

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Bartow County,

T. J. Bell of said State and County is hereby presented as a witness in support of the application of Mr. T. Hayes 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:

1. What is your name and where do you reside? T. J. Bell
I live in Adamsville, Bartow County, Ga.
2. How long and since when have you known Mr. T. Hayes the applicant? I have known applicant thirty years
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? In Adamsville, Ga. Has lived in Ga. ever since I have known him
4. When, where and in what Company and Regiment did Mr. T. Hayes enlist during war from 1861 to 1865? (Give date and place) July 1862, Charleston, S.C. In Company B, 8th Co. Bat. I was in Co. R
5. How did you obtain your information of this Service? I was in Co. R 8th Co. Bat. Went to the war from same regiment
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) From 1862 to Apr. 26, 1865
7. When and where was his Command surrendered or discharged (give date and place). Apr. 26, 1865, Greensboro, N.C.
8. Were you personally present at the Surrender? I was
9. If not, where were you and how came you there? I was present at the surrender
10. Was the applicant personally present with his Command at surrender? Yes
11. If not where was he and how came him there? He was present at the surrender
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? -- How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I was with him at the surrender
13. In what way was he prevented from returning to his Command? He stated left the army
14. What effort did he make to return to his Command and how do you know? He was present at the surrender
15. Was applicant captured as a prisoner? No If so, when and where? -- In what prison was he held? 111 and when released? --

Sworn to and subscribed before me, this 27th day of Oct 1911.
G. H. H. H. H. Ordinary.
of Bartow County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Bartow County,

Personally before me comes Mr. T. Hayes who on oath says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.)

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.)
 2. When and to whom was it sold or given to?
 3. What was the price paid or stated to be paid?
 4. What relation is the party to applicant?
 5. What disposition was made of the proceeds of the sale?
 6. Was the disposition of this property 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 Oct 1911

Ordinary,

of Bartow County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Bartow County,

I, G. H. H. H. H. Ordinary of said County, certify that I know the applicant Mr. T. Hayes for Pension is the person he represents himself to be and resides in said County. That I also know T. J. Bell the witness swearing to the service and -- who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of Bartow County shows that Mr. T. Hayes and wife value for tax is in 1908 \$ nothing for 1909 \$ 36.38 for 1910 \$ 30.00

Sworn under my hand and official seal of office this 10th day of Oct 1911.

G. H. H. H. H. Ordinary,
of Bartow County.

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if such appear are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

NAME **Hayes, H.T.**

YEAR **1918**

COUNTY

Barrow

WHEN AND WHERE BORN? **Resident of Georgia, since 1884.**

ENLISTED WHEN AND WHERE? **Feb. 1888, - Charleston, S.C.**

RANK

COMPANY AND REGIMENT? **Co. B. 8th. Ga. Infan'.**

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? **April 26, 1865, - Greensboro, North Carolina.**

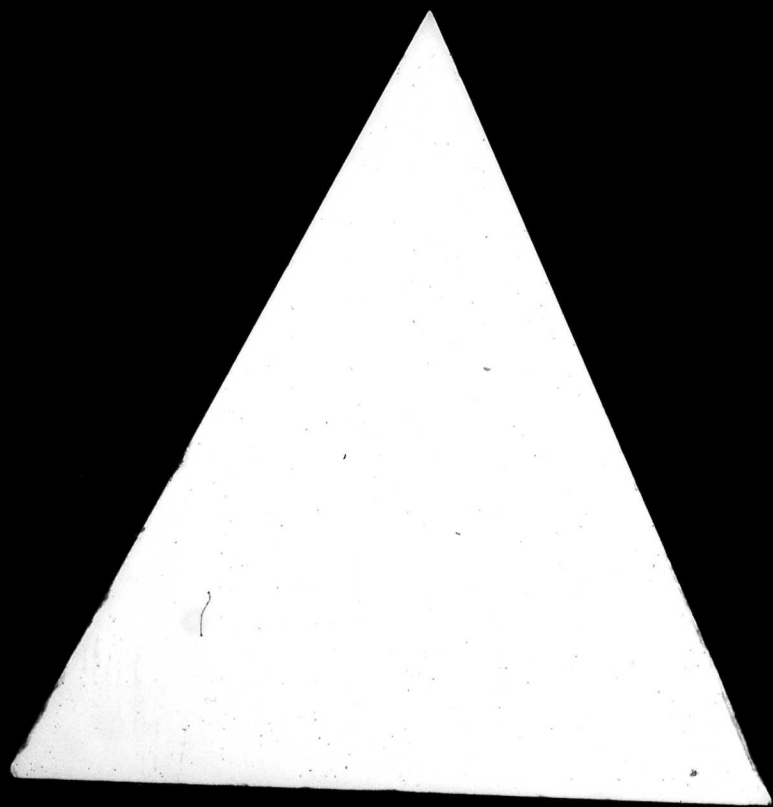
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. **T.S. Bell, - Co. A. 8th. Ga. Infan'.**

No data.



Haynes, Ellen D.
Capitol County

OK for 1911
No. _____

Widow's Pension

UNDER ACT 1910.

County

Barlow

Name

Ellen D. Haynes

Widow of

J. M. Haynes

71 31 114

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer.

11/21/10

*Widow's Pension
for 1911
paid*

*Widow's Pension
for 1911
paid*

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

STATE OF GEORGIA,

Bartow County.

Personally before me comes Ellen D. Haynes of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? Ellen D. Haynes, Bartow, Fla.
2. How long and since when have you been a continuing resident in the State of Georgia? I have lived in Georgia since 1909.
3. When, where and to whom were you married? Feb. 1, 1861, to John H. Haynes
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) April 11, 1862, at Bartow, Fla. Company No. 31 8th Regt.
5. When and where did the Commands of your husband surrender or discharge from the army? April 24, 1865, Appomattox Court House, Va.
6. Was your husband personally present at the time of the surrender or discharge of this Command? He surrendered at Appomattox Court House, Va.
7. If he was not present state clearly where he was? He was present
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? NO
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? "
- j. When and where did your husband die? July 1896, Bartow, Fla.
- k. Were you residing together when he died? Yes
- 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.) Had about \$350.00 in cash. Mr. 1908. All that I had
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) Have not sold any. Had nothing
11. What property of any description of any value have you now? NO property
- Give list and cash value? I have about \$400.00 in savings
12. What are your annual earnings or income and their value? None
13. Have you heretofore been paid a pension by the State? NO
- If so, when and for what cause were you struck from the Roll? "

Sworn to and subscribed before me this the 28th day of Apr 1910 at Bartow County, Florida.

Widow's Pension

UNDER ACT 1910.

County

Bartow

Name

Ellen D. Haynes

Widow of

John H. Haynes

J. W. LINDSEY,

Commissioner of Pensions.

Class. F. Print, State Printer.

Gordon County.

1910

Personally before me comes J. J. Griffin and V. H. Haynes who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? Sugar Valley, Ga.
2. How long and since when have you known Ellen D. Haynes applicant? about 57 years since 1853
3. How long and since when has she continuously resided in this State? (Give date.) about 57 years since 1853
4. When and to whom was she married? In 1859 or 1860 How do you know? J. J. Griffin answers; was present at marriage ceremony; they lived together
5. How long and since when did you know J. J. Griffin her husband? about 50 years
6. When and where did J. J. Griffin the husband of Applicant die? In July 1896 at Cassville, Ga.
7. Where the Applicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death? Were they divorced?
9. When, where and in what Company and Regiment did J. J. Haynes enlist? In 1863, Virginia's Company, 7th - 3rd Ga. Reg. U.S.A.
10. Were you a member of the same Company? Yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? until December at Appomattox, Va.
12. When, and where did his Command surrender, and was discharged? April 9th 1865 at Appomattox.
13. Were you personally present when it was surrendered? Yes. If not where you Griffin answers "at home" and how came you there? On sick furlough. Haynes answers; was at Philadelphia, Pa. and returned
14. Was the husband of applicant personally present at surrender? Yes, see Return If not where was he? as he came 200 miles from Appomattox when, where and for what cause did he leave Command? (Give date.) By whose authority did he leave his Command? and how long was he granted leave? How do you know all this?
15. For what cause, if you know of your own knowledge was he prevented from returning to his Command?
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Sworn to and subscribed before me this the 24th day of Sept. 1910 V. H. Haynes J. J. Griffin W. R. Ransom Gordon County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County.

Personally before me comes _____ who on oath says that they are freeholders of said County and that they know _____ of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows:

Personal property	\$
Notes and accounts due	\$
Total	\$

Schedule (B).
We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:

Personal property	\$
Money, Notes and accounts	\$

Schedule (C).
We also know what property she has now in her possession, use and control to wit:

Acres of land worth	\$
Horses and Mules	\$
Cows and Hogs	\$
Other property	\$
Income and earnings	\$
Total Value of all property and effects	\$

Sworn and subscribed before me this the _____ day of _____ 19 _____

Ordinary,
of _____ County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Barlow County.

I Guthrie Ordinary of said County do certify that, I know Mrs. Ellen D. Haynes the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov., 1908.

That I also know V. H. Haynes of J. J. Griffin from Cherokee the witness who swears to the service of husband, and _____ who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns of Mrs. Ellen D. Haynes Returned for Tax is for 1908 \$ 2.00 for 1910 \$ 1.15

Sworn under my hand and official seal of office this 14th day of Nov

1910 5 SEAL Guthrie Ordinary, Barlow County

(SEAL)

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Mrs. Haynes has about \$400 in cash. This is all she owns. I know her personally well. Guthrie Ordinary

W. R. RANKIN, ORDINARY
AND CHAIRMAN BOARD COUNTY COMMISSIONERS

GORDON COUNTY

Calhoun, Ga.

191

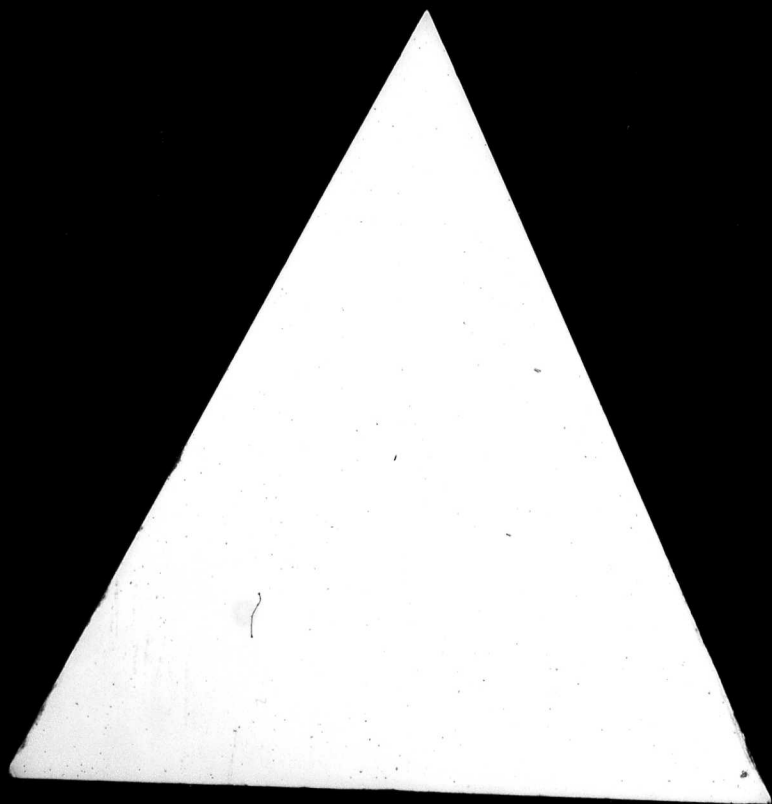
Georgia, Gordon County

I, W. R. Rankin, Ordinary of said County,
do hereby certify that I received V. H. Haynes and
J. J. Griffin, witnesses who swore to the solemn
and marriage of the husband of applicant,
Ellen D. Haynes. That they are residents of
said County, were duly sworn by me before
signing the affidavit and that they are
truthful, trustworthy, and their statements
are entitled to full faith and credit.

Given under my hand and official
Seal at Calhoun Ga, This

the 24th day of Sept. 1910

W. R. Rankin, Ordinary
and Ex. Officer Clerk C. Osborn



POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County,

Barlow P. Haynie hereby authorize
W. W. Kinneth of *Barlow* Co.

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

at *Acworth Ga* by *check*

Witness my hand and seal this *19* day of *April* 1895.

Executed in presence of

W. W. Kinneth

W. W. Kinneth

Barlow P. Haynie

Haynie, Sanford P.
Barlow Co.

Ex. No. *98*

INDIGENT PENSION

1895.

Name

S. P. Haynie

County

Barlow

Ground

Infirmary & Property

April 19 1895

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Attorney

Geo. W. Harwood, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

Sanford P. Haynie hereby authorize
W. W. Henderson of *Cartersville Ga*

to receive and receipt for the pension allowed and request that he remit same to *me*
at *Acworth Ga* by *chuck*
Witness my hand and seal this *19* day of *April* 1895.

Executed in presence of

N. S. Anderson
A. J. Stephens

Sanford P. Haynie

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Barlow County.

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

1. What is your name and where do you reside? (give State, County and post office) *Sanford P. Haynie - Near Acworth Ga. though in Barlow Co*
2. When did you reside on January 1st, 1894, and how long have you been a resident of this State? *In Atlanta Ga - Since Feb. 1866*
3. When and where were you born? *Oct. 19, 1837 - Andover S. C.*
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *Confederate Army*
5. When and where did you enlist? *May 1862 - Andover S. C.*
6. In what company and regiment did you enlist? *Co. 8, 20th S. C. Inf.*
7. How long did you remain in that company and regiment? *till summer May 1865*
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer?

9. For how long a period did you discharge regular military duty? *Three years*
10. When, where and under what circumstances were you discharged from service? *May 1865 - near Charlotte N. C. at the close of the war*

11. What is your present occupation? *Nothing*
12. How much can you earn per annum by your own exertions or labor? *not more than 10 or 15 per day*
13. What has been your occupation since 1865? *Farming & 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? *\$1.50. or less*
15. What is your present physical condition and how long have you been in such condition? *Declining in spine. Kidney affected. Weakness of back. Weakness and general disability and weakness. Been in this condition since January 1895.*
16. Upon which of the following grounds do you base your application for pension, "first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? *Infirmary and poverty.*
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? *I have been suffering with spinal affection. Kidney and general weakness, and I am getting worse gradually.*
18. What property, effects or income do you possess? *None*
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? *None*

20. In what County did you reside during those years and what property did you then return for taxation? *Barlow County*
21. How were you supported during the years 1893 and 1894? *By my own means*
22. How much did you support cost for each of those years, and what portion did you contribute thereby by your own labor or income? *About \$55.00*
23. What was your employment during 1893 and 1894? What pay did you receive in each year? *did light work in the garden at times, I or an hour or two in a day. for some days*
24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support? *yes, have a wife, have with my daughter - have 4 girls - 2 boys all married. they live by their labor*

INDIGENT PENSION

1895.

Name

County

Ground

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT BASED TO

Geo. W. Haywood, State Printer, Atlanta.

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 1st day of April 1895, Sanford P. Haynie Applicant.
G. W. Hendricks Ordinary
of Barlow County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

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

1. What is your name and where do you reside? E. P. Brooks
Summit Co.
2. Are you acquainted with Sanford P. Haynie, the applicant, if so how long have you known him? I am. 45 years
3. Where does he reside, and how long has he been a resident of this State? In Denton Co. 27 years
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? 27 years S. Co. I was with
5. When, where and in what company and regiment did he enlist? 1862. Co. C. 20 S. Co. when I saw him
6. Were you a member of the same company and regiment? Yes
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier and the time and circumstances of his discharge from the service? He was discharged from the middle of May 1864, to the 16 of Sept 1864. He was a good soldier.
8. What property, effects or income has the applicant? (Give your means of knowledge.) None, except the new frame saw.
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 except the saw above mentioned.
10. What is the applicant's occupation and physical condition? he is a laborer. Principal occupation Gardening. Physical condition had been similar to work for 20 years.
11. Is the applicant unable to support himself by labor of any sort, if so, why? Yes from spinal affection and age
12. How was he supported during the years 1893 and 1894? by the assistance of his son and family and by light work done by himself.
13. What portion of his support for these two years was derived from his own labor or income? about 3. 50 per cent from doing light work.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? from age, general debility, and from spinal disease which renders him from work.
15. What interest have you in the recovery of a pension by this applicant? None
E. P. Brooks
Sworn to and subscribed before me this the 3 day of April 1895, E. P. Brooks Applicant.
G. W. Hendricks Ordinary

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Barlow County. }
Personally came before me R. J. Battle and
J. M. Hightower, both known to me as reputable physicians
of said county, who being severally sworn, say on oath that they have examined carefully Sanford
P. Haynie, applicant for pension under the Act of 1894, and after
such personal examination, say that his precise physical condition is as follows:
He is afflicted with Chronic
Kidney disease, and Spinal Affection
and Chronic Diarrhea

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

Sworn to and subscribed before me, this the 4 day of April 1895, R. J. Battle M. D.
G. W. Hendricks J. M. Hightower M. D.
Ordinary

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Barlow County. }
I, G. W. Hendricks, Ordinary in and for said County, hereby certify that
the applicant Sanford P. Haynie 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.

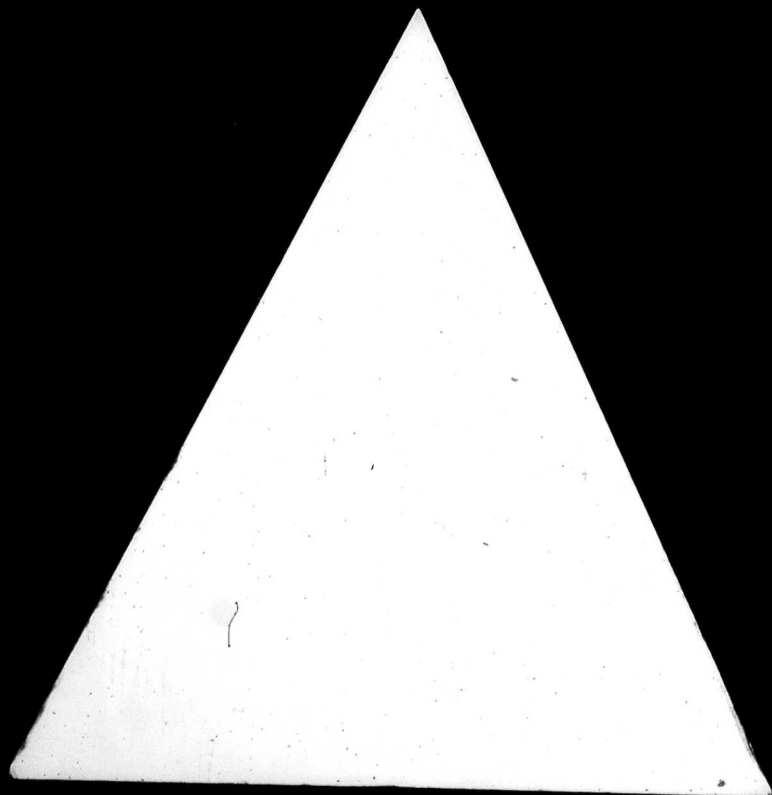
I further certify that the tax digests of Barlow County show that applicant
returned for taxation in his name in 1893, _____ dollars
of property, and in 1894, _____ dollars of property.

Witness my hand and seal of office, this 19th day of April 1895.

G. W. Hendricks Ordinary
of Barlow County.

NOTE.

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



Haynie, S.C. (Mrs.)
Barlow County
1897.

Indemnity
APPLICATION FOR PENSION
DUE DECEASED SOLDIER

UNDER ACT OF *Dec 19 1890*

— BY —
Mrs. *S. C. Haynie*
Widow of *S. P. Haynie*
County *Barlow*

Approved and paid

July 16 1897.
Rich Johnson
Amey P. Johnson
Secretary Department

- Indigent -
APPLICATIONS FOR PENSIONS DUE DECEASED SOLDIERS.
Under Act Approved ~~October 9, 1891~~ Dec 19, 1896

STATE OF GEORGIA,
COUNTY OF Fulton }

Personally appears before me Mrs. Sarah C. Haynie
of said County of Fulton State of Georgia, who, being duly

sworn, says on oath that she is the widow of S. P. Haynie
^{an indigent} who was ~~admitted~~ Confederate soldier, and whose name had been duly enrolled as entitled to a pension
of sixty dollars under act of Dec 1894, as a ^{resident of Barlow Co.} ~~resident of Barlow Co.~~ from
the State of Georgia. That said S. P. Haynie

died on the 2nd day of May 1895, in
Fulton County and that at his death, his right to said pension for
the year ending ~~March 27~~ 1896 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 paid him had he lived to this time

and she further says that she is now in destitute circumstances
Sworn to and subscribed before me this 16 day of January 1897 Sarah C. Haynie
W. H. Hickey Ordinary.

If allowed, I authorize
to receive and receipt for the amount.

Attest:

NOTE.—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.

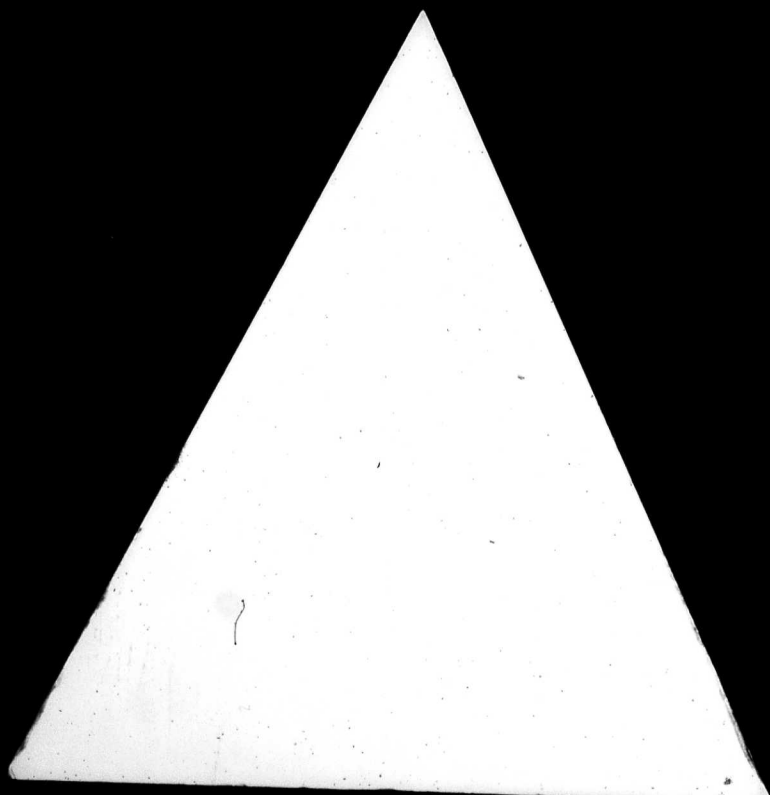
STATE OF GEORGIA,
Fulton COUNTY. }
I, W. H. Hickey, Ordinary of said County, do certify
that I am personally acquainted with Mrs. Sarah C. Haynie
and I know personally, or from ~~sworn~~ testimony of witnesses before me, that she is the widow of
S. P. Haynie, a deceased Confederate Soldier, who has been allowed
a pension under the law on account of ^{infirmit} ~~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.

Given under my official signature and seal, this 16th day of

January 1897



W. H. Hickey
Ordinary.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County, }

John Nays hereby authorize Frank
Stearns of Barlow Co

to receive and receipt for the pension allowed and request that he remit same to
me at Barlow Co

by check

Witness my hand and seal, this 13 day of May 1902.

Executed in presence of

A. W. Stiles

John Nays [L.S.]
Frank

CODE SECTION 126.

(FOR THOSE ALREADY ENROLLED.)

No. 3685
From Floyd 1901

INDIGENT
SOLDIER'S PENSION
1902.

Name John Nays
County Barlow
Co. B Regiment 22 Co
Floyd Co 1901

WARRANT ISSUED

11/31 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordy

Geo. W. Harrison, State Printer, Atlanta.

No Lida

Nays, John
Barlow County

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, John Hayes, hereby authorize George W. Hendricks of Cartersville Ga

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

Witness my hand and seal, this 13 day of January 1902.

[L. S.]

Executed in presence of

A. T. Lefler

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, John Hayes, hereby authorize G. W. Hendricks of Cartersville Ga

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

Witness my hand and seal, this 17 day of January 1903.

[L. S.]

Executed in presence of

John Hayes
mon

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. 383
From 4 Sept 1901

INDIGENT

SOLDIER'S PENSION
1902.

Name John Hayes
County Barlow
Co. B Regiment 22 Co
Hoyd Co 1901

WARRANT ISSUED

1/31 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

only

Geo. W. Harrison, State Printer, Atlanta.

No data

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. 3742

INDIGENT

SOLDIER'S PENSION
1903.

Name John Hayes
County Barlow
Co. B Regiment 22 Co
Hoyd Co 1901

WARRANT ISSUED

2/10 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

only

Geo. W. Harrison, State Printer, Atlanta.

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Bartow County,

Personally appears John Nays of Bartow

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of Feb 1820; that he is 86 years old and

by occupation a nothing that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the

States, and served for the term of 1 1/2 yrs in Company B, of 89th Regiment of Co 1st Indly & Capt. P. H. H. State troops; that his physical condition is as

follows: Simply worn out from age &c

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this 13 day of May 1902, John X Nays his Ordinary. mark

STATE OF GEORGIA,

Bartow County,

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with John Nays 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 13 day of May 1902.

G. W. Hendricks Ordinary Bartow County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Bartow County,

Personally appears John Nays of Bartow

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of Feb 1820; that he is 88 years old and

by occupation a nothing now, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the

States, and served for the term of 13 months in Company B, of 89th Regiment of Co 1st Indly & Capt. P. H. H. State troops; that his physical condition is as

follows: Physically, totally worn out from age

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this 14 day of May 1903, John X Nays his Ordinary. mark

STATE OF GEORGIA,

Bartow County,

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

Given under my official signature and seal, this 14 day of May 1903.

G. W. Hendricks Ordinary Bartow County.

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

POWER OF ATTORNEY

STATE OF GEORGIA,

Barlow COUNTY.

I, John Hayes hereby authorize George W. Hendricks of Barlowville Ga to receive and receipt for the pension allowed and request that he remit same to my at Barlowville Ga by OK

Witness my hand and seal, this 27 day of Jan 1904.

STATE OF GEORGIA

John Hayes [L. S.]

Executed in presence of

W. Jones NP 420

Hayes John
Hayes
to Barlowville

(FOR THOSE ALREADY ENROLLED)

No. 2271

INDIGENT

SOLDIER'S PENSION
1904.

Name John Hayes

County Barlow

Co. A Regiment 23rd

Ga. 1904

WARRANT ISSUED

2/9 1904

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

W. Jones

Geo. W. Harrison, State Printer, Atlanta.

No. 2271

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow County.

Personally appears John Hays of Barlow County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the birth of Capt Hays; that he is 90 years old and by occupation a penman, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States and served for the term of 14 months in Company # 1, of 22d Regiment of Ca vols Inf. & Capt Hays; his physical condition is as follows: He is completely broken down from old age Troop.

that his property consists of the following items: _____

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

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

Sworn to and subscribed before me, this 27 day of Jan, 1904, } John Hays mark
C. Jones Notary.

STATE OF GEORGIA,

Barlow County.

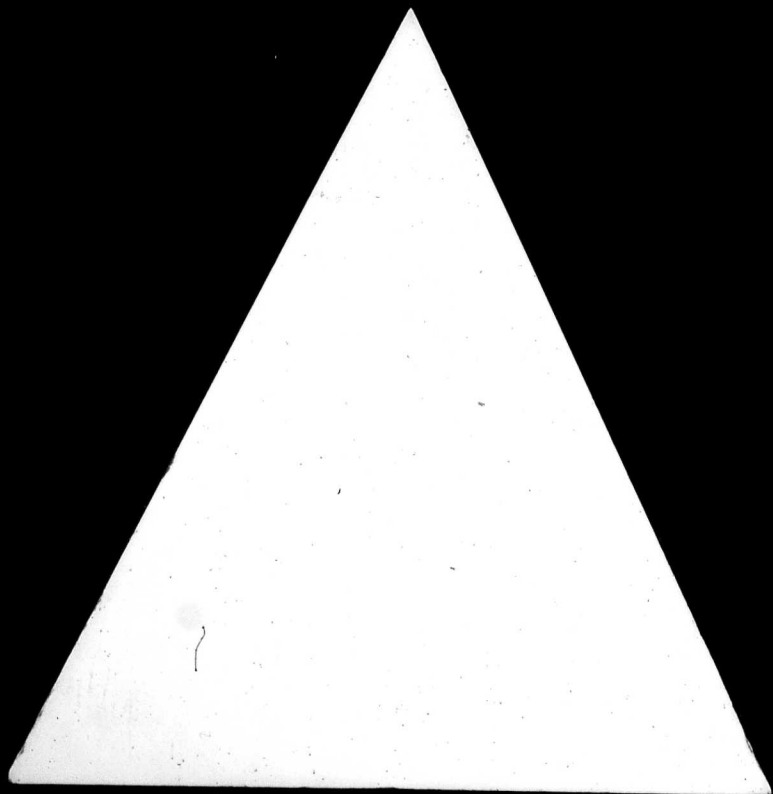
I, Wm Shindricks Ordinary of said County, do certify that I am well acquainted with John Hays the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides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

Given under my official signature and seal, this 27th day of Jan, 1904.



Wm Shindricks
Ordinary Barlow County.

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



STATE OF GEORGIA, Barrow County

I, Geo. Shindrocks

Ordinary of said County, do hereby

that I personally know Mr. Frank St. Andrew and daughter of the applicant, and that she is the widow of the late Frank St. Andrew and was on the Barrow Pension Roll of said Barrow County, and was paid

a Pension from Barrow County, and was paid

of his death on the 86th day of January 1921, there was due to

him and unpaid his Pension of One hundred and thirty five Dollars from the State

of Georgia, and I know Miss Annie Bell the within

witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 10 of January 1921.

(SEAL)

Geo. Shindrocks Ordinary
Barrow County.

1921

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid his Widow or Dependent Children)

BY

Mr. Lela H. Budgett
Widow of Charles H. Budgett
Barrow County
Old or New old
Date of Death Jan 20 1921.

Approved and ordered paid, 25
1/20 - 1921
W. W. Lindsey
J. W. LINDSEY,
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval before you pay out the money, and then return it with your payrolls for permanent filing in the Pension Office.

Don J. J. J.
1252

Hagglewood, J. J.
Barrow Co.
old role

GEORGIA, Barrow County.

I hereby authorize and constitute Geo. Shindrocks of said County, my

lawful attorney to collect and receipt for me in my name, for the Pension due me for 1921,

through my deceased husband, who was on

Pension Roll and paid from Barrow County for 19

Witness my hand this 10 day of January 1921.

Attested before me:

STATE OF GEORGIA, Bartow County

I, W. W. Lindsey, Ordinary of said County, do certify that I personally know Mr. Robert A. Burnett, the applicant, and that she is the lawful widow of Guadalupe de la Barrera, and was on the 1st Pension Roll of said Bartow County, and was paid a Pension from Bartow County for 1921, and at the time of his death on the 26th day of January, 1921, there was due to him and unpaid his Pension of One hundred & twenty five Dollars from the State of Georgia, and I know Miss Elmerie Collins, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 10 of January, 1921.

(SEAL.)

W. W. Lindsey Ordinary
Bartow County.

Hayward, J. J.
Bartow Co.

1921

Application for Pension Due
Deceased Soldier

(UNDER ACT 1921)

(To be paid his Widow or Dependent Children)

BY

Mr. Robert A. Burnett
Widow of Guadalupe de la Barrera
of Bartow County
Florida

Date of Death Jan 26th 1921

Approved and ordered paid 1/25

1/30-1921

W. W. Lindsey
J. W. LINDSEY,
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval before you pay out the money, and then return the money to the Pension Office.

GEORGIA, Bartow County.

I hereby authorize and constitute W. W. Lindsey, of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 1921, through my deceased husband, _____, who was on _____

Pension Roll and paid from _____ County for 19 _____

Witness my hand this _____ day of _____, 1921

Attested before me:

(To Be Paid to His Widow or Dependent Children)

UNDER ACT APPROVED OCTOBER 9, 1891

County

Applicant further swears that she ~~also married the said~~ *J. J. Applewood left in*
~~dependence of said father,~~ *in* Barren County and
 State of Kentucky *of a* Miss L. A. Barren *whose parents are dead*
and resided with him from the date of marriage to his death of his
and said L. A. Barren is the daughter of said minor daughter
of said L. A. Barren and is now his dependent widow, and she asks that the Pension so due and unpaid be
 Sworn to and subscribed before me this 23rd day of December, 1921.

(SEAL)

County

Signed to and subscribed before
G. W. Hendricks

Barlino

(SEAL)

INSTRUCTIONS:

[illegible]

authority to make the payment.
17h. Return this application with your final settlement to the Pension Office.
18h. The widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.
19h. The pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If widow of a "new" pensioner who was due 1935 and 1936 pensions, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

NOTES.

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

1. If an applicant has been rendered disabled by disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and permanently* disabled.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a *sound* 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 it is not a sound leg.
5. If papers are returned for correction, the applicant is responsible for any of the alterations, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.
6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The Ordinary of the several counties are specially requested to call the attention of the physicians and applicants to these points.

Head
Barton

No. 2691

APPLICATION FOR ALLOWANCE.

FOR

Disabled by Shell Wound

Applicant Joseph H. Headen

County Barren

Amount 50

Date of Warrant May 1/89

Entered on record May 1 1889

SECRETARY EXECUTIVE DEPARTMENT.

A. M. Font

By Sept. 30, 1884,
From the proofs of
Physicians - Applicant
is a lunatic. Under
the law a lunatic
cannot testify in any
case.
It will therefore be
necessary for some one
to apply as his regularly
appointed physician, &
make the proof for him.
Has he been a citizen
since Oct 26/86? It
say "for 47 years" is
not certain.
W. H. Harrison
Clerk

NOTES.

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

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

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

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

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

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

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

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

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Bartow County.

PERSONALLY appears *Joseph W. Headden* of *Bartow* county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the *for about 47* day of *years* ; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *private & sergeant* in Company *K*, of *18* th Regiment of *Georgia* Volunteers *Wood's* Brigade; that whilst engaged in such military service, at the battle of *Fredricksburg* in the State of *Virginia* on the *13th* day of *December* 1862, he was wounded as follows: *by a shell striking my head near the top and fracturing the skull, from the effects of which he suffers from convulsions upon being suddenly excitement. He also suffers from neuralgia which he received while in the service from which he still suffers, which together render him unable to earn a support for himself & family, and that he is personally injured & disabled to all his business.*

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

Sworn to and subscribed before me, this *25* day of *Sept* 1889 *Joseph W. Headden*

J. M. Warham clerk sup. Ct.

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

Bartow County.

PERSONALLY came before me *J. M. Ford* of the county of *Bartow* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *H*, of *18th* Regiment of *Georgia* Volunteers, and that deponent knows *J. W. Headden*, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said *J. W. Headden* as stated by him in said affidavit. Deponent further states that said *and that he* is a bona fide citizen of this State and resides in *Bartow* county.

Sworn to and subscribed before me *J. M. Ford* *Sept 25 1889* *at Bartow*

J. M. Ford clerk

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

Barlow
No. 2691
APPLICATION FOR ALLOWANCE.
Dear Sir, I have the honor to acknowledge the receipt of your letter of the 14th inst. in relation to the application of J. W. Headden for an allowance for his services in the Confederate States. I have the honor to inform you that the same has been forwarded to the proper authorities for their consideration. I am, Sir, very respectfully, your obedient servant.
J. M. Ford
Sept. 20 1889
Barlow
From the proofs of
physician—applicant
is a lunatic. Made
the law, a lunatic
cannot testify in any
case.
It will therefore be
necessary for some one
to apply as his regular
appointed physician, &
make the proof for him
Has he been a citizen
since Oct 26/86? Is
any "for 47 years" in
not certain.
J. W. Headden
Over

STATE OF GEORGIA,

Bartow County.
 I, *G. W. Hudricks*

Ordinary of said county,

do certify that I am well acquainted with *Joseph W. Headen* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this *28* day of *Sept*, 188*9*

G. W. Hudricks
 Ordinary *Bartow* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I,

Joseph W. Headen
 of *Bartow*

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

In witness whereof I have hereunto set my hand and seal, this *20th* day of *September*, 188*9*

Joseph W. Headen

Executed in the presence of us:

W. D. Durham
G. W. Hudricks

*Mr. Wright: Please collect
 forward to me by express to
 Kingston Bartow Co Ga
 Joseph W. Headen*

STATE OF GEORGIA,

Bartow 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 _____ county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this _____ day of _____, 188*9*

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

STATE OF GEORGIA,

Bartow County.

PERSONALLY comes before me *G. W. Hudricks* Ordinary of said county,

Dr. J. Jones and *Chas. W. Mayson*, both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *Joseph William Headen* and after such examination say that the applicant has been injured as follows: *Suffering from*

Concussion of Brain, the effects of a wound from a shell near the junction of the Sagittal & Occipital Sutures, the depression of the Skull produces convulsions from any violent exertion. He also suffers from the effects of frozen feet contracted during the war, and in one opinion these conditions utterly unfit him to perform the ordinary duties of a farmer. We have known that he has been subject to these conditions for several years.

Sworn to and subscribed before me, this

21st day of *September*, 188*9* *Chas. W. Mayson* *Dr. J. Jones*

ORDINARY.

Instantly before signed

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.

Note: The applicant in this petition has been rendered insane by his wounds and has been adjudged by the courts to be a pauper. Cause for his unequal position.

Dr. J. Jones
Chas. W. Mayson
Bartow Co. Ga.

STATE OF GEORGIA,

Barlow County.

I, *G. W. Hendricks*

Ordinary of said county,

do certify that I am well acquainted with *Joseph W. Headlen* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this *28* day of *Sept*, 188*9*

G. W. Hendricks

Ordinary *Barlow* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

Know all Men by these Presents, That I,

Joseph W. Headlen

of *Barlow*

County, do hereby appoint

of *Atlanta Ga*

my true and lawful attorney in fact, for

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

In witness whereof I have hereunto set my hand and seal, this *20th* day of *September*, 188*9*

Executed in the presence of us:

Joseph W. Headlen

Mr. Wright

Mr. Wright

Mr. Wright

Mr. Wright

Mr. Wright

Mr. Wright

Mr. Wright

Mr. Wright

STATE OF GEORGIA,

Barlow County.

PERSONALLY comes before me

Thos. F. Jones

and

Chas. W. Mayson, both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *Joseph William Headlen* and after such

examination say that the applicant has been injured as follows: *Suffering from Concussion of Brain, the effects of a wound from a shell near the junction of the Sagittal & Occipital Sutures. The depression of the Skull produces convulsions from any violent exertion. He also suffers from the effects of frozen feet contracted during the war, and in one opinion these conditions utterly unfit him to perform the ordinary duties of a farmer. He has known that he has been subject to these convulsions for several years past.*

Sworn to and subscribed before me, this

21st day of *September*, 188*9*

Chas. W. Mayson M.D.

ORDINARY.

Subscribed before me

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.

Note: The applicant in this petition has been awarded money by the courts and has been adjudged by the courts which of the main cause for his disqualification.

Joseph W. Headlen appeared before me

Barlow Co *L. Burrage* is clerk of the

peace in and for said County

that *J. C. Mayson* and *Chas. W. Mayson*

are duly sworn and say that

they signed the petition paper of

Joseph Headlen sworn to and subscribed

to before me the *21st* day of *September*, 188*9*

L. Burrage JP

Thos. F. Jones

Chas. W. Mayson

Kingston Barton Co Ga
Joseph W. Heald

NOTES.

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully stated by the 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 the limb must for all purposes be "substantially and essentially" useless.

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

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

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

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

No. _____

APPLICATION FOR ALLOWANCE

FOR _____

Applicant, _____

County _____

Amount _____

Date of Warrant _____

Entered on Record _____ 188.

SECRETARY EXECUTIVE DEPARTMENT.

Returned for signature
to the 2nd physician
to affidavit by Dr
Young.
The Ordinary will also
return original applica-
tion which bears date
prior to Oct 24 1889,
or a certificate showing
it was made in behalf
of applicant, before
the expiration of the
fiscal year ending
at that date.
J. H. Harrison

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following 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 the limb must for all purposes be "substantially and essentially useless."

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

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

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

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

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Barlow County.

PERSONALLY appears *Mrs R. J. Readlen* of *Barlow* county, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the *1841* day of

Feb 1841; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *private & sergeant* in Company *R*, of *18*th Regiment

of *Georgia* Volunteers *Regt 5* Brigade; that whilst engaged in such military service, at the battle of *Fredericksburg* in the State

of *Virginia*, on the *13* day of *December* 1862, he was

wounded as follows: *by force of shell striking the head near the top, and fracturing the skull from the effects of which he suffers from convulsions upon any sudden excitement; he also suffers from frozen feet which he received while in the service, from which he still suffers, which together render him unable to earn a support for himself & family, and that he is permanently exposed thereby and left suffering throughout his life as ordered for and by the Ordinance of the State of Georgia, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year thereunder ending October 26, 1889.*

Sworn to and subscribed before me, this the *29* day of *October* 1889, *R. J. Readlen* *Gordon & Joseph M. Ford*

Geo. H. Hendricks Ordinary *Readlen*

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

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

Barlow County.

PERSONALLY came before me *A. M. Ford* of the county of *Barlow* State of Georgia, who, being duly sworn says that he was

in Company *H*, of *18*th Regiment of *GA* Volunteers, and that deponent knows *J. W. Readlen*, and that he received the

wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said *J. W. Readlen*

as stated by him in said affidavit. Deponent further states that said *J. W. Readlen* is a bona fide citizen of this State and resides

in *Barlow* county.

Sworn to and subscribed before me, this the *29* day of *Oct* 1889, *A. M. Ford* *Geo. H. Hendricks Ordinary* *formerly Capt. Co. 2d 18 Ga Regt*

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

APPLICATION FOR ALLOWANCE

No.

Applicant,

County,

Amount,

Date of Warrant

Entered on Record

1889

SECRETARY EXECUTIVE DEPARTMENT.

Return after signature of H. W. Hendricks to applicant by Dr. Hendricks
The Ordinary will also return original application which bears date given to Oct 24 1889, or a certificate showing it was made in behalf of applicant, before the expiration of the fiscal year ending at that date.
J. H. Henderson

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 _____ county, and we
 are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

day of

1889

NOTE: Above affidavit must be made by three citizens who personally know all the facts about service and injury applicant received.

STATE OF GEORGIA,

Barrow

County, }

PERSONALLY comes before me

G. M. Hendricks

Ordinary of said county,

J. M. Young and *J. H. Mayfield*, both known to
 me as reputable physicians of said county, who, being severally sworn, say on oath that
 they have carefully examined *Joseph M. Headden* and after such
 examination say that the applicant has been injured as follows: *suffering from*
concussion of brain, the effects of a wound from a shell near
fracture of the right occipital sutures. The depression of
the skull produces convulsions from any violent excitement.
He also suffers from the effects of frozen feet con-
tracted during the war, and in our opinion
these conditions utterly unfit him to perform
the ordinary duties of a farmer or any other
self-supporting avocation. We have known that
he has been subject to these convulsions for
several years. The applicant (Joseph M. Headden)
has been rendered insane by his wounds and
has been adjudged by the Court which is the main
cause of his disqualification.

Sworn to and subscribed before me, this

29 day of Oct.

1889

G. M. Hendricks

ORDINARY.

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

STATE OF GEORGIA,

Barrow

County, }

I, *G. M. Hendricks*

Ordinary of said county,

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

I further certify that

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

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

G. M. Hendricks

Ordinary Barrow

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barrow

County, }

Know all Men by these Presents, That I, *R. J. Headden* Guardian
 of *Joseph M. Headden* of *Barrow*
 county, in said State, do hereby appoint *Wm. A. M. Fouts*
 of *Centerville Barrow Co. Ga.* my true and lawful attorney in fact, for
 me and in my name, to receive and receipt for whatever amount of money I may be entitled
 to from the State of Georgia by reason of the injury received as aforesaid in the military ser-
 vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby
 authorizing my said attorney to receipt in my name for any Warrant that may be issued by
 the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this 29

day of October

1889

Executed in the presence of us:

J. W. Connolly
G. M. Hendricks
Ordinary

R. J. Headden (I.S.)
 Guardian of *Joseph M.*
Headden

STATE OF GEORGIA,

County.

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

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

Given under my official signature and seal, this _____ day of _____ 189 _____

Ordinary

County.

1890.

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 31, 1891.

Total disability by disease _____

Applicant _____

County _____

Amount, _____

Date of warrant, _____

Entered on record _____

Met 12 _____ 1890

WARRANT ISSUED TO _____

WARRANT ISSUED TO _____

WARRANT ISSUED TO _____

No additional data

Headman, J. W.

Bartow Co.

1891.

STATE OF GEORGIA,

Barlow County.

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

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

Given under my official signature and seal, this _____ day of _____ 1891.

Barlow County.

Ordinary _____ County.

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Total disability by disease _____

Applicant _____

County _____

Amount, _____

Date of Warrant _____

Entered on record _____

Met 27 _____ 1891

WARRANT ISSUED TO _____

WARRANT ISSUED TO _____

WARRANT ISSUED TO _____

WARRANT ISSUED TO _____

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County, } *Guardian of J. W. Headlen*
PERSONALLY appears *R. J. Headlen* of *Barlow* county,
State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and
resident of said State, and has been such continually since the *19* day of
Feb 1843; that he enlisted in the military service of the Con-

federate States (or of the State of) during the war between the
States, and served as a *private* in Company *R*, of *18* th Regiment
of *GA* Volunteers *Woffords*'s Brigade; that whilst engaged
in such military service, at the battle of *Fredericksburg* in the State
of *Virginia* on the day of *Dec* 1862, he was
wounded as follows: *shot in the head with a shell*

which fractured his skull, and rendered
him *incapable of doing*
any kind of business whatever; that
he *has* *consequently*
been *incapable of doing*
any kind of business
since
the *day* *of* *Dec* *1862*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26, 1890. I have heretofore been allowed a pension
of *50* dollars.

Sworn to and subscribed before me, this *22* day of *Feb* 1891,
C. W. Headlen Ordinary, *Guardian of J. W. Headlen*
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of
the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
22 day of *March* 1891,
R. J. Headlen [L. S.]
Guardian of J. W. Headlen

Executed in the presence of us:

Lillie Johnson
C. W. Headlen Ordinary,
Send money to me as follows by *leave the money*
with C. W. Headlen *Carrollville P.O.*
Barlow County, Georgia.
R. J. Headlen
Guardian of J. W. Headlen

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County, } *Guardian of J. W. Headlen*
PERSONALLY appears *R. J. Headlen* of *Barlow* county,
State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and
resident of said State, and has resided therein continuously ever since the *19*
day of *Feb* 1842; that he enlisted in the military service of the Con-

federate States (or of the State of) during the war between the
States, and served as a *Sergeant* in Company *R*, of *18* th Regiment
of *GA* Volunteers *Woffords*'s Brigade; that whilst engaged
in such military service at the battle of *Fredericksburg* in the State
of *Virginia* on the *18* day of *Dec* 1862, he was
wounded as follows: *shot in the head with a shell*

which fractured his skull, and rendered
him *incapable of doing*
any kind of business whatever; that
he *has* *consequently*
been *incapable of doing*
any kind of business
since
the *day* *of* *Dec* *1862*

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

Sworn to and subscribed before me, this *22* day of *March* 1891,
C. W. Headlen Ordinary, *Guardian of J. W. Headlen*
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of
the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County, } *R. J. Headlen* *Guardian*
KNOW ALL MEN BY THESE PRESENTS, That I, *R. J. Headlen*
county, in said State, do hereby appoint *W. A. Haute*
of *Carrollville GA* my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military service
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing
my said attorney to receipt in my name for any Warrant that may be issued by the Governor,
or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
22 day of *March* 1891,
R. J. Headlen [L. S.]
Guardian of J. W. Headlen

Executed in the presence of us:

W. A. Haute
C. W. Headlen Ordinary,
Send money to me as follows by *leave the money*
with C. W. Headlen *Carrollville P.O.*
Barlow County, Georgia.
R. J. Headlen
Guardian of J. W. Headlen

STATE OF GEORGIA.

Barlow County.

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

Given under my official signature and seal, this 12 day of March 1892.

Wm. H. Harrison

Ordinary. Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County.

Know all Men by these Presents, That R. D. Hadden County, State of Georgia, do hereby appoint of Barlow County, Wm. H. Harrison 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 12 day of March 1892.

Executed in the presence of us: R. D. Hadden [L. S.]
Wm. H. Harrison
Wm. H. Harrison

DIRECTION.

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

STATE OF GEORGIA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Heaton, J. W.
Barlow Co.
To, Clerk

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name J. W. Heaton

County Barlow

Disability Wound

Amount, \$ 100.00

Entered on record March 19 1892.

W. H. HARRISON,
Secretary of Revenue Department.

AGENT.
A. W. Tate

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

Heaton, J. W.
Barlow Co.
1893

No. 76

Application for Allowances

R. D. Hadden
Barlow
County

Amount, 100

Date of Warrant, 3/28

Entered on record, 3/28

WARRANT HANDLED TO
Wm. H. Harrison
Secretary of Revenue Department.

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

STATE OF GEORGIA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County, }
PERSONALLY appears *Mrs. R. C. Madden Guardian for J. H. Madden*
of *Barlow* County, State of Georgia, who, being duly sworn, says
on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously
since the *19* day of *July* 18*62*; that he enlisted
in the military service of the Confederate States (or of the State of)
during the war between the States, and served as a *private* in Company *B*,
of *18* th Regiment of *USA* Volunteers *Wofford*'s
Brigade; that whilst engaged in such military service at the battle of *Wildenborg*
in the State of *Virginia*, on the *13* day of
December 1862, he was wounded as follows: *Shot in head with piece of shell, fracturing the skull, which renders the said J. H. Madden totally incompetent to do any kind of labor or business*

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

One Hundred Dollars for *1891 & 1892* *850 mi 1893*

Sworn to and subscribed before me this *12* day of *March* 1892, }
J. W. Wadsworth Ordinary, *Quoniam J. H. Madden*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *12* day of *March* 1892.

Executed in the presence of us: *J. W. Wadsworth*
J. W. Wadsworth Ordinary, *Quoniam J. H. Madden*

DIRECTION.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County, }
PERSONALLY appears *R. C. Madden Guardian for J. H. Madden*
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 *1840*; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *private* in Company *B*, of *18* th Regiment of *USA* Volunteers *Wofford*'s Brigade; that whilst engaged in such military service at the battle of *Wildenborg* in the State of *Virginia* on the *13* day of *Dec* 1862, he was wounded as follows: *Shot with shell in the head rendering him totally incompetent to do or perform any kind of labor or business*

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

100.00 dollars, for *Total Disability*

Sworn to and subscribed before me, this, *12* day of *March* 1893, }
J. W. Wadsworth Ordinary, *Quoniam J. H. Madden*

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

STATE OF GEORGIA,

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

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

Given under my official signature and seal, this *12* day of *March* 1893.

J. W. Wadsworth Ordinary, *Barlow* County.

STATE OF GEORGIA

POWER OF ATTORNEY

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Bartow County, }

PERSONALLY appears *J. W. Headlen* of *Bartow*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *19* day of *July* 1842; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *private* in Company *H*, of *18*th Regiment of *Ga* Volunteers *Strocks*'s Brigade; that whilst engaged in such military service at the battle of *Fredricksburg* in the State of *Virginia*, on the *18* day of *March* 1862, he was wounded as follows: *the said J. W. Headlen struck in the head with a piece of shell fracturing his skull and rendering him totally incompetent to do any kind of business*

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

Sworn to and subscribed before me, this, the *9th* day of *March* 1894. *J. W. Headlen*
G. W. Hendricks Ord.

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

STATE OF GEORGIA, }

Bartow County, }

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

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

Given under my official signature and seal, this *9th* day of *March* 1894.



Ordinary *Bartow* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Bartow County, }

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

day of *1842*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *private* in Company *H*, of *18*th Regiment of *Ga* Volunteers *Strocks*'s Brigade; that whilst engaged in such military service at the battle of *Fredricksburg* in the State of *Virginia*, on the *18* day of *March* 1862, he was wounded as follows: *that with shell in the head so affecting him as to render him totally unable to work or transact business of any kind*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of *100* dollars, for the year 1894

Sworn to and subscribed before me, this, the *9th* day of *March* 1895. *J. W. Headlen*
G. W. Hendricks Ord.

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

STATE OF GEORGIA, }

Bartow County, }

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

do certify that I am well acquainted with 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 *28th* day of *Feb* 1895.



Ordinary *Bartow* County.

that J. W. Headlen has been at times a lunatic

POWER OF ATTORNEY.

STATE OF GEORGIA.

Bartow County.

I, R. D. Headden hereby authorize Geo. S. Hendricks of Cartersville Ga

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 22

day of Feb 1896.

R. D. Headden [L. S.]

Executed in presence of us

J. M. Hancock
J. M. Hancock

ACT DEFUNCT, 1882.
(For Those Already Enrolled.)

No. 2684

**SOLDIER'S PENSION.
1896.**

Name R. D. Headden
County Bartow
Disability Wound in head
Amount, \$ 100

3/4 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

WMA

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA.

Bartow County.

I, R. D. Headden hereby authorize Geo. S. Hendricks of Cartersville Ga

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

at Cement Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10

day of Feb 1897.

R. D. Headden [L. S.]

Executed in presence of

R. D. Headden
R. S. Johnson

(For Those Already Enrolled.)

No. 528

**INVALID
SOLDIER'S PENSION.
1897.**

Name R. D. Headden
County Bartow
Disability Head wound
Amount, \$ 100

2/17 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

WMA

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County. } of J. W. Headen

Personally appears R. J. Headen of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the

day of 1861; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a private in Company 12, of 18th Regiment of Ga Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Virginia, on the 1862 day of 1862, he was wounded, injured or diseased as follows:

shot in the head with a piece of shell so affecting his health and mind that he is utterly disqualified to do any kind of work or business that he is now confined in the state Insane Asylum

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

Sworn to and subscribed before me, this, 5th day of July, 1896. } R. J. Headen

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

STATE OF GEORGIA,

Barlow County. }

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with R. J. Headen, 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 5th day of July, 1896.



Ordinary G. W. Hendricks Barlow County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County. } of J. W. Headen

Personally appears R. J. Headen of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the

day of his birth 18 18; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a private in Company 12, of 18th Regiment of Ga Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Virginia, on the 1862 day of 1862, he was wounded, injured or diseased as follows:

In the battle of Gettysburg he was shot in the head which wound so affected his mind as to totally disqualify him for any business

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

Sworn to and subscribed before me, this, 10th day of July, 1897. } R. J. Headen

G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with R. J. Headen, 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 10th day of July, 1897.



Ordinary G. W. Hendricks Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County, }
 I, R.D. Hadden and or hereby authorize G.W. Hendricks
Hendricks of Cartersville Ga
 to receive and receipt for the pension paid hereon and request that he remit same to
 by check
 at Kingston Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10
 day of January 1898.

Executed in presence of
G. V. Wilson
G. A. Brownlow

R.D. Hadden and or G.W. Hendricks
mark

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County, }
 I, R.D. Hadden and or hereby authorize Joseph
M. Terrell of Atlanta Ga
 to receive and receipt for the pension paid hereon and request that he remit same to
G.W. Hendricks by check payable to me
 at Cartersville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17
 day of Feb 1899.

Executed in presence of
G.W. Hendricks and or Joseph M. Terrell

R.D. Hadden and or G.W. Hendricks
mark

Hadden, J.W.
Cartersville Ga

ACT OF MARCH, 1898.
 (For Those Already Enrolled.)

No. 2397

INVALID

SOLDIER'S PENSION.

1898.

Name J.W. Hadden
 County Barlow
 Disability Total disability
from common head
 Amount, \$ 144.00
2/18 1898.

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDLED TO
G.H.H.

ISS. BY HARRISON, STATE PRINTER, ATLANTA

No data

Hadden J.W.
Barlow County
Cartersville Ga

(For Those Already Enrolled.)

No. 3203

INVALID

SOLDIER'S PENSION.

1899.

Name J.W. Hadden
 County Barlow
 Disability from common head
 Amount, \$ 100.00
3/1 1899.

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDLED TO
JmT

ISS. BY HARRISON, STATE PRINTER, ATLANTA

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears R. H. Shadden of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 19th day of Feb 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company K, of 18th Regiment of Georgia Volunteers, Hoods's Brigade; that whilst engaged in such military service in the State of Georgia, on the 13th day of Dec 1862, he was wounded, injured or diseased as follows:

Shot in head with a shell totally disabling him from doing any kind of labor for a living

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 Barlow county been allowed an invalid pension of One Hundred Dollars, for the year 1897.

Sworn to and subscribed before me, this, 12th day of Jan 1898, R. H. Shadden Quorum mark
Wm. Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.

I, Wm. Hendricks Ordinary of said County, do certify that I am well acquainted with R. H. Shadden and his brother the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

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

Wm. Hendricks
Ordinary Barlow County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears R. H. Shadden of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 19th day of Feb 1844; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company K, of 18th Regiment of Georgia Volunteers, Hoods's Brigade; that whilst engaged in such military service in the State of Georgia, on the 13th day of Dec 1862, he was wounded, injured or diseased as follows:

was wounded in the head with a piece of shell rendering him totally incapable of performing or carrying on any business his mind be so affected thereby

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Barlow County been allowed an invalid pension of One hundred Dollars, for the year 1898.

Sworn to and subscribed before me, this, 17th day of Feb 1899, R. H. Shadden Quorum mark
Wm. Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.

I, Wm. Hendricks Ordinary of said County, do certify that I am well acquainted with R. H. Shadden 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 17th day of Feb 1899.

Wm. Hendricks
Ordinary Barlow County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9
 day of January 1900.

Executed in presence of
A. R. Ramey 10
S. S. Headen [r. s.]
Mason

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County, }
 I, W. H. Headen, hereby authorize George W. Hendricks
 of Cartersville Ga
 to receive and receipt for the pension paid hereon and request that he remit same to
 at Cartersville Ga by check

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 16th
 day of January 1901.

Executed in presence of
Geo. S. Cobb
S. S. Headen
Mason

Headen, W. H.
Barlow Co
 CODE SECTION 1898
 (For Those Already Enrolled.)
 No. 376
 INVALID
 SOLDIER'S PENSION.
 1900.
 Name W. H. Headen
 County Barlow
 Disability Wounded in battle
 Amount, \$ 100.00
 Warrant issued Feb 19 1900.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
Hendrix
W. H. Headen
Barlow Co
W. H. Headen

Headen, W. H.
Barlow Co
 CODE SECTION 1898
 (For Those Already Enrolled.)
 No. 1126
 DISABLED
 SOLDIER'S PENSION.
 1901.
 Name W. H. Headen
 County Barlow
 Disability Wounded in battle
 Amount, \$ 100.00
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
Hendrix
W. H. Headen
Barlow Co
W. H. Headen

STATE OF GEORGIA

For Applicants Heretofore Admitted Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County. } Quinn of J. W. Headden

Personally appears R. D. Headden of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State and County, and has resided therein continuously ever since the day of July 1841; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company K, of 18th Regiment of Volunteers, Wafford's Brigade; that whilst engaged in such military service in the State of Georgia, on the 15 day of June 1862, he was wounded, injured or diseased as follows:

Wound in the head by a piece of shell in the battle of Gettysburg, December 1862, rendering him totally incompetent to transact business

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

Sworn to and subscribed before me, this 25 day of January 1900. } R. J. Headden Quinn

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

STATE OF GEORGIA,

Barlow County. }

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with R. D. Headden 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 9

day of January 1900.

Ordinary Barlow County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County. } Quinn of J. W. Headden

Personally appears R. D. Headden of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 19 day of July 1841; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States and served as a Private in Company K, of 18th Regiment of Volunteers, Wafford's Brigade; that whilst engaged in such military service in the State of Georgia, on the 15 day of June 1862, he was wounded, injured or diseased as follows:

Shot in the head by a piece of shell in the battle of Gettysburg, December 1862, rendering him totally incompetent to transact business

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

Sworn to and subscribed before me, this 16th day of January 1901. } R. J. Headden Quinn

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

STATE OF GEORGIA,

Barlow County. }

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with R. D. Headden 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 16th

day of January 1901.

Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, R.D. Headen hereby authorize G.W. Hendricks of Bartowville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Bartowville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11 day of July 1902.

R.D. Headen [L.S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, R.D. Headen hereby authorize G.W. Hendricks of Bartowville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Bartowville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15 day of July 1903.

R.D. Headen [L.S.]

Executed in presence of

Geo. Cobb
W.D. Johnson

(FOR THOSE ALREADY ENROLLED.)

No. 1865 -

DISABLED

SOLDIER'S PENSION

1902.

Name R.D. Headen
County Bartow
Co. H Regiment 181
Disability Wounded in hand
Amount, \$ 100

11/31 1902

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

G.W.
Geo. W. Harrison, State Prisoner, Atlanta.

no data

(FOR THOSE ALREADY ENROLLED.)

No. 1923

DISABLED

SOLDIER'S PENSION

1903.

Name R.D. Headen
County Bartow
Co. H Regiment 181
Disability Wounded in hand
Amount, \$ 100

11/30 1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ady
Geo. W. Harrison, State Prisoner, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.

Bartow County. J.W. Headen

Personally appears R. J. Headen Grandfather of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of July 1842; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K, of 18th Regiment of Georgia Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Georgia, on the 10th day of August 1862, he was wounded, injured or diseased as follows:

He was wounded in the head by fire of shell in the battle of Shiloh, which so affected his health and mind that it rendered him incompetent to perform any kind of labor or business.

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

Sworn to and subscribed before me, this 8th day of January 1902. R. J. Headen Post-office Grandfather Wofford's Georgia

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

STATE OF GEORGIA,

Bartow County.

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

Given under my official signature and seal, this 4th day of January 1902.

G.W. Hendricks Ordinary Bartow County.

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

БОМБЕ О ВЛЮБЛЕНА

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Bartow County.

Personally appears R. J. Headen Grandfather of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of July 1842; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company K, of 18th Regiment of Georgia Volunteers, Wofford's Brigade; that whilst engaged in such military service in the State of Georgia, on the 10th day of August 1862, he was wounded, injured or diseased as follows:

He was shot in the head with a piece of shell, and so affected his health and mind that he is not capable of attending to any business.

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

Sworn to and subscribed before me, this 15th day of January 1903. R. J. Headen Post-office Grandfather Wofford's Georgia

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

STATE OF GEORGIA,

Bartow County.

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

Given under my official signature and seal, this 15th day of January 1903.

G.W. Hendricks Ordinary Bartow County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Bartow County, I, R. I. Hadden Guad hereby authorize Guad of Bartow Co

to receive and receipt for the pension paid hereon, and request that he remit same to me by ck at Bartow

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

day of Jan 1905.

Executed in the presence of

R. I. Hadden Guad men [L. S.]

Hadden, R. I.
Bartow County

Cons. Sec. 1290.
(FOR THOSE ALREADY ENROLLED.)

No. 13981

**DISABLED
SOLDIER'S PENSION**

1905.
R. I. Hadden

Name Guad
County Bartow

Co. 12 Regiment 18 Ga

Disability Int. by doctor

Amount, \$100.00

FEB 7 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

The Pensioners' Protective and Publication Co., Atlanta,
Ga. W. Johnston, Manager, care State Printer

no date

Georgia Bartow County March 17/90

I, the undersigned, beg leave to state that since we signed the application for pension of Joseph H. Hadden, it has come to our knowledge, that the symptoms of Insanity caused by wound received in the Confederate Service, have become greatly aggravated, and that we do not hesitate to state that he is thereby rendered wholly incompetent for any business whatever, and that it is absolutely necessary for him to be under the constant surveillance of some attendant.

Summit & Suburban Life Co. of N. Y. & N. J.
We this date
J. W. M. B. M. B.
R. P. V. B. B.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Bartow

COUNTY.

Personally appears R. I. Headden, Guardian of J. W. Headden
of Bartow

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the date day of birth 18 ; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company K, of 18th Regiment of Georgia Volunteers Hood's's Brigade; that whilst engaged in such military service in the State of Virginia, on the day of Sept 1862, he was wounded, injured or diseased as follows:

Shot in head with a shell.
rendering him totally incompetent to do
any kind of business

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 Bartow County, been allowed an invalid pension of One Hundred Dollars, for the year 1904.

Sworn to and subscribed before me, this the 23rd day of Jan 1905. Guw Anderson's Ordinary Post-office non

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

STATE OF GEORGIA,

Bartow

COUNTY.

I, Guw Anderson's Ordinary of said County, do certify that I am well acquainted with R. I. Headden the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 23rd day of Jan 1905.

Ordinary Bartow County.



NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1906.

Bartow

Maimed Soldiers.

Audited Nov. 2nd 1889.
Wm. M. Wright
COMPTROLLER-GENERAL

Voucher No. 2691
Amount \$ 50.

Paid to Joseph W. Headden
by Mrs. R. I. Headden Guardian
For Disability from Shell
wound.
Mrs. I. 1889.

Included in warrant No.
issued to Treasurer.

1889.

WARRANT CLERK.

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

Hen A. M. Fouts

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

No. 2691

Atlanta, Ga. Nov. 1 1889.

Mr. Joseph W. Headden by Mrs R. J. Headden
of Bartow Guardian
of the County

having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

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

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

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

GOVERNOR.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

per above voucher, this

Dollars,

of November 1889.

A. M. Fouts, for,
Mrs R. J. Headden,
Guardian.

Bartow

Maimed Soldiers.

Voucher No. 2457.

Amount \$ 100.

Paid to Joseph W. Headden

For Total Disability
from skull wound
Mar 12 1890

Included in warrant No.

issued to Treasurer.

WARRANT-CLERK.

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

A. M. Fouts

1891.

Maimed Soldiers.

Voucher No. 25411.

Amount \$ 100

Paid to W. Headden

Total Disability
from skull wound
March 27 1891.

Included in warrant No.

issued to Treasurer.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. H. Harrison

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 2457

Atlanta, Ga., Mar. 12 1890.

Mr. Joseph McNeadden by Guardian
of Barton of the County
having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

approved, Dec. 24, 1888, and the same having been examined and allowed for
Totally disabled by skull wound
He is entitled to receive the sum of One Hundred + 00 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

W. A. Harris
CLERK EXECUTIVE DEPARTMENT.

GOVERNOR.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred + 00 Dollars,
per above voucher, this 12 of Mar. 1890

R. J. Headden, Guardian,
By A. M. Foster, Atty. in fact.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

1891.

No. 2844

Atlanta, Ga. March 29, 1891.

Mr. J. M. Neadden of the County
of Barton 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
Total Disability from Wound
He is entitled to receive the sum of One Hundred Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

W. A. Harris
Sec'y EXECUTIVE DEPARTMENT.

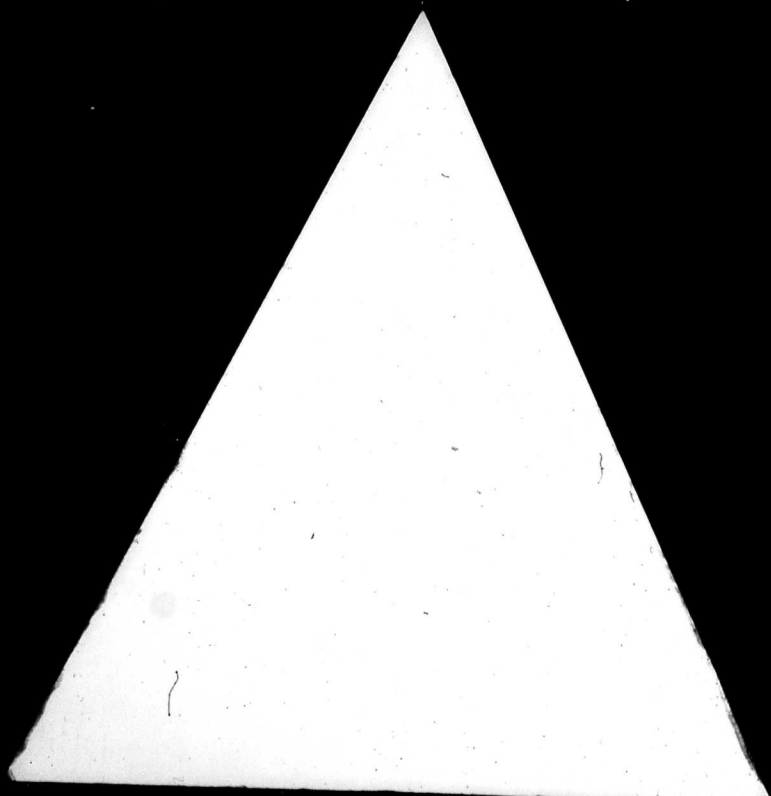
GOVERNOR.

\$100⁰⁰

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

One Hundred + 00 Dollars,
per above voucher, this 29 of March 1891:

J. W. Headden
W. A. H.



GEORGIA, Barlow County.

I, Geo. A. Lindrick, Ordinary of said county, do certify that I personally know Mrs. R. J. Neadden, the applicant, and that she is the lawful wife of J. W. Neadden who was on the Married Pension Roll of said Barlow county, and was paid a Pension from Barlow county for 1903, and at the time of his death on the 1st day of December, 1902, there was due to him and unpaid his Pension of One hundred dollars from the State of Georgia, and I know George J. Neadden, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 1st day of April, 1904.
Geo. A. Lindrick Ordinary
Barlow County.

Neadden, R. J. (mar.)
Barlow County

No. 2755
1904

Application for Pension
Due Deceased Soldier

Under Act 1891.

BY

Mrs. R. J. Neadden
Wife of J. W. Neadden
of County Barlow, now in
the Sold. Sanatorium
Co. 8th Reg't 18th Vols.

Approved and Paid

2/25 1904
J. W. LINDSEY,
Commissioner of Pensions.

Attest

GEORGIA, Barlow County.

I hereby authorize and constitute Geo. A. Lindrick of said county my

lawful attorney to collect and receipt for me in my name the Pension due me for 1904, through my deceased husband Neadden who was on Married Pension Roll and paid from Barlow for 1903.

Witness my hand this 1st day of April, 1904.

W. C. Walton } R. J. Neadden
Old Sup. Court

GEORGIA, Bartow County.

I, Geo. X. Hendricks, Ordinary of said county, do certify that I personally know Mr. R. J. Keaddin, the applicant, and that she is the lawful widow of J. W. Keaddin who was on the Invalid Pension Roll of said Bartow county, and was paid a Pension from Bartow county for 1903, and at the time of his death on the 13th day of December 1902, there was due to him and unpaid his Pension of One hundred dollars from the State of Georgia, and I know George J. Keaddin, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 10 day of Feb 1904
Geo. X. Hendricks Ordinary
Bartow County.

1904
Keaddin, R. J. (Mrs.)
Bartow County

J. W. Keaddin & Stat. of Georgia
By R. J. Keaddin 20 Bartow County
To Any minister of the Gospel, Judge of the Superior Court, or Justice of the Peace. You are hereby authorized and permitted to join in the honorable stat. of matrimony J. W. Keaddin and R. J. Keaddin, according to the rites of your Church, provided there be no lawful cause to obstruct the same, according to the Constitution and laws of this State, and for so doing this shall be your sufficient license.
Given under my hand and seal, this 21st day of Dec., 1870
J. A. Howard Ordinary
B.C.

I hereby certify that J. W. Keaddin and R. J. Keaddin were joined together in the holy bands of matrimony on the 22nd day of December 1870, by me.
R. J. Keaddin Min. of Gos.
Recorded Feb 7th 1872.
J. A. Howard Ordinary B.C.

Application for Pension
Due Deceased Soldier
Under Act 1861.

1904
No 1788-
BY
Mrs. R. J. Keaddin
Wife of J. W. Keaddin
of County Bartow, State of Florida, now an Invalid Soldier, Regt. 1st Vol.

Approved and Paid
2/25
J. W. LINDSEY,
Commissioner of Pensions.
190

Geo. X. Hendricks

Keaddin, R. J. (Mrs.)
Bartow County

GEORGIA, Bartow County.
I hereby authorize and constitute Geo. X. Hendricks of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1904, through my deceased husband J. W. Keaddin who was on Invalid Pension Roll and paid from Bartow for 1903.
Witness my hand this 10th day of Feb, 1904.
Attested before me:
W. C. Walton } R. J. Keaddin
Clk. Supr. Court.

APPLICATION FOR PENSIONS DUE DECEASED SOLDIER.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Bartow County.

Personally before me come Mrs. R. J. Neadden, of said county, after being duly sworn, on oath says that she is the ^{wife} widow of J. W. Neadden who was duly enrolled as an invalid Pensioner from the county of Bartow and was paid a Pension of One hundred Dollars from Bartow county for 1903, and that the said J. W. Neadden is now inmate of the State Sanitarium ^{inmate of the State Sanitarium} insane, and that ^{the} time of his death a Pension of \$100 was due him from Bartow county

and unpaid for 1904. Applicant further swears that she married the said J. W. Neadden on the 22 day of Dec 1870, in Bartow county and State of Georgia and resided with him from date of marriage to his ^{death} death as his lawful wife, and is now his dependant ^{widow} widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 10th day of Feb 1904

Geo. W. Hendricks ORDINARY } R. J. Neadden [L.S.]
Bartow County.

AFFIDAVIT OF WITNESS.

GEORGIA, Bartow County.

Personally before me comes Geo. S. Cobb, who on oath says that he knew J. W. Neadden while ^{his} insane and that he knows Mrs. R. J. Neadden the above applicant; that he knows that the said J. W. Neadden and Mrs. R. J. Neadden were in due form of law married in the county of Bartow in the State of Geo on the 22nd day of Dec 1870, and that they resided together as husband and wife from date of marriage to the day of his ^{death} death inmate of the State Sanitarium, and I now know that she is his dependant widow.

Sworn to and subscribed before me this 10th day of Feb 1904

Geo. W. Hendricks ORDINARY } Geo. S. Cobb
Bartow County.

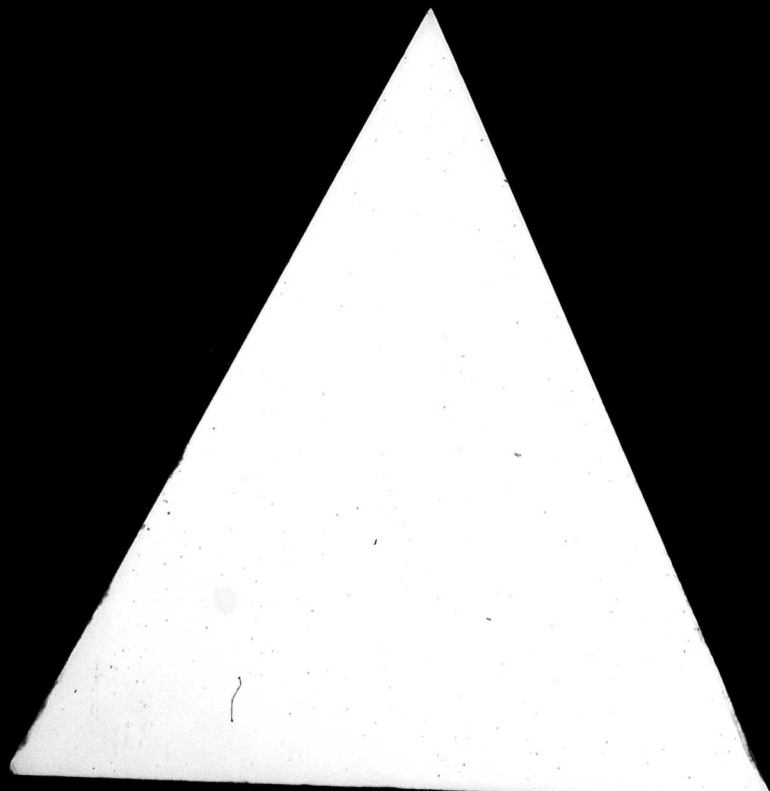
NOTE 1st.—This form can be used by guardian of minor children where there is no widow.
2nd. Ordinary must send in all cases certified copy of marriage license attached.

Georgia
Bartow County
I, Geo. W. Hendricks Ordinary
do hereby Certify that the within is a correct
copy of the marriage record of J. W.
Neadden and Mrs. R. J. Neadden as
appears on Marriage Record Book # page
136 in this office.

Given under my hand and seal; this 10th
22nd of Dec-1904

Geo. W. Hendricks Ordinary
Bartow County Ga.

of the State Sanitarium, having admitted a lunatic.



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY,

Barth

hereby authorize

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

Witness my hand and seal, this

14th day of Aug 1903.

Barth

[L.S.]

Executed in the presence of

J. W. Lindsey
Wm. C. Coker

RECEIVED CERTIFICATE

Pension Office
7/16-1903

This man, *Barth*,
was a *dischargee*
could not be returned
them over - & *Barth*
being within the
note as he *Barth*
now Pension is *Barth*
living for *Barth*
Cork of *Barth*

Barth
No. 1903

INDIGENT PENSION.
1903.

Name *Wm. Barth*
County *Barth*
Co. *E. 56 94* Regt.

Approved 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company
and Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta.

9/16/03.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow COUNTY.

J. M. Heath
G. W. Hendricks

of Cartersville Ga.

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

Cartersville Ga. by check

Witness my hand and seal, this 14th day of Aug, 1903.

J. M. Heath [L. S.]

Executed in the presence of

J. R. Anderson W. P.
Barlow Ga.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Barlow COUNTY.

J. M. Heath of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post-office)

J. M. Heath, I live in Barlow County, Ga.

2. How long and since when have you been a resident of this State? I have lived in the State all my life

3. When and where were you born? 1837, in Forsyth County, Ga.

4. When and where and in what company and regiment did you enlist or serve? Spring of 1864, in Cherokee County, Ga. in Company C, 36 Ga. Regt.

5. How long did you remain in such company and regiment? Until the summer of

Wicksburg, Mississippi, July 14, 1864

6. When and where was your company and regiment surrendered and discharged? April 26, 1865, at a new Greenboro North Carolina.

7. Were you present with your company and regiment when it was surrendered? NO.

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I think I was in the State of Georgia, or perhaps I might have been in some

9. How much can you earn (gross) per annum by your own exertions or labor? \$20.00

10. What has been your occupation since 1865? claiming

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? infirmity and poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I have been in an infirm condition for about 10 years, have some affection of my section. I have a weakness in my back.

13. What property, real and personal, or income, do you possess, and its gross value? I have only a cow, worth perhaps twenty dollars

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? I have not had any property in many years. My property has been lost and I have not recovered any. Had mine to convey

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

16. How were you supported during the years 1899, 1900, 1901 and 1902? I have earned my support mainly by my own efforts. My son has helped me some

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

18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? I have been working in the farm. I have been working

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? Have only a wife. She has no property or income

20. Are you receiving any pension? If so, what amount and for what disability? NO

21. Have you ever made an application for pension before? NO

22. How many applications have you ever made and under what class? none

Sworn to and subscribed before me this the 14th day of Aug, 1903.

J. M. Heath Applicant.

G. W. Hendricks Ordinary,

of Barlow County.

Every question must be answered.

Pension Office
7/16-1903
This man is not a disbeliever. Once not to return then on. To have him when he was as the state. No Pension is due him. To say so. No Pension is due him. To say so.

State of Georgia
1903
No. 1903
INDIGENT PENSION.
1903.
Name J. M. Heath
County Barlow
Ga. C. E. St. G. Regt.
Approved _____
2003.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.
G. W. Hendricks, State Printer, Atlanta.
9/10/03.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cherokee COUNTY.

J. C. Curren of said State and County, having been presented as a witness in support of the application of H. M. Heath for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, depose and answer as follows:

1. What is your name and where do you reside? J. C. Curren
2. Are you acquainted with H. M. Heath, the applicant; if so, how long have you known him? have known him over 40 years
3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Bartow, Fla. I think he is a native of Fla.
4. When, where and in what company and regiment did he enlist, and how do you know? March 1862, 4th Cavalry, Co. E, 1st Fla. Regt.
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? he served 4 years
7. When and where was his command surrendered? State of Ark. 6. 1865
8. Were you present when it surrendered? was not
9. Was applicant present? don't think he was
10. If he was not present, where was he? was in prison

When did he leave his command? Aug 4, 1865 For what cause? a prisoner of war
By what authority he left? How do you know all of this?

J. C. Curren Ord. by Cherokee County, Fla.

11. What property, effects or income has the applicant? (Give your means of knowledge.) W. P. Woodall being sworn says H. M. Heath has no property

12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? He has not had any, except for his children. Has not transferred any

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? He has not. Had mine to Conney

14. What is the applicant's occupation and physical condition? He is a farmer. His physical condition is feeble. He is old and not stout

15. Is the applicant unable to support himself by labor of any sort, if so, why? Yes. From his feeble condition, and old age and infirmities incident thereto

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? By what he could aided by his children

17. What portion of his support for the four years was derived from his own labor or income? About 1/4 of his support I would say

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is old, not stout, not able to work sufficiently to earn a support

19. Who composes family? What property have they? Children's age and their earning capacity? He now has only a wife. He has no property, only a small child, 11 years old, 3 yrs working for himself

20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this 28 day of Aug 1903. W. P. Woodall Witness.

J. C. Curren Ordinary.

J. C. Curren Ordinary.

J. C. Curren Ordinary.

J. C. Curren Ordinary.

J. C. Curren Ordinary.

J. C. Curren Ordinary.

J. C. Curren Ordinary.

J. C. Curren Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Bartow COUNTY.

Personally came before me H. P. Calhoun and A. H. Calhoun, both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully H. M. Heath, applicant for pension under Section 1254, Code, and after

such personal examination say that his precise physical condition is as follows:

Old and infirm and suffers from indigestion and pain in the rectum hemorrhoids

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this 28 day of Aug, 1903. H. P. Calhoun Ordinary.

A. H. Calhoun Ordinary.

A. H. Calhoun Ordinary.

A. H. Calhoun Ordinary.

A. H. Calhoun Ordinary.

A. H. Calhoun Ordinary.

A. H. Calhoun Ordinary.

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A. H. Calhoun Ordinary.

A. H. Calhoun Ordinary.

A. H. Calhoun Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Bartow COUNTY.

I, J. C. Curren Ordinary, in and for said County, hereby certify that the applicant H. M. Heath resides in said County, and has been a bona fide resident of this State since the 28 day of Aug, 189

and that the witness W. P. Woodall, H. P. Calhoun and A. H. Calhoun 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 affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digest of Bartow County show that applicant returned for taxation in his name in 1899 86 Dollars of property, and in 1900 40 Dollars of property, in 1901 40 Dollars of property, in 1902 40 Dollars of property.

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

Witness my hand and seal of office, this 15 day of Aug, 1903. J. C. Curren Ordinary.

J. C. Curren Ordinary.

J. C. Curren Ordinary.

J. C. Curren Ordinary.

J. C. Curren Ordinary.

J. C. Curren Ordinary.

J. C. Curren Ordinary.

J. C. Curren Ordinary.

J. C. Curren Ordinary.

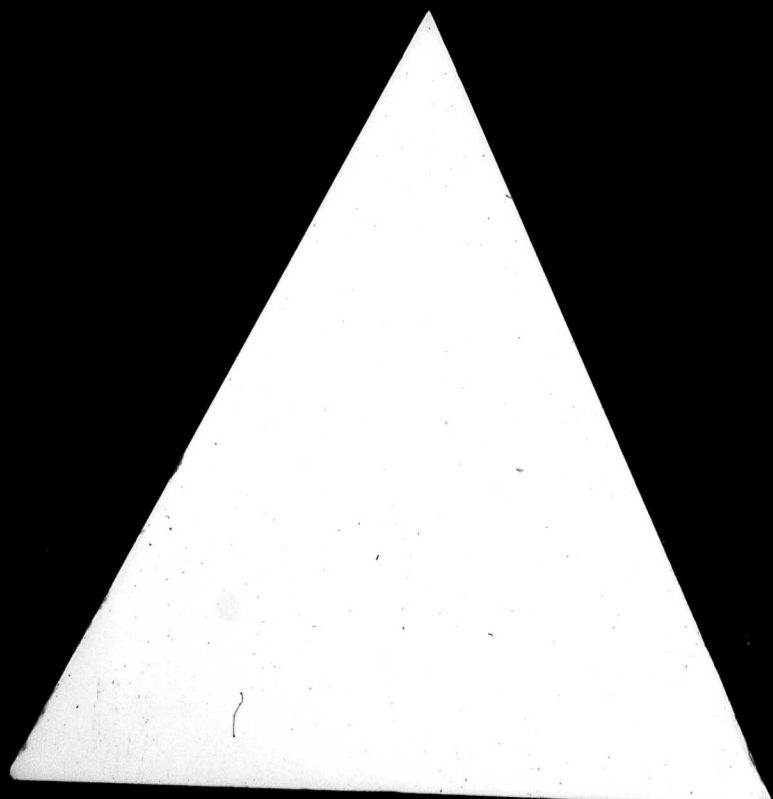
J. C. Curren Ordinary.

J. C. Curren Ordinary.

J. C. Curren Ordinary.

J. C. Curren Ordinary.

J. C. Curren Ordinary.



NOTES.

NOTES.

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

1. If an applicant has been wounded, the following suggestions are submitted: and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *cause of disability*, and 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 present time.

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

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the law 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 in any case, 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.

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. HARRISON,

Clk Ex. Dept.

RECEIVED 30 JUN 1891

Heaton, R. H.
Barthol Co.

1890.

A 60

2901

APPLICATION FOR ALLOWANCE

Loss of One Limb

Applicant, R. H. Heaton

County, Barthol

Amount, C.

Date of Warrant, June 6

Entered on record

June 10 1890

A. N. H.

WARRANT HANDLED TO
A. M. Fouts

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

STATE OF GEORGIA,

County.

PERSONALLY came

citizens of _____ county, in said State,
who being duly sworn, say that they are well acquainted with _____

and know, from having been with him in the army, 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 disabled applicant, as
stated by him; the said applicant is a bona fide citizen of this State, and resides in _____
county, and we are well satisfied that all the
statements in his affidavit are true.

Sworn to and subscribed before me, this _____
day of _____ 1890.

NOTE.—Above affidavit must be made by three citizens who personally know of the service of applicant and can state of their
own knowledge precisely how he is disabled, and what disables him.

NOTE 2.—The attesting officer must see that each witness reads, or has read to him the affidavit he signs.

STATE OF GEORGIA,

Barlow County.

PERSONALLY comes before me Geo. W. Hendry Ordinary of said county
James H. Hoke and J. M. Young, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined R. H. Heaton and after such
examination say that the applicant has been injured as follows:

*He has lost the entire finger on his right
hand and has had his thumb wounded or
injured on the same hand as to stiffness
or fracture it is the first joint and thus badly
injured or maimed it is in work of
normal labor or otherwise of these
three injuries considerably more or one
impair the use of that hand in
work.*

Sworn to and subscribed before me, this _____
day of June 1890.

Geo. W. Hendry
ORDINARY.

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

NOTE 2.—If 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.

STATE OF GEORGIA,

Barlow County.

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

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

Given under my official signature and seal, this _____ day of June 1890.

Geo. W. Hendry
Ordinary. Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

Know all Men by these Presents, That I, R. H. Heaton
of Barlow

county, in said State, do hereby appoint Sam. A. Mc Houle
of Cartersville Ga my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military
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
June day of June 1890.

Executed in the presence of us:

Howe & Owens
Geo. W. Hendry Ordinary.

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

STATE OF GEORGIA,

Bartow County.

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

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

Given under my official signature and seal, this 22 day of May 1891.

Ordinary Bartow County.

STATE OF GEORGIA,

Bartow County.

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

Given under my official signature and seal, this 16 day of April 1892.

Ordinary Bartow County.

1891.

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1901.

Loss of finger
Applicant, R. H. Heaton
County, Bartow
Amount, 5
Date of Warrant, June 27
Entered on record, June 3 1891

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

M. H.

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

Heaton, R. H.
Bartow Co.

No. 3026

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1902.

Name R. H. Heaton

County Bartow

Disability Loss of finger

Amount, \$ 5

Entered on record April 18 1892.

W. H. HARRISON

Secretary of Executive Department.

AGENT.

M. H. Harrison

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County. }
PERSONALLY appears R. H. Heaton of Bartow
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has resided therein continuously ever since the birth
day of 18; that he enlisted in the military service of the Con-
federate States (or of the State of Georgia) during the war between the
States, and served as a private in Company H, of 60th Regiment
of Georgia Volunteers, Lawton's Brigade; that whilst engaged
in such military service at the battle of Manassas
in the State of Virginia, on the 30 day of Aug, 1862, he was
wounded as follows: His right fore finger shot
off by minnie ball

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

five dollars, for 1890

Sworn to and subscribed before me, this, 22 day of May, 1891: R. H. Heaton
W. H. Harrison mark

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County. }
Know all Men by these Presents, That I, R. H. Heaton
of Bartow County, State of Georgia, do hereby appoint
W. H. Harrison
of Atlanta Georgia my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military service
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authoriz-
ing my said attorney to receipt in my name for any Warrant that may be issued by the Govern-
or, 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
22 day of May, 1891: R. H. Heaton [L. S.]
mark

Executed in the presence of us:

A. M. Donald
W. H. Harrison
DIRECTION.
Send money to me as follows, by Express
to Stilesboro P. O.
Bartow County, Georgia.
R. H. Heaton
mark

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County. }
PERSONALLY appears R. H. Heaton
of Bartow County, State of Georgia, who, being duly sworn, says
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
since the 10th day of July years 18; that he enlisted
in the military service of the Confederate States (or of the State of Georgia)
during the war between the States, and served as a private in Company A,
of 60th Regiment of Georgia Volunteers, Lawton's
Brigade; that whilst engaged in such military service at the battle of Manassas
in the State of Virginia, on the 30 day of Aug, 1862, he was wounded as follows: Right
fore finger shot off at the hand with
a minnie ball

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

\$30 Dollars for 1890 & 1891 his

Sworn to and subscribed before me this 16 day of April, 1892: R. H. Heaton X
W. H. Harrison mark

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this
16 day of April, 1892: R. H. Heaton X [L. S.]
mark

Executed in the presence of us:

W. H. Harrison
W. H. Harrison
DIRECTION.
Send money to me as follows, by Express
to Stilesboro P. O.
Bartow County, Georgia.
R. H. Heaton his
mark

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County,

PERSONALLY appears

R. H. Heaton of *Bartow*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *about* day of *July* year *18*; that he enlisted in the military service of the Confederate States (or of the State of *Virginia*) during the war between the States, and served as a *private* in Company *H*, of *60th* Regiment of *GA* Volunteers *Lawtons*'s Brigade; that whilst engaged in such military service at the battle of *2nd Manassas* in the State of *Virginia*, on the day of *Aug* 1862, he was wounded as follows: *His right fore finger shot entirely off*

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

Sworn to and subscribed before me, this, the *12* day of *March* 1893.

R. H. Heaton
Wm. M. M. M. M.

mark

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

STATE OF GEORGIA,

Bartow County,

I, *Wm. M. M. M.* Ordinary of said County,

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

I further certify that

before whom the foregoing affidavits were made, and power of attorney was signed, is a *Wm. M. M. M.* of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *12* day of *March* 1893.

Wm. M. M. M.
Ordinary *Bartow* County.

STATE OF GEORGIA,

BOMB OF ALLOVINEA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County,

PERSONALLY appears

R. H. Heaton of *Bartow*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *about* day of *July* year *18*; that he enlisted in the military service of the Confederate States (or of the State of *Virginia*) during the war between the States, and served as a *private* in Company *H*, of *60th* Regiment of *GA* Volunteers *Lawtons*'s Brigade; that whilst engaged in such military service at the battle of *2nd Manassas* in the State of *Virginia*, on the day of *Aug* 1862, he was wounded as follows: *shot his right fore finger*

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 *five* dollars, for the year 1893.

Sworn to and subscribed before me, this, the *12* day of *March* 1894.

R. H. Heaton
Wm. M. M. M.

mark

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

STATE OF GEORGIA,

Bartow County,

I, *Wm. M. M. M.* Ordinary of said County,

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

Given under my official signature and seal, this *12* day of *March* 1894.

Wm. M. M. M.
Ordinary *Bartow* County.



Wm. M. M. M.

Ordinary *Bartow* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Darlow County. }

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th day of March 1895.

Executed in presence of us

[L. S.]

DIRECTIONS.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

SOLDIER'S PENSION.

1895.

Name R. H. Heaton
County Darlow
Disability loss of finger
Amount, \$ 3 1/4 1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Gen. W. Harrison, State Printer, Atlanta.

SOLDIER'S PENSION.

1896.

Name R. H. Heaton
County Darlow
Disability loss of finger
Amount, \$ 3 1/4 1896.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Gen. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Darlow County. }

I, R. H. Heaton hereby authorize George W. Hendricks of Carrollville Ga

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

at Carrollville Ga by check

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th day of Feb 1896.

Executed in presence of us

[L. S.]

R. B. Anderson
J. E. Parry

R. H. Heaton
mark

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears R. H. Keaton of Bartow

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the One day of year old 18 ; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company H, of 60th Regiment of Ga Volunteers, Gordon's Brigade; that whilst engaged in such military service at the battle of E. Manassas in the State of Virginia on the 30 day of August, 1862, he was wounded as follows: shot off his right fore finger

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

Sworn to and subscribed before me, this, the 30 day of March, 1895, R. H. Keaton mark
G. W. Hendricks Ordinary

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

STATE OF GEORGIA,

Bartow County.

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

Given under my official signature and seal, this 9th day of March, 1895.



Ordinary Bartow County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears R. H. Keaton of Bartow

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the a day of Small child 18 ; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company H, of 60th Regiment of Ga Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Virginia, on the day of Aug, 1862, he was wounded, injured or diseased as follows: His right fore finger was shot off in the 2nd battle of Manassas

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Bartow county been allowed a pension of five dollars, for the year 1895.

Sworn to and subscribed before me, this, the 30 day of Feb, 1896, R. H. Keaton mark
G. W. Hendricks Ordinary

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

STATE OF GEORGIA,

Bartow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with R. H. Keaton 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 20 day of Feb, 1896.



Ordinary Bartow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County. }
I, *R. H. Heaton* hereby authorize *G. W. Hendricks* of *Cartersville Ga*
to receive and receipt for the pension paid hereon and request that he remit same to
at *Cartersville Ga* by *check*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10*
day of *Feb* 1897. *R. H. Heaton* [L. S.]
mark

Executed in presence of

J. B. Chilwood
J. R. Condit

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County. }
I, *R. H. Heaton* hereby authorize *G. W. Hendricks* of *Cartersville Ga*
to receive and receipt for the pension paid hereon and request that he remit same to
at *Cartersville Ga* by *check*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *28*
day of *January* 1898. *R. H. Heaton* [L. S.]
mark

Executed in presence of

J. H. Cobb
J. M. Jones

Heaton, R. H.

Barlow Ga.

ACT OF 24 OCT. 1867.

(For Those Already Enrolled.)

Cott No. 524

INVALID

SOLDIER'S PENSION.

1897.

Name *R. H. Heaton*
County *Barlow*
Disability *loss of finger*
Amount, \$ *five*

2/7 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

W. H. H.
REG. W. HARRISON, STATE PRINTER, AT-LANTA.

No data

Heaton, R. H.

Barlow Ga.

ACT OF 24 OCT. 1867.

(For Those Already Enrolled.)

No. *2398*

INVALID

SOLDIER'S PENSION.

1898.

Name *R. H. Heaton*
County *Barlow*
Disability *loss of finger*
Amount, \$ *five*

2/7 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

W. H. H.
REG. W. HARRISON, STATE PRINTER, AT-LANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears R. H. Heaton of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of birth 18; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States and served as a private in Company H, of 60th Regiment of Co Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30 day of Aug 1864, he was wounded, injured or diseased of follows:

In the 3rd battle of Manassas his fore finger was shot off of his right hand

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Barlow county been allowed an invalid pension of five Dollars, for the year 1896.

Sworn to and subscribed before me, this, 10 day of Feb 1897. R. H. Heaton mark
G. W. Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this 10 day of Feb 1897.

G. W. Hendricks
Ordinary Barlow County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears R. H. Heaton of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of fall 1868; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States and served as a private in Company H, of 60th Regiment of Co Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Virginia, on the day of July 1862, he was wounded, injured or diseased as follows:

Had his fore finger shot off of his right hand in battle of 2nd Manassas

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 Barlow county been allowed an invalid pension of five Dollars, for the year 1897.

Sworn to and subscribed before me, this, 28 day of Jan 1898. R. H. Heaton mark
G. W. Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with R. H. Heaton 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 28 day of Jan 1898.

G. W. Hendricks
Ordinary Barlow County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, R. H. Heaton hereby authorize Joseph
M. Terrell of Alapaha Co

to receive and receipt for the pension paid hereon and request that he remit same to
G. W. Hendricks by check
at Carlsville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20
day of Feb 1899.

R. H. Heaton [L. S.]
mark

Executed in presence of
G. W. Hendricks

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, R. H. Heaton hereby authorize G. W.
Hendricks of Carlsville Ga

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14
day of Feb 1900.

R. H. Heaton [L. S.]
mark

Executed in presence of
A. L. Barlow

CODE SECTION 12A.
(For Those Already Enrolled.)

No. 320x

INVALID

SOLDIER'S PENSION.

1899.

Name R. H. Heaton
County Barlow
Disability loss of finger
Amount, \$ 4.00
3/1 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

John T.

GEN. W. HARRISON, STATE PRINTER, ATLANTA.

No data

9/16/1

Barlow Co.
Heaton, R. H.

CODE SECTION 12A.
(For Those Already Enrolled.)

See Floyd 1903

INVALID

SOLDIER'S PENSION.

1900.

Name R. H. Heaton
County Barlow
Disability loss of finger
Amount, \$ 5.00
Warrant issued Jan 12 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Hendricks

GEN. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears R. H. Heaton of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the little day of a small boy; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company H, of 60th Regiment of Georgia Volunteers, Lawton's Brigade; that whilst engaged in such military service in the State of Virginia, on the day of Aug 1862, he was wounded, injured or diseased as follows:

First finger shot off of the right hand in the battle of the massas

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

Sworn to and subscribed before me, this, the 20th day of Feb 1899, POST OFFICE Barlow

G. W. Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with R. H. Heaton 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 20th day of Feb 1899.

G. W. Hendricks Ordinary Barlow County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears R. H. Heaton of Barlow County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of fall 1845; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company H of 60th Regiment of Georgia Volunteers, Lawton's Brigade; that whilst engaged in such military service in the State of Virginia, on the 29 day of April 1863, he was wounded, injured or diseased as follows:

Right fore finger shot off in battle of the massas

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

Sworn to and subscribed before me, this, the 14th day of Feb 1900, POST OFFICE Barlow

G. W. Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with R. H. Heaton 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 14th day of Feb 1900.

G. W. Hendricks Ordinary Barlow County.

NAME, Heaton, R.H.

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

COMPANY AND REGIMENT? Private Co. H. 60th. Regt. Ga. Vols. Gordon's
Brigade.

NAME OF CAPTAIN AND COLONEL? Lieutenant Thomas A. Owens.

WOUNDED? End. Manassas, 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?

BURIED,

WITNESS, Lieutenant Thomas A. Owens.

P.O.

1890

County.

Bartow County.

Bartow

Maimed Soldiers.

Voucher No. 2901

Amount \$ 5⁰⁰

Paid to R. H. Heaton

For Loss of one

Finger

June 6 1890

Included in Warrant No.

issued to Treasurer.

1890

WARRANT CLERK.

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

R. H. Heaton

Heaton, R. H.

1891.

Maimed Soldiers.

Voucher No. 3088

Amount \$ 5⁰⁰

Paid to R. H. Heaton

For Loss of

one finger

June 6 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

R. H. Heaton

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 2901
Atlanta, Ga., June 6, 1890.

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

Loss of one finger
He is entitled to receive the sum of Five 00/100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

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

By the Governor,

W H Harrison
GOVERNOR.
CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Five 00/100 Dollars,
per above voucher, this 6 of June 1890.

R N Neaton
By A M Foute

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

1891.
No. 3088
Atlanta, Ga., June 6, 1891.

Mr. R N Neaton of the County
of Bartow having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Loss of one finger
He is entitled to receive the sum of Five 00/100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

W H Harrison
GOVERNOR.
Sec'y EXECUTIVE DEPARTMENT.

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

Five 00/100 Dollars,
per above voucher, this 6 of June 1891.

R N Neaton
By A M Foute