

Pension office, 12/8/10.

The law requires that applicants state in their applications all the facts to be proven to make out a claim for pension. State when and where husband onlisted, what company and regt., the classof service, and when and where he was discharged. Applicant must state and swear on information what she can prove to be true. Signed, J.W. Windsey, Com. of Pens. UNDER ACT 1910.

| Application | for Pension by | a Widow | Under | Act of | 1910 0 |) mastion a |
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| and afte | er being d | uly sworn, o | n oath save | | ovvy | was | of said State | and County, |
| | | | d submit tes | timony to | nake out the | y for a peni | answers mak | inder the Act |
| owing c | questions | to wit: | | | 3 | same, true | answers mak | es to the fol- |
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| e. | What w | as his physic | al condition | when he lef | t his Comme | | | |
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| g. | In what | way was he | prevented fro | om going be | ck to Comm | and? | | |
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| i. | If so, w | en and wher | e captured a | nd where he | ld as a prisc | and wh | en and for w | nat cause re- |
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Personally before me comes.

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| AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA. County. Personally before me comes in many by Julmania with an oath any at that they are freeholders what County and that they know into more in the bear set out by schedule (A) as follows. Personal property. Notes and accounte 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. 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. Total Value of all property and effects. | 2 | when wells Ordinary |
| AFFDAVIT OF TWO FRESHOLDERS. STATE OF GEORGIA County, Personally before me comes in month of All Manual will an oath says that they are freeholders as aid County and that they know that in they are freeholders as aid county and that they know that in the control of the Nov. 1908, and its can be be as out by chedule (A) as follows: Personal property. Notes and accounts due. 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. Total Value of all property and effects. | 1 | - of Barter County |
| County Personally before me comes Manually Jalantia, who are they are freeholders we said County and that they know Manually are freeholders we said County and know what property who worked on 4th Nov. 1908, and its ere to be as set out by schedule (A) as follows. Personal property. Notes and accounts due Total We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows. Personal property. Schedule (B). We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows. Personal property. 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. Total Value of all property and effects. | · 35 | |
| County Personally before me comes Manually Jalantia, who are they are freeholders we said County and that they know Manually are freeholders we said County and know what property who worked on 4th Nov. 1908, and its ere to be as set out by schedule (A) as follows. Personal property. Notes and accounts due Total We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows. Personal property. Schedule (B). We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows. Personal property. 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. Total Value of all property and effects. | | AFFIDAVIT OF TWO FREEHOLDERS. |
| Personally before me comes members the most of the property of | STATE | |
| Personally before me comes M. Morth M. Marth M. M | Dan | |
| are freeholder sexaid County and that they know they have to be as so out by obtained to the sex out by schedule (A) as follows the sex out by Schedule (A) as follows to the sex out by Schedule (A) as follows to the sex out by 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. Total Value of all property and effects. | | |
| gree freeholders askaid County and that they know MAN And they consider County and know what property be owned on the Nov. 1908, and itse estate to be as at out by Schedule (A) as follows. Personal property. Notes and accounte 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. | Perso | onally before me comes I M Moth to the milk who on oath eave that they |
| Schedule (A) as follows No. Man Provided to be as set out by Personal property. Notes and accounts due. 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 carnings. Total Value of all property and effects. | are freehold | less of said County and that they know mo mores XI. They say |
| Personal property Notes and accounts due. 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 landworth. Horses and Mules Cows and Hogs. Other property. income and carnings. Total Value of all property and effects. | | |
| Notes and accounte 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 | Schedule (A | |
| 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. | #74R. | |
| 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 carnings. Total Value of all property and effects. | 7 | |
| 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 carnings. Total Value of all property and effects. | | The state of the s |
| 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 Horse and Mules Cows and Hogs Other property income and carnings Total Value of all property and effects | Wek | Schedule (B). |
| 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. | m | Posseral property sold or given away since Nov. 4th 1908, its cash value to be as follows: |
| 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 | -11 | Monay Nota and |
| We also know what property she has now in her possession, use and control to wit: Acres of land, worth Horse and Mules Cows and Hogs Other property income and earnings Total Value of all property and effects | | |
| Acres of land, worth Horses and Mules Cows and Hogs Other property income and earnings Total Value of all property and effects | We al | Iso know what property she has now in her possession, use and control to mit. |
| Horses and Mules 8 Cows and Hogs 9 Other property 9 Income and earnings 7 Total Value of all property and effects 9 | 1, | Acres of land worth |
| Cows and Hogs Other property. income and earnings Total Value of all property and effects | | - Hanne and Wales |
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| Total Value of all property and effects | | |
| Total Value of all property and effects | | |
| Comment of the property and enects | | Total Value of all property and effects |
| sworn and subscribed before me this the | Sworn | and subscribed before me this the |
| 31- day of Oct 10/0 Me V Smith | 3/- | Man Amula |
| month ording money | 91 | offenon of ordina M Suis |

| | ORDINA | ARY'S CERTIFICATE. | |
|--------|--|---|----------|
| ST | ATE OF GEORGIA. | | |
| 6 | Jantinat 1 - | 1) | |
| | & BABUS AND | Ordinary of said County do certi | · · |
| that, | , I know | the Southern Co. | |
| is th | he person she represents herself to | be and she is bounded continuing resident citizen of sa | ne ta |
| Cour | nty and was in the #th Nov. 1908 | a le L'interior with | |
| | That I also know mary | A Agueles on the witness who swea | 1 1 |
| to t | he service of husband, and | V: 177-116 | |
| freeh | olders. That all of them are now res | sidents of said County and weet date | |
| 4110 1 | oregoing affidavits and that they all, | are truthful, trustworthy, and their statements are entitled t | 0 |
| run 1 | | At A - tweefers her known | new dead |
| 1908 | That the Tax Returns Con | Returned for Tax is for | or- |
| 1908 | | for 19 03 440 | |
| | Sworp under my hand and official s | | |
| 191 (| 1 wow with | 0 P 1 | |
| | SEAL. | Swhunger Ordinary | |
| | | County County | |
| | (SEAL.) | County | |
| NOTE | S 1. Before any questions are answered the | ne Ordinary shall swear applicant and the witness in the following words Il true answers make to each of the questions asked you and she evidence to help you Ged. ?" | |
| | 2 Additional affidavits may be attached | dif blank annual to me to | |
| | 3 Only widows who married perore the | e Ordinary. | |
| | eral reputation. | rat January 1870, are entitled. cense if obtainable. If not, prove marriage, by some person, or by gen | |

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

Total Value of all property and effects

Sworn and subscribed before me this the

Jun Glay of Control of Ordinary M. Smith

Of Ordinary M. Smith

Of County:

| Lovelace, W. M. Bartow County | | | - | |
|--|---|--------------|--|--|
| No. 1905 | | | Wines | STATE O |
| INDIGENT PENSION. | demonstration of the control of the | | my hand and so | PGEORGIA LOCAL LOCAL LOCAL LOCAL Receipt for the per |
| Name W.M. Sweless | | KITBICY | 20 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | POWER FILA. Cour. M. Cour. Cou |
| col lucas i Oct Mage. Heavy cralley 1903. | | - 8 7 | of the state of th | OF AT |
| JOHN W. LINDSEY, Commissioner of Pensions. | | DIMARCI | o Well | TORNE |
| WARRANT HANDED TO | | INO Viene | on the | indu. |
| Ordinary will write Name of Applicant, Company and Regiment on back as indicated above Use W Harrison, State Printer, Alexan. | | | Les J. Les | hereby authorize |

| STATE OF GEORGIA, STATE OF GEORGIA, Courry, GANTAN Courry, GANTAN Courry, ACANTANIAL MA To receive and receipt for the pension allowed and request that he remit sums to ACANTANIALLY Witness my hand and seal, this | STATE OF GEORGIA, COUNTY. STATE OF GEORGIA, COUNTY. C |
|--|--|
| Executed in the presence of AP and Lowelless AP and Continue N. P. Banton Co. Ja | 6. How long did you remain it was company and regiment did you anilat or corve? 6. How long did you remain it was company and regiment it will be the long of the |
| ORDINARY SIGNAL CHILIPICATE ORDINARY SIGNAL ORDINARY SI | 7. Were you present with your company and regiment when it was surrendered? 8. If not present, state specifically and clearly others you were, when you left your comband, five when cause and by whose authority? 10. How much can you darn (gross) per ansum by your own exertions or other than the constant of the consta |
| all one for the first of faith or market and the first of the control of the cont | 13. What property, real and personal, or income, do you possess, and its gross value? 14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1909, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? 15. Losshat County did you reside during those years, and what property did you then return for assation? |
| IGENT PENSION 1905 1905 1905 1908 190 | 16. How were you supported during the yeary 1989, 1990, 1901 and 1902? At the support of the year of the support of the year of ye |

| UESTIONS FOR WITNES | S. |
|--|--|
| STATE OF GA RGIA, | |
| Sunfiture Country | 100 CA 17 18 18 18 18 18 18 18 18 18 18 18 18 18 |
| MA Sattended | |
| | inty, having been presented |
| as a witness in support of the application of W. M. Dweles under section 1254, Code, and after being duly sworn true answers to make to the follo | minimum for pension |
| answers as follows: | wing questions, deposes and |
| 1. What is your name and where do you reside? | rield |
| Mullough fruit que Count | 1, Leorgia, . |
| long have you sen him? Mes. For 40 years | the applicant; if so, how |
| | State 2 |
| 3. And the conjugation of the since when the tie been a preject of this | of Goyeans |
| 4. When, where and in what company and regiment did he enlist, and how do you k | 19w? |
| hour hund when he cirpeted but the | year her serve |
| 5. Were you a member of the same company and regiment? | <u>"</u> |
| 6. How long did he perform regular military duty? | 10P |
| When and where was his command surrendered? Cet Therestee | 20 /4.C. |
| | |
| 8. Were you present when it surrendered? | |
| 10. If he was not present, where was he? Was peregu | ⋌ ′. |
| | was present |
| By whattieverhouse he lad o VIII 1: had a day | w do you know all of this? |
| | and you know and of this ? |
| | 1 |
| 11. What property, effects or income has the oplicant? (Give your means of knowledge) | ge.) |
| 12. What property, effects or income did the applicant possess in 1896, 1807, 1898, 18 | |
| 12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 18 and what disposition, if any, did he make of same? | 99, 1900, 1901 and 1902, |
| - C | w |
| 13. Has ha conveyed away any of his property in the last four years, if so, what was it | , and to whom? |
| | |
| 14. What is the applicant's occupation and physical condition | |
| The state of the s | |
| | Cy |
| 15. Is the applicant unable to support himself by labor of any sort, if so, why? | -W |
| | *************************************** |
| 10 71 | |
| 16. How was he supported during the years 1898, 1899, 1900, 1901 and 1905 | |
| 17. What portion of his support for these four years was derived from his own labor or | 120 |
| | 4/ |
| 18. Give a full and complete statement of the applicant's physical condition that castil | es him to a pension under |
| Section 1254, Code ? | 1 |
| 19. Who composes family? What property have they? Children's account their earning | 14 |
| 19. Who composes family? What property have they? Children's account their earning | og capacity? |
| , | 12 |
| 20. What interest have you in the recovery of a passion by the | July ! |
| 20. What interest have you in the recovery of a pension by this applicant? Sworn W and subscribed before me, this the | . 1 |
| day of Cengus 1903. W. the Matter fe | eld |
| Institutely 1908.) | Witness. |
| Ordinana | |

AFFIDAVIT OF PHYSICIANS

| STATE OF GEORGIA. |
|---|
| Bartino COUNTY. |
| Personally came before me In Fire Care Con and |
| W. I too Chara-, both known to me as reputable physicians |
| of said County, who, being severally sworn, say on oath that they have examined carefully |
| , wpp. and and de pennion under Section 1204, Code, and after |
| uch personal examination say that his precise physical condition is as follows: |
| Rufstines en right side, is old |
| and lugion and made to com |
| a suffered |
| |
| |
| nd that we have no interest in said pension being allowed. |
| Sworn to and subecribed before me, this the |
| By day of Greg. 1906, |
| GWNewnc St Ordinary. |
| ORDINARY'S CERTIFICATE. |
| |
| TATE OF GEORGIA, |
| COUNTY.) |
| I, Ordinary, in and for said County, hereby certify |
| at the applicant / M. Fourigss resides in said County, and has |
| en a bona fide resident of this State sings the day of many years |
| d that the vitnesses viz.: It. C. Collewin. |
| 1 1, 2000 and out you |
| e 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 |
| feon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed. |
| I further certify that the tax digest of County show that applicant |
| poperty, and in 1900 Dollars of Dollars of |
| Mode - 0 |
| 10 2d 1901, L |
| |
| Witness my hand and seal of offices this |
| gw Hem riels Ordinary |
| ARC IATE |
| of County. |
| 1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following |

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

POWER OF ATTORNEY.

| STA | TE OF GEORGIA, | |
|-------|---|---------------|
| , | W. X lendrich of barling | |
| Ju | | |
| to re | neive and receipt for the pension allowed and request that he | remit same to |
| by | | |
| | WITNESS my hand and seal, this / day of Jan | 1905. |
| | Executed in the presence of WM Lon- | eles [L. S.] |

| D.) | | N | 1800. 20 20 20 20 20 20 20 |
|-------------------------------|----------|-----------------------|---|
| (FOR THOSE ALREADY ENROLLED.) | 7 | SOLDIER'S PENSION | 103 (4.3) |
| ALREADY | No. 3ned | INDIGENT IER'S PEN | M. M. Fracel. (R. Odl 1714) Respect Livings FEB 7 JOHN W. LINDSEY, Commissioner of P. WARRANT HAPPED TO |
| THOSE / | . S. | IN ST | MIII. O BOR WARRANT HEBY HARRANT HE |
| (FOR | | SOL | Name Wase County Co. God. 1 |

POWER OF ATTORNEY.

| STATI | E OF GEORGIA, |
|---------|--|
| 1 | A.M. M. Sweless |
| 21 | Whendricks of Carlingville Ga |
| to rece | ive and receipt for the pension allowed, and request that he remit same to |
| by | |
| e (u t | VITNESS my hand and seal, this 13., day of Jan 1906. WM Luclus [L. S.] |
| E | executed in the presence of |

| Genelly M. M | Coor Sketnos 134, (FOR THOSE ALREADY EMBOLLED.) No. 2/6-3. | SOLDIER'S PENSION 1906. | Name W.W. Inelled County (Barlow Co. B. Whender Co. WARRANT ISSUED | JAN 29 1906. JOHN W. LINDSEX. | WAERANT HADED TO |
|--------------|--|----------------------------|--|----------------------------------|------------------|
|--------------|--|----------------------------|--|----------------------------------|------------------|

FOR APPLICANTS ESPETOFORE ALGOINED PENSIONS.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA; |
|--|
| Barton County. |
| Personally appears W. M. Loveless of Barlan |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citize |
| and resident of said County and State, and has resided in said State continuously, eve since the fighty of years of an 18 6; that he is 69 years of an |
| by occupation a darwing, 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 States in Company B, of the Regimen of July States of Ortillery ; that his physical condition is a |
| follows: Physically he is his a bad fix from |
| hemis, and broken down from of our |
| The state of the s |
| that his property consists of the following items: |
| |
| of the value of Dollars. I am now earning |
| by my labor, Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. It have heretofore as a resident of County County been The pension for the year 1904. Sworn to and subscribed before me, this the day of Jan 1905. Ordinary. STATE OF GEORGIA, |
| Jacker Sounty, South ordinary of said County, do certify that I am well acquainted with M.M. Louis M. M. |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made |
| by him in his said affidavit are true, and I know he is the individual he represents himself |
| to be, and that he resides in this County. |
| Given under my official signature and seal, this day of 1905, All works of 1905, All work |
| NOTE.—The blank spaces must be filled. NOTE.—Affidavitathould not be attested before January 1st, 1805. |
| onnuary int, 1805. |

State of Georgia,

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Personally appears W.M. Loveliss of Bartin 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

by occupation a former, that he enlisted in the military service of the Con-

States, and served for the term of 3/2 in Company , of th Regiment of Lucas Bot. Orthlery; that his physical condition is as

physical condition and poverty he is unable to support himself by his own exertion or

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

labor, and that he receives no pension but the one herein applied for.

1840; that he is 69 years old and

_) during the war between the

Dollars. I am now earning Dollars per month. That by reason of his

State of Georgia, Barting County.

federate States (or of the State of___

of the value of.

Affix Pour seal here

follows: Worn down trans anfimilies and is replan

that his property consists of the following items:

County, been allowed a pension for the year 1905. Sworn to and subscribed before me, this the

do certify that I am well acquainted with Wm 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 any official signature and seal, this 132 9w Noworks Ordinary Barlow County

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

POWER OF ATTORNEY.

| STATE OF GEORGIA. | |
|---|-------------------------|
| NYO | |
| COUNTY. | |
| 1. 91-12 La 14 | |
| 1. If the orners | thereby authorize |
| In Homoricks of Corting Wo | We sten |
| | 0 000 |
| to receive and receipt for the pension allowed, and request tha | t he remit same to |
| | 200 |
| at Certifol | ulle sa |
| by CK | |
| | A CONTRACTOR CONTRACTOR |
| WITNESS my hand and seal, this / 15 day of | 1007 |
| day of | 1907. |
| um Los | · lesmi |
| | Li. S.J. |
| Executed in presence of | An 1907. |
| [마마마마마마마마마마마마마마마마마마마마마마마마마마마마마마마마마마마마 | |

SOLDIER'S PENSION

SOLDIER'S PENSION

1BOOZ

Name ### Freduces of Pension

County Annual Sources

County Annual So

| No.141 | Poots & Davies Co., Printers, Atlanta. |
|---|--|
| Ordinary's | Certificate. |
| STATE OF GEORGIA LUM | Certificate. |
| that the applicant, | Ordinary in and for said County, hereby certify |
| and has been a bona fide resident of the State since | The day of |
| the witnesses 117 | Satterfield . |
| , and the witnesses, C C, I | 1. |
| are entitled to full faith and credit. | of trustworthy character, and that their statement |
| I do further certify that before answering the took the oath herein prescribed, and the full text of before the same was signed and subscribed. | e foregoing questions, the applicant and said witnesses of the affidavits was read to the applicant and witnesses |
| Principles certify that the tax direct of | Chunty shows that applient |
| returned for taxation in own mine in 1899. | dollara wost |
| of property, and in 1900 and 1901 | dollars worth of numeric |
| Witness my hand and official seal was | 26 as day of august 190 4 |
| gru | Ordinary, |
| | |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

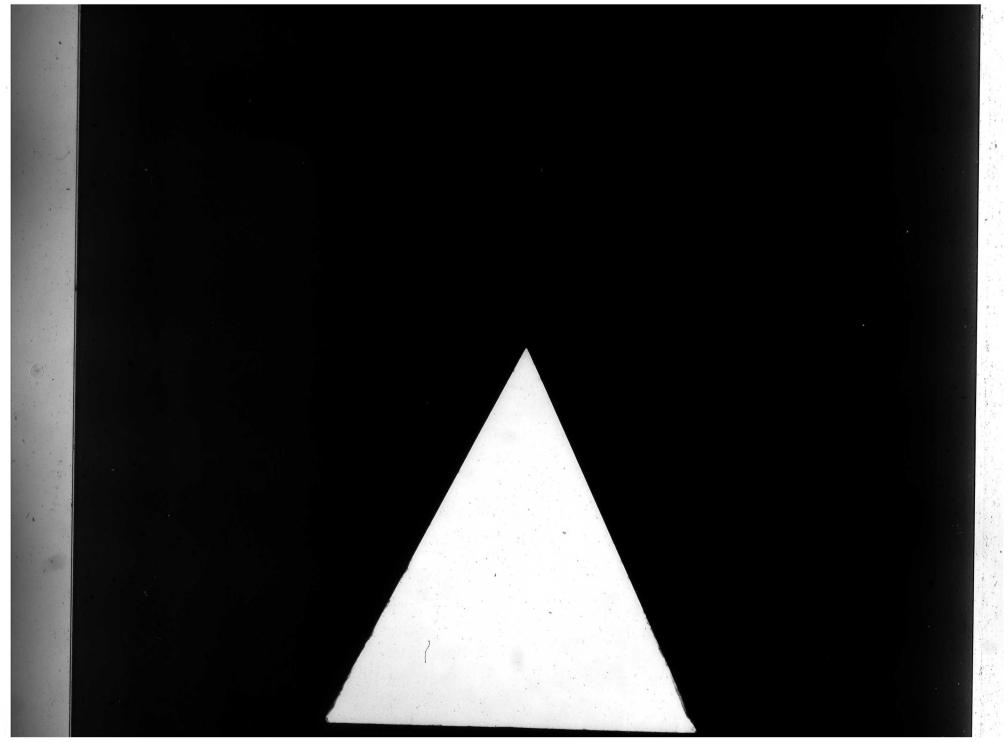
| LOW WELFTOWNIS HEREIGLORE VEFTORED LEUZIOUS |
|--|
| State of Georgia, |
| Delan - |
| County. |
| Personally appears W. Loucless of Dartyw |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen |
| and resident of said County and State, and has resided in said State continuously ever |
| since the day of 1846; that he is 70 years old |
| and by occupation af armer, that he enlisted in the military service of the Con- |
| federate States (or of the State of) during the war between the |
| States and served for the term of of in Company of the Regiment |
| of Intal Bot, of Chilly ; that his physical condition is as |
| follows: The has them dollars and is granding |
| fract and weal, mostly from age |
| |
| that his property consists of the following items: |
| |
| |
| of the value of Dollars. I am now earning |
| by my labor, Dollars per month. That by reason of his |
| physical condition and poverty he is unable to support himself by his own exertion or |
| labor, and that he receives no pension but the one herein applied for. |
| Deponent desires to participate in the benefits of the Act approved December 15th, |
| 1894, and the Acts amendatory thereof, and makes application for the pension to which he |
| is entitled for the year 1907. I have heretofore, as a resident of Orlives |
| County, been allowed a pension for the year 1906. Sworn to and subscribed before me, this the 1911 M Lyules |
| Syorn to and subscribed before me, this the WM Louless day of law 1907. |
| (MATH) Q |
| J. W. Mor Droke Ordinary. |
| State of Georgia, |
| Batton ! |
| County. |
| I, My County, Ordinary of said County, |
| do certify that I am well acquainted with WM Foreless |
| he applicant in the foregoing affidavit, and am well satisfied that the statements made |
| by him in his said affidavit are true, and I know he is the individual he represents himself |
| to be, and that he resides in this County. |
| Given under my official signature and seal this |
| day of January 1907. |
| 2WHandridge |
| Affice Ordinary Baston County. |
| North The blank sphere must be filled |

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

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 77 Given under my official sign.

day of James 1907.

James James Coup Affix your seal here Ordinary Barton Nors.—The blank spaces must be filled. Georgio Bergenally came before me. Bartow Conuly 3 R. D. Griffin and ofter being Georgia duly soom in ooth say they have persenally that Im. Loveless for 25 or min years, in account of his extreme ogthe is not able to work for a oupport and has no property or income whatever from which to derive a Support; that he has been supported for Several years by his son, which son is a man of his our and has been for sewing years: that they have no vituat in a recovery of a person by opplicant. Levom to and Dubsonbed J before me dop 3 capacy WHIndross Ordinay Boston Carrety Ga



DEAMONFEDERATE
SOLDIER'S APPLICATION Under Act of 1910—As Amended by Act of 1979, and Constitutional Amendment of 1920. county Onlyw conte for record C. E. McGREGOR. Commissioner of Pensions.

Ordinary's Certificate

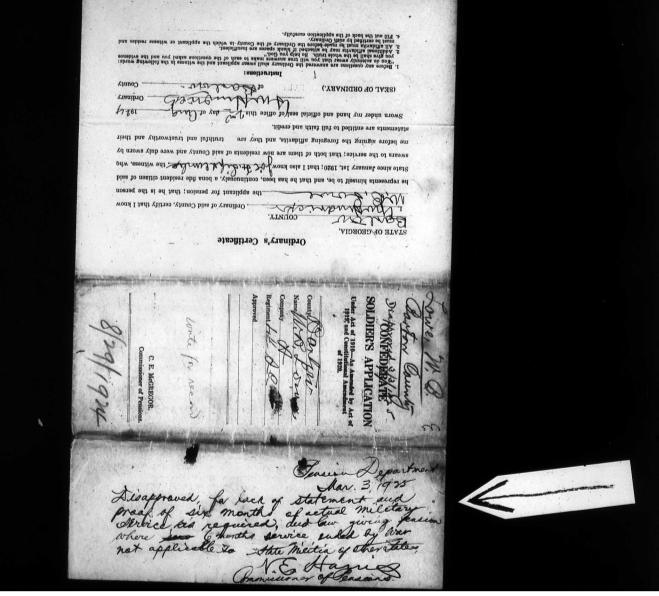
nself to be, and that he has

applicant for pension; that he is the person Ordinary of said County, certify that I know

are entitled to full faith and credit. en, continuously, a bona fide resident citizen of said

day of ang meet 1924

shall swear applicant and the witness in the following words: rs make to each of the questions asked you and the evidence



Ordinary's Certificate

| STATE OF GEORGIA, |
|--|
| Barlow COUNTY. |
| I. Ordinary of said County, certify that I know |
| 11000 |
| the applicant for pension; that he is the person |
| he represents himself to be, and that he has been, continuously, a bona fide resident citizen of said |
| State since January 1st, 1920; that I also know of the dip lumber, the witness, who |
| swears to the service; that both of them are now residents of said County and were duly sworn by |
| me before signing the foregoing affidavits, and they are truthful and trustworthy and their |
| statements are entitled to full faith and credit. |
| Sworn under my hand and official seal of office this 2 day of Gug 1924 |
| July ordinary |
| (SEAL OF ORDINARY.) of County |
| Instructions: |
| 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 give shall be the whole truth. So help you God!" |

APPLICATION FOR PENSION BY A SOLDIER

Commissioner of Seasons.

Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendment of 1920.

| QUESTIONS FOR APPLICANT TO ANSWER: |
|--|
| STATE OF GEORGIA. |
| Osanfor COUNTY |
| MARY. |
| Personally appears before me. The pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, and submits testimony to support the same and after being duly sworn true answers to make to the questions propounded, answers as follows, towit: |
| 1. What is your name and where do you reside? (Give County and Post Office) |
| 2. How long and since when have you been, continuously, a bona fidencesident citizen of the State of Georgia? I have trued me far, all, my life |
| 3. Did you enlist in the Army of the Confederate States, or in the organized militia, of this State from 1861 to 1865? |
| 4. When and where, and in what Company and Regiment did you, enlist? (State the arm and |
| class of service, and the name of Colonel and Captain, De 0, 18 64, at |
| 5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge.) |
| 6. When and where was your Company and Regiment surrendered or discharged from the Service? |
| 7. Were you personally present with your Command when it was surrendered or discharged? |
| 8. If you were not actually present, state specifically and clearly where you were Very And Sharlanding & Co - In a histilas |
| a Where was your Command when you let it? It was at observer the command the command? I was a command the command? I was a command the company that the company the company the company that the command that the |
| e. For how long was your leave of absence granted In what way? I was a diet |
| f. Why did you not return to your Command after leave expired? & Was Muchle g. In what way were you prevented? & Carrier & Car |
| h. What effort did you make to return? Was tovo in to de august. i. Were you captured by the enemy at any time? |
| j. If so, when, and where? In what prison were you held and when were you released? |
| and the same of th |
| 9. Are you drawing a pension of any amount from this State or the United States? No. 10. Have you ever applied for the Georgia Pension and lad it refused? Af so, for what cause was it not allowed? The means of the left with the control of the left with the control of the left with the left was the left with the left with the left was the left with the left was the l |
| |
| Sworn to and subscribed before me, this the |
| Applicant. |
| Swith tronger , Ordinary) |
| of Barton County |
| (SEAL OF ORDINARY.) |

Questions of Witness as to Service

in the state of th

| STATE OF GEORGIA, | |
|---|---|
| | 1 |
| (Ray liver | |
| COUNTY. | |
| as a witness to support of the application of said State and County is hereby preser | tod |
| | |
| provided by the Act of 1910, as amended by the Act of 1919 and the Constitution ! | KC227818030 |
| 1920, in said State, who, after being sworn true answers to make to the questions propound | t of |
| answers as follows, to-wit: | ded, |
| 1. What is your pame and where do you reside? Took A. Like and | Name of |
| New Carlotte do you reside to the total and the total | |
| New partionelly Baring entire | to |
| 2. How long and since when have you known W.B. Power the applica | nt? |
| Simily in the season | 100000000000000000000000000000000000000 |
| 3. Where does he now reside, and since when has he been continuously, a bona fide resident | |
| | 01 |
| thedin ta Anie 1862 | 70 |
| 4. When, where and in what empany and Regiment did D. B. Sow and | |
| (Give date and place) | st? |
| (Giye date and place) Color 864 Charletoning & enil | ALL SAN |
| the tellings | |
| How did you obtain your information of this Service? I entire GO the A | Zuch |
| how and places lend in Co. E. Lit & Reg | The same |
| 6. How long within your own personal knowledge did he perform actual military ervice w | |
| uns company and Regiment! (Give dates) | ith |
| 1864. Returned holy Ov. in Jan 1865- | L- |
| 7. When and where was his god- | |
| 7. When and where was his domand surrendered or discharged? (Give date and place.) | atomic . |
| | |
| 8. Were you personally present when it was sur endered? | arous 2 |
| 9. If not, where were you? | 0)11 |
| came you there? | W |
| 10. Was the applicant personally present with his Command when it was surrengered? | |
| the command when it was surrendered? He command | |
| 11 Af not, where was he? | ends (|
| and how came him there? My | 3 |
| thing deep Had been Reel homes | 2 |
| this Deep hand for what cause did be leave his Company (Time the Company) | 2 |
| 12. When, where and for what cause did be leave his Command? (Give date.) 12. When, where and for what cause did be leave his Command? (Give date.) | 2 |
| 12. When, where and for what cause did be leave his Command? (Give date.) By whose authority did he leave his Command? | 3 |
| 12. When, where and for what cause did be leave his Command? (Give date.) By whose authority did he leave his Command? and how long was he granted leave? | |
| 12. When, where and for what cause did be leave his Command? (Give date.) By whose authority did he leave his Command? and how long was he granted leave? | |
| 12. When, where and for what cause did be leave his Command? (Give date.) 13. When, where and for what cause did be leave his Command? (Give date.) 14. When, where and for what cause did be leave his Command? 15. When, where and for what cause did be leave his Command? 16. When, where and for what cause did be leave his Command? 17. When, where and for what cause did be leave his Command? 18. When, where and for what cause did be leave his Command? | |
| When, where and for what cause fild he leave his Command? (Give date.) By whose authority did he leave his Command? By whose authority did he leave his Command? And how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge, state clearly and specifical | ou ly |
| and how came him there? Mind the leave his Command? (Give date.) By whose and for what cause did he leave his Command? (Give date.) By whose authority did he leave his Command? ———————————————————————————————————— | ou ly |
| and how came him there? Mile Market Description of the leave his Command? (Give date.) By whose authority did he leave his Command? ———————————————————————————————————— | ou ly |
| and how came him there? Mile Market Description of the leave his Command? (Give date.) By whose authority did he leave his Command? ———————————————————————————————————— | ou ly |
| When, where and for what cause did he leave his Command? When, where and for what cause did he leave his Command? By whose authority did he leave his Command? How do ye know all that you have stated to be true? If of your own knowledge, state clearly and specifical 18. In what way, if you know of your own knowledge, was he prevented from returning to h Command? (State clearly and specifically.) 14. What effort did he make to return to his Command and how do you know this? | ou ly |
| and how came him there? Miles Music Act of Manager | ou ly |
| and how came him there? Manual and how hong was he granted leave? How do yu know all that you have stated to be true? If of your own knowledge, state clearly and specifical and how long was he granted leave? 13. In what way, if you know of your own knowledge, was he prevented from returning to he command? (State clearly and specifically.) 14. What effort did he make to return to his Command and how do you know this? 15. Was applicant captured as a prisoner? And If so, when and where? | ou ly is |
| and how came him there? Miles Music Act of Manager | ou ly is |
| and how came him there? Miles and how consended here. 12. When, where and for what cause did be leave his Command? (Give date.) By whose authority did he leave his Command? and how long was he granted leave? How do yu know all that you have stated to be true? If of your own knowledge, state clearly and specifical is. In what way, if you know of your own knowledge, was he prevented from returning to h Command? (State clearly and specifically.) 14. What effort did he make to return to his Command and how do you know this? 15. Was applicant captured as a prisoner? in what prison was he held? and when released? | ou ly is |
| and how came him there? When, where and for what cause did be leave his Command? (Give date.) By whose anthority did he leave his Command? (Give date.) By whose anthority did he leave his Command? ———————————————————————————————————— | ou ly is |
| and how came him there? When, where and for what cause did be leave his Command? (Give date.) By whose anthority did he leave his Command? (Give date.) By whose anthority did he leave his Command? ———————————————————————————————————— | ou ly is |
| and how came him there? Manual 12. When, where and for what cause did be leave his Command? (Give date.) 12. When, where and for what cause did be leave his Command? (Give date.) 13. When, where and for what cause did be leave his Command? 14. When wall that you have stated to be true? If of your own knowledge, state clearly and specifical 13. In what way, if you know of your own knowledge, was he prevented from returning to h Command? (State clearly and specifically.) 14. What effort did he make to return to his Command and how do you know this? 15. Was applicant captured as a prisoner? And if so, when and where? In what prison was he held? 16. Was applicant captured as a prisoner? And if so, when and where? In what prison was he held? 17. When released? 18. When and where? In what prison was he held? 19. When and subscribed before me, this the year of the prison was held? 19. Year of the prison was held? | ou ly is |
| and how came him there? When, where and for what cause did be leave his Command? (Give date.) By whose anthority did he leave his Command? (Give date.) By whose anthority did he leave his Command? ———————————————————————————————————— | ou ly is |
| and how came him there? Manual 12. When, where and for what cause did be leave his Command? (Give date.) 12. When, where and for what cause did be leave his Command? (Give date.) 13. When, where and for what cause did be leave his Command? 14. When wall that you have stated to be true? If of your own knowledge, state clearly and specifical 13. In what way, if you know of your own knowledge, was he prevented from returning to h Command? (State clearly and specifically.) 14. What effort did he make to return to his Command and how do you know this? 15. Was applicant captured as a prisoner? And if so, when and where? In what prison was he held? 16. Was applicant captured as a prisoner? And if so, when and where? In what prison was he held? 17. When released? 18. When and where? In what prison was he held? 19. When and subscribed before me, this the year of the prison was held? 19. Year of the prison was held? | ou ly is |

March 4th, 1925

Bartow County,

DISAP ROWED, for lack of etatement and proof of six months of actual military service, as required, and law giving pension where six months service ended by War not applicable to State Militia of other States.

N. H. BRITIS.

STATE OF SOUTH CAROLINA. HONOR ROLL County of ... TO THE COUNTY PENSION BOARD: The undersigned applies for enrollment under the Act of 1919. I enlisted in Company. Regiment of.... .Battalion of..... Captain...day of18and served in that command until the...... .18...... I was discharged from the service at.... 18.....and was at that time a member of Company......day of ... Regiment ofBattalion of......My income and my wife's from all sources is not in excess of \$..... The valuation of all my and my wife's property does not exceed \$..... I was born on the.... I reside at County, S. C. I did not desert the service of this State nor of the Confederate States. While in such service I received bodily injury. (State nature of wounds and other disabilities, giving condition of present health) I have been on the pension roll of South Carolina in Class...... sion roll of any other State, nor of the United States. I am not on the pen-Sworn to and Subscribed before me this. (Give full Christian name.) Probate Judge STATE OF SOUTH CAROLINA. County of Spartauling and that he rendered services as therein stated; that he has resided in this State... Company a Regiment 4, A C ICIAL INFORMATION FROM THIS OR ANY OTHER STATE. .. Probate Judge of .. County of South Carolina, submit the following evidence from official sources as to services rendered To all of which I hereby certify: Witness my hand and seal thisday of.....

Probate Judge of.....

....County-

No. Se IMPEADO Company a Regiment 426 COMISSIONER OF PERSIONS. L It Rearsen Company A Regiment 426 OFFICIAL INFORMATION FROM THIS OR ANY OTHER STATE. ...Probate Judge of County of South Carolina, submit the following evidence from official sources as to services rendered by the applicant To all of which I hereby certify: Witness my hand and seal this......day of...... Probate Judge of .. R. BURTON HICKS JUDGE OF THE PROBATE COURT SPARTANBURG, S. C. April 1st, 1924. Mr. F. B. Castleberry, Woodruff, S. C. Dear Sir:

....County

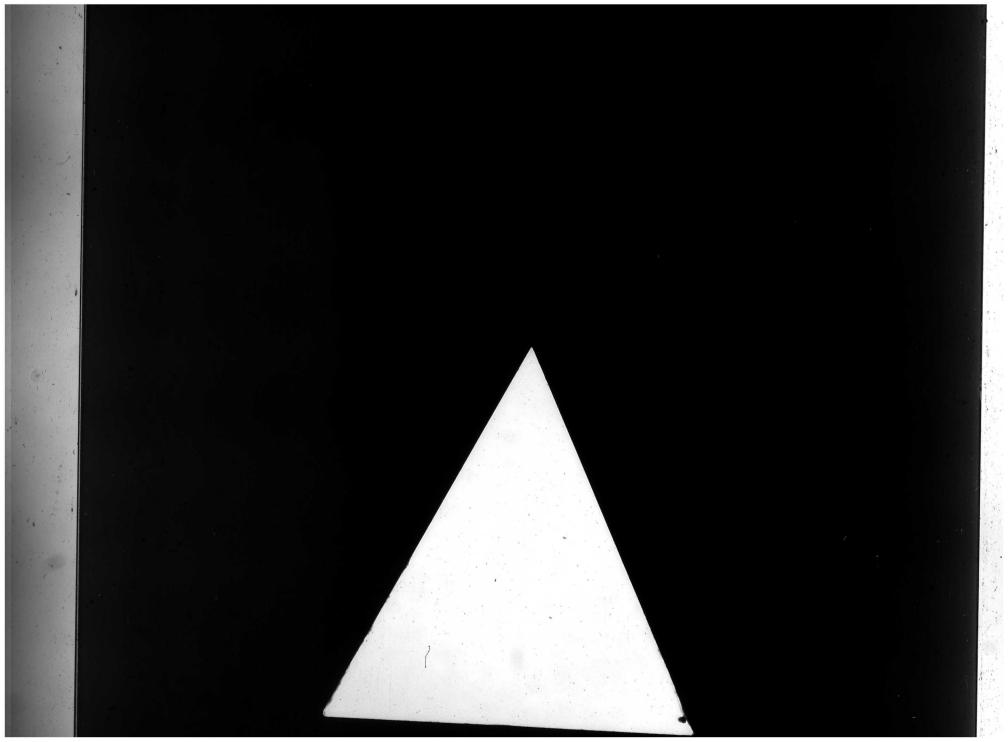
I am herewith enclosing pension blank, as requested in your letter of March 27th. It will be necessary to have the entire papers filled out and have the two witnesses swear to their statements before a Notary Public, and Mr. Lowevill have to swear to his signature before a Notary Public. Then if it is returned to me I can certify that he would be entitled to a pension if he were living in this State.

/I hope you all are getting along better. Sorry to learn of Aunt Ellens misfortune.

Yours respectfully,

Muton Hick Judge, Probate Court.

RBH: BMS



| Lawry E. S. | | | · · · | |
|---|---|---------------|------------------|---------------------------|
| INDIGENT PENSION. | | | | to receive and |
| 190_ | | 91 | d in presence of | Witness my hand and seal |
| Name E. J. Luryry County Parton Co. H. Ga. Batage. Approved | | OBSTREET, ST. | | naion allowed and request |
| JOHN W. LINDSEY, Commissioner of Penelons. | | | | that he remit same |
| WARRANT HANDED TO | | | | Eug Sh |
| Ordinary will write name of Applicant, Company and Regiment on back as indicated above. | 7 | | 10 | 1/4 |
| realtin Printing and Publishing Co., Geo. W. Harrison, Mgr., Alkalis, Georgia, | | 場が下 | F. 8.3 | |

POWER OF ATTORNEY.

STATE OF GEORGIA,

STATE OF GEORGIA,

STATE OF GEORGIA,

POUNTY.

POUNTY.

Lordy berely subjected

GLOVAL Commenced of Bartinodiulli Commenced.

POWER OF ATTORNEY.

| STATE OF GEORGIA, | | | 74,772 | 12 |
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| Derton con | NTY. | | | |
| 2 9 1 | | | | |
| (D) 1. 00 | roxy | 1 | - | hereby authorize |
| SWA worz | CHU | of D | whiske | elle Gw |
| | | | | |
| to receive and receipt for the pension allowed | | | | ig _ |
| at | hist | ulle b | y co | - |
| Witness my hand and seal, this | -41 | day of | Clug- | 1906 |
| A second | 01 | 0 | 1 | |
| | 41 | Sour | ry | [L, 8.] |
| . Executed in presence of | | | 0 | |
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| f: 1,000 to 100 | | | | |
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| and the second | | | The state | |
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| | | . 2 | | |
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| | | | The same parties | |
| | | | | |
| | | | | |
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INDIGENT PENSION.

190

Name E. Francy
County Belands
Approved
JOHN W. LINDSEY,
Constitution of Indian, Company
and Magmenton have a indicated above.

WARRANT HANDED TO

WARRANT HANDED TO

Freshin Finding and a distingting of lineary str.

Freshin Finding and Administration of the control o

OUESTIONS FOR APPLICANT.

| · OI | THE OF GEORGIA |
|------------|--|
| 8 | Carlow County. |
| | |
| to | avail hitmedf of the Penden Act (Section 1224, Code) hereby submits his proofs, and after being duly sworn a mirror to make to the following questions, deposes off answers as follows: "What is your nappes and where do you registed." (Give, State, County and Postoffice.) |
| 1 | What is your name and where do you reside? (Give, State, County and Postoffice.) |
| 2. | How long and since when have you been a resident of this Stope? Have lived |
| - | in ta, all my lifty |
| 3. | |
| 4. | When and where and in what company and regiment did you enlist or serve? This Start |
| | ya. Bottallin of Artillery. |
| 5. | How long did you remain in such company and regiment? Will the Durant Ope. 1863 |
| - | |
| 6. | When and where was your company and regiment surrendered and discharged? April 915, |
| _ | 1866. And conactory viv- |
| _ | |
| 7. | |
| | by whose authority? |
| _ | |
| 9. | How much can you earn (gross) per annum by your own exertions or labor? Dear Little moreel |
| 10. | What has been your occupation since 1865? My Deposition for pension, viz: first, "age and poverty," |
| вес | and, "infirmity and poverty," or third, "blindness and poverty"? Washingthe Dige & forcer |
| 12. sup | If upon the first ground, state how long you have been in such conflition that you could not earn you port? If upon the second, give a full, and complete history of the infirmity and its extent? If upon the third, |
| stat | symbether you are totally blind and when and where you lost your sight I have been |
| X | aline and growing weak for lin years. I have |
| il | an not oble to work and mole a drip for |
| 13. | What property, roal and personal, or income, do you possess, and its gross value? |
| 14. | What property real or personal did you possess in 1901 1902 1902 1905 and about the state of the |
| | What property, real or personal, did you possess in 1901, 1902, 1903, 194 and 1905, and what disposition, iny, by sale or gift, have you made of same? I have not turned any |
| | oxory Amee the way not even a horse |
| 15. | In what County did you reside during those years, and what property did you then return for taxation? |
| - | Darlow |
| 16. | How were you supported during the years 1901, 1902, 1903, 1904 and 1905 the way the Court to a support of the form |
| 17. | How much did your apport cost for each of those years, and what portion did you contribute thereto by your |
| 18. | What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? A CAPPA |
| 0 | and my three little Children have lived to other and made a little Have you wismily? It so, who composes such family? Give their means of support. Have they a home- |
| 19. | d, or other property? Their aggs and how employed? They self and three Little Children. |
| Th | eir labor - No himslead or wither property, 1 Girl 17 org |
| 6 | of 15 and me 18 years, they work in Ty forms |
| 20. | Are you receiving any pension? If so, what amount and for what disability? |
| 21. | Have you ever made an application for pension before? |
| 22. | How many applications have you ever made and under what class? |
| - | Sworn to and subscribed before me this the |
| 9 | 11. Que 18 your howers |
| | Applicant. |
| | of Bartow County. |

AFFIDAVIT OF PHYSICIANS.

| STATE OF GEORGIA, | | TO STAINED | |
|--|------------------------|-----------------------|-----------------------------------|
| Carlow | COUNTY. | - | AMINOS NOS |
| Personelly came before me | - XI (5) | 2 | |
| W b. Ent | | | 7 |
| of said County, was, being severally swo | Say on oath that | , both kno | wn to me as reputable physician |
| 7 1 | ii, say on oath that i | they have examined | carefully |
| L' DOLLY | | | er Section 1254, Code, and after |
| such personal examination say that a pr | ecise physical condi- | tion is as follows: | |
| Thyrial de | sotilil | the in | worm out |
| frank hard wo | ma ail | a entir | in it. |
| Rest and A | Mina | and | of heating |
| Tend: 1 account | .7, | . 7 7 | , rungs |
| way were | nou yo | my co a | ed at hours, |
| | | 000 | 90 |
| and that we have no interest in said pension. Sworn to and subscribed before me | | #15 | Mene |
| 914 | . / | me gry | fin |
| give day of cong | 190 Ordin | |)4 |
| The state of the s | Ordin | nary. | 1.8.3 |
| PIDIN | ARY'S CE | PTIEICAT | 70 |
| | ICI S CE | KIIICA | D. |
| STATE OF GEORGIA, |) | * 0. | |
| warter . | COUNTY. | | |
| 1 ywaling | nuko | Ordinary to an | d for said County, hereby certify |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | enary M | | |
| that the applicant O | 1 | . 0 | resides in said County, and has |
| (h) | the S | Larger & | 189 |
| and that the witnesses viz. | 2. S. Je | ok, X | 75, hene |
| VI C - chiffin | etal | | |
| are of trustworthy character, and that their | | | |
| I further certify that before answer | ing the foregoing qu | nestions the applican | t and each witness took the oath |
| hereon prescribed, and that the full text of | he affidavits was read | to the applicant and | l witness before same was signed. |
| I further certify that the tax digest | of Dar | low | County shows that applicant |
| eturned for taxation in his name in 1901. | / | | Dollars of |
| property, and in 1902 | / | / | Dollars of property; in 1903 |
| | | | |
| . / | | / | _Dollars of property; in 1904 |
| / | | / | Dollars of property; in 1905 |
| | | • | Dollars of property. |
| In my opinion the foregoing claim is | | made in | good faith. |
| Witness my hand and seal of office, t | his 1913. | day of | in_ 1906 |
| | Lux | Lein | ordinary. |
| 73152 | AND THE | B | 1 |
| | MOTE. | or war | County. |
| 1. Before any questions are answered | the Ordinary shall | swear applicant and | the witnesses in the following |

1. Refore any questions are answered, the Ordinary shall swear applicant and the wilnesses in the following the words: "You shall true answers make to seen of the questions asked of you, and the evidence you shall give will the whole truth, so help you Goad, be attached if blank spaces are insufficient.

2. Additional addavits may be attached if blank spaces are insufficient.

3. In every case the ordinary must certify to the character of the wilness, and as to the execution of the process.

POWER OF ATTORNEY.

STATE OF GEORGIA;

| Gwith | E. J. J. | of L | Barlis | sul | hereby authorize |
|--|----------------------------|-------------------------------------|----------------|--|-------------------|
| to receive and | receipt for the | | Danter | quest that I | be remit same to |
| | my hand and sea | | ES So | of Jan | 1907. [L. S.] |
| Married State (Married State (Marrie | | The same of the same of the same of | | | |
| | T. | | | | |
| Dargin Cury Cons Bector 1844 (FOR THOSE ALREADY EMPOLLED) NO. 3656 | INDICENT JIER'S PENSION | Gardon & | Regiment of 49 | JOHN W. LINDSEY, Commissioner of Pensions. | WARRANT KANDED TO |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| Personally appears E. J. Ocory of Dorlors Personally appears E. J. Ocory of Dorlors onney, State of Georgia, who, leing duly sworn, says on oath that he is a bona fide cit d resident of said County and State, and has resided in said State continuously oce the 22 day of see 1836; that he is by years it by occupation a continuously of the military service of the C erate States (or of the State of) during the war between the said served for the term of 3 years in Company 3 of 7 the property it has been served for the term of 3 years in Company 3 of 7 the property grand during the war between the said served for the term of 3 years in Company 3 of 7 the property the this property consists of the following items: Dollars Per month. That by reason of sical condition and poverty he is unable to support himself by his own exertion or, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15 4, and the Acts amendatory thereof, and makes application for the pension to which |
|---|
| ce the 2 day of 1836; that he is a bona fide cit desident of said County and State, and has resided in said State continuously ce the 2 day of 1836; that he is 8 years is by occupation af armore that he enlisted in the military service of the Cerate States (or of the State of) during the war between the said erved for the term of 3 years in Company 3, of 9 the states, and erved for the term of 3 years in Company 3, of 9 the states, and erved for the term of 3 years in Company 3, of 9 the states of 1836; that his physical condition is given by the said condition of 1836; the said condition of 1836; the said condition and poverty he is unable to support himself by his own exertion or, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15 |
| ce the 2 day of 1836; that he is a bona fide cit desident of said County and State, and has resided in said State continuously ce the 2 day of 1836; that he is 8 years is by occupation af armore that he enlisted in the military service of the Cerate States (or of the State of) during the war between the said erved for the term of 3 years in Company 3, of 9 the states, and erved for the term of 3 years in Company 3, of 9 the states, and erved for the term of 3 years in Company 3, of 9 the states of 1836; that his physical condition is given by the said condition of 1836; the said condition of 1836; the said condition and poverty he is unable to support himself by his own exertion or, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15 |
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| this property consists of the following items: the value of Dollars. I am now earns Dollars. I am now earns Dollars per month. That by reason of r, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15 |
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| my labor, Dollars per month. That by reason of sical condition and poverty he is unable to support himself by his own exertion or, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15 |
| my labor, Dollars per month. That by reason of sical condition and poverty he is unable to support himself by his own exertion or, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15 |
| sical condition and poverty he is unable to support himself by his own exertion or, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15 |
| ntitled for the year 1907. I have heretofore, as a resident of Darkow |
| nty, been allowed a pension for the year 1906 |
| Sworn to and subscribed before me, this the |
| 7 day of 1907. |
| Junewoll _Ordinary. |
| tate of Georgia, |
| |
| Home County.) |
| I, JUNIMANCE Ordinary of said Coun |
| ertify that I am well acquainted with E. J. Lowy |
| applicant in the foregoing affidavit, and am well satisfied that the statements ma |
| im in his said affidavit are true, and I know he is the individual he represents hims |
| e, and that he resides in this County. |
| Given under my official signature and seal this// |
| day of 1907 |
| Jw Hindricks |
| Ordinary Barton County. |
| Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1907. |

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. the resides in this County.

Given under my official signature and seal this 1/4,

day of 1907

From Hand Vector

Ordinary Barton County. Amx your seal here Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January let, 1907.

on for 1918 Carlato as Widow's Application To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910. County Barting
Name Mrs. M. J. Luke
Wildow of W. J. Luke J. W. LINDSEY,

Widow's Application To Be Put on Red in Her Own Right Whom Himband Was on the Indigent Red or Put on Under Act of July 11, 1910. County Barry A. Land Widow of H. J. Land Widow of H. J. Land Widow of H. J. Land Company Approved 1. W. LINDSEY, Commissions of Fusion. CIAA P. FIFED. Bass Printer, Admin.

WIDOW'S AFFIDAVIT.

| STATE OF GEORGIA, | |
|--|---------------------|
| County. | |
| | |
| Personally before me comes. 1990. M | |
| who, after being duly sworn, on oath says, that she is the widow of the was married on the | to whom |
| lay of 186/and that she remained his wife, and resided with him to the date of | .V.U.5. |
| 19.14 and that she has not since his death remarried. At the time of | his death |
| e was a resident of County, in Alexand Gaid State of Georgi | his death . |
| as on the Pension Roll of the State and paid a pension of | , and he |
| County for 19/4 per annum, on account of being a soldier in | Company |
| Regiment (Volunteers of State Mil | itia.) |
| Regular Compy you as army (Volunteers of State Mil | |
| At the death off he was in the use and possession of the | following |
| operty the whasterer of any kind a coa | lud |
| the cash value of \$ | |
| What property of any kind and of any value have you in your use, control and possession | now, and |
| e cash value, (State fully.) | |
| Your Horses and Mules. | |
| Avve Hogs, Cows, etc. | |
| None Total Cash value of all property | |
| That she is now a bona fide resident citizen of said County of Daylow | and she |
| a so continuously resided sinceday of Duc 1876 | / |
| Sworn to and subscribed before me, this the | 180 |
| Joseph 1914 | · · |
| Guplicks Ordinary, | |
| of County. | |
| | |
| ffidavit of Witnesses to Prove Marriage and to Whom-Do | |
| | ite of |
| Death of Husband. | |
| TATE OF GEORGIA, | |
| County. | |
| Personally before me come Hi lo working known to be res | |
| truthful persons, residing in said County who after having duly sworn on oath, say: that | onsible of their |
| personal knowledge Mrs | lavit is |
| lawful widow of the first the who died in | |
| State of Jan on 5 day of Office 1914 and the | hat she |
| State of the state | day 1/0 |
| and that she and he had resided together as man and file continuously since. | 7-1 |
| and that the N. J. Audie was the man plo was on the pension roll of said State. from Baylow Cou | |
| e man the was on the pension roll of said State | nty |
| full when he died. | |
| Sworn to and subscribed before me, this the | 20 |
| day of 1914 1914 | |
| WWW. Ordinary, | |
| of County. | |

| TERMS CASH | | RD-CONNALL ERAL DIRECTOR 718 CHERRY ST. | RS | PHONES 1627-1628 |
|--|---|---|----------------------------------|--|
| , who | Casket Subalming Hire of hearse Grave in Rose sabove and fore, the funeral existed and suballing this bill. | Hill cometery | Mary J. Luk nt property | \$125.00 25.00 10.00 40.00 \$200.00 |
| bar | ors no this 19th July, 1932 Notary Commiss | ined | | |
| ATE OF GEORGIA | A. County of Ban | lertificate | | |
| IN RE: | Expenses last illness that from an examin, it is ascertained that | and funeral hu | Mary J. Les in my office, and | Ke/ I from personal |
| | de of the State of George | alue, sufficient to p | ay these expense | 8. |
| 1. Died insie | | enso | . 1 | |
| 1. Died inside 2. Left no control of the first | day of Mug | R.M. | yanu | , Ordinary |

BURGHARD-COMMALLY OD MPANY, FUNERAL DIRECTORS.
BY Rt Cormaly Orender

This March 29, 1935.

| . AFFIDAVITS OF TWO FREEHOLDERS. |
|--|
| STATE OF GEORGIA, County. |
| Personally before me comes A WILL Mary Ques WIThou after poing swyn on oath says, that they are freeholders of said County, and that they know WITH the company was a supplied to the company of the comp |
| eaid County and knew her said husband |
| property at his death to wite be there of them had any |
| of the value of \$. That spe is now in shorase, possession and entrol of the following property to wit: . The spe is now in shorase. |
| of the value of \$ |
| 28 worn to and subscribed before me, this the day of Matherite |
| of Bartery County. |
| ORDINARY'S CERTIFICATE. |
| STATE OF GEORGIA, County. |
| I Ordinary of said County, do certify, that, I know Mrs. M. 1 County to be person and that she is the person |
| she represents herself to be, and that she is a bona fide continuing resident of said County and was on the |
| That I also know |
| who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit. |
| That the tax Books of MANUTY County shows that And returned property to the amount of 1910 \$ 100 |
| Sworn under my hand and official weal of office this 2 1 day of 101 (SEAL) |
| County. |
| NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words "You do solomnly swear that you will true nanwers make to each of the questions asked you and the evidence distinct a swear that you will true nanwers make to each of the questions asked you and the evidence distinct a swear that the swear true of the evidence of the control of the evidence of t |
| general reputation. |

Application for Pension Due to a Deceased Pensioner (To Be Paid to the Ordinary for Expenses of Funeral and Last Illness) (Under Act Approved August 15, 1904)

GEORGIA,

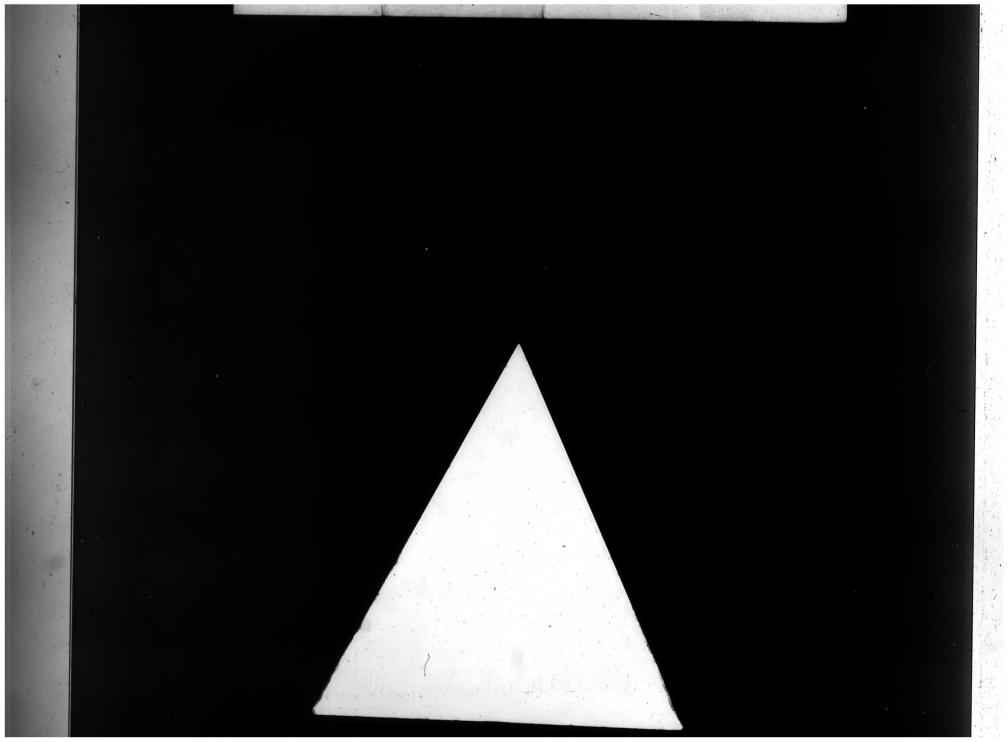
| Personally before me, the Ordinary | of said County, comes |
|--|---|
| 27n duce | of sand County, who, after being sworn, on oat |
| says that he knew Mo Many | Aure. |
| was on the Pension Roll of said County | at the time of death, which occurred in |
| County, in this State, on the 14 | day of July 1932 |
| and that pensioner left as widow enryiving | no estate of any value sufficient to pay these funera |
| expenses, which amounted to the sum of | \$200, per sworn statements fully and completely |
| ITEMIZED hereto attached. | per sworn statements fully and completely |
| | |
| Sworn to and subscribed before me, | |
| Matty & Theres Ordina | ry my O C |
| Bull Count | , Juke |
| (Seal of Ordinary) | |
| or or ordinary) |) |
| , \ | |
| CEDTURE | |
| CERTIFICA | TE OF ORDINARY |
| GEORGIA, Barlow | County. |
| - Om le: | |
| hat I personally know | Ordinary of said County, do certify |
| K II | uke, who is a resident |
| County, and that said person | is of truthful and trustworthy character, entitled to full |
| aith and credit; that I also knew | Many Lucke while in life and that this was |
| he same person whose name appears on the | Pension Roll of Barton Come |
| vas paid a Pension of thirty | (\$50 °C) Dollare |
| a said County for 19.32, and I now belie | eve said pensioner to be dead; and that the instructions |
| t the foot of this voucher have been carefu | lly observed in making up this voucher and the bills |
| which are attached hereto. | in mixing up this voucher and the bills |
| Given under my hand and official seal, | ni 2/11 - Ola |
| (Seal of Ordinary) | this 3 1922 |
| (sem of Ordinary) | Ordinary Ordinary |
| | County |
| The second second second | NSTRUCTIONS |
| | |
| 2nd. Each account want be | ness and funeral, to make out their accounts in fully itemized form, |
| 2nd. Each account must be sworn to before the | e Ordinary, and in the following form: |
| | or services in the last illness (or funeral expenses, as the case may the died without owning sufficient property to pay this bill. |
| 3rd. The Ordinary must see to it that each bill d all attached neatly to this blank after the bill | is perfectly legitimate in every respect, and properly sworn to, has been properly completed as indicated. |
| 4th. The completed voucher—this blank and th | has been properly completed as indicated. |
| money must be paid out until it is returned to you bth. Return this application and attached by | e bills—must be sent to the Pension Department for approval and as your authority to make the payment. |
| 6th. Ordinary should see that the back of this | Properly receipted, to the Pension Density |
| The same the pack of this | plank, when folded, is filled out. |
| | |

INSTRUCTIONS 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date. 2nd. Each account must be sworn to before the Ordinary, and in the following form: "The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may ., who died without owning sufficient property to pay this bill. 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated. 4th. The completed voucher—this blank and the bills—must be sent to the Pelision Department for approval and no money must be paid out until it is returned to you as your authority to make the payment. 5th. Return this application, and attached bills, properly receipted, to the Pension Department. 6th. Ordinary should see that the back of this blank, when folded, is filled out. 4 Suhe, M. J. (May) 25 Bartow County 1932 Application for Pension \$ 127 **Due Deceased Pensioner** Cig. & C. Tax.\$ (UNDER ACT 1904)
(To pay expenses of last illness and funeral) Approved and ordered paid PAID TO ORDINARY ON THIS CLAIM: FUND FROM WHICH PAID 193.0 TOTAL. 1/27 00 Cartersville In

TO PAY-

TOTAL

1930.



POWER OF ATTORNEY, """

STATE OF GEORGIA.

g my said attorney to receipt in my nan or for any sum of money which may be me and in my name, to receive and receipt for whatever, to from the State of Georgia as a widow of a Confederate liffidavit; hereby authorizing my said automey to receipt in e issued by the Governor, or for any sum of money which.

WIINESS WHEREOF, I Phave her

Ore Hendricks Woon

If allowed, send amo

No. 3885.

Widows' Pension

\$200.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY FORM

| County | y, in said S | by these | Presents, T | ot 13 | obeth Lumps | Lum | plin |
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| me and to from affidav be issu aforesa | it; hereby a ed by the C id. | me, to rece of Georgia authorizing overnor, o | ive and re a as a wido my said at r for any sa | eceipt for what ow of a Confec- itorney to receipt um of money v | my true and lever amount of lerate Soldier, as ipt in my name f which may be con | awful attorney money I may s stated in the or any Warra ning to me for | be entitled . foregoing that may the reason |
| | 18 | 253 , 112 | day of | april 1 | reunto set my | hand and | seal, this |
| des | in 90 | lewi | 3 00 dr | nory | | | |
| If me at | allowed, se | nd amount | by | | , and oblige, | | (to |
| | | - | | AND RELIGIOUS PROTECTION AND PARTY. | | 1 | 0.0 |
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| 1000 4000 | 4 | Var | | 1 2 | 3 | छ | 2 2 3 |
| Gen. W. J | - | BJ. | 0 | 3 8 | A S | 000 | 5 m3 3 |
| Geo. W. Harrison, S | AH DH | 7 | | | | 1 11 | |
| Geo. W. Harrison, State Printed | AND HANDED TO | Varrant Issued | 9.1 | 1 | | 100 | O E |

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

| 2001년에 발매하다 내가 이렇게 보는 것이 있는데 이렇게 되는데 하는데 하면 보다는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하 |
|---|
| STATE OF GEORGIA. |
| In person came before me, the undersigned Ordinary |
| County of Barlow in and for the County of Barlow |
| Mrs. Elizoleth dunfkini , who being sworn according to law, says under |
| oath that she is the widow of Denny M. Limpkin , who was a soldier in |
| the service of the Confederate States, and served as a member of Company , of the |
| |
| Salabation of Ga Volunteers; that he enlisted in said |
| service on or about the day of fully 186/, and was in the |
| Army up to may 1865. That while in the |
| Army, he was on the day of 186 (See Note No. 1) |
| Contracted a disease of the bowels which |
| gradually became worse till he was very sick |
| and feeble and weak, and his eliseare became |
| Chronic and incurable, and he look on com |
| dumplion with it and was never well |
| ofter he came home from the war and for |
| Sometime before he got home. Le was a . |
| healthy man before he enlisted in the war |
| and he health was ringed for acres |
| Exposine in the army; and his diath was |
| the result of the jobr Exforme, He died |
| near Cortisville So. April 26- 1868 of said |
| disease oll of which was the result of soldier |
| file of which was in result of soldier |
| life in the confederate services |
| Deponent further swears that she was the wife of said deceased soldier during his term of service in |
| the Army, and that she has never married since his death; that she became his wife on the th |
| day of Deeby , and that she has resided in Georgia continuously since the |
| day of 1854; that Georgia is her home, and was such |
| on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. |
| Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of |
| the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February |
| 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act. |
| Sworn to and subscribed before me, this, the |
| day of April 1891. Sigalitt Lumphin |
| Colo Gudick |
| Ordinary, |

NOTE: State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is Another positively to have resulted from the service of the soldier in the Army and not from any other cause.

STATE OF GEORGIA.

Rounty of Bartry in and for said Count of Jerry in and for said Count of the form P. Lewis (each known to

In person came before me, the undersigned Ordinary in and for said County, witnesses 02 2

each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personid knowledge, State of Georgian the widow of Henry Mr. Cumpline , who was a soldier in

92- of the 8 Bartallaine Ga That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of July 186/ That while in said service, or by reason of said service in the Army, he lost his life as follows: Julin P. dewis Sayo

on ooth dinny m. Sungkin was in the sensie with him. that he had the Chimic Diarshoea, was sent to hispites of Cossville Borton Co Son offer Spring 1864; Shortly of les that ligne he was relies from the acting somice in account of

his health and was placed in the Board of Count morshall in Ashville N.G. where he staid till the summeden Surfer benable and R. L. Rogers Day on oath

That Herry m dimplion was in the service as obour stated, and that, he contracted and had the Dearhoea till it became Chronic and incurable

and he also from Exposine Contracted Corsnother war that he was sick when he come

home from the dring, that he was never well Ofter he gotherne, That the Chronic Deorsha and consumption were the direces he contracted

in the service; and which continued to get worse until the 26 day of April 1868 when he died of said disease. Wear learless will singlo

We further swear that Mrs. Eliz Obeth lumphin was the wife of said Bantow County of the State of Georgia.

Sworn to and subscribed before me, this, the day of hil 1891.

Oth Pianer

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

STATE OF GEORGIA.

1. GSV Sendricko Ordinar

County of Barbor in and for said County of Barlow

State of Georgia, hereby certify that I am acquainted with Mrs. Elizabeth Lumpkin the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am Jully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have bereunto set my hand and affixed the seal of my office, this, the day of This 1891.

law Hendricks

The pension is only payable to certain classes of widows

Those whose husbands were killed in service.

Those whose husbands died in the army of wounds or disease contracted in the service,

Those whose husbands went to the army and have never been heard from since the war.

Those whose husbands were wounded in the army and have, since died from the direct effects of the wounds.

Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death.

No widow is entitled unless she was the wife of the soldier during the war, and has never

The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act,

The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death

Widows who have married since the service of their husbands in the army are not entitled

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish /nll and specific instructions, and give ample opportunity to every claimant.

If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary and testify. The attestation of a Justice of the Peace or Notary will not answer,

Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.

Fill out the "directions" below Power of Attorney, so that your Agent will know where and how to send the money.

By order of the Governor.

W. H. HARRISON,

Sec. Ex. Department.

| State of G | pordia ? | , Kumpt | Vitnesses. | |
|-----------------------|-------------------------|------------------------|------------------------|---|
| | ~ | In person can | ne before me, the unde | ersigned Ordinary |
| County of | of loyd | in and for said | County, witness | |
| | us on n | right | × | a |
| reliable and reputabl | e citizena), who same | | wn to said Attesting C | |
| Mrs. Elizabet | horumplain | of the Cou | nty of Barton | u . |
| State of Georgia, is | the widow of Han | ry ho Lu | upstin , who | o was a soldier in |
| Company. A | of the 8th | 13 averdefineracy | ya. | -Volunteers. |
| | | | es (or the Georgia Sta | |
| about the | day of | 186 | That while in se | aid service, or by |
| | | | Houry Su | , , |
| tin outer | ed the Co | refederate | service. | in 1861 |
| a health | y man - 6 | that wh | ile in sai | id sur- |
| rice and | by reason | e of the | exposure | and . |
| the hard | this ine | ident + | 5 said | service. |
| he contr | vetid de | inique o | o the box | vily |
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| in 1868 - | In 1864 | he was . | sent to | the |
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| leau th | e hospite | el, hewa | a nevir | again |
| able for | survice 1 | in the arm | z. The sam | egausx |
| broduced C | mountain | - his healt | a bring the | y brotem. |
| ion of hall | to to date of | his death | the died in | wer will |
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| he was a h | althy man | - 9 Knew he | an when her | eltered the ser |
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| f his death | of Contract | hisitation in | saying that c | Henry Lungto |
| of grillowner swe | ar that Mrs. Eline | butt duni | Kin Wa | years when and with he was and with he was the from he wife of sald |
| soldier during the se | rvice, and that she ha | s not intermarried si | nce his death, and th | nat she resides in |
| Bartow | | of the State of Geo | rgia. | |
| Sworn to and s | abscribed before me, ti | his, the) | . 220 | 1.1 |

Saditional -

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

STATE OF GEORGIA, County of Bactors Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs.

Chipolath Lumphin the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Henry M. Lumpkini deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the day of Jacob 1893.

Ordinary. Form No. 3 POWER OF ATTORNEY. STATE OF GEORGIA, Bantowo County, KNOW ALL MEN BY THESE PRESENTS, That I, Olygolith deiniphlical of Barboro County, in said State, do hereby appoint AM, Houle of Daniel Mills Mills of my true and lawful attorney in fact of the my true attorney in fa 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 as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 77 1893 Elizabeth Gumphine [1.8] Executed in the presence of the Control of the Cont and oblige

Warrant Issued

Vidows' Pension

1893.

For Widows' Heretofore Allowed Pensions.

| STATE OF GEORGIA, | Dersonally comes Mrs. |
|---|--|
| County of Sastoro | lizabeth Lumplin |
| who being sworn, says on oath, that she is a bona fide | resident of said County of |
| Callow State of Georgia, a | and that she has resided in said State |
| continuously ever since leis the bee 36, | |
| Dury M. Simpkin | who was a Soldier in Company |
| Volunteers, that he enlisted in said Regiment on or about the | |
| 186/ and served in the Army up to Close of U | That he lost his |
| life on the 26 day of Opril | |
| full particulars of the husband's death, when, where and for | com what cause) (A. |
| Chronic and he cels from & | my which became |
| dervice Contracted Corns | seption It which |
| he died in this County Opril | 2612 1868 |
| | erant assert that the |
| | and the state of t |
| | |
| | representative and an extraordinative and a second as the behavior and an extraordinate and a second and a se |
| Deponent swears that she was the wife of said deceased sold | ier during his service in the army |
| as a soldier, and that she has never married since his death a | |
| in the year 185 $\mathcal U$; that Georgia is her home and she resided | in this State 23d day of December. |
| 1890, and has not lived in any other State or locality since | that date. I have been allowed a |
| pension for the year ending February 15th, 1892, and now ap | |

· Elizabeth Lumpkin

law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this-

PENSIO

1895

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Barbon who being sworn, says on oath, that she is a bona fide resident of said County of Barbon State of Georgia, and that she has resided in said State continuously ever since Hell 1854 That she is the Widow of Nemy M. Lumpklin Bot who was a Soldier in Company A of the St. Regiment of 12 Volunteers, that he enlisted in said Regiment on or about the month of Aug 1861 and served in the Army up to April 1865. That he lost his life on the LL day of April 1865 (State here full particulars of the husband's death, when, where and from what cause.) (He will particular to the husband's death, when, where and from what cause) (He Othis home of Construction brought to by Superinc Which in the Servete

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year $n8 \, \widehat{J} \widehat{U}$; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

| Sworn to and subscribed before me, this. | Cr 1 # 6 1. |
|---|--------------------|
| Sworn to and subscribed before me, this day of Jany 1894. | Olozabello Fumpken |
| GWNERAUCE Ordinary. | Post-office |

For Widows' Heretofore Allowed Pensions.

| STATE OF GEORGIA | |
|--|--|
| County of Bartow | - Olizabeth Sumpke |
| | he is a bona fide resident of said county of |
| Danter d Sta | te of Georgia, and that she has resided in said State |
| continuously ever since | 26 183/ That she is the Widow of |
| | pkin who was a Soldier in Company |
| | egiment on or about the month of Aug |
| 186 and served in the Army up to | Luminder 186 5 That he lost his |
| | ay of April 1868 (State here |
| full particulars of the husband's death, | when, where and from what cause.) (De |
| died of Consus | replion from Exprous |
| while in the der | wiftin from Exprom |
| Boslow Can | My & o. april 26- |
| 1868 | |
| | · · · · · · · · · · · · · · · · · · · |
| The state of the s | The state of the s |
| | |
| | - |
| | e of said deceased soldier, during his service in the |

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 10. that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

| Sworn to and subscribed before me, this | Elizabeth Gemphin |
|---|-------------------|
| day of fair 1895. Ordinary. | Post-office |
| - Ordinary. | 1 ost-onice |

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Bastow

Elizobeth Lungkin

Etezaliette Gumpkin

| who being sworn, says on oath, that she is a bona fide resident of said county o | 1 |
|--|---|
| | f |
| Barline . State of Georgia, and that she has RESIDED in said State | |
| State of Georgia, and that the first | |
| continuously ever since bith & seof \$1831 to 183 That she is the Widow o | f |
| | |
| Henry Mr. derifting who ways Soldier in Company | 1 |
| A of the 8th Batof La | |
| | |
| Volunteers, that he enlisted in said regiment an or about the month of Hug | |
| A | |
| 186 and served in the Army up to Summerly 186 7 That he lost his | 8 |
| life on the 26 day of April 1868 (State here | |
| life on the day of the local field of the local fie | |
| full particulars of the husband's death, when, where and from what cause.) (He deed | |
| Expressed from Caused from Expressed in the army, No dein mear learlistille Ga Apile 26, 1868 | |
| of Consumption Claused from | |
| Ve M. | |
| 4 house in the ormy, He du | 2 |
| 1 Soul 1 10 D AB 00 96 1868 | - |
| near varishere ga pur so, | |
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| Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, | |
| Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, | |
| Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 JZ. | |
| and that she has never married since his death aforesaid, that she became his wife in the year 18 12, | |
| - 10 BB | |
| and that she has never married since his death aforesaid, that she became his wife in the year 1852, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not | |
| and that she has never married since his death aforesaid, that she became his wife in the year 1852, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of | |
| and that she has never married since his death aforesaid, that she became his wife in the year 1852, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not | |
| and that she has never married since his death aforesaid, that she became his wife in the year 1852, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1895, and now apply for | |
| and that she has never married since his death aforesaid, that she became his wife in the year 1852, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of | |

| STATE OF GEORGIA | 1, = 10 | Dersonally Comes Mrs. |
|---|--|---|
| County of Born | low Gt | gobeth dewest |
| | | |
| who bein | g sworn, says on oath, that she | is a bona fide resident of said county of |
| Darlow | | and that she has RESIDED in said State |
| Ble | her like Eye | 1 no Jens |
| Shirinion y ever since | BRes ! | That she is the Widow of |
| The contract | B. T | who yas a Soldier in Company |
| of the 8 | CO genent | of the super |
| olunteers, that enlisted in said rep | giment on or about the month | of Huy |
| and served in the Army | up to Close of | That he lost his |
| e on the 26 1 | OK. | We 1868 (State here |
| | day of | |
| Il particulars of the husband's deat. | h, when, where and from what e | ause.) |
| 1 1 | 11 | |
| Consus | solies a | cal general |
| debelety | Thurs of | |
| debilely | Thund fr | |
| debility in the | china china emice | |
| debelety in the | chiese for | |
| debely in the | thens f | |
| debely in the | thens g | |
| debelely in the | thens g | |
| debelely | thous g | |
| debelety in the 19 | thing g | un Experie |
| debelety in the 19 | fe of said deceased soldier, during | |
| debelog | | un Experie |
| ponent swears that she was the win | his death aforesaid, that she b | ng his service in the army as a soldier, |
| ponent swears that she was the wi | his death aforesaid, that she be resided in this State 23d | ng his service in the army as a soldier, became his wife in the year 1800, day of December, 1890, and has not |
| ponent swears that she was the wind that she has never married since t Georgia is her home and sh | his death aforesaid, that she be resided in this State 23d | ing his service in the army as a soldier, became his wife in the year 1800, and has not een allowed a pension as a resident of |
| ponent swears that she was the wi | his death aforesaid, that she be e resided in this State 23d y sistee that date. I have be County for the year ending F | ng his service in the army as a soldier, became his wife in the year 1800, and has not been allowed a pension as a resident of bebruary 15th, 1896, and now apply for |

| S | Bula | County. |
|----------------------------|--|---|
| State of Georgia, | , was a | County. |
| 1 orgovena | hereby authorize | W Huntrus |
| or Wanteswille | to receive and receipt | for the pension paid hereon and request |
| that he remit same to | n1/00 | or lipulle la |
| IN WITNESS WHEREOF, I have | re hereunto set my hand and seal, this | 124 |
| day of January | 1898. | |
| / | 9. 1 t | 4 6 11. |
| | · agatell | L. Lumpline [L. 8.] |
| Executed in the presence | | |
| WH Lunge | a i de la companya de | |
| | | |
| Natch Turne | | |
| Barton 6 | o. 7a. | |

| Martin Rengelight Martino For Those Heretofore Paid. | NO. ([W/ | WIDOW'S PENSION, | Now Berger ending February 15th, 1888. | Barlan County | RICHARD JOHNSON, Commissioner of Pensions. | WARRANT ISSUED | MANDED TO |
|--|----------|------------------|--|---------------|--|----------------|-----------|
|--|----------|------------------|--|---------------|--|----------------|-----------|

| State of | Georgia, | ` } | 1 | | |
|---------------|---------------------|---------------|---------------|---|------------------|
| Ele | gobert Lung | Mai her | eby authorize | Gu | |
| | | | | | |
| to receive as | nd receipt for the | pension paid | | west that he ren | |
| IN W | ITNESS WHERE | OF, I have he | | The second of the second second second second | |
| day of | anion | 1899. | Elizabette | Lumper | /. // [L. S.] |
| C. Ex | recuted in presence | of | | | |
| good | 1.0001 |) | | | |

| TSOLEN ELLEGATE TOS HEREIN ELLEGATE TOS HEREIN 164, 1899. MO R. L. S. Y NO R. L. S. Y Thu, Bleffly delinityfin, Widow of Alexa for Maller of France WARRANT ISSUED AND HAKBENT LEER. WARRANT ISSUED | Sarty Fruth. | 1899. | NO. 2287 | GIDOW'S PENSION, For year ending Pehruny 16th, 1889. | Mes Coffee of County ten. Control of Message of Messag | RICHARD JOHNSON, Commissioner of Prassina. | WARRANT ISSUED | Sanp Hak bigs TO |
|--|--------------|-------|----------|--|--|---|----------------|------------------|
|--|--------------|-------|----------|--|--|---|----------------|------------------|

For Widows Heretofore Allowed Pensions.

| County of Barton Elizabeth dumpking | |
|--|---|
| who, being sworn, says on oath, that she is a bona fide resident of said county of | f |
| State of Georgia, and that she has RESIDED in said State continuously ever since Girth, Etth 1857-2. That she is the Widow o | |
| Dinny M. dumplin who was a Soldier in Company | |
| A of the 8 Bal Regiment of Ga. No limiteer, that he calleted in said regiment on or about the month of July | |
| and served in the Army up to Phinney of 1865. That he lost his | |
| The one 26 day of Chil 1868 (State here | - |
| and somewhere of the husband's death, when, where and from what cause.) He did | |
| The amy life | |
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| | |
| | |
| Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 | |
| I have been allowed a pension as a resident of Balow County for the year ending | |
| February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898. W. Sworn to and subgribed before me, this | |
| Giv Hendricks Orlinary Post-Office | |
| State of Georgia, Gunter State | |
| County. Ordinary of mid County, certify that I am well acquainted | |
| with Mrs. Court Aurus of the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she | |
| has continuously resided in this State since the A to ray by line 18 | |
| Given under my official signature and seal this the day of May 1898. | |
| Millionetis | |
| Official Seal. Ordinary of Dar low County. | |

| STATE OF GEORGIA | Personally Comes Mrs. |
|---|--|
| County of Bartini | 70-1-10 |
| - arow | Olizobeth dumphin |
| R who, being swor | rn, says on oath, that she is a bona fide resident of said county of |
| Corton, | State of Georgia, and that she has againer in said State |
| continuously ever since brite exe | 11/85/-2 18 That she is the Widow of |
| Very M- Lump | King who was a soldier in Company |
| of the 814 | Backiment of Ga. |
| Volunteers, that he enlisted in said regiment on or | |
| 186 and served in the Army up to | close of war 1865 That he lost his |
| 26 | 100 |
| full particulars of the husband's death, when, wi | . / · · · · · · · · · · · · · · · · · · |
| De la handle | brought on by exposure |
| 1-12 | |
| C- 1- A1 2/3/ | He died in Boston |
| Camby April 526 | 1888 |
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| Deponent swears that she was the wife of said deces | ased soldier, during his service in the army as a soldier, and that |
| he has never married since his death aforesaid, and | that she became his wife in the year 18.57 |
| I have been allowed a pension as a resident | .(17 - 1- |
| ebruary 15th, 1898, and now apply for the pension | of County for the year ending n provided by law for the year ending February 15th, 1899. |
| Sworn to and subscribed before me, this | |
| 25 day of Day 1899. | Elizabeth Lumptin |
| 4 WHeidrick Ordinary. | Post-Office Carliste fly Gr |
| | 0 |
| State of Georgia, | 1 Two Newbrick |
| Sarlow County. | Ordinary of said County, certify that I am well acquainted |
| ich Mrs. Oligobeth due | who made the above affidavit and am satis- |
| | who made the above amdavit and am satis- |
| s continuously resided in this State since the | sate is the individual she represents herself to be, and that she |
| Given under my official signature and seal this | |
| onicial signature and seal this | is the 25 - day of day 1899. |
| and the second in | W Hindricks |
| Official Seal. | Ordinary of Barlow County. |
| | County. |

| X | en | lou | et lu | County. | here of A | la | lex | GIL | e 9. | |
|---------------------------|-------------|------------|------------------|--------------------------------------|----------------|-------------------------------|--|----------------|---------------|--|
| day | IN WI | e | | | at A | Das | elis | west that h | -60 | · |
| 10 | Exec N & | outed in 1 | presence | of | | e. | iza be | 11- L. | mefiline | L. S.] |
| | | | | | | | | 479 | | |
| To Those Heretofore Paid. | 1900. | NO. 2255 | WIDOW'S PENSION, | For year ending February 15th, 1900. | Barylow County | Widow of Hongs Letter of Plat | JNO. W. LINDSEY, Commissioner of Pensions. | WARRANT ISSUED | AND HANDED TO | 60. W. Harrison, State Printer, Atlanta. |

POWER OF ATTORNEY.

| TATE OF GEORGIA, | •) | \ | | |
|---------------------------|-----------------|-------------------|---------------------|----------|
| Darhow | ounty. | | | 1000 |
| Jaren Clipole | + P. | 111 | | |
| , tregove | m alling | ozum | hereby a | uthorize |
| HVX Com | 1/6 01 | Carteror | le Ha | |
| | | | | |
| receive and receipt for t | ne pension paid | | | same to |
| me | | at Canters. | ville 9 | Pa |
| IN WITHTOO WITH | Innon II | | | 018 |
| IN WITNESS WHI | KEOF, I have | hereunto set my l | and and seal, this. | .0 8 |
| y of Jany | 1901. | : / | | |
| | | C/. / H | Lumpkine | |
| | | cugalum | dunkline | _[L. S. |
| Executed in presence | of | | | |
| 1101 | | | | |
| HZund | 6 | | | |
| The second second | | | | |
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| - 11 - 1 | They be again, and | extra minima de proposit | \$100 MINES LOS AN | - | and the state of t | |
|---|--------------------|--|--------------------|---|--|--|
| Lungskin, Chicketh Barthen, Cunt. To Those Heretofore Paid. | 1901. | WIDOW'S PENSION, For your cading Federary 15th, 1901. Thus, Elegabert Mussaphie. | Barlow or County. | JOHN W. LINDSEY, Commissioner of Persons. | WARRANT ISSUED 1 | |

SIMIE OF GEORGIA,

For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA, | Personally Comes Mrs. |
|---|---|
| County of Bartow | Olizobeth Sumptin |
| | |
| P _ / _ who, being swor | n, says on oath, that she is a bona fide resident of said county of |
| L'A aca | State of Georgia, and that she has RESIDED in said State |
| Denry M. Lump | W: |
| 1 619 1 | 001- 100 |
| of the 0 = 08 | Beginnent of |
| Volunteers, that he enlisted in said regiment on | 14 |
| | That he lost his |
| | of April 1868 (State here |
| particulars of the husband's death, when, where | e and from what cause) He did of |
| Lung houble Cer | Nocled in the army |
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| | |
| Deponent swears that she was the wife of said dece | ased soldier, during his service in the army as a soldier, and that |
| she has never married since his death aforesaid, an | d that she became his wife in the year 1850. |
| I have been allowed a pension as a resident | of Warlow County for the year ending |
| | pension provided by law for the year ending February 15th, 1900. |
| Sworn to and subscribed before me, thi | 0/ 1# 6.1. |
| 8 day of Jany 1900 | Elizabeth Gemplein |
| Gworning Ordinary | Post Office Menus welling a |
| | |
| State of Georgia, | 1 Hostendricks |
| · Barlow County | Ordinary of said County, certify that I am well acquainted |
| with Mrs. Elisabeth dum | of Kini , who made the above affidavit and am satis- |
| // | ow she is the individual she represents herself to be, and that she |
| | for malony Jeons |
| Given under my official signature and sea | (77 / 0 - |
| Given under my omciai signature and sea | V. NV. V. |
| {Official } | 1 WHendricks |
| L'Segl. St | Ordinary of Danlow County. |

| County of Barting | Elizabeth Suncphin |
|--|--|
| who being area | |
| Barlow, | rn, says on oath, that she is a bona fide resident of said County of State of Georgia, and that she has RESIDED in said State |
| continuously ever since butthe | eept 1851 1852. That she is the Widow of |
| A of the 81 | Ballolhagradent of Ga |
| | on or about the month of August |
| 186/ and served in the Army up to C | That he lost his |
| | day of Office 1868 (State here |
| this like of the husband's death, when, | Where and from what cause) He dapartes |
| Consumption Con | tracted by exposure in the |
| army | and the second s |
| | |
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| | |
| Deponent swears that she was the wife of said | deceased soldier, during his service in the army as a soldier, and that |
| | d, and that she became his wife in the year 180.D |
| | esident of County for the year ending the pension provided by law for the year ending February 15th, 1901. |
| Sworn to and subscribed before me | , this) |
| 8th day of Jan | 1901. Lizabeth Jumpkin |
| Two wills on | inary. Post Office Continuille Ga |
| State of C | Gev Hindricks |
| State of Georgia, | |
| 0.0.0.0 | who made the above affidavit and am satisfied |
| hat the facts therein stated are true, and I k | now she is the individual she represents herself to be, and that she |
| as continuously resided in this State since that | I leaven orserve her a long hur |
| Given under my official signature and | senl, this the Standard day of July 1901. |
| Official | Ordinary of Barlow County |
| DAVIBAN OROBOTA | Ordinary of County. |

Elizabeth diripkus, hereby an New York or CAN or CONTENTION OF CONTENTION OF BENEFICE OF THE PROPERTY OF THE P

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

STATE OF GEORGIA,

| 9. | | | presence o | 17.4 | | | | | | |
|------------------------|-----|------|------------|--------------------------------|---------|---------|-------------|-----------|----------------|---------------|
| | | | | | | | | | | |
| Paid. | | | ION, | 02. | # Hui | County, | Fox | Pensions. | | 1902 |
| To Those Heretofore P. | 02. | 1634 | PENSIO | For year ending Dec. 31, 1902. | of diun | m m.a | Go le | | WARRANT ISSUED | Cond |
| Those H | 19 | No. | WIDOW'S | year endin | Seyou | Kin | Refinence I | iii iii | ARRAN | AND HANDED TO |

| Borlino Gorlino Gwalino | Correction | 1 | | | DV WY |
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| Selizabe | Comme | | | | |
| no melline | X X | The same of | , | | |
| GUN S. | " ale | upto | ic . | hereby aut | horize |
| receive and receipt for the | 163 0 | Dans | wit | G, US | ·a. |
| o receive and receipt for the p | ension pai | hereon, and | request tha | t he remit sa | me to |
| In Witness Whereof, I ! | | | | THE RESERVE OF THE PARTY OF THE | |
| ay of Jan | 1903 | | 1 | | |
| | | ligabett | Lampl. | ie | L. 8.] |
| Executed in presence of | ce-thing? | | | | |
| H Lung | ek. | | | | |



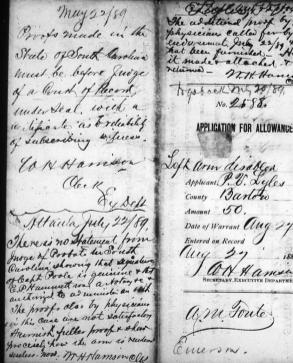
For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA, PERSONALLY COMES MICE. | 1 |
|--|-----|
| who, being sworn, says on oath, that she is a bona fide resident of said County State of Georgia, and that she has RESIDED in said St continuously ever since 531 146 pt 864 5 . That she is the Widow | |
| A of the SIL Balegiment of you | |
| Volunteers, that he enlisted in said regiment on or about the month of Quignot | 4 |
| Volunteers, that he collisted in said regiment on or about the month of August 1861, and served in the Army up to Thing 1865. That he lost life on the day of April 1864 (State h | |
| particulars of the husband's death, when, where and from what cause) He died - | 1 |
| particulars of the husband's electh, when where and from what course) He deed a | |
| (| |
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| | - |
| | |
| Deponent swears that she was the wife of said deceased soldier, during his service in the Army a | |
| soldier, and that she has never married since his death aforesaid, and that she became his wife the year 18 57%. | in |
| I have been paid a pension as a resident of Sartow, County for t | |
| year ending December 31, 1901, and now apply for the pension provided by law for the year endi- | ng |
| December 31, 1902. | |
| Sworn to and subscribed before me. 10 / 0 day of Jaciey 1902 Clizabeth Generalism | |
| JWHENDRICH , Ordinary.) Post-Office Costers wille to | - |
| State of Georgia, Gently County Ordinary of all General County | |
| County Ordinary of said County, certify that I am was acquainted with Mrs. Elizobeth Clump Kun, who made the above affidavit as | ell |
| acquainted with ars. I would be above affidavit as | nd |
| am satisfied that the facts therein stated are true, and I know she is the individual she represent | ıtš |
| hereself to be and that she has continuously resided in this State since the | |
| day of 4/11/19 1890 | |
| Given under my official signature and seal, this the day of Jany 190 |)2. |
| Official Seal Ordinary of Porton Count | - |
| Ordinary of Count | y. |

| STATE OF GEORGIA, County of Borlins who bains sworn says on oath, that she is a bona fide resident of said County Borling State of Georgia, and that she has RESIDED in said So continuously ever since with a continu | |
|--|---------------|
| Boolog sworn says on eath, that she is a bona fide resident of said County State of Georgia, and that she has RESDED in said Si | |
| State of Georgia, and that she has RESIDED in said Si | y of |
| State of Georgia, and that she has RESIDED in said Si | |
| continuously ever eines with a continuously aver eines | tata |
| Communication of the state of t | tate |
| | |
| who was a soldier in Compo | any |
| of the of 2 Workegiment of you | |
| Volunteers, that he enlisted in said regiment on or about the month of Angres | in the second |
| 186 and served in the Army up to 186 5. That he lost | his |
| life on the day of Africa 1869 (State) | |
| particulars of the husband's death, when, where and from what cause.) He died ' | nere |
| | - |
| Consensation Come of Brown 1868 from | ***** |
| in the anny | · |
| any any | |
| | - |
| | |
| The state of the s | |
| The second secon | |
| Deponent swears that she was the wife of said deceased soldier, during his service in the Army a | ns n |
| soldier, and that she has never married since his death aforesaid, and that she became his wife | in |
| the year 1850. | |
| I have been paid a pension as a resident of Barton County for | |
| | the |
| year ending December 31, 1902, and now apply for the pension provided by law for the year endi | ing |
| December 31, 1903. | |
| Sworn to and subscribed before me, | |
| 911 (1- | 1 |
| Elian of | - |
| 210 Mustrells Ordinary. Post-Office Castistille. | ga |
| | |
| State of Georgia, | |
| D | W. |
| | ell |
| equainted with Mrs. Elijofolk Vumpflie , who made the above affidavit as | nd |
| m satisfied that the facts therein stated are true, and I know she is the individual she represen | |
| erself to be, and that she has continuously resided in this State since the | its |
| | |
| ay of18 | |
| | |
| Given under my official signature and seal, this the £4 day of Jan 190 |)8. |
| | 08. |
| Official Seal. Ordinary of Bostow Count | 08. |

acquainted with Mrs. Use of the decision of the state of the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents.

hereself to be and that she has continuously resided in this State since the filter under my official signature and seal, this the last signature and seal, this t



The additional proof by the physician called for by the section all says from that been fermilled. Have it made a all a chart Mit Hander relieved _ tropo cell my 20/89

APPLICATION FOR ALLOWANCE

County Barton

50.

Date of Warrant aug 29 Entered on Record

lung OH Hansen.

an Toute Comeram.

must for all

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.

For the supplication of the best avounded, the description of the wound should be carefully and fully set forth by applicant and has been avounded, the description of the wound should be carefully and fully set disability. If applicant claims 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 readered substantially and essentially unless.

and essentially uscless.

3. It will not answer to say that an arm is "substantially uscless for ordinary pursuits of life, etc."

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

4. If the application is for a wounded leg, it would seem to be a fair construction of the Ast, and the words above quoted, to say that unless the plury is such as to require the constitutes of currently in the leg is not "substantially and essentially and."

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.

duly sworn to.

6. "Every application must be certified by the Ordinary of the country 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 physiciana.

Jouth Carolina of LAMB. Thecewan Sender of Process was for County of LAMB. Thecewan deads of Process and for Cartify of I know It I had the person also deadly the law of the person and the transfer of the law of the law of the county of the law that the superior and the state of the law of the la

For Use of Applicants Who Have not Heretofore Drawn.

| STATE OF GEORGIA |
|--|
| Cartow County. |
| PERSONALLY appears Letter V Lyle of Bastow county |
| State of Georgia, who being duty sworn, says on oath that he is a bona fide citizen and |
| resident of said State, and has been such since the wentieth day of |
| 1863; that he enlisted in the military service of the Con- |
| federate States (or of the State of during the war between the |
| federate States (or of the State of) during the war between the States, and served as a formula of the States, and served as a formula of the States of the |
| of Sansh Caroling Volunteers 22000 's Brigade: that whilst engaged |
| in such military service, at the battle of Chancellandelle in the State |
| of Organia, on the 300 day of May 1863 he was |
| wounded as follows: a minnie ball obsuck his and |
| arm above the elbow and bacced and in it ?! |
| Charlow blade Shalling the burns |
| Landered Raid arm practically and on it |
| wellers: that anid wound has only recently |
| within the part four years healed to as I wind |
| descharging pieces of bone or pus. |
| Deponent desires to participate in the benefits of the Act, approved October 24, 1887, |
| and the Act amendatory thereof, approved December 24, 1888, and makes application for |
| the allowance to which he is entitled for the year thereunder ending October 26, 1880 |
| Sworn to and subscribed before me, this the D. W. Lytes |
| Trabenducho Ordinary |
| Nore: -State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of |
| the dimentity. |
| A Company of the second |
| 2. Commissioned Officer's Affidavit. |
| STATE OF GEORGIA, |
| Greenville county) |
| PERSONALLY came before me A J. Poole of the county |
| of Green will State of Chan, who, being duly sworn, says that he was |
| a commissioned officer in Company 8, of 1/3, Regiment of |
| Volunteers, and that deponent knows / P Ar 4 / Leb and that 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 P.O. differ D. O. Lyles as stated by him in said affidavit. Deponent further states that said in Bostaco county.

| T. Caralus & LMB Fleeman, Judge |
|--|
| STATE OF BESTON A Certify That the Incinouns of |
| & C P Warmett in Security and |
| trilly gradient to a discription and gotter and find |
| The state of the party of the fact of the first of the first of the fact of th |
| 7.7.7.7.7. |
| 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 |
| |
| |
| Norm - Above affidavit must be made by three citizens of the county of applicant's residence. |
| A CONTRACTOR OF THE CONTRACTOR |
| |
| STATE OF GEORGIA, |
| Bantow County |
| PERSONALLY comes before me Awaludicks Ordinary of said county, |
| A. M. Young and A. H. Maskiell both known to |
| |
| me as reputable physicians of said county, who, being severally sworn, say on oath that |
| they have carefully examined P.O. Lyles and after such |
| examination say that the applicant has been injured as follows: By an frame lote |
| striking from on lift from offer this at Kinning |
| . and Poping Herough coming not mer ofice and |
| and motory as comflete Fraction phiches hos |
| counted and to por the wee of the some |
| · sive fundary the fire substants and |
| issentily with the or in is stiff and |
| ha for no were off at highten is it show |
| Sworn to and subscribed before me, this) I'M Joine In S |
| b day to April 2004 1/2 1/2 1/2 10 |
| 1. P. Haybour Mit |
| MICHAELES ONDERANY |
| AKAD NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the distributive resulting therefrom. |
| worm for a state of the |
| Gran to and subscribed as amender Aug. 36, 1889, |
| Gla Seudness Ordinary amender Hug, It's 1859, |
| · · · / (8° · · · · · · · · · · · · · · · · · · · |

and the state of the said the

| STATE OF GEORGIA, |
|--|
| Bantono County |
| den il viata |
| do certify that I am well acquainted with 2 07 of ordinary of said county, |
| |
| applicant in the foregoing affidavit, and am well satisfied that the statements made by him |
| in his said affidavit are true, and I know he is the individual he represents himself to be, |
| and that he resides in this county. I also certify that the foregoing witnesses, are persons |
| of respectability, and that their statements of full credit and belief. |
| I further certify that O. J. Cammello |
| before whom the foregoing affidavity, were made and power of attorney was signed, is a |
| hot-Public of many county, and the said affidavity and signatures |
| thereto are genuine. Judging from his seal of office H |
| Given under my official signature and seal, this /8 day of may 1886 |
| I have bescertained that four budricks |
| |
| Judge for Chienville Co. of C. Ordinary & anlow County. |
| and hat her Hammiff is a it foff for dame and hiscore can |
| certify to the finitiments of their bigoroluse p |
| Ill Suduces |
| POWER OF ATTORNEY. Ordings |
| STATE OF GEORGIA, |
| Bantow County. |
| Know all Men by these Presents, That I, D. O. Lyles |
| of Barting |
| county, in said State, do hereby appoint A. M. Houle |
| Local X and the State of the st |
| 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 form the State of Georgia by reason of the injury received as aforesaid in the military ser- |
| vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby |
| authorizing my said attorney to receipt in my name for any Warrant that may be issued by |
| the Governor, or for any sum of money which may be coming to me for the reason aforesaid. |
| In witness whereof I have hereunto set my hand and seal, this |
| day of May 1889 |
| Executed in the presence of us. Tyles (L.S.) |
| Executed in the presence of us: |
| Ar Little |
| Thereinines ! |
| Condinian |
| i control |

STATE OF GEORGIA,

Baylow County.

In Mithendricks

County.

In Mithendricks

County.

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

I further certify that

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

Given under my official signature and seal, this 19 Day of Morch 1890

White the said affidavits and signatures thereto are genuine.

County.

Ordinary Baylow

County.

Maimed Soldjere.

Maimed Soldjere.

Maimed Soldjere.

Mount & Soldjere.

Amount & Sold.

Paid to P. W. Lyller.

For Left arrest strickled.

Annual arrant No.

issued to Treaserer.

M. Lympoll. Sale Printer Constitution to Other.

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, |
|--|
| Bantow County. |
| Denocovery Par dela P- 1- |
| State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and |
| regident of said State and has been and to the transfer to the |
| |
| , and the initially service of the Con- |
| |
| States, and served as a flivolt in Company B, of B th Regiment of S. Volunteers Carly Springer 's Brigade; that whilst engaged |
| |
| of Virginia, on the Pad day of man 1868 he was |
| of Virginia on the 3rd day of may 1868, he was wounded as follows: Shot with a minimis ball, which |
| entered the outside of the left alm first below the |
| Il the title of the left alm first below the |
| shoulder frint and come out mean the spinel |
| Columns Said worrid rendered the aimedute |
| stantistly and exemptally realles. Said arm and |
| shoulder being sliff and incopable of bending of |
| The frield |
| Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is |
| entitled for the year ending October 26, 1890. I have heretofore been allowed a pension |
| Sworn to and subscribed before me this that |
| 19\$ day of moreh 1800 . a. Syle |
| Establiducks Ordinary |
| Nor.E. State fully nature of wound or character of disease which causes the disability, and explain perticularly the extent of the disability. |
| |
| POWER OF ATTORNEY. |
| STATE OF GEORGIA |
| P 1- |
| |
| KNOW ALL MEN BY THESE PRESENTS, That I, Y. Lyle |
| of Mancor |
| county, in said State, do hereby appoint Hon, Was A. Wright |
| me and in my name, to receive and receipt for what any true and lawful attorney in fact, for |
| |
| hereby authorizing my said attorney to receipt in the foregoing affidavit; |
| issued by the Governor, or for any sum of money which may be coming to me for the reason |
| IN WITNESS WHEREOF, I have hereunto set my hand and seal, this |
| day of moreh 1800 |
| |
| Executed in the presence of us: |
| DuideelVilla) |
| Gradielich Parti |
| DIMECTION. |
| Send money to me as follows, by Theso we have Hudrick |
| |
| |
| County, Georgia. |

No. 2588

PE OF GEORGIA,
EXECUTIVE DEPARTMENT. | Allanda, Sa. Aug 27 1889: STATE OF GEORGIA, Mr. D. V. Lyler of the County Burtoio 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 Left am disabled He is entitled to receive the sum of Highly to of for such disability, the same being the allowance due for the year ending October 24, 1889. The Treasurer will pay the same and Told his receipt of this concher and return same to Executive Department for warrant. Mr. NoHamson CLERK EXECUTIVE DEPARTMENT. RECEIVED OF STATE TREASURER, R. U. HARDEMAN, Dollars,

Lette Carolina Greanatte Bint & I LIND. Treemain, dud se ox the house Court- for the County and State Monsaid do levely Certify ilion Capt & A Parts Carne before were and personalyaclanoliled than his Liferentin & the accompanying applied he made and is home fide - and also & lucely certify that - the Signature of EP Hannett is Lemmie and that he is a Notary Jublic and butter authorized by law to admininter an catte, and their acts and died are entitled to live Haile & credit = and that - The By the Governor. Thidavits made an attached finel--et black is taine and that-The artification are fermine. Liver under by hand I Seal of Affice this 12the guy 1899 AMO Freeman 4 exoppiero Clark of Same

No. 2574 STATE OF GEORGIA, Allanta, Ba, Mar. 01 1890. EXECUTIVE DEPARTMENT. Mr. G. V. Lyle of the County of Dantow 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 Um disabled He is entitled to receive the sum of Dollars for such disability, the same being the allorance due for the you ending October 24, 18 (C.) He is entitled to receive the sum of The Treasurer will pay the same and had his receipted this poncher, and return same to Executive Department for warrant GOVERNOR M. N. Hamisen RECEIVED OF STATE TREASURER, R. U. HARDEMAN, Dollars of maic per above voucher, this

A W Lyle

A W Lyli

Barton

Maimed Soldiers. Voucher No.21574

Amount \$ 00

march 21 1890

Paid to P. V Lyle

For am desabled

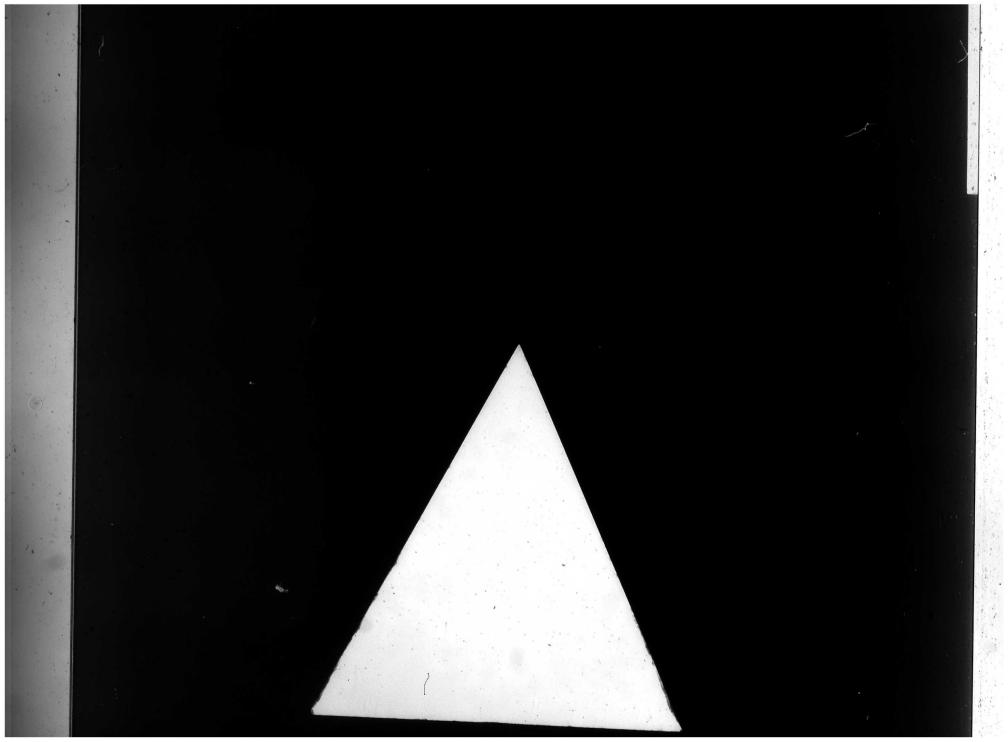
Mai 21 1890

Included in warrant No.

issued to Treasurer.

Cartirerll WARRANT CLERK.

Wawnight



CONFEDERATE SOLDIER'S APPLICATION Best B Name Company Regiment Approved C. E. McGREGOR. Commissioner of Pensions.

Sphabetical

STATE OF GEORGIA, Ordinary's Certificate

COUNTY.

ce January 1st, 1920; that I also know nts himself to be, and that he has been,

before signing the foreg urs to the service; that both of them are

are entitled to full faith and credit

under my hand and official seal of office this

of the Ordinary shall swear applicant and the witness in the following wirelds will true nameurs. The control of the questions anked you and the evidence Sa, help you God."

Sa, help you God."

The think spaces are insufficient to the Ordinary of the Ordinary of the County in which the applicant or witness resides and

G. H. AUBREY Can tur elle, July 26" 1924 CARTERSVILLE, GA Hon, D. J. Branch Dear Sir, intimately, He was Cash, of Co, C. 7 th Reg, Sa Me of which I was a member. This brother was engue so to my Rester during the war of for that season presumed he was excuding & this good to me while wrline in anny. But for that I weight han su to the ravigues of deman, Him the way his bis, " my sixter wow married of Knew Capt me as long of he lived, He was marine to main Satterson about 1870 x they has one child . His wife dies long prior to death o there his child the men was marino the score time or thin fore left no widow Very respectfully

COMMISSIONER OF PENSIONS
C. E. MCGREGOR
STATE CAPITOL
ATLANTAL GA.

July 24th, 1924.

Hon. D. J. Branch, House of Representatives, State Capitol.

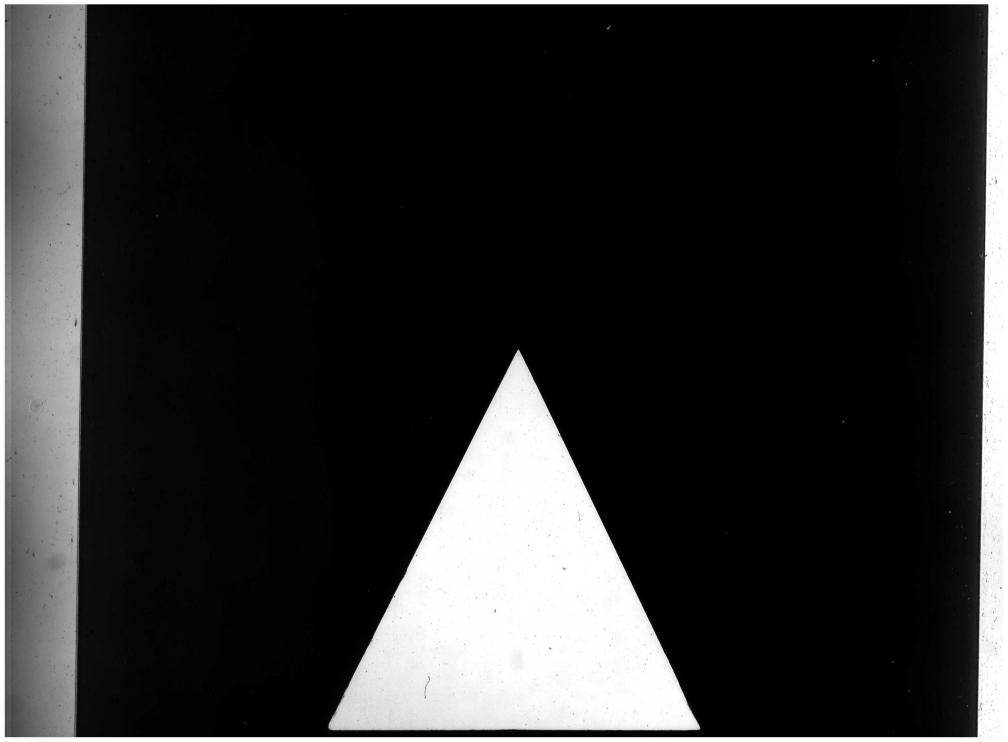
My dear Mr. Branch:

In reply to your inquiry, I beg to say that if Captain J. J. Connor is familiar with the Confederate service record of Captain John J. McArthur, and you wish to make such information available for the use of the Pension Department, Captain Cannor should make a sworn statement before the Ordinary of Bartow County. I enclose herewith a blank which Captain Connor will find convenient in the premises. Each question should be answered very exactly and fully. So far as may be persisted.

Yours very truly

Of Me Gregor

COMMISSIONER OF PENTONS he lived; He was marine to manie patterson about 1870 & they has one child. His wife dies long prior to his death o there his child, He seem was no widow Very suproffully July 24th, 1924. My dear Mr. Branch: In reply to your inquiry, I beg to say that if Captain J. J. Conner is familiar with the Confederate ervice record of Captain John J. McArthur, and you wish to make such information available for the use of the Pension Department, Captain Cannor should make a sworm statement before the ordinary of Borton Duner Tomologe hereover a blank which Captain Conner will find convenientlin the premises. Each question should be answered very exactly and fully. With kindest regards. Yours very truly COMMISSIONER OF



| INDIGENT PENSION 1897. | STATE OF GEORGIA, Col L. M. |
|---|--|
| Name S. M. MCBray of County Barling Approved 7// 1817. | Manty of Money expenses that I day of May of |
| WARRANT HANDED TO OUT. W. HAMPIEN, STATE PRINTERS, ATLANYA | hereby sutherings Cartheophills By to remit same to man by Meell H. Roy 1887. L. M. Marufa |

| Witness my hand | at Caul | day of 5 | by Chie | 1897. |
|-----------------|---|----------------------|-------------------|---------------------|
| | , as rec. | . stakes | | <i>y</i> . |
| | | | | |
| | Maria de Caración | 7 (10) + 20) You was | We of very | |
| | | | Diophu (| |
| + 8 | | <u>o</u> f and | | |
| PENSIG 97. | UCBay or | | WARRANT HANDED TO | NE PRINTED, ATLANDA |

| Questions for Applicat | nt. |
|--|---------------------------------|
| STATE OF GEORGIA, | On Thousand S. S. |
| Carfor County. | |
| S. Ju M. Drayer of sa | id State and County, desiring |
| to avail himself of the Pension Act approved December 15th, 1894, hereb being duly sworn true answers to make to the following questions, deposes a | y submits his proofs, and after |
| 1. What is your name and where do you reside? (give State, County and | post offige) |
| 1. What is your name and where do you reside? (give State, County and the land of the land how done have you be 2. Where did you reside on January 1st, 1864, and how done have you be | ily Co |
| devalor county ga Froed in | on a cell my less |
| 3. When and where were you born! AWy 342/842 | in Paulduff en |
| 4. When and where and in what company and regiment did you enlist or | |
| ne company I 19 degement of Gal | al July, |
| J was coplined by home of the state of | 100 6 186 b, When |
| Comit to point Low Rest Was release | com bust mells |
| 6. For how long a period did you discharge regular military duty? The | arly 4 years |
| 7. When, where and under what alreumstayes were you discharged from se Coplined in front of Pelersleng in, may 1864. | arvice of to asy |
| Tookord in man land and Rept a hu | ismitte war closed |
| 8. What is your present occupation? Homing | DO A |
| 9. How much can you earn (gross) per annum by your own exertions or la | |
| 11. Upon which of the following grounds do you have your application for | Sansian win Cost (fam. and |
| poverty," second "infirmity and poverty" or third "blindness and poverty"? | Intimity & overly |
| 12. If upon the first ground, state how long you have been in such conditions support? If upon the second, give a full and complete history of the interpretation. | tion that you could not care |
| upon the third, state whether you are totally blind and when and where you | ost roursight? I Was |
| upon the third, state whether you are totally blind and when and where you hattered to the first help in Alby DU 1864. Why great feel I have required to the work of the first from the country f | ch hints me a |
| away from theunaling | one penshed |
| 13. What property, effects or income do you possess and its gross value? | No this |
| 14 What property, effects or income did you possess in 1894, 1895 and 189 | 6 and what domosition if any |
| did you make of same wingly me cow. W | ave her Jel |
| | |
| 15. In what County did you reside during those years and what property did | you then return for taxation? |
| an Horas 1070, Hega 1 | 896 Borlow Sun |
| Children I down & Just Maring the years 1895 and 1896? Mar | very little |
| 17. How much did your support cost for each of those years, and what portion | on did you contribute thereto |
| by your own labor or income? Wav my Amus | 00ml 820 |
| 18. What was your employment during 1895 and 1896? What pay did | |
| | ans of support? Have they |
| a homestead? In the and the Children mer | woll girls |
| | |
| 20. Are you receiving any pension, if so, what amount and for what disability | 1/0 |
| Sworn to and subscribed before me this the) 57m 714 | 121 |
| day of HED 1897 | |
| WILL MINEY R | Applicant. |
| Ordinary. | |
| | |

| STATI | QUESTIONS FOR WITNESS. |
|--|--|
| | E OF GEORGIA, |
| - | Taulding County. |
| Colo | Bulled and M. We have said State and County, having been presents in support of the application of the approved December 15th, 1894, and after being dole |
| as a witnes | se in support of the application of |
| under the | si in support of the application of for pension and after being duly sworn true anaryg, to make to the questions, deposes and answers as follows: |
| | is your name and where do you reside? Cale Ellie, Vauling |
| | |
| | rou acquainted with Shaper , the applicant, if se |
| how long h | neve you known him? about J6 Bears & on Mitings 557 |
| -Db/ | does he reside, and how long has he been a resident of this State? Barto Co. Gar Heard. 2000 Matriess 5 6 years. |
| 4. Do yo | n know of his having served in the Confederate army or the Georgia militia? How do you |
| know this?. | I do. I served with him |
| 5. When | where and in what |
| can | , where and in what company and regiment did he enlist? fourse 25-18-61 |
| e w | rol to sa. Comp 9. 19 referment &a |
| 7. How l | you a member of the same company and regiment? I was |
| | ong did he perform regular military duty, and what do you know of his service as a Confed- |
| rate soldier | , and the time and circumstances of his discharge from the service? beau fune ! |
| much | 1889 I can dead he was al haids I he |
| in | 1865 The mor being Ended fully |
| 8. What | property, effects or income has the applicant? (Give your means of knowledge.) |
| | |
| 11 | Charmen ne has the River Bears of Knowledge.) |
| 11 | waster the nest me I sale the Translation |
| | I lan well acquainted with hier |
| 9. What 1 | for well a polar touch with held creeks or income did the applicant possess in 1805 and 1806 and 1806 and 1806 |
| 9. What 1 | I lan well acquainted with hier |
| 9. What p | for well applicant possess in 1895 and 1896, and what disposition, if nake of same? about the same as Meter shows |
| 9. What property of the proper | property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if anke of same? About the Same as Station shouse (the applicant's occupation and physical condition? Towns were the applicant's occupation and physical condition? |
| 9. What I | property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if nake of same? about the same as states shows the applicant's occupation and physical condition? Fassing, he has |
| 9. What I my did he n | property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if nake of same? About the same as states shows the applicant's occupation and physical condition? Farning he has marked the applicant's occupation and physical condition? Farning he has marked he is Spering |
| 9. What I ny did he n | oroperty, effects or income did the applicant possess in 1895 and 1896, and what disposition, if nake of same? about the same at states shows the applicant's occupation and physical condition? Fareing he has purely he recit a mount of occion to make he is support himself by later of any not if so where he is support himself by later of any not if so where he is the popular of th |
| 9. What I ny did he n | oroperty, effects or income did the applicant possess in 1895 and 1896, and what disposition, if anke of same? about the same at states shore in the applicant's occupation and physical condition? Fareing he has making he has surfaced by the same of same of same of same? The same of same of same? The same of same of same? The same of |
| 9. What I ny did he n | oroperty, effects or income did the applicant possess in 1895 and 1896, and what disposition, if anke of same? about the same at states shore in the applicant's occupation and physical condition? Fareing he has making he has surfaced by the same of same of same of same? The same of same of same? The same of same of same? The same of |
| 9. What provided he not be to | oroperty, effects or income did the applicant possess in 1895 and 1896, and what disposition, if nake of same? always the same as states shows the applicant's occupation and physical condition? Assuring he reckly a mount of occion to which have states a mount of occion to pulse he will be supported by labor of any sort, if so, why? he is used to be mount of the would know as the way of the would be supported during the years 1895 and 1896? he supported during the years 1895 and 1896? |
| 9. What I my did he n 10. What is horizontal. Is the a line of the line of th | oroperty, effects or income did the applicant possess in 1895 and 1896, and what disposition, if anke of same? About the Same as Mation shore. (the applicant's occupation and physical condition? Farming he has making the reckles a manner of Deciant's support himself by labor of any sort, if so, why? he is used as the manner of the mann |
| 9. What po | oroperty, effects or income did the applicant possess in 1895 and 1896, and what disposition, if nake of same? along the same as Italian shows the applicant's occupation and physical condition? Fareing he has privately be recit a mount of Deciain to which his spring. The world above the way and the world he was a private of the world he would be supported during the world he would be supported during the years 1895 and 1896? by what labor he was supported to they every was derived from his own labor or income? |
| 9. What I my did he n 10. What is 11. Is the a 12. How was 13. What po 14. What po 15. Give a fi | oroperty, effects or income did the applicant possess in 1895 and 1896, and what disposition, if nake of same? always the same as states here (the applicant's occupation and physical condition? Rancing he has preciously at occiously publicant unable to support himself by labor of any sort, if so, why? he is use as perfect the way and Remarks he was the way of t |
| 9. What I my did he n 10. What is 11. Is the a 12. How was 13. What po 14. What po 15. Give a fi | oroperty, effects or income did the applicant possess in 1895 and 1896, and what disposition, if nake of same? always the same as states here (the applicant's occupation and physical condition? Rancing he has preciously at occiously publicant unable to support himself by labor of any sort, if so, why? he is use as perfect the way and Remarks he was the way of t |
| 9. What I in y did he n of the | corperty, effects or income did the applicant possess in 1895 and 1896, and what disposition, if nake of same? about the same as status above the applicant's occupation and physical condition? Tanning he has priced by the same of same? It has been a status of the applicant unable to support himself by labor of any sort, if so, why? he is used applicant unable to support himself by labor of any sort, if so, why? he is used to same a status of the world keeping as the supported during the years 1895 and 1896? by purch labor he will be supported during the years 1895 and 1896? by purch labor he will be supported to these two years was derived from his own labor or income? My the world of the applicant's physical condition that entitles him to a pension of of December 15th, 1894? from his knowing Ruman and and complete status and support his supported to a pension of the applicant's physical condition that entitles him to a pension of the complete status and support him has knowing Ruman and and complete status and supported him to a pension of the applicant's physical condition that entitles him to a pension of the applicant's physical condition that entitles him to a pension and the supported him to a pension of the applicant and the supported him to a pension of the applicant and the supported him to a pension and the suppor |
| 9. What I is the a control of the co | property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if nake of same? about the same as better shows the applicant's occupation and physical condition? Taxoning he has supported a reck a mount of Decambo Decambo he reck a mount of Decambo Decambo By The work of any sort, if so, why? he is unapplicant unable to support himself by labor of any sort, if so, why? he is unapplicant unable to support himself by labor of any sort, if so, why? he is unapplicant of the supported during the years 1895 and 1896? by what labor or income? The north property of these two years was derived from his own labor or income? The north property of the support for these two years was derived from his own labor or income? The north property, the north physical condition that entitles him to a pension of December 15th, 1894? Arm her have my Remark and the new years was derived from his support for these two years was derived from his own labor or income? |
| 9. What is to be a fine | the applicant's occupation and physical condition? Tanseng he has perfectly, effects or income did the applicant possess in 1895 and 1896, and what disposition, if nake of same? about the same as better shows the applicant's occupation and physical condition? Tanseng he has perfectly a program of Decision to Spring the support himself by labor of any sort, if so, why? he is used to support himself by labor of any sort, if so, why? he is used to support during the warmed keeping and subserved from his own labor or income? The supported during the years 1895 and 1896? by surfact labor he was a support for these two years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? |
| 9. What is to be a fine | the applicant's occupation and physical condition? Rancing he has seeing the applicant's occupation and physical condition? Rancing he best seeing the applicant's occupation and physical condition? Rancing he best seeing the applicant's occupation and physical condition? Rancing he best seeing the service of the applicant's occupation and physical condition? Rancing he best seeing the service of the service of the service of the support of these two years used or the service of the support of these two years was derived from his own labor or income? The service of the support of the service of the |
| 9. What is to be a fine | the applicant's occupation and physical condition? Travering he has surface of same? along the same as Interest of Decision of |
| 9. What is to be a fine | the applicant's occupation and physical condition? Tanseng he has perfectly, effects or income did the applicant possess in 1895 and 1896, and what disposition, if nake of same? about the same as better shows the applicant's occupation and physical condition? Tanseng he has perfectly a program of Decision to Spring the support himself by labor of any sort, if so, why? he is used to support himself by labor of any sort, if so, why? he is used to support during the warmed keeping and subserved from his own labor or income? The supported during the years 1895 and 1896? by surfact labor he was a support for these two years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? The supported during the years was derived from his own labor or income? |

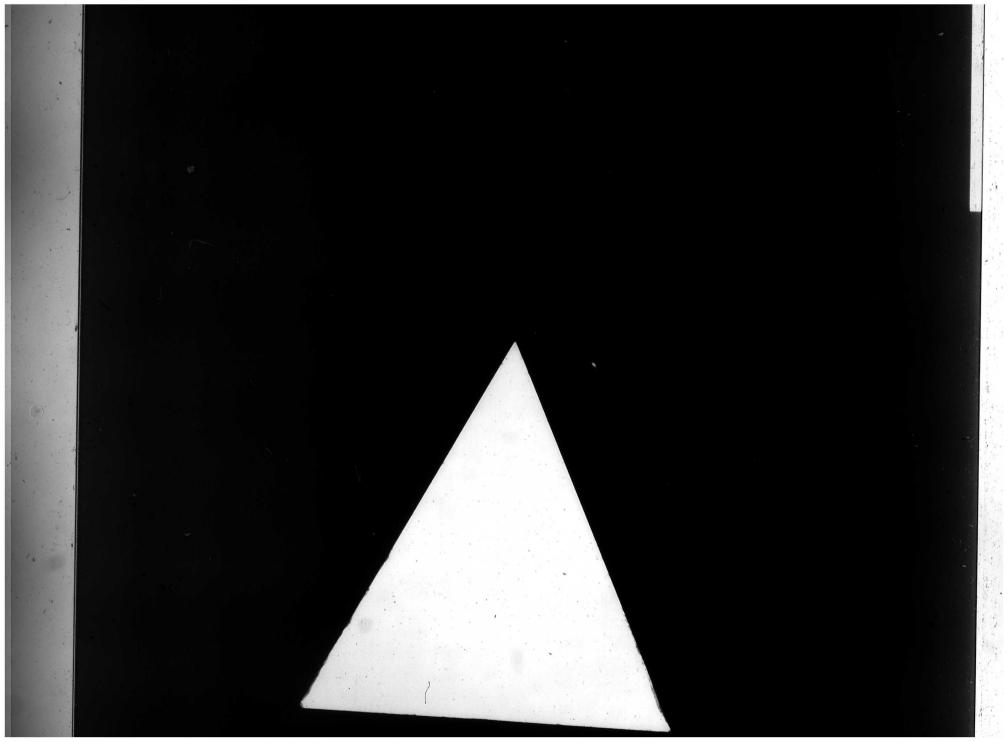
| AFFIDAVIT OF PHYSICIANS. |
|--|
| STATE OF GEORGIA, |
| County. |
| Personally came before me FREbelle |
| 12 4 f 01 |
| and the management of the second seco |
| of said county, who being severally sworn, say on oath that they have examined carefully |
| 5. / Miss Brager , applicant for pension under the Act of 1894, and after |
| such personal examination say that his precise physical condition is as follows: |
| Received a gun shot want |
| began the Hip frink which render, |
| leg Tiff - Phennotism of love |
| Standing in left agen and finte |
| bearing paper of how allulat il so t |
| 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 |
| . X T. gl |
| JAN Jan OMORE 1897.) |
| Ordinary. |
| |
| ORDINARY'S CERTIFICATE. |
| OZATIKATE, |
| STATE OF GEORGIA. |
| Barlow County. |
| VIIIAV. Suns la |
| , Ordinary in and for said County, hereby certify |
| nat the applicant . M. M. Orayer resides in said County, and was a bona |
| le resident of this State on the first day of January, 1894, and that the witnesses, viz: |
| |
| e 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 |
| e oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses fore same was signed. |
| Marlor |
| I further certify that the tax digests of County show that applicant |
| urned for taxation in his name in 1895, dollars |
| property, and in 1896, Ø 3 0. dollars of property. |
| In my opinion the foregoing claim is Certain made in good faith. |
| Witness my hand and seal of office, this 2-8, day of Helly 1897. |
| Juduelle Ordinary |
| L'ORN UN |
| County, |
| Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall |

| Q X | allas in withe | Bray chipt for the p | of of opension paid here by of of the opension paid here. | to set my hand | and seal, | this 1 | |
|-------------------------------|---------------------------|----------------------|---|----------------|---|-------------------|-------------------------------------|
| · N | Executed N. M. P. | in presence o | f , | nene:9 | nay | [L. | s.j |
| (For Those Already Enrolled.) | (20 Hay 1199) INDIGENT | SOLDIER'S PENSION | Name All In Chan | WARRANT ISSUED | RICHARD JOHNSON, Omnitations of Pasion. | WARRANT HANDED TO | M. HARROOM, STATE PRINTER, ATLANTA. |

For Applicants Heretofore Allowed Pensions.

| | | \$550 WO TEL #1000 PM 07502 SSHIELD SS | |
|--|------------------------|--|---|
| STATE OF GEORGIA | , | | |
| Bartow | | | |
| 0 | County. | | |
| Personally appears | 11. mg | Payer of K | Jan 1 inin |
| County, State of Georgia, who bei | no duly sworn | | in in in |
| and resident of said County and | state and has | resided inid Co- | is a bona fide citizen |
| since the de day of the | 864 | solo in said Sta | te continuously ever |
| by occupation a | | that he is_ | years old and |
| erate States (or of the State, of | ; that he entist | ed in the military s | ervice of the Confed- |
| and served for the term of 1/ N | | during the war | between the States, |
| Sa Santry | mongin Co | ompany , of | th Regiment of |
| | | | |
| follows: Rhenniation | regullis | ing from w | vund ni |
| lax 1- am and lef | they n | on very 2 | aire |
| The state of the s | estimate of the second | | |
| that his property consists of the follo | wing items | 10 Chine er | e.61-1 |
| Corv | | | |
| 10 | | and the second s | The sales and the sales are a second as the sales |
| of the value of | | | * 1 |
| | to support his | Jollars, that by rea | ason of his physical |
| condition and poverty he is unable that he receives no pension but the o | to support nin | iself by his own ex | ertion or labor, and |
| Deponent desires to participat | de derein applie | ed for. | 1 |
| Deponent desires to participat | e in the benefit | s of the Act, appro- | ved December 15th, |
| 1894, and the acts amendatory thereo | or, and makes al | oplication for the pe | ension to which he |
| s children for the year 1898. I have | heretofore as a | resident of Oa | now |
| ounty been allowed a pension for the | year 189 / | | |
| Sworn to and subscribed before | me, this, the | 5.min | an. |
| day of Mily | 1898. | _ 3 / 12 / 1 | 1 Mayer |
| Mux1. Oriola | | | |
| 100 sum itues | Ordin | ary. | |
| | | | |
| State of Georgia, | 1 | | 10.40 |
| O andow Coun | tv. | | |
| , yww. | off. | | |
| in control of the transfer of | PHIL | CR Ordinar | y of said County, |
| certify that I am well acquainted w | ith A. M. MI | brayer | the |
| plicant in the foregoing affidavit, an | d am well satisf | ied that the statenic | ents made by him |
| his said amdavit are true, and I kno | w he is the in | dividual he represe | nts himself to be |
| a char he resides in this County. | | | 111 |
| Given under i | ny official signa | ture and seal, this_ | 21- |
| day of Janua | 18 | 98, | |
| Amx | Mu | Vindric | H. |
| here. | - and | 0 | 160 |
| Control of the second second second | Ordinary_ | Barlow | County. |
| Norg.—The blank spaces must be filled, | | | Johnny. |

I, AN MINTIERS do certify that I am well acquainted with M. M. Brayer applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of January Justindricks Ordinary Baslow Norg.-The blank spaces must be filled, MUER OF ATTORNEY. Georgia Pauling County ordinary in and Chis and fill Me bager ore bonefied Citizens of Payelling Country mitnesses to for Pension the claim of I M. HE brayer for Pension of Bartow Co. Said nutnesses and frust westers (arrectes and are Entitled to full credit and belief as such Offical Signature this 15 day Geby 1899 OF Hudson Ordinary Cirian wonder my hand and



| ST ST | | | y My M. | A COLUMN TO A COLU |
|-----------|---------------|---------------|-----------------------|--|
| | NDIGE | | PENSIO | N |
| Na Cot | me This | h h | Clevey | La marie de la constanta |
| | proved | , | 1898 | 一年 一日 |
| 1 | RICHA | - | rationer of Pensions, | は、私のなどのでは |
| | deo. W. HARRI | SON, STATE PR | NTER, AFLANTA | Appendix 1. C. |

STATE OF GEORGIA. COUNTY, COUNTY, Markety subscribe of College Wille Garage TA fucking N/44/10 I M MS durry wire and receipt for the pension allowed and request that he remit same to at Constantiville law by Chief.

Witness my hand and seal this 16 that day of 78 by

POWER OF ATTORNEY. STATE OF GEORGIA. | Sarling COUNTY. | Sarling COUNTY. | Ly Thomas m. melelung bereby suthorize Switchistis of Continuous Garantee Garan to receive and receipt for the pension allowed and request that he remit same to at Corlingville Sa by Check Witness my hand and seal this 6 day of FRby 1898. Ja Jukin NP + 110}

Questions for Applicant

| | Energia ici Applicalit. |
|----|--|
| | STATE OF GEORGIA, |
| | 770. |
| | N Comment of the comm |
| * | Thomas M. M. Olunes of said State and County, desiring |
| | to avail himself of the Pension Act approved December 15th 80d hereby submits his was 6 and 16 |
| | 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) |
| | Tho was M. M. Clevey hear tolson Bartin Co La |
| | 2. How long and since when have you been a resident of this State? |
| | (Il 10 00 m) 10 20 > P P |
| | 3. When and where were you born? April 29 1832 in S. 10 |
| | 4. When and where and in what company and regiment did you enlist or serve? This 1861. |
| | Of Guster S.C. in Company E. South 6't Regisent |
| | if to tolenters |
| 7 | by How long did you remain in such company and regiment? Stockue months, of |
| ŏ | the experience 12 months of ind Company B" of the |
| PL | H'S.C. Covaly remained there till I was coplined in 1864 |
| ž | 6. For how long a period did you discharge regular military duty? Iller Leave 1 |
| 10 | 7, When, where and under what circumstances were you discharged from service? (WAA BAMA) |
| Ë | X FUM FUM Soul I'M MONY I'M 200 how 1860 81- |
| 1 | which place I had been it his in black In him the |
| 1 | 8. What is your present occupation? farming |
| ě | 9. How much can you earn (gross) per annum by your own exertions or labor 25 dul |
| 1 | 10. What has been your occupation since 1865? Hanning |
| | 11. Upon which of the following grounds do you base your application for pension, viz: first "age and |
| 0 | poverty," second "infirmity and poverty" or third "blindness and poverty"? It timely and poverty |
| 2 | |
| | |
| | application that the state whether you are totally blind and when and where you lost your sight? I Author |
| 5 | To the work man my day there received my or lacknown to the |
| | a puffer from auguniso or verligge. I have sheemed in- |
| 0 | and himorrhoids, which render me mobble to lobor |
| 1 | 13. What property, effects or income do you possess and its gross value? |
| > | none |
| | 14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897 and what disposition, |
| , | if any, did you make of same? Nolling |
| | |
| , | |
| 1 | 15. In what County did you reside during those years and what property did you then return for taxation? |
| | Darriso county |
| | 16. How were you supported during the years 1896 and 1897? It on the freeco |
| | Thy wines same |
| | 17. How much did your support cost for each of those years and what portion did you contribute thereto |
| | |
| | |
| | 10 House overloving of wife form |
| | I have you a manity? If so, who composes such family? Give their means of support? Have they |
| | 10. Have you a family? If so, who gomposes such family? Give their means of support? 10. Have you a family? If so, who gomposes such family? Give their means of support? Have they a homestend? Proceedings of the latter of the Children of the way. |
| | no a gony and by the lover of the children care |
| | |
| | 20. Are you receiving any pension, if so, what amount and for what disability? |
| | |
| | Sworn to and subscribed before me this the J. Mr. 94. 16 Cancer |
| | day of the boy 1898. |
| - | gwindrich Ordinary. |
| 4 | 13 - 13 - Statisty |

QUESTIONS FOR WITNESS.

| STATE OF GEORGIA, |
|---|
| Saumel Burns , of said State, and County, having been presented |
| as a witness in support of the application of Man M. M. M. for pension under the Act approved December 15th, 1894, and after being duly sworn trie answer to make to the following questions, deposes and answers as follows: |
| 1. What is your pame, and where do you reside? Samuel Burns Mean Hulton Barlow County Gr |
| 2. Are you acquainted with Then M. In Columny, the applicant, if so how long have you known him? Fine 1872 |
| 3. Where does he reside, and how long and since when has he been a resident of this State? Near Avloru, Berlow la Ga James 18 11 |
| 4. When, where and in what company and regiment did he enlist, and how do you know? |
| 5. Were you a member of the same company and regiment? |
| 6. How long did he perform regular military duty, and what do you know of his service as a Confed- |
| erate soldier, and the time and circumstances of his discharge from the service? |
| |
| 7 What was 2 to 1 to 1 to 2 to 2 to 2 to 2 to 2 to |
| 7. What property, effects or income has the applicant? (Give your means of knowledge.) |
| 8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? Alb me |
| 9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom? |
| 10. What is the applicant's operation and physical condition? I amme of His plushed Corner terre as bod, He Suffers from an old wound mut oble to git obtain me |
| It is the applicant unable to support himself by labor of any sort, if so, why? Le, be |
| Thords land general sweakings |
| 12. How was he supported during the years 1896 and 1897? From the help of |
| 13. What portion of his support for these two years was derived from his own labor or income? |
| 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension |
| with his wounded by Has hourship ally |
| 15. What interest have you in the recovery of a pension by this applicant? More |
| Sworn to and subscribed before me this |
| though 6 th day of fisty 1898; Carriell Burns Witness. |
| Millen Mills Ordinary. |

AFFIDAVIT OF PHYSICIANS.

| STATE OF GEORGIA, Bullon County. A Recelement |
|---|
| Personally came before me, and |
| 11 1 Coullivius , both known to me as reputable physicians |
| of said County, who being severally sworn, say on oath that they have examined carefully IIII |
| These M. MC Colcine, applicant for pension under the Act of 1894, and after |
| , approant for possion under the rec of 1004, and after |
| such personal examination say that his precise physical condition is as follows: |
| Stas Vancose Come on Left |
| Leg Atemorphoide, + Rheunatione |
| Mork of surfers with Westige, |
| Old Fransient . |
| |
| 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 |
| 11.12 168 |
| day of # 809 1898.) 7. (7) |
| y Windriens 1.10. Carani- |
| Ordinary. |
| ORDINARYS' CERTIFICATE. |
| STATE OF GEORGIA. Dentity County. I, May Head recommendation of the said County, hereby certify that the applicant Mos. M. M. Clemey resides in said County, and has |
| been a bona fide resident of this State since the day of Jall 1887 |
| and that the witnesses, viz.: Laurel Busso Elal |
| |
| are of trust worthy character and that their statements are entitled to full faith and credit. |
| I further certify that before answering the forgoing 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 witness |
| |
| before same was signed. I further certify that the tax digests of Bartur County show that applicant |
| |
| 2 // J Dollars |
| of property, and in 1897 Wolfing Dollars of property. |
| In my opinion the foregoing claim is extensionade in good faith. and is worthy |
| Witness my hand and seal of office, this day of #Ely 1898 |
| Ordinary Ordinary |
| of toward County. |
| NOTE. |
| Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God." Additional silkarite may be stacked if their spaces are impringed. |

POWER OF ATTORNEY. County. Slum STATE OF GEORGIA, and request that he remit same to at Adom ville Ga SOLDIER'S PENSION, 9 WARHANT BATTORD TO WARRANT ISSUED RICHARD JOHNSON, No. 3540 Name They M. M. College (For Those Already Enrolle INDIGENT 1899.

| · · · · · · · · · · · · · · · · · · · | POWER OF | ATTORN | EY. | |
|---------------------------------------|----------------|--|------------------|-------------|
| STATE OF GEOR | GIA, | The state of the s | | Charles. |
| Bastow | County. | | | |
| P, I, d, M. | millen | ey . | hereb | y authorize |
| 210 Hendy | ress o | Really | soull & | Pa |
| to receive and receipt | | owed, and reque | est that he remi | it same to |
| me | 7 | at Ado | instille | Fa |
| y theose | | 0 | | |
| Witness my hand | and seal, this | day of | accuping | 1900. |
| | | -J 411 | 111 Clun | 4/ IT. S1 |
| Executed in pr | | | / | 7 [2. 5.] |
| 28.13.1 | lanen. | | | |
| Executed in pr | | - J 411 - | mi Clim | (L. S.) |

The bluncy S, M.

For Those Arrady Enviled.

NO. 218 ?

NO. 218 ?

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NO. 218 ?

INDIGENT

SOLDIER'S PENSION,

1BOO.

Name S.M. W. Cheere,

County Carter Soued

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May the title had one of the differed if

For Applicants Heretofore Allowed Pensions.

| Bastow County. |
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| ~ County of the |
| Personally appears this . m. moliney of worlow |
| County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen |
| and resident of said County and State, and has resided in said State continuously ever |
| since the day of fall 18 //; that he is 66 years old and |
| by occupation a that he enlisted in the military service of the Confed- |
| erate States (or of the State of) during the war between the States, |
| and segred for the term of 4 700 in Company 10 106 6 the Regiment of |
| Infaulty and Eo; that his physical condition is as |
| Topows: Broke down from herpous from |
| holitre, and from wound leg. |
| would from would be. |
| |
| 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 1899 I have heretofore as a resident of Barlow |
| county been allowed a pension for the year 189 |
| |
| The O. |
| day of Jany 1899.) |
| Ordinary. |
| |
| State of Georgia. |
| Barlow County |
| County. |
| I, Ordinary of said County, |
| do certify that I am well acquainted with thos, M. Moliniery 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. |
| Green under my official signature and seal, this |
| day of Larry 1899. |
| CATE O A CHILLA I ON |
| () our of the second |
| Ordinary Barlow County. |
| Norm.—The blank spaces must be filled. |

For Applicants Heretofore Allowed Pensions.

| STATE OF G | EORGIA, |) | 1 | | |
|--|---------------------------|--------------------|---|-----------------|---------------------|
| Darlon | Cou | inty. | | | |
| personally a | ppears J. M | mobile | rev of & | Barlo | - i |
| County, State of G | | | | the is a bana f | decitien |
| and resident of sai | | | | | |
| since the | | | | is 68 year | |
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| erate States (or of | | . 1 | | war between th | |
| and served for the | term of 447e | aro in | Company AT | of 4 th Res | imentof a |
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| that his property | consists of the fo | llowing items | / '' | | |
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| of the value of | / | 5 | Dollars, that h | y reason of his | physical |
| condition and pover | ty he is unable t | o support him | self by his ow | exertion or le | hor and |
| 1894, and the Acts a is entitled for the y county been allowed | ear 1900. I hav | e heretofore a | s a resident of | the pension to | which he |
| | ubscribed before | | 7 9 | (Days to | |
| H day of | Un. | 1900. | | MAGE | 7101 |
| -aux | 19 Day | K Ordin | | | 1 |
| , , , , , , | Assessment . | . Ordin | iary. | | |
| State of Geo | roja | 1 | | | |
| Bans | VV Cour | ntu } | | | 11.7:1 |
| . 411) | 1.9 | ~ M | | | () |
| 1, | · vini | Ty | 1000 | rdinary of said | County, |
| do certify that I am | well acquainted | with O | irnoe | eney | the |
| applicant in the fore in his said affidavit | going amount, a | nd am well sa | ished that the | statements made | by him |
| and that he resides i | n this County. | now he is the | individual he i | epresents himse | If to be |
| | | r my official s | ignature and se | al, this | , |
| Amx | day of Lun | | 1900. | 11.014.4 | SIJECULE CONTRACTOR |
| your heal here. | Section of the second | Will | AL O | ~ 0: | |
| | SERVICE TO | | Bull | 1000 | |
| Nors,—The blank space | see must be filled. | Ordinary. | war | ww | County. |
| Norn,-Affidavit shoul | d not be attested beldre. | January 1st, 1900. | 111111111111111111111111111111111111111 | | |

| STATE OF C | GEORGIA, ON Count No Kein NO KE | | authorize l | Leor SV2 | gi W. | · Pa |
|------------------------------|------------------------------------|--------------------|----------------|------------------|---|----------|
| by Che | receipt for the pe | ar lo | | roll | remit same | <u>y</u> |
| A A, | ed in presence of | | | | | |
| | = | | 901. | | m | |
| (For Those Aiready Enrolled, | SOLDIER'S PENSIO | Name The Wolfenser | WARRANT ISSUED | JOHN W. LINDSEY, | W. RRANT HANDED TO Y. C. Helder. Gro. W. Harrison, State Printer, Allanta | na dato |

| POWER OF ATTORNEY. |
|--|
| STATE OF GEORGIA, Barlow County. 1. J. M. M. County. |
| I. J. M. M. Cliney hereby authorize yw. |
| to receive and receipt for the pension allowed and request that he remit same to |
| by Chell |
| Witness my hand and seal, this 4 day of Jany 1992. J 9n m flimey [L. S.] |
| Executed in presence of |
| Company of the property of the |

| CODE SECTION ESA. (FOR THOSE ALREADY ENROLLED.) | 3194 | SOLDIER'S PENSION | .500 | M. McElemeny Sentrair | Regiment 6 L | 1/3/ 1902 | JOHN W. LINDSEY, | WARRANT HANDED TO | Geo. W. Harrison, State Printer, Atlanta. |
|--|------|-------------------|------|--------------------------|--------------|-----------|------------------|-------------------|---|
| CODE SEC | No. | SOLDIER'S | 190 | ne 7. h | Co. G. Reg | | JOHN W. I | WARRANT H | Geo. W. Harrison, Stat |

For Applicants Heretofore Allowed Pensions.

| STATE OF GEORGIA, |
|--|
| County.) |
| personally appears J. M. Milleney of Dantow |
| 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 every since the day of March 187/; that he is 69 years old and |
| by occupation a furning that he enlisted in the military service of the Con- |
| federate States (or of the State of ,) during the war between the |
| States, and served for the term of fifth in Company D. of the Regiment of States, and served for the term of the Company D. of the Regiment of the Company D. of the Company |
| follows: Physically Olisabled from Lobor. |
| Fortigo and old age and informition |
| that his property consists of the following items, |
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| the state of the s |
| 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 1901. I have heretofore as a resident of Tartow |
| Swarp to and subscribed before me this the |
| The said substituted before me, this the |
| 6 / 11 gay of fillinger f 1901. |
| TW Minducky Ordinary. |
| |
| STATE OF GEORGIA, |
| County County |
| I, JUNION OF Said County, |
| do certify that I am well acquinted with I. M. Welliney 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 |
| Given under my ometal signature and seal, this |
| day of flumiar p 1901. Af |
| Jan Junivicks |
| Ordinary Cartow County. |
| Note —The Unit spaces must be filled. |

| FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. |
|--|
| STATE OF GEORGIA, CO BY The Regt S. C. Personally appears I m. In believe of Warlow County, State of Geoogia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of March 1871; that he is 9 years old and by occupation a forms 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 for in Company D. of the Regiment of 15 for 15 forms wounded by the forms wounded |
| that his property consists of the following items |
| 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 1802. I have heretofore as a resident of Control of the pension for the year 1902. Sworn to and subscribed before me, this the day of Jany 1902. Ordinary. Ordinary. |
| STATE OF GEORGIA, County. I. Ordinary of said County, do certify that I am well acquainted with I multiple 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 4/4 |
| day of Jamy 1902. |

| | | J VV LIC OI | HILOM | .11111. | |
|---------|--------------------|---------------|-------------|---------|------------|
| STAT | E OF GEORGI | Α, | | | |
| | Barton | County. | | | |
| | y m.m. | 61. | L | 41 | IT No. |
| \$ A | 0 12 1 | - The same of | nereby auth | orize | 000 |
| | cerco | V 0 | f(0 a) | uero | ville |
| to rece | eive and receipt f | | | | |
| | me | a | · la | terol | ville. |
| | | | | | |
| by | | | - /: | 1 | |
| Wi | tness my hand and | seal, this 10 | day of | Janua | ary 1903. |
| | | | 7 00 | ni de | . 7 |
| | | - | d m | moun | Mey [L. S. |
| Ex | ecuted in presence | of . | | | , |
| 19 | a. dre | in driet | to | | |
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| A | Cooma | LP. | | | |
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| Conformation of the Control of the C | Name TM. W. Blungs, County Benton 6 M. Co. 1 Regiment 6 M. WARRANT ISSUED. WARRANT ISSUED. | JOHN W. LINDSHY, Commissioner of Pensions. WARRANT HANDED TO Co. Marchen, uses france, allests. |
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POWER OF ATTORNEY.

| | E OF GEO | melo | 1/10 | of_ (| eby auth | liss | vil | | Sa |
|--|---|---|--|--|--------------------------|----------------|---|-------------------|---|
| byWi | itness my han | d and seal, | this /C | J. In | Con | Jør nek | Lune | i i | 904. L. s.] |
| 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | represent dest that the Artis y their flux the yo y heery allier o | petialen bis re-'to piri er finit d'a tienen | c the second strains in these to the second strains the second strains in the second str | ehe hengil end mining regeland g rear 1 % | ralitrijon us pil ign | | | | |
| OR THOSE ALREADY ENROLL | No. 828 | LDIER'S PENSI | 1904. | anty Brake in Constitution of the Constitution | Regiment C | WARRANT ISSUED | JOHN W. LINDSEY, Commissioner of Pen | WARRANT HANDED TO | Geo, W. Harrison, State Printer, Allfata. |

conu

STATE OF GEORGIA;

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| LOW WILLIAMIS HEVETALANE WPPOMED LEUSIONS | |
|--|-----|
| STATE OF GEORGIA, Co B. 4th Regt 8.0 | . (|
| Personally appears The m. In Column of Berline 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 18 7/; that he is 7/ years old and | |
| by occupation a formal dual the enlisted in the military service of the Confederate States (or of the State of) during the war between the | |
| States, and served for the term of the in Company B, of 6 th Regiment of S Company B, of 6 th Regim | |
| wound and worn down from age. Has write | 19 |
| that his property consists of the following items: | |
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| of the value of Dollars, that by reason of his physical | |
| condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. 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 Sarlow | |
| county been allowed a pension for the year 1902 | |
| Sworn to and subscribed before me, this the Jam Mb Currier 1903. Currier 1903. Ordinary. | |
| STATE OF GEORGIA, County, I, County, Ordinary of said County. | |
| do certify that I am well acquainted with thos M. Melle | |
| 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. | 1 |
| | |
| Given under my official signature and seal, this day of fluy 1903. | , |
| Ordinary And Ind County | |
| Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before Japuary lat, 1998. | |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GE | ORGIA, |) | | |
|--|--|---|--------------------|---|
| Barlow | _County. | 1 | | |
| Demonativ annam | Tim mela | 0 | D. | · in |
| County State of Georgie | the besident | ewey | of Das | low |
| County, State of Georgia, v | ono, being duly sv | vorn, says on o | ath that he is a b | ona fide citizen |
| and resident of said Countsince theday o | Spring | 187/; | n said State con | vears old and |
| by occupation a fann | or the | | the military serv | |
| federate States (or of the S | ate of | 9 3- EA | during the n | botween the |
| States, and served for the te | 3 Chuter | Jun : | pany B, of Z | th Regiment |
| 1 1 1 | 100 | tellun | ewen | v, and |
| ne grinte fe | iole 9. | wolly | \$ | |
| that his property consists of | of the following it | tems: | | ************************************** |
| | 100 | -/ | | |
| 5 . 00 | / / | / | - | nontral regularization and an arrangement |
| of the value of | . / / | D-11- | s, that by reason | * |
| Deponent desires to p 1894, and the Acts amendat is entitled for the year 1904 County been allowed a pen Sworn to and subscrib | ory thereof, and not in I have heretof | nakes applicati ore as a residen 1903 | on for the pension | on to which he |
| Gu Hills | nello | 04. Cordinary. | mense | 7 |
| STATE OF GE | ORGIA, County. | | | k mot |
| o certify that I am well ac | work() | MI / | Ordinary of | said County, |
| he applicant in the foregoin | ng affidavit, and | am well satisf | ied that the stat | ements made |
| y him in his said affidavit a be, and that he resides in | this County. | ow he is the in | dividual he repre | sents himself |
| | my official signat | ture and seal, t | his /6" | 1 |
| | an , | 1904. | | |
| Affix your Beat | 1/2 | witz | norice | (D) |
| hore. | Ord | inary O | Incov. | County. |
| N | OTR.—The blank spaces | must be filled | | |

| STAT | E OF GEORGIA, | 1 | | |
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| 61 | Darlow Nudri | LIL Me6. | liney | hereby authorize |
| to rece | eive and receipt for | the pension allowe | d and request the | at he remit same to |
| w | VITNESS my hand and | seal, this 211 | day of Ja | 1905. |
| SP. C | xecuted in the present | e of less | m mz | eunery [L. s.] |

SOLDIER'S PENSION

190-37-70

INDIGENT

1905.

1906.

RARRANT ISSUED

FEBT

JOHN W. LINDSEX,

Commissioner of Pensions.

WARRANT HANDER,

Commissioner of Pensions.

POWER OF ATTORNEY.

| STATE OF | GEORGIA, | COUNTY | | |
|----------|-------------------|----------------|------------------|------------------|
| 1,4 | m.m | Ks of Jo | | hereby authorize |
| | | of of of | and request that | pe remit same to |
| m | | at_4 | alsam | -41 |
| 1 | 1 | | | |
| by U | SS my hand and se | al this // | day of Qo | 1907 |
| by WITNE | ss my hand and se | al, this // 77 | day of Ja | 1907. |

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SOLDIER'S PENSION

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| - TITI | OF GEORGIA, |
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| Sar | low County. |
| Page 1 | nally appears J. M. Millenny of Borton |
| | |
| County, Sta | te of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen |
| | of said County and State, and has resided in said State continuously ever |
| since the | day of March 1874; that he is 75 years old and |
| fodorate Stat | that he enlisted in the military service of the Con- |
| States and e | arred for the form of the |
| of LE | erved for the term of him in Compliny & , of 63 th Regiment |
| follows 1 | that is the state of the state |
| and i | 2 Continued to his the |
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| that his prop | erty consists of the following items: |
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| of the value | of Dollars. I am now earning, |
| ov my labor. | Dollars Der month. That by reason of his |
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| physical cond | lition and poverty he is muchle to support himself by the |
| physical cond | lition and poverty he is unable to support himself by his own exertion or |
| abor, and th | lition and poverty he is unable to support himself by his own exertion or at he receives no pension but the one herein applied for. |
| abor, and th Depone | lition and poverty he is unable to support himself by his own exertion or at he receives no pension but the one herein applied for. nt desires to participate in the benefits of the Act approved December 15th. |
| abor, and th Depone 894, and the | utton and poverty he is unable to support himself by his own exertion or at he receives no pension but the one herein applied for. nt desires to participate in the benefits of the Act approved December 15th, Acts amendatory thereof, and makes application for the pension to which he |
| Depone Depone 1894, and the s entitled for | ition and poverty he is unable to support himself by his own exertion or at he receives no pension but the one herein applied for. It desires to participate in the benefits of the Act approved December 15th, Acts amendatory thereof, and makes application for the pension to which he the year 1905. I have heretofore as a resident of Darkow |
| Depone Depone 1894, and the s entitled for County been | ition and poverty he is unable to support himself by his own exertion or at he receives no pension but the one herein applied for. In desires to participate in the benefits of the Act approved December 15th, Acts amendatory thereof, and makes application for the pension to which he the year 1905. I have heretofore as a resident of the pension to which he allowed a pension for the year 1904. |
| Depone 894, and the s entitled for County been Sworn t | ition and poverty he is unable to support himself by his own exertion or at he receives no pension but the one herein applied for. In desires to participate in the benefits of the Act approved December 15th, Acts amendatory thereof, and makes application for the pension to which he the year 1905. I have heretofore as a resident of the pension to which he allowed a pension for the year 1904. |
| abor, and the Depone 894, and the s entitled for County been Sworn t | ition and poverty he is unable to support himself by his own exertion or at he receives no pension but the one herein applied for. It desires to participate in the benefits of the Act approved December 15th, Acts amendatory thereof, and makes application for the pension to which he the year 1905. I have heretofore as a resident of Darwin allowed a pension for the year 1904. The and subscribed before me, this the day of Jan 1905. |
| Depone 894, and the s entitled for County been Sworn t | ition and poverty he is unable to support himself by his own exertion or at he receives no pension but the one herein applied for. In desires to participate in the benefits of the Act approved December 15th, Acts amendatory thereof, and makes application for the pension to which he the year 1905. I have heretofore as a resident of Darkway allowed a pension for the year 1904. |
| abor, and the Depone 894, and the sentitled for County been Sworn to Grant Sworn | ition and poverty he is unable to support himself by his own exertion or at he receives no pension but the one herein applied for. In desires to participate in the benefits of the Act approved December 15th, Acts amendatory thereof, and makes application for the pension to which he the year 1905. I have heretofore as a resident of Darwine allowed a pension for the year 1904. The and subscribed before me, this the day of Jan 1905. Ordinary. OF GEORGIA. |
| abor, and the Depone 894, and the sentitled for County been Sworn to Grant Sworn | ition and poverty he is unable to support himself by his own exertion or at he receives no pension but the one herein applied for. In desires to participate in the benefits of the Act approved December 15th, Acts amendatory thereof, and makes application for the pension to which he the year 1905. I have heretofore as a resident of Darwine allowed a pension for the year 1904. The and subscribed before me, this the day of Jan 1905. Ordinary. OF GEORGIA. |
| abor, and the Depone 894, and the sentitled for County been Sworn to Grant Sworn | ition and poverty he is unable to support himself by his own exertion or at he receives no pension but the one herein applied for. In desires to participate in the benefits of the Act approved December 15th, Acts amendatory thereof, and makes application for the pension to which he the year 1905. I have heretofore as a resident of the pension to which he allowed a pension for the year 1904. The and subscribed before me, this the day of the pension to which the day of the year 1905. Ordinary. OF GEORGIA, Ordinary. |
| STATE | ordinary of said County. Ordinary of said County. Ordinary of said County. |
| abor, and the Depone 894, and the sentitled for county been Sworn to County been 1990 Sworn to County been 1990 STATE Bar 1, | ition and poverty he is unable to support himself by his own exertion or at he receives no pension but the one herein applied for. It desires to participate in the benefits of the Act approved December 15th, Acts amendatory thereof, and makes application for the pension to which he the year 1905. I have heretofore as a resident of Dartwin allowed a pension for the year 1904. The and subscribed before me, this the day of Jan 1905. Ordinary. OF GEORGIA, Ordinary. OF GEORGIA, Ordinary of said County, at an well acquainted with January. |
| abor, and the Depone S94, and the sentitled for County been Sworn & Sworn & State St | ition and poverty he is unable to support himself by his own exertion or at he receives no pension but the one herein applied for. It desires to participate in the benefits of the Act approved December 15th, Acts amendatory thereof, and makes application for the pension to which he the year 1905. I have heretofore as a resident of Dartwin allowed a pension for the year 1904. The and subscribed before me, this the day of 1905. Ordinary. OF GEORGIA, Ordinary. OF GEORGIA, I am well acquainted with The Machine. Ordinary of said County, in the foregoing affidavit, and am well satisfied that the statements made |
| abor, and the Depone S04, and the sentitled for County been Sworn the Sworn the STATE Sar I., o cereby that he applicant y him in his | ition and poverty he is unable to support himself by his own exertion or at he receives no pension but the one herein applied for. It desires to participate in the benefits of the Act approved December 15th, Acts amendatory thereof, and makes application for the pension to which he the year 1905. I have heretofore as a resident of Darhow allowed a pension for the year 1904. The and subscribed before me, this the day of 1905. Ordinary. OF GEORGIA, Ordinary. OF GEORGIA, I am well acquainted with The Markow he is the individual he represents himself said affidavit are true, and I know he is the individual he represents himself |
| abor, and the Depone S04, and the sentitled for County been Sworn to Sworn to Ly Ly County been Ly Ly County that he applicant y him in his | ordinary. OF GEORGIA, County, I am well acquainted with County, I am well acquainted with County, I am well acquainted with I am well acquainted with County, I am well acquainted with I am well acquainted with County, I am well acquainted with I am well satisfied that the statements made said affidavit are true, and I know he is the individual he represents himself the resides in this County. |
| abor, and the Depone S04, and the sentitled for County been Sworn to Sworn to Ly Ly County been Ly Ly County that he applicant y him in his | ordinary. OF GEORGIA, Ordinary. OF GEORGIA, I am well acquainted with of the foregoing affidavit, and am well satisfied that the statements made said affidavit are true, and I know he is the individual he represents himself the resides in this County. Given under my official signature and seal, this |
| abor, and the Depone S04, and the sentitled for County been Sworn to Sworn to Ly Ly County been Ly Ly County that he applicant y him in his | ordinary. OF GEORGIA, Ordinary. OF GEORGIA, I am well acquainted with County, in the foregoing affidavit, and am well satisfied that the statements made said affidavit are true, and I know he is the individual he represents himself the resides in this County. Given under my official signature and seal, this 2 4 |
| abor, and the Depone S04, and the sentitled for County been Sworn to Sworn to Ly Ly to confer the Barrian to confer the barrian to confer the he applicant y him in his | ordinary of said County. OF GEORGIA, I am well acquainted with ordinary. OF GEORGIA, I am well acquainted with ordinary. County, I am well acquainted with ordinary. Given under my official signature and seal, this Given under my official signature and seal, this Cyden this went exertion or at the recipion of the pension to which he the year 1905. I have heretofore as a resident of the pension to which he the year 1905. I have heretofore as a resident of the pension to which he the year 1905. I have heretofore as a resident of the pension to which he the year 1904. Ordinary. Ordinary. Ordinary of said County, to the foregoing affidavit, and am well satisfied that the statements made said affidavit are true, and I know he is the individual he represents himself the resides in this County. Given under my official signature and seal, this 2 4 day of 1905. When Articles |
| abor, and the Depone S04, and the sentitled for County been Sworn to Sworn to Ly Ly County been Ly Ly County that he applicant y him in his | ordinary. OF GEORGIA, Ordinary. OF GEORGIA, I am well acquainted with County, in the foregoing affidavit, and am well satisfied that the statements made said affidavit are true, and I know he is the individual he represents himself the resides in this County. Given under my official signature and seal, this 24 |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| Personally appears I M Meloling of Burlaw ounty, State of Georgis, who, being duly sworn, says a said that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever nee the Charlet day of March 18/1; that he is A years old and by occupation a Hancet , that he enlisted in the military service of the Conderate States (or of the State of Lander of March 18/1; that his physical condition is as allows: Leng bank 18/1; that his physical condition is as allows: Leng bank 18/1; that his physical condition is as allows: Leng bank 18/1; that his physical condition is as allows: Leng bank 18/1; that his physical condition is as allows: Leng bank 18/1; that his physical condition is as allows: Leng bank 18/1; that his physical condition is as allows: Leng bank 18/1; that his physical condition is as allows: Leng bank 18/1; that his physical condition is as allows: Leng bank 18/1; that his physical condition is as allows: Leng bank 18/1; that his physical condition is as allows: Leng bank 18/1; that his physical condition is as a state of Lander 18/1; that his physical condition is as allows: Leng bank 18/1; that his physical condition is as allows: Length 18/1; that his physical condition is as allows: Length 18/1; that his physical condition is as allows: Length 18/1; that his physical condition is as allows: Length 18/1; that his physical condition is as allows: Length 18/1; that his physical condition is as allows: Length 18/1; that his physical condition is as allows: Length 18/1; that his physical condition is as allows: Length 18/1; that his physical condition is as allows: Length 18/1; that his physical condition is as allows: Length 18/1; that his physical condition is as allows: Length 18/1; that his physical condition is as allows: Length 18/1; that his physical condition is as allows: Length 18/1; that his physical condition is as allows: Length 18/1; that his physical condition is as allows: Length 18/1; that his physical condition is as allows: Length 18/1 | State of Ge | orgia, | |
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| him in his said affidavit are true, and I know he is the individual he represents himself | | | |
| | | | s the individual he represents himself |
| be, and that he resides in this County. | | | 215 |
| Given under my official signature and seal this O() | | | seal this OUI |
| day of fan 1907. | day of | Jan C | 1907. |
| Mortendras | Male of None of | | Menon oks |
| Ordinary County. | Control of the Contro | - www | |
| Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1907. | Affix your real here | Ordinary | Barlow County. |

Norg.—The blank spaces must be filled.

Norg.—Affidavit should not be attested before January 1st, 1905.

She State of South Cardina County of Chester Judge of County and State aforesaid,

John S. Melson. Judge of Protract for County and State a perisaid, as hereby Certify That G. Barber was captain of Company B of Lith South Cavalry and That & Mimpson was the orderey Sergeans of said Company B 4th South Cardina Garalry; I also certify That I am personally acquainter with Gass: G. Barber and 4co Moinfolm, and have known Them for many years, and that they are tothe of good Character and high standing in Character and that their degrations their hand writing and that their degrations to the afficient howith on geneine, and

in Their hand witing Witness my hand and seal of Office This 23 day of January A. b. 1897.

Judge of Protection

CHERRY OFFICE,

State of South Carolina 3 m

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Judge of Probate · C.C. d.C. A & Cluney Thes. In . . Barton County G. WILLIAMS, & PROMPT ATTENTION TO COLLECTIONS Chester, S. C. February 1 st. 1898. Resource in los 2 6th Regeneral de. See 63th Regt for & Voluntus aut makes Cathe That Thos. Pa. B. lapplication, 1906 In Me Clancy was a private in lo 8. 60 Regiment of to Voluntiers and was Ones - west in an The Il day of Spril 1861. and Lerred weetell The 114 apr 1862. when his Enlistment expired. The Sain y M. M. In Lung Tools constant Levice after his time expired. Swono to lefize me this 18 Day of Telman 1898. his strang of Juny 1898 }! Orillianus J. S. Wilson Judge of Brotate court