

Newton, Mich

CODE SECTION 100

(For Those Already Enrolled.)

No. 289  
Enrolled July 1899

INVALID

SOLDIER'S PENSION.

1900.

Name *Mich Newton*  
County *Barlow*  
Disability *Brilliant*  
Amount, \$ *11.89*  
Pensioning Agency in 1899  
Warrant issued Dec. 19, 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*Hendry*  
One W. Harrison, State Printer, U.S.A.

No date

CODE SECTION 100

(For Those Already Enrolled.)

No. 1189

DISABLED

SOLDIER'S PENSION.

1901.

Name *Mich Newton*  
County *Barlow*  
Disability *Wounded leg and  
muscles of right arm*  
Amount, \$ *50-*

1/29 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

*Kennel*  
One W. Harrison, State Printer, U.S.A.

No date

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Barlow* County.

Personally appears *Mich Newton* of *Barlow* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State and County, and has resided therein continuously ever since the day of *July* 1865; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *C*, of *7* th Regiment of *Miss* Volunteers, *Seagrass*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the day of *Sept* 1864, he was wounded, injured or diseased as follows:

*Shot through the privates, through the thigh, rendering him permanently unable to perform the usual vocations of his*

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1900. I have heretofore under said law as a resident of *Barlow* County been allowed an invalid pension of *fifty* Dollars, for the year 1899.

Sworn to and subscribed before me, this, the *11th* day of *January* 1900, at *Post Office* *Mich Newton* *mark*

*G. W. Hendricks* Ordinary

STATE OF GEORGIA,

*Barlow* County.

I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *Mich Newton* 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 *11th* day of *January* 1900.

Ordinary *Barlow* County.



## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Barlow* County.

Personally appears *Mich Newton* of *Barlow* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *July* 1865; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *D*, of *7* th Regiment of *Imp* Volunteers, *Seagrass*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the day of *Sept* 1864, he was wounded, injured or diseased as follows:

*Wounded through the thigh and his privates shot off which renders him permanently disabled from performing the usual vocations of life for a support*

Deponent makes application for the pension to which he is entitled for year ending October 20th, 1901. I have heretofore under said law as a resident of *Barlow* County been allowed an invalid pension of *fifty* Dollars, for the year 1900.

Sworn to and subscribed before me, this, the *11th* day of *January* 1901, at *Postoffice* *Mich Newton* *mark*

*G. W. Hendricks* Ordinary

STATE OF GEORGIA,

*Barlow* County.

I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *Mich Newton* 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 *11th* day of *January* 1901.

Ordinary *Barlow* County.



Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1900. I have heretofore under said law as a resident of Paulding County been allowed an invalid pension of Twenty Dollars, for the year 1899. his Mark  
 Sworn to and subscribed before me, this, 11th day of January, 1900. POST OFFICE mark  
G. W. Hendricks Ordinary

STATE OF GEORGIA,

Paulding County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with Uriah Newton, 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 11th day of January, 1900.  
G. W. Hendricks  
 Ordinary Paulding County.

Deponent makes application for the pension to which he is entitled for year ending October 30th, 1901. I have heretofore under said law as a resident of Paulding County been allowed an invalid pension of Twenty Dollars, for the year 1900. his Mark  
 Sworn to and subscribed before me, this, 11th day of January, 1901. Postoffice mark  
G. W. Hendricks Ordinary

STATE OF GEORGIA,

Paulding County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with Uriah Newton, 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 11th day of January, 1901.  
G. W. Hendricks  
 Ordinary Paulding County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Paulding County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9th day of January, 1902.  
Uriah Newton  
mark

Executed in presence of

Georgia -  
 Paulding County.  
 Before the undersigned in person, George J. Dupree, J. M. Dupree and E. S. Dupree, who being duly sworn say on oath that they are well acquainted with Uriah Newton, and have known him since on or about the 5th day of Sept. 1864, that in Sept. 1864 deponents were living about two and one half miles east of Allatoona, in Paulding County, said State, that they were witnesses of the fighting at Allatoona in which said Newton was wounded, and they know he was wounded there as stated in his affidavit, and they after wards had him at their house while he was suffering from said wound. Deponents have known said Newton ever since they war and know he is the man he represents himself to be and that he was wounded as stated by him in his affidavit to which this was is attached. They state further that Newton of them was belonged to the 7th

FOR THOSE ALREADY ENROLLED.

DISABLED  
 SOLDIER'S PENSION  
 1902.

Name Uriah Newton  
 County Paulding  
 Co. B  
 Disability Right arm leg  
 Amount, \$ 20.00

JOHN W. LINDSEY,  
 Commissioner of Pensions.  
 WARRANT HANDLED TO  
no data

*Newton, John*  
*Barlow, John*

COPIES SECTION 100  
 FOR THOSE ALREADY ENROLLED 1

No. *1475*

DISABLED  
 SOLDIER'S PENSION  
 1902.

Name *Wickham*  
 County *Barlow*  
 Co. *6*  
 Regiment *Private 1st Reg*  
 Disability *1/2*  
 Amount, \$ *11.00*

1902.

JOHN W. LINDSEY,  
 Commissioner of Pensions.

WARRANT HANDLED TO  
*W. H. Hartman, State Printer, Albany*

*no data*

Barlow County, said State, that they were witnesses of the fighting at Allatoona in which said Newton was wounded, and they know he was wounded there as stated in his affidavit, and they afterwards had him at their house while he was suffering from said wound. Deponents have known said Newton ever since the war and know he is the man he represents himself to be and that he was wounded as stated by him in his affidavit to which this ~~was~~ is attached. They state further that neither of them ~~was~~ belonged to the 7th

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
*Barlow* County.)

Personally appears *Wickham* of *Barlow* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *Spring* 1865; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *C* of *7*th Regiment of *Miss* Volunteers, *Seagrass*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *20* day of *September* 1864, he was wounded, injured or diseased as follows: *that through his leg and through his* *muscles* *disabling* *limb* *in* *several* *respects*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of *Barlow* County, been allowed an invalid pension of *11.00* Dollars, for the year 1901. Sworn to and subscribed before me, this the *1* day of *January* 1902, at Post office *Barlow* *Georgia*

STATE OF GEORGIA,  
*Barlow* County.)

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

Given under my official signature and seal, this *9th* day of *Jan* 1902

*Geo. H. Newbrieks*  
 Ordinary *Barlow* County.

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

*Miss. Regt, but they know of said Newton's wounds by being near Allatoona at the time he was wounded and by having him at their house while he was disabled from said wound.*

*Deponents & subscribers*  
*before me July 14, 1896*  
*H. C. Seagrass*  
*Ordinary*  
*Barlow*  
*County*

*E. S. DeForest*  
*J. M. DeForest*  
*DeForest*

in such military service in the State of GA on the 02 day  
of September 1864 he was wounded, injured or diseased as follows:  
that through his leg and through his  
privates discharging time in several  
respects

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

Sworn to and subscribed before me, this the 11th day of Jan 1902. Post-office Mark  
Newton Barlow

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

STATE OF GEORGIA,  
Bartow County.

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

Given under my official signature and seal, this 9th  
day of Jan 1902.  
Geo Henderson  
Ordinary Bartow County.

Note.—Fill all blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1, 1901.

before me July 14, 1891  
H C Coggin H M Supra  
Ordinary Barlow  
County

Bartow

Maimed Soldiers.

Voucher No. 2986  
Amount \$ 50.  
Paid to Wiah Newton  
For Disability from  
to by 1000000  
July 25 1891

Included in Warrant No.  
issued to Treasurer.

1891

WARRANT-CLERK

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

W. B. Fort

Audited.

1891.

COMPTROLLER-GENERAL

Newton, Wiah  
Bartow

1891.

Maimed Soldiers.

Voucher No. 2986  
Amount \$ 50.  
Paid to Wiah Newton  
for Disability from  
to by 1000000  
July 25 1891

Included in warrant No.  
issued to Treasurer.

1891.

WARRANT-CLERK

Geo. W. Harrison, State Printer, Atlanta.

W. B. Fort



Paid to *Uriah Newton*  
For *Disability from*  
*body wounds*  
*July 25 1891*

Included in Warrant No.

issued to Treasurer.

1891

WARRANT - CLERK

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

*A. M. Foute*

Paid to *Uriah Newton*  
For *body wounds*  
*July 25 1891*

Included in warrant No.

issued to Treasurer.

1891

WARRANT - CLERK

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

STATE OF GEORGIA  
EXECUTIVE DEPARTMENT

No. *2986*  
*Atlanta, Ga. July 25 1891*  
Mr. *Uriah Newton* of the County  
of *Bartow* having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act

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

*Disability from body wounds*  
He is entitled to receive the sum of *Fifty & 00/100* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

*W. J. Harrison*

CLERK EXECUTIVE DEPARTMENT.

\$ *50.*

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*Fifty & 00/100*  
per above voucher, this *25* of *July* 1891.

Dollars,

*Uriah Newton*  
By *A. M. Foute*.

STATE OF GEORGIA  
EXECUTIVE DEPARTMENT

1891.  
No. *2987*  
*Atlanta, Ga. July 25 1891.*  
Mr. *Uriah Newton* of the County  
of *Bartow* having filed his application in the Executive

Department for an allowance under the Act approved October 24, 1887, as amended by Acts  
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

*body wounds*  
He is entitled to receive the sum of *Fifty & 00/100* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

*W. J. Harrison*

CLERK EXECUTIVE DEPARTMENT

\$ *50.*

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

*Fifty*  
per above voucher, this *25* of *July* 1891.

Dollars,

*Uriah Newton*  
By *A. M. Foute*.

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

*Disabled from body wound*  
He is entitled to receive the sum of *Fifty + 00* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

*Wm. Harrison*

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER R. U. HARDEMAN.

*Fifty + 00* Dollars,  
per above voucher, this *95* of *July* 1890.

*Miah Newton*  
*By A. M. Fouts.*

of the County  
Mr. *Wm. Harrison* having filed his application in the Executive

Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for  
*Wm. Harrison*  
He is entitled to receive the sum of *Fifty + 00* Dollars

for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

*Wm. Harrison*

CLERK EXECUTIVE DEPARTMENT.

\$ *50*

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

*Fifty* Dollars,  
per above voucher, this *95* of *July* 1890.

*Miah Newton*  
*By A. M. Fouts.*

STATE OF GEORGIA.

POWER OF ATTORNEY.

I,

CONVENT

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

Witness my hand and seal, this

day of

190

Executed in presence of

[L. X.]

*Owen, James J. - Bartow Co.*  
*First Special for*  
*Benefit of war*  
*2*

*OK for 1904*  
**INDIGENT PENSION.**  
**1905**

Name *James J. Owen*

County *Bartow*

Co. *3, 35. Miss.* Regt.

Approved \_\_\_\_\_ 190

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

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

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

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

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

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

ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

herby authorize

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

at day of

Witness my hand and seal this day of 190

(1. S)

Present in presence of

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA.

COUNTY.

James G. Owen, of said State and County, desiring to avail himself of the Pension Act, Section 1234, Code, hereby submits his proof, and after being duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? (Give State, County and post office)  
James G. Owen, near Cartersville Bartow Co. Ga. Rfd. No. 1
2. How long and since when have you been a resident of this State? about 27 years since on or about Jan'y. 1876. Was a resident of Ga. for 25 yrs. before war
3. When and where were you born? Aug. 19 1830. Anderson district S.C.
4. When and where and in what company and regiment did you enlist or serve? Spring of 1861, 2. Louisville Miss. in Co. B. 35. Miss. Capt. J. C. Nelson.
5. How long did you remain in such company and regiment? from enlistment until discharged in 1865.
6. When and where was your company and regiment surrendered and discharged? On or about May 1865, at Meridian, Miss.
7. Were you present with your company and regiment when it was surrendered? I was.
8. If not present, state specifically and clearly when you were, when you left your command, for what cause and by whose authority?
9. How much can you earn per annum by your own exertions or labor? Possibly \$25.
10. What has been your occupation since 1865? Negro Maker and Farmer
11. Upon which of the following grounds do you base your application for pension, viz. loss of limb and poverty?  
second, "infirmity and poverty" or third, "limbless and poverty" Age and poverty
12. Upon the first ground, state how long you have been in such condition that you could not earn your support? Upon the second and third grounds state how long you have been in such condition that you could not earn your support? Upon the third ground, state whether you were totally blind and when and where you lost your sight? 7 years or more.
13. What property, real and personal, or choses, do you possess, and its gross value? Nothing whatever.
14. What property, real or personal, did you possess in 1891, 1892, 1893, 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902 and what disposition, if any, for sale or gift, have you made of same?  
I have no property of any kind, except household goods, very few of these, and had no other property during years named.
15. In what County did you reside during these years, and what property did you then retain and taxation?  
In Bartow Co. and returned household goods.
16. How were you supported during the years 1899, 1900, 1901 and 1902? Partially by my own efforts, mostly by my children
17. How much did your support cost for each of these years and what portion did you contribute thereto by your own labor or income? \$50. or more I contributed to this, possibly \$25.
18. What was your employment during 1898, 1899, 1900 and 1902? What pay did you receive in each year?  
Work on farm, rural home, very small pay.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their age and how employed? I have a family consisting of under almost an invalid, and three children, girls, the child does labor in the field, have no homestead or other property, with 49 years old, children about 21, 19 & 15 years old.
20. Are you receiving any pension? If so, what amount and for what disability?  
I am not receiving any pension.
21. Have you ever made an application for pension before? No.
22. How many applications have you ever made and under what class? Two, class same as this. When efforts were made, failed to find comrades.

Every Question MUST Be Answered.

Sworn to and subscribed before me this 24th day of August 1905  
F. W. Harrison, State Printer, Atlanta, Ga.

Ordinary.

County.

INDIGENT PENSION.

1905

Name James G. Owen  
County Bartow  
Co. B. 35. Miss.  
Regt.  
Approved 190

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

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

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

*James G. Owen*  
 INDIGENT PENSION.  
 1905  
 Name *James G. Owen*  
 County *Barlow*  
 Co. *D*, 35. *Miss. Regt.*  
 Approved \_\_\_\_\_  
 JOHN W. LINDSEY,  
 Commissioner of Pensions.  
 WARRANT HANDED TO \_\_\_\_\_  
 Ordinary will write name of Applicant, Company and Regiment on back as indicated above.  
 John W. Harrison, State Printer, Atlanta, Ga.

Every Question Must  
 12. Is upon the first ground, state how long you have been in such condition that you could not earn your support? *Five years or more.*  
 13. What property, real and personal, or income, do you possess, and its gross value? *Nothing whatever.*  
 14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same?  
 15. *I have no property of any kind, except some household goods, & very few of these, and had no other property during years named.*  
 16. How were you supported during the years 1899, 1900, 1901 and 1902? *Partially by my own efforts, mainly by my children.*  
 17. How much did your support cost for each of those years and what portion did you contribute thereto by your own labor or income? *\$50. or more I contributed to this, possibly, \$25.*  
 18. What was your employment during 1898, 1899, 1900 and 1902? What pay did you receive in each year? *None on farm, outside of very small pay.*  
 19. Have you a family? If so, who compose such family? Give their means of support? Have they a homestead, or other property? Their age and how employed? *I have a family consisting of wife, almost an invalid, and three children, girls, the eldest being in the field, have no homestead or other property, with no more on farm, outside of about \$1. 19 & 15 years old.*  
 20. Are you receiving any pension? If so, what amount and for what disability? *I am not receiving any pension.*  
 21. Have you ever made an application for pension before? *Yes.*  
 22. How many applications have you ever made and under what class? *Two, class same as this. When first made was made, failed to find comrades sworn to and subscribed before me this the*  
 23. day of *August* 1905.  
*James G. Owen* Applicant  
*John W. Harrison* Ordinary  
 of *Barlow* County.

QUESTIONS FOR WITNESS.  
 STATE OF *Georgia*, *Miss.*  
 County *Barlow*  
 I, *C. C. Watson*, of said State and County, having been presented as a witness in support of the application of *James G. Owen* for pension under section 1254, Code, and after being duly sworn true answers to the following questions, deposed and answered as follows:  
 1. What is your name and where do you reside? *C. C. Watson, Barlow, Miss.*  
 2. Are you acquainted with *James G. Owen*, the applicant; if so, how long have you known him? *Yes, since 1894.*  
 3. Where does he reside, and how long and since when has he been a resident of this State? *Barlow, Miss. Since 1894.*  
 4. When, where and in what company and regiment did he enlist, and how do you know? *April 1894, in Co. D, 35th Miss. Regt.*  
 5. Were you a member of the same company and regiment?  
 6. How long did he perform regular military duty?  
 7. When and where was his command surrendered?  
 8. Were you present when it surrendered?  
 9. Was applicant present?  
 10. If he was not present, where was he?  
 When did he leave his command, for what cause?  
 By what authority he left?  
 11. What property, real or income, has the applicant at the time of knowledge?  
 12. What property, real or income, did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same?  
 13. Has he 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?  
 15. Is the applicant unable to support himself by labor of any sort, if so, why?  
 16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?  
 17. What portion of his support for these four years was derived from his own labor or income?  
 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?  
 19. Who compose family? What property have they? Children's age and their earning capacity?  
 20. What interest have you in the recovery of a pension by this applicant?  
 Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1905.  
*James G. Owen* Applicant  
*John W. Harrison* Ordinary  
 of *Barlow* County.

AFFIDAVIT OF PHYSICIANS.  
 STATE OF GEORGIA,  
 County *Barlow*  
 Personally came before me, *Dr. J. H. Chapman* and *Dr. J. H. Chapman*, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully *James G. Owen*, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:  
*He is old and infirm and wholly unable to earn a support. He received true wounds during the war*  
 and that we have no interest in said pension being allowed.  
 Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1905.  
*Dr. J. H. Chapman* Ordinary.  
 ORDINARY'S CERTIFICATE.  
 STATE OF GEORGIA,  
 County *Barlow*  
 I, *John W. Harrison*, Ordinary, do and for said County, hereby certify that the applicant *James G. Owen* resides in said County, and has been a bona fide resident of this State since the \_\_\_\_\_ day of \_\_\_\_\_ 1890, and that the witness, viz., *Dr. J. H. Chapman*, and *Dr. J. H. Chapman* are of trustworthy character, and that their statements are entitled to full faith and credit.  
 I further certify that before answering the foregoing questions the applicant and each witness took the oath herein prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed.  
 I further certify that the tax digest of *Barlow* County shows that applicant returned for taxation in his name in 1899, \_\_\_\_\_ Dollars of property, and in 1900 \_\_\_\_\_ Dollars of property, in 1901 \_\_\_\_\_ Dollars of property, in 1902 \_\_\_\_\_ Dollars of property.  
 In my opinion the foregoing claim is, \_\_\_\_\_ made in good faith.  
 Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 1905.  
*John W. Harrison* Ordinary,  
 of *Barlow* County.  
 NOTE.  
 1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."  
 2. Additional affidavits may be attached if blank spaces are insufficient.  
 3. In every case the Ordinary must certify to the character of the witnesses, and as to the execution of the proof as above set out.

12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same?

13. Has he 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?

15. Is the applicant unable to support himself by labor of any sort, if so, why?

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902?

17. What portion of his support for those four years was derived from his own labor or income?

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?

19. Who composes family? What property have they? Children's age and their earning capacity?

20. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this the

day of

1902

Ordinary

Witness

Witness

Witness

Witness

Witness

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that the applicant James J. Owen resides in said County, and has been a bona fide resident of this State since the day of 1890 and that the witnesses, viz. W. P. Whitesides and J. B. Gowan are of trustworthy character, and that their statements are entitled to full faith and credit.

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

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

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

Witness my hand and seal of office, this 11th day of Feb, 1902, at Barlow County.

NOTE.

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

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

3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow COUNTY.

I, James J. Owen, hereby authorize W. P. Whitesides of Barlow County to receive and receipt for the pension allowed, and request that he remit same to me at Barlow County.

WITNESS my hand and seal, this 10th day of Jan, 1907.

Executed in presence of J. J. Owen [U.S.]

Owen James J.  
Barlow

COPIES SECTION 1254  
(FOR THOSE ALREADY ENROLLED.)

No 347

INDIGENT  
SOLDIER'S PENSION  
1907.

Name J. J. Owen  
County Barlow  
Co. 4 35<sup>th</sup> Regiment Inf.

WARRANT ISSUED  
FEB 4 1907

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDED TO

JOHN W. LINDSEY, CLERK.

*Owen James*  
*Barlow*

COAR SECTION 134  
(FOR THOSE ALREADY ENROLLED)

No. 547

INDIGENT  
SOLDIER'S PENSION  
1907.

Name *J. J. Owen*  
County *Barlow*  
Co. *4 3d Regiment Inf*  
1907

WARRANT ISSUED  
FEB 4 1907

JOHN W. LINDSEY  
Commissioner of Pensions

WARRANT HANDED TO

JOHN W. LINDSEY, CLERK

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

*Barlow* County.

Personally appears *J. J. Owen* of *Barlow*

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1882; that he is 77 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served for the term of 4 yrs in Company C, of 85th Regiment of Miss. Inf. Artillery, that his physical condition is as follows: *He is feeble from old age and infirmities*

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 *Barlow* County, been allowed a pension for the year 1907.

Sworn to and subscribed before me, this the 10th day of Jan 1907. *J. J. Owen* mark  
*W. H. Lindsey* Ordinary.

State of Georgia,

*Barlow* County.

I, *W. H. Lindsey* Ordinary of said County,

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

Given under my official signature and seal this 10th day of Jan 1907.

*W. H. Lindsey*  
Ordinary *Barlow* County.



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



that his property consists of the following items:

of the value of  
by my labor,

Dollars. I am now earning

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 Barlow County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 10th day of Jan, 1907.  
Geo. J. Owens Ordinary.

State of Georgia,

Barlow County.

I, Geo. J. Owens Ordinary of said County,

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

Given under my official signature and seal this 10th day of Jan, 1907.

Geo. J. Owens Ordinary Barlow County.

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

State of Georgia,  
County of Barlow

In the matter of James J. Owens, application for pension, under Section 1254, of the Code of Georgia.

On this 26th day of Sept. 1905, personally appeared before the undersigned, a Notary Public in and for said County, W. B. Whitesides, who on oath says. He is well acquainted with said Owens, has known him for twenty five years or more, that said Owens resides near Cartersville in said County, that he is an old man and very infirm, that he was wounded while a soldier in the Confederate army, that he has no property and is wholly unable to earn a support by labor and that there is no one legally liable for his support who is able to do it; that applicant is unable to support himself by labor of any sort, that applicant is 64 years of age and has no interest in the recovery of a pension by this applicant.

Sworn to and subscribed

before me this day of

one year above named

Notary Public Barlow Co. Ga.

Witnesses

Witness.

State of Mississippi  
Harrison County

William Bates, of said County,

being duly sworn, says in relation to the pension claim of James J. Owens, of Georgia: Said Owens was a soldier in the Confederate army, was a member of Co. B. 35 Mississippi Regt, having enlisted in said Co. in the Spring of 1861, that he served in said Co. until close of war and was discharged at Vicksburg, Miss. on or about May 1865. He knows these facts from having been a member of same Co. and regiment, and knew soldier during the war, was present when said Company surrendered, and knows that said Owens was also present; he has known but little of said Owens since the war; knows nothing of his occupation at present or of his physical condition, or of his property, effects or income, or how he is or has been lately supported, or who compose his family or their property, and he has no interest in the recovery of a pension by said Owens.

Sworn to and subscribed before me, this day of Aug. 1905.

Notary Public Harrison Co. Miss.

Witnesses

Witness.

a notary public in and for  
said County, W. P. Whitesides, who on  
oath says. He is well acquainted  
with said Owen, has known him for  
twenty five years or more, that said  
Owen resides near Cartersville in  
said County, that he is an old man  
and very infirm, that he was  
wounded while a soldier in the Con-  
federate army, that he has no prop-  
erty and is wholly unable to earn  
a support by labor and that there  
is no one legally liable for his support  
who is able to do it; that applicant  
is unable to support himself by labor  
of any sort, that applicant is 64 years  
of age and has no interest in the  
recovery of a pension by this applicant.

Sworn to and subscribed

before me this day of  
July 1895 above named.

Notary Public Barrow County

W. P. Whitesides

Witness.

in and for said County, having  
resided in said Co. in the Spring of  
1861, that he served in said Co. until  
close of war and was discharged at  
Meridian, Miss. in or about May  
1865. He knows these facts from  
having been a member of same Co.  
and regiment, and knew soldier dur-  
ing the war, was present when said  
Company surrendered, and knows that  
said Owen was also present; he has  
known but little of said Owen since the  
war; knows nothing of his occupation at  
present or of his physical condition,  
or of his property, effects or income, or  
how he is or has been lately supported,  
or who compose his family or their property,  
and he has no interest in the recovery  
of a pension by said Owen.

Sworn to and subscribed before  
me this day of July 1895.

Notary Public Barrow County

W. M. Ester

Witness.

Owen, Malinda  
Barlow Co

U.S. Jan 1905

ACT DEC 16, 1901

No.

# WIDOW'S PENSION,

190

Mrs. Malinda Owen

County of Barlow

Widow of J.P. Owen

Warrant issued 190

and handed to

J. W. LINDSEY,

Commissioner of Pensions.

W. HARRISON, STATE PRINTER, ALBANY.

4/16/05

## POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow

(COUNTY)

Malinda Owen

Barlow

do hereby authorize

to receive and receipt for the pension allowed and require that he forth with to me

at Barlow

day of Sept

Malinda Owen

Witness my hand and seal this

J.P. Owen

1904

County of Bartow  
 Widow of T. P. Owen  
 Warrant issued \_\_\_\_\_ 190  
 and handed to \_\_\_\_\_  
 J. W. LINDSEY,  
 Commissioner of Pensions  
 4/16/04

of Bartowville  
 that he permit same to me  
 attested by ch  
day of Sept  
1904  
mark

ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,  
Bartow COUNTY.  
 I, Melinda Owen hereby authorize  
W. H. Lindricks of Bartowville  
 to receive and receipt for the pension allowed and request that he remit same to me  
 at Bartowville by ch  
 Witness my hand and seal, this 3rd day of Sept 1904  
Melinda Owen (SEAL)  
 Executed in presence of  
J. N. Owen

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA, Personally came Mrs. Melinda Owen  
 COUNTY of Bartow who says on oath she is the  
 widow of Thomas P. Owen to whom, in the County of  
Gordon State of Georgia, she was married on the  
3rd day of Sept 1882, that she remained his wife up to the 10th  
 day of January 1904, at which time he died, and that she has not since married.  
 At the time of his death he was a resident of Bartow County, in said State of  
 Georgia, and was on the Indigent pension roll of the State of Georgia, having been allowed  
 a pension of \$60.00 per annum on account of being a soldier in Company G  
3rd Regiment, Ga Volunteers or State Cavalry  
 What affliction have you and how does it affect you? I am infirm  
principally from age. Have rheumatism  
and neuralgia  
 What have you been doing to earn a support since 1st of January, 1900? I have not  
been doing anything. Lived on my husband's pension  
 What property or effects had you on 1st January, 1900? Had none

What have you acquired since, and what income have you now? None  
 What disposition have you made of any property since 1st January, 1900, and at what price and for what purpose? None

Deponent further says that she is now a resident of Bartow County, and has continuously resided in the State of Georgia since the \_\_\_\_\_ day of Feb 1841

She applies for the pension provided by Act of the General Assembly, approved December 18, 1901, for Melinda Owen  
 Sworn to and subscribed before me, this 3rd day of Sept 1904

W. H. Lindricks  
 Ordinary of Bartow County.

NOTE.—All blank spaces must be filled before signing.

WIDOW'S PENSION,

No. \_\_\_\_\_  
 1900  
 Mrs. Melinda Owen  
 County of Bartow  
 Widow of T. P. Owen  
 Warrant issued \_\_\_\_\_ 190  
 and handed to \_\_\_\_\_  
 J. W. LINDSEY,  
 Commissioner of Pensions  
 4/16/04

Owen, Melinda  
Bartow Co  
W. H. Lindricks  
 ACT DEC. 18, 1901

Queen, Malinda  
Barlow Co

AK Jan 1900

ACT DEC. 18, 1901

No.

# WIDOW'S PENSION,

1900

Mrs. Malinda Owen

County of Barlow

Widow of T. P. Owen

1900

Warrant issued

and handed to

J. W. LINDSEY,

Commissioner of Pensions.

W. W. HARRISON, State Printer, A. S. N.

4/16 (85)

been doing better. I lived on my husband's pension  
What property or effects had you on 1st January, 1900? Had none

What have you acquired since, and what income have you now? None

What disposition have you made of any property since 1st January, 1900, and at what price and for what purpose? None

Deponent further says that she is now a resident of Barlow County, and has continuously resided in the State of Georgia since the 1st day of Fall 1844

She applies for the pension provided by Act of the General Assembly, approved December 18, 1901, for Mrs. Malinda Owen

Sworn to and subscribed before me, this 5th day of Sept. 1900  
J. W. Lindsey  
Ordinary of Barlow County

NOTE.—All blank spaces must be filled before signing.

## AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,

COUNTY OF Gordon

Personally came Eliza Mann

known to me to be reputable and truthful person, who says on oath that from his own personal knowledge Mrs. Malinda Owen

who made the foregoing affidavit, is the widow of T. P. Owen

who died in Barlow County and State of Georgia on the 15th day of January 1900

and that she has resided in this State continuously since the 1st day of Jan. 1844

With what affliction does she suffer? old age, Neuralgia

What property or income had she on 1st January, 1900? nothing

What has she in her possession and control now? nothing

How was she supported in 1900 and 1901? By Pension of husband

I have no personal interest in the pension asked for

Sworn to and subscribed before me, this 6th day of Sept. 1900

Ordinary of Gordon County, Georgia.

## PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,

COUNTY OF

Personally came before me

and both of whom are known to me to be reputable physicians, who say on oath that they personally know

mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her earning a support)

Sworn to and subscribed before me, this day of 1900

Ordinary of County.

## CERTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE.

STATE OF GEORGIA,

COUNTY OF Barlow

I, J. W. Lindsey, Ordinary, in and for said County of Barlow

State of Georgia, hereby certify that I am acquainted with Mrs. Malinda Owen 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 has resided in the State of Georgia continuously since the 1st day of Jan. 1844, and has not lived out of the State since that date. I also certify that the witnesses, to-wit:

whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith and credit as such, and that the full text of the affidavit was read to and understood by them before same was signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 5th day of Sept. 1900

J. W. Lindsey  
Ordinary.

SEAL

## NOTES.

The Pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried since the death of such husband. Date of marriage is essential and must be submitted. Proof by one witness and two physicians will be accepted when it is shown that the same cannot be furnished, but in all cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case covering the above points. Affidavits must be made in presence of the Ordinary.

I have no personal interest in the pension asked for

Sworn to and subscribed before me, this

Ordinary County, Georgia.

### PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA.

Personally came before me

COUNTY OF

and both of whom are known to me to be reputable physicians, who say on oath that they personally know mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her earning a support).

Sworn to and subscribed before me, this day of 190

Ordinary of County.

### NOTES.

The Pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried since the death of such husband. Date of marriage is essential and must be submitted. Proof by one witness and two physicians will be accepted when it is shown that the same cannot be furnished, but in all cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case covering the above points. Affidavits must be made in presence of the Ordinary.

### POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY

I, Malinda Owens, hereby authorize to receive and receipt for the pension paid hereon, and request that he remit same to me at

In Witness Whereof, I have hereunto set my hand and seal, this day of 1906.

Executed in presence of

### POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY

I, Malinda Owens, hereby authorize to receive and receipt for the pension paid hereon, and request that he remit same to me at

In Witness Whereof, I have hereunto set my hand and seal, this day of Jan 1906.

Executed in presence of

### INDIGENT WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

OF

County.

Widow of

Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1905.

AND PAID TO

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*Owens, Malinda*  
To Those Heretofore Paid.  
**1905.**  
No. 444

**INDIGENT WIDOW'S PENSION,**  
For year ending Dec. 31, 1905.  
PAID TO  
*Malinda Owens*  
OF  
*Barlow*  
County,  
Widow of *John W. Owens*  
Co. *C*  
Regiment,  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT ISSUED  
FEB 7 1906  
AND ORDERED TO  
1905.

For Pensions - Pensions for the Widow of a Soldier.  
GEO. W. HARRIS & SONS, PRINTERS, ATLANTA, GA.

*Owens, Malinda*  
To Those Heretofore Paid.  
**1906.**  
No. 623

**INDIGENT WIDOW'S PENSION,**  
For year ending Dec. 31, 1906.  
PAID TO  
*Malinda Owens*  
OF  
*Barlow*  
County,  
Widow of *John W. Owens*  
Co. *C*  
Regiment,  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT ISSUED  
JAN 29 1906  
AND ORDERED TO  
1906.

For Pensions - Pensions for the Widow of a Soldier.  
GEO. W. HARRIS & SONS, PRINTERS, ATLANTA, GA.

Form No. 2  
**FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.**

STATE OF GEORGIA,  
County of *Barlow* } PERSONALLY COMES MRS. *Malinda Owens*  
who, being sworn says on oath, that she is a bona fide resident of said County of  
*Barlow* State of Georgia, and that she has RESIDED in said State  
continuously ever since *1844* That she is the Widow of  
*John W. Owens* who was a soldier in Company  
of the *3rd* Regiment of *Cal. Cav.*  
Volunteers, that he enlisted in said regiment on or about the month of *May*  
1861 and served in the Army up to *May 4th* 1865 That he died on  
the *10* day of *Jan* 1864

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 1852  
I have been allowed an Indigent pension as a resident of *Barlow*  
County, under Act 1900 for the year 1904, and now apply for the pension provided by law for the  
year ending December 31, 1905.

Sworn to and subscribed before me,  
this *14th* day of *Jan* 1906  
*G. W. Anderson* Ordinary. Post Office  
her  
*Malinda Owens*  
mark  
State of Georgia,  
*Barlow* County. } I, *G. W. Anderson*  
Ordinary of said County, certify that I am well  
acquainted with Mrs. *Malinda Owens*, who made 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  
day of *18*

Given under my official signature and seal, this the *14* day of *Jan* 1906.  
*G. W. Anderson*  
Ordinary of *Barlow* County.

NOTE: All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1905.

Form No. 2  
**FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.**

STATE OF GEORGIA,  
County of *Barlow* } PERSONALLY COMES MRS. *Malinda Owens*  
who, being sworn says on oath, that she is a bona fide resident of said County of  
*Barlow* State of Georgia, and that she has RESIDED in said State  
continuously ever since *1844* That she is the Widow of  
*John W. Owens* who was a soldier in Company  
of the *3rd* Regiment of *Cal. Cav.*  
Volunteers, that he enlisted in said regiment on or about the month of *May*  
1861 and served in the Army up to *May 4th* 1865 That he died on  
the *10* day of *Jan* 1864

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 1852  
I have been allowed an Indigent pension as a resident of *Barlow*  
County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the  
year ending December 31, 1906.

Sworn to and subscribed before me  
this *6th* day of *Jan* 1906  
*G. W. Anderson* Ordinary. Post Office  
*Malinda Owens*  
mark  
State of Georgia,  
*Barlow* County. } I, *G. W. Anderson*  
Ordinary of said County, certify that I am well  
acquainted with Mrs. *Malinda Owens*, who made 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  
day of *1844*

Given under my official signature and seal, this the *6* day of *Jan* 1906.  
*G. W. Anderson*  
Ordinary of *Barlow* County.

NOTE: All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1906.



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 1852.

I have been <sup>small</sup> ~~allowed~~ an Indigent pension as a resident of Barlow County, under Act 1905, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and Subscribed before me, this 14 day of Jan 1906, G. W. Lindrick Ordinary. Malinda Owens her mark Post Office.

State of Georgia, Barlow County. I, G. W. Lindrick Ordinary of said County, certify that I am well acquainted with Mrs. Malinda Owens, who made 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 day of \_\_\_\_\_ 18\_\_.

Given under my official signature and seal, this 14 day of Jan 1906. G. W. Lindrick Ordinary of Barlow County.

NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1905.

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 1852.

I have been allowed an Indigent pension as a resident of Barlow County, under Act 1905, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me, this 6<sup>th</sup> day of Jan 1906, G. W. Lindrick Ordinary. Malinda Owens her mark Post Office Adairsville Ga.

State of Georgia, Barlow County. I, G. W. Lindrick Ordinary of said County, certify that I am well acquainted with Mrs. Malinda Owens, who made 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 day of \_\_\_\_\_ 18\_\_.

Given under my official signature and seal, this 6 day of Jan 1906. G. W. Lindrick Ordinary of Barlow County.

NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1905.

## POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow County. I, Malinda Owens, hereby authorize G. W. Lindrick of Adairsville Ga to receive and receipt for the pension paid hereon, and request that he remit same to me at Adairsville Ga. In Witness Whereof, I have hereunto set my hand and seal, this 5 day of Jan 1907. Malinda Owens [L. S.] mark

Executed in presence of G. W. Lindrick

Owens, Malinda  
Barlow Co

To Those Hereofore Paid.

**1907.**  
No. 1065

**INDIGENT**  
**WIDOW'S PENSION,**

For year ending Dec. 31, 1907.

PAID TO Malinda Owens  
or Barlow County,  
Widow of G. W. Lindrick  
Co. 4 3rd Regiment

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED  
**FEB 4**  
AND FORWARDED TO \_\_\_\_\_ 1907.

ONE W. HARRIS, STATE PRINTER, ATLANTA.

*Owens, Malinda*  
*Barlow*

To Those Heretofore Paid.

1907.

No. 1055

INDIGENT  
WIDOW'S PENSION,  
For year ending Dec. 31, 1907.

PAID TO  
*Malinda Owens*  
or  
*Barlow*  
Widow of *J. P. Owens*  
Co. *4th* 3rd Regt.

County,  
*Barlow*

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED  
FEB 4 1907.

AS FURNISHED TO

USE W. H. HARRIS, STATE PRINTER, ATLANTA.

Form No. 2  
FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
County of *Barlow* } PERSONALLY COMES MRS.  
*Malinda Owens*  
who, being sworn says on oath, that she is a bona fide resident of said County of  
*Barlow* State of Georgia, and that she has RESIDED in said State  
continuously ever since *1841*. That she is the Widow of  
*J. P. Owens* who was a soldier in Company  
*4th* of the *3rd* Regiment of *La Gar*  
Volunteers, that he enlisted in said regiment on or about the month of *May*  
1861, and served in the Army up to *April* 1865. That he died on  
the *January* day of *1903*.

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*59*.

I have been allowed an Indigent pension as a resident of *Barlow*  
County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the  
year ending December 31, 1907.

Sworn to and subscribed before me  
this *5* day of *Jan* 1907. *Malinda Owens*  
*G. W. HARRIS* Ordinary. Post Office *Adairsville Ga*

State of Georgia,  
*Barlow* County. } Ordinary of said County, certify that I am well  
acquainted with Mrs. *Malinda Owens* who made 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  
day of *1841*.

Given under my official signature and seal, this the *1* day of *Jan* 1907.  
*G. W. HARRIS*  
Official Seal } Ordinary of *Barlow* County.

NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1907.

the \_\_\_\_\_ day of January 1907

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 1899

I have been allowed an Indigent pension as a resident of Bartow County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me  
this 5 day of Jan 1907.  
Geo. H. H. H. H. H. Ordinary. Post Office Adairsville Ga  
Geo. H. H. H. H. H.

State of Georgia,  
Bartow County. } Ordinary of said County, certify that I am well  
acquainted with Mrs. Malinda B. H. H. who made 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  
day of Nov

Given under my official signature and seal, this the 7 day of Jan 1907.  
Geo. H. H. H. H. H.  
Ordinary of Bartow County.

{ Official  
Seal }

NOTE.—All blanks must be filled.  
Vouchers and Affidavits must bear date after January 1st, 1907.

Owens, Margaret  
 Barton County  
 Oct 30 1925

# WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When  
 Husband Was on the Pension Roll  
 of Georgia.

County Barton  
 Name Margaret Owens  
 Widow of J. J. Owens  
 Company "A"  
 Regiment 88th  
 Date of Husband's Death Oct 6 1923  
 Date of Marriage Nov 12 1877  
 Approved Feb 3 1925

E. H. Hines  
 E. H. HINES  
 Commissioner of Pensions.

10-21-1924

STATE OF GEORGIA.

## Ordinary's Certificate

Barton COUNTY.

I, Wm. H. Hines Ordinary of said County, do certify that I know Margaret Owens the applicant for pension; that she is the person who represents herself to be, and that she is legitimately a bona fide resident of said County since January 1st, 1920; that I also know J. J. Owens the witness as to marriage; and that both 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.

Given under my hand and official seal of office this 23 day of Feb 1924.  
 (SEAL OF ORDINARY)  
Wm. H. Hines Ordinary.  
Barton County

### Instructions.

1. Before any questions are answered the Ordinary must read the questions to the applicant and the witness in the following words: "You shall now answer each of the following questions, and the witness shall answer the same." If the applicant or witness is unable to read, the Ordinary must read the questions to them.
2. Additional affidavits may be attached if blank spaces are insufficient.
3. If the applicant or witness is unable to read, the Ordinary must read the questions to them.
4. Only widows who are married prior to the death of their husbands are eligible for pension.
5. Only widows who are married prior to the death of their husbands are eligible for pension.
6. Widows of Disabled Pensioners must use the Blue Application Blank and attach and prove full term of husband's service because Disabled Pensioners made no proof of service and were not entitled to do so.

applicant and the witness in the following words:  
 I, the undersigned, do hereby certify that the applicant is entitled to pension, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know the applicant and that she is truthfully and trustworthily and their statements are entitled to full faith and credit.

2<sup>nd</sup> day of Sep. 1924.  
 Ordinary,  
 Barton County

Ordinary of said County, do certify that I know Mrs. Margaret Owens, the applicant for pension; that she is the person who represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know the applicant and that she is truthfully and trustworthily and their statements are entitled to full faith and credit.

icate

*E. H. Hines*  
 Commissioner of Pensions.

10-21-1924

*Margaret Owens*  
 Applicant

WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When Husband Was on the Pension Roll of Georgia.

County Barton  
 Name Margaret Owens  
 Widow of J. L. Owens  
 Company 86<sup>th</sup>  
 Regiment 4<sup>th</sup>  
 Date of Husband's Death Oct. 23, 1918  
 Date of Marriage Nov. 1<sup>st</sup>, 1877  
 Approved Feb. 3, 1925

*E. H. Hines*  
 Commissioner of Pensions.

10-21-1924

Ordinary's Certificate

STATE OF GEORGIA.

*Barton*  
 COUNTY.

1. I, *W. H. Anderson*, Ordinary of said County, do certify that I know Mrs. *Margaret Owens*, the applicant for pension; that she is the person who represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know the applicant and that she is truthfully and trustworthily and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 2<sup>nd</sup> day of Sep. 1924.  
 (SEAL OF ORDINARY) *W. H. Anderson* Ordinary,  
*Barton* County

Instructions.

- Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
- Additional affidavits may be attached if blank spaces are insufficient.
- All affidavits must be made before the Ordinary of the County of residence.
- All widows who are married prior to first January, 1861, are entitled.
- Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
- Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because Disabled Pensioners made no proof of service and were not required to do so.

# Ordinary's Certificate

STATE OF GEORGIA,

*Barlow* COUNTY.

I, *G. W. Nims* Ordinary of said County, do certify that I know *Mrs. Margaret Owens*, the applicant for pension; that she is the person she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know *R. L. Griffin*, the witness as to marriage; and that both 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.

Given under my hand and official seal of office this *23* day of *Sep*, 1924.  
(SEAL OF ORDINARY) *G. W. Nims* Ordinary,  
*Barlow* County

## Instructions.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the County of residence.
4. Only widows who are married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because Disabled Pensioners made no proof of service and were not required to do so.

## APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be Used by the Widow of a Disabled Soldier Pensioner.)

STATE OF GEORGIA,

*Barlow* COUNTY.

Personally before me comes *Mrs. Margaret Owens* of said County, who, after having been duly sworn, says that she is the widow of *J. J. Owens* to whom, in the County of *Barlow* State of *Ga* she was married on the *22<sup>nd</sup>* day of *Nov*, 1877, and that she remained his wife, and resided with him to the date of his death in *Oct*, 1928, and that she has not since his death remarried; at the time of his death he was a resident of *Barlow* County, in said State of Georgia, and he was on the *Indigent* Pension Roll of the State and paid a pension of \$100 in *Barlow* County for 1928 (per annum), on account of being a soldier in Company *C*, Regiment *35<sup>th</sup> Ga* (Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of *Ga* and she has, continuously, resided there since *1<sup>st</sup>* day of *September*, 1887.

Sworn to and subscribed before me, this the *23<sup>rd</sup>* day of *Sep*, 1924, *G. W. Nims* Ordinary, *Margaret X Owens* (Applicant) of *Barlow* County. *mark*  
(SEAL OF THE ORDINARY.)

## Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA,

*Barlow* COUNTY.

Personally before me comes *R. L. Griffin* known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, *Mrs. Margaret Owens*, who made the foregoing affidavit, is the lawful widow of *J. J. Owens* who died in *Barlow* County in said State of *Ga* on the *6<sup>th</sup>* day of *October*, 1928, and that she has not since remarried; that she became the wife of *J. J. Owens* on the *22<sup>nd</sup>* day of *Nov*, 1877; that she and he had resided together as husband and wife, continuously, since *22<sup>nd</sup>* day of *Nov*, 1877, and that *he* was the same man who was on the pension roll of said State from *Barlow* County *Ga* when he died.

Sworn to and subscribed before me, this the *23<sup>rd</sup>* day of *Sep*, 1924, *G. W. Nims* Ordinary, *R. L. Griffin* of *Barlow* County.  
(SEAL OF ORDINARY)

the 22<sup>nd</sup> day of Nov. 1877, and that she remained his wife, and resided with him to the date of his death in Oct- 1928 and that she has not since his death remarried; at the time of his death he was a resident of Barlow County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$100 in Barlow County for 1928 (per annum), on account of being a soldier in Company "P" Regiment 35<sup>th</sup> Ga (Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of Ga and she has continuously resided there since 1<sup>st</sup> day of September 1887

Sworn to and subscribed before me, this the

8<sup>th</sup> day of Sep. 1924  
W. W. Henderson Ordinary Margaret X Owens  
of Barlow County. (Applicant)  
mard

(SEAL OF THE ORDINARY.)

#### Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA,

Barlow

COUNTY.

Personally before me comes R. L. Griffin known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says

that of deponent's own personal knowledge, Mrs. Margaret Owens, who made the foregoing affidavit, is the lawful widow of J. J. Owens who died in Barlow

County in said State of Ga on the 6<sup>th</sup> day of October 1928.

and that she has not since remarried; that she became the wife of J. J. Owens on the 22<sup>nd</sup> day of Nov. 1877, that she and he had resided together as husband

and wife, continuously, since 22<sup>nd</sup> day of Nov 1877, and that he

was the same man who was on the pension roll of said State from Barlow

County when he died.

Sworn to and subscribed before me, this the

8<sup>th</sup> day of Sep. 1924  
W. W. Henderson Ordinary R. L. Griffin  
of Barlow County.

(SEAL OF ORDINARY)





**POWER OF ATTORNEY.**  
STATE OF GEORGIA.  
County of *Bartow*  
Know all Men by these Presents That

County of said State, do hereby appoint  
of *Bartow County*  
me and in my name to receive and receipt  
to from the State of Georgia as a widow of  
affidavit hereby authorizing my said attorney  
to be issued by the Governor or for any sum of  
aforesaid

IN WITNESS WHEREOF, I  
day of *4th*

Executed in the presence of us

*Abelard J. Owen*  
*Chas. R. Smith & Co.*

If allowed, send amount by  
me at



*Bartow*  
COUNTY.  
**\$100.00.**

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta

**POWER OF ATTORNEY.**

Form No. 5.

STATE OF GEORGIA.  
County of *Bartow*

Know all Men by these Presents That I, *Sarah A & Owen*  
of *Bartow*  
A. H. Foutle

County, in said State, do hereby appoint  
of *Bartow County* my true and lawful attorney in fact, for  
me and in my name, to receive and receipt for what-ever amount of money I may be entitled  
to from the State of Georgia 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  
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
day of *4th* April 1891

*Sarah A & Owen* [L.S.]

Executed in the presence of us

*Abelard J. Owen*  
*Chas. R. Smith & Co.*

**DIRECTIONS.**

If allowed, send amount by

me at

and oblige.



**Affidavit to be Made by the Widow.**

Form No. 1.

STATE OF GEORGIA.

County of *Bartow*

In person came before me, the undersigned Ordinary

in and for the County of *Bartow*

Mrs. *Sarah A & Owen*, who being sworn according to law, says under  
oath that she is the widow of *John B. Owen*, who was a soldier in  
the service of the Confederate States, and served as a member of Company *26*, of the

*43rd* Regiment of *Georgia* Volunteers; that he enlisted in said  
service on or about the day of *Feb'y* 1862, and was in the

*Confederate* Army up to *July 12* 1863. That while in the  
Army, he was on the day of *May* 1863, (See Note No. 1)

taken a prisoner of war during the siege  
of *Vicksburg*, in the State of *Mississippi*  
and carried as such prisoner to *Fort*  
*Delaware*, on or about April or May  
1863, where he died on said 12th day  
of *July* 1863, as shown by the accompany-  
ing letter from the office of the Com-  
missionary General of Pensions, dated at  
*Washington, D. C.*, July 2, 1866.

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 17th  
day of *Nov.* 1853, and that she has resided in Georgia continuously since the  
28th day of *Dec.* 1834; 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

9th day of *apl* 1891: *Sarah A & Owen*  
*Abelard J. Owen*  
Ordinary.

NOTE 1. 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 shown positively to have resulted from the service of the soldier in the Army  
and not from any other cause.

AND HANDED TO

1891

Warrant Issued

**\$100.00.**

*Bartow*  
COUNTY

*Abelard J & Owen*

**Widows' Pension**

PAID TO

*Bartow*  
COUNTY

*Abelard J & Owen*

*Chas. R. Smith & Co.*

*1891*

*C. Men, Sarah A. E.*



Widows' Pension  
PAID TO—  
Mustard, J. & Green  
of  
Barlow  
COUNTY  
\$100.00.  
Warrant Issued  
1891

C. Men. Sarah A. E.  
Barlow  
1891.  
of Cherokee Co. 1891  
270. 2611

Missary Journal of Pensions, dated at  
Washington, D. C., July 2, 1866.

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 17<sup>th</sup> day of Nov. 1853, and that she has resided in Georgia continuously since the 28<sup>th</sup> day of Dec. 1834; 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 9<sup>th</sup> day of April 1891.  
Ordinary.

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

### Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA.

County of Barlow In person came before me, the undersigned Ordinary

and John M. Williams teach known to said Attesting Officer as truthful, reliable and reputable citizens, who severally say under oath, that, from their own personal knowledge,

Mrs. Sarah A. E. Owen of the County of Barlow

State of Georgia, is the widow of John A. Owen, who was a soldier in

Company 4 of the 1st Regiment of Vol. Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 17th day of Nov. 1853. That while in said service, or by

reason of said service in the Army, he lost his life as follows: He was killed by

the enemy's fire while he was in the ranks of the 1st Regiment of

Volunteers, Company 4, on the 23rd day of December, 1890, at

Barlow, Georgia.

He was killed by the enemy's fire while he was in the ranks of the

1st Regiment of Volunteers, Company 4, on the 23rd day of December,

1890, at Barlow, Georgia.

He was killed by the enemy's fire while he was in the ranks of the

1st Regiment of Volunteers, Company 4, on the 23rd day of December,

1890, at Barlow, Georgia.

He was killed by the enemy's fire while he was in the ranks of the

1st Regiment of Volunteers, Company 4, on the 23rd day of December,

1890, at Barlow, Georgia.

He was killed by the enemy's fire while he was in the ranks of the

1st Regiment of Volunteers, Company 4, on the 23rd day of December,

1890, at Barlow, Georgia.

He was killed by the enemy's fire while he was in the ranks of the

1st Regiment of Volunteers, Company 4, on the 23rd day of December,

1890, at Barlow, Georgia.

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

Form No. 3.

STATE OF GEORGIA.

County of Barlow In and for said County of Barlow

State of Georgia, hereby certify that I am acquainted with Mrs. Sarah A. E. Owen

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 fully 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 hereunto set my hand and affixed the seal of my office, this, the 9<sup>th</sup> day of April 1891.

J. M. Williams Ordinary.

John M. Williams Ordinary.

John M. Williams Ordinary.

John M. Williams Ordinary.

John M. Williams Ordinary.

John M. Williams Ordinary.

John M. Williams Ordinary.

John M. Williams Ordinary.

John M. Williams Ordinary.

John M. Williams Ordinary.

John M. Williams Ordinary.

John M. Williams Ordinary.

John M. Williams Ordinary.

John M. Williams Ordinary.

John M. Williams Ordinary.

John M. Williams Ordinary.

John M. Williams Ordinary.

### NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

Those whose husbands died in the arms 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 remarried.

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 full 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.

Company *B* of the *112* Regiment of *Inf* Volunteers.  
That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the *10th* day of *Dec* 1861. That while in said service, or by reason of said service in the Army, he lost his life as follows: *He is killed by*

*He is killed by a bullet from the side of the head, on the 10th day of Dec 1861, and is buried in the ground near the place where he was killed. The body was found on the 11th day of Dec 1861, and was taken to the place where it was found, and was buried in the ground near the place where it was found. The body was found on the 11th day of Dec 1861, and was taken to the place where it was found, and was buried in the ground near the place where it was found.*

We further swear that Mrs. *Ann* *W. Collins* was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in *Lowell* County of the State of Georgia.

Sworn to and subscribed before me this, the *10th* day of *April* 1891.

*Wm. M. Mullins*  
*J. M. Holcomb*  
*A. G. Collins*  
Ordinary

*I certify that the above is a true and correct copy of the original as it appears in the records of the Department of the Interior, and that the same is true and correct as it appears in the records of the Department of the Interior, and that the same is true and correct as it appears in the records of the Department of the Interior.*

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 fully 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 hereunto set my hand and affixed the seal of my office, this, the *10th* day of *April* 1891.

*Wm. M. Mullins*  
*J. M. Holcomb*  
*A. G. Collins*  
Ordinary

Form No. 1.

## NOTES.

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 remarried.

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 full 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.

POWER OF ATTORNEY.

STATE OF GEORGIA.

*Barlow* County.

I, *Thomas P. Barlow*,  
*Richard Johnson* do hereby authorize

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

Witness my hand and seal this *24th* day of *March*

1886.

Executed in presence of

*One of the undersigned*

*Barlow, Thomas P.*  
*Barlow Co*

No. 104

INDIGENT PENSION

1895.

Name *Thomas P. Barlow*

County *Barlow*

Ground *Indigent & poor*

*Exp. July 1, 1896*

RICHARD JOHNSON,

*Secretary, Executive Department*

WARRANT HANDED TO

*Atty*

Geo. W. Harrison, State Printer, Atlanta.

July 1 1896

RICHARD JOHNSON,  
Southern Executive Department

WARRANT HANDED TO

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

CRNEY.

he must come to

by  
1896.

Barlow County  
herely authorize

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, Thomas P. Oliver, hereby authorize  
J. P. Oliver, of Barlow County,

to receive and accept for the person named and request that he remit same to

Witness my hand and seal this 20th day of June, 1896.

I executed in presence of

J. P. Oliver

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Barlow County.

Personally came before me, J. W. Bradley, and  
J. P. Oliver, both being of legal age, reputable physicians  
of said county, who being severally sworn, on oath that they have examined said Thomas  
P. Oliver, applicant for pension under the Act of 1881, and after  
such personal examination, say that his precise physical condition is as follows:

Double inguinal hernia  
gradual & last few weeks  
the condition of the hernia became  
so large as to prevent him  
from

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 20th day of April, 1896.  
J. W. Bradley  
Only

1896.

J. P. Oliver  
J. W. Bradley

No. 104

INDIGENT PENSION

1895.

Thomas P. Oliver

Barlow

Ground In July & August

July 1 1896

RICHARD JOHNSON,

Southern Executive Department

WARRANT HANDED TO

Atty

Geo. W. Harrison, State Printer, Atlanta.

Deputy Registrar

No. 104

INDIGENT PENSION

1895.

Name Thomas D. Rivers

County Bartow

Ground Indigent & pauper

April 25 1895

RICHARD JOHNSON,

Deputy Registrar

WARRANT HANDRED TO.

Att.

Wm. W. Herndon, State Printer, Orlando.

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 25<sup>th</sup> day of April 1895.  
J. H. Emiller  
J. H. Emiller  
Only

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

County. Bartow

I, J. H. Emiller, Ordinary in and for said County, hereby certify that the applicant Thomas D. Rivers resides in said County, and was a bona

fide resident of this State on the first day of January, 1894, and that the witnesses, viz: J. H. Emiller

are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax-digests of Bartow County show that applicant returned for taxation in his name in 1892,

dollars of property, and in 1894,

dollars of property.

Witness my hand and seal of office this 25<sup>th</sup> day of May 1895.  
J. H. Emiller  
Ordinary  
of Bartow County.

NOTE.

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

10. What is the applicant's occupation and physical condition? The applicant has no occupation as he is unable to work and is not capable of doing any thing else for a support. He is badly ruptured on both sides, is troubled with his kidneys and is old and feeble and unable to work.

11. Is the applicant unable to support himself by labor of any sort, if so, why? The applicant is unable to support himself by labor because he is old & feeble and is ruptured, troubled with kidney complaint and has had his leg broken which renders him unable to work or earn a support.

12. How was he supported during the years 1892 and 1894? By his Son.

13. What portion of his support for these two years was derived from his own labor or income? Nothing.

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? He is suffering from a severe rupture, kidney complaint and lame leg, all of which render applicant unable to work or earn a support.

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

Sworn to and subscribed before me, this the 24<sup>th</sup> day of April 1895.  
J. H. Emiller  
Only



NOTE.

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

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? *He is suffering from a hernia, kidney complaint and lame leg, all of which render applicant unable to work or earn a support*

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

I swear to and subscribed before me, this the 24th day of April 1895,

*G. W. Audrieth*  
*Ordinary*

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA.

*Barlow* County. }  
*Thomas P. Brown*

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

1. What is your name and where do you reside? (give State, County and post office) *Thomas P. Brown, Adairville, Barlow County Ga.*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? *Was a tenant in Gordon Co. Ga. 43 years.*
3. When and where were you born? *Nov 25th 1851, Adairville Ga.*
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *Confederate Army*
5. When and where did you enlist? *May 1st 1862, Gordon Co. Ga.*
6. In what company and regiment did you enlist? *Co. B 3rd Ga. Cavalry*
7. How long did you remain in that company and regiment? *One year & five days*
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? *Was discharged & transferred, but was captured May 12th 1862 and carried to prison and remained there*
9. For how long a period did you discharge regular military duty? *Two years & 5 days*
10. When, where and under what circumstances were you discharged from service? *Was discharged from prison June 1st 1862, then lived in Adairville Ga. after close of war.*
11. What is your present occupation? *Farming*
12. How much can you earn per annum by your own exertions or labor? *Nothing*
13. What has been your occupation since 1865? *Farming*
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? *One hundred dollars*

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

*Barlow* County. }  
*B. B. Bentley*

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

1. What is your name and where do you reside? *B. B. Bentley Adairville Barlow County Ga.*
2. Are you acquainted with *T. P. Brown*, the applicant, if so how long have you known him? *Yes have thirty three years.*
3. Where does he reside, and how long has he been a resident of this State? *Adairville Barlow County Ga. 33 years to my knowledge*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *I know he served in the Confederate army. I know this because I served with him.*
5. When, where and in what company and regiment did he enlist? *May 1st 1862 Co. B 3rd Ga. Cavalry*
6. Were you a member of the same company and regiment? *No.*
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? *I know of him performing regular military duty for 2 1/2 months, he made a good soldier. I was wounded in Dec 1863, and was returned to the Company afterwards.*
8. What property, effects or income has the applicant? (Give your means of knowledge.) *Nothing. I know him and know he has nothing except a little household furniture*
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? *Very little he had a mule in 1893, and some some hold good. The mule was sold for very little. He had no property in 1894 except a household furniture*

8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? *Have discharged & transferred, but was 2*  
*Captured May 12<sup>th</sup> 1864 and carried to prison and remained there*  
9. For how long a period did you discharge regular military duty? *Two years & 3 days*  
10. When, where and under what circumstances were you discharged from service? *I was discharged*  
*from Union Army at New Orleans, Louisiana*  
*after close of war.*  
11. What is your present occupation? *Farming*  
12. How much can you earn per annum by your own exertions or labor? *Nothing*

13. What has been your occupation since 1865? *Farming*  
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? *Fort Hundred Dollars*  
*Nothing*

5. When, where and in what company and regiment did he enlist? *May 12<sup>th</sup> 1862*  
*Co. B 3<sup>rd</sup> La. Cavalry*  
6. Were you a member of the same company and regiment? *Yes*  
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? *I know of him*  
*performing regular military duty for a 32 month. He was a*  
*a good soldier. I was wounded in 1863 and*  
*never returned to the company afterwards.*  
8. What property, effects or income has the applicant? (Give your means of knowledge.)  
*Nothing. I know him and know he has nothing*  
*except a little household furniture*

9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? *Very little he had a small cow*  
*1893, and some household goods. The cow was sold*  
*to pay debts. He had no property in 1894 except a*  
*household furniture*

15. What is your present physical condition and how long have you been in such condition? *I am*  
*badly ruptured on both sides. Have nothing trouble*  
*and have had my left leg broken which renders*  
*me unable to work. I have been injured over*  
*twenty years. I have been troubled with my kidneys*  
*for about ten years, and my leg was broken being*  
*two years ago, it is now has been growing good*  
*and now can walk with a cane. It has rendered me*  
*unable to do any work*

16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmary and poverty," or third "blindness and poverty"? *Infirmary &*  
*poverty.*

17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? *I have*  
*about 100 lbs. of my body which renders me*  
*unable to do any work*

18. What property, effects or income do you possess? *Nothing*

19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any did you make of same? *In 1893 I owned a small house was*  
*paid to pay my debts. I owned nothing in 1894*  
*except a little household furniture which I still*  
*have, worth about fifty dollars*

20. In what County did you reside during those years and what property did you then return for taxation? *Barclay County Pa. I returned in 1893, about*  
*\$100 and in 1894 about \$200*

21. How were you supported during the years 1893 and 1894? *By the help of my*  
*wife.*

22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *About \$100*  
*Nothing*

23. What was your employment during 1893 and 1894? What pay did you receive in each year? *I was on farm and worked upon it for my own*  
*farm (my farm was rented by my son) Nothing*

24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support. *Yes. My wife is*  
*living. Have 2 children. My son is 18*  
*years old. My daughter is 16 years old. They are both*  
*working on the farm.*

25. Are you receiving a pension under any law of this State, if so what amount and for what disability? *No*

26. Are you receiving any aid from your County, and if so, how much? Did you ever apply for such aid? *No*  
*No*

Sworn to and subscribed before me this the *14<sup>th</sup>* day of *June* 1895. *G. W. Pennington* Ordinary of *Barclay* County. Applicant.

18. What property, effects or income do you possess? *Nothing*

19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any did you make of same? *In 1893 I owned a small tract of land and a few very little household furniture worth about \$2000. In 1894 I sold the land and the furniture and moved to the new place, worth about \$5000.*

24. Are you married and have you a family? If so, is your wife living and how many children have you?

Give age and sex of children and their means of support? *Yes, My wife is living. Have 2 children, all of age. One is a son, 18 years old, and the other is a daughter, 16 years old.*

25. Are you receiving a pension under any law of this State, if so what amount and for what disability?

26. Are you receiving any aid from your County, and if so, how much? Did you ever apply for such aid?

Sworn to and subscribed before me this the

day of *June* 1895.

*Geo. W. Johnson* Ordinary

of *Barlow* County.

Applicant

### POWER OF ATTORNEY.

STATE OF GEORGIA.

*Barlow* County.

I, *Geo. W. Johnson*, hereby authorize *Geo. W. Johnson* of *Barlow* County, Georgia, to receive and receipt for the pension paid hereon and request that he remit same to *Chook* at *Barlow*.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *18* day of *June* 1897.

[L. S.]

Executed in presence of

### POWER OF ATTORNEY.

State of Georgia.

*Barlow* County.

I, *J. P. Brown*, hereby authorize *Geo. W. Johnson* of *Barlow* County, Georgia, to receive and receipt for the pension paid hereon and request that he remit same to *Chook* at *Barlow*.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *18* day of *June* 1898.

[L. S.]

Executed in presence of

*B. H. Brown*  
*24 W. Brown*

ACT OF 18 DEC. 1894.

(For Those Already Enrolled.)

*Barlow*

No. *1718*

INDIGENT

Soldier's Pension.

1897.

Name *Geo. W. Johnson*

County *Barlow*

1897.

*2/3*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

*Geo. W. Johnson*

REG. W. JOHNSON, STATE PRINTER, ATLANTA.

*No data*

ACT OF 18 DEC. 1894.

(For Those Already Enrolled.)

*Barlow*

No. *2298*

INDIGENT

SOLDIER'S PENSION,

1898.

Name *J. P. Brown*

County *Barlow*

WARRANT ISSUED

1898.

*1/2*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

*Geo. W. Johnson*

REG. W. JOHNSON, STATE PRINTER, ATLANTA.

*No data*

*David P. Owen*  
 ACT OF 13 DEC. 1891.  
 (For Those Already Enrolled.)  
*Bartow*  
 No. *1718*  
 1897.  
 INDIGENT  
 Soldier's Pension.  
**1897.**  
 Name *David P. Owen*  
 County *Bartow*  
 2/3  
 RICHARD JOHNSON,  
 Commissioner of Pensions.  
 WARRANT HANDLED TO  
*W. H. Harrison*  
 REG. W. HARRISON, STATE PRINTER, ATLANTA.  
*No date*

*Owen, Y. O. Bartow Co*  
 ACT OF 13 DEC. 1891.  
 (For Those Already Enrolled.)  
 No. *2298*  
 1898.  
 INDIGENT  
 SOLDIER'S PENSION,  
**1898.**  
 Name *J. P. Owen*  
 County *Bartow*  
 1/2  
 WARRANT ISSUED  
 RICHARD JOHNSON,  
 Commissioner of Pensions.  
 WARRANT HANDLED TO  
*W. H. Harrison*  
 REG. W. HARRISON, STATE PRINTER, ATLANTA.  
*No date*

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
*Bartow* County.  
 Personally appears *Thos P. Owen* of *Bartow* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of *March* 18*52*; that he is *68* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *2 1/2 yrs* in Company *C*, of *3*th Regiment of *Georgia Cavalry*; that his physical condition is as follows: *disabled on both sides and a broken leg*  
 that his property consists of the following items: *nothing*

of the value of *nothing* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.  
 Deponent desires to participate in the benefits of the Act, approved December 15th, 1891, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of *Bartow* county been allowed a pension for the year 189*6*.  
 Sworn to and subscribed before me, this, *2* day of *May*, 1897.  
*J. P. Owen* Ordinary.

STATE OF GEORGIA,  
*Bartow* County.  
 I, *J. P. Owen* Ordinary of said County, do certify that I am well acquainted with *Thos P. Owen* 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 *2* day of *May*, 1897.  
*J. P. Owen* Ordinary *Bartow* County.  
 NOTE - The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
*Bartow* County.  
 Personally appears *J. P. Owen* of *Bartow* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of *March* 18*52*; that he is *69* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *2 yrs* in Company *C*, of *3*rd Regiment of *Georgia Cavalry*; that his physical condition is as follows: *disabled from labor from rheumatism and from a kidney disease*  
 that his property consists of the following items: *none*

of the value of *none* 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, 1891, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of *Bartow* county been allowed a pension for the year 189*7*.  
 Sworn to and subscribed before me, this, *19* day of *May*, 1898.  
*J. P. Owen* Ordinary.

State of Georgia,  
*Bartow* County.  
 I, *J. P. Owen* Ordinary of said County, do certify that I am well acquainted with *J. P. Owen* 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 *19* day of *May*, 1898.  
*J. P. Owen* Ordinary *Bartow* County.  
 NOTE - The blank spaces must be filled.

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 1897. I have heretofore as a resident of Barlow county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the

day of January 1897.

Ordinary.

## STATE OF GEORGIA,

Barlow County.

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

do certify that I am well acquainted with T. P. Owen 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 January 1897.



Ordinary Barlow County.

NOTE - The blank space must be filled.

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

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

Sworn to and subscribed before me, this, the

day of January 1898.

Ordinary.

## State of Georgia,

Barlow County.

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

do certify that I am well acquainted with T. P. Owen 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 January 1898.



Ordinary Barlow County.

NOTE - The blank space must be filled.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, T. P. Owen hereby authorize G. W. Hendricks of Barlow county, Ga. to receive and receipt for the pension allowed, and request that he remit same to T. P. Owen at Adonville

by

Witness my hand and seal this 1st day of January 1898.

Executed in presence of

G. W. Hendricks (L. S.)

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, T. P. Owen hereby authorize G. W. Hendricks of Barlow county, Ga. to receive and receipt for the pension allowed, and request that he remit same to T. P. Owen at Adonville

by

Witness my hand and seal, this 1st day of January 1900.

Executed in presence of

G. W. Hendricks (L. S.)

CODE REC. 1294.

(For Those Already Enrolled.)

No. 3643

INDIGENT

SOLDIER'S PENSION,

1899.

Name T. P. Owen  
County Barlow

WARRANT ISSUED

1899

RICHARD JOHNSON,

Commissioner of Finance

WARRANT HANDLED TO

G. W. Hendricks

(See W. Hendricks, State Printer, Atlanta)

CODE REC. 1294.

(For Those Already Enrolled.)

No. 2143

INDIGENT

SOLDIER'S PENSION,

1900.

Name T. P. Owen  
County Barlow

WARRANT ISSUED

1900

JOHN W. LINDSEY,

Commissioner of Finance

WARRANT HANDLED TO

G. W. Hendricks

(See W. Hendricks, State Printer, Atlanta)

CODE REC. 1284.  
(For Those Already Enrolled.)

No. 3543

INDIGENT

SOLDIER'S PENSION,

1899.

Name *J. P. Owen*  
County *Barlow*

WARRANT ISSUED

1899

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDLED TO

*W. H. Hendricks*  
John W. Hendricks, State Printer, Atlanta.

CODE REC. 1284.  
(For Those Already Enrolled.)

No. 2143

INDIGENT

SOLDIER'S PENSION,

1900.

Name *J. P. Owen*  
County *Barlow*

WARRANT ISSUED

1900

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDLED TO

*W. H. Hendricks*  
John W. Hendricks, State Printer, Atlanta.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Barlow* County, Personally appears *J. P. Owen* of *Barlow*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1<sup>st</sup>* day of *March* 1852; that he is *70* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States for of the State of *GA*, during the war between the States, and served for the term of *3 years* in Company *B*, of *3<sup>rd</sup>* Regiment of *GA* *col*; that his physical condition is as follows: *entirely*

that his property consists of the following items: *no property*

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 1898.

Sworn to and subscribed before me, this, *7<sup>th</sup>* day of *Jan* 1899, *J. P. Owen* Ordinary.

State of Georgia,

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

Given under my official signature and seal, this *7<sup>th</sup>* day of *January* 1899, *M. W. Hendricks* Ordinary, *Barlow* County.



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

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Barlow* County, Personally appears *J. P. Owen* of *Barlow*

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1<sup>st</sup>* day of *March* 1852; that he is *71* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the States, and served for the term of *3 years* in Company *B*, of *3<sup>rd</sup>* Regiment of *GA* *col*; that his physical condition is as follows: *badly* *entirely* *special* *affection* *and*

that his property consists of the following items: *no property*

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 1900. I have heretofore as a resident of *Barlow* county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, *21<sup>st</sup>* day of *Jan* 1900, *J. P. Owen* Ordinary.

State of Georgia,

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

Given under my official signature and seal, this *9<sup>th</sup>* day of *January* 1900, *M. W. Hendricks* Ordinary, *Barlow* County.



Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1900.

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 1898

Sworn to and subscribed before me, this, the 7th day of June 1899. J. P. Owen Ordinary.

State of Georgia, Barlow County.

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

Given under my official signature and seal, this 7th day of June 1899. G. W. Hendricks Ordinary Barlow County.

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

that he receives no pension but the one herein applied for.  
Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Barlow county been allowed a pension for the year 1899

Sworn to and subscribed before me, this, the 7th day of June 1900. J. P. Owen Ordinary.

State of Georgia, Barlow County.

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

Given under my official signature and seal, this 7th day of June 1900. G. W. Hendricks Ordinary Barlow County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow County.  
I, J. P. Owen hereby authorize G. W. Hendricks of Barlowville Ga to receive and receipt for the pension allowed and request that he remit same to me at Barlowville

Witness my hand and seal, this 12 day of June 1901. J. P. Owen  
Executed in presence of J. P. Owen

POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow County.  
I, J. P. Owen hereby authorize G. W. Hendricks of Barlowville Ga to receive and receipt for the pension allowed and request that he remit same to me at Barlowville Ga by Chick

Witness my hand and seal, this 14th day of July 1902. J. P. Owen [L. S.]  
Executed in presence of

INDIGENT  
SOLDIER'S PENSION.  
1901.

WARRANT ISSUED  
JOHN W. LINDSEY.  
WARRANT HANDLED TO  
G. W. Hendricks

INDIGENT  
SOLDIER'S PENSION  
1902.

WARRANT ISSUED  
JOHN W. LINDSEY.  
WARRANT HANDLED TO  
G. W. Hendricks  
no data

*Overly C. G.*  
 For Those Already Enrolled.  
 No. 1181  
 INDIGENT  
 SOLDIER'S PENSION.  
 1901.  
 Name *Overly C. G.*  
 County *Barlow*  
 WARRANT ISSUED  
 11/21  
 JOHN W. LINDSEY,  
 Commissioner of Pensions.  
 WARRANT HANDLED TO  
*J. H. Thompson*

*Overly C. G.*  
 For Those Already Enrolled.  
 No. 3198  
 INDIGENT  
 SOLDIER'S PENSION.  
 1902.  
 Name *J. P. Overly*  
 County *Barlow*  
 Co. *1st*  
 Regiment *1st*  
 WARRANT ISSUED  
 11/21  
 1902  
 JOHN W. LINDSEY,  
 Commissioner of Pensions.  
 WARRANT HANDLED TO  
*Prody*  
*no data*

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
*Barlow* County.  
 Personally appears *J. P. Overly* of *Barlow* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1st* day of *March* 1861; that he is *12* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States of America during the war between the States and served for the term of *18* months in Company *G*, of *5th* Regiment of *Georgia* Infantry; that his physical condition is as follows: *Had double hernia and a spinal cord injury. He is*

that his property consists of the following items,  
 of the value of *1* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.  
 Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of *Barlow* county been allowed a pension for the year 1901.  
 Sworn to and subscribed before me, this *15th* day of *January*, 1902.  
*W. H. Nuddrick* Ordinary.

STATE OF GEORGIA,  
*Barlow* County.  
 I, *W. H. Nuddrick* Ordinary of said County, do certify that I am well acquainted with *J. P. Overly* 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. It is to be and that he resides in this County.  
 Given under my official signature and seal, this *15th* day of *January*, 1902.  
*Jay W. Nuddrick*  
*Barlow* County.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
*Barlow* County.  
 Personally appears *J. P. Overly* of *Barlow* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1st* day of *March* 1861; that he is *12* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States and served for the term of *18* months in Company *G*, of *5th* Regiment of *Georgia* Infantry; that his physical condition is as follows: *Had double hernia and a spinal cord injury. He is*

that his property consists of the following items,  
 of the value of *1* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.  
 Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of *Barlow* county been allowed a pension for the year 1901.  
 Sworn to and subscribed before me, this *15th* day of *January*, 1902.  
*W. H. Nuddrick* Ordinary.

STATE OF GEORGIA,  
*Barlow* County.  
 I, *W. H. Nuddrick* Ordinary of said County, do certify that I am well acquainted with *J. P. Overly* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.  
 Given under my official signature and seal, this *15th* day of *January*, 1902.  
*Jay W. Nuddrick*  
*Barlow* County.



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



that he receives no pension but the one herein applied for.  
Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Barlow county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this 10th day of January, 1902.

STATE OF GEORGIA,  
Barlow County.

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

Given under my official signature and seal, this 10th day of January, 1902.

JOHN W. LINDSEY, Ordinary of said County.

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

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

Sworn to and subscribed before me, this 10th day of January, 1902.

STATE OF GEORGIA,  
Barlow County.

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

Given under my official signature and seal, this 10th day of January, 1902.

JOHN W. LINDSEY, Ordinary of said County.

### POWER OF ATTORNEY.

STATE OF GEORGIA,  
Barlow County.

I, L. P. Coker, hereby authorize George W. Hendricks of Barlowville Ga. to receive and receipt for the pension allowed and request that he remit same to me at Barlowville Ga.

by me

Witness my hand and seal, this 10th day of Jan, 1902.

Executed in presence of J. C. Breyer

Opent, C. C.  
Barlow, Ga.

CODE-SECTION 154  
(FOR THOSE ALREADY ENROLLED)

No. 8724

INDIGENT  
SOLDIER'S PENSION  
1903.

Name L. P. Coker  
County Barlow  
Co. 8th Regiment Inf.

WARRANT ISSUED  
January 10 1902

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDLED TO

no data

*Chas. E. C.*  
*Deputy Clerk*

CODE SECTION 134  
(FOR THOSE ALREADY ENROLLED)

No. *3721*

INDIGENT  
**SOLDIER'S PENSION**  
**1903.**

Name *G. P. Dwyer*  
County *Chatham*  
Co. *B* Regiment *2d*  
*1st Reg. Cavalry*  
WARRANT ISSUED *January 20 1903*  
JOHN W. LINDSEY,  
Commissioner of Pensions  
WARRANT HANDED TO *C*  
See Section 1346, Private, Article

*no data*

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Baldwin* County.)

Personally appears *G. P. Dwyer* of *Baldwin* 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 *March 1862* that he is *74* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States of the State of *Georgia* during the war between the States, and served for the term of *3 1/2* years in Company *E* of *7th* Regiment of *Georgia*, that his physical condition is as follows:

that his property consists of the following items:

of the value of *100* 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 *Baldwin* county been allowed a pension for the year *1902*.

Sworn to and subscribed before me this *14th* day of *July* 1903.

STATE OF GEORGIA,  
*Baldwin* County.)

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

Given under my official signature and seal, this *14th* day of *July* 1903.

Ordinary *G. P. Dwyer* County.

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

concession and thereby he is entitled to participate in the benefits of the Act, approved December 15th, 1891, 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 *Barlow* county been allowed a pension for the year 1892.

Sworn to and subscribed before me, this the *14* day of *Jan*, 1903.

Ordinary.

# STATE OF GEORGIA,

*Barlow* County.

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

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

Ordinary

County.

Note: The blank spaces must be filled.

Note: Affidavits should not be attested before the 1st day of 1903.

GEORGIA, *Barlow* County.

I, *G. W. Hurdick*, Ordinary of said county, do certify that I personally know *Malinda A. Green*, the applicant, and that she is the lawful widow of *Thos P. Green*, and was on the *Indigent* Pension Roll of said *Barlow* county, and was paid a Pension from *Barlow* county for 1903, and at the time of his death on the *14* day of *Jan*, 1904, there was due to him and unpaid his Pension of *50.00* dollars from the State of Georgia, and I know *Malinda A. Green*, the within

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

Given under my hand and seal this *14* day of *Jan*, 1904.

Ordinary  
County.

Application for Pension  
Due Deceased Soldier

Under Act 1891

*Malinda Green*

Widow of *Thos P. Green*

of County *Barlow*

Do Rect *14* 1904

Approved and Paid

*J. W. LINDSEY*

Commissioner of Pensions

GEORGIA, *Barlow* County.

I hereby authorize and constitute *G. W. Hurdick* of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1904, through my deceased husband *Thos P. Green*, who was on *Indigent* Pension Roll and paid from *Barlow* county for 1903.

Witness my hand this *16* day of *Jan*, 1904.

Attended before me

*Malinda A. Green*  
*mark*

State of Georgia, the person  
*Barlow* County, appeared before  
the *Ordinary*  
*Malinda A. Green* a resident of said  
County and State who upon  
oath says that she witnessed  
the marriage of *Thos P. Green* and  
*Malinda A. Green* which  
occurred in September 1882 in  
*Barlow* County and that the  
*Ordinary* of said County is the same  
person and that she has never  
married and has lived with  
her husband *Thos P. Green* until  
a recent death in *Barlow*  
County, State.

*G. W. Hurdick* Ordinary  
of said County & State hereby  
certifies that I am well  
acquainted with *Malinda A. Green*  
and that she is a true and worthy  
person & worthy of belief  
*G. W. Hurdick*  
Ordinary

I G. W. Hurdle, Secretary  
of said County & State, hereby  
certify that I am well  
acquainted with Mrs. Edw. Hurdle  
and that she is a true & lawful  
person & worthy of being

G. W. Hurdle  
Secretary

Barlow

Sworn to and subscribed before me this 16 day of June 1904  
*Wm. Anderson* ORDINARY for  
*Barlow* County. } *Molinda X Craven* [L.S.]  
*mark*

ORDINARY }  
County. }

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

1896 "Barlow"

## POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow

County.

Know all Men by these Presents, That I,

County of said State, do hereby appoint Nellie Owens 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 aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 21<sup>st</sup> day of April 1891.

Executed in the presence of us:

W. B. Stephens  
W. M. Andrews

DIRECTOR.

If allowed, send amount by

me at

and oblige

to

I furnish proof by then  
between who I was  
of the death of Mr  
Owens, and the immediate  
cause thereof having  
been done directly to the  
name of W. M. Andrews  
21<sup>st</sup> Apr 1891



Wrens, Nellie  
Barlow  
1891.

No. 3683

Widows' Pension

PAID TO —

Mrs. Nellie Owens  
OF  
Barlow COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta

# POWER OF

STATE OF GEORGIA,  
Barlow County.

Know all Men by these Presents, That I,

County of said State, do hereby appoint, of *Barlow* County, *Georgia*, my true and lawful attorney in fact, for me and in my name to receive and receipt for to from the State of Georgia as a widow of a Confederate Soldier, hereby authorizing my said attorney to be issued by the Governor, or for any sum of money aforesaid.

WITNESS WHEREOF, I have hereunto set my hand and seal, this *21* day of *April*, 1891.

Executed in the presence of us

*W. F. Statum*  
*W. H. Statum*

If allowed, send amount by me at

\$100.00.

Warrant Issued

1891

AND HANDED TO



Geo. B. Harrison, State Printer, Atlanta

## POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

Barlow County.

Know all Men by these Presents, That I,

*Nellie Owens*  
*Barlow*

County of said State, do hereby appoint, of *Barlow* County, *Georgia*, my true and lawful attorney in fact, for me and in my name to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia 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 aforesaid.

WITNESS WHEREOF, I have hereunto set my hand and seal, this *21* day of *April*, 1891.

Executed in the presence of us

*W. F. Statum*  
*W. H. Statum*

DIRECTIONS.

If allowed, send amount by

me at

, and oblige

## Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,

County of *Barlow*

In person came before me, the undersigned Ordinary

in and for the County of *Barlow*

Mrs. *Nellie Owens*, who being sworn according to law, says under

oath that she is the widow of *Henry Sanford Owens*, who was a soldier in

the service of the Confederate States, and served as a member of Company *A*, of the

*18* Regiment of *GA* Volunteers; that he enlisted in said

service on or about the day of *June*, 1861, and was in the

*Confederate* Army up to the day of *December*, 1862. That while in the

Army, he was on the *16* day of *Dec*, 1862. (See Note No. 1.)

was wounded in the battle of *Gettysburg*, Pennsylvania, seriously wounded with

a piece of shell. After said wound he

was never able to do duty any more

(except a short period of furlough he was

out on furlough) he lingered in the hos-

pital in *Pickens* until he was discharged

he never got home till *December*, 1865.

He was never able to do any thing at all

in the way of work. His wound became a con-

stant running sore, and finally spread

over him and inflamed his whole person

and he finally died from the effects of it

on *Aug 10, 1873*, *Pickens* County *GA*.

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 *15*th

day of *Sept*, 1858, and that she has resided in Georgia continuously since the

day of *Sept*, 1866, 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

*21* day of *April*, 1891.

Ordinary.

*Nellie Owens*  
*Barlow*  
*GA*

NOTE 1. State in blank above the date of the death of the husband, and how, when, and where he died. And in case his death resulted from disease, state how the disease is known positively to have resulted from the service of the soldier in the Army and not from any other cause.



AND HANDED TO

1891

Warrant Issued

\$100.00.

Barlow County.

*Nellie Owens*

WIDOW'S PENSION

270. 3683

1891.

*Owens, Nellie*  
*Barlow*



AND HANDED TO

1891

Warrant Issued

\$100.00.

Barlow

Mrs. Nellie Owens

Widows' Pension

210. 3683

1891.

Barlow

He never got home till December 1865. He was never able to do any thing at all in the way of work. His wound became a constant running sore, and finally spread over him, and inflamed his whole person and he finally died from the effects of it. ~~He~~ Aug 10, 1873, Pickens County Ga

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 15<sup>th</sup> day of ~~Sept~~ 1858, and that she has resided in Georgia continuously since the day of 1866; 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 21 day of April 1891.

*Nellie Owens*  
Ordinary.

Note 1. 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 known positively to have resulted from the service of the soldier in the Army and not from any other cause.

# Affidavit for Three Witnesses.

Form No. 2.

State of Georgia,

County of *Bartow*  
In person came before me, the undersigned Ordinary in and for said County, witnesses *W. H. Cotton* and *W. H. Barrow* (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. *Nellie Owens* of the County of *Bartow* State of Georgia, is the widow of *Henry S. Owens*, who was a soldier in Company *A* of the *18* Regiment of *Ga* Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of *June* 1861. That while in said service, or by reason of said service in the Army, he lost his life, as follows: *He was severely wounded in the battle of Spidwicksburg in Virginia on the 16th day of December 1862. His left leg was torn, the whole calf of his leg and part of the bone clear away by a piece of shell. The last we knew of him was in the summer of 1864. He was in the hospital in Richmond, Virginia, that he was no better then than the day he was wounded. The wound was really worse than when it was shot because it was so badly inflamed. He never entered service any more after he was in the hospital at Richmond.*

*Our opportunity for knowing the facts stated in reference to death of applicant's husband were the same men, members of the same company in the same battle - saw him when he was hit with the piece of the shell.*

We further swear that Mrs. *Nellie Owens* was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in County of the State of Georgia.

Sworn to and subscribed before me, this, the 21 day of April 1891.

*W. H. Cotton*  
*W. H. Barrow*  
*W. H. Miller*  
Ordinary.

Note. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

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

Form No. 3.

State of Georgia,

County of *Bartow*  
I, *C. W. Hudnick* Ordinary in and for said County of *Bartow* State of Georgia, hereby certify that I am acquainted with Mrs. *Nellie Owens* 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 fully 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 hereunto set my hand and affixed the seal of my office, this, the 21 day of April 1891.

*C. W. Hudnick*  
Ordinary.

Form No. 4.

## NOTES.

- 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 remarried.
- 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 full 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 of their County and testify. The attestation of a Justice of the Peace or Notary will not answer.
- If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine.
- 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.



no better than the day he was wounded  
the wound was really worse than when it was shot  
because it was so badly inflamed. He never  
entered service any more after he was in  
the hospital at Richmond. ~~He never~~  
~~entered service~~

Our opportunity for knowing the facts stated in reference to death of applicant's husband were  
we were members of the same company  
in the same battle - saw him when he was  
hit with the piece of the shell

We further swear that Mrs. *Nellie Owens* was the wife of said  
soldier during the service, and that she has not intermarried since his death, and that she resides in  
*Bartow* County of the State of Georgia.

Sworn to and subscribed before me, this, the  
21 day of April 1891.  
*Wm. H. Harrison*  
Ordinary.

Note. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

*Wm. H. Harrison*  
*W. H. Barrow*  
*H. H. Miller*

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 remarried.

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 full 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 of their County and testify. The attestation of a Justice of the Peace or Notary will not answer.

If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine.

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.

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

Form No. 1.

STATE OF GEORGIA, County of *Bartow*  
*Wm. H. Harrison* Ordinary in and for said County of  
State of Georgia, hereby certify that I am acquainted with Mrs.  
*Nellie Owens* 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  
*H. H. Owens* 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,

30 day of *January* 1893.  
*Wm. H. Harrison* Ordinary

### POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, *Bartow* County.  
KNOW ALL MEN BY THESE PRESENTS, That I, *Nellie Owens*  
County in said State, do hereby appoint *Wm. H. Harrison*  
of *Bartow* County, my true and lawful attorney in fact, to  
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 affi-  
davit, 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  
30 day of *January* 1893 *Nellie Owens* [L.S.]

Executed in the presence of us:

*Wm. H. Harrison*  
DIRECTIONS.  
Send amount by *mail* to *Nellie Owens*  
me at *Bartow* and oblige

Widow's Pension,  
for year ending February 15th 1893.  
PAID TO  
—  
OF  
—  
COUNTY.  
Warrant Issued  
AND HANDLED TO  
*Wm. H. Harrison*  
1893

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

Form No. 1.

STATE OF GEORGIA, County of *Bartow*  
*Wm. H. Harrison* Ordinary in and for said County of  
State of Georgia, hereby certify that I am acquainted with Mrs.  
*Nellie Owens* the applicant for a pension in this case, and  
know, from my own knowledge (or from positive proof presented to me by reputable wit-  
nesses), 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 *H. H. Owens* deceased, and as such has heretofore  
been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,

this, the 30 day of *January* 1894.  
*Wm. H. Harrison* Ordinary.

### POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, *Bartow* County.  
KNOW ALL MEN BY THESE PRESENTS, That I, *Nellie Owens*  
County in said State, do hereby appoint *Wm. H. Harrison*  
of *Bartow* County, my true and lawful attorney in fact, for  
me, and in my name, to receive and receipt for whatever amount of money I may be en-  
titled 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 aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this  
30 day of *January* 1894. *Nellie Owens* [L.S.]

Executed in the presence of us:

*Wm. H. Harrison*  
DIRECTIONS.  
Send amount by *mail* to *Nellie Owens*  
me at *Bartow* and oblige

Widow's Pension,  
for year ending February 15th, 1894.  
PAID TO  
—  
OF  
—  
COUNTY.  
Warrant Issued  
AND HANDLED TO  
*Wm. H. Harrison*  
1894

the and in my name, to receive and receipt 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 aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 30 day of Jan 1893 *Nellie Owens* [L. S.]

Executed in the presence of us:

Send amount by *cash* to me at *Barlow*, and oblige

DIRECTIONS

FOR THOSE HERETOFORE PAID.  
1893.  
210. 116  
Widows' Pension,  
for year ending February 15th, 1893.  
PAID TO —  
*Nellie Owens*  
OF —  
*Barlow*  
COUNTY.  
Warrant Issued  
1893  
AND HANDED TO  
*Wm. H. H. H. H.*  
1893

the and in my name, to receive and receipt 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 aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20th day of Jan 1894. *Nellie Owens* [L. S.]

Executed in the presence of us:

Send amount by *cash* to me at *Barlow*, and oblige

DIRECTIONS

FOR THOSE HERETOFORE PAID.  
1894.  
No. 178  
Widows' Pension,  
for year ending February 15th, 1894.  
PAID TO —  
*Nellie Owens*  
OF —  
*Barlow*  
COUNTY.  
WARRANT ISSUED  
1894  
AND HANDED TO  
*Wm. H. H. H. H.*  
1894

Form No. 1.

## For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of *Barlow*

Personally comes Mrs.

*Nellie Owens*

who being sworn, says on oath, that she is a bona fide resident of said County of

*Barlow*

State of Georgia, and that she has resided in said State

continuously ever since *about 1860* That she is the Widow of

*Henry Sanford Owens* who was a Soldier in Company

*A* of the *15* Regiment of *Geo*

Volunteers, that he enlisted in said Regiment on or about the month of *December*

1861 and served in the Army up to 1863 That he lost his

life on the *10th* day of *August* 1869 (State here

full particulars of the husband's death, when, where and from what cause.) *He*

*was wounded in the battle of Mansfield, was killed in the battle of Atlanta, and died at home near*

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 1860; 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 apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

day of *Jan* 1893.

Ordinary.

Post-office *Barlow*

Form No. 1.

## For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of *Barlow*

Personally comes Mrs.

*Nellie Owens*

who being sworn, says on oath, that she is a bona fide resident of said County of

*Barlow*

State of Georgia, and that she has resided in said State

continuously ever since *birth* 18. That she is the Widow of

*Henry Sanford Owens* who was a Soldier in Company

*H* of the *Eighth* Regiment of *Georgia*

Volunteers, that he enlisted in said Regiment on or about the month of *June*

1861 and served in the Army up to 1863 That he lost his

life on the *10th* day of *August* 1869 (State here

full particulars of the husband's death, when, where and from what cause.) *He*

*was wounded at the second battle of Manassas, by a piece of shell striking him on the leg, and bearing out about four inches of the bone below the knee, and died at home near*

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 1860; 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

day of *Jan* 1894.

Ordinary.

Post-office *Barlow*

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 1872 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 apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this  
30 day of January 1893.  
Ordinary.

*Mellie Owens*  
Post-office *MAK*

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 1872 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  
20th day of January 1894.  
Ordinary.

*Mellie Owens*  
Post-office *MAK*

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

Form No. 1.

STATE OF GEORGIA, County of *Bartow*  
I, *G. W. Hendricks* Ordinary in and for said County of  
State of Georgia, hereby certify that I am acquainted with Mrs.  
*Mellie Owens* the applicant for a pension in this case, and  
know from my own knowledge (or from positive proof presented to me by reputable wit-  
nesses), 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 *Samford Owens* deceased, and as such has heretofore  
been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereto set my hand and affixed the seal of my office,  
this, the 17th day of January 1895.  
*G. W. Hendricks* Ordinary.

### POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of *Bartow*  
KNOW ALL MEN BY THESE PRESENTS, That I, *Mellie Owens*  
County in said State, do hereby appoint *G. W. Hendricks*  
of *Leansville Ga.* my true and lawful attorney in fact, for  
me, and in my name, to receive and receipt for whatever amount of money I may be en-  
titled 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 aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
day of January 1895. *Mellie Owens* [L. S.]

Executed in the presence of us:  
*M. S. Hunt*  
*M. S. Hunt* } *smok*

### DIRECTIONS.

Send amount by  
me at \_\_\_\_\_, and oblige \_\_\_\_\_ to

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

Form No. 2.

STATE OF GEORGIA, County of *Bartow*  
I, *G. W. Hendricks* Ordinary in and for said County of  
State of Georgia, hereby certify that I am acquainted with Mrs.  
*Mellie Owens* 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 *Samford Owens*  
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereto set my hand and affixed the seal of my office, this  
the 25th day of February 1896.  
*G. W. Hendricks* Ordinary.

### POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of *Bartow*  
KNOW ALL MEN BY THESE PRESENTS, That I, *Mellie Owens*  
County in said State, do hereby appoint *G. W. Hendricks*  
of *Leansville Ga.* my true and lawful attorney in fact, for  
me, and in my name, to receive and receipt for whatever amount of money I may be en-  
titled 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 aforesaid.

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

Executed in the presence of us:  
*M. S. Hunt*  
*M. S. Hunt* } *smok*

### WIDOW'S PENSION,

No. 2949

1896.

*Bartow County*  
FOR THOSE HERETOFORE PAID.

PAID TO

*Mellie Owens*

WARRANT ISSUED

1896.

AND HANDED TO

*Mellie Owens*

1895.

No. 1611

### WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO

*Mellie Owens*

WARRANT ISSUED

1895.

AND HANDED TO

*Mellie Owens*

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 aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th day of January 1895. *Nellie Owens* [L. S.]

Executed in the presence of:

*W. S. Hunt*  
*J. N. Stanford*

DIRECTIONS.

Send amount by  
me at

and oblige

to

of *Cartersville Ga* hereby authorize *me* to receive and receipt for the pension paid hereon and request that he remit same to *me* at *Cartersville Ga*

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th day of January 1895.

Executed in the presence of

*J. N. Stanford*  
*W. S. Hunt*

*Quinn, Nellie*  
*Cartersville County*  
FOR THOSE HERETOFORE PAID.  
**1895.**  
No. *1611*  
**WIDOW'S PENSION,**  
for year ending February 15th, 1895.  
PAID TO  
*Nellie Owens*  
OF  
*Cartersville* County.  
WIDOW OF *Sanford Owens*  
WARRANT ISSUED  
*30 Jan*  
AND HANDED TO  
*W. S. Hunt*  
1895.

*Cartersville, Ga*  
*Nellie Owens*  
FOR THOSE HERETOFORE PAID  
**1896.**  
No. *2949*  
**WIDOW'S PENSION,**  
for year ending February 15th, 1896.  
PAID TO  
*Nellie Owens*  
OF  
*Cartersville* County.  
WIDOW OF *Sanford Owens*  
WARRANT ISSUED  
*30 Jan*  
AND HANDED TO  
*W. S. Hunt*  
1896.

## For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of *Bartow*

Personally Comes Mrs.  
*Nellie Owens*

who being sworn, says on oath, that she is a bona fide resident of said county of *Bartow* State of Georgia, and that she has resided in said State continuously ever since *about seven years*. That she is the Widow of *Sanford Owens* who was a Soldier in Company *A* of the *18* Regiment of *Ga.*

Volunteers, that he enlisted in said Regiment on or about the month of *June* 1861 and served in the Army up to *2nd Battle of Manassas*. That he lost his life on the *18* day of *Sept* 1862. (State here full particulars of the husband's death, when, where and from what cause.) *He died from a wound received in 2nd Battle of Manassas not long after the surrender. He died at home in Gordon Co Ga.*

*He died from a wound received in 2nd Battle of Manassas not long after the surrender. He died at home in Gordon Co Ga.*

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, *1873*, 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 17th day of *Jan* 1895. *Nellie Owens* Ordinary. Post-office *Cartersville Ga.*

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of *Bartow*

Personally Comes Mrs.

who being sworn, says on oath, that she is a bona fide resident of said county of *Bartow* State of Georgia, and that she has resided in said State continuously ever since *11 years*. That she is the Widow of *Sanford Owens* who was a Soldier in Company *A* of the *18* Regiment of *Ga.*

Volunteers, that he enlisted in said regiment on or about the month of *June* 1861 and served in the Army up to *June* 1862. That he lost his life on the *18* day of *Sept* 1862. (State here full particulars of the husband's death, when, where and from what cause.) *He was wounded in the 2nd battle of Manassas from which he died a short time after the war.*

*He was wounded in the 2nd battle of Manassas from which he died a short time after the war.*

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 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 *Bartow* County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this 17th day of *Jan* 1896. *Nellie Owens* Ordinary. Post-office *Cartersville Ga.*

Manassas not long after the surrender.  
He died at home in Gordon Co. Ga.

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, 1873, 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  
17<sup>th</sup> day of Jan 1895.  
G. W. Hendricks Ordinary.

Nellie Owen  
Post-office Macon, Ga.

After the 1894

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 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 Barlow County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this  
day of Jan 1896.  
G. W. Hendricks Ordinary. Post-office

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

Form No. 2.

STATE OF GEORGIA, County of Barlow  
G. W. Hendricks Ordinary in and for said County of  
Barlow  
Nellie Owen  
I hereby certify that I am acquainted with Mrs. Sanford Owens 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 Sanford Owens deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this  
18<sup>th</sup> day of January 1897  
G. W. Hendricks Ordinary

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow County.  
Nellie Owen  
I hereby authorize G. W. Hendricks  
to receive and receipt for the pension paid hereon and request that he remit same to me at Adamsville Ga.

In Witness Whereof, I have hereunto set my hand and seal, this  
18<sup>th</sup> day of January 1897  
Nellie Owen

Executed in the presence of  
G. W. Hendricks

and gangrene or mortification  
set up in the wound about  
three or four weeks before he  
died. He died of mortification  
of the wound or the wound  
produced mortification. W. F.  
Jackson and Angeline B. Owens  
assisted in the burial of the said  
Henry Sanford Owens and the  
said Sanford Owens' remains  
were very offensive from  
mortification of the wound, he  
remained while in the Confederate  
service.

W. F. Jackson  
sworn to and  
subscribed before  
me this 18<sup>th</sup> day of  
Jan 1897  
G. W. Hendricks  
Ordinary

Quipod's Pension,  
for year ending February 15th, 1897.  
No. 2281  
1897.  
FOR THOSE HERETOFORE PAID.  
Barlow County  
Owens, Nellie  
Barlow County  
Nellie Owen  
Barlow County  
Richard Johnson,  
Commissioner of Pensions.  
WARRANT ISSUED  
2/13  
AND HANDED TO  
9 M. H.  
1897.

incorporation of 100,000,000, he  
received while in the Confederate  
service.

407 1/2 Jackson  
St. on to and of J. D. Bratter  
subscribe before S. B. Groves  
in this Aug 5  
1891-  
Groves  
Ordinary

to receive and receipt for the pension paid heron and request  
that he remit same to me at **Adamsville Ga**  
I 3rd

In Witness Whereof, I have hereunto set my hand and seal, this  
day of **January** 1897

Executed in the presence of  
**L. B. Price**  
**C. L. Brown**

**Quinn, Nellie Ann**  
**Barlow County**  
FOR THOSE HERETOFORE PAID

**1897.**

No. 2-2-81

**QUIDDOY'S PENSION,**  
for year ending February 15th, 1897

**PAID TO**  
**Mrs. Nellie Owens**  
OF  
**Barlow** County,  
widow of **Sanford Owens**

**RICHARD JOHNSON,**  
Commissioner of Pensions.

**WARRANT ISSUED**  
**2/3**  
**AND HANDLED TO**  
**G. M. H.**  
1897.

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

STATE OF GEORGIA, County of **Barlow**  
**G. W. Hendricks** Ordinary in and for said County of  
**Barlow** State of Georgia, hereby certify that I am acquainted with Mrs.  
**Nellie Owens** 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 **Sanford Owens**  
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this  
the **3rd** day of **January** 1897  
**G. W. Hendricks** Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA, County of **Barlow**  
**Nellie Owens** hereby authorize **G. W. Hendricks**  
**Barlow** to receive and receipt for the pension paid heron and request  
that he remit same to me at **Adamsville Ga**  
I 3rd

In Witness Whereof, I have hereunto set my hand and seal, this  
day of **January** 1897

Executed in the presence of  
**L. B. Price**  
**C. L. Brown**

**Quinn, Nellie Ann**  
**Barlow County**  
FOR THOSE HERETOFORE PAID

**1897.**

No. 2-2-81

**QUIDDOY'S PENSION,**  
for year ending February 15th, 1897

**PAID TO**  
**Mrs. Nellie Owens**  
OF  
**Barlow** County,  
widow of **Sanford Owens**

**RICHARD JOHNSON,**  
Commissioner of Pensions.

**WARRANT ISSUED**  
**2/3**  
**AND HANDLED TO**  
**G. M. H.**  
1897.

Georgia, Barlow County.

In person came before me, William  
H. Jackson John D. Bratter, and  
Singleton B. Groves who after  
being sworn say on oath that  
they were acquainted with Henry  
Sanford Owens and that they know  
of their more personal knowledge  
that said Owens died of the wound  
which he received in the Battle of  
of Fredericksburg Virginia. We all  
lived near neighbors to the said  
Henry Sanford Owens at the time  
he the said Owens came home  
wounded from the Army under the  
death of the said Owens the said  
Groves that his wound was very bad  
when he came home and he was ex-  
pected to live long, but he lived  
with it till August 1878. He  
suffered a great deal, was un-  
able to do any thing after he came  
home. His wound inflamed and



STATE OF GEORGIA, *Barlow* County.  
*Nellie Owens* hereby authorize *Wm. H. Andrews*  
*Barlow* to receive and receipt for the pension paid heron and request  
 that he remit same to *me* at *Adrianville Ga*  
 IS WITNESS WHEREOF, I have hereunto set my hand and seal, this  
 day of *January* 1897  
*Nellie Owens*  
 Executed in the presence of  
*J. L. Jones*  
*C. L. Jones*

*Barlow* County  
 FOR THOSE HERETOFORE PAID  
**1897.**  
 No. 2287  
**WIDOW'S PENSION,**  
 for year ending February 15th, 1897.  
 PAID TO  
*Nellie Owens*  
 of  
*Barlow* County.  
 widow of *Sanford Owens*  
 RICHARD JOHNSON,  
 Commissioner of Pensions.  
 WARRANT ISSUED  
 2/2  
 AND HANDED TO  
*J. M. H.*  
 1897.  
 SEE IN KANSAS STATE ARCHIVES, KANSAS

lived near neighbors to the said  
 Henry Sanford Owens at the time  
 he the said Owens came home  
 wounded from the Army under the  
 death of the said Owens the father  
 swore that his wound was very bad  
 when he came home and he was ex-  
 pected to live long, but he lived and  
 with it till August 1878. He  
 suffered a great deal of pain  
 able to do any thing after he came  
 home. His wound inflamed and

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.  
 County of *Barlow* } *Nellie Owens*

who being sworn, says on oath, that she is a bona fide resident of said county of  
*Barlow* State of Georgia, and that she has RESIDED in said State  
 continuously ever since 1837 That she is the Widow of  
 who was a Soldier in Company  
 of the 18th Ga Regiment of *Ga*  
 Volunteers, that enlisted in said regiment on or about the month of *April*  
 1862 and served in the Army up to *2nd March* 1864 That he lost his  
 life on the day of 18 (State here  
 full particulars of the husband's death, when, where, and from what cause) *Lied from*  
*a fire shot - Received at 2 Battle of*  
*Atlanta*

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 1846  
 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  
*Barlow* County for the year ending February 15th, 1896, and now apply for  
 the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this  
 day of *Jan* 1897.  
*Wm. H. Andrews* Ordinary.  
 Post-office *Adrianville Ga*

and Gangrene or mortification  
 set up in the wound about  
 three or four weeks before he  
 died. He died of mortification  
 of the wound or the wound  
 produced mortification. W. F.  
 Jackson and Angeline B. Owens  
 assisted in the burial of the said  
 Henry Sanford Owens and the  
 said Sanford Owens' remains  
 were very offensive from  
 mortification of the wound, he  
 received while in the Confederate  
 service.

*W. F. Jackson*  
 sworn to and *J. D. Prother*  
 subscribed before *S. B. Owens*  
*with his mark*  
 this Aug 5,  
 1891  
*Wm. H. Andrews*  
*Ordinary*

Sworn to and subscribed before me, this  
 23 day of *Sept* 1897.  
*W. D. D. D. D.* Ordinary.  
 My  
*Arthur X. Adams*  
 much  
 Post-office *Unionville Ga*

sworn to and  
subscribe before  
me this 23<sup>rd</sup> of  
1891 -  
Geo. H. H. H.  
Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA.

*County of*

*County of*

*James M. Padgett*

*of*

*Barrow County*

do hereby authorize

*at*

*Witness my hand and seal this*

*day of*

1895.

*James M. Padgett*

*James M. Padgett*

*Barrow County*

*Ex. Dpt. 20 July 1895*  
*Not with L. L. W.*  
*Rich Johnson*

*Padgett, Samuel M.*  
*Barrow Co.*

No.

INDIGENT PENSION  
1895.

Name *Samuel M. Padgett*

County *Barrow*

Ground *Age & Poverty*  
*April 4th*

1895.

RICHARD JOHNSON,

*Secretary Executive Department*

WARRANT HANDLED TO

Ground *Age & Poverty*  
*April 9th*  
1895.  
RICHARD JOHNSON,  
Secretary Executive Department.  
WARRANT HANDLED TO  
Geo. W. Harrison, State Printer, Atlanta.

DE ATTORNEY.  
I hereby authorize  
of *Barlow County*  
to request that he remit same to  
little Barlow  
day of *April*  
1895.  
*Lemuel M. Padgett*

POWER OF ATTORNEY.

STATE OF GEORGIA,  
*Barlow* County.  
I, *Lemuel M. Padgett* hereby authorize  
*Glo Hendricks* of *Barlow County*  
to receive and receipt for the pension allowed and request that he remit same to  
at *Cartersville Ga.* by  
Witness my hand and seal this *22d* day of *April* 1895.  
Executed in presence of  
*O. S. Anderson* *Lemuel M. Padgett*  
*R. B. Anderson* *made*

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,  
*Barlow* County.  
*Lemuel M. Padgett* of said State and County, desiring  
to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after  
being duly sworn true answers to make to the following questions, deposes and answers as follows:  
1. What is your name and where do you reside? (give State, County, and post office) *Lemuel M. Padgett, Near Cartersville Barlow County Georgia.*  
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?  
*Near Cartersville Barlow County Georgia Sixty eight years.*  
3. When and where were you born? *In Wall County Georgia December 5th 1826*  
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *Confederate Army.*  
5. When and where did you enlist? *November 4th 1861, Blochways Ferry Barlow Co. Ga.*  
6. In what company and regiment did you enlist? *Company "B" Eighth Ga. Battalion*  
7. How long did you remain in that company and regiment? *From Nov. 5th 1861 to Apr. 26th 1865*  
8. If you were discharged from same and joined another, or if you were transferred to another, give an  
account of such discharge or transfer? *Near Cartersville was discharged*  
9. For how long a period did you discharge regular military duty? *About 3 years & 5 months*  
10. When, where, and under what circumstances were you discharged from service? *April 26th 1865  
Near Charlotte N. C. I was discharged when General  
Johnston surrendered.*  
11. What is your present occupation? *Farming*  
12. How much can you earn per annum by your own exertions or labor? *Nothing*  
13. What has been your occupation since 1865? *Farming*  
14. What sum would be necessary for your support for this pension year, and how much are you able to  
contribute thereto either in labor or income? *About \$100.00, nothing by labor, about \$20.00 by income*  
15. What is your present physical condition and how long have you been in such condition? *I am very  
weak and feeble on account of my age, and infirmity. I have  
been gradually growing weaker, and am now feeble for the past ten  
years, until three years ago, when I became unable to work any*  
16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and  
poverty," second "infirmity and poverty" or third "blindness and poverty"? *Age and poverty.*  
17. If upon the first ground, state how long you have been in such condition that you could not earn  
your support? If upon the second, give a full and complete history of the infirmity and its extent? If  
upon the third state whether you are totally blind and when and where you lost your sight? *I had been  
about ten years since I could earn a full support by my own  
labor, and I have been for the last three years unable to do any  
kind of labor at all.*  
18. What property, effects or income do you possess? *I own a small tract of land, one  
acre, and a small lot of house & furniture worth about \$300.00 for which I get about \$10.00 rent.*  
19. What property, effects or income did you possess in 1893 and 1894 and what disposition, if any,  
did you make of same? *I possessed the same property in 1893 & 1894 that I  
possess now, which I mentioned above.*  
20. In what County did you reside during those years and what property did you then return for taxation?  
*Barlow County Ga. The same property as given in answer to 18th question.*  
21. How were you supported during the years 1893 and 1894? *By my son, and the \$20.00  
rent that I get on my little place.*  
22. How much did your support cost for each of those years, and what portion did you contribute thereto  
by your own labor or income? *About \$100.00. Twenty dollars of which I received as rent.*  
23. What was your employment during 1893 and 1894? What pay did you receive in each year?  
*I had no employment, and the all that I received was the above  
mentioned \$20.00 rent. The balance of my support was contributed by my son.*  
24. Are you married and have you a family? If so, is your wife living and how many children have you?  
Give age and sex of children and their means of support? *I am married. My wife is living  
I have no minor children. I have one child all grown and married, 44  
43, 40, 38, 36, 28, 26. Five boys and two girls. Labor*

*as paid to July 1, 1895  
1st with all in  
Rich. Johnson  
done*

*Padgett, Lemuel M.  
Barlow Co.*  
INDIGENT PENSION  
1895.  
Name *Lemuel M. Padgett*  
County *Barlow*  
Ground *Age & Poverty*  
*April 9th*  
1895.  
RICHARD JOHNSON,  
Secretary Executive Department.  
WARRANT HANDLED TO  
Geo. W. Harrison, State Printer, Atlanta.

44 Sept 20 1895  
1st witness  
Rich Johnson  
Barlow Co

15. What is your present physical condition and how long have you been in such condition? I am very weak and feeble on account of my age and infirmity. I have been gradually growing weaker and have been feeble for the past ten years with three years ago when I became unable to work any more. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? Age and poverty.  
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? I had been about ten years since I could earn a full support by my own labor and I have been for the last three years unable to do any kind of labor at all.  
18. What property, effects or income do you possess? I own a small tract of land, one acre and a small lot of household furniture worth about \$200 for which I get about \$10 rent.  
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? I possessed the same property in 1893 & 1894 that I possess now which I mentioned above.  
20. In what County did you reside during those years and what property did you then return for taxation? Barlow County Ga. The same property as given in answer to 18 & 19.  
21. How were you supported during the years 1893 and 1894? By my son and the \$20<sup>th</sup> rent that I get on my little place.  
22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? About \$1000. Twenty dollars which I received as rent.  
23. What was your employment during 1893 and 1894? What pay did you receive in each year? I had no employment, and the all that I received was the above mentioned \$200 rent. The balance of my support was contributed by my son.  
24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support? I am married. My wife is living. I have no minor children. I have two children all grown and married, 44 & 42. 46, 36, 36, 28, 76. Five boys and two girls. Labor

INDIGENT PENSION  
1895.

Name Annual M. Padgett  
County Barlow  
Ground Age & Poverty  
April 9<sup>th</sup> 1895

RICHARD JOHNSON,  
Secretary Executive Department

WARRANT ISSUED TO

Geo. W. Matthews, State Printer, Atlanta

25. Are you receiving a pension under any law of this State, if so what amount and for what disability?  
None

Sworn to and subscribed before me this the 9<sup>th</sup> day of April 1895.  
James M. Padgett Applicant.  
Ordinary  
of Barlow County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,  
Barlow County.

James M. L. Ewien of said State and County, having been presented as a witness in support of the application of Samuel M. Padgett for pension under the Act approved December 15th, 1891, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? James M. L. Ewien, I reside near Cross Station Barlow County Georgia.

2. Are you acquainted with Samuel M. Padgett, the applicant, if so how long have you known him? Thirty four years.

3. Where does he reside, and how long has he been a resident of this State? He resides near Cross Station Barlow County Georgia and has known him since 1861.

4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? He served in the Confederate army because I served in the same regiment with him.

5. When, where and in what company and regiment did he enlist? In 1861, in the 1st Georgia Cavalry, Co. B, Company "B" Capt. Geo. Ballou.

6. Were you a member of the same company and regiment? I was a member of the same regiment.

7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? He performed regular military duty in my own regiment from Nov. 1861 to May 1863, when I was captured. He made a good soldier. I know nothing of his discharge as I was captured and carried off to prison in May 1863.

8. What property, effects or income has the applicant? (Give your means of knowledge.) He has a small tract of land and a small lot of household goods worth about \$200. I know this because I have known him well since he has been in the State and I have seen him all the time.

9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? He has the same as above mentioned and still has it.

10. What is the applicant's occupation and physical condition? He has no occupation. He is very old and feeble and unable to perform any kind of labor.

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is because he is too old and feeble to do any kind of work.

12. How was he supported during the years 1893 and 1894? By the aid of his son and what little rent he received on his land.

13. What portion of his support for those two years was derived from his own labor or income? None from his labor, about one fifth from the his little place.

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1891? He is very old and very feeble and unable to work.

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

Sworn to and subscribed before me, this the 9<sup>th</sup> day of April 1895.  
James M. L. Ewien  
Ordinary

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,  
County.

Personally came before me, F. R. Latham and W. H. Kitchener, both known to me as reputable Physicians of said county, who being severally sworn, say on oath that they have examined carefully Samuel M. Padgett, applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

He is a man of 76 years of age, of feeble physical condition, unable to make a support. He has been in this condition for many years, and is unable to perform any kind of labor. He is unable to support himself, and is dependent on his son for support. 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 9<sup>th</sup> day of April 1895.  
F. R. Latham  
W. H. Kitchener  
Ordinary

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,  
Barlow County.

I, G. H. Hendricks, Ordinary in and for said County, hereby certify that the applicant Samuel M. Padgett resides in said County, and was a bona fide resident of this State on the first day of January, 1891, and that the witnesses, viz. James M. L. Ewien and W. H. Kitchener are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Barlow County show that applicant returned for taxation in his name, in 1893, Three hundred & forty four dollars of property, and in 1894, Three hundred & three dollars of property.

Witness my hand and seal of office, this 20<sup>th</sup> day of May 1895.  
G. H. Hendricks  
Ordinary  
of Barlow County.

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

7. How long did he perform military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? He performed regular military duty in my own household from Dec. 1861 to May 1863, when he was captured. He made a good soldier. I know nothing of his discharge as I was not present.
8. What property, effects or income has the applicant? (Give your means of knowledge.) He has a small tract of land one acre and a small lot of household goods worth about \$700. I know this because I have known him well since what he has.
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? The same as above mentioned and still has it.
10. What is the applicant's occupation and physical condition? He has no occupation. He is very old and feeble and unable to perform any kind of labor.
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is because he is too old and feeble to do any kind of work.
12. How was he supported during the years 1893 and 1894? By the the aid of his son and what little rent he received on his land.
13. What portion of his support for these two years was derived from his own labor or income? None from his labor. About one fifth from the his little place.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 14th, 1894? He is very old and very feeble and unable to work.

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

Sworn to and subscribed before me, this

the 22 day of April, 1895.

James W. L. Erwin

Ordinary

## STATE OF GEORGIA.

Bartow County.

I, Stephen D. Lee, Ordinary in and for said County, hereby certify that the applicant Samuel M. Padgett resides in said County, and was a bona fide resident of this State on the first day of January, 1891, and that the witnesses, viz: James W. L. Erwin

are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax-digests of Bartow County show that applicant returned for taxation in his name in 1893, Three Hundred and forty one dollars of property, and in 1894, Three Hundred and three dollars of property.

Witness my hand and seal of office, this 22 day of May, 1895.

Stephen D. Lee

Ordinary of Bartow County.

## NOTE.

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

## POWER OF ATTORNEY.

## STATE OF GEORGIA.

Bartow County.

I, L. M. Padgett, hereby authorize W. H. Hendricks of Bartowville Ga

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

Witness my hand and seal this 27 day of July, 1898.

Executed in presence of J. H. Cobb } L. M. Padgett [L.S.]  
mark

## Questions for Applicant.

## STATE OF GEORGIA.

Bartow County.

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

1. What is your name and where do you reside? (Give State, County and post office.) L. M. Padgett, Bartowville Bartow Co Ga
2. How long and since when have you been a resident of this State? Lived in this State all of my life.
3. When and where were you born? 1826, Hall County Ga.
4. When and where and in what company and regiment did you enlist or serve? Nov. 1, 1861, Co. B, 2nd Georgia Infantry, in service of the Confederate Army, Co. B, 2nd Georgia Infantry, in service of the Confederate Army, Co. B, 2nd Georgia Infantry, in service of the Confederate Army.
5. How long did you remain in such company and regiment? From Nov 1861 till Spring of 1865, May 4 1865.
6. For how long a period did you discharge regular military duty? heavily for yrs 1865, in N. C. at close of the war.
7. When, where and under what circumstances were you discharged from service? July 1, 1865, in N. C. at close of the war.
8. What is your present occupation? nothing
9. How much can you earn (gross) per annum by your own exertions or labor? nothing
10. What has been your occupation since 1865? nothing
11. Upon which of the following grounds do you base your application for pension, viz: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? Old age & poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I have been unable to earn a support for fifteen years.
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? one small cow worth ten dollars
15. In what County did you reside during those years and what property did you then return for taxation? Bartow County - one small cow
16. How were you supported during the years 1896 and 1897? By my children
17. How much did your support cost for each of those years and what portion did you contribute thereto by your own labor or income? I do not know
18. What was your employment during 1896 and 1897? What pay did you receive in each year? nothing
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Yes, self and wife -
20. Are you receiving any pension, if so, what amount and for what disability? no

Sworn to and subscribed before me this the 27 day of July, 1898.

L. M. Padgett Applicant.  
W. H. Hendricks Ordinary of Bartow County.

INDIGENT PENSION

1898.

Name L. M. Padgett

County Bartow

Approved

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDLED TO

W. H. JOHNSON, STATE PRINTER, ATLANTA.

*W. C. Dargatzis & Co.*  
No. *Barlow*

**INDIGENT PENSION**  
**1898.**

Name *L. M. Dargatzis*  
County *Barlow*

Approved \_\_\_\_\_ 1898.  
RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO \_\_\_\_\_

REC. BY HARRISON STATE PRINTER, ATLANTA.

Every Question Must Be Answered.

12. If upon the first ground, state how you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? *I have been unable to earn a support for fifteen years.*

13. What property, effects or income do you possess and its gross value? *None except one small cow worth ten dollars.*

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? *One cow I have kept.*

15. In what County did you reside during those years and what property did you then return for taxation? *Barlow County - One cow.*

16. How were you supported during the years 1896 and 1897? *By my children.*

17. How much did your support cost for each of those years and what portion did you contribute thereto by your own labor or income? *I do not know - nothing.*

18. What was your employment during 1896 and 1897? What pay did you receive in each year? *Nothing.*

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *Yes, self and wife -*

20. Are you receiving any pension, if so, what amount and for what disability? *None.*

Sworn to and subscribed before me this the *27* day of *July*, 1898. *L. M. Dargatzis* Applicant.  
of *Barlow* County. Ordinary.

**QUESTIONS FOR WITNESS.**

STATE OF GEORGIA,  
*Barlow* County.

*J. L. Croving* of said State and County, having been presented as a witness in support of the application of *L. M. Dargatzis* for pension under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *J. L. Croving, 100 S. Main St. Barlow, Ga.*

2. Are you acquainted with *L. M. Dargatzis*, the applicant, if so how long have you known him? *Ever since 1861.*

3. Where does he reside, and how long and since when has he been a resident of this State? *Barlow, Ga. Ever since 1861.*

4. When, where and in what company and regiment did he enlist, and how do you know? *At Black and Spang Co. Co. 5th S. B. Co. 4th Va.*

5. Were you a member of the same company and regiment? *Same Co. & Co.*

6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? *Nearly 4 years. He was a good soldier. He was in the same command when I was captured in May 1864.*

7. What property, effects or income has the applicant? (Give your means of knowledge.) *Only one cow.*

8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? *One cow - has it yet.*

9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom? *I think he sold his land to his son 200 acres.*

10. What is the applicant's occupation and physical condition? *Has none yet. His physical condition is very bad. He is not able to do any work at all.*

11. Is the applicant unable to support himself by labor of any sort, if so, why? *He is totally unable to support himself or any family, being as old and feeble.*

12. How was he supported during the years 1896 and 1897? *By his sons.*

13. What portion of his support for those two years was derived from his own labor or income? *None at all. He has nothing, can't do anything.*

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894. *He is old, very old and feeble, can barely walk about.*

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

Sworn to and subscribed before me, this the *27* day of *July*, 1898. *J. M. E. Croving* Witness.  
of *Barlow* County. Ordinary.

**AFFIDAVIT OF PHYSICIANS.**

STATE OF GEORGIA,  
*Barlow* County.

Personally came before me *W. K. Knappe* and *W. B. Calhoun*, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully *L. M. Dargatzis*, applicant for pension under the Act of 1894, and after such personal examination say that his present physical condition is as follows:

*Has marked general debility with chronic cystitis & constant pain in lumbar region. Also chronic hemorrhoids with occasional bleeding.*

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 *27* day of *July*, 1898. *W. K. Knappe* and *W. B. Calhoun* Ordinary.

**ORDINARYS' CERTIFICATE.**

STATE OF GEORGIA,  
*Barlow* County.

I, *W. B. Calhoun* Ordinary in and for said County, hereby certify that the applicant *L. M. Dargatzis* resides in said County, and has been a bona fide resident of this State since the day of \_\_\_\_\_, 1898, and that the witnesses, *J. L. Croving, W. K. Knappe and W. B. Calhoun* are of trust worthy 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 herein 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 *Barlow* County show that applicant returned for taxation in his name in 1896 *\$2.00* Dollars and in 1897 *\$2.00* Dollars of property.

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

Witness my hand and seal of office, this *15* day of *July*, 1898. *W. B. Calhoun* Ordinary of *Barlow* County.

NOTE.

1. 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 give will be the whole truth, so help you God."

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

3. In every case the Ordinary must certify to the character of the witnesses, and as to the execution of the proof as above set out.

# ORDINARYS' CERTIFICATE.

STATE OF GEORGIA.

Barlow County.

I, Wm. H. Dargatz, Ordinary in and for said County, hereby certify that the applicant L. M. Dargatz resides in said County, and has been a bona fide resident of this State since the 11th day of January, 1899 and that the witnesses, viz: J. M. Dargatz, W. H. Dargatz, W. H. Dargatz are of trust worthy 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 prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digests of Barlow County show that applicant returned for taxation in his name in 1896 \$12.71 Dollars of property, and in 1897 \$20.00 Dollars of property.

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

Witness my hand and seal of office, this 15th day of January, 1898

Wm. H. Dargatz, Ordinary

of Barlow County.

## NOTE.

1. 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.
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? one cow - horse - pig

9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom? I think he sold his land to his son 200 acres

10. What is the applicant's occupation and physical condition? Has gone to work, his physical condition is very bad. He is not able to do any work at all.

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is totally unable to support himself of any calling, being over 60 years of age.

12. How was he supported during the years 1896 and 1897? By his sons

13. What portion of his support for these two years was derived from his own labor or income? None at all. He has nothing, can't do anything.

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? He is old, very old and feeble, can barely walk about.

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

Sworn to and subscribed before me, this 27th day of January, 1898.

Wm. H. Dargatz, Ordinary. J. M. Dargatz, Witness.

# POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County.

I, L. M. Dargatz, hereby authorize Wm. H. Dargatz of Cartersville Ga. to receive and receipt for the pension allowed, and request that he remit same to me at Cartersville Ga.

Witness my hand and seal this 13th day of January, 1899.

Executed in presence of L. M. Dargatz (L. S.)

# POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County.

I, L. M. Dargatz, hereby authorize Wm. H. Dargatz of Cartersville Ga. to receive and receipt for the pension allowed, and request that he remit same to me at Cartersville Ga.

Witness my hand and seal, this 4th day of January, 1899.

Executed in presence of L. M. Dargatz (L. S.)

Executed in presence of L. M. Dargatz

CODE SEC. 1284.

(For Those Already Enrolled.)

No. 35-44

INDIGENT

SOLDIER'S PENSION,

1899.

Name L. M. Dargatz  
County Barlow

WARRANT ISSUED

1/60 1899

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT HANDLED TO L. M. Dargatz

Geo. W. Harrison, State Printer, Atlanta

CODE SEC. 1284.

(For Those Already Enrolled.)

No. 2144

INDIGENT

SOLDIER'S PENSION,

1900.

Name L. M. Dargatz  
County Barlow

WARRANT ISSUED

January 25 1900.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO L. M. Dargatz

Geo. W. Harrison, State Printer, Atlanta

CODE REC. 1284.  
(For Those Already Enrolled.)  
No. 3544  
INDIGENT  
SOLDIER'S PENSION,  
1899.  
Name, *L. M. Dodge*  
County, *Barlow*  
WARRANT ISSUED  
1/20  
1899  
RICHARD JOHNSON,  
Commissioner of Pensions.  
WARRANT HANDED TO  
*L. M. Dodge*  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
*L. M. Dodge*

CODE REC. 1284.  
(For Those Already Enrolled.)  
No. 2144  
INDIGENT  
SOLDIER'S PENSION,  
1900.  
Name, *L. M. Dodge*  
County, *Barlow*  
WARRANT ISSUED  
January 25 1900.  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
*L. M. Dodge*

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
*Barlow* County.  
Personally appears *L. M. Dodge* of *Barlow*  
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen  
and resident of said County and State, and has resided in said State continuously ever  
since the *1* day of *June* 18*26*; that he is *2* years old and  
by occupation a *farmer*; that he enlisted in the military service of the Confed-  
erate States (or of the State of *Georgia*) during the war between the States,  
and served for the term of *3 yrs* in Company *8*, of *8* *Regiment* of  
*Georgia*; that his physical condition is as  
follows: *Physical condition very bad.*  
*Unable to do any kind of labor*  
that his property consists of the following items

of the value of *0* 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 1890

Sworn to and subscribed before me, this, *23* day of *January* 1899, *L. M. Dodge*  
*Barlow* Ordinary.

State of Georgia,  
*Barlow* County.  
I, *L. M. Dodge* Ordinary of said County,  
do certify that I am well acquainted with *L. M. Dodge* 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 *23* day of *January* 1899.  
*L. M. Dodge*  
Ordinary, *Barlow* County.

NOTE.—The blank spaces must be filled.

NOTE.—A Affidavit should not be attested before January 1st, 1899.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
*Barlow* County.  
Personally appears *L. M. Dodge* of *Barlow*  
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen  
and resident of said County and State, and has resided in said State continuously ever  
since the *9* day of *June* 18*26*; that he is *73* years old and  
by occupation a *farmer*; that he enlisted in the military service of the Confed-  
erate States (or of the State of *Georgia*) during the war between the States,  
and served for the term of *3 yrs* in Company *8*, of *8* *Regiment* of  
*Georgia*; that his physical condition is as  
follows: *Worn out from age - has*  
*diarrhoea, unable to earn a support*  
*at any kind of labor*  
that his property consists of the following items

of the value of *0* Dollars, that by reason of his physical  
condition and poverty he is unable to support himself by his own exertion or labor, and  
that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this, *23* day of *January* 1900, *L. M. Dodge*  
*Barlow* Ordinary.

State of Georgia,  
*Barlow* County.  
I, *L. M. Dodge* Ordinary of said County,  
do certify that I am well acquainted with *L. M. Dodge* 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* day of *January* 1900.  
*L. M. Dodge*  
Ordinary, *Barlow* County.

NOTE.—The blank spaces must be filled.

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



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 1890. I have heretofore as a resident of Barlow county been allowed a pension for the year 1890.

Sworn to and subscribed before me, this, the 23 day of January, 1890. L. M. Padgett mark  
Ordinary.

State of Georgia,

Barlow County.  
I, L. M. Padgett Ordinary of said County, do certify that I am well acquainted with L. M. Padgett 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 23 day of January, 1890.  
L. M. Padgett Ordinary, Barlow County.

Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1890.

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Barlow county been allowed a pension for the year 1890.

Sworn to and subscribed before me, this, the 23 day of January, 1900. L. M. Padgett mark  
G. W. Hendricks Ordinary.

State of Georgia,

Barlow County.  
I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with L. M. Padgett 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 23 day of January, 1900.  
G. W. Hendricks Ordinary, Barlow County.

Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA,

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

Witness my hand and seal, this 23 day of January, 1900.  
L. M. Padgett [L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.  
I, L. M. Padgett hereby authorize G. W. Hendricks of Cartersville Ga. to receive and receipt for the pension allowed and request that he remit same to me at Cartersville Ga.

Witness my hand and seal, this 23 day of January, 1900.  
L. M. Padgett [L. S.]

Executed in presence of

L. M. Padgett

For Those Already Enrolled

INDIGENT

SOLDIER'S PENSION.

1901.

Name L. M. Padgett  
County Barlow

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

WARRANT HANDLED TO

L. M. Padgett

COOK SECTION GA.  
(FOR THOSE ALREADY ENROLLED.)

No. 3196.

INDIGENT

SOLDIER'S PENSION

1902.

Name L. M. Padgett  
County Barlow  
Co. Regiment 8<sup>th</sup>  
Co. Battalion

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

L. M. Padgett  
For W. Hendricks, State Prison, Atlanta.

no data



For Those Already Enrolled.

INDIGENT

SOLDIER'S PENSION.

1901.

WARRANT ISSUED

JOHN W. LINDSEY,

WARRANT HANDED TO

of *W. Lindsey*

(FOR THOSE ALREADY ENROLLED.)

INDIGENT

SOLDIER'S PENSION

1902.

WARRANT ISSUED

JOHN W. LINDSEY,

WARRANT HANDED TO

of *W. Lindsey*

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Barlow* County.

Personally appears *L. M. Padgett* of *Barlow* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *9* day of *Dec* *1876*; that he is *74* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 yrs 7 mo* in Company *G*, of *8 Bat* of *100th* *Inf* *Regt* that his physical condition is as follows: *Physically broken down from his old age.*

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this *9th* day of *Jan* *1901* by *L. M. Padgett* his *mark* Ordinary.

STATE OF GEORGIA,

*Barlow* County.

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

Given under my official signature and seal, this *9th*

day of *Jan* *1901* by *Wm. H. Smith* Ordinary *Barlow* County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1901.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Barlow* County.

Personally appears *L. M. Padgett* of *Barlow* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *9* day of *Dec* *1876*; that he is *75* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 yrs 7 mo* in Company *G*, of *8 Bat* of *100th* *Inf* *Regt* that his physical condition is as follows: *Very poor from old age and infirmities and is also advanced in his money.*

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this *10th* day of *Jan* *1902* by *L. M. Padgett* his *mark* Ordinary.

STATE OF GEORGIA,

*Barlow* County.

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

Given under my official signature and seal, this *10th* day of *Jan* *1902* by *Wm. H. Smith* Ordinary *Barlow* County.

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

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 Barlow county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this 9th day of Jan 1901, L. M. x Padgett his mark Ordinary.

### STATE OF GEORGIA.

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

Given under my official signature and seal, this 9th day of Jan 1901, G. W. Hendricks Ordinary Barlow County.

NOTE: The blank spaces must be filled.  
NOTE: Affidavit should not be attested before January 1st, 1901.

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

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

Sworn to and subscribed before me, this 14th day of Jan 1902, L. M. x Padgett his mark Ordinary.

### STATE OF GEORGIA.

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

Given under my official signature and seal, this 14th day of Jan 1902, G. W. Hendricks Ordinary Barlow County.

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

### POWER OF ATTORNEY.

STATE OF GEORGIA.

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

Witness my hand and seal, this 15th day of Jan 1901, L. M. x Padgett [L. S.]

Executed in presence of Goodman W. H. H.

### POWER OF ATTORNEY.

STATE OF GEORGIA.

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

Witness my hand and seal, this 23rd day of Jan 1904, L. M. x Padgett [L. S.]

Executed in presence of mark

(FOR THOSE ALREADY ENROLLED.)

No. 3719

INDIGENT

SOLDIER'S PENSION  
1903.

Name L. M. Padgett  
County Barlow  
Co. Ga  
WARRANT ISSUED

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

WARRANT ISSUED

no later

Padgett & M.  
Barlow Co.

(FOR THOSE ALREADY ENROLLED.)

No. 3719

INDIGENT

SOLDIER'S PENSION  
1904.

Name L. M. Padgett  
County Barlow  
Co. Ga  
WARRANT ISSUED

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

WARRANT ISSUED

no later

*Padgett & M. Bartow Co.*  
 CODE SECTION 136  
 (FOR THOSE ALREADY ENROLLED.)  
 No. 3719  
 INDIGENT  
 SOLDIER'S PENSION  
 1903.  
 Name *L. M. Padgett*  
 County *Bartow*  
 Co. *8th Regt. Ga.*  
 WARRANT ISSUED  
 40 1903.  
 JOHN W. LINDSEY  
 Commissioner of Pensions  
 WARRANT HANDED TO  
*no later*

*Padgett & M. Bartow Co.*  
 CODE SECTION 136  
 (FOR THOSE ALREADY ENROLLED.)  
 No. 3719  
 INDIGENT  
 SOLDIER'S PENSION  
 1904.  
 Name *L. M. Padgett*  
 County *Bartow*  
 Co. *8th Regt. Ga.*  
 WARRANT ISSUED  
 11/1 1904.  
 JOHN W. LINDSEY  
 Commissioner of Pensions  
 WARRANT HANDED TO  
*no later*

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Bartow* County.)  
 Personally appears *L. M. Padgett* of *Bartow* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *9* day of *Dec.* 1826; that he is *76* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 yrs 9 mos* in Company *E*, of *8th Regt. Ga.* Vol. Inf., that his physical condition is as follows: *Physically worn from military service and from old age.*

that his property consists of the following items:

of the value of *1* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this *15th* day of *Jan.* 1903. *L. M. Padgett*  
*G. W. Hendricks* Ordinary *mbr*

STATE OF GEORGIA,

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

Given under my official signature and seal, this *15th* day of *Jan.* 1903. *G. W. Hendricks*  
 Ordinary *Bartow* County.

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

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Bartow* County.)  
 Personally appears *L. M. Padgett* of *Bartow* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *9* day of *Dec.* 1826; that he is *77* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 yrs 9 mos* in Company *E*, of *8th Regt. Ga.* Vol. Inf., that his physical condition is as follows: *Physically worn down completely*

that his property consists of the following items:

of the value of *1* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this *22nd* day of *Jan.* 1904. *L. M. Padgett*  
*G. W. Hendricks* Ordinary *mark*

STATE OF GEORGIA,

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

Given under my official signature and seal, this *22nd* day of *Jan.* 1904. *G. W. Hendricks*  
 Ordinary *Bartow* County.

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

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 Barlow county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this 18<sup>th</sup> day of Jan, 1903, } L. M. Padgett  
G. W. Hendricks Ordinary, Barlow

STATE OF GEORGIA,

Barlow County, }  
I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with L. M. Padgett 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 18<sup>th</sup> day of Jan, 1903.  
G. W. Hendricks  
Ordinary, Barlow County.

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

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

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

Sworn to and subscribed before me, this 28<sup>th</sup> day of Jan, 1904, } L. M. Padgett  
G. W. Hendricks Ordinary, Barlow

STATE OF GEORGIA,

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

Given under my official signature and seal, this 28<sup>th</sup> day of Jan, 1904.  
G. W. Hendricks  
Ordinary, Barlow County.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County, }  
I, L. M. Padgett hereby authorize G. W. Hendricks of Barlow County to receive and receipt for the pension allowed, and request that he remit same to me at Barlow Ga.

Witness my hand and seal, this 18<sup>th</sup> day of Jan, 1903.  
L. M. Padgett [L. S.]  
Executed in the presence of mark

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County, }  
I, L. M. Padgett hereby authorize G. W. Hendricks of Barlow County to receive and receipt for the pension allowed, and request that he remit same to me at Barlow Ga.

Witness my hand and seal, this 28<sup>th</sup> day of Jan, 1904.  
L. M. Padgett [L. S.]  
Executed in the presence of mark

## INDIGENT SOLDIER'S PENSION 1905.

Name L. M. Padgett  
County Barlow  
Co. 1st Regiment 8th  
G. O. Barlow  
WARRANT ISSUED

1905.

JOHN W. LINDSEY  
Commissioner of Pensions

WARRANT HANDLED TO

no data

(FOR THOSE ALREADY ENROLLED.)

No. 212

## INDIGENT SOLDIER'S PENSION 1906.

Name L. M. Padgett  
County Barlow  
Co. 1st Regiment 8th  
G. O. Barlow  
WARRANT ISSUED

1906.

JOHN W. LINDSEY  
Commissioner of Pensions

WARRANT HANDLED TO

no data

*Padgett, L. M.*  
*Barlow County*  
FOR THOSE ALREADY ENROLLED.  
No. \_\_\_\_\_  
INDIGENT  
SOLDIER'S PENSION  
1905.  
Name *L. M. Padgett*  
County *Barlow*  
Co. *D*  
Regiment *8th*  
WARRANT ISSUED  
1905.  
JOHN W. LINDSEY  
Commissioner of Pensions  
WARRANT HANDLED TO

*Padgett, L. M.*  
*Barlow County*  
FOR THOSE ALREADY ENROLLED.  
No. *212*  
INDIGENT  
SOLDIER'S PENSION  
1906.  
Name *L. M. Padgett*  
County *Barlow*  
Co. *D*  
Regiment *8th*  
WARRANT ISSUED  
JAN 21 1906.  
JOHN W. LINDSEY  
Commissioner of Pensions  
WARRANT HANDLED TO

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
*Barlow* County.

Personally appears *L. M. Padgett* of *Barlow* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and is a resident of said County and State, and has resided in said State continuously ever since the \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_, that he is *74* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of *3 years 8 months* in Company *G*, of *8th* *Barlow* *Ga vol* *Regt*, that his physical condition is as follows: *Physically worn out from old 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 1905. I have heretofore, as a resident of *Barlow* County, been allowed a pension for the year 1904. Sworn to and subscribed before me, this \_\_\_\_\_ day of *July* 1905, *L. M. Padgett* Ordinary.

STATE OF GEORGIA,  
*Barlow* County.  
*Geo. H. Hendricks* Ordinary of said County,  
do certify that I am well acquainted with *L. M. Padgett* 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 *July* 1905. *Geo. H. Hendricks* Ordinary *Barlow* County.

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

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,  
*Barlow* County.

Personally appears *L. M. Padgett* of *Barlow* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_, that he is *80 or thereabouts* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of *3 years 8 months* in Company *G*, of *8th* *Barlow* *Ga vol* *Regt*, that his physical condition is as follows: *Old age infirmities*

that his property consists of the following items: \_\_\_\_\_ of the value of \_\_\_\_\_ Dollars. I am now earning by my labor, \_\_\_\_\_ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of *Barlow* County, been allowed a pension for the year 1905. Sworn to and subscribed before me, this \_\_\_\_\_ day of *Jan* 1906, *L. M. Padgett* Ordinary. *Geo. H. Hendricks*

State of Georgia,  
*Barlow* County.  
I, *Geo. H. Hendricks* Ordinary of said County,  
do certify that I am well acquainted with *L. M. Padgett* 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 *Jan* 1906. *Geo. H. Hendricks* Ordinary *Barlow* County.

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

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

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

County been allowed a pension for the year 1901.

Sworn to and subscribed before me, this the

day of July 1905, Geo. H. Hendricks

Ordinary.

STATE OF GEORGIA,

Bartow County.

I, Geo. H. Hendricks Ordinary of said County, do certify that I am well acquainted with L. M. Padgett 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 July 1905.

Geo. H. Hendricks  
Ordinary Bartow County.

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

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

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

Sworn to and subscribed before me, this the

day of Jan 1906, Geo. H. Hendricks

Ordinary.

State of Georgia,

Bartow County.

I, Geo. H. Hendricks Ordinary of said County, do certify that I am well acquainted with L. M. Padgett 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 Jan 1906.

Geo. H. Hendricks  
Ordinary Bartow County.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, L. M. Padgett hereby authorize Geo. H. Hendricks of Bartow County to receive and receipt for the pension allowed, and request that he remit same to me at Bartow by me.

Witness my hand and seal, this

day of Jan 1907.  
L. M. Padgett  
mm

Executed in presence of

Padgett L. M.  
Geo. H. Hendricks  
Clerk of Court  
(FOR THOSE ALREADY ENROLLED)

No.

INDIGENT  
SOLDIER'S PENSION  
1907.

Name L. M. Padgett  
County Bartow  
Co. 1st Regt. Col.  
Goval  
WARRANT ISSUED

FEB 4 1907.

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDLED TO

JOHN W. LINDSEY, COMMISSIONER OF PENSIONS.

*Robert M. Dargatz*  
*Bar. D. Dargatz*  
Cousin Dargatz 124.  
(FOR THOSE ALREADY ENROLLED)

No.

INDICENT  
SOLDIER'S PENSION  
1907.

Name *Mr. Dargatz*  
County *Bartholomew*  
Co. *Regiment 3rd*  
*Vol*

WARRANT ISSUED

FEB 4

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDLED TO

JOHN W. LINDSEY, COMMISSIONER OF PENSIONS, ATLANTA, GA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

*Bartholomew* County.

Personally appears *L. M. Dargatz* of *Bartholomew* 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 *1826*; that he is *81* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 yrs* in Company *5* of *8th Regt* of *Georgia* *Vol* that his physical condition is as follows: *He is entirely broken down*

that his property consists of the following items:

of the value of \_\_\_\_\_ Dollars. I am now earning \_\_\_\_\_ 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 *Bartholomew* County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the \_\_\_\_\_ day of *Jan* 1907, *L. M. Dargatz* Ordinary *W. H. Lindsey*

State of Georgia,

*Bartholomew* County.

I, *W. H. Lindsey* Ordinary of said County, do certify that I am well acquainted with *L. M. Dargatz* 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 *Jan* 1907, *W. H. Lindsey* Ordinary *Bartholomew* County.

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

that his property consists of the following items:

of the value of  
by my labor,

Dollars. I am now earning

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 thereto, and makes application for the pension to which he  
is entitled for the year 1907. I have heretofore, as a resident of *Bartow*  
County, been allowed a pension for the year 1906.

Saorn to and subscribed before me, this the  
day of *Jan* 1907.

Ordinary.

State of Georgia,

*Bartow* County

I,

*W. H. Anderson*

Ordinary of said County,

do certify that I am well acquainted with *L. M. Padgett*  
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 *Jan* 1907.

Ordinary *W. H. Anderson* County.

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

NAME *Padgett, L. M.* YEAR *1906* COUNTY *Bartow*

WHEN AND WHERE BORN? *1886 - Hall County, Georgia*

ENLISTED WHEN AND WHERE? *November 4, 1861, Blackwoods Spring in  
Gordon County, Georgia*

RANK.

COMPANY AND REGIMENT? *Company G, 8th Georgia Battalion*

NAME OF CAPTAIN AND CHIEF?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED?

WHEN AND WHERE SURRENDERED? *May 4, 1865 in North Carolina at  
close of war*

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. *J. J. L. Erwin - same Regiment, Company E*



RANK.

COMPANY AND REGIMENT? Company G, 8th Georgia Battalion

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED?

WHEN AND WHERE SURRENDERED? May 4, 1965 in North Carolina at  
close of war

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J. J. L. Arwin - same Regiment, Company E

lw

*Parham, L. A. (Mrs.)*  
*Parham Co.*  
*OK 11/13*

No. *Asini*

### 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 *Bartow*  
Name *L. A. Parham*

Widow of *J. M. Parham*  
Company *A. 12 Ga. Cavalry*

Approved

J. W. LINDSEY,  
Commissioner of Pensions

CHAS. F. BYRD, State Printer, Atlanta.

Widow of J. M. Parkham  
Company A. 1st Ga. Artillery

Approved

J. W. LINDSEY,  
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

# WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Barlow County.

Personally before me comes L. A. Parkham of said County, who, after being duly sworn, on oath says, that she is the widow of J. M. Parkham to whom in the County of Polk State of Ga she was married on the 2nd day of Feb 1869 and that she remained his wife, and resided with him to the date of his death on May 1869 and that she has not since his death remarried. At the time of his death he was a resident of Barlow County, in Ga said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$ 60 in Polk County for 1910 4 per annum on account of being a soldier in Company A 1st Regiment Georgia Artillery (Volunteers of State Militia.)

At the death of J. M. Parkham he was in the use and possession of the following property nothing at all

of the cash value of \$

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully): none whatever

Acres land

Horses and Mules

Hogs, Cows, etc

Total Cash value of all property

That she is now a bona fide resident citizen of said County of Barlow and she has so continuously resided in Ga all her life

Sworn to and subscribed before me, this the 5th day of Aug 1912 (Mr J. A. Parkham) Justices Ordinary, of Barlow County.

## Affidavit of Witnesses to Prove Marriage and to Whom--Date of Death of Husband.

STATE OF GEORGIA,

Barlow County.

Personally before me come L. W. McKelvey known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge, Mrs. L. A. Parkham who made the foregoing affidavit, is the lawful widow of J. M. Parkham who died in Barlow County in said State of Ga on the 5th day of May 1911 and that she has not since remarried. (That she became the wife of J. M. Parkham on the 2nd day of Feb 1869 and that she and he had resided together as man and wife continuously since 2nd day of Feb 1869 and that the J. M. Parkham was the same man who was on the pension roll of said State from Polk County Ga when he died.

Sworn to and subscribed before me, this the 5th day of Aug 1912 (L. W. McKelvey) Justices Ordinary, of Barlow County.

### 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.

Name Barlow  
County Barlow  
Widow of J. M. Parkham  
Company A 1st Ga Artillery  
Approved

J. W. LINDSEY  
Commissioner of Pensions  
CHAS. P. BYRD, State Printer, Atlanta.

Sworn to and subscribed before me, this the 5th day of Aug 1912 Mr L A Parkam  
G. W. Hendricks Ordinary,  
of Barlow County.

**Affidavit of Witnesses to Prove Marriage and to Whom--Date of  
Death of Husband.**

STATE OF GEORGIA,

Barlow County.

Personally before me come L. W. McElwey known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge, Mrs. L. A. Parkam who made the foregoing affidavit, is the lawful widow of J. M. Parkam who died in Barlow County in said State of Georgia on the 8th day of May 1911 and that she has not since remarried. That she became the wife of J. M. Parkam on the 2nd day of Feb 1869 and that she and he had resided together as man and wife continuously since day of 2d 1869 and that the J. M. Parkam was the same man who was on the pension roll of said State from Doen County Ga when he died.

Sworn to and subscribed before me, this the

5th day of Sept 1912  
G. W. Hendricks Ordinary,  
of Barlow County.

OFFICE OF  
COURT OF ORDINARY  
BARTOW COUNTY  
G. W. HENDRICKS, Ordinary

CARTERSVILLE, GA. Nov. 23 1926

Col. Geo. W. Clark,  
Atlanta, Ga.  
Dear Col. Clark,

Am enclosing application for \$39.25 for unpaid funeral expenses and doctor's bill of Mrs. L. A. Parkam. I did not have any new blanks so made it out on an old blank I found here in the office. If you cannot accept it on this blank I will make out another application if you will kindly send us some blanks.

Papa has not been so well for over a week, is now confined to his bed.

Yours truly,  
Mrs. Paul Franklin.

**AFFIDAVITS OF TWO FREEHOLDERS.**

STATE OF GEORGIA,

County.

Personally before me comes \_\_\_\_\_ who after being sworn on oath says, that they are freeholders of said County, and that they know \_\_\_\_\_ of said County and knew her said husband \_\_\_\_\_ at his death on the \_\_\_\_\_ day of \_\_\_\_\_ 1911 that she and he were in the use, possession and control of the following property at his death to wit: \_\_\_\_\_

\_\_\_\_\_ of the value of \$ \_\_\_\_\_ That she is now in the use, possession and control of the following property to wit: \_\_\_\_\_

\_\_\_\_\_ of the value of \$ \_\_\_\_\_

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 1911

Ordinary,

County.

**ORDINARY'S CERTIFICATE.**

STATE OF GEORGIA,

Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify, that, I know Mrs. L. A. Parkam the applicant for this pension 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 L. W. McElwey witness as to marriage and I also know \_\_\_\_\_ who I know to be a resident freeholder 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 Barlow County shows that \_\_\_\_\_ retained property to the amount of \_\_\_\_\_ for 1908 \$ \_\_\_\_\_ for 1909 \$ \_\_\_\_\_ for 1910 \$ \_\_\_\_\_

Sworn under my hand and official seal of office this 5th day of Sept 1912  
(SEAL) G. W. Hendricks Ordinary,  
Barlow County.

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

" Papa has not been so well for over a week, is now confined to his bed.

Yours truly,  
Mrs. Paul Franklin.

County. I know Mrs. A. Parham the applicant for this pension 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 1st day of January 1870, when I also know L. W. Melaney 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 said County shows that for 1908 \$ 22.00 for 1909 \$ 22.00 for 1910 \$ 22.00

Sworn under my hand and official seal of office this 1st day of Sep 1912

(SEAL) J. W. Hendricks Ordinary, Bartow County.

NOTES: 1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses to the following words: "You do solemnly swear that you will true answers make to each of the questions asked, and the answers you shall give will be the truth. So help you God."

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

3. All affidavits must be made before the Ordinary.

4. Only widows who married prior to first January 1870, are entitled.

5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.

Georgia Dade County  
In person came before me Mrs. C. S. Wright who on oath says that she was present at the marriage of Mrs. L. F. Parham to Mr. John M. Parham on the 2nd day of February 1869 at the home of Mr. J. L. Morgan in Dade County, Georgia.

Wm C. S. Wright  
Sworn to & subscribed before me  
June 12th 1912  
J. W. Hendricks Ordinary

Parham, R. A. (Mrs.)  
Bartow Co.  
1917 26

Application for Pension Due  
Deceased Pensioner  
Under Act 1904.

G. W. Hendricks Ordinary  
Filed Oct. 8, 1926  
of Co. Regiment  
\$34.25 Approved and ordered paid of  
John W. Chalk 1917.  
24 Nov. 26 Commissioner of Pensions

Taylorville, Ga. Nov 23 1926  
Ella Parham  
IN ACCOUNT WITH  
DR. A. L. HORTON  
All Bills Payable When Presented

| Dept  | Oct | Dr | Cr | Balance |
|-------|-----|----|----|---------|
| 1     | 20  | 20 |    |         |
| 2     | 20  | 20 |    |         |
| 3     | 20  | 20 |    |         |
| 4     | 20  | 20 |    |         |
| 5     | 20  | 20 |    |         |
| 6     | 20  | 20 |    |         |
| Total |     |    |    | 22.00   |

I have duly appeared before me as officer authorized to administer oaths, to A. L. Horton, who being duly sworn, have that the above account is true and correct.

Notary Public State of Georgia, Taylorville, Ga.  
My Comm. Expires July 27, 1928

Paid Jan. 4 - 1927 -  
G. W. Hendricks  
Ordinary  
by Clerk

Taylorville, Ga. Nov 23 1926

Eda - Payham

Taylorville Ga.

IN ACCOUNT WITH

**DR. A. L. HORTON**

All Bills Payable When Presented

|       |    |                    |       |
|-------|----|--------------------|-------|
| Sept  | 30 | To Rent Mother     | 2.00  |
| Oct   | 1  | To Rent Mrs. P. M. | 4.00  |
| "     | 2  | To Rent Mrs. P. M. | 4.00  |
| "     | 3  | To Rent Mrs. P. M. | 4.00  |
| "     | 4  | To Rent Mrs. P. M. | 4.00  |
| "     | 5  | To Rent            | 2.00  |
| "     | 6  | To Rent            | 2.00  |
| Total |    |                    | 22.00 |

I personally appeared before me an officer W. D. Trappe authorized to administer oaths, T. A. I. W. D. Trappe, who being duly sworn, says that the above account is true and correct.

Notary Public, State of Georgia, W. D. Trappe  
My Comm. Exp. 11/1/28

Paid Jan. 4. 1927 -  
W. D. Hendricks  
Ordinary  
by Clerk

Taylorville, Ga. Dec 22 1926

Mr. John A. Franklin

IN ACCOUNT WITH

**FARMERS SUPPLY COMPANY**

GENERAL MERCHANDISE

All Bills Due When Presented.

Oct 9 One barrel 10.00  
General Merchandise 18.00

Oct 11 Rent By School 11.00

Recd of W. D. Trappe  
1/4/27 10.00  
W. D. Trappe

I certify that the above account  
of the general expenses of Mrs.  
Eda Payham

W. D. Trappe

## Application for Pension Due to a Deceased Pensioner

UNDER THE ACT OF AUG. 15, 1904, TO BE PAID TO THE ORDINARY FOR  
FUNERAL EXPENSES AND EXPENSES OF LAST ILLNESS.

Georgia, Bartow County.

Personally before me, the Ordinary of said County, comes W. D. Trappe

of said County, who, after being sworn, on oath says that  
he knew Mrs. L. A. Payham of said County, and that he was on  
the Widows' Pension Roll Bartow County at the  
time of his death, which occurred in Bartow County, in this  
State, on the 8 day of October 1926, and that  
a Pension of \$50.00 Dollars was due him and  
unpaid at the time of his death. That he left no widow or dependent children surviving him, and no  
estate of any value sufficient to pay his funeral expenses, which amounted to the sum of \$29.25  
Dollars, as per sworn statement, itemized, hereto attached Bartow Dollars he unpaid

Sworn to and subscribed before me  
this 23 day of Nov 1926  
W. D. Hendricks Ordinary  
County Bartow  
by Mrs. Paul Franklin, Clerk Court Ordinary  
Georgia, Bartow County.

I, W. D. Hendricks, Ordinary of said County, do certify  
that I personally know W. D. Trappe, who is a resident  
citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and  
credit.

I also knew Mrs. L. A. Payham while in life; that she  
was the same person whose name appears on the Widows' Pension  
Roll of Bartow County, and was paid a Pension  
of 150.00 Dollars in said County for 1926, and  
I now believe her to be dead.

Given under my hand and official seal, this 23 day of November 1926  
W. D. Hendricks Ordinary,  
Bartow County.  
by Mrs. Paul Franklin  
Clerk Court of Ordinary

M. A. Tripp & Co.

Bartow County.  
by Mrs. Paul Franklin  
Clerk Court of Bartow Co.

*Paris, 24/22 - Barlow Co. & Co.*  
*Disaffranchement*  
*11/2-1908*  
No. \_\_\_\_\_

**INDIGENT PENSION.**

✓ 190

Name *H. M. Paris*  
County *Barlow*  
Co. *L-4399* Regl.  
Approved \_\_\_\_\_ 19

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

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

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

*Pension of 11/2-1908*  
*In approval of the*  
*the claims of app*  
*ent that in 1908*  
*thru out of all year*  
*and because the*  
*a citizen of 17 years*  
*has a disfigure*  
*H. M. Paris*  
*Commissioner of Pensions*

POWER OF ATTORNEY.

STATE OF GEORGIA.

*Barlow*

County

*H. M. Paris*

*Barlow*

*Barlow*

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

Witness my hand and seal, this 26 day of *Barlow* 1908

*H. M. Paris* [L. S.]



JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

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

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

9/29/08

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County, H. M. Paris hereby authorize H. M. Paris of Barlowville

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

at Barlowville by H. M. Paris day of Sept 1908

Witness my hand and seal, this

Executed in presence of,

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

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

1. What is your name and where do you reside? (Give State, County and Postoffice.)

H. M. Paris, Adamsville, Barlow Co. Ga.

2. How long and since when have you been a resident of this State? I have lived in Georgia since January 1887.

3. When and where were you born? 1834, in County, Georgia.

4. When and where, and in what company and regiment did you enlist or serve? May 1862, for 2 years Co. G, 60th Ala. Regiment.

5. How long did you remain in such company and regiment? Full 30 months.

6. When and where was your company and regiment surrendered and discharged? April 1865, in Philip's Battalion, Georgia State Army.

7. Were you present with your company and regiment when it was surrendered? Yes.

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? August 1864, I was captured near Atlanta, Ga. and taken to the North.

9. How much can you earn (gross) per annum by your own exertions or labor? Nothing.

10. What has been your occupation since 1865? Nothing.

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

12. If upon the first ground, state how long you have been in such condition that you could not earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight. I have not been able to support myself since 1865. I am afflicted with rheumatism and blood and kidney trouble and my eyes nearly lost.

13. What property, real and personal, or income, do you possess, and its gross value? I have no property, real or personal, or income.

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, have you made of same? Only a little personal property and not my full property. I am now dependent on my own friends.

15. In what County did you reside during these years, and what property did you then return to you? Barlow.

16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? By my son, who is 50 years of age.

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

18. What was your employment during 1908-1909, 1903-1904, 1905, 1906 and 1907? Nothing.

19. Have you a family? If so, who composes such family, give their means of support. Have you a home, or other property? Their ages and are employed? Have a wife and two children. They are dependent on me. I am now dependent on my own friends.

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

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

22. How many applications have you ever made and under what class? No.

Sworn to and subscribed before me this the 30 day of Sept 1908

H. M. Paris Applicant.

John W. Lindsey Ordinary, of Barlow County.

Every question must be answered.

INDIGENT PENSION.

190

Name H. M. Paris  
County Barlow  
No. 2-103 G. G. Regt. 19

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

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

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

9/29/08

1. 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."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

6. How long did he perform regular military duty? *With in 1862*  
 7. When and where was his command surrendered? *April 26-1865, Guana*  
 8. Were you present when it surrendered? *NO*  
 9. Was applicant present? *NO*  
 10. If he was not present, where was he? *I do not know*  
 When did he leave his command? *April 1862* or what cause? *Resigned as Lieut*  
 By what authority he left? *He was an lieutenant and resigned on account of bad health*  
 How do you know all of this?  
 11. What property, effects or income has the applicant? (Give your means of knowledge.)  
*I do not know personally*  
 12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907,  
 and what disposition, if any, did he make of same? *I do not know*  
 13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?  
*I do not know*  
 14. What is the applicant's occupation and physical condition? *He follows no occupation. He is physically very weak. He is afflicted*  
 15. Is the applicant unable to support himself by labor of any sort, if so, why? *He is, because he is very old and weak and badly diseased*  
 16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?  
*I do not know personally*  
 17. What portion of his support for these last years was derived from his own labor or income?  
*He is not able to work to earn anything*  
 18. Give a full and complete statement of the applicant's physical condition that entitles him to pension under Section 1254, Code. *He is old, infirm, afflicted and broken down*  
 19. Who composes family? What property have they? Children's ages and their earning capacity?  
*I am not personally acquainted with his family. I am only that his son supports him*  
 20. What interest have you in the recovery of a pension by this applicant?  
 Sworn to and subscribed before me, this the *26* day of *Sept* 190*8*  
*G.W. Andrews* Ordinary. *A.R. Moore* Witness.

and that we have no interest in said pension being allowed.  
 Sworn to and subscribed before me, this the *26* day of *Sept* 190*8*  
*G.W. Andrews* Ordinary.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.  
*Barlow* COUNTY.  
 I, *G.W. Andrews* Ordinary, in and for said County, hereby certify that the applicant, *A.M. Paris* resides in said County, and has been a bona fide resident of this State since the *26* day of *Sept* 186*2* and that the witnesses, viz: *Dr. H. S. Baker, J. R. Colburn, A. R. Moore and B. J. Lewis* are of trustworthy character, and that their statements are entitled to full faith and credit.  
 I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavit was read to the applicant and witness, before same was signed.  
 I further certify that the tax digest of *Barlow* County shows that applicant returned for taxation in his name in 1901 *\$155* Dollars of property, and in 1902 *155* Dollars of property, in 1903 *155* Dollars of property, in 1904 *155* Dollars of property, in 1905 *155* Dollars of property, in 1906 *155* Dollars of property, in 1907 *155* Dollars of property.  
 In my opinion the foregoing claim is *made in good faith*.  
 Witness my hand and seal of office, this *28* day of *Sept* 190*8*  
*G.W. Andrews* Ordinary.  
 of *Barlow* County.

NOTE.  
 1. Before any questions are answered, the Ordinary shall swear applicant, and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."  
 2. Additional affidavits may be attached if blank spaces are insufficient.  
 3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

Georgia, Barlow County.  
 On person came before me, B. J. Lewis, and on oath says the foregoing applicant for pension, Mr. A. M. Paris is a resident of Barlow County, Ga. and that applicant has known him for five years. And that he is an old man, infirm and broken down. He has no property from which he can derive a support, and has not had for the last five years, and that he is too infirm, old and weak to work and earn a support. Suffering with his afflictions. His son keeps him up. And cares for him in his old age and feeble condition. His son is quite old himself. He nor either of them have any homestead. Applicant has no interest in a recovery of a pension by applicant.  
 Sworn to and subscribed before me for me, Sept-26-1908  
*G.W. Andrews* Ordinary

a resident of Barton County, Mo; and that  
Affiant has known him for five years.  
and that he is an old man, infirm  
and broken down. He has no property from  
which he can derive a support, and has  
not had for the last five years, and that  
he is too infirm, old and weak to work  
and earn a support. Suffers with his  
afflictions. His son keeps him up  
and cares for him in his old age and  
feeble condition. His son is quite old him  
self. He nor either of them have any  
homestead. Affiant has no interest in a recovery  
of a pension by applicant.  
Known to and Subscribed  
before me. Sep-26-1908  
Geo. H. H. H. H. H.  
Ordinary

*Parker Susan E.*  
*Age 72*  
*Carters County*

No. *4*

*Oct 1914*

**Widow's Pension**

UNDER ACT 1910.

County *Carters*

Name *Susan E. Parker*

Widow of *Julius E. Parker*

*C 23 49*

J. W. LINDSEY.  
Commissioner of Pensions.

Chas. F. Byrd, State Printer.

*11/2/16*

Widow of

*Julius E. Parker*

J. W. LINDSEY,  
Commissioner of Pensions.

State of Georgia, State Printer

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

STATE OF GEORGIA,

*Barlow* County.

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

1. What is your name, and where do you reside? *Susan E. Parker White*
2. How long and since when have you been a continuing resident in the State of Georgia? *I have lived in Ga. fifty two years*
3. When, where and to whom were you married? *1866, Barlow Co. Ga. Julius E. Parker*
4. When, where and in what Company and Regiment did your husband serve as a soldier in the Confederate Army or Georgia Militia? (State the arms and class of Service.) *1862, Company I, 23rd Ga. at Harmaunt Ga. April 23rd 1865, Greensboro N.C.*

5. Was your husband personally present at the time of the surrender or discharge of this Command? *yes*
6. If he was not present state clearly where he was?
7. Where was his Command when he left?
8. For what cause did he leave his Command?
9. By whose authority did he leave his Command?
10. For how long was he granted leave of absence?
11. What was his physical condition when he left his Command?
12. What effort did he make to return to his Command?
13. In what way was he prevented from going back to Command?
14. Was he captured by the enemy at any time?
15. If so, when and where captured and where held as a prisoner, and when and for what cause released?

16. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? *1864, Barlow Co. Ga. - we were*
17. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908? (State same by items.) *13.50, 160 A. land in Barlow Co. Ga. worth about \$200.00 and the cow*

18. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) *None at all*

19. What property of any description of any value have you now? *the same named above*
20. Give list and cash value? *see answer to question 19*
21. What are your annual earnings or income and their value? *\$30.00 sent from the above named land*
22. Have you heretofore been paid a pension by the State? *NO*
23. If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the *14* day of *May*, 1910, *Susan E. Parker* Ordinary of *Barlow* County.

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,

*Barlow* County.

Personally before me comes *W. J. Ingram* who after being duly sworn true answers to make, to the following questions, answers as follows:

Widow's Pension

UNDER ACT 1910.

County *Barlow*  
Name *Susan E. Parker*  
Widow of *Julius E. Parker*

J. W. LINDSEY,  
Commissioner of Pensions.

State of Georgia, State Printer

1. If so, when and where was he captured and where held as a prisoner, and when and for what cause released?

2. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? *18th. March Co. Ga. - We were*

3. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) *13. Put 160 A. land in Rhodes for \$1 with about 200 lbs. And the cow*

4. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) *None at all*

5. What property of any description of any value have you now? *The same named above*

6. Give list and cash value? *See answer to Question 5. About \$300*

7. What are your annual earnings or income and their value? *None from the above named land*

8. Have you heretofore been paid a pension by the State? *No*

9. If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the *14th* day of *Nov*, 1910, *Susan E. Parker* Ordinary of *Bartow* County.

Questions for the Witnesses as to Service of Husband and Marriage. STATE OF GEORGIA, *Bartow* County.

Personally before me comes *W. J. Ingram* who after being duly sworn true answers to make, to the following questions, answers as follows.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

*Bartow* County.

1. *G. W. Hubbert* Ordinary of said County do hereby certify that, I know *Susan E. Parker* the applicant for person. She is the person she represents herself to be and she is a bonafide continuing resident citizen of said County and was in the 4th Nov. 1908.

That I also know *W. J. Ingram* the witness who swears to the service of husband, and *J. O. Hubbard & E. A. Roberts* who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns *Bartow* Returned for Tax is for 1908 \$ *none* for 1910 \$ *none* sworn under my hand and official seal of office this *14th* day of *Nov* 1910.

SEAL. *G. W. Hubbert* Ordinary of *Bartow* County.

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

*Georgia, Bartow County.*  
*Personally appeared before me, E. A. Roberts and J. O. Hubbard*  
*of said County and on oath says that she was present and saw Julius E. Parker and Mrs. Susan E. Mahan married, on the 30th day of September 1866.*  
*E. A. Roberts*  
*J. O. Hubbard*  
*Sworn to and subscribed before me, Sept. 10-1910*  
*G. W. Hubbert*  
*Ordinary*

1. What is your name and where do you reside? *W. J. Ingram*  
2. How long and since when have you known *Susan E. Parker* applicant?  
3. How long and since when has she continuously resided in this State? (Give dates.) *Reman. ally not very long, only a few years*  
4. When and to whom was she married? How do you know? *Julius E. Parker*  
5. How long and since when did you know *Julius E. Parker* her husband?  
6. When, where and in what Company and Regiment did *Julius E. Parker* enlist?  
7. Were you a member of the same Company?  
8. How long before your personal knowledge did he perform actual military service with his Company and Regiment?  
9. When, where did he Command, surrender, and was discharged?  
10. Were you personally present when it was surrendered?  
11. Was the husband of applicant personally present at surrender?  
12. What effect did he make to return to his home and how do you know that?  
13. What effect did he make to return to his home and how do you know that?

AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA, *Bartow* County.  
Personally before me comes *J. O. Hubbard & E. A. Roberts* who on oath says that they are freeholders of said County and that they know *Susan E. Parker* of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule A as follows:  
Personal property *one cow* \$ *35*  
Notes and accounts due *"* \$ *"*  
Total \$ *"*  
Schedule (B). We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:  
Personal property *"* \$ *"*  
Money, Notes and accounts *"* \$ *"*  
Schedule (C). We also know what property she has now in her possession, use and control to wit:  
*13. of 160 =* Acres of land worth \$ *150*  
Horses and Mules *none* \$ *"*  
Cows and Hogs *one* \$ *25*  
Other property *none* \$ *"*  
income and earnings \$ *30*  
Total Value of all property and effects \$ *330*  
Sworn and subscribed before me this the *14th* day of *Nov*, 1910, *J. O. Hubbard & E. A. Roberts* Ordinary of *Bartow* County.



where you were present and how came you there? *Yes*  
 11. Was the husband of applicant personally present at surrender? *Yes*  
 where was he? *was present*  
 cause did he leave Command? *State date*  
 authority did he leave his Command?  
 long was he granted leave?  
 Do you state it of your own personal knowledge? *State all you know fully and how you know it*  
 12. For what cause of your own knowledge was he prevented from returning to his Command?  
 13. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?  
 Sworn to and subscribed before me this the *10th* day of *Sept* 1910 by *J. O. Hubbard* Ordinary of *Bartow* County.

**AFFIDAVIT OF TWO FREEHOLDERS.**  
 STATE OF GEORGIA,  
*Bartow* County.  
 Personally before me comes *J. O. Hubbard & A. Roberts* who on oath say that they are freeholders of said County and that they know *Mrs. Susan E. Parker* of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows:  

|                        |                |              |
|------------------------|----------------|--------------|
| Personal property      | <i>one cow</i> | \$ <i>35</i> |
| Notes and accounts due | "              | \$           |
| Total                  |                | \$           |

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

|                           |   |    |
|---------------------------|---|----|
| Personal property         | " | \$ |
| Money, Notes and accounts | " | \$ |

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

|   |             |               |
|---|-------------|---------------|
| Acres of land - worth                   |             | \$ <i>150</i> |
| Horses and Mules                        | <i>none</i> | \$            |
| Cow - <del>and</del> pigs               | <i>one</i>  | \$ <i>35</i>  |
| Other property                          | <i>none</i> | \$            |
| Income and earnings                     |             | \$ <i>30</i>  |
| Total Value of all property and effects |             | \$ <i>830</i> |

 Sworn and subscribed before me this the *10th* day of *Sept* 1910 by *J. O. Hubbard* Ordinary of *Bartow* County.

SEAL  
 (SEAL)  
 NOTES 1 Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:  
 "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."  
 2 Additional affidavits may be attached if blank spaces are insufficient.  
 3 All affidavits must be made before the Ordinary.  
 4 Only widows who married prior to first January 1870 are entitled.  
 5 Attach certified copies of marriage license if obtainable. If not, prove marriage by some person of his general reputation.  
*Georgia, Bartow County.*  
*Personally appeared before me, E. A. Roberts*  
*and J. O. Hubbard*  
*of said County and on oath says that she was*  
*present and saw Julius E. Parker and Mrs.*  
*Susan E. Mahan married, on the 30th*  
*day of September 1866.*  
*E. A. Roberts*  
*J. O. Hubbard*  
*Sworn to and subscribed*  
*before me, Sept 10-1910*  
*J. O. Hubbard*  
*Ordinary.*



POWER OF ATTORNEY.

STATE OF GEORGIA.

County of Barrow

I, J. M. Park, hereby authorize  
John W. Lindsey to receive and receipt for the pension paid herein, and request that he remit same to  
the order of J. M. Park

Witness my hand and seal this 11  
 day of February 1904.

Executed in presence of

J. M. Park  
John W. Lindsey  
W. H. Lindsey

[L.S.]

Park, J. M.  
Barrow

(FOR THOSE ALREADY ENROLLED.)

from 1873  
Adm in 1903

DISABLED  
 SOLDIER'S PENSION  
 1904.

Name J. M. Park  
 County Barrow  
 Co. E Regiment 38th  
 Disability Wound in hand  
 Amount, \$50

FEB 9 1904.

JOHN W. LINDSEY,  
 Commissioner of Pensions

WARRANT HANDLED TO

Ordy

Geo. W. Harrison, State Printer Atlanta.

no date

Ge. W. Harrison State Printer Atlanta

11

1

(FOR THOSE ALREADY ENROLLED.)

1977

1

no data

*Parker, J. M.*  
 (FOR THOSE ALREADY ENROLLED.)  
 Name *J. M. Parker*  
 County *Barlow*  
 Co. *E* Regiment *38 Ga*  
 Disability *wounded in head*  
 Amount *\$30*  
 FEB 9 1904  
 JOHN W. LINDSEY  
 Auditor of Pension  
 WARRANT HANDLED TO  
*City*  
*no date*

*Parker, J. M.*  
 (FOR THOSE ALREADY ENROLLED.)  
 Name *J. M. Parker*  
 County *Barlow*  
 Co. *E* Regiment *38 Ga*  
 Disability *wounded in head*  
 Amount *\$30*  
 FEB 7 1905  
 JOHN W. LINDSEY  
 Auditor of Pension  
 WARRANT HANDLED TO  
*City*  
*no date*

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Barlow* County.

Personally appears *J. M. Parker* of *Barlow* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *June* 1829, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *E*, of *38th* Regiment of *Ga* Volunteers *Colquhoun's* Brigade; that whilst engaged in such military service in the State of *Virginia* on the *29* day of *June* 1862, he was wounded, injured or diseased as follows:  
*Shot with shell in left of head, the*  
*bullet of which was found in the*  
*head of said man, and removed*  
*which wound was followed by*  
*performing the manual labor*  
*of the said man (which is permanent)*

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

Sworn to and subscribed before me, this the *1st* day of *Jan* 1904. *J. M. Parker*  
*Geo. Hendricks* Ordinary

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

STATE OF GEORGIA,

*Barlow* County.

I, *Geo. Hendricks* Ordinary of said County, do certify that I am well acquainted with *J. M. Parker* 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 *11th* day of *Jan* 1904. *Geo. Hendricks*  
 Ordinary *Barlow* County.



NOTE.—Fill all blanks and of Company and Regiment.  
 NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

*Barlow* COUNTY.

Personally appears *J. M. Parker* of *Barlow* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *June* 1829; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *E*, of *38th* Regiment of *Ga* Volunteers *Colquhoun's* Brigade; that whilst engaged in such military service in the State of *Virginia* on the *26* day of *June* 1862, he was wounded, injured or diseased as follows:  
*He was shot in the head during the*  
*seven days fight around Richmond,*  
*which disabled him from performing*  
*manual labor for a support*

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

Sworn to and subscribed before me, this the *27th* day of *Jan* 1905. *J. M. Parker*  
*Geo. Hendricks* Ordinary

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

STATE OF GEORGIA,

*Barlow* COUNTY.

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

Given under my official signature and seal, this *27th* day of *Jan* 1905. *Geo. Hendricks*  
 Ordinary *Barlow* County.



NOTE.—Fill all blanks and of Company and Regiment.  
 NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

County, been allowed an invalid pension of  
Dollars, for the year 1903.  
Sworn to and subscribed before me, this the  
day of Jan 1904. J. M. Dark  
Geo. Hendricks Ordinary Post-office  
Note - State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Barlow County.  
I, Geo. Hendricks Ordinary of said County,  
do certify that I am well acquainted with J. M. Dark  
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 Jan 1904.

Geo. Hendricks  
Ordinary Barlow County.

Note - Fill all blanks and of Company and Regiment.  
Note - All vouchers and affidavits must bear date after January 1, 1904.

County, been allowed an invalid pension of  
Dollars, for the year 1904.  
Sworn to and subscribed before me, this the  
day of Jan 1905. J. M. Dark  
Geo. Hendricks Ordinary Post-office Mark  
Note - State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Barlow County.  
I, Geo. Hendricks Ordinary of said County,  
do certify that I am well acquainted with J. M. Dark  
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 Jan 1905.

Geo. Hendricks  
Ordinary Barlow County.

Note - Fill all blanks and of Company and Regiment.  
Note - All vouchers and affidavits must bear date after January 1, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County.  
I, J. M. Dark hereby authorize  
G. B. Elrod of Barlow Co.  
to receive and receipt for the pension paid hereon, and request that he remit same to  
me by check  
at Barlow Co.

In Witness WHEREOF, I have hereunto set my hand and seal, this  
day of Jan 1906.

Executed in the presence of

G. B. Elrod

[L. S.]

Barlow, J. M.  
Barlow Co.

FOR THOSE ALREADY ENROLLED  
No. 55

DISABLED  
SOLDIER'S PENSION  
1906.

Name J. M. Dark  
County Barlow  
Co. E. 38 Regiment  
Disability Needles  
Amount \$5.00  
JAN 29 1906.

JOHN W. LINDSEY  
Commissioner of Pensions  
WARRANT HANDED TO

not data

in data

031111 513 0000

Yours very truly  
Geo. M. Lestest

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



last read the 21st day of Jan'y 1888

Presented in the presence of  
J. M. Parks  
W. Howard and others

53

Barber, J. M.  
Barber, C.  
No 1113  
Application for Allowance  
for  
Gul. Disability W. S. S. S.  
Affidavit J. M. Parks  
Cont. Barber  
Amount \$5  
Date of hearing Jan'y 31/87  
Entered on record  
11117 31 1888  
W. H. H.  
Clerk of Court in Absence

top of his head with a fragment of shell  
or a ball, the same breaking the skull bones  
and reducing defendant senseless and helpless  
Several pieces of skull bone, at least  
four have from time to time been removed from  
his head. From which wound and injury the  
defendant has been so disabled that he has  
been ever since been unfit for duty and  
at times helpless from Epileptic fits.  
Defendant is also suffering now from partial  
paralysis and anclorosis of the Elbow joint  
of the left arm, occasioned by packing from  
the effects of said wound, and is unable to  
work. Defendant desires to participate in  
the benefits of the Act approved October 24  
1887 and makes application for the allowance  
to which he is entitled thereunder.  
and signed before me this 24 day of Jan'y 1888  
J. M. Parks  
J. M. Parks

State of Georgia  
Barber County

Personally Came before me  
H. H. Howard

Citizens of Barber County in said state  
who being duly sworn say they are acquainted  
with J. M. Parks and know that he received  
the wounds in the military service as stated  
by him in the foregoing affidavit, that said  
wounds or disease permanently disable the  
applicant as stated by him, that said  
applicant is a bona fide citizen of the  
state and resides in Barber County and  
we are well satisfied that the statements  
in his affidavit are true.

Sworn to and subscribed before me this 24 day Jan'y 1888

Ordinary Barber Co.

State of Georgia  
Barber County

Personally comes before me J. M. Howard  
Ordinary of said County and says to me  
and both known to me  
as reputable Physicians, who being  
duly sworn say on oath that they have  
carefully examined J. M. Parks and  
after such examination say that the  
applicant has been injured as follows  
- there has been a fracture of the pari-  
etal bone of the skull, and a loss

of a portion of these bones. Mr Parks, the  
defendant we find with anclorosis of the  
Elbow joint of the left arm rendering  
that arm useless to a considerable  
extent. The Epileptic fits of which he  
is subject we think to arise from the  
wound in his head. Witness our hands  
this 24 day of Jan'y 1888

Sworn to and subscribed before me this 24th day Jan'y 1888  
W. Howard and others

Ordinary Barber County  
State of Georgia  
Barber County

I, J. M. Howard, Ordinary of said  
County do certify that I am well acquainted  
with J. M. Parks, the applicant in the fore-  
going 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 the County  
of Barber. I also certify that the foregoing  
statements are persons of respectability and  
that their statements are worthy of full credit  
and belief.

I further certify that the Officer before whom  
the foregoing affidavit was made and signed  
is a Commissioner of Justice of the Peace of  
said County and that the said affidavit and  
signatures thereto are genuine.  
I now under my off. seal signature and seal  
this 24th day of Jan'y 1888.

Ordinary Barber County

applicant as stated by him, that said  
applicant is a bona fide citizen of the  
State and resides in Barlow County and  
we are well satisfied that the statements  
in his affidavit are true. —

Subscribed and sworn to before me  
this 24 day of Jan'y 1888

Ordinary, Barlow Co.

State of Georgia  
Barlow County

Personally comes before me J. P. Howard  
Ordinary of said County, Lemuel L. Brown  
and both known to me  
as reputable Physicians, who being  
duly sworn say on oath that they have  
carefully examined J. M. Parks and  
after such examination say that the  
applicant has been injured as follows  
— There has been a fracture of the pari-  
etal bone of the skull, and a laceration

Ordinary, Barlow County  
State of Georgia  
Barlow County

I, J. P. Howard, Ordinary of said  
County, do certify that I am well acquainted  
with J. M. Parks, the applicant in the fore-  
going 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 the County  
of Barlow. I also certify that the foregoing  
statements are persons of respectability and  
that their statements are worthy of full credit  
and belief.

I further certify that the Officer before whom  
the foregoing affidavits were made and signed  
is a Commissioner of the Peace of  
said County and that the said affidavits and  
signatures thereto are genuine.  
Given under my official signature and seal  
this 24 day of Jan'y 1888. —

Ordinary, Barlow County



POWER OF ATTORNEY.

STATE OF GEORGIA.

*Barlow*

County,

*Wheeler St. Don*  
*Lytle Wendell B*  
*at Mountville Ga*

to receive and receipt for the person allowed and request that he point same to

Witness my hand and seal this 14th day of

April

1886.

*James Williams*  
*at Mt. Don*

*Parr, William H.*  
*Barlow Co*  
No. 105

INDIGENT PENSION  
1885.

Name *W. H. Parr*  
County *Barlow*  
Ground *Infirmary & Poor*  
*July 1* 1886  
RICHARD JOHNSON,  
Secretary, Executive Department.

WARRANT HANDED TO  
*city*  
Geo. W. Harrison, State Printer, Atlanta.

July 1 1896  
RICHARD JOHNSON,  
Secretary Executive Department

WARRANT HANDLED TO

att

John W. Harrison, State Printer Atlanta

Now  
hereby authorize  
Leanderville Ga  
the permit same to  
be checked  
W. H. Parr  
1895

ORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow

County.

William H. Parr  
G. W. Hendricks  
hereby authorize  
Leanderville Ga  
me  
Adamsville Ga  
Check  
Parr  
1895

Witness my hand and seal this 16 day of April

James H. Parr  
James H. Parr

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Bartow

County.

Personally seen by me

Joe P. Borden  
W. H. Parr

both known to me as reputable physicians

of said county, who being severally sworn, say on oath that they have so examined

applicant for pension under the Act of 1891, and after

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

Valvular disease of heart  
liable to produce death at any  
time - Some deformity about  
low also complains of rheumatism  
of muscles of back

INDIGENT PENSION

1895.

Name 1044 Parr

County Bartow

Ground 2, infirmity of body

July 1 1896

RICHARD JOHNSON,

Secretary Executive Department

WARRANT HANDLED TO

att

John W. Harrison, State Printer Atlanta

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 27 day of April, 1895.

Joe P. Borden  
W. H. Parr  
G. W. Hendricks

# INDIGENT PENSION

1895.

No. 104

Barlow

Barlow

Barlow

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## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Barlow County.

I, *James Holloman*, Ordinary in and for said County, hereby certify that

the applicant *James Holloman* resides in said County, and was a bona

fide resident of this State on the first day of January, 1894, and that the witnesses, viz *James*

*Holloman*

are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of *Barlow* County show that applicant returned for taxation in his name in 1893, \_\_\_\_\_ dollars

of property, and in 1894, \_\_\_\_\_ dollars of property.

Witness my hand and seal of office, this *20* day of *May*, 1895.

*James Holloman*  
Ordinary

of *Barlow* County.

### NOTE.

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

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 *20* day of *April*, 1895.

*James Holloman*  
*James Holloman*

10. What is the applicant's occupation and physical condition?

11. Is the applicant unable to support himself by labor of any sort, if so, why?

12. How was he supported during the years 1893 and 1894?

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 under the Act of December 15th, 1894.

15. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this

the \_\_\_\_\_ day of \_\_\_\_\_, 1895.

NOTE.

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

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

*Barlow* County.

*William H. Parr*

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

1. What is your name and where do you reside? (give State, County and post office) *William H. Parr, Adamsville Barlow County Ga.*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? *Adamsville Barlow Co. Ga. Fifty eight yrs*
3. When and where were you born? *Aug 19, 1835, Franklin Co. Ga.*
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *Confederate*
5. When and where did you enlist? *March 4, 1862, at Cornsboro Ga.*
6. In what company and regiment did you enlist? *Co. K 52 Ga Regt Inf.*
7. How long did you remain in that company and regiment? *Till April 1865*
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer.
9. For how long a period did you discharge regular military duty? *Three yrs & 3 months*
10. When, where and under what circumstances were you discharged from service? *About the last of April or 1st of May 1865, at the close of the war, near Columbus Ms.*
11. What is your present occupation? *Farming*
12. How much can you earn per annum by your own exertions or labor? *\$25.*
13. What has been your occupation since 1865? *Farming*

14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? *Twenty five dollars. I can earn I suppose about twenty five dollars per annum at light work*

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894.

15. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this  
the \_\_\_\_\_ day of \_\_\_\_\_ 1895.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

*Jackson* County.

*J. M. Ann* who I certify to be a *credible witness* as a witness in support of the application of *W. H. Parr* for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? *J. M. Ann Maysonville Jackson Co*
2. Are you acquainted with *W. H. Parr*, the applicant, if so how long have you known him? *I have known him since the war 1862*
3. Where does he reside, and how long has he been a resident of this State? *Barlow Co. Ga. was born and raised in Ga. has resided in Barlow Co. his life*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *I do - I was with him in the Confederate Army*
5. When, where and in what company and regiment did he enlist? *March 4, 1862 Big Shanty Ga. Co. H. 52 Ga Regt*
6. Were you a member of the same company and regiment? *I was*
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? *He did nothing daily until the surrender. was surrendered with army close of war*
8. What property, effects or income has the applicant? (Give your means of knowledge.)
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same?

*Sworn to and subscribed before me and this May 4th 1895*