#### O UESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
County.
of said State and County is hereby presented
as a wiscard in support of the application of M2 . J. J. for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded,
answers as follows:
I that is your name and where do you reside? I follow the hour Adains willy Barryn County to
2. How long and since when have you known
3. Where does he now reside, and since when has he been a bogas fide, continuing resident in this
State and how do you know! In Adainsaille Go. Nas live
in the ever since I have thrown him
4. When, where and in what Company and Regiment did My Hogos enlist during war from 1861 to 1865. (Give date and place) 1864. Blackston & C
5. How did you obtain your information of this Service? Crass - Cu R.
8'- Go. Bat. Went to the war from Dame sellen
-6. How long within your own personal knowledge did he perform actual military service with
this Company and Regiment? (give date) Attent 1869, 1st 1865
8621866, Grensbor N.C.
8. Were you personally present at the Surrender?
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender?
11. If not where was he and how came him there?
12. When did he leave his Command? Where was his Command.
12. When did he leave his Command? Where was his Command when he left it? for what cause did he leave?
By whose authority did he leave and how
long was he granted leave?
all that vowhave fored to be true? If of your own knowledge (Tell elearly and specifically) & Mas, With lime of Proof personally
13. In what way was he prevented from returning to his Command?
How do you know? De Olaid all the said
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner
In what prison was he held?and when released?
Sworn to and subscribed before me, this the day of Day 191/2.
Ordinary,
County,

## AFFIDAVIT OF TWO FREEHOLDERS.

2270220200	40000000		A SHIP OF THE	BOTH OF	
TOTAL A	Transfer.	20	-	212	1000000
STA	~ E 74	I COLUM	5 SP1 33.	@15CI	$\mathbf{H} \Delta \mathbf{v}$

-County

he applicant for pension and we know the	said County and we know
特性できたが発生で発展を表示といる。できた。	n sold or given away by the applicant or his wife since 4 Nov
the second of the second of the second	d or given to?
The state of the s	ed to be paid?
4. What relation is the party to a	pplicant?
5. What disposition was made of	the proceeds of the sale?
	perty made in good faith and full values?
or was it made to obtain a pension?	
Sworn to and subscribed before me	, this the
day of	191 }
	Ordinary,
of	
ORDINA	ARY'S CERTIFICATE.
STATE OF GEORGIA,	ıty.
STATE OF GEORGIA, COUR.	Ordinary of said County, certify that I know
STATE OF GEORGIA,  Cour  I JW HINDY  the applicant M. J. May 10, Per	Ordinary of said County, certify that I know said is the person he represents himself to be and resides in
STATE OF GEORGIA,  Cour  T. J. W. H. W. J. Lor Per  the applicant M. J.	Ordinary of said County, certify that I know soon is the person he represents himself to be and resides in the witness swearing to the
STATE OF GEORGIA,  Cour  I, J.W. A. J.	Ordinary of said County, certify that I know asion is the person he represents himself to be and resides in the witness swearing to the who are freeholders, that
TATE OF GEORGIA,  Court  The applicant M. The I also know I am ferrice and they are all residents of said County and whey are all truthful and trustworthy and they are all truthful and trustworthy a	Ordinary of said County, certify that I know prion is the person he represents himself to be and resides in the witness swearing to the the witness of the witness wearing to the who are freeholders that the rere duly sworn by me before signing the foregoing affidavit and their statements are entitled to full faith and credit. That the
the applicant M. That I also know J. Jervice and hey are all residents of said County and whey are all truthful and trustworthy and the area.	Ordinary of said County, certify that I know point is the person he represents himself to be and resides in the witness swearing to the witness of the witness that the who are freeholders, that were duly sworn by me before signing the foregoing affidavit and their statements are entitled to full faith and credit. That the description is the wife who will be a said to be a supplied to full faith and credit. That the description is now that the description is now that the description in the said to be a supplied to full faith and credit.
county. That I also know James and County and whey are all truthful and trustworthy and the Area	Ordinary of said County, certify that I know pain is the person he represents himself to be and resides in the witness swearing to the the witness of the county sworn by me before signing the foregoing affidavit and their statements are entitled to full faith and credit. That the county shows that Market and wife to 1909 \$ 3.633 to 1910 \$ 3.000
che applicant M. That I also know J.	Ordinary of said County, certify that I know pain is the person he represents himself to be and resides in the witness swearing to the who are freeholders and their statements are entitled to full faith and credit. That the least statements are entitled to full faith and credit. That the least shows that Malaye and wife for 1909 \$3.633 for 1910 \$3.000 —
county. That I also know James and County and whey are all truthful and trustworthy and the Area	Ordinary of said County, certify that I know pain is the person he represents himself to be and resides in the witness swearing to the who are freeholders and their statements are entitled to full faith and credit. That the least statements are entitled to full faith and credit. That the least shows that Malaye and wife for 1909 \$3.633 for 1910 \$3.000 —

NAME Mayon, M.T. WHEN AND WHERE BORN? Resident of Georgia, since 1884. LULISTED WHEN AND WHERE? Pob. 1868,- Charleston, S.C. RANK

COMPANY AND REGIMENT? Co.D. Sth. Co. Batta NAME OF CAPTAIN AND COLONEL?

WOUNDED?

RELEASED.

BURIED,

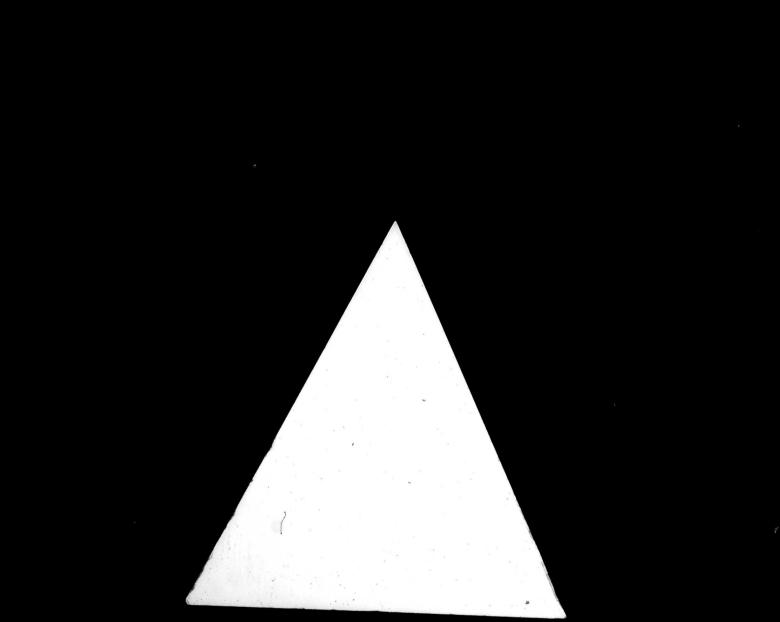
CAP FURED, WHEN AND WHERE?

WHEN AND WHERE SURRENDERED? April 20,1865,- Greensbore,

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

WITNESSES. 2.3. Boll .- Co.A. Sth. Ca. Betta.



Widow's Pension UNDER ACT 1910. County Bartino J. W. LINDSEY,

Widow's Pension

UNDER ACT 1910.

Widow of M. Heyring

Widow of M. Heyring

Widow of M. Heyring

One F. Bert State Press.

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

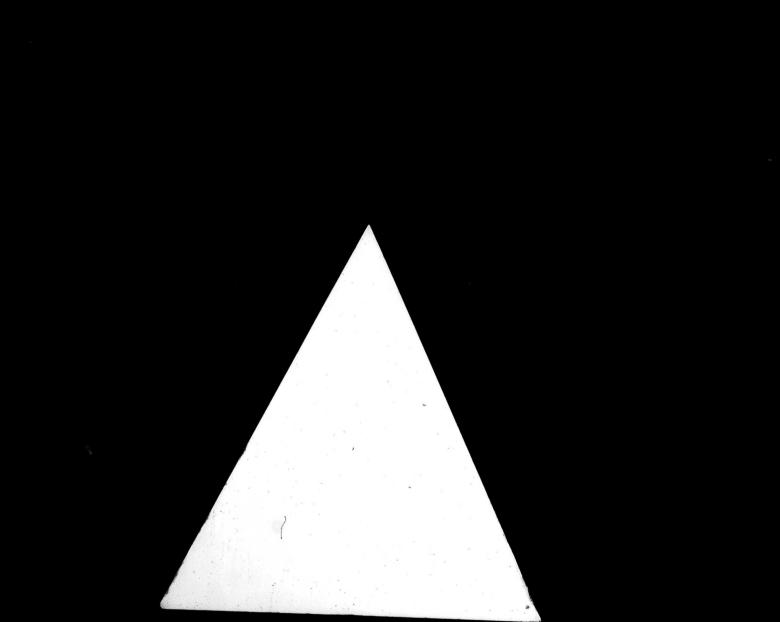
and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of the Committee of the Act of the Committee of the Comm	STATE OF GEORGIA,	
and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of the Committee of the Act of the Committee of the Comm		A _ in the contract of the con
1. What is your name, and where do you resided Allew & Hayana Basala.  2. How yong and since when have you been a continuing resident in the State of Georgia? If the state	Personally before me comes. The	
1. What is your name, and where do you reside? **Many and **Description**  2. How long and since when have you been a continuing resident in the State of Georgia? **  3. When, where and to whom were you married? **Journ hasband enlist as a soldier in Concept and Army or Georgia Militia? **(State the arms and class of Service.) **Journal Many or Georgia Militia? **(State the arms and class of Service.) **Journal Many or Georgia Militia? **(State the arms and class of Service.) **Journal Many of Many or Journal Many of Journal Many of Man		
1. What is your name, and where do you reside? *** *** *** *** *** *** *** *** *** *		ny to make out the same, true answers makes to the fol-
2. How and since when have you been a continuing resident in the State of Georgia?  3. When, where and to whom were you married? [16] [16] [17] [18] [18] [18] [18] [18] [18] [18] [18		9.00 41/2 12
3. When, where and to whom were you married? About the summary as a soldier in Condederate Army or Georgia Militia? State the arms and class of Service. It was a soldier in Condederate Army or Georgia Militia? State the arms and class of Service. It was a soldier in Condederate Army or Georgia Militia? State the arms and class of Service. It was a soldier in Condederate Army or Georgia Militia? State the arms and class of Service. It was a soldier in Condederate Army or Georgia Militia? State the arms and class of Service. It was a soldier in Condederate Army or Georgia Militia? State the arms and class of Service. It was a soldier in Condederate Army or Georgia Militia? State the arms and class of Service. It was not present state clearly where he was?  7. If he was not present state clearly where he was?  8. Where was his Command when he left?  a. For what cause did he leave his Command?  b. By whose authority did he leave his Command?  c. For how long was he granted leave of absence?  e. What was his physical condition when he left his Command?  f. What effort did he make to return to his command?  g. In what way was he prevented from going back to Command?  h. Was he captured by the enemy at any time?  i. If so, when and where captured and where held as a prisoner, and when and for what cause reased?  j. When and where did your husband die?  J. When property of any description sid you own, hold or control for your use and its cash value, the condition of the property of any description sid you own, hold or control for your use and its cash value.  10. What property of any description of any value have you now?  11. What property of any description of any value have you now?  12. What are your annual earnings or income and their value?  13. Have you heretofore been paid a pension by the State?  14. So, when and for what cause were you struck from the Roll?  Sworn to and subscribed before me this the.  J. J		
3. When, where and to whom were you married? *** *** *** *** *** *** *** *** *** *		
Severate Army or Georgia Militia? (State the arms and class of Service.) A structure of the commands of your femband surrender or discharge from the army?  1. When and where did the Commands of your femband surrender or discharge of this Command?  2. When and where did the Commands of your femband surrender or discharge of this Command?  7. If he was not present state clearly where he was?  8. Where was his Command when he left?  a. For what cause did he leave his command?  b. By whose authority did he leave his command?  c. For how long was he granted leave of absence?  what was his physical condition when he left his Command?  f. What effort did he make to return to his command?  g. In what way was he prevented from going back to Command?  h. Was he captured by the enemy at any time?  i. If so, when and where captured and where held as a prisoner, and when and for what cause recased?  j. When and where did your husband die?  k. Were you residing together when he died?  j. When land where did your husband die?  J. If not, how long had you resided apart?  9. What property of any description did you own, hold or control for your use and its cash value, you at the property of any description did you own, hold or control for your use and its cash value.  10. What property of any description of any value have you now?  11. What property of any description of any value have you now?  12. What are your annual carnings or income and their value?  13. Have you heretofore been paid a pension by the State?  14. So, when and for what cause were you struck from the Roll?  Sworn to and subscribed before me this the.  A supplied the property of any description of any value have you now?  A supplied the property of any description of any value have you now?  A supplied the property of any description of any value have you now?  12. What are your annual carnings or income and their value?  13. Have you heretofore been paid a pension by the State?  14. Supplied the property of any description of any value have you now?  A suppl	3. When, where and to whom were you	
9. When and where did the Commands of your husband surrender or discharge from the army?  9. Way your husband personelly present at the time of the surrender or discharge of this Command?  7. If he was not present state clearly where he was?  8. Where was his Cômmand when he left?  a. For what cause did he leave his command?  b. By whose authority did he leave his Command?  c. For how long was he granted leave of absence?  e. What was his physical condition when he left his Command?  f. What effort did he make to return to his command?  g. In what way was he prevented from going back to Command?  h. Was he captured by the enemy at any time?  i. If so, when and where captured and where held as a prisoner, and when and for what cause recased?  j. When and where did your husband die:  Were you residing together when he died?  l. If not, how long had you resided apart?  9. What property of any description gid you own, hold or control for your use and jty cash value, Nov. 4, 1908. (State same by items.)  10. What property of any description gid you own, hold or control for your use and jty cash value.  11. What property of any description find you own, hold or control for your use and jty cash value.  12. What are your annual carnings or income and their value.  13. Have you heretofore been paid a pension by the State?  14. What are your annual carnings or income and their value.  15. What are your annual carnings or income and their value.  16. What property of any description of any yalue have you now?  17. What are your annual carnings or income and their value.  18. What are your annual carnings or income and their value.  19. What property of any description of any yalue have you now?  11. What property of any description of any yalue have you now?  12. What are your annual carnings or income and their value.  13. Have you heretofore been paid a pension by the State?  14. So, when and for what cause were you struck from the Roll?	ederate Army or Georgia Militia? (State the	10 4 11/10 01
0. Was your hubband personally present at the time of the surrender at discharge of this Command?  7. If he was not present state clearly where he was?  8. Where was his Command when he left?  a. For what cause did he leave his command?  b. By whose authority did he leave his Command?  c. For how long was he granted leave of absence?  e. What was his physical condition when he left his Command?  f. What effort did he make to return to his command?  g. In what way was he prevented from going back to Command?  h. Was he captured by the enemy at any time?  i. If so, when and where captured and where held as a prisoner, and when and for what cause recased?  j. When and where did your husband die:  k. Were you residing together when he died?  l. If not, how long had you resided apart?  9. What property of any description did you own, hold or control for your use and its cash value.  Nov. 4, 1908. State same by items.)  10. What property of any description did you own, hold or control for your use and its cash value.  11. What property of any description of any value have you now?  11. What property of any description of any value have you now?  12. What are your annual carnings or income and their values with the proceeds thereof?  13. Have you heretofore been paid a pension by the State?  14. So, when and for what cause were you struck from the Roll?  Sworn to and subscribed before me this the.  15. Sworn to and subscribed before me this the.  16. J.		of your bushand surronder or discharge too the
Was your husband personally present at the time of the surrender or discharge of this Command?  If he was not present state clearly where he was?  Where was his Command when he left?  For what cause did he leave his command?  E For what cause did he leave his command?  C For how long was he granted leave of absence?  What was his physical condition when he left his Command?  I What effort did he make to return to his command?  In what way was he prevented from going back to Command?  I In what way was he prevented from going back to Command?  J When and where did your husband dier where held as a prisoner, and when and for what cause recased?  J When and where did your husband dier where held as a prisoner, and when and for what cause recased?  J When long had you resided apart?  What property of any description gid you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.)  J What property of any description gid you own, hold or control for your use and its cash value.  J What property of any description gid you own, hold or control for your use and its cash value.  O What property of any description gid you own, hold or control for your use and its cash value.  J What property of any description of any value have you now?  What was received or it and what did you do with the proceeds thereof? (Give items and cash value.)  What are your annual earnings or income and their value.  What are your annual earnings or income and their value.  What are your annual earnings or income and their value.  Sworn to and subscribed before me this the  J What are your annual earnings or income and their value.  Sworn to and subscribed before me this the  J G on the property of any description of any value have you now?  Ordinary.	How at 1860, Cham	atter a Count Herens and
8. Where was his Command when he left?  a. For what cause did he leave his command?  b. By whose authority did he leave his Command?  c. For how long was he granted leave of absence?  e. What was his physical condition when he left his Command?  f. What effort did he make to return to his command?  g. In what way was he prevented from going back to Command?  h. Was he captured by the enemy at any time?  i. If so, when and where captured and where held as a prisoner, and when and for what cause recased?  j. When and where did your husband die: All 16712. Dansley for what cause recased?  j. When and where did your husband die: All 16712. Dansley for what cause recased?  j. When and where did your husband die: All 16712. Dansley for what cause recased?  j. When and where did your husband die: All 16712. Dansley for what cause recased?  j. When and where did your husband die: All 16712. Dansley for what cause recased?  j. When property of any description did you own, hold or control for your use and its cash value. So what property of any description did you own, hold or control for your use and its cash value. The form of the property of any kind have you sold or given away since Nov. 4, 1908? What was received or it and what did you do with the proceeds thereof? (Give items and cash value.)  10. What property of any description of any value have you now? What was received or it and what did you do with the proceeds thereof? (Give items and cash value.)  11. What property of any description of any value have you now? What was received or it and what did you do with the proceeds thereof? (Give items and cash value.)  12. What are your annual carnings or income and their value of the proceeds the proceed the proceeds thereof? (Give items and cash value.)  13. Have you heretofore been paid a pension by the State?  14. So, when and for what cause were you struck from the Roll?  Sworn to and subscribed before me this the.  All 16. So when and for what cause were you struck from the Roll?	6. Was your husband personally present	at the time of the surrender or discharge of this Command?
a. For what cause did he leave his command?  b. By whose authority did he leave his Command?  c. For how long was he granted leave of absence?  e. What was his physical condition when he left his Command?  f. What effort did he make to return to his command?  g. In what way was he prevented from going back to Command?  h. Was he captured by the enemy at any time?  i. If so, when and where captured and where held as a prisoner, and when and for what cause recased?  j. When and where did your husband die?  k. Were you residing together when he died?  l. If not, how long had you resided apart?  9. What property of any description sid you own, hold or control for your use and its cash value, Nov. 4, 1908. State same by items.)  10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received or it and what did you do with the proceeds thereof? (Give items and cash value.)  11. What property of any description of any value have you now?  12. What are your annual earnings or income and their value?  13. Have you heretofore been paid a pension by the State?  14. So, when and for what cause were you struck from the Roll?  Sworn to and subscribed before me this the.  All May of May of May 1000.  Ordinary.		
a. For what cause did he leave his command?  b. By whose authority did he leave his Command?  c. For how long was he granted leave of absence?  e. What was his physical condition when he left his Command?  f. What effort did he make to return to his command?  g. In what way was he prevented from going back to Command?  h. Was he captured by the enemy at any time?  i. If so, when and where captured and where held as a prisoner, and when and for what cause recased?  j. When and where did your husband die?  k. Were you residing together when he died?  l. If not, how long had you resided apart?  9. What property of any description sid you own, hold or control for your use and its cash value, Nov. 4, 1908. State same by items.)  10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received or it and what did you do with the proceeds thereof? (Give items and cash value.)  11. What property of any description of any value have you now?  12. What are your annual earnings or income and their value?  13. Have you heretofore been paid a pension by the State?  14. So, when and for what cause were you struck from the Roll?  Sworn to and subscribed before me this the.  All May of May of May 1000.  Ordinary.		, ,
b. By whose authority did he leave his Command?  c. For how long was he granted leave of absence?  e. What was his physical condition when he left his Command?  f. What effort did he make to return to his command?  g. In what way was he prevented from going back to Command?  h. Was he captured by the enemy at any time?  i. If so, when and where captured and where held as a prisoner, and when and for what cause recased?  j. When and where did your husband die?  j. When and where did your husband die?  j. When and where did your husband die?  j. When property of any description sid you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.)  10. What property of any description sid you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.)  10. What property of any description of any value have you now?  11. What property of any description of any value have you now?  12. What are your annual earnings or income and their value;  13. Have you heretofore been paid a pension by the State?  14. Sworn to and subscribed before me this the  Aday of Many 1909.  Ordinary.  Ordinary.		
c. For how long was he granted leave of absence?  e. What was his physical condition when he left his Command?  f. What effort did he make to return to his command?  g. In what way was he prevented from going back to Command?  h. Was he captured by the enemy at any time?  h. Was he captured by the enemy at any time?  j. When and where captured and where held as a prisoner, and when and for what cause recased?  j. When and where did your husband die: May 1876. Downstally Ga.  k. Were you residing together when he died?  l. If not, how long had you resided apart?  9. What property of any description gid you own, hold or control for your use and jty cash value, you state same by items. And the state of the state?  11. What property of any description of any value have you now? M.		
e. What was his physical condition when he left his Command?  f. What effort did he make to return to his command?  g. In what way was he prevented from going back to Command?  h. Was he captured by the enemy at any time?  h. Was he captured by the enemy at any time?  i. If so, when and where captured and where held as a prisoner, and when and for what cause recased?  j. When and where did your husband die: May 1876. Downstary for the work of the	more mannering and ne reare mo	
f. What effort did he make to return to his command?  g. In what way was he prevented from going back to Command?  h. Was he captured by the enemy at any time?  i. If so, when and where captured and where held as a prisoner, and when and for what cause recased?  j. When and where did your husband dies held to be the state of the		
g. In what way was he prevented from going back to Command?  h. Was he captured by the enemy at any time?  i. If so, when and where captured and where held as a prisoner, and when and for what cause recased?  j. When and where did your husband die! **  k. Were you residing together when he died?  l. If not, how long had you resided apart?  9. What property of any description sid you own, hold or control for your use and its cash value, Nov. 4, 1908. State same by items.)  10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received or it and what did you do with the proceeds thereof? (Give items and cash value.)  11. What property of any description of any value have you now? **  12. What are your annual earnings or income and their value **  13. Have you heretofore been paid a pension by the State?  14. Sworn to and subscribed before me this the  Sworn to and subscribed before me this the  Add to the state of th		
h. Was he captured by the enemy at any time?  If so, when and where captured and where held as a prisoner, and when and for what cause receased?  j. When and where did your husband dies And 1876. Danshelf for what cause receased?  j. When and where did your husband dies And 1876. Danshelf for what cause receased?  j. When and where did your husband dies?  k. Were you residing together when he died?  l. If not, how long had you resided apart?  9. What property of any description did you own, hold or control for your use and its cash value, you 4, 1908. (State same by items.)  10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received or it and what did you do with the proceeds thereof? (Give items and cash value).  11. What property of any description of any value have you now? IV fund for the property of any description of any value have you now?  12. What are your annual earnings or income and their value for the solution of the property of the solution of the state?  13. Have you heretofore been paid a pension by the State?  14. What are your annual earnings or income and their value for the solution of the state?  15. What are your annual earnings or income and their value for the solution of the state?  16. What are your annual earnings or income and their value for the solution of the state?  17. What are your annual earnings or income and their value for the solution of the solution of the state?  18. What are your annual earnings or income and their value for the solution of the solution of the solution of the solution of the state?  18. What are your annual earnings or income and their value for the solution of the soluti	f. What effort did he make to return t	o his command?
i. If so, when and where captured and where held as a prisoner, and when and for what cause recased?  j. When and where did your husband die?  k. Were you residing together when he died?  9. What property of any description sid you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.)  10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received or it and what did you do with the proceeds thereof? (Give items and cash value.)  11. What property of any description of any value have you now?  11. What property of any description of any value have you now?  12. What are your annual earnings or income and their value of the capture of	g. In what way was he prevented from	going back to Command?
i. If so, when and where captured and where held as a prisoner, and when and for what cause recased?  j. When and where did your husband die?  k. Were you residing together when he died?  9. What property of any description sid you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.)  10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received or it and what did you do with the proceeds thereof? (Give items and cash value.)  11. What property of any description of any value have you now?  11. What property of any description of any value have you now?  12. What are your annual earnings or income and their value of the capture of	h. Was he captured by the enemy at an	ny time?
j. When and where did your husband die All 1676. Dasslay 44.  k. Were you residing together when he died?  1. If not, how long had you resided apart?  9. What property of any description sid you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.)  10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received or it and what did you do with the proceeds thereof? (Give items and cash ralue.)  11. What property of any description of any value have you now? (IV) (MA) for the property of any description of any value have you now? (IV) (MA) for the list and cash value?  12. What are your annual earnings or income and their value (IV)  13. Have you heretofore been paid a pension by the State?  14. Sworn to and subscribed before me this the  Sworn to and subscribed before me this the  15. Cash of the property of any description of any value have you now?  16. All you have you heretofore been paid a pension by the State?  17. All you have you have you struck from the Roll?  18. Sworn to and subscribed before me this the  19. Cash of the property of the property of the young y	i. If so, when and where captured and	where held as a prisoner, and when and for what cause re-
1. If not, how long had you resided apart?  9. What property of any description slid you own, hold or control for your use and its cash value, you description slid you own, hold or control for your use and its cash value, you description slid you own, hold or control for your use and its cash value, you description of any kind have you sold or given away since Nov. 4, 1908? What was received or it and what did you do with the proceeds thereof? (Give items and cash value).  11. What property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of the list and cash value?  12. What are your annual earnings or income and their value of the property of so, when and for what cause were you struck from the Roll?  Sworn to and subscribed before me this the  All your flat of the property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of the property of any value have you now? The property of a	eased?	/
1. If not, how long had you resided apart?  9. What property of any description slid you own, hold or control for your use and its cash value, you description slid you own, hold or control for your use and its cash value, you description slid you own, hold or control for your use and its cash value, you description of any kind have you sold or given away since Nov. 4, 1908? What was received or it and what did you do with the proceeds thereof? (Give items and cash value).  11. What property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of the list and cash value?  12. What are your annual earnings or income and their value of the property of so, when and for what cause were you struck from the Roll?  Sworn to and subscribed before me this the  All your flat of the property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of the property of any value have you now? The property of a		a picas b
1. If not, how long had you resided apart?  9. What property of any description slid you own, hold or control for your use and its cash value, you description slid you own, hold or control for your use and its cash value, you description slid you own, hold or control for your use and its cash value, you description of any kind have you sold or given away since Nov. 4, 1908? What was received or it and what did you do with the proceeds thereof? (Give items and cash value).  11. What property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of the list and cash value?  12. What are your annual earnings or income and their value of the property of so, when and for what cause were you struck from the Roll?  Sworn to and subscribed before me this the  All your flat of the property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of any description of any value have you now? The property of the property of any value have you now? The property of a		lie? fuly 1876, Dassley 44
9. What property of any description did you own, hold or control for your use and jis cash value, Nov. 4, 1908. (State same by items.)  10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received or it and what did you do with the proceeds thereof? (Give items and cash value.)  11. What property of any description of any value have you now? What was received to the state of the stat		died?
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received or it and what did you do with the proceeds thereof? (Give items and cash ralue.)  11. What property of any description of any value have you now?  11. What property of any description of any value have you now?  12. What are your annual earnings or income and their value;  13. Have you heretofore been paid a pension by the State?  16. when and for what cause were you struck from the Roll?  Sworn to and subscribed before me this the  18. Sworn to and subscribed before me this the  19. Continued the state of t		
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received or it and what did you do with the proceeds thereof? (Give items and cash value.)  11. What property of any description of any value have you now?  12. What are your annual earnings or income and their value?  13. Have you heretofore been paid a pension by the State?  14. Sworn to and subscribed before me this the.  Sworn to and subscribed before me this the.  15. Continue of the state o		
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received or it and what did you do with the proceeds thereof? (Give items and cash value.)  11. What property of any description of any value have you now? N. M. P. M. P. W. M. W. M. M. P. W. M. P. W. M. W.		
11. What property of any description of any value have you now?  12. What are your annual carnings or income and their value for what cause were you struck from the Roll?  13. Have you heretofore been paid a pension by the State?  14. What are your annual carnings or income and their value for the Roll?  15. What are your annual carnings or income and their value for the Roll?  16. What are your annual carnings or income and their value for the Roll?  17. What are your annual carnings or income and their value for the Roll?  18. What was were you struck from the Roll?  19. What was a struck from the Roll?  19. What was a struck from the Roll?  19. What was a struck from the Roll?  20. What was a struck from the Roll?  21. What was a struck from the Roll?  22. What was a struck from the Roll?  23. What was a struck from the Roll?  24. What was a struck from the Roll?  25. What was a struck from the Roll?  26. What was a struck from the Roll?  27. What was a struck from the Roll?  28. What was a struck from the Roll?  29. What was a struck from the Roll?  29. What was a struck from the Roll?  20. What was a struck from the Roll?	Coon Mr. 1908, )	Ill that I had
11. What property of any description of any value have you now?  12. What are your annual carnings or income and their value for what cause were you struck from the Roll?  13. Have you heretofore been paid a pension by the State?  14. What are your annual carnings or income and their value for the Roll?  15. What are your annual carnings or income and their value for the Roll?  16. What are your annual carnings or income and their value for the Roll?  17. What are your annual carnings or income and their value for the Roll?  18. What was were you struck from the Roll?  19. What was a struck from the Roll?  19. What was a struck from the Roll?  19. What was a struck from the Roll?  20. What was a struck from the Roll?  21. What was a struck from the Roll?  22. What was a struck from the Roll?  23. What was a struck from the Roll?  24. What was a struck from the Roll?  25. What was a struck from the Roll?  26. What was a struck from the Roll?  27. What was a struck from the Roll?  28. What was a struck from the Roll?  29. What was a struck from the Roll?  29. What was a struck from the Roll?  20. What was a struck from the Roll?		
11. What property of any description of any value have you now?  11. What property of any description of any value have you now?  12. What are your annual earnings or income and their value?  13. Have you heretofore been paid a pension by the State?  14. Sworn to and subscribed before me this the.  15. Sworn to and subscribed before me this the.  16. Sworn to and subscribed before me this the.  17. June 18. June 1		
11. What property of any description of any value have you now? No property of any description of any value have you now? No property of any description of any value have you now? No property of a cash value? No property of any of any of a pension by the State? No property of so, when and for what cause were you struck from the Roll?  Sworn to and subscribed before me this the body of the state? The property of the state of the st		X/-//
12. What are your annual earnings or income and their value 12.  13. Have you heretofore been paid a pension by the State?  15 so, when and for what cause were you struck from the Roll?  Sworn to and subscribed before me this the.  11. Aday of Aday 1000  12. Ordinary.	mos word ough	noching
12. What are your annual earnings or income and their value 12.  13. Have you heretofore been paid a pension by the State?  15 so, when and for what cause were you struck from the Roll?  Sworn to and subscribed before me this the.  11. Aday of Aday 1000  12. Ordinary.		
12. What are your annual earnings or income and their value 1.  13. Have you heretofore been paid a pension by the State?.  14. If so, when and for what cause were you struck from the Roll?  Sworn to and subscribed before me this the 1.  15. If the 1. If the 1.  16.		
13. Have you heretofore been paid a pension by the State?   15. Have you heretofore been paid a pension by the State?   16. When and for what cause were you struck from the Roll?  Sworn to and subscribed before me this the   16. Sworn to an other subscribed before me this the   16. Sworn to an other subscribed before me this the   16. Sworn to an other subscribed before me this the   16. Sworn to an other subscribed before me this the   16. Sworn to an other subscribed before me this the   16. Sworn to an other subscribed before me this the   16. Sworn to an other subscribed before me this the   16. Sworn to an other subscribed before me this the   16. Sworn to an other subscribed before me this the   16. Sworn to an other subscribed before me this the   16. Sworn to an other subscribed before me this the   16. Sworn to an other subscribed before me this the   16. Sworn to an other subscribed before me this the   16. Sworn to an other subscribed before me this the   16. Sworn to an other subscribed before me this the   16. Sworn to an other subscribed before me this the   16. Sworn to an other subs		(
Sworn to and subscribed before me this the.  Sworn to and subscribed before me this the.  Hard day of the 1000 ordinary.  Ordinary.	12. What are your annual earnings or inco	ome and their value?
Sworn to and subscribed before me this the.  Sworn to and subscribed before me this the.  Hard day of the 1000 ordinary.  Ordinary.	13. Have you heretofore been paid a pensi	ion by the State?
Sworn to and subscribed before me this the.  All of day of April 1000 ordinary.  Ordinary.		
JUNION Ordinary.	, sand to make chance were you struck	
JUNION Ordinary.	Sworn to and subscribed before - 112-11	1 10 CO AS
gwillinghich Ordinary.	(1.0 ml)	TURA DITELLEN OF
TWINDING Ordinary.	day of 1910	-1 · · · · · · · · · · · · · · · · · · ·
1 Harton	ywithmonette.	Ordinary.
	of asa	County.

Gordon County.	AND AND
Personally before me comes. J. L. Priggies que	SA Hayans.
being duly sworn true answers to make, to the following questions, answers	as fellows
d. What is your name and where do you reside? And Confirm	
2. How long and since when have you known. Elect 4.	
3. How long and since when has she continuously resided in this St	
about 57 years Silve 1853	ate. (Give date.)
4. When and to whom was she married? 2 1859 or 1860 How	v do you know? J.J. Gille
5. How long and since when did you know	her
husband? Course 50 years.	
6. When and where did Joth Hayney	
6. When and where did. Jolf Haynes the husband of Applicant die? In July 1896 at	Canville La.
7. Where the Aplicant and her husband living together as husband	and wife at the date of his
death? Gu	
8. If not, how long did they live apart before his death?	
Were they divorced?	No Dies
9. When, where and in what Company and Regiment did J. 7	Hayers enlist?
Der 1863, Verginia Corepany 71, - 3,000	
	14,000
***	
10. Were you a member of the same Company?	
11. How long within your personal knowledge did he perform actual	military service with his Com-
pany and Regiment? Lenter Semmen at apy	Summatter 11
12. When, and where did his Command surrender, and was discharge	
april 9 1865 at Offormatty	d?
13. Were you personally present when it was surrendered?	If not where
were you Friffin account of hurses and how came	e you there? Ou Siec
Caylough. Hayner annuy, man at Muce	June Summer
1 ser	
14. Was the husband of applicant personally present at surrender?	ges. See horling If not
	" mucic and for what
ause did he leave Command? (Give date.)	By whose
authority did he leave his Command?	
ong was he granted leave?	you know all this?
15. For what cause, if you know of your own knowledge was he pre	vented from returning to his
Command?	
16. What effort did he make to return to his Command and how d	o you know this? Of your
wn knowledge or how?	
Sworn to and subscribed before me this the	
24 day of Sopt 1910 1 1 1	, 01
W.R. Rancin orthand In	effice
Orghary)	

## AFFIDAVIT OF TWO FREEHOLDERS.

	County.	
Personally be	fore me comes	
an family be	Tore me comes	who on oath says that the
of said County and l	d County and that they know	1
Schedule (A) as fol	lows	908, and its cash value to be as set out
	Personal property	
	Notes and eccounts due	
	m	<b>S</b>
	Total	
	Schedule (B).	1
	property sold or given away since Nov. 4th 19	
	Personal property	\$
	Money, Notes and accounts	
	V	
We also know	Schedle (C).	
We also know	what property she has now in her possession	
		S
	Horses and Mules	\$
	Cows and Hogs	\$
	Other property	
······	income and earnings	
	Total Value of all property and effect	ts \$
Sworn and s	abscribed before me this the	
	lay of19	
	ofOrdinary,	County.
	· ·	
	ORDINARY'S CERTIF	ICATE.
TATE OF GE	ORGIA,	
Daylu	County.	
	. N. S.	
LIM	muners	Ordinary of said County do certi
at, I know.	olly & Hoyman	the small out to the same
the person she r	epresents herself to be and she is a bons	fide continuing resident citizen of se
ounty and was in th	441 37 4000	
That I also ki		La Chorodis
		the witness who swea
the service of h	usband, and	who a
formation of the	of them are now residents of said County and ts and that they all, are truthful, trustwort	d were duly sworn by me before signir
	and that they an, are truthiul, trustwort	my, and their statements are entitled
ll faith and credit.		Broad room - Fulci - Control - Control - Control - Full -
il laith and credit.	Danne Man 700 A Ale	24 - 1-
That the Tax	Returns of Mrs Ollen & Ac	Returned for Tax is for
That the Tax	for 1910 \$	Returned for Tax is for
That the Tax	Returns of the Tolk of the Section o	Returned for Tax is for day of MO
That the Tax	y hand and official seal of office this	day of MO
That the Tax	y hand and official seal of office this	day of MO
That the Tax	y hand and official seal of office this	
That the Tax	y hand and official seal of office this	The too

Calhoun, Ga. Georgia, General Comes; A. M. R. Remain, Ording of Said County. do writing that & Kenned V. H. Hayrung and for mission, continues who serior A the service and marriage of the huband of applicants, Ellen Odayus. Thatthey are resident of Daid Comis, were duly severn by me before. Diging it appedais and the thing dear truckbul, hinternety, and there statuments an intelled to full fait and andie Time under erry haved and apprecial Sent out Cartain Sa, This The 24 day of Sept. 1910 MR. Rauscin, Ordinary and Ex. Office's Clk C. Osalmy



# POWER OF ATTORNEY.

Roston Co. Sign		61	E	SI SI	
NDIGENT PENSION		of the pres	eccive and receipt for the	A Service	
S D Hayner			pension allow	GEORGIA, Coun	-
ound Infinity + processy		386	od and request that  Curvature G  day of	D. X	
RICHARD JOHNSON; Secretary Executive Department.		enford 9	be remit same to the Charles C	Corte	
WARRANT HANDED TO	£ 7.	Soffayn	Mich	hereby auth	
Geo. W. Harrison, State Printer, Atlanta.	**************************************	6-	, }	Opring .	

#### POWER OF ATTORNEY.

STATE OF GEORGIA, Darton Sanford P. Hoysic hereby authorizen to receive and receipt for the pension allowed and request that he remit same to Me Acurch Gan Chief Witness my hand and seal this 19 day of Cefrice Sanford Poffagnie Executed in presence of 148. anderson

#### Baston Sanford 4. Haynie Sunford N. Haynul. of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make for the following questions, deposes and answers as fullows: What is your name and where do you reside? (Rive State, County and post office) Lanton & Haymir - Near Al with Go, though in Borlow bo When did you reside on January 1st, 1894, and how long have you been a resident of this State? Since 48by 1866 Allaulo Ga -When and where were you born? Och 19 4/837 - Androw S. C Did you volunteer in the Confederate Army or in the Goggia Millitia? Confederate Army When and where did you enlist? may 1862. Condyny In what company and regiment did you enlist? lev- 8. 20-2 5. How long did you remain in that company and regiment? till Runninder may 1865 If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? 9. For how long a period did you discharge regular military duty? Three years When, where and under what circumstances were you discharged from service? They 1865-Kar Bharlotto N. B. W the Close of the wor 11. What is your present occupation? Mothing 12. How much can you earn per annum by your own exertions or labor 2 hot bear there love for by 13. What has been your occupation since 1865? Harning & Gardening 14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? B195. 15. What is your present physical condition and how long have you been in such condition therefore my Office the Master of the state of Giarthe and general disability and weaking Ben in this Condition Dince January 18 16. Upon which of the following grounds do you base your application for pension poverty," second "infirmity and poverty" or third "blindness and poverty"? Information 17. If upon the first ground, state how long you have been in such condition that you could not carn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? I have been afficient with spiral official in Krongs and the state and general weakness, and I am getting conse graduoley 18. What property; effects or income do you possess? White 19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, Abre did you make of same? 20. In what County did you reside during those years and what property did you then return for taxation? Hullon Carrely 21. How were you supported during the years 1893 and 1894? By my our mainly 22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Wall & South 23. What was your employment during 1893 and 1894? What pay did you receive in each year? Did light worte in the Garden of lines, for an hour or hour in a day, for down days. 24. Are you married and have you a family? It so, is your wife living and how many children have you? Give age, and sex of children and their means of support? Jest, Nave a might have With my doughter. Nove Hireb. 2 boys all manned.

they line by their labor

QUESTIONS FOR APPLICANT

STATE OF GEORGIA.

25. Are you receiving a pension under any law of this State, if so what amount and for what disability?	
Sworn to and subscribed before me this the Sanford & Haynie Applicant.	STATE
of Barlow County.	I. Person
QUESTIONS FOR WITNESS.	of said county
STATE OF GEORGIA,	such personal
of said State and County, having been presented to surface the support of the supplication of Scanfood of The surface for pension under the data approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:  1. What is your name and where do you reside? G.P. Poroches  Learnet H. Co.	and end
2. Are you acquainted with Semford attempted, the applicant, if so how long where you known him? I atm. How your the applicant, if so how long where does he reside, and how long has he been a resident of this State? In Bentlew	We fur any work or c being allowed Swpra to
Do you know of his having served in the Confederate army or the Georgia militin? How do you know this? I get a School, I was with	ejust
5. When, with readd in what company and regiment did he enlist? 1867. Conclusion  6. Were you a member of the same company and regiment?  7. How long tidd by perfector regular military duty, and what do you know of his service as a Confederate soldier find the three mind dreumstances of his discharge from the service? To may knowledge	
of 1864. Hewas agood solding	STATE O
8. What property, effects or income has the applicant? (Give your means of knowledge.)  Ligard, Greekt the new ofware Caw,  All has lived in long home about town Marce	$\widetilde{\mathcal{L}}$
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? He had nothing, theeft the law above multiples.	the applicant
10. What is the applicant's occupation and physical condition? He is a laborer.  Principal acripation Gardenies.  Physical Canders were bad been smalle II, work for	are of trustwor
11. Is the applicant unable to support himself by labor of any sort, if so, why surtury little for gives	the oath hereo before same we I further
12. How was he supported during the years 1893 and 1894? by the assistance of Come and Lamily light fold dance by henceff 13. What portion of his support for these two years has derived from his own laborar income?	returned for ta
14. Give a full and complete statement of the applicant physical condition that the him	Witness n
under the Act of December 15th, 1894? Frank age General debility and fram Spine Wiscan Which Wissall	\
15. What interest have you in the recovery of a pension by this applicant? Rosel Swort derewith no. 8 Swort to and subscribed before mogthis  E. Borocks.	1
B. Whitest Browns du Jack man ay J. A. Franks	Before any qu true answers make

## AFFIDAVIT OF PHYSICIANS.

	STATE OF GEORGIA,
	Personally game byfore me It I Datto and
	of said county, who being severally sworn, say on oath that they have examined carefully. Name of said county, who being severally sworn, say on oath that they have examined carefully.
	such personal examination, say that his precise physical condition is as follows:
	didney disease and spinal Offictions
	en Chrinic Sionshea
ł	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.
	Swprn to and subscribed before me, this the fall day of Pople 1895. A. Battle M. B.
Ł	WHErdick 2 midightown mot
	ORDINARY'S CERTIFICATE.
	STATE OF GEORGIA,
	Delichle Die Ve
	1, 900 Nem news, Ordinary in and for said County, hereby certify-that, the applicant Sanfurd P Hayric resides in said County, and was a bona
	fide resident of this State on the first day of January, 1894, and that the witnesses, viz:
	are of trustworthy character and that their statements are entitled to full faith and credit.
	I further certify that before answering the foregoing questions, the applicant and each witness took
	the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same were signed.
	I further certify that the tax digests of Berlow County show that applicant
	returned for teverion in his name in 1909
•	demand 15 tool
	Witness my hand and seal of office, this 19th day of Oktil 1895.
	Darlow

nestions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you orded."

State of South Carolina borney of Trackson Personally appeared & J. Vanadore and I. P. ashley and each one for himself, after being auls swown, are owers for hiniself the following questions, to wit: I hat is your name when do you tice? D. J. Vanadoe, J. J. Johler, anderson B. S. C. are you acquainted with Surport of Hayris, tow toy? yes, several years No you know that he served in the conjectment anny or Georgia malitia of as hoodoyou Throw it yes, in came company with him. Where, When and in what Conspay and regiment air Le culisos 1862, by 8." 20th S.C. Itom long aid he serve + When ais enayal! To close of the war. D.J. Vanadore Swom to before me this.

May the 6th. 1895.

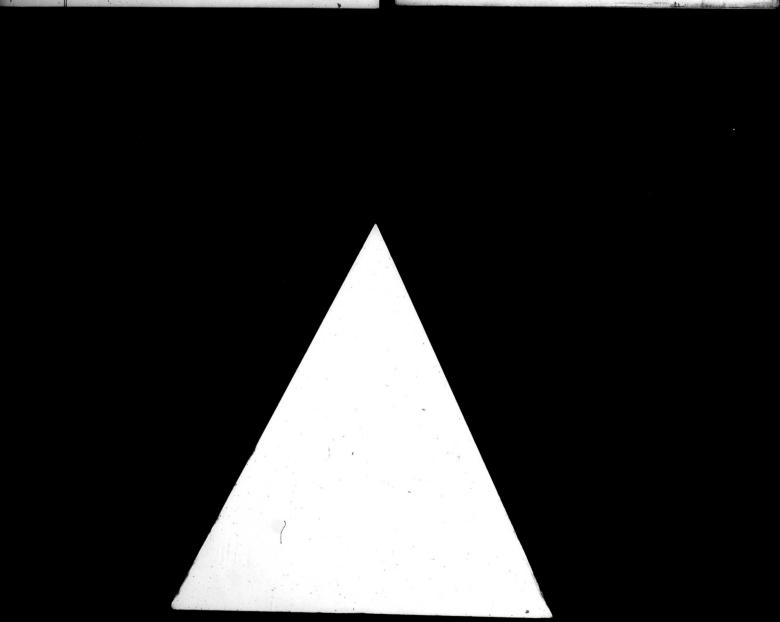
76.00

Judgas On vale

J. I Ashley

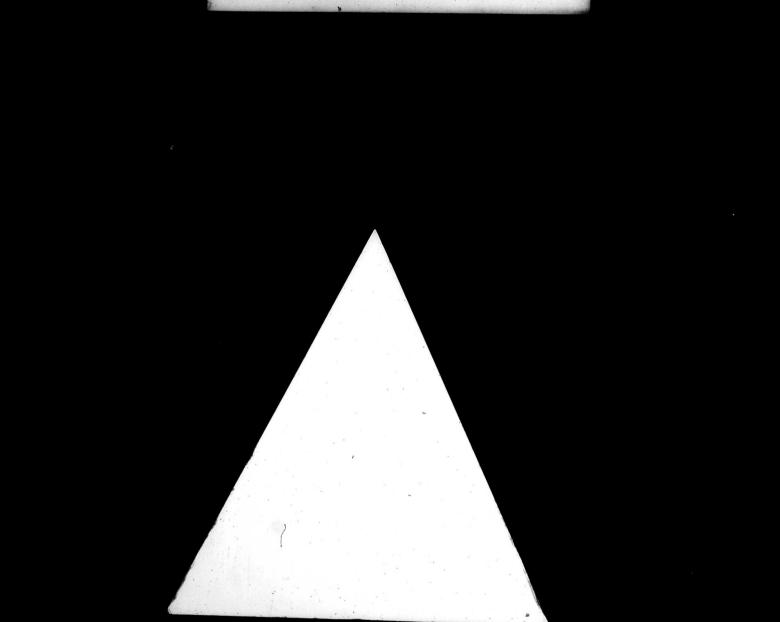
A. Killann

of antone of The aguir " A winth Gaby Chroth Almand Distribution of Survey authorities POWER OF ATTORNEY.



Hoynie, S.C. (mo)
Bartow Courty APPLICATION FOR PENSION DUE DECEASED SOLDIER UNDER ACT DE 191490 Mrs. 5. C. Itaynic Widow of S.P. Haynic County Barlow Approved and paid Rich Johnson

:	
	- Indicant -
	IDDITATIONA DOD DENGLARA DELLA
	APPLICATIONS FOR PENSIONS DUE DECEASED SOLDIERS.
	Under Act Approved October 9, 1891 Dic 19 1890
	STATE OF GEORGIA,
	COUNTY OF Fulton
	Personally appears before me Mrs. Sarah C. Hay nie
	of said County of Truckers State of Georgia, who, being duly
	sworn, says on onth that she is the widow of S.P. L.
	who was a disable Confederate soldier, and whose name had been duly enrolled as entitled to a pension of Sixty dollars under Act of Dec 1874 as a second of Sixty dollars under Act of Dec 1874 as
	or Sixty dollars under act of Dre 149 4. as a present of from
	the State of Georgia. That said S. P. Hay rice
	7 5
	died on the Zo day of May 1895, in
	Julian County and that at his death, his right to said pension for
	the year ending October 20, 189 6 had accrued, but had not been paid to him for the said pension year.
	Applicant, as his widow, applies for the amount which would have been will be
	16 day of Janey 1894) Jarah 6 Hougerie
	Millerery Ordinary.
	.If allowed, I authorize
	to receive and receipt for the amount.
	Attest:
	· ·
w.	Norg.—Above form may be used by the guardian or next of kin for any dependent minor children of the deceased soldier who dies and leaves no widow, by altering the same to suit the facts.
	dies and leaves no widow, by altering the same to suit the facts.
	STATE OF GEORGIA,
	1 /1 / /+ 1
	1, Oll the cease , Ordinary of said County, do certify
	that I am personally acquainted with Mrs. Sarah & Nagerie
	and I know personally, or from swory testimony of witnesses before me, that she is the widow of
	5 P A layring , a degrased Confederate Soldier, who has been allowed
	a pension under the law on account of disability proven, and that at the date of his death his right to a
	pension had accrued but had not been paid for the current pension year.
	day of
1	1807
	SEAL. STALL STALL STALL STALL SEAL.
	DEAL.
	Ordinary.



Hayx, John			\ \				
Barton County	- 14						
( FOR THOSE ALREADY ENROLLED. )		Q.,	A - A	to recei	RE	FAIS	
From Floyd 1901		Executed in presence of	Witness my hand and seal, this	to receive and re	S TEN	E OF GEORGIA	
INDIGĚNT		prese	y ha		7	NO POR	
SOLDIER'S PENSION		ince of	nd and s	the for the	200	PGIA,	POWER
1902.			eal, t	ie pe	Sounty		VE
Namedoly Hays	•		hiis	the pension a	ity.	-	R OF
County Con Regiment 22 - Go			da	allowed	of he		
Hloyd Co 1901 WARRANT ISSUED		3	all X	and rec	reby authorize		ATTORNEY
//3/ 1902.	.*	m	FR	est t	horize		NEY
JOHN W. LINDSEY, Commissioner of Prisions.			the s	that he	50		
WARRANT HANDED TO				Con	CH2		
Graly			1902	K K			
Geo. W. Harrison, State Printer, Asianta.			[L s.]	D.	20		1
no data				( ° ,	8 /		
CONTROL OF THE PROPERTY OF THE				Sales Boy Strong	The state of the state of the		65: 37

#### POWER OF ATTORNEY.

STATE OF GEORGIA,	
Barlow County.	
1 John Naya hereby authorize Verge w	
The state of the s	
Henorici of Carlisbella he	
to receive and regeipt for the pension allowed and request that he remit same to	
me a Carloporlle la	
by check	
Witness my hand and seal, this / 3 day of Juny 1902,	
John his Hoys [L. s.]	
[L. S.]	
mark	
Executed in presence of	
an Dete for	
	F.358
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

JOHN W. LINDSEY,

WARRANT ISSUED

WARRANT HANDED TO

From Floyd 1

INDIGENT

FOR THOSE ALREADY ENROL

SOLDIER'S PENS

1902

### POWER OF ATTORNEY.

ST	TATE OF GEORGIA, County.		
	1, Whu Hoges	hereby authorize 11	U Ca
to	receive and receipt for the pension alle		remit same to
by_	Witness my hand and seal, this / 7	in Same	1903.
	Je	histo Hoyes	[L. S.]
	Executed in presence of	mort	

SOLDIER'S PENSION

No. 3742

No. 3742

INDIGENT

SOLDIER'S PENSION

1900

Name Ham Markan Issued

Ochary Colony Co

718 Sate

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Darlow County,
Personally appears John Hays of Wastow
County, State of Geoogia, 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 toll 1820; that he is 86 years old and
by occupation a nothing 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 12 10 in Company 6, of 29th Regiment
of Go Jols Intyr Capt Portathis physical condition is as
follows: Dimply Wim out from age to
the state of the s
that his property consists of the following items
Secretarion and a second control of the seco
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1902. I have heretofore as a resident of Floy A
county been allowed a pension for the year 1901
Sworn to and subscribed before me, this the
13 day of Jay 1902 Whin X HOW
Gw New north Ordinary. mark
STATE OF GEORGIA,
County.
I, Twhendright Ordinary of said County,
do certify that I am well acquainted with When Hoys
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 Jaleny 1902.
( John Swithmorrest
Ordinary Barling County
Nove — The blank spaces must be filled
Note.—Affidavit should not be attested before January 1st, 1902.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE O	F GEORGIA,	)
Barli	County	
	0. K1	( -)
Personally a		ages of Darlin
County, State of	Georgia, who, being duly swo	n, says on oath that he is a bona fide citizen
and resident of sa	id County and State, and 1	has resided in said State continuously eve
since the	day of fall	1820; that he is 88 years old and
by occupation a_/	nothing mud, that	he enlisted in the military service of the Con
federate States ( o	r of the State of	) during the war between th
States, and served	for the term of 13 min	in Company , of Ath Regimen
	TO CU SW. X Capi	
follows : Dly	riently totally	from not from ogg
	1,000	free for free for
tempore de la constitución de la	Andrew Course and Course to the Course of th	
hat his property	consists of the following ite	mys:
- i		
of the value of	3	Dollars, that by reason of his physica
	Control of the Contro	thimself by his own exertion or labor, and
	pension but the one herein	
		enefits of the Act, approved December 15th
		akes application for the pension to which h
		ore as a resident of Dan Lind
county been allow	ed a pension for the year 1	102
Sworn to and	subscribed before me, this th	c) Joseph de la como
1. To_day	V .	The state of the s
11,,,,,	11: 1 1 .	mail
11101	Kudrick	Ordinary.
STATE OF	GEORGIA.	
Bar	(110 County.	
11	1 d Phi Q Vict	
Ι,	10 Milosico	Ordinary of said County
	m well acquainted with	
ne applicant in th	e foregoing affidavit, and am	well satisfied that the statements made by
im in his said affi	davit are true, and I know h	e is the individual he represents himself to
e and that he resi	des in this County.	
	Given under my official sig	rnature and seal this
	day of (11)	O 1903 - /
Affix	1:11	TILE Standarick
Seal here	· · · · · · · · · · · · · · · · · · ·	The state of the s

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

1881 1881 1991 1991	Executed in Company of the Company o	pension but the street of pension for the street of the st	VP4JO	nebis of complete and property of the complete	he Act, api anion to 1 den of	subled to	o to a me	
Hays COR HEND CHICAGO (FOR THOSE ALREADY ENROLLED.)	INDIGENT	SOLDIER'S PENSION 1500-4.	Name Thu Hayer	Co. of Regiment 23rd	A/9 1904	JOHN W. LINDSEY, Commissioner of Paulous.	WARRANT HANDED TO	Geo. W. Harrison, State Printer Allanta.
PRICE :	ersonality app Bute or the ordent of said no. ************************************	gue who, laur Connty and & had blef	inty.	e tenged	in said Si	ate contin	nnowly e	ind rec

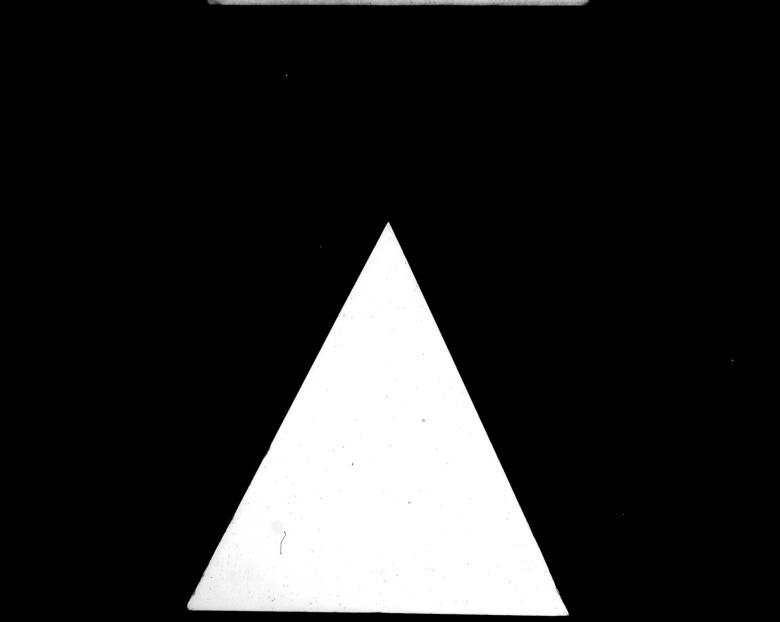
POWER OF ATTORNEY.

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

STATE OF GEORGIA, COUNTY.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GE	CORGIA,	)		
Bartin	_County.			
	John .	Nau-	of Ba	- lites
Personally appears.				
County, State of Georgia,				
since the orth and				
by occupation a fears	, tl	hat he enlisted in	n the military serv	vice of the Con-
federate States (or of the		3/2		var between the
States and served for the to				
	Comp		Croken	down
from bla	age			<del></del>
that his property consists	of the following	items:		
	1	_/_		
See	7	7		
of the value of condition and poverty he			rs, that by reason	
Deponent desires to 1894, and the Acts amend is entitled for the year 19	participate in the	e benefits of the l makes applica	Act, approved I	on to which he
County been allowed a pe	nsion for the yea	1903	I his y	lave
Sworn to and subser	1 4	1904. Ordinacy	mx	E S
STATE OF GE	, , ,			
Darjow	County.	illa	0.11	1001
do certify that I am well	acquainted with	John	· Nati	f said County,
the applicant in the foreg				stements made
by him in his said affidavi				
to be, and that he resides	in this County.	CESSFE.	0 /	411
	ler my official sig	nature and seal	this 2	, , , , , ,
day of	1	Phin	Alman	elle
Beal here.		Ordinary 13	artow	County.
	Warre Mba blank on		A	PAGE 1



STATE OF GEORGIA, Barbon County	THE PARTY OF
1 Stockmonorodo Outhor of sell our	
um E. la d   R 1. och	nty, do certify
the Forger Who in the Bartin County, a Pension from Bartin County for 1914, a	
of his death on the Bid asy of January 1921, then him and unpaid his Pension of Can him him and than frie Dollars for Georgia, and I know him Alumne Collins	re was due to rom the State , the within
witness, and he is of a truthful and trustworthy character and entitled to full credit.  Given under my hand and seal this loot witness.	
(SEAL.)	, 1921. Ordinary
Born	County.
	Y
the state of the s	Otto medicinate and
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	aga I
Application for Pension Due Deceased Soldier (INDER ACT 1891)  The paid his Widow or Dependent Children)  BY  Reference Handley Handley  The Commissioner of Pension.  Oct. Appropriate and Conference of Pension.  Oct. Appropriate Act. 1892.  Oct. Act. 1892.  Oct. Act. 1892.  Oct. Act. 1892.  Oct. 1892.  Oc	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
Sension Soldier (1981) opendent (1981) openden	and the
1921 1921 1921  Cation for Pension Deceased Soldier (UNDER ACT 1891) d his Widow or Dependent BY BY CATALON BY	Z B Per
Bartore A. Barton for P. Deceased S. (UNDER ACT Deceased S. (UNDER ACT Deceased S. (UNDER ACT DECEASED	Pension Off out the mon pay-rolls for fice.
	o Pension y out the pay-rolli Office.
The state of the s	3 2 10
	Pensi
A Se	当時 時間

## Application for Pension Due Deceased Soldier (To Be Paid to His Widow or Dependent Children) UNDER ACT APPROVED OCTOBER 9, 1891. STATE OF GEORGIA. Bartow after being duly sworn, on oath says that she is the wow of dughter of ff. Hoflewood who was duly enrolled as an Indigent Pensioner from the County and was paid a Pension of One Henry County for 192 0, and that the said , 1921, and at the time of his death a Pension of \$ 1911. was due him from Barbon Applicant further swears that also serviced the said of the Most of the State of th Growing Ordinary. Mrs Lora H Burdella Guardian for Lolo Barown AFRIDAVIT OF WITNESS

Personally before me comes Jurian's Bollius, who on oath says that he knows Mrs. I Hogle wow while in life and that he knows Mrs. Pola N. Burdeth the above applicant; that he knows that the said Sula barrow the Minim fram Caughler Office or dry long of the Barbord free grade of plants for the grade of the formation of the following of the follo

1st. This form can be used by guardian, or minor children, where there is no widow, near the productive must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by with the productive must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by with the productive must be a supported by the productive must be application until it is approved in the Pension Office, and returned to you as your atthirty to make the payment is application until it is approved in the Pension Office, and returned to you as your atthirty to make the payment is application until it is approved in the Pension Office, and returned to you as your atthirty to make the payment of the productive must be producted by the productive

authority to make the payment, with your final settlement to the Practor Office, and the property of the payment with your final settlement to the Practor Office, and the payment with the whole was payment of the repeated for the passion of or the unband, signing her name opposite his name thereon, the third payment of the passion for only one year can be covered by one voucher. Each year's quantum is a separate and distinct two years and the payment of the payment o

By Helt allum eft. 30 1884, From the proofs physician - applican a limate Tude the laws a lunate Cannot testify in any In wit therefore be necessary for some one Applicant Joseph of Held der County of the Asset Barton, aprinted Guardian + Date of Warrant OHW. 189 make the proof for hem he been a cityen Entered on record for 47 years not certain. MHHamson a.m. Fronto

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

forth by I applicant has been avounded, the description of the wound should be parefulle and tally see disability to applicant and physician, and followed by a plain statement of bacts showing the extent of the fact and the provided prices of the statement of the set showing the extent of the statement of the set showing the extent of the statement of the set showing the extent of the statement of the set showing the extent of the statement of the set of the statement of the statement of the set of the statement of the statement of the set of the statement of the statement of the set of the set of the set of the statement of the set of Act, and the must for all and tully set extent of the retully stated

of the applicant.

In order to avoid annecessary delays to applients, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the riles adopted by the Governor toughing the payments provided, the following suggestions are submitted:

It is applient has been wounded, the description of the wound should be carefully and fully set forth by applient and physician, and followed by a plain statement of facts showing the catent of the disability. It applient claims disability from disease contracted in the service, a full and carefully stated history of the disabal by 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 coscalially useless.

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

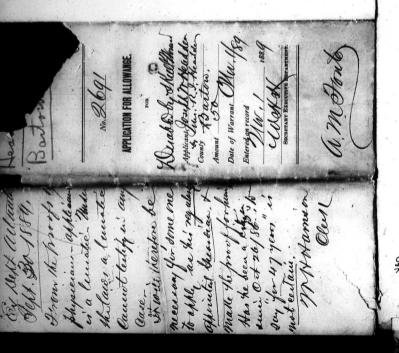
4. It the application is for a saunded leg, it would seem to be a fair construction of the Act, and the words alwaye quoted; to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

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

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

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

The Ordinaries of the several counties are specially requested to call the attention of the physicians



## For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,	
Surviv County.	
11/2/2	
	country,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide resident of said State, and has been such aince the for about 47	
Years ; that he enlitted in the military service	
federate States (or of the State of ) during the war	
States, and served as a forwate & Searged in Company K, of 18 t	h Regiment
of Leongea Volunteers Nood rothers 's Brigade; that whi	Ist engaged
	n the State
	62, he was
wounded as follows: by bury of shell striking a	/
	from the
feel of which he suffers from combilions upon,	eny ,
	and Just
still suffers, which logether render have	men me
carry a support for himself & Sandy and that	Land
permanent, respect charity to still buffer the Deponent desires to participate in the benefits of the Act approved Octob	ofine is
and the Act amendatory thereof, approved December 24, 1888, and makes approved	er 24, 1887,
the allowance to which he is entitled thereunder for the year ending October 20	
Sworn to and subscribed before me this the ) 0 10 CW 1.	
25) danof light 1880 Loseph, 1	Radder
Frum Ourham onk on to OY	
Note.—State fully nature of wound or character of disease which causes the disability, and explosion the extent of the disability.	in mantinitante
the extent of the disability.	, particularly
Commissioned Officer's Affidavit.	
STATE OF GEORGIA,	
Bartow County	
Δ211 Δ . (	
	the county
of Congress and Says	hat he was
Volunteers, and that deponent knows on Headder, and that he	no de communicación de constitución de constit
wounds (or contracted the disease) in the military service, as stated in his foregoi	ng affidavit
and that wounds (or disease) permanently disables the said & Trayea c	
as stated by him in said affidavit. Deponent further stat	
- and That he is a hone fide citizen of this State	

STATE OF GEORGIA. Bartow County W. Dendricks Ordinary of said county, do certify that I am well acquainted with Joseph M. Gleadden 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

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

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

Given under my official signature and seal, this & & day of day of 4. W Luducko Ordinary Barlow

POWER OF ATTORNEY.

STATE OF GEORGIA. Day tow County

Know all Men by these Presents, That I, wrigh W Hoad

county, in said State, do hereby appoint of tow W Maria

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

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

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

Executed in the presence of us:

Joseph W Head Lans Vicham sekac Mr. Minght Please collect WHendrick

forward to me by express to Kingston Barton Co Ga

STATE OF GEORGIA

County.

PERSONALLY came

citizens of

county, in said State,

who, being duly sworn, say that they are acquainted with

and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this State, and resides in are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this day of

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

STATE OF GEORGIA, Bartow

County Ar Honder of ordinary of said county, PERSONALLY comes before me and Chi 26. 21/ nelson , both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Joseph, William Acadden and after such examination say that the applicant has been injured as follows: Juffering from Uniculsion of Brain, the which of a women from a shell hear the functioned the Sugittal & Occipital Sulines, The defrestion of the Skull Heduces convulsions from any brokent

Western, He alse suffer from the effects of freque fect Cutracter during The town, and in one opinine

these Conditions atterly until him to perfer the action of the farmer the have Known that he has suffer to the have Known that he has suffer to the to condition for the suffer to the sound subscribed before me, this

21th day of deplater 1889 Oho. A. Mayson The

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.

Hote . The applicant in this opelition has been rendered has wounds and has been sondjudged by the courts who main cause for his disqual frontier

superser appeared by

STATE OF GEORGIA, Bartow y. W. Lendricks Ordinary of said county, do certify that I am well acquainted with Joseph M. Gleadden 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. whom the foregoing, affidavits were made and power of attorney was signed, is a fuller of the Reace of said county, and the said affidavits and signa-Given under my official signature and seal, this & 8 day of deft, 4. My Judicko Ordinary Bastow County. POWER OF ATTORNEY. STATE OF GEORGIA, Dar tow County. Know all Men by these Presents, That I, Just Wife and Burtow county, in said State, do hereby appoint tout A Wruh Maria 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 Deplember Joseph W Head dans Executed in the presence of us: tricham cekac Mr. Minght Rease collect

Kingston Barton Co Ga

10 Hudricks

Bartow Personally comes before me Arthurter of said county. and Ch. 26. Mayson , both known to The fi Vones me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Joseph, William Academ and after such examination say that the applicant has been injured as follows: Juffering from Unicussion of Brain, the expet of a women from a these new the functioner the Sugettal & Occipital Sulines The defreshin of the Skull Broduces convalores from any brotech A tition, He alse suffer from the effects of freque fact Cutaction during The town, and in one openine these Conditions attends with him to perform the extremely that he has affect to the condition of a farmer, the have Rimon that he has buly set to the conditions, he several year the facilities may be sworn to and subscribed before me, this 21th day of deplater 1889 Clas. A. Maylow the 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. Water The applicant in this polition has been rendered insance Theo wounds and has been sondjudged, by the con to which George Imperson appeared before me Bartan Co JS. B surrayle is luxed of the peace in wifer said Cut That I law me and be of Mayoun mer who lung duly Serrin Jego that They segmed the person paper of lunepo, He edeler Soun to ut Supacreled to before me the depluter set fond my V Brimaryh Jp Che Millayson ma

Kingston Barton Co Ga

Helurnesfer signature
to of her physicain
to afficiant by Dr
young,
Whe Ordering mile also
return original opplicahim which bears date
point to Oct 241889,
or a certificate shorring
it was made in behalf
of applicant, before
the experience of the
fiscal year ending
at that date.

The Hamison

APPLICATION FOR ALLOWANCE

Applicant, \_\_\_

Amount

Date of Warrant

Entered on Record

SECRETARY EXECUTIVE DEPARTMENT.

SECRETARY EXECUTIVE DEPARTMENT.

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 suggestion are submitted.

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

2. The law makes no allowance for an arm or a leg, unless the arm or leg has been rendered

substantially and essentially useless.

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

Iffe, etc. There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

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

5. If papers are returned for correction, and amendments are added to any of the affidavits,

the amendments must be made under oath before an officer, and the proofs must show that the

amendments have been duly sworn to.

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

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

## For Use of Applicants Who Have not Heretofore Drawn.

		tion .	
STATE OF GEOF	RGIA,	ofact was A	. he : 167
State of Georgia, who h	rs Mrs & Mad few The husband I made being duly sworn, says on o	of Borten Tree and Tree out that he is a bona fide cit	county,
resident of said State,	and has been such since the	ted in the military service of	day of
federate States (or of th	e State of	during the war bet	
States, and served as a	brivole & Seargest in	Company , of /8 th R	Paralan and
in such military service, of Virginia	at the battle of Haeder	constancy in	the State
wounded as follows : Cy	fice of thell shit	ing the head near the	he was
you any sudding	elledenning He all	hich he duffers from	Convulsion
Luffing, which	logether Render him	ce, from which ?	a dillo
for himself & far	will, and that he is	fermanently sugar	in .
Deponent desires to	participate in the benefits	of the Act, approved October	24, 1887,
the allowance to which h	thereof, approved Decembe e is entitled for the year the	r 24, 1888, and makes applications reunder ending October 26, 14	ation for
Sworn to and subscribe	ed before me, this the	R & Readel	en
Glatlendic	cho Ordinary	a the disability, and explain particularly the	NUC
the disability.	0		
C	ommissioned Officer'	s Affidavit.	
STATE OF GEOR			
Bertow Personally came !	County.	tend!	
of Dorlow	State of Georgia, who	o, being duly sworn says that	
Volunteers, and that depo	Company , of 8	Regiment of 96	ved the
wounds (or contracted the	disease) in the military serv	ice, as stated in his foregoing a said f. W. Headden	ffidavit,
\$10, Hendder	stated by him in said affidav	it. Deponent further states t	hat said
in Barlow	county.	fide citizen of this State and	resides
Sworn to and subscri	bed before me, this	1 M Ford	· Palantinos com
Gev Hendricks	Ordinary for	merly Capt Co	2/188
affidavit of such an officer is not obta	to suit the facts should be made by a co	mmissioned officer of Company or Regimes	nt. If the

The second second	000000000000000000000000000000000000000	9 44 23 23 23	COLUMN TO LABOUR.
STATE	OF	CEC	MODIA
SIAIL	UF	GEU	JINGIA.

PERSONALLY	came

citizens of

who, being duly sworn, say that they are acquainted with

and know that he received the wounds (or contracted the

For Level Applicants Who Have no

disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a bona. fide citizen of this State, and resides in are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

#### STATE OF GEORGIA,

Barlow

PERSONALLY comes before me Glad Jundnick Ordinary of said county, and I Hopfield , both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined for eth W. Headler and after such examination say that the applicant has been injured as follows: duffering from Concuescion of Brain, the effectorf a wound fram a shell near lunction of the Logilary occipital dulines. The deposition of the skull fraduces convulsions from any violent exceloment He also differs from the effects of fregen fut contracted during the war, and in our ofinion these conditions utterly unfit him to ferform the Ordinary duties of a former or any other Self-supporting avolation. We have know that he has been Subject to these convulsions for has been rendered mes one by his wounds, and has been adjudged by the Court which is the many cause of his disqualification

Sworn to and subscribed before me, this James My own Moderate 1889 J H Mayfield Mass 29 day of Oct

STATE OF GEORGIA,

Bartono

do certify that I am well acquainted with Joseph W. Seasden 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 attorny was signed, is a of said county, and the said affidavits and signatures

thereto are genuine.

Given under my official signature and seal, this 29 day of OD

Ordinary Bartow

POWER OF ATTORNEY.

STATE OF GEORGIA. Barlow

Know all Men by these Presents, That I, D. J. Steadown Quardia. of Joseph M. Genden of Barlow county, in said State, do hereby appoint Lon, A. In. Foute of Carteswille Boston Co. Go, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled

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

In witness whereof I have hereunto set my hand and seal, this

day of October

WHendrick

## STATE OF GEORGIA,

I, o certify that I am well accomplicant in the foregoing aff his said affidavit are true, e is the individual he repres I further certify that hom the foregoing affide	fidavit, and am well sa and that he is disable ents himself to be, and	tisfied that the state  d, to the extent he  t that he resides in	claims, and I know this county.
gnatures thereto are genuin	of s		e said affidavits and
Given under my official		s day of	189
e Nacional	Ordinary		County.
	K-Ci-		
	6. 19	and the second	in the war in
	the man	2 0	11 13
6 6	Muce	176	100
	KIN KIN	1 1	REALT HADED TO
	and the top	warrant on recon	1 2 th
	opplican,	Amount, Date of u Entered	2 4 %
"	of the same	40 11	BB
74	0 //1		~
		a sounding	The state of the s
	the sections with	The Carlo	
			The state of the s

applicant in the foregoing affidavit, and am well satisfied that the statements made in his said affidavit are true, and that he is disabled, to the extent he claims, and I kn the individual he represents himself to be, and that he resides in this County.				
	certify that			- New Year
before whom	the foregoing affidav			*
signatures the	reto are genuine.	of s	aid County, and th	e said affid
Given un	der my official signatur	Jenducke	Barlor	
		Ordinary	Surco-	
	A-130			

FOR Applicants lieroteters tilloged Foncious

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. Guardian of 100, Desdein Berlow State of Georgia, who, being duly sworn, says on oath that he is resident of said State, and has been such continually since the 484 1843; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the in Company 2, of 18 th Regiment States, and served as a Milvore will 's Brigade; that whilst engaged in such military service, at the battle of Friedericks buss to affect of tail wound and is incumpations to do 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, Sworn to and subscribed before me, this the of, Sworn to and subscribed before me, this the POWER OF ATTORNEY. STATE OF GEORGIA KNOW ALL MEN BY THESE PRESENTS, That I, 2 & begoden Guaven county, in said State, do hereby point of learliswille ya my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason IN WITNESS WHEREOF, I have hereunto, set my hand day of march Executed in the presence of us Willie Johnson Winary

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	note Anowed Pensions.
Darlow County	Constian of J. W Deadden
Personally appears R. O. Her	Iden of Bontown
county, ctate of Georgia, who, being duly swe	orn, says on oath that he is a kaus £J
resident of said State, and has resided therein c	ontinuously ever since the
federate States (or of the State of	t he enlisted in the military service of the Con-
States and served as a first and served as a	in Company 12, of 18 th Regiment
of Sw Volunteers Wy	in Company L, of L th Regiment
in such military service at the battle of Here	
of Virginia on the 13	day of Dick
wounded as follows: Show of in &	he head with a free
He a shell and from	the effect The
the so unable and ince	apable to de or leanes of
	holiver his mind is so
the eleca, and he is da	ly growing worse
10.00	
Deponent desires to participate in the b	enefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes ap	enefits of the Act, approved October 24, 1887, plication for the allowance to which he is entitled eretofore been allowed a pension of
One hundred dollars	for 1890 980 for 1849
Sworn to and subscribed before me, this, the	for 1890 480 for 1849
9-22	1 Deadlow
P1 1/ day 01 1/07 1891.	a contered of the with withen
Nor State full advides Ordered	Ly
Note State fully nature of wound or character of disease the disability, resulting from the wound or disease.	when causes the disability, and explain particularly the extent of
POWER OF	ATTORNEY.
STATE OF GEORGIA,	ALTOHNET.
Barlow County.	
Know all Men by these Presents,	P. 10 el . 1 1 1 2
of Barlow	That I, V. O. deed ver Supply
M. A. Wing K	unty, State of Georgia, do hereby appoint
of Milla 1	The Control of the Co
me and in my name, to receive and receipt for to from the State of Georgia by reason of the ir of the Confederate States (or of this State), as sing my said attorney to receipt in my name for a first my name for a	whatever amount of money I may be entitled
of the Confederate States (or of this State), as si	ated in the foregoing affidavit; hereby authoriz-
nor, or for any sum of money which may be com	ing to me for the reason of sense!
IN WITNESS WHEREOF, I have	hereunto set my hand and seal, this
day of more	1894
To see well supposed, was place at a con-	St I was of star
Executed in the presence of us:	Characar of goodeadoin
your uphens	
Swaludicks Oromon	
Sand manner to me as full me to	TION Luher 6
Send money to me as follows, by	13.11.1
	County County
	County, Georgia.
Annania in a manife angunanana	or production.
	thumber of floreadors

STATE OF GEORGIA. Barton Ordinary of said county, do certify that I am well acquainted with ms. R. J. Skadder & J. M. He wadyn 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 repesents himself to be, and that he resides in this county. Given under my official signature and seal, this 12 day of Ordinary Danlow County. SOLDIER'S

STATE OF GEORGIA, Know all Men by these Presents, That I . J. Me State of Georgia, do hereby appoint of Oracle of the Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing my said attorney to receive the 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 Covernor, or fee any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereusto set my hand and seal, this Ordinary of Raid County Send money to me as follows, by P. O. STATE OF GEORGI County, Georgia. sandy and stood Runtuess Allithated resident of said State, and has resided therein configurously ever since the

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

POWER OF ATTORNEY.

For Applicants Heretofore Allowed Pensions.
PERSONALLY appears M. R. G. Sleadden Georgian for J.M. Meadlere of Barlow Country, 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 18/12; 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 hilled to in Company to
of 8 th Regiment of 8 Wolunteers Wolford 's Brigade; that whilst engaged in such military service at the battle of Hilstonicks bury
in the State of Miriginia, on the 18th day of
head with free of thell fracturing the thirt with free of the lo fracturing the thirt which will be do duy to it of loter.
oplousinp
Destruct designs to considerate in the bounds of the Automated Automated Automated
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 JEGU NISOL STUNIONS
Sworn to and subscribed before me this the
day of March 1892.5  Cornestate fully nature of wound or character of disease which causes the disability, and explain particularly the
POWER OF ATTORNEY.
STATE OF GEORGIA.  Bantine County.
Know all Men by these Presents, That I, R. J. Medden Superior
County in said State, do hereby appoint I'm. A.M. He's
my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit: hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal this.
day of Marcy 1892. St y Heavelles in
Executed in the presence of us: Question for Mishadow
DIRECTOR.
Send money to me as follows, by
County Coords
County, Georgia.

STATE OF	IGEORGIA, )
Darlo	V County, S
PERSONALLY &	ppears R. J. Dewden Great for SW Deather Barton
County, State of G	eorgia, who, being duly sworn, says on oath that he is a hour fide cising and
resident of said Sta	ate, and has resided therein continuously ever since the
day of	18/10; 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 Mullic in Company K, of S, th Regiment
orga	Volunteers of s Brigade; that whilst engaged in
such military service	se at the battle of Andelmele long in the State
	games on the 1862 he was
wounded as follows	o contraction of the second
sinoina	ghino totally incompelled to do
ir perfo	no very kind of labor or hereines
4/	The state of the s
<b>H</b>	and the second s
0)	The state of the s
8	F 3 2
Deponent des	res to praticipate in the benefits of the Act, approved October 24th, 1887, and
	thereof, and makes application for the allowed a pension of the second and the second tober 26, 1893. I have heretofore been allowed a pension of
10000	dollars, for Lotal Displish
Sworn to and	subscribed before me, this, the ) O (1 1/1
223	ay of Merch 1893.
Shust.	wich las
Norse State fully not	almane -
disability, resulting from the	are of wound or character of disease which causes the disability, and emplain particularly the extent of the se wound or disease.
STATE OF	GEORGIA, )
Bont	TV County.
. es	14 Min Dieles
', 0	Ordinary jot said County,
The state of	well acquainted with the work the
applicant in the fore	going affidavit, and am well satisfied that the statements made by him in his
said affidavit are tru	e, and that he is disabled, to the extent he claims, and I know he is the in-
	ts himself to be, and that he resides in this County.
I further certify	that was from a prompt of the print my may for
before whom the for	regoing affidavits were made and power of attorney was signed, is a
Premy material engineering magnific	of said County, and the said affidavits and
signatures thereto ar	e genuine.
Given under in	Official signature and seal, this 20 day of Melvon 1893.
u	MIN
1 Co Branden	Court of court of the court
Know all, Mer	Ordinary County.
68 32630	Cary
STATE OF G	EQRGIA; )

POWER OF ATTORNEY

#### POWER OF ATTORNEY.

Know all Me	n by these Presents, Georgia, do hereby ap	A, UNTY. That I, R oppint G Li	I Hea Bart	den		Completed
me and in my nar State of Georgia States (or of thi ney to receipt in which may be con	me, to receive and receive and receive reason of an injures State), as stated in my name for any Warming to me for the reass WHEREOF, I here	cipt for whatevery received as afour the foregoing rant that may be son aforesaid.	r amount of mon- presaid in the mi g affidavit; here e issued by the Go	ey I may be of litary service of by authorizing vernor, or for al, this.	of the Confede g my said At any sum of mo	the crate stor-oney .
mo St	d in the presence of AUNAU MAKES TO OUT TO BE TO THE TO TH	DIRECT	lóns.			. 0.
(For Those Already Enrolled.)	oldier's Pension.	JW Nadden Burn	Disability Informach Aberll 11 Amount, 8 10 or 12	W. H. HARRISON, Secretary Executive Department.	WARRANT HANDED TO	Gos, W. Tarrison, State Princes, Atlasta.

		POW	ER OF	ATTQI	RNEY.			
STAT	only	GEORGIA,	· }	*	) a w l			7
49	VVXX	avor	SE PRESENTS,	That I,	is He	add	en &	econ).
of	unter	sulle			my true and			
State of States ( in my i	f Georgia b or of this S name for an	y reason of an in tate) as stated in y Warrrant that	jury received as a the foregoing affi may be issued by	aforesaid in t davit ; hereby	he military	service of	the Confe	ederate receipt
be com	WITNE	or the reason afor SS WHEREOF,	esaid. I have hereunto	set my hand	and seal, this	9	814	
day of		d in presence of u		8 9	i A	240	Idos	[j s.]
Ro	1.X	Penfr						
Se	nd money t	o me as follows, l	DIREC	TIONS.			. *	
								P. O.
		1	County, G	eorgia.	*			
Rankauch Co. Those Aiready Enrolled.)	29	S PENSION.	Essen Biran	in Seal	SO (1895.	Secretary Executive Department.	наморер то	Hate Printer Aliana.
(For Those Al	No. 96	SOLDIER'S	U. J. XEON	Disability Hol	S C RICHARD	Secreta	WARRANT	Geo. W. Harrison, 8

Bartin county Ju Headlen
PERSONALLY appears R. J. Headden Great Scot 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 H Toy 1841; that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served as a Marale in Company to of & th Regiment
of The Volunteers Hoods 's Brigade: that whilst engaged in
such military service at the battle of Haden chobing in the State
of Wines's at the on the
wounded as follows: The Dail M. Neardin Shuell in the
head with a piece of shell tracking a hels
and and renvering him totally income before
to do any third of leusiness.
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of
One herrorest dollars, for the year 1895
Sworn to and subscribed before me, this, the
day of Murch 1894.)
110 undich Ordy
Norz-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,
I, It When nels Ordinary of said County.
do certify that I am well acquainted with
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said amdavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of March 1894.
Amx sour
here 4 Mosterio nels
Ordinary Dan St.
County.

personally appears P. J. Headen Grand of Meading County, State of Georgia, who being duly sworn, says on oath that he is a bond interest and resident of said State, and has resided therein continuously ever since the lay of 1842; that he enlisted in the military service of the Geterate States (or of the State of ) during the war between the states and served as a further of in Company L., of 8 th Resident military service at the battle of the state of the state of the state of the military service at the battle of the state of the s	he Co een the gimes aged e Sta
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide and resident of said State, and has resided therein continuously ever since the lay of 1842; that he enlisted in the military service of the Geterate States (or of the State of during the war between the States and served as a substitute of head of company 1/2, of 1/8 the Resident military service at the battle of the description of the wounded as follows: That willst engage in the service of the description of the head of the service of the description of the head of the service of the description of the allowance to which at the description of the allowance to which the description of the service of the description of the allowance to which the distribution of the service of t	he Co een t gime aged e Sta
and resident of said State, and has resided therein continuously ever since the lay of 1842; that he enlisted in the military service of it during the war between the states of 1 during the war between the states are with the enlisted in the military service of it of the States of 1 during the war between the states are with the states of 1 during the war between the states are with the states of 1 during the war between the states are with the states of 1 during the war between th	he Co een t gime aged e Sta
day of 1842, that he enlisted in the military service of the deterate States (or of the State of 1842), that he enlisted in the military service of the States and served as a substitute of the States of 1842, that he enlisted in the military service of the States and served as a substitute of the States of 1862, and 1862, an	he Co een t gime aged e Sta
lay of 1842, that he enlisted in the military service of the deterate States (or of the State of ) during the war between the states are shown as a form of the State of in Company I., of 8 th Regular of I and States, and served as a form of the state o	een t gime aged e Sta
Deponent desires to participate in the benefits of the Act, approved October 24th, and the acts amendatory thereof, and makes application for the allowance to which attilled for the year ending October 26th, 1895. I have heretofore been allowed a per dollars, for the year ending October 26th, 1895. I have heretofore been allowed a per dollars, for the year ending October 26th, 1895. I have heretofore been allowed a per dollars, for the year 189 4.  Sworp-to and subscribed before me, this, the day of the year 189 4.  Sworp-to and subscribed before me, this, the day of the year 1895. I have heretofore been allowed a per dollars, for the year 1896.  Note-State fully the nature of wound or character of diffuse which causes the disability, and explain particularly the disability, resulting from the wound or classace.	een t gime aged e Sta
States and served as a first of the Company L, of 8 th Refer to a Volunteers, Miffer to be Brigade; that whilst engage the military service at the battle of the encethology in the sounded as follows: That touth of held you have been in the sounded as follows: That touth of held you have been supplied to the service of the Act, approved October 24th, and the acts amendatory thereof, and makes application for the allowance to which at the date of the year ending October 26th, 1895. I have heretofore been allowed a per dollars, for the year 189 44 Sworp to and subscribed before me, this, the grant of the service of the Sworp to and subscribed before me, this, the grant of the service of the Sworp to and subscribed before me, this, the grant of the service of the service of the service of the disability, resulting from the wound or character of different which causes the disability, and explain particularly the disability, resulting from the wound or character of different which causes the disability, and explain particularly the disability, resulting from the wound or disease.	gime aged e Sta
volunteers, which is a prize that whilst engage in the military service at the battle of the enchance is brounded as follows: That will the day of is the provided as follows: That will the day of is the provided as follows: That will be a for a report in the second of the prize that will be a formed by the following the world or the allowance to which at the acts amendatory thereof, and makes application for the allowance to which at the acts amendatory thereof, and makes application for the allowance to which at the acts amendatory thereof, and makes application for the allowance to which at the acts amendatory thereof, and makes application for the allowance to which at the disability of the year 189 the second of the prize of the year 189 the second of the year 189 the second of the year 189 the second of the year 1895.  Note:—State fully the nature of wound or character of displace which causes the disability, and explain particularly the disability, resulting from the wound or character of displace which causes the disability, and explain particularly the disability, resulting from the wound or disease.	aged e Sta
much military service at the battle of the enclosers of in the in the follows. That with the day of its of the enclosers of the service of the enclosers of the	e Sta
Deponent desires to participate in the benefits of the Act, approved October 24th, and the acts amendatory thereof, and makes application for the allowance to which attitled for the year ending October 26th, 1895. I have heretofore been allowed a per dollars, for the year 189 4.  Sworp to and subscribed before me, this, the day of the year 189 4.  Sworp to and subscribed before me, this, the day of the year 189 5.  Nore-State fully the nature of wound or character of diffuse which causes the disability, and explain particularly the disability, resulting from the wound or disease.	
Deponent desires to participate in the benefits of the Act, approved October 24th, and the acts amendatory thereof, and makes application for the allowance to which attitled for the year ending October 26th, 1895. I have heretofore been allowed a per dollars, for the year 189 4.  Sworn-to and subscribed before me, this, the day of the year 189 4.  Sworn-to and subscribed before me, this, the day of the year 189 4.  Sworn-to and subscribed before me, this, the day of the year 189 5.  Nore-State fully the nature of wound or character of diffuse which causes the disability, and explain particularly the disability, resulting from the wound or disease.	
Deponent desires to participate in the benefits of the Act, approved October 24th, and the acts amendatory thereof, and makes application for the allowance to which attitled for the year ending October 26th, 1895. I have heretofore been allowed a per dollars, for the year 189 44  Sworn to and subscribed before me, this, the day of the disability of the disability of the sature of wound or character of different which causes the disability, and explain particularly the disability, resulting from the wound or disease.	ne w
Deponent desires to participate in the benefits of the Act, approved October 24th, and the acts amendatory thereof, and makes application for the allowance to which attitled for the year ending October 26th, 1895. I have heretofore been allowed a per dollars, for the year 189 44  Sworn to and subscribed before me, this, the day of the subscribed before me, the subscribed before m	w
Deponent desires to participate in the benefits of the Act, approved October 24th, and the acts amendatory thereof, and makes application for the allowance to which attitled for the year ending October 26th, 1895. I have heretofore been allowed a produlars, for the year 189 44 Sworn to and subscribed before me, this, the day of the disability of the disability of the sature of wound or character of diffuse which causes the disability, and explain particularly the disability, resulting from the wound or disease.	3
Deponent desires to participate in the benefits of the Act, approved October 24th, and the acts amendatory thereof, and makes application for the allowance to which attitled for the year ending October 26th, 1895. I have heretofore been allowed a personal dollars, for the year 189 4.  Sworn-to and subscribed before me, this, the day of 1895. Sworn-to and subscribed before me, the day of 1895. Sworn-to and subscribed before me, the day of 1895. Sworn-to and subscribed before me, the day of 1895. Sworn-to and subscribed before me, the day of 1895. Sworn-to and subscribed before me, the day of 1895. Sworn-to and the d	20
sha the acts amendatory thereof, and makes application for the allowance to which intitled for the year ending October 26th, 1895. I have heretofore been allowed a per dollars, for the year 189 4.  Sworp to and subscribed before me, this, the day of 1895.  Sworp to and subscribed before me, this, the day of 1895.  Sworp to and subscribed before me, this, the day of 1895.  Note—State fully the nature of wound or character of diffuse which causes the disability, and explain particularly the disability, resulting from the wound or disease.	
sha the acts amendatory thereof, and makes application for the allowance to which intitled for the year ending October 26th, 1895. I have heretofore been allowed a per dollars, for the year 189 4.  Sworp to and subscribed before me, this, the day of 1895.  Sworp to and subscribed before me, this, the day of 1895.  Sworp to and subscribed before me, this, the day of 1895.  Note—State fully the nature of wound or character of diffuse which causes the disability, and explain particularly the disability, resulting from the wound or disease.	
sha the acts amendatory thereof, and makes application for the allowance to which intitled for the year ending October 26th, 1895. I have heretofore been allowed a per dollars, for the year 189 4.  Sworp to and subscribed before me, this, the day of 1895.  Sworp to and subscribed before me, this, the day of 1895.  Sworp to and subscribed before me, this, the day of 1895.  Note—State fully the nature of wound or character of diffuse which causes the disability, and explain particularly the disability, resulting from the wound or disease.	
sha the acts amendatory thereof, and makes application for the allowance to which intitled for the year ending October 26th, 1895. I have heretofore been allowed a per dollars, for the year 189 4.  Sworp to and subscribed before me, this, the day of 1895.  Sworp to and subscribed before me, this, the day of 1895.  Sworp to and subscribed before me, this, the day of 1895.  Note—State fully the nature of wound or character of diffuse which causes the disability, and explain particularly the disability, resulting from the wound or disease.	
sha the acts amendatory thereof, and makes application for the allowance to which intitled for the year ending October 26th, 1895. I have heretofore been allowed a per dollars, for the year 189 4.  Sworp to and subscribed before me, this, the day of 1895.  Sworp to and subscribed before me, this, the day of 1895.  Sworp to and subscribed before me, this, the day of 1895.  Note—State fully the nature of wound or character of diffuse which causes the disability, and explain particularly the disability, resulting from the wound or disease.	, 188
Sworn to and subscribed before me, this, the day of the year 189 the day of the year 1895.  Note—State fully the nature of wound or character of different which causes the disability, and explain particularly the disability, resulting from the wound or disease.	. 1
Sworn to and subscribed before me, this, the day of the boy 1895. State fully the nature of wound or character of diffuse which causes the disability, and explain particularly the disability, resulting from the wound or disease.	ensio
day of House 1895. The cicles and the disability, and explain particularly the disability, resulting from the wound or disease.	
NOTE-State fully the nature of wound or character of displace which causes the disability, and explain particularly the disability, resulting from the wound or disease.	; ,
NOTE-State fully the nature of wound or character of displace which causes the disability, and explain particularly the disability, resulting from the wound or disease.	61.
Norz.—State fully the nature of wound or character of displace which causes the disability, and explain particularly the disability, resulting from the wound or disease.	
TATE OF GEORGIA,	e exter
TATE OF GEORGIA,	7
19. 1	
County.	
I, Ordinary of said Co	ountv
certify that I am well acquainted with	.1.
plicant in the foregoing affidavit and am well salisfied that at	
his said affidavit are true, and I know he is the individual he represents himself	Bue
d that the resides in this County.	
Given under my official signature and seal, this 28	to be
day of Hely 1895.	to be
1095	to be
Affix Ship Stee Ship	to be

TOWER OF INTIONNET.
STATE OF GEORGIA.
1201-
County.
I. R. J. Newden hereby authorize Il Men
1, 1, Heavour hereby authorize Thereby
uncho of leartin welling
to receive and receipt for the pension paid hereon and request that he remit same to
Cement ga by Checks
at
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
1 8 1
day of 71 9 by . 1896.
any of Hory 1896. Si Headlera.s.
of of leading.s.
Executed in presence of us
In Stanfore
To be faire cur
Il Slanfore
The state of the s
X (3 3 8 ' a a

RICHARD JOHNSON,

SOLDIER'S PENSI

1896.

(For Those Aiready Enrolled

No. 2684

		PO	WE	OF	ATTO	RNEY			
ST	ATE OF	GEORGI	A, * Coun	ty. }		}	2		
Ø.	Lind	rick	<b>.</b>	of A	ear	horize &	ell		<u> </u>
	ernui	receipt for	the pens	sion paid	by	d request	that he	remit sam	e to
day o	IN WITH	ESS WHE	REOF,	have her				this 10	
	-	ted in presen		)	01	y Med	iddx	. [L.	s.]
		uson		)					
	· .	, , , ,	~						
11		<u>×</u>		Gus	5	.1897.	ions,	1 1	
Enrolled.)	20	ENSI	Ň	den	Umm		JOHNSON, Commissioner of Pensi	ю то	TER, AT. AVTA.
For Those Aiready Enrolled.	No. 52	VALI R'S PE	80	Kea	608 L	1 [		SWANT HANDED TO	Calle Mail
(For The	N	EDE L	Ŧ	D. D.	dility A	mt, \$16	RICHARD	WARR	78 HARRING

SOLDIER'S

The state of the s
STATE OF GEORGIA,
Warlow County. I of wheaden
personally appears R. S. Dearden Guad, of Bartown
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 18 12; 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 Minate in Company II, of 8 th Regiment
of Ja Volunteers, Wifford 's Brigade; that whilst engaged
in such military service in the State of Orginica, on the day
of 1862 he was wounded, injured or diseased as follows:
That in the head with a piece of
thell so offecting his health and
minel that he is uttoly clis quelike &.
by do an Kind of work or ausmen that
he is how confined in the state
I won de la constante
ourone roguer
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
county been allowed a pension of
dollars, for the year 1895.
Sworn to and subscribed before me, this, the ) SC & A
The Tell
day of ft 1896.
All Newmers ony
Note-State fully the nature of wound or character of sease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
<b>→</b>
STATE OF GEORGIA,
Darford County.
· law the which
do certify that I am well acquainted with R. J. Heavain A. W. Seosday
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 H Edy 1896.
10.
James Swellonicks
(her.)
Ordinary County.

STATE OF GEORGIA,	
Dantino County	Granimof & W Header
personally appears of D. News	lung of Barland
· County, State of Georgia, who being duly sw	orn, says on oath that he is a bona fide citizen
and resident of said State and has resided the	nerein continuously ever since the
	e enlisted in the military service of the Con-
States and served as a find Notice	) during the war between the
of La Volunteers Wil	in Company 2 of San Regiment of Vila 's Brigade; that whilst engaged
in such military service in the State of	wegged
	ided, injured or diseased of follows:
	edinikalung he was
Shot in the hear	
Do offected his	mines as to totale.
disqualify him	for any butiness
<u> </u>	
Deponent desires to participate in the be-	nefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and mak	es application for the pension to which he is
entitled for the pear ending October 26th,	897. I have heretofore under said law as a
resident of	county been allowed an invalid pension of
Ou hunded Dollars, i	or the year 189.
Sworn to and subscribed before me, this,	the 1 St & Mendden
day of 74 007	897. POST OFFICE
TWNemmers Own	iam
Note-State fully the nature of wound or character of disease of the disability, resulting from the wound or disease.	which causes the disability, and explain particularly the extent
STATE OF GEORGIA,	
County.	
1, Two funnick	And Ordinary of said County,
do certify that I am well acquainted with	Weadown the
applicant in the foregoing affidavit, and am we	ill satisfied that the statements made by him
in his said affidavit are true, and I know he is	s the individual he represents himself to be
and that he resides in this County.	11/2
day of Held	signature and seal, this
day of J. O	1897.
Amx	WHINNERS
here (	

#### POWER OF ATTORNEY.

STATE OF GEORGIA,
Darlow County.
I. R.l. Nearden Enon de hegeby authorize
Dinvices of Continuelle
of compount ga
to receive and receipt for the pension paid hereon and request that he remit same to
by Chel
attingston Ga
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16
day of Jacuary 1898. Ray 100 for Political
Executed in presence of Medical for J. Western from J. Warden
Executed in presence of
9 0/1/2
do. V. Million

(For Those Already Enrolled.)	INVALID SOLDIER'S PENSION	Name of March Services Second	Story Lord	RICHARD JOHNSON, Commissioner of Pensions,	NDED	W Late
-------------------------------	------------------------------	-------------------------------	------------	--	------	--------

#### POWER OF ATTORNEY.

STATE OF	GEORGIA, Cour	Organize		
2 R.S.	Headlin &	und &c here	eby authorize	oeth
to receive and	d receipt for the	pension paid here	eon and request t	hat he remit same to
at learl	wille.	1/a		bayoble to me
IN WITH	ness whereon	1899 -	1	el seal, this / 7/4
C Francisco	utad in measures of	91	V. Headden	a land for
yws	fundated in presence of	ledy		

destribus.		NO.		of his	1899.	ensions.		WIA
Recording Secretary Enrolled.)	3203	VALID R'S PENSION	6	ladd in ha		JOHNSON,	ANDED TO	E PRINTER, ATLA
Those A	No. 3	SOLDIER'S	186	Name M. M. Ole Colarty Brown a Disability Worund a	\$100,5	RICHARD JOHNSON,	WARRANT HANDED TO	HARRISON, STATE
CFOT (FOR		T SOLD		Name County County	Amount,	B		040. W

For Applicants Harstofole 8

CTATE OF GEORGIA
STATE OF GEORGIA,
County.)
personally appears I. I sead in Live of MV- Newden of Darlow
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 1912
day of 7864 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 first of in Company B, of / th Regiment
of Wolunteers, House 's Brigade; that whilst engaged
in such military service in the State of Girpinic, on the day
of die 1864, he was wounded, injured or diseased as follows:
That in head with a shell totally disoffine
Sum from dainy aug tried of lobbs for o
Muy
And the state of t
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1898. I have heretofore under said law as a
resident of AMON county been allowed an invalid pension of
On Alundred Dollars, for the year 1897.
Sworn to and subscribed before me, this, the R. H. H. Carley Gue Lugar
( the transfer of the transfer
day of Ally 1898. POST-OFFICE M Vert u may
Mandrelly Mmary
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,
County.
MINIO DECES
do ceptify that I am well acquainted with May and a way her the
do certify that I am well acquainted with A A Card has the 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 73
day of 1898.
your Sunor Ch
Ordinary Daylow County
Ordinary County.

STATE OF GEORG	(A, )	15.4		
Dorhov	County.	make	14	
personally appears	RaxLad	~		
County State of Georgia w	he haire duly		Barlow	
County, State of Georgia, w and resident of said State, a	no being duly swo	orn, says on oath th	at he is a bona fid	e citizen
day of Febry	184/ · that h	e enlisted in the n	ever since the	1-0-
federate States (or of the St	ate of	) A	uring the war bet	ne Con-
federate States (or of the St States, and served as a	roll.	in Company	P of 18 th R	egiment
of Ya Vol	inteers, Haa	's Bris	rade: that whilst	engaged
in such military service in th	ne State of	ing-	on the	day
of Dec 18	36 2, he was won	nded, injured or d	iseased as follows	: .
was wanded	in the	head wo	Tha Re	¥ 0
of shell and	eres him	totally	posobl	,
& performin	y or corre	ery on as	in their	~
his mind be		at theret		aus .
	1/10		7	
		-	•	
Sworn to and subscribed day of HE  MWH may very content of the failing from a content of the diability resulting from a content of the diability from a conten	Dollars, the before me, this, they the state of the state	899. POST OEFICE	for J. W.X	George Teador
STATE OF GEORGI				
Barlin	. }			.)
1	County. )			
Monday	wicks		O-1: C 11	
do certify that I am well acc	mainted with	111.86	Ordinary of said	the
applicant in the foregoing af		Il satisfied that the	statements made	by hang.
in his said affidavit are true,	and I know he is	the individual he	represents himse	If to be
and that he resides in this C	county.			
Given	under my official	signature and sea	thin 17/2	
	Fiely.	organite and sea	i, tuis	
day of_	The Man	1899.	- 11	
your seal here	-7	w Num	Mens	1
	Ordinary	Barl	m	C

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this y of 1900.  Executed in presence of The presenc	I.H.	Hadan	Jan.	hereby	authorize_	G	lo
by Charles by Charles and Seal, this 19 1900.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19 1900.  Recented in presence of Charles and Charle	receive and	receipt for th	ne pension	SELECTION OF THE PARTY OF THE		t that he	remit same to
Bxecuted in presence of mandion [18]	110	by c			act	~	
Bxecuted in presence of mandion [18]	Doil	is toll	0.19	2			
Bxecuted in presence of mandown [8]	IN WIT	NESS WHER	EOF, I h	ave hereunto se	et my hand	and seal,	this 9 .
(10mu p).	11 1	cinon	and the same of th				Sun Contact.
(10m p)	1	1			52 4	Mea	eldess. s.1
(10m p)	Execu	ted in presence	of		guan.	-land	
STE /ALID /S. PENSION.  S. PENSION.  N. LINDSEY, Commissions of Pension, STEANDED TO Commissions of Pension, STEANDED TO Commissions of Pension, American of	1 1	Ponis	. 10	0			
126.  [ALID  'S. PENSION.  'S. PENSION.  N. LINDSEY, Commissions of Pasion.  N. LINDSEY, Commissions of Pasion.  ST BANDED TO  L. M. L. A.	C.	-0 17,0	10	•		<i>i</i> .	The Property
126.  [ALID  'S. PENSION.  'S. PENSION.  N. LINDSEY, Commissions of Praises, THE ANDSEY  T						741	
126.  (ALID  'S. PENSION.  'S. PENSION.  N. LINDSEY, Commissions of Penica.  THE AND TO  Commissions of Penica.  THE AND TO  Commissions of Penica.  THE AND TO  Commissions of Penica.	•						
126 /ALID /S. PENSION.  S. PENSION.  N. LINDSEY, Commissions of Parisas, THE ANDER TO Commissions of Parisas, THE BANDED TO Commissions of Parisas							
126 /ALID /S. PENSION.  S. PENSION.  N. LINDSEY, Commissions of Person.  THE MESSION.  THE MESSION TO  Commissions of Person.  THE AND TO  Commissions of Person.  A. LINDSEY, Commissions of Person.							
126 /ALID /S. PENSION.  S. PENSION.  M. LINDSEY, Commissions of Pension.  ST BANDED TO  LANGE A. BORDED TO							
1276 IALID IALID OO.  S. PENSION  N. LINDSEY, Commissions of Pension, STEANDED TO Commissions of Pension  N. LINDSEY, Commissions of Pension  A. LINDSEY, Commissions of Pensions of Pension  A. LINDSEY, Commissions of Pensions of Pensi							
1276 IALID IALID OO.  S. PENSI  N. LINDSEY, Commissions of Pra Commiss							TO DESCRIPTION
STE NALIN SERVICE NO. S. PEN. LINDSEY OF TAXIBLE TO COMMISSION TO COMMIS		8	ı		1900.	<b>,</b>	
STE	(pqr)	SION.		2 2	1900	f Pensions,	
Alea S. C. L.	inrolled,)	ID .		420	15. 1900.	SEY,	T.O. Wilson
4 00 5 . T & 1 3 Wall 8. E 1 1. 3	dy Enrolled.)	PENSION.	0	attento	L. 15. 1900.	NDSEY,	brity the Albert
	ready Enrolled.)	ALID S. PENSION.	00.	Car de Car	2 15 15. 1900.		ANDED TO  Arith  Marit  Marit
	For Those Aiready Enrolled.) No. \$76	NVALID ER'S PENSION.	.006	The state of the s	unt, \$ 127 %.	OHN W. LINDSRY, Omntinioner of Prasina,	HARRAY HANDED TO  Herror Bear Christ  W. Herror, Bear Prince, Alexan.

Dark Nem	GEORGIA, Viv		hereby auth	orize Gen	lle	ga.
, ~		contraction our	by Che	request that 1	he remit sam	e to
IN WITH day of AM	way "	of, I have he	creanto set m	85 and ro	Meado	lagn
(For Thase Aireau) Enrolled.)	DISABLED SOLDIER'S PENSION.	Contractor grand, since of the Northean	Sasting William lead	1/2.9. 1901. ЛОНИ W. LINDSEY.	WARRANT HANDED TO	Ve dala

County:

Parsonally eppeara

County, Sinte of Georgia, who wend dry measurement an abstract the sint straight of the made and control and has resided there is continuously ever since the control of the

War	Low County I morning of JW Hende
ounty, State of	Georgia, who being duly sworn, says on oath that he is a bona fide citizen
day o	aid State and County, and has resided therein continuously ever since the
the Confederate	
	States (or of the State of ) during the war be
Regiment of	Volunteers, Volunt
day of	military service in the State of, on the, on the, he was wounded, injured or diseased as follows:
01	
Jan C	that worms are head which
70,200	frank his migel the to he is
10/0/14	Capicolles for Duy Desines
Hirolop.	1
Bart	28th, 1900. I have heretofore under said law as a resident of County been allowed an invalid pension of
Translation The	County been allowed an invalid pension of Dollars, for the year 189 1.
Sworn to and day	County been allowed an invalid pension of Dollars, for the year 189 1.  If subscribed before me, this, the of 1900. POST OFFICE
Sworn to and day	County been allowed an invalid pension of Dollars, for the year 189 1.
Sworn to and day  Norn.—State fully extent of the disability re	County been allowed an invalid pension of Dollars, for the year 189 d.  d subscribed before me, this, the 1
Sworn to and day  Nore.—State fully stant of the disability re	County been allowed an invalid pension of Dollars, for the year 189 1.  If subscribed before me, this, the of 1900. POST OFFICE 1900. POST
Sworn to and day	County been allowed an invalid pension of Dollars, for the year 189 d.  d subscribed before me, this, the 1
Sworn to and day	County been allowed an invalid pension of Dollars, for the year 189 d.  d subscribed before me, this, the 1900. POST OFFICE 1900. POST OFF
Sworn to and day day day for the state of the disability restricted of the	County been allowed an invalid pension of Dollars, for the year 189 1.  d subscribed before me, this, the of 1900. POST OFFICE 1900. POST
Sworn to and day  Nors.—State fully  STATE OF (  I, J,  lo certify that I ;	County been allowed an invalid pension of Dollars, for the year 189 d.  d subscribed before me, this, the 1900. POST OFFICE 1900. POST OFF
Sworn to and day  NoveState fully stated of the disability re  STATE OF (  I,  o certify that I  pplicant in the fo	County been allowed an invalid pension of Dollars, for the year 189 d.  d subscribed before me, this, the 1900. POST OFFICE 1900. POST OFF
Sworn to and day Nova State fully stated of the disability of STATE OF (	County been allowed an invalid pension of Dollars, for the year 189 d.  d subscribed before me, this, the 1900. POST OFFICE 1900. POST OFF
Sworn to and day Nova State fully stated of the disability of STATE OF (	County been allowed an invalid pension of Dollars, for the year 189 d.  d subscribed before me, this, the post of the post of 1900. POST OFFICE  1900. POST OFFICE  1900. POST OFFICE  County.  Ordinary of said County, the pregoing affidavit, and am well satisfied that the statements made by him at are true, and I know he is the individual he represents himself to be in this County.
Sworn to and day Nove State fully steel of the disability re STATE OF (	County been allowed an invalid pension of Dollars, for the year 189 d.  d subscribed before me, this, the 1900. POST OFFICE 1900. POST OFF
Sworn to and day  Nova-State fully  STATE OF (  Country that I  ppplicant in the form his said affidavi	County been allowed an invalid pension of Dollars, for the year 189 d.  d subscribed before me, this, the post of the post of 1900. POST OFFICE  1900. POST OFFICE  1900. POST OFFICE  County.  Ordinary of said County, the pregoing affidavit, and am well satisfied that the statements made by him at are true, and I know he is the individual he represents himself to be in this County.
Sworn to and day  Nore—State fully states of the disability or  STATE OF (  I,   o certify that I  pplicant in the for his said affidavi	County been allowed an invalid pension of Dollars, for the year 189 d.  d subscribed before me, this, the 1900. POST OFFICE  The nature of wound or character of disease which causes the disability, and explain particularly the subtling from the wound or disease.  GEORGIA,  County.  Ordinary of said County, the oregoing affidavit, and am well satisfied that the statements made by him it are true, and I know he is the individual fie represents himself to be is in this County.  Given under my official signature and seal, this

TO T	County Guarian Joy 20 Nes
	10 R. O. Headden of Barton
Personally appea	rs viv. Neading of Warton
Jounty, State of Georgia,	who being duly sworn, says on oath that he is a bona fide citize
nd resident of said State,	and has resided therein continuously ever since the 19
lay of Have	184/; that he enlisted in the military service of the Con
ederate States (or of the	
states and served as a	in Company K, of /8 th Regimen
of ya V	olunteers, whilst engage
n such military service in	the State of Origina, on the da
- security	1862 , he was wounded, injured or diseased as follows:
shop in the	head by a piece of shell
in the ball	tof Fredericks ling
	162 andering him totally
	Colony
mompel	ent to hausact linsuis
	Dollars, for the year 1900.
Sworn to and subscribe	Dollars, for the year 1900.  Head before me, this the R J Head on Mary 1901. Postoffice Grandenn  HS Ordmany 1901.
Syorn to and subscribed and subscrib	Many 1901. Postoffice Grandean Postoffice Grandean of the wound or character of disease which causes the disability, and explain particle solution from the wound or disease.
Syorn to and subscribe day of Allie day of A	Many 1901. Postoffice Grandean Postoffice Grandean of the wound or character of disease which causes the disability, and explain particle solution from the wound or disease.
Syorn to and subscribed day of Allie W. Hundred Mora, State fully the nature or the disability records the GEORG.	ed before me, this the R. J. Meccelors Mary 1901. Postoffice Grienfleun HS Dudmary of the wound or character of clisease which causes the disability, and expluin portion sulting from the wound or disease.  IA,
Syorn to and subscribed day of Allie W. Hundred Mora, State fully the nature or the disability records the GEORG.	ed before me, this the R. J. Meccelors Mary 1901. Postoffice Grandean  Hs Didmary  of the wound or character of disease which causes the disability, and explain partic sulting from the wound or disease.  IA,  County.
Syorn to and subscribe day of fully with the state fully the nature rely, the extent of the disability re	Mary 1901. Postoffice Griensleam  Ho Dudmary  of the wound or character of clisease which causes the disability, and explain particle  sulting from the wound or disease.  IA,  County.  Ordinary of said County
Syorn to and subscribe day of fully with the state fully the nature rely, the extent of the disability recruity of the disability recruity that I am well a certify that I am well a	Many 1901. Postoffice Granteum  No Dutmary 1901. Postoffice Granteum  To Dutmary of the wound or character of disease which causes the disability, and explain particularly of the wound or disease.  IA,  County.  Qrdinary of said County accounted with W. Head deep the said County accounted with the said County accoun
Syorn to and subscribe day of fully with the nature for the disability respectively. The certify that I am well a plicant in the foregoing a	Mary 1901. Postoffice Granteum  Ho Dullmary 1901. Postoffice Granteum  Ho Dullmary of the wound or character of disease which causes the disability, and explain portion willing from the wound or disease.  IA,  County.  Granted with W. Academy of said County acquired with W. Academy the fifth of the statements made by the fifth davit, and am well satisfied that the statements made by the fifth of the statements made by the fifth of the statements made by the fifth of the statements made by the statements made by the fifth of the statements made by the statements made by the fifth of the statements made by the statements
Syory to and subscribe day of All Market Mar	ed before me, this the R. J. Meachers  Mary, 1901. Postoffice Grienstein  M. Dudmary  of the wound or character of disease which causes the disability, and explain particle sulting from the wound or disease.  IA,  County.  Count
Syory to and subscribe day of All Market Mar	of the wound or character of disease which causes the disability, and explain particle and the wound or disease.  IA,  County.
Syorn to and subscribe day of All Market Mar	of the wound or character of disease which causes the disability, and explain particle and the wound or disease.  IA,  County.
Nors.—State ruly the nature redy the extent of the disability red to the control of the control	Howard Holls the R. G. Heart Care Holls Duthnary 1901. Postoffice Grienteum  Ho Duthnary of the wound or disease which causes the disability, and explain portion with wound or disease.  IA,  County.  Gradinary of said County the care with the statements made by him is, and I know he is the individual he represents himself to be county.  Under my official signature and seal, this
Syorn to and subscribed by the nature of the disability representation of the disability representa	wary 1901. Postoffice Grientenn  Ho Dudmary 1901. Postoff
Syorn to and subscribed by the nature of the disability representation of the disability representa	de before me, this the R. J. Necocless Mary, 1901. Postoffice Principles of the wound or character of disease which causes the disability, and explain particle with growth wound or disease.  IA,  County.  Count

		TOWI	SK OF	W 1 1 ()	KINEY	1		
STAT	E OF	GEORGIA,	Control of the Control	tri belgi kultur gerita. I	natural) natural	unit in the		
02	arl	con Con	apty.	rons2		1		
1,	K.J.	Hearden	Jun be	hereby a	uthorize_	41	V.	
X/2	207	ich	0	Can	tins	ulle	la	
to recei	ve and	receipt for the pe	ension paid l	STATE OF THE STATE OF			ramit manua	elman
, name	m		but b	11	.11		ser prime	2 10
at 6	arli	isulle	Ga	S partition to	shed that	ijre epue	mence torqu	P P .
		ESS WHEREOF	. I have here	unto set my	hand and	seal thi	. 11	
day of_	Jac		1902.		, mana and	acar cur	3 <del>1</del>	
/	LE OIL	CEORGIA		Si	5 14		11/000	
		presence of		200	· VN	2046	710-12	8.]
		Selfe of or over the self	arangas ay yang	nder of the	a destan	of the dis	spiral long to	
*				· A. S. Ban				
			1 10					
				Carrie ye b				had to
	ion far	ia 1964 i gži brų vigam	Mayor Here!			HE CHILIT	s acomeny	Ol CTI.
• 3			1 1	1 1 3	05.			
CODE SECTION 1200. THOSE ALREADY ENROLLED		93	13.	5.3	19	melon	f of	
NRO	7	A Z	the .	23		Y,	0	
IY E	70		23/	1 1 3		LINDSEN Commissioner	100	
EAD	1	9 00	32	gin 2	0	LIN	HAND F of	
CODE SECTION 124		B.	23	K Re	17	Α.	WARRANT HANDED TO	
OSE	No.		200	1-3	10	OHN W	ARR.	
1 =	2		Die V	A I	t, \$	_	960	je.
FO	Ellife and	<b>1</b>	Name	abil	Amount,	e l'appe	shilst enga	ed
	lang.	S		3 5	W	ik ipo s	between,	Lhe ent
STATE OF				calleted in			eret the C	m
egganiya.	denesti.	Continue also before the before and a	ng senten (b	ne daka a	unionista de	a since	ija.	
	statily.	appears			101	7		
			County					
BIV	IRC	H DEOKA	Tu'				No.	
		TO STATE OF THE PARTY THAT AND THE PARTY THAT	ALL WAS A STATE OF THE PARTY OF					*

FOR APPLICANTS HERETOFORE ALLOWED RENSIONS.

I, RO.	Veoddin 1	Juanteen	ofCar	thorize	rlle	44
to receive and	1120		_byC	12	it ne rem	it same to
	ESS WHERE		,			
Gero	n presence of		<del>)( ;)</del>	Hough	indre	[L. S.]
72	70/1	)				
		`				
LLED.)	NOIS	of the	1860	1903.	I, of Pensions.	
CANTAN CHUNKA CORRESENTION OF FOR THOSE ALREADY ENFOLLED. No. 1923	DISABLED IER'S PEN	33.	Regiment	2/10	LINDSEY Commutationer	VARRANT HANDED TO
7 H m 1 4	A SO	5 43	Reg R	الع	OHN W.	ANT H.

#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, County.	Ju Xleadew
Journey.	
Personally appears P. J. Deaddin G.	wond of of Darlow
County, State of Georgia, who being duly sworn, sa	ys on oath that he is a bona fide citizen
and resident of said State, and has resided therein	
lay of Holy 1842; that he enlis	ted in the military service of the Con-
ederate States (or of the State of	during the war between the
States, and served as a find wou in	Company 12, of 18 th Regiment
Volunteers, William	's Brigade; that whilst engaged
n such military service in the State of (Uir	
186, he was wound	ed, injured or diseased as follows ;
He gross warmen	i the head by pull
of Thell we the bolls	of frederensling
which or offeeled his	health and miled
that it residered him is	scompetat li bor
form any Hand of lober	or ausines
l v	
Deponent makes application for the pension	to which he is entitled for the year
nding October 26th, 1902. I have heretofore,	
	ity, been allowed an invalid pension of
	or the year 1901.
Sworn to and subscribed before me, this the	C- 11 /// 11
H day of Lawy 1902. Po	
Gullings on tout	and the state of
Note.—State fully the nature of the wound or character of	disease which causes the disability, and explain
irticularly the extent of the disability resulting from the wound or o	lisease,
TATE OF GEORGIA.	
Danin , County.	
County.)	
i, guyumrus	Ordinary of said County,
certify that I am well acquainted with JEJ	7 J. W. Headlew
e applicant in the foregoing affidavit, and am well	
m in his said affidavit are true, and I know he is t	
and that he resides in this County.	
Given under my official signatur	
day of Jalluary	_1902.
your \	O Hinonos
here Ordinary_	Barlow County.
	MARKET AND ALLEGATION OF THE STREET, THE S
Nore.—Fill all blanks and of Company an Nore.—All vouchers and affidavits must b	d Regiment.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE	OF GEORGIA,	)	
Bar			
Personal	ly appears (R.D. Need of	in Guar J W. Heart	to Barlow
County, State	of Georgia, who being duly	sworn, says on oath t	hat he is a hong fide citizen
day of	of said State, and has reside	ed therein continuously	v ever since the
	es (or of the State of		
	erved as a favoli	in Company	luring the war between the
of 9 u	Volunteers, M	's Br	igade; that whilst engaged
	ary service in the State of	Kenn	, on theday
He w	as Shoting	was wounded, injured o	diseased as follows:
Shell	and no Me	10000	alt and be
mine	I that he as	not copor	
Lo am	Curiness	To Copor	it of orthon
1	- The same of		**
			A
-			
one he	and subscribed before me,	Dollars, for the year	wed an invalid pension of 1902.  Frenchan  Admissrift g
Note.—Sta	te fully the nature of the wound stent of the disability resulting from	or character of disease which the wound or disease.	causes the disability, and explain
STATE	OF GEORGIA,	1	
Wor	Low County.	<b>S</b>	
I, L	t I am well acquainted wit	M. Heard	Ordinary of said County,
the applicant	in the foregoing affidavit, a	nd am well satisfied th	at the statements made by
him in his sai	d affidavit are true, and I k	now he is the individua	al he represents himself to
be and that he	e resides in this County.		
	Given under my officia	al signature and seal,	this_/j
	day of My	1903.	
AMX	1/	ywon	Driess
your   seal   here	0	Ordinary Bo	(100)
mind.	NorsFill all blanks and of Co		County.
	Note.—All vouchers and affiday	its must bear date after Janu	nary 1, 1903.

Gwi	Vinos	COUNTY COUNTY OF the pension	den of the	Guan arling on, and requ	vill	eby auth	
0-	me	()	by	el	11. 37.0 41	e tomosijo i	triur
t.00		ste			or part?	0/2	
In WIT	NESS WHERE	or, I have her			seal, this	00	
ay of	in	. (	R.J. X	endley	X Guas	Sine	L. S.
Exec	cuted in the		Ab to the bid of	10,000	menc	, and	
	101						
					1.4		
				Lyen			
			con		i significa		
			(3)	8	ing dan mg	gid or re-	in i
(100)		Con	Z Z	bly 1905.	ensions.	erig rector	0 n 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ENROLLED.)	D	en Gras	18 Ja	isobles	EY, rr of Pensions.	D TO	Do. Attains
IDY ENROLLED.)	PENSION	S. Can Ga	Low Long Sa	g dusobles	INDSEY,	ANDED TO	JELISHING CO., ATLANTA
LREADY ENROLLED.)  //3 // 5/1	ABLED	305.	arlow Regiment /8 Sa	they disobly	W. LINDSEY, Commissioner of Pensions.	HANDED TO	NA AND PUBLISHING CO., ATLANTA I, MANAGER, FOR STATE PRINTER
SE ALREADY ENROLLED.) No. /3 761	DISABLED RR'S PRNSION	1905.	Sarlow Regiment / 5 Sa	Webley disobles	JED (ST. LINDSEY, Commissioner of Pensions.	0	ALIN PRINTING AND PUBLISHING CO., ATLANTA HARRISON, MANAGEN, FOR STATE PRINTER
FOR THOSE ALREADY ENROLLED.) No. /3 7 51	DISABLED DIRR'S PRISION	1905.	Barley / Sa	mount, sport of 1806.	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO	That Palentine Describes and Describes Co., Arthers On., W. Harrison, Manager, ron State Phints

SOLDIER'S PE

14ch 1/90 Georgia actors County The en dersigness beg leave to Munice ego, that the egypt times come qualty aggra state that he is thurby rendered

#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Note.—Fili all blanks and of Company and Regiment.

Note.—All vouchers and affidavits must bear date after January 1, 1906.

STATE OF GEORGIA,  Ratow  COUNTY.  Personally appears. R. L. He adden, Suund an of J. W. He adden  Ratow  County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen	
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 date day of buth 18; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the	Bartow
States, and served as a hrivate in Company K., of 18 th Regiment of Storgia Volunteers Hoods 's Brigade; that whilst engaged	Maimed Soldiers.
of Jeffy 1862, he was wounded, injured or diseased as follows:  Audited Not. 2 sell 1889.  With a Shell.  Wind inscription to do	Voucher No. 2691
any haled of Gustines	Paid to Joseph W. Headdle by Me. R. S. Headdle & For Disability from VA
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of	Mround.
County, been allowed an invalid pension of One Hundred Dollars, for the year 1904.  Sworn to and subscribed before me, this the Association of Dollars, for the year 1904.  Sworn to and subscribed before me, this the Association of Dollars, for the year 1904.  Sworn to and subscribed before me, this the Association of Dollars, for the year 1904.  Sworn to and subscribed before me, this the Association of Dollars, for the year 1904.  Sworn to and subscribed before me, this the Association of Dollars, for the year 1904.  Sworn to and subscribed before me, this the Association of Dollars, for the year 1904.  Sworn to and subscribed before me, this the Association of Dollars, for the year 1904.  Sworn to and subscribed before me, this the Association of Dollars, for the year 1904.	Included in warrant No./
Novz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.	issued to Treasurer
STATE OF GEORGIA,  Borgor COUNTY.  I, Governor County,  do certify that I am well acquainted with R. & Y W New Years.	WARRANT CI
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.	Hen a. m. Fout
Given under my official signature and seal, this 98 nd day of Jun 1905.  Ann 1905.  Ordinary Barlow County.	

WARRANT CLERK

No. 2691 Allanta, Sa. Hev. STATE OF GEORGIA. Baston 1891 Mr. Goseph W Neadden by Mrs R. J Headden of the County wardin Maimed Soldiers. Maimed Soldiers. Voucher No. 2457. Voucher No. 28411 Bartow having filed his application in the Executive Amount \$ 100. Department for an allowance under the Act approved October 24, 1887, as amended by Act, Amount \$ 10.0 Dec. 24, 1888, and the same having been allowed for Paid to foseph. M. Headden Paid of Meadden Weiables by skull would For Total Delability World Dirabilet He is entitled to receive the sum of Stifle voof frim moreud, March 27 1801. from Skell mund for such disability, the same being the allowance due for the year ending October 24, 1889. The Treasurer will pay the same and hold his regeipt on this voucher, and return same Mar 12 1890 to Executive Department for warrant. Included in warrant No. By the Governor, MALanisin Included in warrant No. issued to Treasurer. issued to Treasurer CLERK EXECUTIVE DEPARTMENT. Am Frete AMaight . of Movember 1889. per above voucher, this All Fante, for,

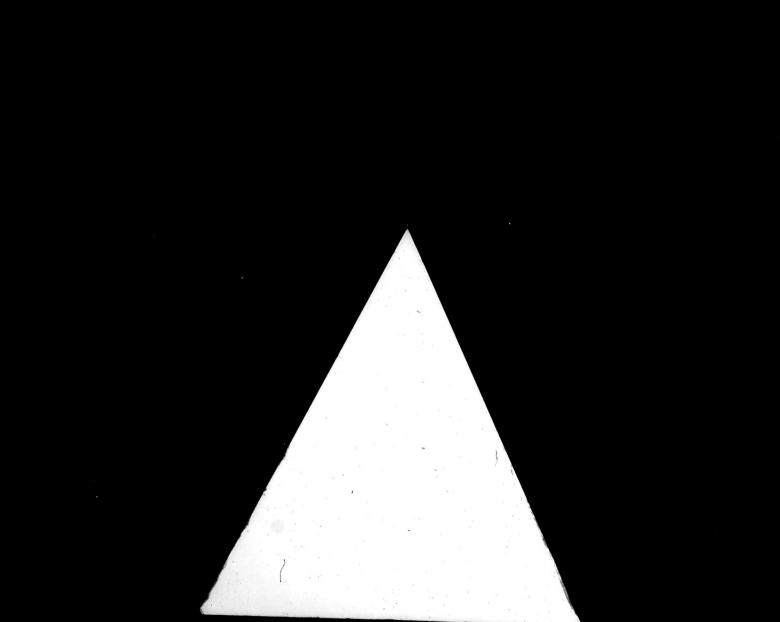
mis R. g Neaddlew,

Guardian

WARRANT.CLERK

No. 2457
TATE OF GEORGIA, Allanta, Ba, Mar 12 1090.
Mr. Joseph M Neadden by Guardian of the County
Barton having filed his application in the Executive
epartment for an allowance under the Act approved October 24, 1887, as amended by Act,
oproved, Dec. 24, 1888, and the same having been examined and allowed for
Statally derabled by skill mound
e is entitled to receive the sum of Out Hundred F 39 Dollars
r such disability, the same being the allowance due for the year ending October 24, 1890
The Treasurer will pay the same and head his receipt on this voucher, and return same
Executive Department for warrant
the Governor, Governor, Governor,
CLERK EXECUTIVE DEPARTMENT.
a
1000
ecrived of State Treasurer, R. U. HARDEMAN.
Gul Aundred toof Dollars,
r above voucher, this 12 of mar. 1890
R J. He adden, Guarden, Ay A M. Foote, atty infact
By A M Foate, atte in fach

STATE OF GEORGIA,	we is a character
EXECUTIVE DEPARTMENT.	Atlanta, Sa. March Dy 1891
(/1/1/1/	
Men XII (NOA	ddeu of the County
PI	of the County
of Warlow	having filed his application in the Executive
Department for an allowance under	the Act approved October 24, 1887, as amended by Acts
approved Dec 24 1888 and Nov. 11 1	889, and the same having been examined and allowed for
Cotal Derabelity	from Stoneds
/	
He is entitled to receive the sum of	Call Hundred Dollars
for such disability, the same being the al	llowance due for the year ending October 24, 1891.
ASJRER'S O	
The Treasurer will pay the same ar	nd hold his receipt on this voucher and return same to
[	
Executive Department for warrant.	
TE OF REDECT	Mr Dink
	M. f. Morenny
P. d. C	GOVERNOR.
By the Governor,	
CARON Alun	airia .
Co Provider.	SEC'Y EXECUTIVE DEPARTMENT.
· · · · · · ·	SECT BARCOTTVE BEPARTMENT.
,	
. 01	
\$100	
***************************************	
RECEIVED OF R. U. HARDEMAN, Treas	euror of the State of Coordin
The contract of the contract o	mer of the state of Georgia.
( Vina Old.	1 . 1 +00
The The	Dollars,
per above voucher, this	scall arek
per above voucner, this	of 000000 1891.
	2 / 2/



Ordinary of said county, do certify the applicant, and that and was on the Bull Clee Persion Roll of said AC r love county, and was paida Persion from Charles Love county for 1903, and at the time of his death on the 13 day of Love day of Love Love was Hintbeek dollars from the State Ordinay County. 17061 of his dream on the double by the state of the state of the state of dollars from the double of the state of 1904 the Application for Pension
Due Deceased Soldier Borline Gell-Mudberette adding Under Act 1891. that I personally know must. It she is the lawful widow of f., the flawful widow of f. Reg't / gil Vols. Non B Barl Approved and Paid GEORGIA W. LINDSEY. GEORGIA, Commissioner of Pensions

Approved and Paid

GEORGIA, BONGO COUNTY.

I hereby authorize and constitute.

I hereby authorize and constitute.

I hereby authorize and constitute.

I have been a second to me in my name the Pension due me for 1904, through my deseased husband.

I have been a second to me in my name the Pension due me for 1904, through my deseased husband.

I have been a second to me in my name the Pension due me for 1904, through my deseased husband.

I have been a second to me in my name the Pension due me for 1904, through my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have been a second to my deseased husband.

I have b

Minkadding Stat of Generia Harlow County. R. J. Novil To any minister of the Tooked Inoge of the Superior Count or Justiles to Deace. You are knowly authorized and permitted to foin in the honoroble state of matimony M. Neoddin and IL J. Nevil, according to the sites of your Church, provided there he no lawful couse to obstruct the Same. according to the Constitution and laws of this state, and for doing this thall be your sufficient license. Trous under my hand and deal; this 21st day of Dec. 1870 F.A. Howard Onling

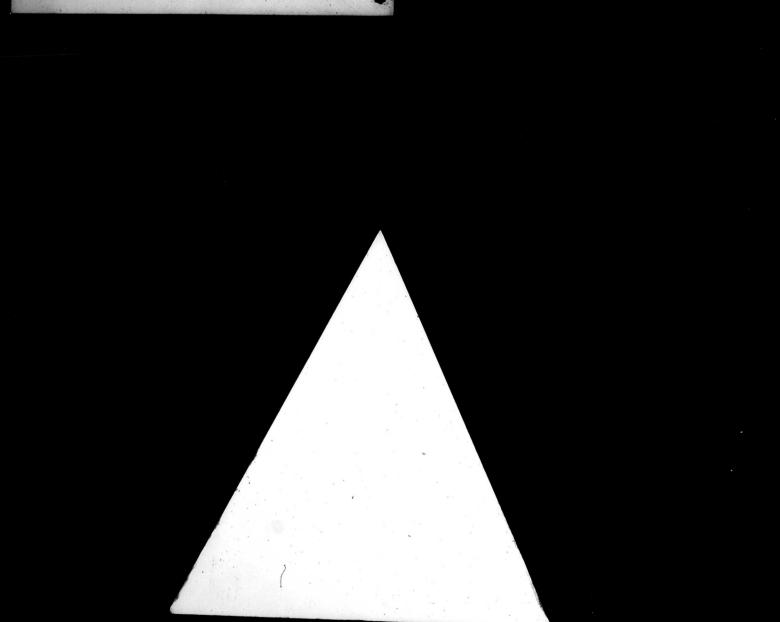
Reserved for 1870, by me. The 23rd day of De curber 1870, by me. Reember 72 1872.

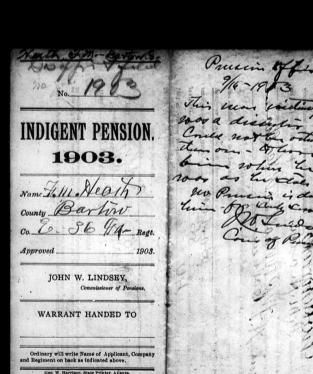
Readed For 74 1879. JANOwon Orling B. S.

### APPLICATION FOR PENSIONS DUE DECEASED SOLDIER, UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Bartow County.
Personally before me come Mrs. R.J. Sleadden of said county
after being duly sworn, on oath says that she is the widow of f. W. Kleadden
who was duly enrolled as an Invalid Pensioner from the county
of Bartow and was paid a Pension of Que humored
Dollars from Bartow . county for 1903 , and that the said
IN Headden is now are month of the States or
in anilardaston, insane, and and the office of its in a
Pension of \$100 00 was due him from Borton county
and unpaid for 1904. Applicant further swears that she married the said
fill Neadden on the 221 day of Dice
1870 in Barling gounty and State of Gira city
resided with him from date of marriage to his death as his lawful wife, and is now his
dependant wislow, and she asks that the Pension so due and unpaid be paid to her.
Sworn to and subscribed before me this 10 " day of 476 1904
B- 1 State of the Board of the
County.
AFFIDAVIT OF WITNESS.
GEORGIA, Bartin County.
Personally before me comed Sw. S. leobb
on oath says that he knew fill the adden while in the mind and that he know while it is the mind and that he know while in the mind and that he know while it is the mind and that he know while it is the mind and that he know while it is the mind and that he know while it is the mind and that he know while in the mind and that he know while it is the mind and that he know while it is the mind and
and Mes Red. Nevel as for the monge need of runs county were in due form of law married in the county
of Barlow in the State of to on
in the State of on
the Well day of Dec 18/2, and that they resided together as husband and wife from date of marries to the control of the contro
together as husband and wife from date of marriage to the day of his destroy and the
hay boly Sankland and wife from date of marriage to the day of his deson the manitm
paybook Santon and wife from date of marriage to the day of his description from milim that the state of the
hay boly Sankland and wife from date of marriage to the day of his deson the manitm

Georgio 3. G. G. Himbricks Orlinary Barton lowely Sof Daid Coccuely, do hereby Certif that the Within is a correct copy of the maniago record of J. W. Headen and miss P. J. Nevil ass appears on maniago Record Broth To page 136 in this office. This of Dec 1904 Jandand and Deal; this the 32 and for 1904 Jan Hundricks Enlicary Borlin Causely Ga.





STATE OF GEORGIA,

STATE OF GEORGIA,

OUNTY,

L. H. M. HEATH

OF COUNTY,

OF CONTROL borrow

on Service was to receipt for the pension allowed and expanse that he remit same to MANNA WILLIAM

Witness my hand and seal, this HA MANNA WILLIAM

Executed in the presence of

Charles of Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

Charles of

C

POWE	R OF ATTO	RNEY.	
STATE OF GEORGIA,	1	The state of the s	Contrast of Contrast
of he stop	OUNTY.		
Jux Lybrich	1 of 6	orlinville	reby authorize
to receive and receipt for the pension allow	Commission of the Commission o		700
at Z		a by Check	
Witness my hand and seal, this	Hy goy of	any	1908.
	the ming	pit	
Executed in the presence of	· moss		
A Cenderson	nP.		
. O	Ju .		
		esta a Liberti de Como de la com-	at it been a
		Senter Ali	
	$\mathcal{L}_{\mathcal{T}}(k(\theta_0)) = \{(k,\lambda,\beta)\}$		
CERTAIN CONTRACTOR	riwno eiva	V9110896.	
,		e secondo la Maria de Colo	Constitution and the second
100 1 V 1	- Comment of the Comm	17.16 July 18	MG -
rest Hill F	& sept 2	200000	9.00
Fwid is the	036	Will II	10 m / 10 m
ed think in	of ist.	Carlo marine	de Care
16 11 4 M	251	1163	Angel of
3 3 3 3 3 3 7	1:03		
30/ 300 1 1801	20		
2		The solution bear the	AND THE RESERVE OF THE PARTY OF
13 2411 8 3	3	gi Waliofalayan	
3 4748 8	7	Assistance	
The same of the same of the	THE PERSON NAMED IN	THE PERSON NAMED IN	
IZ I	Regt. 1903.		ĝ.
	L 2 3	LO Lossicott	80
2:3	12/21	ED ED	plican bove.
PEO 33	1200	(AND)	of Ap
1 20 8	20	JOHN W. LANDSEY, Commissions of Pensi	Name is indi
	0 0	ANT	計画
	9 9	RR )	10
3 2 2	non Con	WA	and a so
g.	00 00		0.2

	QUESTIONS FOR APPLICANT.
	STATE OF GEORGIA,
	COUNTY.
	di M. Stath
	true answers to make to the following questions, deposes and answers as follows:  1. What is your name and where do you-redder (give State, County and post-office)  1. Man Le Otha & Line Anna Education County of the County of
	2. How long and since when have you been a regident of this State? I have diverting
	The state all my life
	3. When and where were you born? 1837, In Harry the Coursely Ha.
	4. When and where and in what company and regiment did you enlist or serve?
	an finesonie farmy & a. on Corretonie 6
	9 How long did you remain in such company and regiment Fell the Agreement of
	Welshing mississippi July 44 1863.
4	
PH	6. When and where was your company and regiment surrendered and discharged?
P	1860, Or W mos greensbow forth baroling.
K	7. Was an annual state of the s
9	7. Were you present with your company and regiment when it was surrendered?  8. If not present, state specifically and clerify where you were, when you left your command, for what cause and by whose authority?
7	and by whose authority? I thence I was me he stole efficient
7	or perhoto & might have been in Lem,
9	9. How much can you earn (gross) per annum by your own exertions or labor?
~	10. What has been your occupation since 1865? Accounty 11: Upon which of the following grounds do you base your application for pension, vin: first, "age and poverty,"
H	second, "infirmity and poverty," or third, "blindness and poverty"? The second is that you could not earn your 12. If upon the first ground, state how long you have been in such conflition that you could not earn your support! If upon the second, give a full and complete history of the infirmity and injectent? If upon the third,
D	support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third,
15	state whether you are totally blind and when and where you lost your gight? I have been some information for about terms
A	Hears, Have some offection of my section.
	Those a weaknessin my breakton
Question	13. What property, real and personal, or income, do you possess, and its gross value? I have
Ħ	14. What property, real or personal, did you posses in 1894, 1895, 1897, 1898, 1899, 1900, 1901, and
0	1902, and what disposition, if any, by sale or gift, have you made of same? Many not how
Þ	Engy property in Many of can It Day Birde grands
G	16. In what County did you reside during those years, and what property did you then return for taxation?
6	Borling County. Many Little miles
H	16. How were you supported during the years 1899, 1900, 1901 and 1902? I have larned
1	17. How much did your support cost for each of short years, and what portion did you contribute, thereto by
A	many and labor or frames V - Olar - of T - Key and I and Allega William
A	your own labor or income? Lett my I Imms, that Many higher 18. What was your pemployment during 1898, 1899, 1899, 1809,
	19. Have you a family? If so, who compleses such family? Give their means of support! Have they
	homestead, opother property? Their ages and how employed? Atto Muy W Wife
	The hat he properly of milling
	20. Are you receiving any pension? If so, what amount and for what disability?
	21. Have you ever made an application for pension before h
*	22. How many applications have you ever made and under what class?
	/Sworn to and subscribed before me this the)
	day of ling, 1903. Applicant.
	growing Ordinary, many
	of County.

#### QUESTIONS FOR WITNESS.

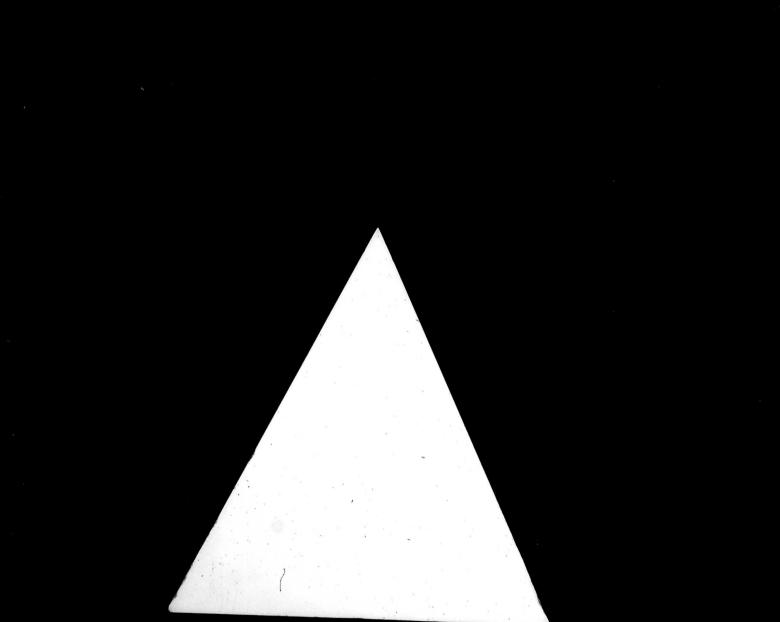
QUESTIONS FOR W	THESS.
STATE OF GEORGIA,	1 - 1
Cherokee COUNTY.	The the pass
1100 - 11	State and County, having been presented
as a witness in support of the application of	77
under section 1254, Code, and after being duly sworn true answers to make	for pension to the following questions, deposes and
answersas follows:  1. What is your name and where do you reside? 1. 6 6 5	
1 Canton ba.	contraction of
2. Are your acquainted with Fr M greath	, the applicant; if so, how
o. Where does he reside, and now long and since when has he been a re	esident of this State?
4. When, where and in what company and regiment did he collist, and	he is a matire of bear
Manch Start and a what company and regiment did he enist, and	how do you know?
March 1862 Offer Phen committee com. 5. Were you a member of the same company and regiment?	14 10 1 St Mail Cook
6. How long did he perform regular military duty? Le Les le	4"1863
7. When and where was his command surrendered? States &	ear 6, 18650
8. Were you present when it surrendered? Mas mol	1
	Vas (at
When did he leave his command? Sung 4 1863 For w	~ ~ // /
By what authority he left?	that cause? a Mismen of ma
J 6 60m	How do you know all of this?
William William Newscale Commence	7-0.0
11. What property, effects or income has the applicant? (Give your me with the property, effects or income did the applicant possess of 1896.)	M. Weosh has no freps
and what disposition, if any, did he make of same? The hour of	and the state of
10. The some year away any of his property in the last four years, if	o, what was it, and to whom?
Nemas not Had mine to	Convey 50
14. What is the applicant's occupation and physical condition?	young Has
physical Condition is feeble &	As I was a second
15. Is the applicant unable to support himself by labor of any sort, if a	
the Muckly Cincilia, ingiver	to glel oge
and infilmites incidut	inelo De De
16. How was he supported during the years 1898, 1899, 1990, 1901 at	
17. What portion of his support for hos four years was derived from his	own labor or income?
Alvant 111 the lies Na hant I	would so
18. Give a full and complete antennent of the applicant's physical conditions 1254, Code?	tion that entitles him to pression under
1. 11	Not able to
19 Who composes family What property have they? Children's age	and their earning capacity?
He now has me, a wife the	es my hobertion
interes blildren off borsed 21 m	working for the sale
20. What interest have you in the recovery of a pension by this applican	11 None
Sworn to and subscribed before me, this the	Das Woodall
day of long 1903.	Witness.
gw Hindricks Ordinary.	nose;

#### AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,  Baston County.	NTATES
Personally came before me Helle Character both known to me as reputable	and e physicians
of said County, who, being severally sworn, say on oath that they have examined carefully.  ——————————————————————————————————	18 ×7 ×2 61 +
such personal examination say that his precise physical condition is as follows:	april production of the second
gran indigestion and print	<u></u>
The rectum Homes Rods	
and that we have no interest in said pension being allowed.	
Sworn to and subscribed before me, this the day of Ang. 1903. A Malhorm	对自己的 医克里氏
ORDINARY'S CERTIFICATE.	
STATE OF GEORGIA,  COUNTY,  Ordinary, fix and for said County, he that the applicant.	
been a bona fide resident of this State since the	ty, and has
and A.J. Colham	
are of trustworthy character, and that their statements are cuttiled to full faith and credit.  I further certify that before answering the foregoing questions the applicant and each witness to	k the oath
hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same	
I further certify that the tax digest of County show the returned for taxation in his name in 1899.	
40	
Dollars of property  Dollars of property	SERVICE PROPERTY OF
Dollars of property.	, id 1902
In my spinion the foregoing claim is made in good faith.	
Witness my hand and seal of office, the day of day of Ordina	903, ry,
NOTE.	_County.

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

3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the pro-



## NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested by the Othernot (midthing the payments provided the following suggestions are submitted; and fully set forth by 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 in the service, a full and carefully stated history of the disability from disease contracted distributed by positive proofs to the service.

10. 24. The faw makes no allowance for an arm, or leg, unless the arm or leg has been rendered authority and essentially sactes.

11. The faw makes no allowance for an arm, or leg, unless the arm or leg has been rendered authority of the distributed by positive proofs to the service.

11. The faw makes no allowance for an arm, or leg, unless the arm or leg has been of life, etc. There is no qualification to the clause of the Act in reference to the arm or leg, but th. umb must for all purposes be "substantially uncless.

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

13. Excry application must be certified by the Ordinary of the country of the residence of the physicians and applicants to these points.

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

15. Excry applications of the several counties are specially requested to call the attention

W. H. HARRISON, Clerk Ex. Dept.

YTTOKNEY OF

Bartem Go. 1800 Bart Date of Warrans Huce

Heaton R. H.

#### STATE OF GEORGIA SATON

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 adapted by the Governor touching the payments provided, the following suggestions are submitted:

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disability from disease contracted 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. The will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or

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

4. If the 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 duly sworn to.

5. 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.

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

7. No payments can be made for any past year.

W. H. HAPPISON.

W. H. HARRISON.

#### OWER OF ATTORNEY.



#### For Use of Applicants Who Have not Heretofore Drawn.

	Mus 9
STATE OF GEORGIA,	PyrisonXLIX cutie
Bantow County,	
Personally appears la N- Healon	of Barlow county
State of Georgia, who, being duly sworn, says on o	SANTARINE ANS THICKS AND FILLED OUT.
resident of said State, and has been continuously	
the disease) in the minimum service as states,	hatasating and allowers subt beginned and
federate States (or of the State of	ed in the military service of the Con-
States, and served as a purole in	during the war between the
of Universal Volunteers Chry on	Company , or the Regiment
in such military service at the battle of	's Brigade; that whilst engaged
of Visainis, on the	An the State
wounded as follows: His first or for	of fiely 1862, he was
	his hour - (right hand)
- off c- in form the born	are none- (right hand)
already who personally know of the newload apply and one date of their	mark vi men e an Calentana de avez.
Manager with with a read of the position for approved he copies	Note:
	The second secon
Deponent desires to participate in the benefits of	STATE OF GEORGIA.
day of fine 150 0	s, the disability, and explain puricularly the extent of theone, tracing it directly to the invitide.
he disability. If claim is based on discuss give just and connected aistory of the	Messe, teacing it directly to the service.
COMMISSIONED OFFICE	R'S AFFIDAVIT.
STATE OF GEORGIA.	
the same of the sa	and the second second second
County. 1-4	a free of the country
	of the county
	o, being duly sworn, says that he was
commissioned officer in Company , of the	
Volunteers, and that deponent knows 12061 - 16	
wounds (or contracted the disease) in the military servi	ce, as stated in his foregoing affidavit,
and that wounds (or disease) permanently disables the	
	t. Deponent further states that said
	fide citizen of this State and resides
n Wartow county.	141.000
Sworn to and subscribed before me this	Mr. Warens
day of fune 1890 1	Jot Combo Les Res
ALTERNATION OF THE PROPERTY OF	The state of the s
The torogoing amdavis, changed to suit the facts, should be made by a confiderit of men an officer is not plainable, the following affidavit of three resp	onsible citizene should be furnished, word and
Whenough	Autoritan too hour physicians have known ked fre

Ord mon

County	STATE OF GEORGIA
	Barlow County.
Personally came	I, Charle of said county.
citizens of county, in said State,	do certify that I am well acquainted with R. H. Meolo- the
who being duly sworn, say that they are well acquainted with	applicant in the foregoing affidavit, and am well satisfied that the statements made by him
and know, from having been with him in the army, that	in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual
he received the wounds (or contracted the disease) in the military service, as stated by him	he represents himself to be, and that he resides in this county. I also certify that the
in the foregoing affidavit; that said wounds (or disease) permanently disabled applicant, as	foregoing witnesses are persons of respectability, and that their statements are worthy of
stated by him; the said applicant is a bona fide citizen of this State, and resides in	full credit and belief.
county, and we are well satisfied that all the	I further certify that before
statements in his affidavit are true.	whom the foregoing affidavits were made and power of attorney was signed, is a
Sworn to and subscribed before me, this	of said county, and the said affidayits and
day of 1800.	signatures thereto are genuine
day of 1880.	Given under my official signature and seal, this of day of func 1890.
Note.—Above affidavit must be made by three citizens who personally know of the service of applicant and can state of their own ledge precisely how he is disabled, and what disables him.  Note 2.—The attenting office must see that each witness reads, or has resid to him the affidavit he signs.	Ordinary Parlows County.
	이 그는 그림을 하는 어느 그리고 하는 것은 사이프리는 그는 그는 중요한다고요?
OTATE OF OFICEOUS	
STATE OF GEORGIA,	Power of Attorney.
Boxton County.	STATE OF GEORGIA,
PERSONALLY comes before me Ger It Hendry Ordinary of said county	Bartow County. 6 101 41
Thomas 1 120 hand of M Joung, both known to	Know all Men by these Presents. That I, R. Healon
me as reputable physicians of said county, who, being severally sworn, say on oath that	of Barton
they have carefully examined that Heaten and after such	county, in said State, do hereby appoint Hims A In Houle
examination say that the applicant has been injured as follows:	
He how last the entire for Juguou his right hand and has had his thembe wounded or	
hand and has had his thewood wounded or	me and in my name, to receive and receipt for whatever amount of money I may be entitled
mofundon The some hond so as to still	to from the State of Georgia by reason of the injury received as aforesaid in the military
or Analylose it in the first Jour and they hadly	service of the Confederate States (or of this State), as stated in the foregoing affidavit;
infun or mikage its use in work of	hereby authorizing my said attorney to receipt in my hame for any Warrant that may be
Mormal & boron asturvia of Chia	issued by the Governor, or for any sum of money which may be coming to me for the reason
the infryer Considerable doma from	aforesaid.
nuporother the or his land	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
work.	day of The Healing his [L. S.]
Carlo Company	Executed in the presence of us:
Sworn to and subscribed before me, this) The State	O How a orono
	1.11 1.7 (2)
but of him 1890 She young mo	ywaluaners on many
ORDINARY.	DERECTION.
NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability result-	If allowed, send amount by to
ing therefrom.  Nore 2—It claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier.  Also state how long physicians have known and treated applicant.	me at, and oblige,
P. Co. only nave known and treated approach.	

STATE OF OFOROIA

	Connty. S. Connty. S. Ordinary of said County,
	m well acquainted with a the foregoing affidavit, and am well satisfied that the statements made by him
	t are true, and that he is disabled, to the extent he claims, and I know he is
	represents himself to be, and that he resides in this County.
I further cer	
before whom the	foregoing affidavits were made and power of attorney was signed, is a
signatures thereto	of said County, and the said affidavits and are genuine.
	my officed signature and seal, this D. G. day of May 1892.  County.  Ordinary Darlow County.
1891	Application for Allowance  m ra ras sense eran n. m.  for of the Marcan, Dates of Marcan, Sale of Marcan, Mall LL 2  Entered on record  Marcar Harcon to 1889.  Warant Harcon to Part M.  Warant M.

	I,do certifi applicant said affid	y that I and in the for avit are tr	well acquegoing affi	Counted with davit, and the is d	h am well isabled, to	satisfied the	ent he cla	tements ma	of said code by him know he	the in his
	A STATE OF THE PARTY.		ny official					Cop.	ic.	89 2.
			9	Or	Vece dinary	B	ani	on	C	ounty.
				· Angel		1				
	gino									
0								, ,		
				•						
,	3/1	ON.	1802.			2		1992. grtment.	1.	1
16	9	PENSI	1892. FOR THE YEAR ENDING OCTOBER 26, 1892	You	m'e	fund	01	ON.	1	Atlants. Ga.
6.0	301	S PI	00 DING 00	Ken	and	36/2		HARRISON HARRISON	Kent.	tate Printer,
12 13	Mo.	IER.	TEAR EN	1/2	13 J	Xaco	record	W. H. T	1 Jan	. Harrison, St
Jean 3an	1	OLD	FOR THE	Name	County	Disability	Amount, \$ Entered on record	7	1 4	Geo. W
ex 1	grillage:	S		, Z	, Q	Ď.	E P			- In

For Applica its interetofore Allowed Tensions. Listate of georg

#### For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. Banlow County Healon of Barlow Banlow 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 resided therein continuously ever since the winth ; that he enlisted in the military service of the Confederate States (or of the State of during the war between the in Company , of 60 th Regiment Volunteers, Lawlor 's Brigade; that whilst engaged in such military service at the battle of Deponent desires to participate in the benefits of the Act, approved October 24, 1887. and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of dollars, for wound or character of disease which causes the disability, and explain particularly the extent of POWER OF ATTORNEY. STATE OF GEORGIA, Banlow Know all Men by these Presents, That I, R. St. Lealin 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 Governor, or for any sum of money which may be coming to me for the reason aforesaid. or for any sun or money where may be coming to me for the form of Mo Donalo Send money to me as follows, by Barlow

STATE OF GEORGIA,	elolore Allowed Pensions.
Banton Coun	19. Sp 21 21 4
Personally appears	R. St. Shaton
on oath that he is a bona fide citizen and	County, State of Georgia, who, being duly sworn, says resident of Georgia, and has been such continuously
in the military service of the Confederate	Lifty years 18; that he enlisted
during the war between the States and of 607 th Regiment of	served as a frivate, in Company
	Volunteers Lawton 's
in the State of Oirginiv	on the Stage day of the was wounded as follows; Right
fore finger the	Lott of The hand with
named and an advantage of the second	
the acts amendatory thereof and makes	he benefits of the Act, approved October 24, 1887, an application for the allowance to which he is entitled for the appropriate of the second
\$ 50	ve heretofore been allowed a pension of  Dollars for / 50 0 / 189/
Sworn to and subscribed before me	1892.
	Ordinary.  er of disease which causes the disability, and explain particularly the
POWER	OF ATTORNEY.
STATE OF GEORGIA,	(y.)
Know all Men by these Presents,	That I, Il Healon
County, in said State, do herebe appoint	Hon. W.H. Harrison
on and in my name, to receive and rec from the State of Georgia by reason of the Confederate States (or of this State) my said attorney to receipt in my name	my true and lawful attorney in fact, for the for whatever amount of money I may be entitled to the injury received as aforesaid in the military service of as stated in the foregoing affidavit: hereby authorizing for any Warrant that may be issued by the Governor coming to me for the reason aforesaid.
	ve hereunto set my hand and seal this
day of egant	1892. R. H. Heolin X [L. S.]
Executed in the presence of us:	mork
Stu Helidioks	Dengy
Send money to me as follows, by	Check
Barton	to Fay Evrouelle P. O. County, Georgia.
	R. M. Gealon his
	mark

5	POWER OF ATTORNEY. STATE OF GEORGIA, )
	Derlow county. D 11 11
	Know all Men by these Presents; That I R. A. Steoling.  of County, State of Georgia, do hereby appoint
	of Darling welle go 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
	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 March 1893. Male and seal, this
	Executed in the presence of us:
	Gideont Hendricks
	The real control of the stary. Outside of any control
0	Send money to me as follows, by to P. O.
	STATE OF GEORGIA, County, Georgia.
	Agree-sque (8) prome of words with a said of the said
	Sworm to any off section of the first of the section of the sectio
	the rear course of the state of
0	We come does to the same of the first that we when the same of the
3	
12	O Fig. 1
8	Dilies of War to man to
	County to County of App
<u> </u>	on 1/2 1 to the State
	States and served us a
	federate State (of or the State of
	readent of said State, and has resided therein continuously ever since the
	Promotive appears to the condition of th
	THE CONTROL OF THE PARTY OF THE
	For Applicants, Heretofore Allowed Pensions.
	East Appliante Heartefone Allerted Dangione

#### POWER OF ATTORNEY

	POWER OF ATTORNEY.
•	STATE OF GEORGIA,  Besting COUNTY.  Know all Men by these Presents. That I, A Sleating
	County State of Georgia, do horoly appoint Justice no his of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the
	State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WINNESS WHEREOF, I have hereunto set my hand and seal, this
	Executed in the presence of us morte [1. s.]
	Send money to me as follows, by  10  10  10  10  10  10  10  10  10  1
	County, Georgia.
surrect car.	SO Already Enrolled.)  "5 PRPSIOD.  SOFT.  H. HARRISOS,  SOFT.  SOFT.  SOFT.  H. HARRISOS,  SOFT.  S

For Applicants Heretofore Allowed Pe	nsions.
STATE OFIGEORGIA.	
County ) X/	G 1
Personally appears 12 9- Wealow of 5	ilou-
County, State of Georgia, who, being duly sworn, says on oath that he is a be resident of said State, and has resided therein continuously ever since the	ma fide citizen and
day of ferry years 18; that he enlisted in the military se	ervice of the Con-
federate States (or of the State of ) during the	war between the
States, and served as a MMMME in Company 4, of	60 th Regiment
of 4th Volunteers Javotono 's Brigade; that such military service at the battle of 2th minness as	
of Organica, on the day of Aug	in the State
wounded as follows: Dis with the median	1862, he was
entity of	The state of
and the second s	
The second secon	4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The state of the s	
Deponent desires to praticipate in the benefits of the Act, approved Octo the acts amendatory thereof, and makes application for the allowance to which the year ending October 26, 1893. I have heretolore been allowed a pension	
dollars, for something	Ther I.
Sworn to and subscribed before me, this, the	1 The
day of March 1893.	Day 10
Muderiane is they	ornane
Note.—State fully nature of wound or character of disease which causes the disability, and enplain part disability, resulting from the wound or disease.	icularly the extent of the
STATE OF GEORGIA.)	
Barlow County	W 0'
· Misting	
12 42 41 1 -	y of said County,
do certify that I am well acquainted with USV Redoct	the
applicant in the foregoing affidavit, and am well satisfied that the statements m	
said affidavit are true, and that he is disabled, to the extent he claims, and I kn	ow he is the in-
dividual he represents himself to be, and that he resides in this County.	
I further certify that	
before whom the foregoing affidavits were made and power of attorney	was signed, is a
of said County, and the	said affidavits and
signatures thereto are genuine.	milliony service of
Given under my official signature and seal, this day of day of	arel 1893.
MANTHUMENU	
Ordinary Honord	County.
the state of the country of the state of the	County.
STATE OF GEORGIA, 1	
POWER OF ALLOPINET	
The state of the second of the	

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA.
1020
PERSONALLY appears C. H. Weaton of Oarlow
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 Obant
day of fifty yearo 18; that he enlisted in the military service of the Con-
federate States (or of the State of ) during the war between the
States and served as a privage in Company H, of OOth Regiment
of You Wolunteers 4 My 's Brigade; that whilst engaged in
such military service at the battle of Manassa in the State
of Organica, on the of day of Aug 1802, he was
wounded as follows: That his 23 hot one from
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 x
Sworn to and subscribed before me, this, the
day of March 1894 many
moderack on
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.
CT ATT OF STATE
STATE OF GEORGIA,
Barfin County.
1 MUNICAS
do certify that I am well acquainted with I Healur 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
Or and my ometal signature and seal, this

Affix your seal here.

day of March 1894.

GHALININGS

Ordinary Bollin County.

#### POWER OF ATTORNEY.

Dentin County.	
KNOW ALL MEN BY THESE PRESENTS, That I, Walley	un.
constr. Stategof Georgia, do bereby appoint MN New Yell 2 of Carley Wille Ga	attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be State of Georgia by reason of an injury received as a foresaid in the military service States (or of this State) as stated in the foregoing affidity; hereby authorizing my sain in my name for any Warrant that may be issued by the Governor, or for any sum be coming to me for the reason aforesaid.  IN WYNNESS WHEREOF, I have hereunto set my hand and each, this day of 1895. The Warrant Hall of the control of the reason aforesaid.  1895. The Warrant Hall of the control of the cont	of the Confederate
Mobils Click	, ,
DIRECTIONS. Send money to me as follows, by	
to Contry, Georgia.	P.O.
<u>                               </u>	i ! II
Those Already Enrolled.  30. 762  1ER'S PENSION  1 SO 5.  1 SO 5.  1 1895  RICHARD JOHNSON, Secretory Eccutive Department	CONTRACT DANDED TO

		POV	VER C	F AT	TOR	NEY.		1	
De Vie	PSINO	icks	lin	bor	by author	vill	elj	ew	
. 0	ikan	lee G	he pensio	n paid he		d request		remit same	to
IN day of	WITNES J. E	SS WHER	EOF, I ha	ve hereun	. 1	vi		this L	. s.]
12	Execute 8 a	d in present	ce of us	)	m,	M			
. <i>I</i>							•		
(For Those Already Enrolled.)	No. 9686	SOLDIER'S PENSION.	1396.	Name (1) Xe gline. County (Paylone	Disability Lot of Hueges	Amount, \$3	RICHARD JOHNSON, Secretary Executive Department.	WARRANT HANDED TO	Geo. W. Harrison, State Printer, Allanta.

Bartow-	ORGIA,	} .		
	County	.) ~	of Ban	7
personally appears	UL, ST. ME	acon	of was	cow
County, State of Georgia, w	who being duly sw	orn, says on	oath that he is	a bona fide citizen
and resident of said State, a				
day of year ol		he enlisted	in the military	service of the Con-
federate States (or of the S	tate of	4	during the	war between the
States, and served as a fr	sinale.	in C	ompany T, of	60th Regiment
of 92 Volu	inteers, Gorgo	m,	s Brigade; that	whilst engaged in
such military service at the			111	in the State
1 - 1	on the	day of	August	1862, he was
wounded as follows:	of the lu	s night	I fore	finger
	.,,,	0	•	
Deponent desires to part				
Sworn to and subscribe		the	year 189 4	aton
Swilling	15 Ordinas	895. <b>)</b> 4	mark	
Note.—State fully the nature of wou of the disability, resulting from the woun	and or character of diseased or disease.	e which causes th	ne disability, and explai	n particularly the extent
STATE OF GEO		1		
Samon	County.	ST.		
1, poor on	mu I CU			
1	1	SL	Ordinar	y of said County,
		H	yeator	the .
do certify that I am well accapplicant in the foregoing at	ffidavit, and am w	ell satisfied	Clator,	the ents made by him
applicant in the foregoing at in his said affidavit are true	ffidavit, and am we, and I know he is	ell satisfied s the indiv	Clator,	the ents made by him
applicant in the foregoing as in his said affidavit are true and that he resides in this C	ffidavit, and am we e, and I know he is County.	s the indiv	Healve,	the ents made by him
applicant in the foregoing at in his said affidavit are true and that he resides in this C Giv	ffidavit, and am we e, and I know he is County. very under my office	s the indiv	Healve,	the ents made by him
applicant in the foregoing at in his said affidavit are true and that he resides in this C Giv	ffidavit, and am we e, and I know he is County.	s the indiv	Healve,	the ents made by him
applicant in the foregoing at in his said affidavit are true and that he resides in this C Giv	ffidavit, and am we e, and I know he is County. very under my office	s the indiv	Healve,	the ents made by him

STATE OF GEORGIA,	
County	. [ •
personally appears of Ales	wir of Dantvie
County, State of Georgia, who being duly sw	orn, says on oath that he is a hang fide citizen
and resident of said State, and has resided th	nerein continuously ever since the
day of mall child 18; that h	e 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 findale	in Company T, of Oth Regiment
of Ya Volunteers, GON	's Brigade; that whilst engaged
in such military service in the State of	ingine, on the day
of Huge 1862 he was wound	led, injured or diseased as follows:
	eger was what it
me he I'm valte of	manassas
	and the second s
Deponent desires to participate in the be	nefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes	application for the pension to which he is
cartified for the year ending October 26th	, 1896. I have heretofore as a resident of
county been allowed a	pension of frage
dollars, for the year 1890.	n his
Sworn to and subscribed before me, this,	the MX leader
day of HUGY 18	96.
TW Mundols ON	, and
Note-State fully the nature of wound or character of disease of the disability, resulting from the wound or disease.	which causes the disability and syntain partial at
of the disability, resulting from the wound or disease.	
STATE OF OFORCE	and Spain particularly the extent
	or and Chain purticularly the extent
STATE OF GEORGIA,	, and opining particularly the extent
Safar County.	o J
Darfin County.	2
Jashw County.	Ordinary of said County,
County.  I, SWALLOM CA  do certify that I am well acquainted with R	Ordinary of said County,
County.  I, When the foregoing affidavit, and am we	Ordinary of said County, the
do certify that I am well acquainted with applicant in the foregoing affidavit, and am we in his said affidavit are true, and I know he is	Ordinary of said County, the
do certify that I am well acquainted with applicant in the foregoing affidavit, and am we in his said affidavit are true, and I know he is and that he resides in this County.	Ordinary of said County, the Il satisfied that the statements made by him the individual he represents himself to be
do certify that I am well acquainted with applicant in the foregoing affidavit, and am we in his said affidavit are true, and I know he is and that he resides in this County.  Given under my official	Ordinary of said County, the ll satisfied that the statements made by him the individual he represents himself to be signature and seal, this
do certify that I am well acquainted with applicant in the foregoing affidavit, and am we in his said affidavit are true, and I know he is and that he resides in this County.	Ordinary of said County, the Il satisfied that the statements made by him the individual he represents himself to be
do certify that I am well acquainted with applicant in the foregoing affidavit, and am we in his said affidavit are true, and I know he is and that he resides in this County.  Given under my official	Ordinary of said County, the ll satisfied that the statements made by him the individual he represents himself to be signature and seal, this
do certify that I am well acquainted with applicant in the foregoing affidavit, and am we in his said affidavit are true, and I know he is and that he resides in this County.  Given under my official day of Arm	Ordinary of said County, the ll satisfied that the statements made by him the individual he represents himself to be signature and seal, this
do certify that I am well acquainted with applicant in the foregoing affidavit, and am we in his said affidavit are true, and I know he is and that he resides in this County.  Given under my official day of Arm	Ordinary of said County, the ll satisfied that the statements made by him the individual he represents himself to be signature and seal, this

# POWER OF ATTORNEY. STATE OF GEORGIA, Phyloxy County. Attorneys of Carlin Velle Ga to receive and receipt for the pension paid hereon and request that he remit same to by Check IN WITNESS WHEREOF, I have hereunto set my hand and seal, this // day of Felly 1897. Executed in presence of Many Action [L. S.] Executed in presence of Many Action [L. S.]

SOLDIER'S PENSION

1897.

atleast	County Head Vicks	of Oansion paid hereon a	and request that I	ne remit same to
day of Jana	ness whereof,	1898.	t my hand and sea	[L. S.]
(For Those Aireaty Enrolled.)	SOLDIER'S PENSION.	Name I H Health	Amount, \$5.200 Amount	WARANT HANDED TO.
4.		A COLOR OF THE PROPERTY OF THE	HAT GLEAN COLOR OF CHILD AND AN AND AN AND AN AND AN AND AN ANALOGO.	

POWER OF ATTORNEY.

Lot whitegory belefolde wilotted benzions.
STATE OF GEORGIA.
Carlow County.
DATAL COUNTY
personally appears 12, 11. Meaton of Darlow
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 the Con-
federate States (or of the State of ) during the war between the
States and served as a funding in Company T, of 60 th Regiment
of Volunteers, Swawn 's Brigade; that whilst engaged
in such military service in the State of Winguina, on the OO day
of New was wounded, injured or diseased of follows:
In the day batter of manasago ting
Jorg Juger was shot of his
night hadred
Name and the control of the control
entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Dollars, for the year 1896.  Sworn to and subscribed before me, this, the L. H. Healton day of Holy 1897. POST OFFICE Mark  Nore-State fully the status of wound or character of disease which carbo the disability, and ceptain particularly the extent of the disability, and ceptain particularly the extent of the disability and ceptain particularly the extent of the disability.
STATE OF GEORGIA.
1 1 - '
Daylow County.
I, Swhendrietes of Ordinary of said County,
do certify that I am well acquainted with I. N. Heolow 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 Fr Voy 1897.
and Swillingick
your feel feel
Ordinary Warlow County.

tates, and served as a winge, in Company,	since the service of the Cor the war between th of OUth Regimen that whilst engage
County, State of Georgia, who being duly sworn, says on oath that he and resident of said State, and has resided therein continuously ever along the state of 1886; that he enlisted in the military sederate States (or of the State of during in Company).  Volunteers, Toward 's Brigade; is such military service in the State, of Virginia, on the state of the	since the service of the Cor the war between th of OUth Regimen that whilst engage
and resident of said State, and has resided therein continuously ever all of the State of the St	since the service of the Cor the war between th of OUth Regimen that whilst engage
ay of Gall 1882; that he enlisted in the military ederate States (or of the State of ) during that and served as a fine of the State of in Company In.  Volunteers, FUNUTY 's Brigade; is such military service in the State.of Virginia, on the state of th	service of the Cor the war between th of Oth Regimen that whilst engage the da
detected States (or of the State of ) during thates, and served as a Mir off in Company St., Volunteers, Front 's Brigade; is such military service in the State. of virginia, on 1861, he was wounded injured or diseased this fore from the Author of the Au	the war between the of Oth Regiment that whilst engage the da
tates and served as a fire of the in Company H.  Volunteers, FUNDY 's Brigade;  Is such military service in the State of Virginica, on the state of the was wounded, injured or diseased  That his fure frager His right hand in Valle of Managara	of 60th Regimenthat whilst engage
Volunteers, FUNUTY 's Brigade; such military service in the State of Verginica, on a 1862, he was wounded, injured or diseased this furt frager the first right hand in battle of manassas	that whilst engage
such military service in the State of Virginia , on the July 1862, he was wounded, injured or diseased this fire frager the list right hand in battle of manassas	theda
July 1862, he was wounded injured or disease. It was right hand in battle of	,
Had his fore finger the This right hand in Carte of manasses	A DEL
manassas hand in batter of	2 still
manassas Warte of	5 Dice
(manassos .	
titled for the year ending October 26th, 1898. I have heretofore u county been allowed at Dollars, for the year 189 / Sworn to and subscribed before me, this, the day of January 1898. POST-OFFICE 1898.	Lealine
CATE OF GEORGIA,  County,	
· Gurly Sorieth	
certify that I am well acquainted with I TY- Healer	ry of said County
	_
plicant in the foregoing affidavit, and am well satisfied that the states	the
Discent in the foregoing affidavit, and am well satisfied that the staten his said affidavit are true, and I know he is the individual he repres	the
plicant in the foregoing affidavit, and am well satisfied that the staten his said affidavit are true, and I know he is the individual he repres I that he resides in this County.	the the the the three th

Affix your seal here.

## POWER OF ATTORNEY. STATE OF GEORGIA, County. I. J. Heaton hereby authorize Josepha togeceive and receipt for the pension paid hereon and request that he remit same to by land of the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this It., day of the by 1899. Executed in presence of Many Name Necks

RICHARD JOHNSON,

SOLDIER'S PENSION

to receive and receipt for the at leas liss Mer	of Control	heate	<del></del>
For Those Already Enrolled.  See Flooring 1903 INVALID SOLDIER'S PENSION.	1900. Name H. M. Meartin. County Bartin	Warrant issued The 1900.  JOHN W. LINDSEY,  Omnisions of Praises.	WARRAYT BANDED TO HANDED TO HANDED TO THE MAN HANDER ALBERT ALBER

POWER OF ATTORNEY.

STATE OF GEORGIA.

#### For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. Bartur personally appears M. & Newton County, State of Georgia, who being duly sworn, says on oath that he is a bona fide gitizen and resident of said State, and has resided therein continuously ever since the he was dayle Amall bays ; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the in Company # , of 60 th Regiment Volunteers, Lawlins 's Brigade; that whilst engaged Deponent makes application for the pension to which he is entitled for the year end-County been allowed an invalid pension of Dollars, for the year, 189 and subscribed before me, this, the

ing October 26th, 1899. I have heretofore under said law as a resident of causes the disability, and explain particularly the ATE OF GEORGIA,

do certify that I am well acquainted with U 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 un	der my official signature and seal, this Win
day of fr	by Gwilliam William 1809
	" withmories
	Ordinary Banlow Count

STATE OF GE	and the second second	. }	y ·		
Personally app	Coun	1.1	him of	Pa	low
		THE RESERVE ASSESSMENT OF THE PARTY OF THE P	V - 01_	work	rin
County, State of Geo	Stath and County	duly sworn,	says on oath	that he is a bon	a fide citizen
and resident of said	fall	, and has res	sided therein	continuously e	ver since the
the Confederate State		1040; th	iat he enlist	ed in the milita	
tween the States and			1		the war be-
Regiment of Usa			when a	Company &	of 60 th
engaged in such mili					; that whilst
day of Chris				on th	ie 2.7
Right-	200	e was wound	lea, injured	or diseased as	ollows:
of agrad I	ne gin	gerol	con of	I mi a	olle
of a lours	asses				
	-				. 4
					*
Sworn to and sub	scribed before m	e, this, the	POST OFFICE	y Heo	olore
MOTE State fully the p	& Order	7			
NOTE.—State fully the nextent of the disability resulting	from the wound or dise	ase,	hich causes the di	sability, and explain	particularly the
STATE OF GEO	RGIA,	) .			
warfow.	County	.5	,		
I, WI	Ferior	uch	1,	Ordinary of sa	id County
lo certify that I am w	ell acquainted wi	th/2, 9	Y. We	alon	( . )
pplicant in the foregoi	ing affidavit, and	am well sat	isfied that th	o stotoments -	the
n his said affidavit are	true, and I know	he is the i	ndividual he	represente hi	ade by him
nd that he resides in t	his County.		autridual Mc	represents in	usell to be
	Given under n	ny official si	gnature and	seal this	116
Amr) day	in 7196	1 0	1000	,	
your seal here.	OI.	gu	18tes	wrick	6
		Ordinary	150	rtoro	County.
			11	7.2	

NAME. Heaton, R.H. WHEN AND WHERE BORN? ENLISTED WHEN AND WHERE? COMPANY AND REGIMENT? Private Co. H. 60th. Regt. Ga. Vols. Gordon's Lieutenant Thomas A. Owens. NAME OF CAPTAIN AND COLONEL? WOUNDED? End. Manessas, Va. July 1862. Right hand. Shot off finger. CAPTURED, WHEN AND WHERE? RELEASED. WHEN AND WHERE SURRENDERED? IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? DIED. WHEN AND WHERE? BUR IED, no data TITNESS, Lieutenent Thomas A. Owens.

County.

Bartow County.

1890

P.O.

Maimed Soldiers.

Noucher No. 2901

Maimed Soldiers.

Voncher No. 2901

Amount & 5

Paid to R. N. Healen

For Love of one

Find to R. N. Healen

For Love of one

Time 6 1890

The find as a strong of the find as a strong of

Included in Warrant No.

issued to Treasurer.

180

WARRANT CLERK.

Included in warrant No.

WARRANT-CLERK.

The Warming

No. 2901
No. 2901 STATE OF GEORGIA.  EXECUTIVE DEPARTMENT.   Albanda, Ga., June 6 1890.
EXECUTIVE DEPARTMENT. Coltanta, Sa., Julie 10. 1890.
Mr. R. A. Meaton of the County having filed his application in the Executive
having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
pproved Dec. 24, 1888, and the same having been examined and allowed for
Loss of one friger
le is entitled to receive the sum of Thee toof Dollars
or such disability, the same being the allowance due for the year ending October 24, 189
The Treasurer will pay the same and hold his receipt on this voucher, and return same
y the Governor.  Output  Outpu
CLERK EXECUTIVE DEPARTMENT.
n
5
ECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Two volios Dollars,
er above voucher, this a space 189
R H Neaton,
By A M Soute.
og ir in crance;

EXECUTIVE DEPARTMENT. Mr. RA Heatin of the County of Pounton having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for He is entitled to receive the sum of for such disability, the same being the allowance due for the year ending October 24, 1891. The Treasurer will pay the same and hold his receipt on this voucher and return same to Executive Department for warrant. By the Governor.

MN Hamsin
Sec'y! SEC'Y EXECUTIVE DEPARTMENT Dollars,

STATE OF GEORGIA.

per above voucher, this.