The blank spaces must be		County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

and the same of th	
STATE OF GEORGIA,	
Borton County.	evit si
Personally appears a, M. Fountain of C	Bartini
County, State of Georgia, who, being duly sworn, says on oath that he is	s a hong fide citizen
and resident of said County and State, and has resided in said State	continuously ever
since the day of 18 18 that he is	
by occupation a femmer, that he enlisted in the military	service of the Con.
	he war between the
States and served for the term of 34 in Company &,	of /4th Regiment
of government ; that his phys	ical condition is as
of Ga Wels that his phys follows: Palsied badly, Com handly himself very of all.	feed
himself - very shorty	•
that his property consists of the following items:	11
	*
STATE OF GEORGIA, County County Condinary Cordinary County County County Condinary Cordinary Co	ed December 15th, ension to which he artiful
do certify that I am well acquainted with J. M. House the applicant in the foregoing affidavit, and am well satisfied that the si	
him in his said affidavit are true, and I know he is the individual he re-	
be and that he resides in this County.	
Given under my official signature and seal, this	34
day of Lenny 1903. A	4.47
(All)	cers1

Affix your Seal here

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

POWER OF ATTORNEY.

I.d. I	GEORGIA, on Hountain richts on general for the p	of bark	sville	A PRINCIPLE TO THE PER
Witness :	my hand and seal, this ed in presence of Walton Aufrica	L, M,	January Hours	1904 [r. s.]
(FOR THOSE ALREADY ENGOLLED.) No. 83 68	SOLDIER'S PENSION 1904.	Name L. M. Mituratuin County Bar Cow.	WARRAYT ISSUED 7/4 1804.	VARIANT W. LINDSEN. Commissioner of Prasien. WARRANT HANDED TO CAS OF Barries, State French, Alasta.

POWER OF ATTORNEY

STATE OF GEO	RGIA.	· ,		
Ban	line com	_ {		
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Jun	minu		salle	24.
to receive and rece	ipt for the pension	allowed and red	quest that he re	mit same to
m	/	at Cartes	will "	En
by				
Wimming		1411	9	
WIINESS MY I	and and seal, this	day of	Jon	1905.
	- 1	myte	anulais	
Executed in th	e presence of	mions		[2, 5,]
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	100000000000000000000000000000000000000			
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tountain to m.	Parteur County (FOR THOSE ALBEADY ENROLLED.)	No. 3240	INDIGENT	1905.	Name LIM Strundain	ounty Oarlan	WARRANT ISSUED	FEB 7 1905.	Commissioner of Pensions.	WARRANT HANDED TO	GEO. W. MARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.
toun	Port (FOR THE				Name of	County Co. 20				EWA	GEO, W. SARRESON

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Barlow	County.		
Personally appears	L. M. Foun	tains of	Barlow
County, State of Georgia			e is a bona fide citizen
and resident of said Cou	nty and State, and ha	s resided in said St	te continuously ever
	& Hall	1840 : that he is	79 years old and
by occupation a farm			ary service of the Con-
ederate States (or of the			
		durin	g the war between the
States, and served for the	term of High		
of ya, vols	Destant of	; that his pl	ysical condition is as
follows: Has me			ile feeble
principally	from old	age, and	adly Ruft
med	L. Alla	0. 3	
hat his property consist	s of the following item	s:	
	To Real		
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	5 at)	- <u>- 1</u>
of the value of		Dollars, that hy	reason of his physical
condition and poverty he	is unable to support	himself by his own	exertion or labor, and
condition and poverty he that he receives no pensi	is unable to support	himself by his own	exertion or labor, and
that he receives no pensi-	is unable to support on but the one herein a	himself by his own opplied for.	exertion or labor, and
that he receives no pensi Deponent desires to	is unable to support on but the one herein a participate in the ben	himself by his own opplied for. efits of the Act, appr	exertion or labor, and
Deponent desires to 1894, and the Acts amend	e is unable to support on but the one herein a participate in the ben latory thereof, and mak	himself by his own opplied for. efits of the Act, approxes application for the	exertion or labor, and oved December 15th, pension to which he
Deponent desires to 1894, and the Acts amend is entitled for the year 18	is unable to support on but the one herein a p participate in the ben latory thereof, and mak 204. I have heretofore	himself by his own opplied for. efits of the Act, appress application for the as a resident of	exertion or labor, and oved December 15th, pension to which he
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Sarlow	GEORGIA,	4	1.19	
Sarin	County.	,		
Personally app	ears &M. Fai	ullan	of Ban	lant
	gia, who, being duly s		th that had a	· · · · · ·
and resident of said	County and State, an	d has resided i	a said State contin	a fide citizen
since the he wa	sy twelve po	n old	hat he is 7//.	nously ever
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Nors.—Affidavit should not be attested before January 1st, 190

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POWER OF ATTORNEY.

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POWER OF ATTORNEY.

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Baston Gunding IIII

Baston Gunding

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INDIGENT

W. RAMMON, GRATE PLINTIN, ATLA

JOHN W. LINDSEY, Commissioner

nodoto

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Barlow County.
Personally appears & Mr. Hauntain 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 day of 1842; that he is 75 years old and
by occupation a farmer, 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 for the term of 4 100 in Company D, of 14th Regiment
of the vol ; that his physical condition is as
follows: Wom out frim age
that his appoint a points of the fill the items of
that his property consists of the following items:
of the value of Dollars. I am now earning
by my labor,Dollars per month. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1906. I have heretofore, as a resident of Partow.
County, been allowed a pension for the year 1905.
Sworn to and subscribed before me, this the \ L. M. x Hountone
67. day of Jan 1906.) mall
gwww.c/6 Ordinary.
State of Georgia,
Banfow County.
I, Gwillisovich Ordinary of said County,
do certify that I am well acquainted with & M. Hounton
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 64
day of
- ywxmonest
Amy Barlow County.
Nora.—The blank spaces must be filled. Nora.—Affidavit should not be attend before January 1st, 1900.
Norm - Allidavit should not be attested before January 1st, 1900.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
19-1
County.
Personally appears & M. Haintain of Darlow
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 16 years old
and by occupation a farmer, 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 for the term of 340 in Company 5, of 14th Regiment of 410, 070 f
of Isa vol ; that his physical condition is as
of Ha wol ; that his physical condition is as follows: Old, worm out and weak
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that his property consists of the following items:
of the value of Dollars. Lam now earning
by my labor, Dollars per month. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1907. I have heretofore, as a resident of arlow
County, been allowed a pension for the year 1906.
Sworn to and subscribed before me, this the
Je day of Jan 1907. In. M. X Fromlow
Two wind nois _ Ordinary. Mone
A
State of Georgia,
Barling County.
I, Gw Nurver 15 Ordinary of said County,
do certify that I am well acquainted with A. M. Houndand
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal this
day of 1907.
I swothmanies
Ordinary Barton County.
Nova.—The blank spaces must be filled.
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Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1907

Fountain, L.M. Ello Will Barton Barton Maimed Soldiers. 1891. AUDITED Maimed Soldiers. Voucher No. 9744 MAR 30 1891 Voucher No. 2875 Umstinght Amount \$ 10. COMPTROGMEROGENERAL. Amount \$, Paid to L. M. Fountain Paid to Im Fountai For Laxe of two For Som of timo Luides finger & meh 30 1891. April N 1890 Included in warrant No. Included in warrant No. issued to Treasureri issued to Treasurer. WARRANT-CLERK. n.a. Mright

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Barters	having filed his app	plication in the	Executive
Department for an allowance under the Ac	approved October 24,	1887, as amend	led by Act,
pproyed, Dec. 24, 1888, and the same hav	ing been examined and	d allowed for	
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le is entitled to receive the sum of	DEAS TOO	1	Dollars
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STATE OF GEORGIA,

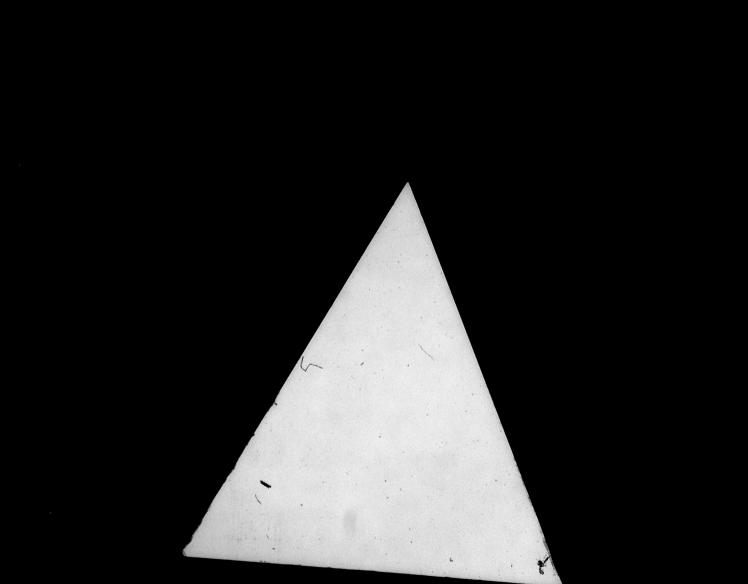
EXECUTIVE DEPARTMENT.

Allania, Ba. Mch 30 1891.

Mr. S.M. Fou	ntain of the County
of Gantom	having filed his application in the Executive
	the Act approved October 24, 1887, as amended by Acts
	889, and the same having been examined and allowed for
He is entitled to receive the	Peu (Dollars
for such disability, the same being the a	lowance due for the year ending October 24, 1891.
The Treasurer will pay the same a	ad hold his receipt on this voucher and return same to
Executive Department for warrant.	A. Inintan,
By the Governor,	Main
	SEC'Y EXECUTIVE DEPARTMENT.

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

Dolla per above voucher, this 30 of 300 first tarm.



Houte, augustus m. APPLICATION FOR FOR CONFEDERATE SOLDIER. Applicant A. M. Fronte County Darlow
Limb Arm abou Elbor Amount \$60 Date of Warrant Oct 29 7879 Zemesed Inf.

APPLICATION FOR of Warrant 6 # 29 7879

STATE OF GEORGIA.

Barlow County.	
Personally appeared before me. A. M. State of Georgia, who, being duly sworn, deposes and save that he would be sound be seen that he would be seen	
and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he	
in Company 2	
that while engaged in such military service, to wit: at the battle or engagement of Manual Att. Mount	
in the State ofd & a game on the 2 2 milday of	7
180 th he was wounded in the Mright ham the transmith	200
that the same was amputated. At the same was amputated. The same was amputated this of the has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September	(
20th, 1879; that he has A. supplied himself with an artificial Account; or that, not having	
done so, he prefers to supply himself with an artificial	
Sworn to and subscribed before me this	
Dill the day of October 1879 All Fronte	
Norm.—The above affidavit funts 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 County Court, Justice of the Superior Court Court Court Court Court Court Court, Justice of the Superior Court	
COMMISSIONED OFFICER'S AFFIDAVIT.	
STATE OF GEORGIA,	
County	

	of
the county of	, State of Georgia, who, being duly sworn, deposes
	in Company
	the above deponent, was a
in said Company, and that this deponent knows	that said,
lost ain the military service a	
Sworn to and subscribed before me this	

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

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 of hereby repealed.

HENRY R. GOETCHUS,
Secretary House Representatives.
WM. A. HARRIS,
Scordary Senate.
Approved, September 0th, 1879.

A. O. BACON, House Representative RUFUS E. LESTER,

ALFRED. H. COLQUITT, Governor

STATE OF GEORGIA. Freton County. Personally came Beng J. Well Mr E. Foute Thouteand know that he lost an down ... in the military service during the late war : that said ... Was amputated ... ale the the the liberty; 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...... ...) 9. 1. la work of me STATE OF GEORGIA, Fultan County. Smil Cellman, Ordinary of Fredhous county, do certify that I am well acquainted with...... A. M. Houte the applicant for an alma, and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with Bing J. Wolet. Mr. E Foute and Charles B. Walla 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 2 9 th FULTON COUNTY day of October 18.79 Daniel Pilman GEORGIA.

Ordena, Tolo

Court of Ordinary

STATE OF GEORGIA,
Burtow county.
PERSONALLY appears All 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 day of
that he enlisted in the military service of the Con-
States, and served as a Column of in Company of of 26 th Regiment
of June. Volunteers Browns 's Brigade; that whilst engaged
in such military service, at the battle of Outhe Keinesow line in the State
of Georgia, on the 22. day of James 186/ he was
wounded as follows: right arm broken by minnie ball
or Shrapul shah, which recessitated amputa- tion of the right arm above Ellow near
non of the right arm above Ellow near
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Description of the control of the co
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the Act amendatory thereof, approved December 24, 1888, and makes application for

the allowance to which he is entitled for the year ending October 26, 1889.

Sworn to and subscribed before me, this the 1889 Coulding of July. 1889 Coulding Colony

STATE OF GEORGIA,

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

Sworn to and subscribed before me, this day of

ORDINARY.

STATE OF GEORGIA, Burtow	
county.	
I. Deo. M. Hendre	Ordinary of said county,
do certify that I am well acquainted with applicant in the foregoing affidavit, and am well sat	
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:	Harris Land Comment
	3.2.2A.3
are persons of respectability, and that their stateme	nts are worthy of full gradit and balias
I further certify that affidavits were made and power of attorney was sign	before whom the foregoing
of said county, and the said affidavits and signature	
Given under my official signature and seal, this	Hendricks 1889.
au au	120 1-3
Ord	linary 100000 County.
POWER OF ATTO	DŖNĘY.
STATE OF GEORGIA,	<
Know all Men by these Presents, That I,	
of	
county, in said State, do hereby appoint	
me and in my name, to receive and receipt for whate	ny true and lawful attorney in fact, for
to from the State of Georgia by reason of the injury	received as a foresaid in the military sor-
vice of the Confederate States (or of this State), as s	tated 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	
In witness whereof I have hereunto set my hand	1 and seal, this
day of	
	(L. S.)
Executed in the presence of us:	
DIRECTION	
Send money to me as follows, by	
to	P. O.
County, G	eorgia.

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 facefully 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 naswer to say that an arm is "substantially neeless 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 nee 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 refurned for correction, and amendments are added to any of the affidavits, the amendments must be made under outh before an officer, and the proofs, must show that the amendments have been duly sworn to.

heers must be made under our before an oneer, and the proofs must show that the amendments have been duly aworn 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, I.
Bartow County.
I, I are Menoriela Ordinary of said county, do certify that I am well acquainted with All Fourte 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 & day of July 1890.
" Groffenducks
Ordinary Bustow County.
Ordinary Ollstow County.

STATE OF GEORG				4.4
Bartow				
1, 9 m 260	ndricks	eduzen.	Ord	inary of said Co
do certify that I am well acc		A 16	Foute	
applicant in the foregoing	affidavit, and ar	n well satisfied	that the state	ments made by
in his said affidavit are true,	and that he is d	isabled, to the	xtent he claim	s, and I know.
the individual he represents	himself to be, an	d that he reside	s in this Count	у.
I further certify that_	4			
before whom the foregoin	g affidavits wer	e made and p	ower of attorn	ey was signed,
	<u> </u>	of said	County, and t	he said affidavit
signatures thereto are genui	ine.		gent Photosophics Burns	
Given under my officia	signature and	eal, this_57	L. day of	beby.
7	SIMStim	nieks		1
and the state of the state of		Ordinary 13	artow	Co
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No.27

No.27

Application Application

For Applicants Reretofore Allowed Pour

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. Bartow PERSONALLY ADDRESS A Ill Foute of Bartow 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 2 g/th 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 Company, sugar May Mayin Company F., of 26.th Regiment of Jenn. Volunteers "Thouse"'s Brigade; that whilst engaged in such military service, at the battle of Line of Kennyaw hours, in the State 22 day of June 1864, he was of Junia , on the wounded as follows: Short through the right orm, the between the elbour and shoulded the bot being broken - resulting in the amportation of the right arm before 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 Sworn to and subscribed before me, this the Hudindicks Ordinary NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of POWER OF ATTORNEY. STATE OF GEORGIA Bartow County. KNOW ALL MEN BY THESE PRESENTS, That I, county, in said State, do hereby appoint my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or tor any sum of money which may be coming to me for the reason IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

DIRECTION.

County, Georgia.

P.O.

Executed in the presence of us:

Send money to me as follows, by

STATE OF GEORGIA Bactour PERSONALLY appears A 115 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 1865; that he enlisted in the military service of the Confederate States (or of the State of the States, and served as a district of States, and served as a district of States, and served as a Vient of States and served as a Vient of States and served as a Vient of States in such military service at the battle of On the Kenneson Ling in the State of georgia, on the 22 has day of June 1864, he was wounded as follows: aight aren shattened by a minute ball or other shot which regulted in the augustation of said arm mean 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 previous Sworn to and subscribed before me, this, the) 5th day of Febri. Nora .- 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. Know all Men by these Presents, That I, County, State of Georgia, do hereby appoint my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governorm. nor, 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 Executed in the presence of us: THE PER NAMED DIRECTION. Send money to me as follows, by STATE OF CEORG County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA. Bartow In Hendricks Ordinary of said county, do certify that I am well acquainted with A Mo Fourte 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 repesents himself to be, and that he resides in this county. Given under my official signature and seal, this / Lday of harch 1892. O. Henduile County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Know all Men by these Presents, That I
of County, State of Georgia, do hereby appoint
of
from the State of Georgia by reason of the injury received as aforesaid in the military service the Confederate States (or of this State), as stated in the foregoing anthering hereby methods my said attorney to receipe in my owne for any Warrant that may be issued by the Governor, for any sum of money which may be coming to the for the reason aforesaid.
IN WITHHEST WHEREOF, I) have hereunto set my hand and seal, the quantum personness presentione and personness presentione and personness presentions.
applicant in the foregoing affidavis, and answell saliefied that the statements anade by him is a Executed in the bicseuce of ms: said affidavit are true, and that he is stated to be stand to be said affidavit are true, and that he is standard to be said affidavit are true, and that he is standard to be said affidavit are true, and that he is standard to be said affidavit are true, and that the standard to be said affidavit are true, and the standard to be said affidavit are true.
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Send money to me as follows, by
STATE OF CEORGIA, to to be to the solution of
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County, Sinte of Georgia, who, being duly sworn, rays on eath that he is a 40 ma 4/40 cutzen resident of said State, and has resided therein continuously ever since the

the SALLY ADDEADS

For Applicants Heretofore Mlowed Pensions STATE OF GEORGIA.

For Applicants Heretolore Allowed Pensions.
STATE OF GEORGIA,
Bartow County.
PERSONALLY appears Augustus M Soute
of Bertow 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 Const Surge Maj Fadilin Company 7.
of 26 th Regiment of Jennese Volunteers Brown 's
Brigade ; that whilst engaged in such military service at the battle of ou Heumonwline
in the State of Georgia, on the 22md day of
1864 he was wounded as follows: SLRA 144 ha GAI
armby minine ball or other shot, which
Mouthed in the amountation of said right
arm mar 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
To \$100. Dollars for Deveral years
(of Moroule.
1st day of March 1892.
Leastenderche ordinary.
Norm.—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,
County.
Know all Men by these Presents, That I,
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County is said State de basely sensit
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
my said attorney to receipt in my name for any Warrant that may be issued by the Courses
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 of1892.
[L. S.]
Executed in the presence of us:
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The state of the s
DIRECTION.
Send money to me as follows, by

County, Georgia.

	STATE OF GEORGIA,
	PERSONALLY appears A M. Foutt 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 Con-
	federate States (or of the State of adjustant during the war between the States, and served as a Company of 10 th Regiment
	of Jenn. Volunteers Orfour 's Brigade: that whilst engaged in
	such military service at the battle of On the Kennusan line in the State
	of Grangia, on the 22. day of June 1864, he was
	wounded as follows: Ball through right arm about
	middle thing June 22 or 73. 1864
	H. S. B. C. S. C.
	Deponent desires to praticipate 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 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)
	Sworn to and subscribed before me, this, the
	Gustenairs Oras
	Norz-State fully nature of wound or character of disease which causes the disability, and emplais particularly the extent of the
	STATE OF GEORGIA,
	Barbonne
	1 A Henderick Ordinary of said County,
· A	do certify that I am well acquainted with A M. Fortite 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 (A) (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
	before whom the foregoing affidables were made and power of attorney was signed, is a
	the connection of the plant of said County, and the said amdayits and
	com the State of Coor, at by reason of the many received amount of inducy is not be entitled to
	Given under my official signature and seal, this 13, day of make 1893.
	or MINIMARY & APPLIED TO SECULAR TOLONIA
	Know all Men by these Presents That Darton County
	County, County
1	STATE OF GEORGIA,
	POWER OF ATTORNEY.

POWER OF ATTORNEY

	y these Presents,					
ounty, State of Geo	orgia, do hereby ap	point				***************************************
e and in my name, tate of Georgia by tates (or of this s by to receipt in my hich may be coming IN WITNESS	reason of an injur State), as stated i name for any War	eipt for whatever y received as afo n the foregoing rant that may be son aforesaid.	amount of resaid in the affidavit; issued by the	military service hereby authorize e Governor, or fo	entitled to from of the Confi	om the ederate Attor-
y of		1894.				
Evalutad is	the presence of					[L. s.]
2xecuted in	the presence of)			•	*
Send money to	me as follows, by	DIRECT	IONS.			
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		County, Geor	gia.			
				year and a second	TOTAL TOTAL	
For Those Aiready Enrolled.)	ISDA.	A Me Forte	Dissbility of our of right acun	M. H. HARRISON, Secretary Executive Department.	WARRING HANDED TO	One W. Hyginese, water Printer, Atlanta

POWER OF ATTORNEY.
STATE OF GEORGIA,
Bartow County.
KNOW ALL MEN BY THESE PRESENTS, That I. A.M. Touts
or corrospelle, Darlane
The and advantage in act, or
me and in my name, to receive and receive 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 / 2 14.
day of Weh. 1895. AM Jourte [L. s.]
Executed in presence of us
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DIRECTIONS.
Send money to me as follows, by
County, Georgia.
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No. P. Already, Env. Mo. O. O. O. C. O. O. O. C. O. O. C. O.
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For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA.

Barton County.	
PERSONALLY appears A	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 re	esided therein continuously ever since the
	; 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 Verge May	A aah. in Company J, of 26 th Regiment Brown 's Brigade; that whilst engaged in
or Volunteers V	s Brigade; that whilst engaged in M/Sumes aw Kim in the State
of 40 most can on the	in the State
wounded as follows: Shot M	22. day of June 1864, he was a night am about elbour
and arm anipe	italia near middle third.
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D	5,
Deponent desires to participate in	the benefits of the Act, approved October 24th, 1887,
entitled for the year ending October	makes application for the allowance to which he is 26, 1894. I have heretofore been allowed a pension of
oue hundred	dollars for the year 190 3
Sworn of and subscribed before n	
and day of March	ne, this, the & A M Joute.
any or mach	1894.)
of the disability, resulting from the wound or charact	er of disease which causes the disability, and explain particularly the extent
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STATE OF GEORGIA.	
Bartow County	
1. 9 n Mondria	Ordinary of said County,
do certify that I am well acquainted	with A K Foute the
	with A K Joule the
applicant in the foregoing affidavit, as	nd am well satisfied that the statements made by him
applicant in the foregoing affidavit, as in his said affidavit are true, and I kn	the and am well satisfied that the statements made by him ow he is the individual he represents himself to be
applicant in the foregoing affidavit, at in his said affidavit are true, and I kn and that he resides in this County.	nd am well satisfied that the statements made by him ow he is the individual he represents himself to be
applicant in the foregoing affidavit, an in his said affidavit are true, and I kn and that he resides in this County. Given under	nd am well satisfied that the statements made by him ow he is the individual he represents himself to be my official signature and seal, this
applicant in the foregoing affidavit, an in his said affidavit are true, and I kn and that he resides in this County. Given under	nd am well satisfied that the statements made by him ow he is the individual he represents himself to be
applicant in the foregoing affidavit, and in his said affidavit are true, and I kn and that he resides in this County. Given under day of Mar.	nd am well satisfied that the statements made by him ow he is the individual he represents himself to be my official signature and seal, this 2 M C L 1804.
applicant in the foregoing affidavit, at in his said affidavit are true, and I kn and that he resides in this County. Given under day of Mar	and am well satisfied that the statements made by him ow he is the individual he represents himself to be my official signature and seal, this 2 M C L 1894.
applicant in the foregoing affidavit, and in his said affidavit are true, and I kn and that he resides in this County. Given under day of Mar.	nd am well satisfied that the statements made by him ow he is the individual he represents himself to be my official signature and seal, this 2 M C L 1804.
applicant in the foregoing affidavit, and in his said affidavit are true, and I kn and that he resides in this County. Given under day of Mar.	and an well satisfied that the statements made by him ow he is the individual he represents himself to be my official signature and seal, this 2 Md ch 1894.

Boutour County	
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County, State of Georgia, who being duly sworn, says on oath that he is a bona fide of	itizen *
and resident of said State, and has resided therein continuously ever since the 3/	THE STATE OF THE S
d the minimal y service of the	
during the war between	en the
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of Jennese 's Brigade; that whilst engage such military se the of Ou Kenney aw hine in the	ged in
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Deponent desires to participate in the benefits of the Act, approved October 24th,	1887,
and the acts amendatory thereof, and makes application for the allowance to which	he ie
entitled for the year ending October 26th, 1895. I have heretofore been allowed a per	nsion
of One Hundred dollars, for the year 189 4 for the	vena
Sworn to and subscribed before me, this, the	_
Of the day of Weh. 1895.	0.
TWHendricks Ordinary	
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STATE OF GEORGIA,	
Barlow County.	
a sor Handania Wi	
Oldinary of said Cot	anty,
do certify that I am well acquainted with. A Mo Joule applicant in the foregoing affidavit, and am well satisfied that the statements made by	the
in his said affidavit are true, and I know he is the individual he represents himself	him
and that he resides in this County.	to be
Given under my official signature and seal, this 12 7	
day of Weh. 1895.	
After Globbendricks	
b)	
Ondina 13 lk w 1 m	

POWER OF ATTORNEY. STATE OF GEORGIA, Bartow County. hereby authorize L Cartisville to receive and receipt for the pension paid hereon and request that he remit same to at Continville ya IN WITNESS WHEREOF, I have hereunto set my hand and seal, this. day of Jely. Myoute. Executed in presence of us W & Allaway SOLDIER'S PENSION 1896.

POWER OF ATTORNEY

	OF ATTORNEY.
STATE OF GEORGIA,	
County	
I,	hereby authorize
receive and receipt for the pensio	on paid hereon and request that he remit same
	by
t <u> </u>	
IN WITNESS WHEREOF, I h	have hereunto set my hand and seal, this
ay of	1897.
Executed in presence of	[L. s
Executed in presence of	
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For Applicants Heretofore Allowed Pensions.

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worn, says on oath that he is a bona fide citize
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he enlisted in the military service of the Co
Mad., in Company J, of 26 th Regime
in Company 7, of 26 th Regime
's Brigade; that whilst engage
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which causes the disability, and explain particularly the exte
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Ordinary of said Count
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vell satisfied that the statements made by his
s the individual he represents himself to l
d signature and seal, this
1896.
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V. Hemmels

Barlow	
nam	County.)
Dersonally a	opears AM Houte of Bartow
	eorgia, who being duly sworn, says of oath that he is a bona fide citizen
	State, and has resided therein continuously ever since the 3/%
day of Augu	1865 ; 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 a	is a Limb. raajh ste in Company It, of 26 th Regiment
of Jennesses	Volunteers, Brown 's Brigade; that whilst engaged
in such military ser	vice in the State of 90 orgin, on the 22. day
of June	186 H, he was wounded, injured or diseased of follows:
Shot in ric	gut arin which resided in ain-
	noar middle Third, at marrieta,
Ma. ou n	ight of same day.
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Charles and the Company of the Compa	The same of the sa
Deponent desir	es to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amend	latory thereof, and makes application for the pension to which he is
entitled for the year	r ending October 26th, 1897. I have heretofore under said law as a
resident of 13	to and y seem an owed an invalid pension of
One Houds	, , , , , , , , , , , , , , , , , , , ,
	abscribed before me, this, the Aut Fraule.
15th. day of	February 1897. POST OFFICE Cartery ville, ga.
MINNO.	01111160
Note-State fully the na	
of the disability, resulting fro	more of the second of the seco
	ture of wound or character of disease which causes the disability, and copiain particularly the extent in the wound or disease.
STATE OF GE	
	ORGIA,
Barton	ORGIA, County.
Barton	ORGIA, County. Mendricky Ordinary of said County.
Borton I, y 1 lo certify that I am	ORGIA, County. Mendricky Ordinary of said County, well acquainted with A. M. Foula the
Borton I, y 1 do certify that I am applicant in the fores	ORGIA, County. Melacquainted with A Moula the going affidavit, and am well satisfied that the statements made by him
I, J lo certify that I am applicant in the foregon his said affidavit a	ORGIA, County. New dricks Ordinary of said County, the well acquainted with A who will be to the coing affidavit, and am well satisfied that the statements made by him re true, and I know he is the individual he represents himself to be
Bortow I, do certify that I am applicant in the fore n his said affidavit a	ORGIA, County. New dricks Ordinary of said County, the well acquainted with A who will be to the coing affidavit, and am well satisfied that the statements made by him re true, and I know he is the individual he represents himself to be
I, J lo certify that I am applicant in the foregon his said affidavit a	ORGIA, County. New dricks Ordinary of said County, the well acquainted with A who will be to the coing affidavit, and am well satisfied that the statements made by him re true, and I know he is the individual he represents himself to be
Bartour I, y 1 do certify that I am applicant in the foreg in his said affidavit a	County. New decick of Ordinary of said County, the going affidavit, and am well satisfied that the statements made by him re true, and I know he is the individual he represents himself to be a this County. Given under my official signature and seal, this
I, John Jam applicant in the foregon his said affidavit a und that he resides in	ORGIA, County. New acquainted with A M Town of said County, the going affidity, and am well satisfied that the statements made by him re true, and I know he is the individual he represents himself to be a this County. Given under my official signature and seal, this
I, John Jam applicant in the foregon his said affidavit a und that he resides in	County. New data county, the well acquainted with A Modern to the going affidavit, and am well satisfied that the statements made by him re true, and I know he is the individual he represents himself to be a this County. Given under my official signature and seal, this
I, do certify that I am applicant in the foregin his said affidavit a and that he resides in	ORGIA, County. New acquainted with A M Town of said County, the going affidity, and am well satisfied that the statements made by him re true, and I know he is the individual he represents himself to be a this County. Given under my official signature and seal, this

POWER OF ATTORNEY

TATE OF	GEORGIA,	}				
	Cou	nty.				
I,			hereby authoriz	ze		
		of_			, · · · <u>·</u>	
receive and	l receipt for the	pension paid	hereon and req	uest that l	e remit same to	
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IN WITH	NESS WHERE	OF. I have her	ennto set my h	and and see	· itia	
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POWER OF ATTORNEY.

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

Cartyn Courty
cons section is (For Those Aiready Enrolled.)
No. 574
INVALID
SOLDIER'S PENSION
1899.

WARRANT HANDED TO
Affeth
HARMSON, STATE PRINTER, ALLAND

RICHARD JOHNSON,

W. HARRISON, STATE PRINTER, ATLAN

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, Barbor Dersonally appears A. M. Foute of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizeny and resident of said State, and has resided therein continuously ever since the 186.1; that he enlisted in the military service of the Confederate States for of the State of during the war between the States, and served as a Seeul & Adjulatin Company &, of 26th Regiment Volunteers, John C. Briva Brigade; that whilst engaged 186 L, he was wounded, injured or diseased as follows: that in right arm in bottle Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1892 Sworn to and subscribed before me, this, the) A VI to ite. 1898. POST-OFFICE Carlinelle Ga wound or character of disease which cause me disability, and explain particularly the extent STATE OF GEORGIA. Darlow County. W Hundricks do certify that I am well acquainted with A. M. Foule 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 99 al day of Li Eby

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County.
personally appears Am House or Barton
County, State of Georgia, who being duly sworn, says of oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 340 day of 185; that he enlisted in the military service of the Con-
federate States (or of the States, and served as a language of the Company of of b.th. Regiment
of Jame. Volunteers, Breade; that whilst engaged
in such military service in the State of Georgia, on the 22. day of grand 1864, he was wounded, injured or diseased as follows: In right arm, which results in
augustation of some wear middle Third
on night of some day
ing October 28th, 1899. I have heretofore under said law as a resident of County been allowed an invalid pension of One Number Dollars, for the year 1898. Sworn to and subscribed before me, this, the
rd. day of Frey. 1899, POST ORPICE Cartragin
Note-State fully the nature of sound or character of disease which causes the disability, and explain perficularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA, County.
I WHENDVIDS Ordinary of said County.
do certify that I am well acquainted with AM. 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
day of Fi Ely 1890,

Ordinary Barlow

County.

I,			b	ereby auth	orize	* ;	
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receive and	receipt for th	e pensio	n paid he	reon and	request	that he	remit same to
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County, STATE OF GEORGIA.

Personally appears

For Applicants Heretofore Allowed Pensions.

County. State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State and County, and has resided therein continuously ever since the day of hashed to feel the confederate States (or of the State of he confederate States (or of the State of he confederate States, and served as a say the bis should be similar to many the feel tween the States, and served as a say the bis should be similar to many the state of the confederate States, and served as a say the bis should be sho
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 3\. day of 3 way 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 says were being the Company 3, of 26 th Regiment of 19 war. Volunteers, Brown 's Brigade; that whist engaged in such military service in the State of 91000 , on the 121 day of 1864, he was wounded, injured or diseased as follows: When a the Company of the Komman April 2000 and the war of the Company of the Komman and the Company of the Comman and
and resident of said State and County, and has resided therein continuously ever since the 31 day of 3 way 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 single way way was a single way of the the Regiment of Jerry Volunteers, Byour 's Brigade; that whilst engaged in such military service in the State of Years on the 22. on the 22. When we wounded, injured or diseased as follows: When we have compositioned to see a constant of the service and the large of the service and the large of the service and t
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 sure mean way was a sure of the confederate States, and served as a sure mean way of the the Regiment of Jew. Volunteers, Byourd 's Brigade; that whilst engaged in such military service in the State of Grand on the 21. 1864, he was wounded, injured or diseased as follows: Where we the Composition to the composition of the comp
the Confederate States (or of the State of) during the war between the States, and served as a surety many branch in Company. It, of 16 th Regiment of Jew. Volunteers, Byour 's Brigade; that whilst engaged in such military service in the State of Jeorgho, on the 22. day of Jew. 1864, he was wounded, injured or diseased as follows: When we the Confederate As rose a new limit of duty on the Komeson has a rose and in form of duty on the Komeson has a new a new limit of duty on the Komeson has a new a new limit of duty on the Komeson has a new a new limit of duty on the Komeson has a new limit of duty on the Komeson has a new limit of duty on the Komeson has a new limit of duty on the Komeson has a new limit of duty on the Komeson has a new limit of duty on the Komeson has a new limit of duty on the Komeson has a new limit of duty on the Komeson has a new limit of duty on the Komeson has a new limit of duty on the Komeson has a new limit of duty of the has a new limit of duty of duty of the Komeson has a new limit of duty o
tween the States, and served as a suret were bischedule in Company \$\frac{1}{2}\$, of \$26 th Regiment of \$1000. Volunteers, \$1000000000000000000000000000000000000
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 County been allowed an invalid pension of One humans Dollars, for the year 1894.
Sworn to and subscribed before me, this, the A M Houte.
day of Jany. 1900.) POST OFFICE Carteraulle, y
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 M W Hendricks Ordinary of said County, do certify that I am well acquainted with M House 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
(TAME) day of Jany, 1900.
James Juntanoricke
Ordinary Box Town County.

STATE OF GEORGIA,
Garlow County.
Personally appears HM-Houte of soil
County, State of Georgia, who being duly sworn, says on ath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the 2927
day of Lugard 1860; that he enlisted in the military service of the Confederate States (or of the State of
federate States (or of the State of) during the war between the States, and served as a States, and served as a States, and served as a States of in Company. H, of 26 th Regimen
of Volunteers, Brigade; that whilst engaged
in such military service in the State of Leongie , on the 22 day
of 1864, he was wounded, injured or diseased as follows:
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County been allowed an invalid pension of One humber Dollars, for the year 1900. Sworn to and subscribed before me, this the the thought day of Jany, 1901. Postoffice Continued.
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ularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
Daylow County.
I, The Sent colls Ordinary of said County,
do certify that I am well acquinted with H. 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
day of flundry 1901.
Ordinary Conty County
BOMER OF VIOLENCE County.

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

Bartow County.
Personally appears R. M. Youite 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 3/day of august 18.66; that he enlisted in the military service of the Con-
federate States for of the State of) during the war between the States, and served as a stright. Inf 62 in Company 4, of 26 th Regiment
of Hennisell Volunteers, "Spourn's Brigade; that whilst engaged in such military service in the State of Hear gia, on the 22 day
of June 1864, he was wounded, injured or diseased as follows: Right arm asked at the arms asked attal
of gun shot wound received in
battle of Kennes aw.
)
Deponent makes application for the pension to which he is entitled for the year
ending October 28th, 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 the) A M Faula
Switch day of January 1902. Post-office Content of all, ga.
Norm.—State fully the nature of the wound or character of disease which causes the disability, and exploin particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
I Gw Hindrie Do Ordinary of said County,
do certify that I am well acquainted with A M H Oscil
the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this
day of John 1902.
() The standards
Norz.—Fill all blanks and of Company and Regiment. Norz.—All vouchers and allidavits must bear data after January 1, 1802.
the misery municipality 1, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF	
	A Miles
County, State of Ger	of Oscarbono of Oscarbono orgia, who being duly sworn, says on oath that he is a bona fide citize
nd resident of said	State, and has resided therein continuously
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ederate States (or o	of the State of) during the war between t
tates, and served as	sal Leens in Company 4 , 9/
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Sworn to and su Any Ones, state fully Nors, state fully Nors, state fully Nors, state fully Nors, state fully Cortify the extent of the STATE OF I, I, I and I applicant in the fi m in his said affiday	County, been allowed an invalid pension of Dollars, for the year 1902. Dollars, for the year 1902. Dost-office of the year 1902. Dost-office of the would or character of disease which causes the disability and explain the disability resulting from the would or disease. GEORGIA, County. County. Well acquainted with At M. Houte oregoing affidavit, and am well satisfied that the statements made by with are true, and I know he is the individual he represents himself.
Sworn to and su Any Ones, state fully Nora, state fully Nora, state fully Nora, state fully Nora, state fully Orderify the extent of the STATE OF I, I, I am e applicant in the form in his said affiday and that he resides	County, been allowed an invalid pension of Dollars, for the year 1902. Dollars, for the year 1902. Dost-office of the year 1902. Post-office of the would or character of disease which causes the disability and explained with a county. GEORGIA, County. County. Ordinary of said County well acquainted with At M. Houte oregoing affidavit, and am well satisfied that the statements made be with are true, and I know he is the individual he represents himself to sin this County.
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Sworn to and su GLO Her Sworn to and su GLO Her Grand Her STATE OF Correctify that I am to certify that I am to eapplicant in the fi m in his said affidat and that he resides Gi	County, been allowed an invalid pension of Dollars, for the year 1902. Post-office of a control of the wound or disease which causes the disability, and explain the disability resulting from the wound or disease. GEORGIA, County. Dordinary of said County well acquainted with At M. Houte oregoing affidavit, and am well satisfied that the statements made by the post of the
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POWER OF ATTORNEY.

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(FOR THOSE ALREADY ENROLLED.)	No. 163 A	DISABLED	SOLDIER'S PENSION	1904.	Name AM- doute	County (Santon)	Disability by of arm	Amount, S. L. L. 1904.	JOHN W. LINDSEY. Commissioner of Pensions.	WARRANT HANDED TO	Geo. W. Harrison, State Proper, Atlanta.	

POWER OF ATTORNEY.

STATE OF	1	DUNTY. JOA	te learning	here	eby autho	rize
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YOR APPLICANTS HELECKSHORE (LLOWED PENSION

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Bartow	County.
Personally appears	Am foute of Bantow
	who being duly sworn, says on oath that he is a bona fide citizen
nd resident of said State	, and has resided therein continuously ever since the 31
ay of August	1865; that he enlisted in the military service of the Con
ederate States (or of the	
tates, and served as a	of the the target in Company to, of 26 th Regimen
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n such military service in	n the State of Georgia, on the 22 day
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Barlow One Hund	Donars, for the year 1806.
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Sworn to and subscr	2001. I have heretofore, under said law, as a resident o County, been allowed an invalid pension o Dollars, for the year 1903. Cibed before me, this the
Sworn to study subserved to the state of the state of the state of the disal state of the	County, been allowed an invalid pension o County, been allowed an invalid pension o Dollars, for the year 1903. The post-office landers and control of the word or character of disease which causes the disability, and explaining resulting from the wound or disease.
Barlow Barlow OMe Huma Owner to and subser day of features Norse-State fully the ne	County, been allowed an invalid pension o County, been allowed an invalid pension o Dollars, for the year 1903. Tibed before me, this the Dollars, for the year 1903. Post-office Carteriol County ture of the wound or character of disease which causes the disability, and explain EORGIA,
Sworn to and subser The day of t	County, been allowed an invalid pension of Dollars, for the year 1903. Cibed before me, this the Dollars, for the year 1903. Cibed before me, this the Dollars, for the year 1904. Post-office Cartervello Quatre of the wound or character of disease which causes the disability and explaining resulting from the wound or disease.
Sworn to study subscribed by the state of th	County, been allowed an invalid pension o County, been allowed an invalid pension o Dollars, for the year 1903. Tibed before me, this the Dollars, for the year 1903. Post-office Carteriol County House of the wound or character of disease which causes the disability, and explain EORGIA, County. Ordinary of said County
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF C	EORGIA,	} 	
Barrow	COUNTY.	1	
Personally appe	ars Am to	ute of	Bartow
County, State of Geor and resident of said S	gia, who, being duly tate, and has resided	sworn, says on oath that therein continuously ev	the is a bona fide citizen ver since the 31%.
of Dennessa	he State of borsh a literal land	May du Company 4	itary service of the Con- ring the war between the , of 26 th Regiment de; that whilst engaged
in such military servi			, on the 22 day
of guns shot i	r ni somou	ight arm, r	or diseased as follows:
			<u> </u>
Deponent makes ending October 26th Boutow	, 1905. I have h	eretofore, under said	law, as a resident of lan invalid pension of at 1904.
Sworn to and sub	scribed before me, th	is the	fault
Gwith	morrett		artoroulle, ega.
Norg.—State fully the carticularly the extent of the	nature of the wound or codisability resulting from the	character of disease which can be wound or disease.	sees the disability, and explain
STATE OF G	EORGIA,	}	
I, y WH			rdinary of said County,
the applicant in the for by him in his said affice to be, and that he resid	lavit are true, and I k	d am well satisfied the	it the statements made
Given	under my official sign	nature and seal, this	12th.
Affix Your	9	I. Willes	wrich

Affix your Beni here.

Ordinary Buttow Co

County.

POWER OF ATTORNEY.

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· Q. w	ward.	riple		THE RESERVE	of D	aid	. 0	un	tu	
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POWER OF ATTORNEY.

STATE OF GEORGIA,	- 1	T.,	
Barton	COUNTY.		
4 W Handricka	t	•	hereby authorize
to receive and receipt for the	pension paid hereo	n, and request that	he remit same to
a leastingville		The state of the s	***************************************
In Witness Whereof, I ha	ave hereunto set my	hand and seal, this	s ym
day of garry.	1907.		
	* *	whoute	[L. S.]
Executed in presence	of i	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	vier Veri
200 Hinsrick	2	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	

SOLDIER'S PENSION

Consideration

No. 1 4 ° 4

DISABLED

SOLDIER'S PENSION

IBOT

County Beatrage of Regiment 24 June

Disability Seat right of the Amount, \$150.

757 783 Goo, W. Rejamon, evert Paurras, J.

NOTE LO LONG OF THOME OF SEVEN