

Barlow County, Ga. William C. Brown and
and C. S. Cox, of said County, and after being
sworn on oath say that they have known
J. L. Richardson of said County for the last
eight years personally; and he the said
Richardson is a very weak and feeble man,
not able to earn a support by labor
of any sort, for the last three years; and
that he has not been able to work
but very little for several years before he
became so infirm. He has no property
of any kind or any means of a support
or income whatever. He has been sup-
ported by his son-in-law for the last
two years. Affiants have no interest
in a recovery of a pension by applicant.

Sworn to and subscribed
before my Aug. 17th 1901 W. Brown
G. W. Hendricks O. S. Cox
Ordinary Barlow Co., Ga.

Dollars from Barlow County for 1906, and that the said
J. L. Richardson died in Barlow County on
the 3rd day of January 1907, and at the time of his death a
Pension of Fifty dollars was due him from Barlow County
and unpaid for 1907. Applicant further swears that she married the said J. L.
Richardson on the 5th day of April
1867, in Rockdale County and State of Ga and
resided with him from date of marriage to his death as his lawful wife, and is now his
dependant widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 19 day of Jan 1907
G. W. Hendricks ORDINARY } J. L. Richardson (De. S.)
Barlow County.

AFFIDAVIT OF WITNESS.

GEORGIA, Barlow County.
Personally before me come C. S. Cox
on oath says that he knew J. L. Richardson while in life
and that he knows Mrs. S. J. Richardson
the above applicant; that he knows that the said J. L. Richardson
and S. J. Richardson were in due form of law married in the County
of Rockdale in the State of Ga on
the 5th day of April 1867, and that they resided
together as husband and wife from date of marriage to the day of his death on the 3rd
day of Jan 1907, and I now know that she is his dependant widow.
Sworn to and subscribed before me this 19 day of Jan 1907
G. W. Hendricks ORDINARY } J. L. Richardson
Barlow County.

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

Ordinary's Certificate

STATE OF GEORGIA

Barton COUNTY

I, Wm. M. Page Ordinary of said County, do certify

that I know Mrs. Eliza Roberts the applicant for pension. She

is the person who represents herself to be and who is a white ordinary resident citizen of said County

and was on the 4th November 1920 that I also saw John D. Miller

the witness who swears to the service of husband; the one of them was now resident of said County and

were duly sworn by me before signing the foregoing affidavits and that they both are "white", true,

worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 28th day of Sept 1920

(SEAL) Wm. M. Page Ordinary,

Barton County

NOTES: 1. Before any questions are answered the Ordinary shall hear applicant and the witness in the following words:

2. You shall give all the facts as you know them, and you shall not be sworn to each of the questions asked you and the evidence

3. Only witnesses who are residents of said County and who are white, true, worthy, and of good reputation, shall be sworn to the service of the person to be sworn and certified by

4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

5. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

6. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

7. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

8. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

9. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

10. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

11. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

12. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

13. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

14. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

15. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

16. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

17. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

18. Affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by

Roberts, Eliza
Widow's Pension
 Under Act 1910—as Amended by Act of 1919.
 County Barton
 Name Mrs. Eliza Roberts
 Widow of W. M. Roberts
 Company E.
 Regiment Johnson's Reg. Va
 Approved _____
 J. W. LINDSEY,
 Commissioner of Pensions.
 Byrd Printing Co., State Printers, Atlanta.

10-29-1919

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co. State Printers, Atlanta.

10-29-1919

Certificate

Ordinary of said County, do certify
the applicant for pension. She
is the surviving resident citizen of said County
and she and her husband were residents of said County and
County and that they both are faithful, true,
and obedient.
1919
Ordinary,
County.

I have applied and the witness in the following words:
I am not a resident of the State of Georgia and the evidence
is not sufficient to prove that I am a resident of the State of Georgia.
If not, prove marriage, by some person, or by general
reputation.

Ordinary's Certificate

STATE OF GEORGIA,

COUNTY.

I, J. W. Lindsey Ordinary of said County, do certify
that I know Mrs. Eliza Roberts the applicant for pension. She
is the person she represents herself to be and she is a bona fide continuing resident citizen of said County
and was on the 4th November 1908, that I also know J. H. Miller
the witness who swears to the service of husband; that one of them are now residents of said County and
were duly sworn by me before signing the foregoing affidavits and that they both are faithful, true,
worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 29th day of Sept 1919
(SEAL) J. W. Lindsey Ordinary,
Barlow 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 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. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by
such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general
reputation.

Application for Pension by a Widow Under Act of 1910
As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,

COUNTY.

Personally before me comes Mrs. Eliza Roberts of said State and County,
and, after being duly sworn, says that she desires to apply for a pension allowed under the Act
of 1910, as amended by Act of 1919, 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? Eliza Roberts - Barlow Co. Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? Since 1849
3. When, where and to whom were you married? 1867, Barlow Co. Ga.
W. W. Roberts
- a. Have you married since the death of first and soldier husband? No
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
federate Army or Georgia Militia? (State the arm and class of Service.) 1864, 8th Georgia
Amg Co. C. 8th Johnson's Regt.
5. When and where did the commands of your husband surrender or discharge from the army? May 12, 1865 - Kingston Ga.
6. Was your husband personally present at the time of the surrender or discharge of this command? Yes
7. If he was not present state clearly where he was? Yes present
8. Where was his command when he left?
- a. For what cause did he leave his command?
- b. By whose authority did he leave his command?
- c. For how long was he granted leave of absence?
- d. What was his physical condition when he left his command?
- e. What effort did he make to return to his command?
- f. In what way was he prevented from going back to Command?
- g. Was he captured by the enemy at any time? No
- h. If so, when and where captured and where held as a prisoner, and when and for what cause released?
- j. When and where did your first husband die? 1919, Tech. 274
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart?
- m. Are you now a widow? Yes
- n. Have you or your husband heretofore been paid a pension by the State? no
- o. If so, when and for what cause were you or your husband placed on the roll? no

Sworn to and subscribed before me this the 29th day of Sept 1919 by Eliza Roberts
J. W. Lindsey Ordinary,
of Barlow County.
(SEAL)

Widow's Pension

Under Act 1910 - as Amended by Act of 1919.

No. 13 Barlow County
County Barlow
Name Mrs. Eliza Roberts
Widow of W. W. Roberts
Company Johnson's Regt. Ga.
Regiment 8th Georgia
Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co. State Printers, Atlanta.

10-29-1919

Roberts, Eliza
Barlow County

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

4. When and to whom was she married? Wm. M. Roberts How do you know? was present

5. How long and since when did you know Wm. M. Roberts her husband? Since 1847

6. When and where did Wm. M. Roberts the husband of applicant, die? March 27-1917 Pine Log Ga

7. Were the applicant and her husband living together as husband and wife at the date of his death? yes

8. If not, how long did they live apart before his death? no Were they divorced? no

9. When, where and in what Company and Regiment did Wm. M. Roberts enlist? Sept-1864 Canton Ga Co. E. 1st Heavy Reg

10. Were you a member of the same Company? yes

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from Sept-1864 till May 12 1865

12. When and where did his Command surrender, and was discharged? May 12 1865 Kinston Ga

13. Were you personally present when it was surrendered? yes If not, where were you was present and how came you there? 1

14. Was the husband of applicant personally present at surrender? yes If not where was he? was present When, where and for what cause did he leave Command? (Give date.) no By whose authority did he leave his Command? no And how long was he granted leave? no How do you know all this?

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the 23 day of Nov 1917 } J. H. Fuller
Guthrie Ordinary
of Barlow County }

(SEAL)

Roberts, John S.
Bartow, Fla.
1890.

© 54

No. 2822
APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 31, 1891.

Disabled Leg
Applicant, John S. Roberts
County, Bartow
Amount, \$79.00

Date of Warrant, May 10, 1890
Entered on record

189

LEGISLATIVE DEPARTMENT

WARRANT HANDED TO

R. M. Mitchell

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

STATE OF GEORGIA,

Bartow County.

I, W. H. H. H. H.

Ordinary of said county,

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

I further certify that W. H. H. H.

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

Given under my official signature and seal, this 8 day of May, 1890.

Ordinary W. H. H. H. County.

Amount *10*
 Date of Warrant, *May 10. 1890*
 Entered on record *189*
 SECRETARY EXECUTIVE DEPARTMENT
 WARRANT HANDED TO
R. M. Mitchell
 W. J. Campbell, State Printer, Constitution Job Office, Atlanta.

8 day of *May* 1890
Bartow County.
 Ordinary of said county,
A. M. Mitchell the
 stated that the statements made by him
 to the extent he claims, and I know he is
 he resides in this county.
 before
 power of attorney was signed, is a
 said county, and the said affidavits and

STATE OF GEORGIA,
Bartow County.

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

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

Given under my official signature and seal, this *8* day of *May* 1890

Ordinary *Stephen A. Roberts* County.

Bartow
 Maimed Soldiers.

Audited *18*

COMPTROLLER-GENERAL

Voucher No. *222*

Amount \$ *100.00*

Paid to *John S. Roberts*

For *Disability*

Included in warrant No.
 issued to Treasurer.

WARRANT CLERK.

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

APPLICATION FOR ALLOWANCE

No. *2832*

FOR THE YEAR ENDING DECEMBER 31, 1890.

Disability

Applicant, *John S. Roberts*

County, *Bartow*

Amount, *\$100.00*

Date of Warrant, *May 10. 1890*

Entered on record *189*

SECRETARY EXECUTIVE DEPARTMENT

WARRANT HANDED TO

R. M. Mitchell

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

Roberts, John S.
Bartow Co.
1890.

Roberts, John S.
Bartow Co.
1890.
C 54
No. 2822
APPLICATION FOR ALLOWANCE
FOR THE YEAR ENDING OCTOBER 24, 1887.
Applicant, John S. Roberts
County, Bartow
Amount, \$50.00
Date of Warrant, May 10, 1890
Entered on record, 1890
WARRANT MADE TO
R. M. Mitchell
EXECUTIVE DEPARTMENT
W. J. Campbell, State Printer, Constitution Job Office, Atlanta.

Included in warrant No.
issued to Treasurer.

WARRANT CLERK.

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

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA,

Barlow County.
PERSONALLY appears John S. Roberts of Bartow county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the 1st day of August 1861; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company C, of 54th Regiment of Georgia Volunteers, Mercer's Brigade; that whilst engaged in such military service at the battle of Antietam in the State of Europe, on the 23rd day of June 1864, he was wounded as follows: A minnie ball fired by the enemy entered the right wrist just above the thumb joint and passed through and came out on the opposite side just above the wrist joint, crushing the bone and lodges as to rendering it stiff and hard, and he has been unable to use the right arm and hand since, and he has been unable to do any kind of work and still remaining in that condition, he has been unable to support himself and his family, and he desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of \$50.00 dollars.

Sworn to and subscribed before me this the 29th day of April 1890, by John S. Roberts
W. A. McGoey, J. P.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I, John S. Roberts

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 29th day of April 1890, by John S. Roberts.

Executed in the presence of us:

W. A. McGoey, J. P.
W. A. McGoey, J. P.

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

No. 2822

Atlanta, Ga.

May 10, 1890

Mr.

John S. Roberts

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 \$50.00

Leg

He is entitled to receive the sum of Fifty Dollars

for such disability, the same being the allowance due for the year ending October 24, 18

The Treasurer will pay the same and send his receipt on this voucher, and return same

to Executive Department for warrant.

By the Governor,



J. Gordon

GOVERNOR.

W. A. McGoey

EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty Dollars,
per above voucher, this 10th of May 1890

John S. Roberts

R. M. Mitchell

W. A. Wilcox, J. S. ...
NOTE: State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY. STATE OF GEORGIA,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 29 day of April 1890.

Executed in the presence of us:

W. A. Wilcox, J. S.
W. A. Wilcox, J. S.

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

to Executive Department for Warrant

By the Governor,

GOVERNOR.

W. A. Wilcox
GOVERNOR.
W. A. Wilcox
EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty Dollars,
per above voucher, this 10th of May 1890.

John S. Roberts
R. M. Mitchell

STATE OF GEORGIA,

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

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

Given under my official signature and seal, this 11 day of Feb 1891.

W. A. Wilcox Ordinary Bartow County.

Application for Allowance

No. 1600

FOR THE YEAR BEGINS JANUARY 1, 1891.

Disabled Landy Foot.

Applicant, John S. Roberts

County, Bartow

Amount, (1000)

Date of Warrant, Feb 24

Entered on record 24

W. A. Wilcox

W. A. Wilcox

W. A. Wilcox

W. A. Wilcox

W. A. Wilcox

W. A. Wilcox

W. A. Wilcox

W. A. Wilcox

WARRANT HANDED TO

W. A. Wilcox

W. A. Wilcox

W. A. Wilcox

W. A. Wilcox

W. A. Wilcox

W. A. Wilcox, State Printer, Atlanta, Ga.

AUDITED

FEB 25 1891

Audited

W. A. Wilcox
COMPTROLLER GENERAL

Warranted Soldiers

Voucher No. 1000

Amount \$ 5000

Paid to John S. Roberts

for Disabled Landy Foot

1000

July 23 1891

Included in warrant No. 1000
issued to Treasurer.

1891.

WARRANT CLERK.

W. A. Wilcox
W. A. Wilcox

Roberts, John S.
Bartow Co.
1891

No. 1600
Application for Allowance
FOR THE YEAR ENDING OCTOBER 24, 1891.

Disabled hands & feet.
Applicant, John S. Roberts
County, Bartow
Amount, \$800
Date of Warrant, Feb 24
Entered on record
1891
Warrant Having to
do with the
RECEIVED EXECUTIVE DEPARTMENT.
Warrant Having to
do with the
RECEIVED EXECUTIVE DEPARTMENT.
Warrant Having to
do with the
RECEIVED EXECUTIVE DEPARTMENT.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT-CLERK

W. H. Wright
H. H. Harrison

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

PERSONALLY appears, John S. Roberts of Bartow County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 15th day of Aug. 1851; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a private in Company D, of 34th Regiment of Ga Volunteers, Mercer's Brigade; that whilst engaged in such military service at the battle of Kennesaw Mountain in the State of Ga on the 23 day of June 1864, he was wounded as follows: shot with Minnie ball through the right wrist and through the right ankle which wounds mangle the said right hand and right foot useless.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of \$500 dollars, for 1889 & 1890 each.

Sworn to and subscribed before me, this, 11 day of Feb. 1891.

W. H. Harrison, Attorney

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13th day of Feb. 1891.

Executed in the presence of us:

W. H. Harrison, J. P.

DIRECTION.

Send money to me as follows, by M. O. Clerk or Express to Acworth Ga P. O. Bartow County, Georgia.

John S. Roberts

1891.

No. 1600

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga. 2/23 1891.

Mr. John S. Roberts 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

Disabled hands & feet He is entitled to receive the sum of \$800 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. H. Harrison

Sec'y EXECUTIVE DEPARTMENT.

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

\$800 per above voucher, this 23 of Feb. 1891.

John S. Roberts
W. H. Harrison

11 day of Feb 1891.
G.W. Hudricks Ordinary
Note - State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I, John S. Roberts
of Bartow County, State of Georgia, do hereby appoint
H. W. A. Wright
of Fulton County my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military service
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby author-
ing my said attorney to receipt in my name for any Warrant that may be issued by the Govern-
nor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
18th day of Feb 1891.

Executed in the presence of:

W. A. McCoy, J. P.

DIRECTION.

Send money to me as follows, by M. O. Check or Express
to Acworth Ga P. O.
Cobb County, Georgia.
John S. Roberts

He is entitled to receive the sum of Dollars

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

By the Governor,

H. W. A. Wright
Sec'y EXECUTIVE DEPARTMENT.

\$ 2000

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

Twenty \$ 2000 Dollars,
per above voucher, this 23 of Feb 1891.

John S. Roberts
Wm. Wright

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, John S. Roberts hereby authorize R. M.
Mitchell of Acworth Ga

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

me by check
at Acworth

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2
day of March 1897.

John S. Roberts [L. S.]

Executed in presence of

G. W. Hudricks
Ordinary Bartow
County Ga

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, John S. Roberts hereby authorize John Aubrey
of Cobb

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

me by
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25
day of Jan 1898.

John S. Roberts [L. S.]

Executed in presence of

R. M. Mitchell

SOLDIER'S PENSION.

1897.

INVALID

Name John S. Roberts

County Bartow

Disability Chronic lung year

Amount, \$ 50

3/2 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO
Atty

No data

SOLDIER'S PENSION.

1898.

INVALID

Name John S. Roberts

County Bartow

Disability Wounded arm & leg

Amount, \$ 50

3/3 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO
John Aubrey

No data

Robert, John S.
 Charles 1896
 (For Those Already Enrolled)
 ACT OF 14 OCT. 1887
 C-54 1887
 3/13

INVALID
 SOLDIER'S PENSION
 1897.

Name John S. Roberts
 County Bartow
 Disability Chronic last year
 Amount, \$ 50
 3/12 1897

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDLED TO
 My

W. W. FARRISON, CLERK OF THE COURT, 21 OCT. 1897

No date

Robert, John S.
 Robert 1896
 (For Those Already Enrolled)
 ACT OF 14 OCT. 1887
 C-54 1887
 3/13

INVALID
 SOLDIER'S PENSION.
 1898.

Name J. S. Roberts
 County Bartow
 Disability Wound 2 months
 Amount, \$ 50
 3/3 1898

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDLED TO
 John A. B. B. B.

W. W. FARRISON, CLERK OF THE COURT, 21 OCT. 1897

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears J. S. Roberts of Bartow

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 15th day of April 1853; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company C, of 54th Regiment of Georgia Volunteers, Meyer's Brigade; that whilst engaged in such military service in the State of Georgia, on the 23rd day of June 1864, he was wounded, injured or diseased as follows:

While in line of battle he was wounded by enemy's bullets fired by the enemy in the night and in the night. The said wound in right ankle rendered him unable to walk essentially and substantially disabled.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Bartow County been allowed an invalid pension of \$50 Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 15th day of March 1897, J. S. Roberts

G. W. Hendricks, Ordinary

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

STATE OF GEORGIA,

Bartow County.

I, G. W. Hendricks, Ordinary of said County, do certify that I am well acquainted with John S. Roberts 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 2nd day of March 1897.

G. W. Hendricks
 Ordinary Bartow County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears J. S. Roberts of Bartow

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 15th day of Aug 1853; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company C, of 54th Regiment of Georgia Volunteers, Meyer's Brigade; that whilst engaged in such military service in the State of Georgia, on the 3rd day of June 1864, he was wounded, injured or diseased as follows:

He was wounded in the right arm and right ankle in battle of Kennesaw. He was unable to perform the usual duties of life for a long time.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Bartow County been allowed an invalid pension of \$50 Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 22nd day of Jan 1898, J. S. Roberts

G. W. Hendricks, Ordinary

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

STATE OF GEORGIA,

Bartow County.

I, G. W. Hendricks, Ordinary of said County, do certify that I am well acquainted with J. S. Roberts 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 1898.

G. W. Hendricks
 Ordinary Bartow County.



Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 24th, 1897. I have heretofore under said law as a resident of Barlow county been allowed an invalid pension of 75 Dollars, for the year 1896.

Sworn to and subscribed before me, this, John S Roberts day of March 1897. POST OFFICE

G W Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County. }
I, G W Hendricks Ordinary of said County, do certify that I am well acquainted with John S Roberts 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 March 1897.

G W Hendricks
Ordinary Barlow County.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 24th, 1898. I have heretofore under said law as a resident of Barlow county been allowed an invalid pension of 75 Dollars, for the year 1897.

Sworn to and subscribed before me, this, John S Roberts day of May 1898. POST OFFICE

G W Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County. }
I, G W Hendricks Ordinary of said County, do certify that I am well acquainted with J S Roberts 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 22 day of May 1898.

G W Hendricks
Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County. }
I, J S Roberts hereby authorize Joseph Mrs Terrell of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Barlowville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19 day of July 1900.

J S Roberts [L. S.]

Executed in presence of

G W Hendricks
Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County. }
I, John S Roberts hereby authorize George W Hendricks of Barlowville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Acworth Ga

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

John S Roberts [L. S.]

Executed in presence of

B F Pray

Roberts, John S.
Barlow County

COPIES SENT TO
(For Those Already Enrolled.)
No. 3320
Barlow 1899

INVALID
SOLDIER'S PENSION.
1900.

Name J S Roberts
County Barlow
Disability Wm. S. Hendricks
Amount, \$ 50
On Barlow County 1899
Warrant issued July 14 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED TO
Barlow
On W. Hendricks Barlow County.

No data

Roberts, John S.
Barlow County

COPIES SENT TO
(For Those Already Enrolled.)
No. 1191

DISABLED
SOLDIER'S PENSION.
1901.

Name John S Roberts
County Barlow
Disability Wm. S. Hendricks
Amount, \$ 50

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED TO
Barlow
On W. Hendricks Barlow County.

No data

Ordinary Barlow County

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 forty Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 15th day of Feb'y 1900. POST OFFICE Acworth Ga

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

STATE OF GEORGIA,

Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with J. S. Roberts 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 19th day of Feb'y 1900.
G. W. Hendricks
Ordinary Barlow County.

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 16th day of January 1901. Postoffice John S Roberts

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

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this 16th day of January 1901.
G. W. Hendricks
Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, J. S. Roberts hereby authorize G. W. Hendricks of Cartersville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Acworth Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 8th day of Jan'y 1902.

Executed in presence of

John H. Howard

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9th day of Jan'y 1903.

Executed in presence of

Gen. S. Cobb
N. P. J. P.

CODE SECTION 12A.
(FOR THOSE ALREADY ENROLLED.)

No. 1878.

DISABLED

SOLDIER'S PENSION

1902.

Name J. S. Roberts
County Barlow
Co. 6 Regiment 54
Disability Wounded in action
Amount, \$ 113.11 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Barlow

Gen. W. Harrison, State Printer, Atlanta.

No data

CODE SECTION 12A.
(FOR THOSE ALREADY ENROLLED.)

No. 1932.

DISABLED

SOLDIER'S PENSION

1903.

Name John S. Roberts
County Barlow
Co. 6 Regiment 54
Disability Wounded in action
Amount, \$ 100.00 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Barlow

Gen. W. Harrison, State Printer, Atlanta.

Robert John S. Bartow
 (FOR THOSE ALREADY ENROLLED.)
 No. 1878.
 DISABLED
 SOLDIER'S PENSION
 1902.
 Name *J. S. Roberts*
 County *Bartow*
 Co. *54*
 Regiment *54*
 Disability *Wounded in Battle*
 Amount \$ *11.31*
 1902
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
Co. 54
 No data

Robert John S. Bartow
 (FOR THOSE ALREADY ENROLLED.)
 No. 1932.
 DISABLED
 SOLDIER'S PENSION
 1903.
 Name *John S. Roberts*
 County *Bartow*
 Co. *54*
 Regiment *54*
 Disability *Wounded in Battle*
 Amount \$ *10.00*
 1903
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
Co. 54
 No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Bartow County.

Personally appears *J. S. Roberts* of *Bartow*

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *10th* day of *August* 1863; 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 *16*, of *54th* Regiment of *GA* Volunteers, *Meyers*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *23rd* day of *June* 1864, he was wounded, injured or diseased as follows: *Shot through right wrist and right ankle. Had cut the muscle from right arm. Lost hand also from bullet wound. All of which render him totally unable to perform manual labor of any sort for a support.*

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 *Eighty* Dollars, for the year 1901.

Sworn to and subscribed before me, this *8th* day of *July* 1902. Post-office *Acworth Ga*
G. W. 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,

Bartow County.

I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *J. S. Roberts* 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 *8th* day of *July* 1902.

G. W. Hendricks Ordinary *Bartow* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Bartow County.

Personally appears *John S. Roberts* of *Bartow* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *10th* day of *August* 1863; 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 *16*, of *54th* Regiment of *GA* Volunteers, *Meyers*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *23rd* day of *June* 1864, he was wounded, injured or diseased as follows:

He was shot through both arms and in the right ankle in the battle of Kennesaw Mountain June 23rd 1864. He has also double hernia all of which render him totally unable to do any kind of labor, and can scarcely get about at all.

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

Sworn to and subscribed before me, this *9th* day of *July* 1903. Post-office *Acworth Ga*
G. W. 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,

Bartow County.

I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *John S. Roberts* 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 *July* 1903.

G. W. Hendricks Ordinary *Bartow* County.

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

ending October 26th, 1902. I have heretofore, under said law, as a resident of Barlow County, been allowed an invalid pension of fifty Dollars, for the year 1901.

Sworn to and subscribed before me, this 8th day of January, 1902. Post-office G.W. 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, G.W. Hendricks Ordinary of said County,

do certify that I am well acquainted with J. S. Roberts 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 8th day of January, 1902.

G.W. Hendricks Ordinary Barlow County.

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

БОМЕР ОВ ВЛЛОКНЕСА

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

Sworn to and subscribed before me, this 8th day of January, 1903. Post-office Acworth Ga

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

STATE OF GEORGIA,

Barlow County.

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

do certify that I am well acquainted with John S. Roberts 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 January, 1903.

G.W. Hendricks Ordinary Barlow County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, John S. Roberts hereby authorize G.W. Hendricks of Barlowville Ga to receive and receipt for the pension paid hereon, and request that he remit same to

me by check at Barlowville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th day of January, 1904.

John S. Roberts [L. S.]

Executed in presence of A. J. C. C.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, John S. Roberts hereby authorize G.W. Hendricks of Barlowville Ga to receive and receipt for the pension paid hereon, and request that he remit same to

me by check at Barlowville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11 day of Jan, 1905.

John S. Roberts [L. S.]

Executed in the presence of John P. Lewis

Robert John S. Barlow

GOOD SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)
C-54 No. 1524

DISABLED
SOLDIER'S PENSION
1904.

Name John S. Roberts
County Barlow
Co. B Regiment 54
Disability Total pensioned
Amount, \$ 100

FEB 9 1904

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
G. W. Hendricks

Geo. W. Harrison State Printer, Atlanta.

Robert John S. Barlow

GOOD SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)
C-54 No. 1417

DISABLED
SOLDIER'S PENSION
1905.

Name John S. Roberts
County Barlow
Co. B Regiment 54
Disability Total pensioned
Amount, \$ 100

FEB 9 1905

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
G. W. Hendricks

Geo. W. Harrison State Printer, Atlanta.

Robert S. Roberts
 (FOR THOSE ALREADY ENROLLED.)
 C-54 No. 1574
 DISABLED
 SOLDIER'S PENSION
 1904.
 Name *John S. Roberts*
 County *Barlow*
 Co. *B* Regiment *54*
 Disability *Total arm and*
 Amount, \$
 FEB 9 1904
 JOHN W. LINDSEY
 Commissioner of Pensions
 WARRANT HANDED TO
Goody
 JOHN W. LINDSEY, HARTMAN, ALABAMA

Robert S. Roberts
 (FOR THOSE ALREADY ENROLLED.)
 C-54 No. 1417
 DISABLED
 SOLDIER'S PENSION
 1905.
 Name *J. S. Roberts*
 County *Barlow*
 Co. *B* Regiment *54 Ga*
 Disability *Total arm and*
 Amount, \$ *100*
 1 37 1905
 JOHN W. LINDSEY
 Commissioner of Pensions
 WARRANT HANDED TO
0
 JOHN W. LINDSEY, HARTMAN, ALABAMA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow County.

Personally appears *John S. Roberts* 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 *18th* day of *August* 1860; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *private* in Company *B*, of *54th* Regiment of *Ga* Volunteers *Murphy's* Brigade; that whilst engaged in such military service in the State of *Ga* on the *23* day of *June* 1864, he was wounded, injured or diseased as follows:

But in upper part of right arm with a sword, shot through the right wrist with a common ball and shot in right ankle. The ball still in his ankle. Was double hernia caused by lifting timbers in building headquarters at Kennesaw mountain all of which render applicant totally unable to do manual and kind of business.

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 *One hundred* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *11th* day of *Jan* 1904, *John S. Roberts* Post-office *Acworth Ga*
G. W. 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, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *John S. Roberts* 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 *January* 1904.

G. W. 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.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow COUNTY.

Personally appears *J. S. Roberts* 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 *15th* day of *June* 1833; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *private* in Company *B*, of *54th* Regiment of *Ga* Volunteers *Murphy's* Brigade; that whilst engaged in such military service in the State of *Ga* on the *23* day of *June* 1864, he was wounded, injured or diseased as follows:

I was shot through the wrist and shot also in right ankle. Was double hernia. All of which render applicant totally unable to perform any avocation 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 *One hundred* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *11th* day of *Jan* 1905, *John S. Roberts* Post-office *Acworth Ga*
G. W. 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, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *J. S. Roberts* 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* 1905.

G. W. 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.

Barlow, 1897. I have heretofore, under said law, as a resident of
Barlow County, been allowed an invalid pension of
One hundred Dollars, for the year 1903.

Sworn to and subscribed before me, this the
11 day of Jan 1904. John S. Roberts
G.W. Hendricks Ordinary Post-office Acworth Ga

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

STATE OF GEORGIA,

Barlow County.

I, G.W. Hendricks Ordinary of said County,
do certify that I am well acquainted with John S. Roberts
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.

G.W. 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.

Barlow County, been allowed an invalid pension of
One hundred Dollars, for the year 1904.

Sworn to and subscribed before me, this the
11 day of Jan 1905. John S. Roberts
G.W. Hendricks Ordinary Post-office Acworth Ga

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

STATE OF GEORGIA,

Barlow County.

I, G.W. Hendricks Ordinary of said County,
do certify that I am well acquainted with John S. Roberts
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 1905.

G.W. 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.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

John S. Roberts hereby authorize
G.W. Hendricks of Barlowville Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
me by check
at Acworth Ga

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th
day of Jan 1906.

John S. Roberts

Executed in the presence of

J. M. Joute, Not.
Barlow Co. Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

John S. Roberts hereby authorize
G.W. Hendricks of Barlowville Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
me by check
at Barlowville Ga

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 8th
day of Jan 1907.

J. S. Roberts, [L. S.]

Executed in presence of

Robert, John S.
Barlow Co.

Cons Section 120.
(FOR THOSE ALREADY ENROLLED.)

C-54 No. 115

DISABLED
SOLDIER'S PENSION
1906.

Name John S. Roberts
County Barlow
Co. C Regiment 54
Disability Total (from injury)
Amount, \$100.00 (per annum)

JAN 29 1906.

JOHN W. LINDSEY,
Commissioner of Pensions,
WARRANT HANDLED TO

our data

Robert, John S.
Barlow Co.

Cons Section 120.
(FOR THOSE ALREADY ENROLLED.)

No. 1408

DISABLED
SOLDIER'S PENSION
1907.

Name John S. Roberts
County Barlow
Co. C Regiment 54
Disability Total
Amount, \$100.00

1907.

JOHN W. LINDSEY,
Commissioner of Pensions,
WARRANT HANDLED TO

our data

Roberts, John S.
Barlow

Cow Service 1200.
(FOR THOSE ALREADY ENROLLED.)
C-54 No. *115*

**DISABLED
SOLDIER'S PENSION
1906.**

Name *John S. Roberts*
County *Barlow*
Co. *C* Regiment *54*
Disability *Total from wound*
Amount, \$ *100*

JAN. 29 1906.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO

nr data

Roberts, John S.
Barlow

Cow Service 1200.
(FOR THOSE ALREADY ENROLLED.)
C-54 No. *1405*

**DISABLED
SOLDIER'S PENSION
1907.**

Name *J. S. Roberts*
County *Barlow*
Co. *C* Regiment *54*
Disability *Total*
Amount, \$ *100*

1907.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Barlow County.

Personally appears *John S. Roberts* 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 *1855*; 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 *B*, of *54*th Regiment of *Ga* Volunteers *Mercers*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *23* day of *June* 1864, he was wounded, injured or diseased as follows: *shot through right wrist, right ankle and muscle of arm cut into with sword. He also has double hernia contracted in army, all of which render him totally unable to do individual labor at all*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of *Barlow* County, been allowed an invalid pension of *100* Dollars, for the year 1905.

Sworn to and subscribed before me, this the *10* day of *Jan* 1906. *John S. Roberts*
G. W. Nindricks Ordinary Post-Office *Newark Ga*

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

State of Georgia,

Barlow County.

I, *G. W. Nindricks* Ordinary of said County, do certify that I am well acquainted with *John S. Roberts* 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* 1906. *G. W. Nindricks*
Ordinary *Barlow* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Barlow County.

Personally appears *J. S. Roberts* 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 *1855*; 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 *B*, of *54*th Regiment of *Ga* Volunteers *Mercers*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *23* day of *June* 1864, he was wounded, injured or diseased as follows: *shot through right arm twice, right ankle and has double hernia all of which render him totally unable to do any labor*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of *Barlow* County, been allowed an invalid pension of *One hundred* Dollars, for the year 1906.

Sworn to and subscribed before me, this the *8* day of *Jan* 1907. *J. S. Roberts*
G. W. Nindricks Postoffice

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

State of Georgia,

Barlow County.

I, *G. W. Nindricks* Ordinary of said County, do certify that I am well acquainted with *J. S. Roberts* 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 *8* day of *Jan* 1907. *G. W. Nindricks*
Ordinary *Barlow* County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1907.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Bartow County, been allowed an invalid pension of 100 Dollars, for the year 1905.

Sworn to and subscribed before me, this the 10 day of Jan 1906.

John S. Roberts
Post-Office Neworth Ga

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

State of Georgia,

Bartow County.

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

do certify that I am well acquainted with John S. Roberts 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 1906.

G.W. Hendricks
Ordinary Bartow County.



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

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Bartow County, been allowed an invalid pension of One hundred Dollars, for the year 1906.

Sworn to and subscribed before me, this the 8 day of Jan 1907.
G.W. Hendricks Postoffice

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

State of Georgia,

Bartow County.

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

do certify that I am well acquainted with John S. Roberts 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 8 day of Jan 1907.

G.W. Hendricks
Ordinary Bartow County.



Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1907.

Georgia
Bartow County
Personally appears before me John S. Roberts said County who has been drawing a pension of fifty dollars per annum for about fourteen years, on account of wounds he received while in the Confederate Army. And now, he having become entirely unable to do any amount of labor, and having become helpless on account of ^{said} wound, he makes this affidavit in order that his pension may be raised from fifty dollars a year to that of one hundred dollars a year as in such cases made and provided by helpless Confederate soldiers, which helplessness is caused from said wounds.
Sworn to and subscribed by John S. Roberts before me, Feb 5th 1901
G.W. Hendricks
Ordinary

State of Georgia, Bartow County
Personally comes before me, G.W. Hendricks, Ordinary of said County, Drs. F.R. Calhoun and W.C. Griffin, both known to me as reputable physicians of said County, who, being severally sworn say on oath that they have carefully examined John S. Roberts and after such personal examination say that the applicant, John S. Roberts, is totally unable to labor for the following reasons: To wit: Has double enquired hernia. The tissue muscle of right arm cut into, by sword wound—by gun shot in right wrist which renders arm almost useless. Partial ankylosis right ankle joint from gun shot wound, so admitting to be very feeble in health. And is unable to make a living by manual labor.
F.R. Calhoun
W.C. Griffin

Leonteville Ga

Jan 16/1901

Sworn to and subscribed before me
Jan-16th 1901 G.W. Hendricks Ordinary

George
Bartons County, I personally appears before me
John S. Roberts of said County
who has been drawing a pension of fifty dollars
per annum for about fourteen years, on account
of wounds he received while in the Confederate Army.
And now, he having become entirely unable to do
any amount of labor, and having become helpless
on account of ^{said} wounds, he makes this affidavit
in order that his pension may be raised
from fifty dollars a year to that of one hundred
dollars a year as in such cases made and
provided by helpless Confederate Soldiers,
which helplessness is caused from said
wounds.

Sworn to and subscribed by John S. Roberts
before me, Feb 5th 1901
G. W. Hendricks
Ordinary

both known to me as reputable
physicians of said County, who,
being severally sworn by me
both that they have carefully
examined John S. Roberts and
after such personal examination
say that the applicant, John S.
Roberts, is totally unable to
labor for the following reasons.
To wit: Has double enquired humerus
The triceps muscle of right arm
cut into by sword wound - by gun
shot in right wrist which renders
arm almost useless, Partial ankylosis
right ankle joint from gun shot
wound, In addition to the above is very
feeble in health and is unable to
make a living by manual labor -

F. S. Bartholomew
W. C. Griffin

Centerville, Ga

Jan 16/1901

Sworn to and subscribed before me
Jan 16th 1901 - G. W. Hendricks Ordinary

Roberts, John T. 339
Bartok Co

No. 1006. *223*

Application for Allowance

FOR

Left Arm Disabled

Applicant *John T Roberts*

County *Bartok*

Amount *25*

Date of Warrant *July 7/88*

Entered on Record,

July 7 188*8*
W. H. H.

Secretary Executive Department.

Date of Warrant July 7/88
Entered on Record, July 7 1888
W. H. H.
Secretary Executive Department.

STATE OF GEORGIA,
Barlow County.

PERSONALLY appears John T. Roberts of Barlow County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the about day of 30 years; 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 2, of 23rd Regiment of Georgia Volunteers at Calhoun's Brigade; that whilst engaged in such military service, at the battle of Cold Harbor in the State of Virginia, on the 1st day of June 1864, he was wounded as follows (or whilst in said service in the year 1864, he contracted disease as follows) (State fully nature of wound or character of disease which causes disability): Shot with a
bullet ball, entering the front of the left arm going
through and destroying the wrist and passing through
the elbow past the arm causing the arm to be
substantially, permanently and essentially useless
Which wound (or disease) permanently disables deponent and renders him practically incompetent to perform manual labor, and his arm, or leg, or substantially useless.
Deponent 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.

Sworn to and subscribed before me, this 3rd day of July 1888
J. M. Darrham
clerk Supr Court

John T. Roberts

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,
Barlow County.

PERSONALLY came before me W. A. Collins of the county of Barlow State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company 2, of 23rd Regiment of Georgia Volunteers, and that deponent knows John T. Roberts, and that he received the wounds (or contracted the disease) in the military service as stated in his foregoing affidavit, and that wounds or disease permanently disables the said John T. Roberts, as stated by him in said affidavit. Deponent further states that said John T. Roberts is a bona fide citizen of this State, and resides in Barlow county.

Sworn to and subscribed before me, this 3rd day of July 1888
J. M. Darrham
clerk Supr Court
W. A. Collins
Capt Co 23rd Ga Regt.

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

No. 1006
Application for Allowance
John T. Roberts
Applicant
County Barlow
Amount 25
Date of Warrant July 7/88
Entered on Record, July 7 1888
W. H. H.
Secretary Executive Department.

day of July 1885
J. M. Durham
clerk Supr Court

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA, }
Bartow County. }

PERSONALLY came before me M. A. Collins of the county
of Bartow State of Georgia, who, being duly sworn, says that he was
a commissioned officer in Company D, of 23rd Regiment of Georgia
Volunteers, and that deponent knows John T. Roberts, and that he received the wounds
(or contracted the disease) in the military service as stated in his foregoing affidavit, and that wounds
or disease permanently disables the said John T. Roberts, as stated by him in said
affidavit. Deponent further states that said John T. Roberts is a bona fide
citizen of this State, and resides in Bartow county.

Sworn to and subscribed before me, this 3rd day of July, 1885

J. M. Durham M. A. Collins
clerk Supr Court Capt
Co. D. 23rd Regt.

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

STATE OF GEORGIA,

Bartow County.

Personally came

citizens of _____ County, in said State,
who, being duly sworn, say that they are acquainted with _____
and know that he received the wounds (or contracted the
disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or
disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen
of this State, and resides in _____ County, and we are well satisfied that all the state-
ments in his affidavit are true.

Sworn to and subscribed before me, this _____
day of _____ 1885

STATE OF GEORGIA, }
Bartow County. }

PERSONALLY comes before me J. A. Howard Ordinary of said county,
James M. Young and Wm. J. Johnson, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that they have
carefully examined John T. Roberts and after such examination say that the
applicant has been injured to the extent claimed by him, and that he has been rendered permanently
and practically incompetent for the performance of ordinary manual labor by reason of said wounds
(or disease), and that, in our opinion, applicant is entitled to the benefits allowed under the Act, approved
October 24, 1887, for the relief of the disabled.

Sworn to and subscribed before me, this _____
day of July, 1885
J. A. Howard Wm. J. Johnson, M.D.
ORDINARY.

STATE OF GEORGIA,

Bartow County.

I, J. A. Howard Ordinary of said county,
do certify that I am well acquainted with John T. Roberts the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said
affidavit are true, and I know he is the individual he represents himself to be, and that he resides in
this county.

I further certify that J. M. Durham before whom the foregoing
affidavits were made and power of attorney was signed, is a Clerk of the Supr. Court
of said county, and that the signatures thereto are genuine.

Given under my official signature and seal, this 3rd day of July, 1885
J. A. Howard
Ordinary Bartow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all men by these presents, That I John T. Roberts
of Bartow
county, in said State, do hereby appoint J. A. Howard
of Bartow my true and lawful attorney in fact for
me and in my name to receive and receipt for whatever amount of money I may be entitled to from the
State of Georgia, by reason of the injury received as aforesaid in the military service of the Confed-
erate States (or of this State), as stated in the foregoing affidavit. Hereby authorizing my said
attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of
money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this 3rd
day of July, 1885
John T. Roberts (L. S.)

Executed in the presence of us
J. A. Howard
J. M. Durham
Supr Court

of this State, and resides in
ments in his affidavit are true.

County, and we are well satisfied that all the state-

Sworn to and subscribed before me, this
day of 188

STATE OF GEORGIA,
Bartow County.

PERSONALLY COMES before me *J. A. Howard* Ordinary of said county,
James M. Young and *Timothy Johnson* both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that they have
carefully examined *John D. Roberts* and after such examination say that the
applicant has been injured to the extent claimed by him, and that he has been rendered permanently
and practically incompetent for the performance of ordinary manual labor by reason of said wounds
(or disease), and that, in our opinion, applicant is entitled to the benefits allowed under the Act, approved
October 24, 1887, for the relief of the disabled.

Sworn to and subscribed before me, this
day of *July* 188*8*
J. A. Howard
ORDINARY.

Timothy Johnson, Med.
R. M. Young, Med.

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

Given under my official signature and seal, this *3rd* day of *July* 188*8*
J. A. Howard
Ordinary. *Bartow* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County.

Know all men by these presents, That I *John D. Roberts*

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

In witness whereof I have hereunto set my hand and seal, this *3rd*
day of *July* 188*8*
John D. Roberts (L. S.)

Executed in the presence of us:

J. A. Howard
R. M. Young *Ch.*
Superior Court

Ex. 1888
Placed for a full
explicit statement
by physicians, showing
how the arm is injured.
Was any bone broken?
Was any bone fractured?
Any muscle, artery or
nerve lacerated?
Any dislocation of joint
or contusion of bone?
E. Explain fully
W. H. Harrison
Ch.

Roberts, J. J.
Bartow Co.

No. *1440*

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 25, 1889.

FOR

Left arm disabled

Applicant *J. J. Roberts*

County *Bartow*

Amount *50*

Date of Warrant *March 18*

Entered on Record,

March 18 188*9*

W. H. Harrison

SECRETARY EXECUTIVE DEPARTMENT.

No attached data.

A. M. Felt

SECRET

W. H. Harrison
Clerk

Entered on Record,

McL 18
M H
SECRETARY EXECUTIVE DEPARTMENT.
No attested date.
AM Gorte

STATE OF GEORGIA.

Bartow County.
PERSONALLY appears J. J. Roberts of Bartow county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the 10th day of Below 1857; 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 G, of 23 th Regiment of Georgia Volunteers 1st Brigade; that whilst engaged in such military service, at the battle of Cold Harbor in the State of Virginia on the 12 day of June 1864, he was wounded as follows: Shot in the left arm with a minnie ball entering above the hand and came from the joint coming out on the other side and fracturing the bone and causing the loss of the arm and rendering the arm substantially useless.

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

Sworn to and subscribed before me, this 21 day of Feb, 1889, M. H. Hendricks Ordinary.

STATE OF GEORGIA.

Bartow County.
PERSONALLY comes before me Geo. M. Hendricks Ordinary of said county, J. M. Young and J. H. Mayfield, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined J. J. Roberts and after such examination say that the applicant has been injured as follows: Was shot in the left arm with a minnie ball entering above the hand and came from the joint coming out on the other side and fracturing the bone and causing the loss of the arm and rendering the arm substantially and essentially useless. He left the hand and the bone came out and the bone came out and the bone came out.
Sworn to and subscribed before me, this 21 day of Feb, 1889, M. H. Hendricks Ordinary.

NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.
Sworn to as correct this Feb 25, 1889
Geo. M. Hendricks Ordinary
J. M. Young M.D.
J. H. Mayfield M.D.

Roberts, J. J.
Bartow Co.
No. 1440
APPLICATION FOR ALLOWANCE
FOR YEAR ENDING OCT. 26, 1889.
FOR
Left arm disabled
Applicant J. J. Roberts
County Bartow
Amount 50
Date of Warrant McL 18
Entered on Record, McL 18
SECRETARY EXECUTIVE DEPARTMENT.
No attested date.
AM Gorte

Ex. Recd
Planned for a full
Explicit statement
by physician, showing
that the arm is injured
and any longer better
than any other arm
any muscle, artery or
and articulation of joint
or embolism of blood
ve. Explain fully
W. H. Harrison
Clerk

the 21 day of May 1887
Madriaduck Ordinary
 Note—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,
Barlow County.

PERSONALLY comes before me *Geo. M. Hendricks* Ordinary of said county, *J. M. Young* and *J. H. Mayfield*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *J. T. Roberts* and after such examination say that the applicant has been injured as follows: *Was shot in the left arm with a Minnie ball entering thru the hand and arm in the joint coming out the other side and rendering the arm and causing the loss of the use of the arm and rendering the arm substantially useless. Essentially useless the hand has been rendered useless to the bones taken out. Wound useless and has no use at the arm or hand. Wound Sworn to and subscribed before me, this*
 day of *Feb* 1887
Madriaduck ORDINARY.

Note—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.
Given as amount Feb 25, 1887
Geo. M. Hendricks Ordinary
J. H. Mayfield

Roberts, J. T.
Barlow Co.
 No. *1440*
 APPLICATION FOR ALLOWANCE
 FOR YEAR ENDING OCT. 31, 1886
 FOR
Left arm disabled
Applicant J. T. Roberts
 County *Barlow*
 Amount *50*
 Date of Warrant *March 18*
 Entered on Record, *March 18*
 SECRETARY EXECUTIVE DEPARTMENT.
No certified date.
A. M. Fouts

Ex. Recd
Planned for a full
Explicit statement
by physician showing
how the arm is injured
Was any bone broken?
Was any bone removed?
Any muscle, duty or
and such loss of joint
or embarking of tendon?
re. Explain fully
W. H. Harrison
Oct 1

STATE OF GEORGIA,
Barlow County.
Geo. M. Hendricks Ordinary of said county,
 do certify that I am well acquainted with *J. T. Roberts* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit:
 are persons of respectability, and that their statements are worthy of full credit and belief.
 I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and that the said affidavits and signatures thereto are genuine.
 Given under my official signature and seal, this *21* day of *Feb* 1887
Geo. M. Hendricks
 Ordinary *Barlow* County.

POWER OF ATTORNEY.
 STATE OF GEORGIA,
Barlow County.
 KNOW ALL MEN BY THESE PRESENTS, That I, *J. T. Roberts* of *Barlow* county, in said State, do hereby appoint *A. M. Fouts* of *Connersville Ga* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
 In witness whereof I have hereunto set my hand and seal, this *21* day of *Feb* 1887
J. T. Roberts (I. S.)

Executed in the presence of us:
J. M. Adams
Geo. M. Hendricks
Ordinary
 DIRECTION:
 Send money to me as follows, by _____ to _____ P. O.
 County, Georgia.

NOTES.
 1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
 2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
 3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
 4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
 5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
 6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
 7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

of said county, and that the said affidavits and signatures thereon are genuine.
Given under my official signature and seal, this 21st day of May 1889

Ordinary *Bartow* County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Bartow County.

KNOW ALL MEN BY THESE PRESENTS, That I,

J. J. Roberts
Bartow
A. M. Haute

county, in said State, do hereby appoint
of *Cornelville Ga* my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military ser-
vice of the Confederate States (or of this State), as stated in the foregoing affidavit, hereby
authorizing my said attorney to receipt in my name for any Warrant that may be issued by
the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
In witness whereof I have hereunto set my hand and seal, this 21st day of May 1889

Executed in the presence of us:

J. B. Adair
Wm. A. Mable
Ordinary

J. J. Roberts (L. S.)

DIRECTION:

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

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

Audited March 18 1889.

Wm. A. Mable
COMPTROLLER-GENERAL

Bartow

Maimed Soldiers.

Voucher No. 1440
Amount \$ 50.
Paid to *J. J. Roberts*
For *Left arm disabled*
Met 18 1889

Included in Warrant No. _____
issued to Treasurer.

WARRANT CLERK

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

A. M. Haute

Audited _____ 18

COMPTROLLER-GENERAL

Bartow

Maimed Soldiers.

Voucher No. 1379
Amount \$ 50.
Paid to *J. J. Roberts*
For *Arm disabled*
Feb 18 1890

Included in warrant No. _____
issued to Treasurer.

WARRANT CLERK

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

A. M. Haute

Paid to *J. I. Roberts*
For *Left arm*
disabled
McK 18 1889

Included in Warrant No.
issued to Treasurer.

1889

WARRANT CLERK

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

A. M. Foute

COMPTROLLER-GENERAL

Paid to *J. I. Roberts*
For *Arm disabled*
July 18 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK

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

A. M. Foute

No. 1440

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. McK 18 1889

Mr. *J. I. Roberts* 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,
Dec. 24, 1888, and the same having been allowed for

Left arm disabled
He is entitled to receive the sum of *Fifty x 00* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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



J. N. Gordon
GOVERNOR.

By the Governor

W. H. Hammen

CLERK EXECUTIVE DEPARTMENT.

50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty x 00 Dollars,
per above voucher, this *18* of *March* 1889.

J. I. Roberts, by his atty. in fact.
A. M. Foute.

No. 1377

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 18 1890

Mr. *J. I. Roberts* 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

Arm disabled
He is entitled to receive the sum of *Fifty x 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.

J. N. Gordon
GOVERNOR.

By the Governor,

W. H. Hammen
CLERK EXECUTIVE DEPARTMENT.

50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty x 00 Dollars,
per above voucher, this *18* of *July* 1890.

J. I. Roberts,
By A. M. Foute,
att. in fact.

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



J. N. Gordon
GOVERNOR.

By the Governor

W. H. Hammen

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 1000

Dollars,

per above voucher, this

18

of

March

1889.

*J. I. Roberts, by his atty. in fact.
A. M. Foute.*

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

By the Governor,

W. H. Hammen

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 1000.00

Dollars,

per above voucher, this

18

of

Feb

1890

*J. I. Roberts,
By A. M. Foute,
att. in fact.*

STATE OF GEORGIA,

Barlow County.

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

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

Given under my official signature and seal, this *11th* day of *Feb*, 1890

W. H. Hammen
Ordinary *Barlow* County.

STATE OF GEORGIA,

Barlow County.

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

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

Given under my official signature and seal, this *6* day of *Feb*, 1891.

W. H. Hammen
Ordinary *Barlow* County.

1890.

No. 1379
APPLICATION FOR ALLOWANCE.

Arm disabled

Applicant, J. I. Roberts.

County, Barlow.

Amount, \$50.00

Date of warrant, Feb 11.

Entered on record

Feb 18 1890

Adm H H

WARRANT ISSUED TO

A M Foute

No additional data.

1891

No. 1379
Application for Allowance.

Arm disabled

Applicant, J. I. Roberts.

County, Barlow.

Amount, \$50.00

Date of Warrant, Feb 9

Entered on record

Feb 9 1891

Adm H H

WARRANT ISSUED TO

A M Foute

No additional data.

Robert J. J.
Barlow
1890.
J 23
No. 1379
APPLICATION FOR ALLOWANCE
FOR THE YEAR ENDING OCTOBER 26, 1890.
Arm disabled
Applicant, J. J. Roberts.
County, Bartow
Amount, \$50.00
Date of warrant, July 11.
Entered on record
July 16, 1890
J. J. Roberts
WARRANT ISSUED TO
A. M. State
No additional data

Robert John J.
Barlow
1891
No. 223
APPLICATION FOR ALLOWANCE
FOR THE YEAR ENDING OCTOBER 26, 1891.
Arm disabled
Applicant, J. J. Roberts.
County, Bartow
Amount, \$50.00
Date of Warrant, July 9, 1891
Entered on record
July 11, 1891
J. J. Roberts
WARRANT ISSUED TO
A. M. State

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County, }
PERSONALLY appears J. J. Roberts of Bartow county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has been such continually since the 10th day of
November 1888; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a private in Company 2, of 38th Regiment
of GA Volunteers, Colquitt's Brigade; that whilst engaged
in such military service, at the battle of Cold Harbor in the State
of Virginia, on the 10th day of June 1862, he was
wounded as follows: Shot with a minnie ball in the
upper joint of the left hand; passed through
the Army and entering the same from again
above the elbow and passed through again.
Deep wound rendered his said left arm
substantially and essentially useless.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is entitled
for the year ending October 26, 1890. I have heretofore been allowed a pension
of \$50.00 dollars.

Sworn to and subscribed before me, this 11th day of July, 1890.
W. H. Hendricks Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA

Bartow County, }
KNOW ALL MEN BY THESE PRESENTS, That I, J. J. Roberts
of Bartow County, State of Georgia, do hereby appoint
of Bartow 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 by reason of the injury received as aforesaid in the military
service of the Confederate States (or of this State), as stated in the foregoing affidavit;
hereby authorizing my said attorney to receipt in my name for any Warrant that may be
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
11th day of July, 1890.

Executed in the presence of us:

J. B. Kennedy
W. H. Hendricks Ordinary
Send money to me as follows, by Pay the money with
W. H. Hendricks Bartow Bartow P.O.
J. J. Roberts County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County, }
PERSONALLY appears John J. Roberts of Bartow
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has resided therein continuously ever since the
day of November 1888; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a private in Company 2, of 38th Regiment
of GA Volunteers, Colquitt's Brigade; that whilst engaged
in such military service at the battle of Cold Harbor in the State
of Virginia, on the 10th day of June 1862, he was
wounded as follows: Shot with a minnie ball
near the shoulder in the left arm &
also through the left arm near the
hand, part of the bone were shot out
and part of them came out which
rendered the arm substantially and
essentially

Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is entitled
for the year ending October 26, 1891. I have heretofore been allowed a pension of
\$50.00 dollars, for 1889 & 1890 each.

Sworn to and subscribed before me, this 6th day of July, 1891.
W. H. Hendricks Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County, }
Know all Men by these Presents, That I, John J. Roberts
of Bartow County, State of Georgia, do hereby appoint
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 entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military service
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing
my said attorney to receipt in my name for any Warrant that may be issued by the Govern-
nor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
6th day of July, 1891.

Executed in the presence of us:

J. B. Kennedy
W. H. Hendricks Ordinary
Send money to me as follows, by Pay the money with
W. H. Hendricks Bartow Bartow P.O.
John J. Roberts County, Georgia.

11th day of Feb 1891
G. W. Hendricks Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA

Barlow County.

KNOW ALL MEN BY THESE PRESENTS, That I,

county, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11th day of Feb 1891

Executed in the presence of us:

G. W. Hendricks Ordinary

DIRECTION.

Send money to me as follows, by leaving the money with G. W. Hendricks Bartow P.O. County, Georgia. J. J. Roberts

6th day of Feb 1891
G. W. Hendricks Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

KNOW ALL MEN BY THESE PRESENTS, That I, John J. Roberts of Barlow County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th day of Feb 1891

Executed in the presence of us:

G. W. Hendricks Ordinary

DIRECTION.

Send money to me as follows, by leaving the money with G. W. Hendricks Bartow P.O. County, Georgia. J. J. Roberts

STATE OF GEORGIA.

Barlow County.

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

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

Given under my official signature and seal, this 9 day of March 1891

G. W. Hendricks

Ordinary. Bartow County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County.

KNOW ALL MEN BY THESE PRESENTS, That I, John J. Roberts of Barlow County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22 day of March 1891

Executed in the presence of us:

J. J. Roberts

DIRECTION.

Send money to me as follows, by

to P. O. County, Georgia.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name John J. Roberts
County Barlow
Disability Disabled Arm
Amount \$ 500
Entered on record March 19 1892
W. H. HARRISON, Secretary of Pension Department.
AGENT. ed W. Hite

Barlow, John J.
Barlow Co.
1893.

Application for Allowance

No. 112

For the Year Ending October 26, 1892.

Name John J. Roberts
County Barlow
Amount \$ 50
Date of Warrant
Entered on record March 19 1893
W. H. HARRISON, Secretary of Pension Department.
AGENT. ed W. Hite

Robertson, John S.
Roston Co.

1893.

No. *112*

Application for Allowance

For the Year Ending October 31, 1893.

D. J. Am
FOR
Applicant, *John S. Robertson*
County, *Berkshire*
Amount, *50*

Date of Warrant,
Entered on record Sept 28

Clark H

WARRANT FORWARDED TO
C. G. Handberg

U.S. M. MARSHAL, "DISTRICT ATTORNEY."

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Barlow County.
PERSONALLY appears John J. Roberts 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 Nov. 1851; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States and served as a Private in Company A, of 48th Regiment of Ga Volunteers, Edgum's Brigade; that whilst engaged in such military service at the battle of Cold Harbor in the State of Va on the day of June, 1864, he was wounded as follows: Gun shot wound twice through the left arm rendering the arm substantially and essentially useless.

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

Sworn to and subscribed before me, this the }
22nd day of March 1893. } John T Roberts
J. W. Schmidt, M.D.

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

STATE OF GEORGIA,)

STATE OF GEORGIA,)
Barlow County,)
I, G. W. Newsom Ordinary of said County,
do certify that I am well acquainted with John I. Roberts the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
dividual he represents himself to be, and that he resides in this County.

I further certify that _____ 1933
before whom the foregoing affidavits were made and power of attorney was signed, is a _____ of said County, and the said affidavits and signatures thereto are genuine.
Given under my official signature and seal, this 22 day of March 1933.

Ordinary Baron County

STATE OF GEORGIA
 HOMER OF ATTORNEY

Sworn to and subscribed before me this 24 day of March 1892. John I Roberts
G. W. H. H. B. Ordinary.
Note—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I,

John I. Roberts

County, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 24 day of March 1892. John I Roberts [L. S.]

Executed in the presence of us:

G. W. H. H. B. Ordinary

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

Sworn to and subscribed before me, this, the 22 day of March 1893. John I Roberts
G. W. H. H. B. Ordinary.
Note—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Bartow County.

1. G. W. H. H. B. Ordinary of said County,

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

I further certify that

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

Given under my official signature and seal, this 22 day of March 1893.

G. W. H. H. B. Ordinary

Bartow County.

STATE OF GEORGIA

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I,

J. I. Roberts

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24 day of March 1894. J. I. Roberts [L. S.]

Executed in the presence of us

G. O. Hightower & P. D. H. B. Ordinary

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

Audited Feb. 9 1891.

Wm B. Wright
COMPTROLLER GENERAL

Maimed Soldiers.

Voucher No. 223

Amount \$ 5.00

Paid to Jno. I. Roberts
For Arm and

Feb. 9 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, ALBANY.

W. A. Wright

Roberts, J. I.
Bartow Co.

(For These Already Enrolled.)

No. 106

Soldier's Pension.

1894.

Name J. I. Roberts
County Bartow

Disability Wounded Arm
Amount \$ 50.00

1894.

2/5

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
Jno. I. Roberts

no data

Robert, J. T.
Bartow Co.

(For Those Already Enrolled.)

No. 106

Soldier's Pension.
1894.

Name J. T. Roberts
County Bartow
Disability Wound Arm
Amount \$ 50.00

1894.
W. H. HARRISON,
Secretary Executive Department.

WARRANT MADE TO
J. T. Roberts

no later

For Arm di^o
July 9 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. A. Wright

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, } Born in the state of 1844
Bartow County, } North Carolina March 14

PERSONALLY appears J. T. Roberts of Bartow
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the 15th
day of ~~March~~ 1863; that he enlisted in the military service of the Con-
federate States (or of the State of Ga) during the war between the
States, and served as a private in Company D, of 88th Regiment
of Ga Volunteers Colquitt's Brigade; that whilst engaged in
such military service at the battle of ~~Gettysburg~~ ^{Crab Harbor} in the State
of Virginia, on the first day of June 1864, he was
wounded as follows: *in the left arm a minie ball
passed through the arm twice, making wrist
joint & fingers stiff the bones came out
and the arm is rendered substantially
and essentially useless*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of
\$50.00 dollars, for the year 1893

Sworn to and subscribed before me, this, the 11th day of March 1894. J. T. Roberts
G. O. Hightower J. P.

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

STATE OF GEORGIA, }
Bartow County, }

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

Given under my official signature and seal, this 10
day of March 1894.



G. W. Hemmicks
Ordinary, Bartow County.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

1891.
No. 223

Atlanta, Ga. July 9 1891.

Mr. John T. Roberts 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
Arm di^o
He is entitled to receive the sum of Fifty & 00/100 Dollars
for such disability, there being the allowance due for the year ending October 24, 1891.

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

By the Governor,

W. H. Harrison

Sec'y EXECUTIVE DEPARTMENT.

\$ 50

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

Fifty & 00/100 Dollars,
per above voucher, this 9th of July 1891.

John T. Roberts
W. H. Harrison

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of \$50 dollars, for the year 1893

Sworn to and subscribed before me, this, the

12 day of March 1894.

G. O. Hightower & P.

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

STATE OF GEORGIA,

Bartow County.

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

Given under my official signature and seal, this 10

day of March 1894.

G. W. Hendricks

Ordinary, Bartow County.



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

By the Governor,

W. H. Harrison

Sec'y EXECUTIVE DEPARTMENT.

W. H. Harrison
GOVERNOR.

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

\$50
Stiply 1000
per above voucher, this 9 of July 1891.

J. T. Roberts
W. H. Harrison

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

KNOW ALL MEN BY THESE PRESENTS, That I, J. T. Roberts

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

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

day of February 1895.

Executed in presence of us

G. O. Hightower & P.
S. L. Hightower & P.

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, J. T. Roberts, hereby authorize G. W. Hendricks of Bartow County, State of Georgia, to receive and receipt for the pension paid hereon and request that he remit same to

me by Check at July 1891.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22

day of March 1896.

Executed in presence of us

R. S. Anderson

Roberts, John T.
Bartow Co.
(For Those Already Enrolled.)

No. 977

SOLDIER'S PENSION.

1895.

Name John T. Roberts

County Bartow

Disability Disabled Arm

Amount, \$50.00

3/4

1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDLED TO

with

W. H. Harrison, State Printer, Atlanta.

No date

Roberts, J. T.
Bartow Co.

(For Those Already Enrolled.)

No. 2696

SOLDIER'S PENSION.

1896.

Name John T. Roberts

County Bartow

Disability Wounded Arm

Amount, \$50.00

3/4

1896.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDLED TO

with

W. H. Harrison, State Printer, Atlanta.

No date

Robert, John H.
Barlow Co
 (For These Already Enrolled.)
 No. *977*
SOLDIER'S PENSION.
1895.
 Name *John J. Roberts*
 County *Barlow*
 Disability *Disabled Arm*
 Amount, \$ *50.00*
3/4
 1895.
 RICHARD JOHNSON,
 Secretary Executive Department.
 WARRANT HANDLED TO
W
 Geo. W. Harrison, State Printer, Atlanta.
No date

Robert, J. H.
Barlow Co
 (For These Already Enrolled.)
 No. *2696*
SOLDIER'S PENSION.
1896.
 Name *John J. Roberts*
 County *Barlow*
 Disability *Wounded Arm*
 Amount, \$ *50.00*
3/4
 1896
 RICHARD JOHNSON,
 Secretary Executive Department.
 WARRANT HANDLED TO
W
 Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears *J. J. Roberts* 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 *1862* day of *November 1st* 18*62*; that he enlisted in the military service of the Confederate States (or of the State of *State Georgia*) during the war between the States, and served as a *Private* in Company *9*, of *23rd* Regiment of *Georgia* Volunteers, *Colquhoun's* Brigade; that whilst engaged in such military service at the battle of *Cold Harbor* in the State of *Virginia*, on the *1st* day of *June* 1864, he was wounded as follows: *Was shot with a minie ball in the left arm passing thru the left arm in three and was working out and making the arm Substantially and completely useless*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of *50.00* dollars, for the year 1894.

Sworn to and subscribed before me, this, *the 23rd* day of *July* 1895, by *John J. Roberts* Godly witnesses *W. J. Roberts*

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

STATE OF GEORGIA,

Barlow County.

I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *John J. Roberts* 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 *6th* day of *March* 1895.



Ordinary *Barlow* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears *J. J. Roberts* 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 *Nov* 18*62*; 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 *9*, of *23rd* Regiment of *Georgia* Volunteers, *Colquhoun's* Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *1st* day of *June* 1864, he was wounded, injured or diseased as follows:

Shot through the left arm twice rendering it Substantially and completely useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of *Barlow* county been allowed a pension of *50.00* dollars, for the year 1895.

Sworn to and subscribed before me, this, *2nd* day of *March* 1896, by *G. W. Hendricks* Godly witnesses *J. J. Roberts*

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

STATE OF GEORGIA,

Barlow County.

I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *J. J. Roberts* 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 *2nd* day of *March* 1896.



Ordinary *Barlow* County.

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of \$30.00 dollars, for the year 1894.

Sworn to and subscribed before me, this, the 25th day of Feb'y 1895. J. J. Roberts

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

STATE OF GEORGIA,

Barlow County.

I, G. W. Hendricks, Ordinary of said County, do certify that I am well acquainted with J. J. Roberts 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 6th day of March 1895.



G. W. Hendricks

Ordinary Barlow County.

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Barlow County been allowed a pension of \$45.00 dollars, for the year 1895.

Sworn to and subscribed before me, this, the 2nd day of March 1896. G. W. Hendricks

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

STATE OF GEORGIA,

Barlow County.

I, G. W. Hendricks, Ordinary of said County, do certify that I am well acquainted with J. J. Roberts 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 2nd day of March 1896.



G. W. Hendricks

Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

Know all Men by these Presents, That I,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 26th day of Feb'y 1895. J. J. Roberts [L. S.]

Executed in the presence of

G. W. Hendricks
Ordinary

DIRECTIONS.

Send money to me as follows, by Check in care of G. W. Hendricks Barlow County, Georgia.

J. J. Roberts

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, J. J. Roberts hereby authorize G. W. Hendricks of Barlow County, Georgia to receive and receipt for the pension paid hereon and request that he remit same to me by Check at Barlowville Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th day of January 1896. J. J. Roberts [L. S.]

Executed in presence of

R. H. Murphy
G. W. Hendricks

Roberts, J. J.
Barlow Co.
(For Those Already Enrolled.)
No. 2784
Soldier's Pension.
1894.

Name J. J. Roberts
County Barlow
Disability Wounded Arm
Amount, \$50.00

727
W. H. HARRISON,
Secretary Executive Department.
WARRANT HANDLED TO
J. M. Small
Geo. W. Harrison, State Printer, Atlanta.

No data

Roberts, J. J.
Barlow Co.
(For Those Already Enrolled.)
No. 2412
INVALID
SOLDIER'S PENSION.
1898.

Name J. J. Roberts
County Barlow
Disability Wounded Arm
Amount, \$50.00

714
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
J. J. Roberts

No data

Roberts, J. T.
Barlow Co.
(For These Already Enrolled.)
No. *2784*
Soldier's Pension.
1897.
Name *J. T. Roberts*
County *Barlow*
Disability *Wounded arm*
Amount, \$ *50.00*
727
1897
W. H. HARRISON,
Secretary Executive Department.
WARRANT HANDLED TO
J. M. Sims
Geo. W. Harrison, State Printer, Atlanta.
No data

Roberts, J. T.
Barlow Co.
(For These Already Enrolled.)
No. *2412*
INVALID
SOLDIER'S PENSION.
1898.
Name *J. T. Roberts*
County *Barlow*
Disability *Wounded arm*
Amount, \$ *50.00*
714
1898
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
J. M. Sims
Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.
PERSONALLY appears *J. T. Roberts* of *Barlow* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *fall* 1858; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *private* in Company *D*, of *26th* Regiment of *Volunteers*, *Coquille*'s Brigade; that whilst engaged in such military service at the battle of *Cold Harbor* in the State of *Virginia* on the *7th* day of *June* 1864, he was wounded as follows: *Shot through the left arm twice, once above and once below the elbow which disabled the use of his arm*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of *fifty* dollars, for the year 1896.

Sworn to and subscribed before me, this, the *26th* day of *July* 1897, by *J. T. Roberts*
G. W. Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.
I, *G. W. Hendricks*, Ordinary of said County, do certify that I am well acquainted with *J. T. Roberts* 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 *26th* day of *July* 1897, by *G. W. Hendricks*
G. W. Hendricks
Ordinary *Barlow* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.
PERSONALLY appears *J. T. Roberts* of *Barlow* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *fall* 1848; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *private* in Company *D*, of *26th* Regiment of *Volunteers*, *Coquille*'s Brigade; that whilst engaged in such military service in the State of *Virginia* on the *7th* day of *June* 1864, he was wounded, injured or diseased as follows: *Shot through the left arm twice, once above and once below the elbow which disabled the use of the arm*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of *Barlow* county been allowed an invalid pension of *fifty* Dollars, for the year 1897.

Sworn to and subscribed before me, this, the *27th* day of *January* 1898, by *J. T. Roberts*
G. W. Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.
I, *G. W. Hendricks*, Ordinary of said County, do certify that I am well acquainted with *J. T. Roberts* 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 *January* 1898, by *G. W. Hendricks*
G. W. Hendricks
Ordinary *Barlow* County.



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

Sworn to and subscribed before me, this, 26th day of Feb, 1894, J. J. Roberts
G. W. Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.

I, G. W. Hendricks, Ordinary of said County, do certify that I am well acquainted with J. J. Roberts 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 26th day of Feb, 1894.



Ordinary Barlow County.

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Barlow county been allowed an invalid pension of forty Dollars, for the year 1897.

Sworn to and subscribed before me, this, 17th day of January, 1898, J. J. Roberts
G. W. Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this 17th day of January, 1898.



Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 27th day of January, 1890. John J. Roberts [L. S.]

Executed in presence of

Garow. Pee

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28th day of Jan, 1900. J. J. Roberts [L. S.]

Executed in presence of

J. R. Anderson

NOTE SECTION 128.
(For These Already Enrolled.)

No. 2239

INVALID

SOLDIER'S PENSION.

1899.

Name John J. Roberts

County Barlow

Disability Wounded arm

Amount, \$ 20.00

Warrant issued 2/16 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

John J. Roberts

REC'D. W. HARRISON, STATE PRINTER, ATLANTA.

No data

NOTE SECTION 128.
(For These Already Enrolled.)

No. 2239

INVALID

SOLDIER'S PENSION.

1900.

Name J. J. Roberts

County Barlow

Disability Wounded arm

Amount, \$ 20.00

Warrant issued Feb. 19 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

G. W. Hendricks

W. HARRISON, STATE PRINTER, ATLANTA.

No data

Boston Co.
 Roberts, J. J.
 COOD SECTION 129A.
 (For Those Already Enrolled.)
 No. 339
 INVALID
 SOLDIER'S PENSION.
 1900.
 Name *J. J. Roberts*
 County *Dorchester*
 Disability *Armed Force*
 Amount, \$ *50.00*
 Warrant issued *Feb. 13, 1900.*
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT MADE TO
Roberts, J. J.
 On W. Harrison, State Printer, Atlanta.
No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

State of Georgia,
Barrow County.
Personally appears J. T. Roberts of Barrow
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 June 1833; that he enlisted in the military service of
the Confederate States (or of the State of _____) during the war be-
tween the States, and served as a private in Company D, of 2^d S^t.
Regiment of Pa Volunteers, Cook's Brigade; that whilst
engaged in such military service in the State of Virginia, on the
day of June 1864, he was wounded, injured or diseased as follows:

Shot through the left arm below
and above the elbow in the battle
of Cold Harbor on June 3, 1864, displaying
resourcefulness of the arm

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1900. I have heretofore under said law as a resident of Barlow County been allowed an invalid pension of Five Dollars, for the year 1899.

Sworn to and subscribed before me, this, 1st day of Sept, 1900, at Roberts Post Office Barlow Co.

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

STATE OF GEORGIA,

I, Walter H. Roberts Ordinary of said County,
 do certify that I am well acquainted with J. J. Roberts 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 July 1900.
G. W. Hendricks
Ordinary Dartmouth County.

ing October 26th, 1899, I have heretofore under said law as a resident of
County been allowed an invalid pension of
Dollars, for the year 1899.
Sworn to and subscribed before me, this, the 27th day of January 1899. POST OFFICE
G.W. Hendricks Ordinary

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

STATE OF GEORGIA,
Bartow County.

I, G.W. Hendricks Ordinary of said County,
do certify that I am well acquainted with 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 January 1899.
G.W. Hendricks
Ordinary Bartow County.



ending October 26th, 1900. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Dollars, for the year 1899.
Sworn to and subscribed before me, this, the 27th day of January 1900. POST OFFICE
G.W. Hendricks Ordinary

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

STATE OF GEORGIA,
Bartow County.

I, G.W. Hendricks Ordinary of said County,
do certify that I am well acquainted with 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 January 1900.
G.W. Hendricks
Ordinary Bartow County.



POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County.

I, J. Y. Roberts hereby authorize G.W. Hendricks of Cartersville Ga

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

at Cartersville Ga
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15th day of January 1901.
J. Y. Roberts [L. S.]

Executed in presence of

J. R. Anderson

(For Those Already Enrolled.)

No. 193

DISABLED

SOLDIER'S PENSION.

1901.

Name J. Y. Roberts
County Bartow
Disability Wounded Arm
Amount, \$ 20.00

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Kendall

See W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County.

I, J. Y. Roberts hereby authorize G.W. Hendricks of Cartersville

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

at Cartersville
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 13 day of January 1902.
J. Y. Roberts [L. S.]

Executed in presence of

Gabe Hendricks

(For Those Already Enrolled.)

No. 1879

DISABLED

SOLDIER'S PENSION

1902.

Name J. Y. Roberts
County Bartow
Co. 2
Disability Wounded
Amount, \$ 4.50
January 13 1902

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Only

See W. Harrison, State Printer, Atlanta.

Robert J. Roberts
 CODE SECTION 106
 (FOR THOSE ALREADY ENROLLED.)
 No. 193
 DISABLED
 SOLDIER'S PENSION.
 1901.
 Name J. J. Roberts
 County Bartow
 Disability Wounded Arm
 Amount, \$ \$20.00
 1901.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
Kennedy
 JOHN W. HAYMON, State Printer, Atlanta.
No date

Robert John C. Roberts
 CODE SECTION 106
 (FOR THOSE ALREADY ENROLLED.)
 No. 1879
 DISABLED
 SOLDIER'S PENSION
 1902.
 Name J. J. Roberts
 County Bartow
 Co. 8 Regiment 23
 Disability Wounded Arm
 Amount, \$ 4.50
January 13 1902.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
6idy
 JOHN W. HAYMON, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County.
 Personally appears J. J. Roberts of Bartow
 County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
 and resident of said State, and has resided therein continuously ever since the
 day of fall 1852; that he enlisted in the military service of the Con-
 federate States (or of the State of _____) during the war between the
 States, and served as a private in Company D, of 23th Regiment
 of Georgia Volunteers, Colquitt's Brigade; that whilst engaged
 in such military service in the State of Virginia, on the 13 day
 of June 1864, he was wounded, injured or diseased as follows:
Wounded through the left
arm above and below the elbow, destroying
usefulness of the arm

Deponent makes application for the pension to which he is entitled for year end-
 ing October 26th, 1901. I have heretofore under said law as a resident of
Bartow County been allowed an invalid pension of
fifty Dollars, for the year 1900.
 Sworn to and subscribed before me, this the J. J. Roberts
13 day of January 1901. Postoffice Clinton
W. W. Hendricks

STATE OF GEORGIA,
Bartow County.
 I, W. W. Hendricks Ordinary of said County,
 do certify that I am well acquainted with J. J. Roberts the
 applicant in the foregoing affidavit, and am well satisfied that the statements made by him
 in his said affidavit are true, and I know he is the individual he represents himself to be
 and that he resides in this County.
 Given under my official signature and seal, this 13th
 day of Jan'y 1901.
W. W. Hendricks
 Ordinary Bartow County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Bartow County.
 Personally appears John J. Roberts of Bartow
 County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
 and resident of said State, and has resided therein continuously ever since the
 day of November 1852; that he enlisted in the military service of the Con-
 federate States (or of the State of _____) during the war between the
 States, and served as a private in Company D, of 23th Regiment
 of Georgia Volunteers, Colquitt's Brigade; that whilst engaged
 in such military service in the State of Virginia, on the 1 day
 of June 1864, he was wounded, injured or diseased as follows:
Wounded in left arm destroy-
ing the usefulness of the arm.

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
4.50 Dollars, for the year 1901.
 Sworn to and subscribed before me, this the J. J. Roberts
13 day of January 1902. Post-office Clinton
W. W. Hendricks

STATE OF GEORGIA,
Bartow County.
 I, W. W. Hendricks Ordinary of said County,
 do certify that I am well acquainted with J. J. Roberts
 the applicant in the foregoing affidavit, and am well satisfied that the statements made by
 him in his said affidavit are true, and I know he is the individual he represents himself to
 be and that he resides in this County.
 Given under my official signature and seal, this 13th
 day of January 1902.
W. W. Hendricks
 Ordinary Bartow County.

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

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of

Barlow County been allowed an invalid pension of forty Dollars, for the year 1900.

Sworn to and subscribed before me, this the 13th day of January 1901. Postoffice Barlow

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

Given under my official signature and seal, this 13th day of January 1901. G. W. Hendricks Ordinary Barlow County.



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 forty Dollars, for the year 1901.

Sworn to and subscribed before me, this the 13th day of January 1902. Postoffice Barlow

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

Given under my official signature and seal, this 13th day of January 1902. G. W. Hendricks Ordinary Barlow County.



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

LOMER OF ALLOMEX

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, J. J. Roberts hereby authorize George W. Hendricks of Barlow County, Ga.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 19th day of January 1903.

J. J. Roberts [L. S.]

Executed in presence of

Geo. Cobb
1903

COPIES SECTION 100
(FOR THOSE ALREADY ENROLLED.)

No. 1934

DISABLED

SOLDIER'S PENSION

1903.

Name J. J. Roberts

County Barlow

Co. 2 Regiment 38th

Disability Wounded

Amount, \$ 57.00

2/10 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ady

(Geo. W. Hendricks, State Printer, Atlanta.)

no later

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, John T. Roberts hereby authorize G. W. Hendricks Ordinary of Barlow County, Ga.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th day of January 1904.

John T. Roberts [L. S.]

Executed in presence of

Geo. Cobb 22 Feb 1904

COPIES SECTION 100
(FOR THOSE ALREADY ENROLLED.)

No. 1571

DISABLED

SOLDIER'S PENSION

1904.

Name John T. Roberts

County Barlow

Co. 2 Regiment 38th

Disability Wounded

Amount, \$ 57.00

FEB 9 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ady

(Geo. W. Hendricks, State Printer, Atlanta.)

COPIES SECTION 128
(FOR THOSE ALREADY ENROLL)

No. 1937

DISABLED

SOLDIER'S PENS

1903.

Name *J. T. Roberts*
County *Barlow*
Co. *C* Regiment *20*
Disability *Wounded Arm*
Amount, \$ *57.40*

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDLED TO
Ady

(100) W. Harrison Road, P.O. Box 100, Albany, Ga.

no data

COPIES SECTION 128
(FOR THOSE ALREADY ENROLL)

No. 1577

DISABLED

SOLDIER'S PENS

1904.

Name *John J. Roberts*
County *Barlow*
Co. *D* Regiment *28*
Disability *Wounded Arm*
Amount, \$ *37.*

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDLED TO
Ady

(100) W. Harrison Road, P.O. Box 100, Albany, Ga.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Barlow County.

Personally appears *J. T. Roberts* 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 *1852*; 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 *20th* Regiment of *Georgia* Volunteers, *Colquhoun's* Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *1st* day of *June* 1864, he was wounded, injured or diseased as follows:
I was shot through the left arm, breaking the bone of Lord Naylor in Virginia on the 1st day of June 1864, destroying the use of the arm.

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1903. I have heretofore, under said law, as a resident of *Barlow* County, been allowed an invalid pension of *fifty* Dollars, for the year 1903.
Sworn to and subscribed before me, this *19th* day of *Jan* 1903. *J. T. Roberts*
Wm. 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, *Wm. Hendricks* Ordinary of said County, do certify that I am well acquainted with *J. T. Roberts* 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 *19th* day of *Jan* 1903.
Wm. Hendricks
Ordinary *Barlow* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Barlow County.

Personally appears *John J. Roberts* 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 *November* 1852; 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 *28th* Regiment of *Georgia* Volunteers, *Colquhoun's* Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *1st* day of *June* 1864, he was wounded, injured or diseased as follows:
I was shot through the left arm, breaking the bone of Lord Naylor in Virginia on the 1st day of June 1864, destroying the use of the arm.

Deponent 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 *fifty* Dollars, for the year 1903.
Sworn to and subscribed before me, this *16th* day of *January* 1904. *John J. Roberts*
Wm. 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, *Wm. Hendricks* Ordinary of said County, do certify that I am well acquainted with *John J. Roberts* 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 *18th* day of *January* 1904.
Wm. 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.

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

Sworn to and subscribed before me, this 19th day of Jan 1903. } J. J. Roberts
G. W. Hendricks Ordinary Post-office Barlow Ga

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

STATE OF GEORGIA,

Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with J. J. Roberts 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 19th day of Jan 1903.

G. W. Hendricks
Ordinary Barlow County.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

Deponent 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 Eighty Dollars, for the year 1903.

Sworn to and subscribed before me, this 16th day of January 1904. } John J. Roberts
G. W. Hendricks Ordinary Post-office Barlow Ga

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

STATE OF GEORGIA,

Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with John J. Roberts 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 18th day of January 1904.

G. W. 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, John J. Roberts hereby authorize G. W. Hendricks of Barlowville Ga to receive and receipt for the pension paid hereon, and request that he remit same to

me by me at Barlowville Ga J. J. Roberts

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 30th day of Jan 1905.

Executed in the presence of

J. J. Roberts [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, J. J. Roberts hereby authorize G. W. Hendricks of Barlowville Ga to receive and receipt for the pension paid hereon, and request that he remit same to

me by me at Barlowville Ga

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th day of Jan 1905.

Executed in the presence of

John J. Roberts [L. S.]

Form No. 1290
(FOR THOSE ALREADY ENROLLED.)

No. 1006

DISABLED
SOLDIER'S PENSION
1905.

Name J. J. Roberts
County Barlow
Co. D Regiment 23 Ga
Disability Wounded arm
Amount, \$ 50.00

FEB 7 1905.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

no date

Form No. 1290
(FOR THOSE ALREADY ENROLLED.)

No. 856

DISABLED
SOLDIER'S PENSION
1906.

Name J. J. Roberts
County Barlow
Co. D Regiment 23 Ga
Disability Wounded arm
Amount, \$ 50.00

JAN 29 1906.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

no date

Robert, J. J.
Barlow County

Cross Section 1905
(FOR THOSE ALREADY ENROLLED.)
No. *1466*

DISABLED
SOLDIER'S PENSION
1905.

Name *J. J. Roberts*
County *Barlow*
Co. *D* Regiment *23 Ga*
Disability *Wounded arm*
Amount, \$ *50.00*

1905.
FEB 7
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
C

no date

The Pensioners' Manual and Publication Co., Atlanta
Gale W. Harrison, President, 100 Fifth Street

Robert, J. J.
Barlow Co.

Cross Section 1905.
(FOR THOSE ALREADY ENROLLED.)
No. *556*

DISABLED
SOLDIER'S PENSION
1906.

Name *J. J. Roberts*
County *Barlow*
Co. *D* Regiment *23 Ga*
Disability *Wounded arm*
Amount, \$ *50.00*

1906.
JAN 29
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
C

no date

The Pensioners' Manual and Publication Co., Atlanta
Gale W. Harrison, President, 100 Fifth Street

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow COUNTY.

Personally appears *J. J. Roberts* 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 *Nov* 18*64*; 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 *23*th Regiment of *Ga* Volunteers *Colquitt's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *1st* day of *June* 18*64*, he was wounded, injured or diseased as follows: *shot and disabled in left arm, rendering the same substantially and completely useless. This was in the battle of Cold Harbor.*

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1905. I have heretofore, under said law, as a resident of *Barlow* County, been allowed an invalid pension of *Eighty* Dollars, for the year 1904.

Sworn to and subscribed before me, this *14*th day of *Jan* 1905. *J. J. Roberts* Post-office *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,

Barlow COUNTY.

I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *John J. Roberts* 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 *30th* day of *Jan* 1905. *G. W. Hendricks* Ordinary *Barlow* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Barlow County.

Personally appears *J. J. Roberts* 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 *18*; that he enlisted in the military service of the Confederate States, (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *D*, of *23*th Regiment of *Ga* Volunteers *Colquitt's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *1st* day of *June* 18*64*, he was wounded, injured or diseased as follows: *Shot through right shoulder, fracturing, rendering the arm useless &c*

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1905. I have heretofore, under said law, as a resident of *Barlow* County, been allowed an invalid pension of *Eighty* Dollars, for the year 1904.

Sworn to and subscribed before me, this *14*th day of *Jan* 1905. *J. J. Roberts* Post-Office *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,

Barlow County.

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

Given under my official signature and seal, this *17th* day of *Jan* 1905. *G. W. Hendricks* Ordinary *Barlow* County.

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

ending October 20th, 1905. I have heretofore, under said law, as a resident of
Barlow County, been allowed an invalid pension of
Dollars, for the year 1904.

Sworn to and subscribed before me, this the

30th day of Jan 1905.

G. W. 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, G. W. Hendricks, Ordinary of said County, do certify that I am well acquainted with John J. Roberts 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 30th day of Jan 1905.

Ordinary Barlow County.

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

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1905. I have heretofore, under said law, as a resident of
Barlow County, been allowed an invalid pension of
Dollars, for the year 1905.

Sworn to and subscribed before me, this the

30th day of Jan 1905.

John J. Roberts

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, G. W. Hendricks, Ordinary of said County, do certify that I am well acquainted with John J. Roberts 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 30th day of Jan 1905.

Ordinary Barlow County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, John J. Roberts, hereby authorize G. W. Hendricks of Barlow County Ga to receive and receipt for the pension paid hereon, and request that he remit same to me by CR at Barlowville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Jan 1907.

Executed in presence of

John J. Roberts [L. S.]

Roberts John J.	
Barlow County	
Case No. 120.	
FOR THOSE ALREADY ENROLLED	
No. 2682	
DISABLED	
SOLDIER'S PENSION	
1907.	
Name	John J. Roberts
County	Barlow
Co.	D
Regiment	28 th Ga
Disability	contracted same
Amount	\$50.00
Year	1907.
JOHN W. LINDSEY,	
Commissioner of Pensions	
WARRANT HANDLED TO	
G.	
W. H. LINDSEY, CLERK, ATLANTA.	

Roberts John J.
Barlow County
 Cons. Section 1907.
 FIVE THOSE ALREADY ENROLLED
 No. *2682*
 DISABLED
SOLDIER'S PENSION
1907.
 Name *John J. Roberts*
 County *Barlow*
 Co. *D* Regiment *28th*
 Disability *Wound in Arm*
 Amount *\$50.00*
 1907.
 JOHN W. LINDEY,
 Commissioner of Pensions
 WARRANT HANDED TO
G.
 Wm. W. H. HANCOCK, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Barlow County.
 Personally appears *J. J. Roberts* 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 *1849*; that he enlisted in the military service of the Con-
 federate States (or of the State of *Georgia*) during the war between the
 States, and served as a *private* in Company *D*, of *28th* Regiment
 of *Georgia* Volunteers *Colquhoun's* Brigade; that whilst engaged
 in such military service in the State of *Georgia*, on the *1st* day
 of *June* 1864, he was wounded, injured or diseased as follows:
Shot in left shoulder and arm
rendering the arm substantially and
essentially useless

Deponent makes application for the pension to which he is entitled for the year
 ending *October 29th* 1907. I have heretofore, under said law, as a resident of
Barlow County, been allowed an invalid pension of
Twenty Dollars, for the year 1906.

Sworn to and subscribed before me, this *5th*
 day of *Feb* 1907. *John J. Roberts*
G. W. Lindsey Ordinary Postoffice

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

State of Georgia,

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

Given under my official signature and seal this *5th*
 day of *Jan* 1907. *G. W. Lindsey*
 Ordinary *Barlow* County.



Note.—Fill all blanks and of Company and Regiment.
 Note.—All vouchers and affidavits must bear date after January 1st, 1907.

That in left shoulder and arm
residing the arm substantially and
essentially maimed

Deponent makes application for the pension to which he is entitled for the year
ending October 28th 1907. I have heretofore, under said law, as a resident of
Barlow County, been allowed an invalid pension of
Twenty Dollars, for the year 1906.

Sworn to and subscribed before me, this the
day of Feb 1907. } John J. Roberts
G. W. Anderson Postoffice

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

State of Georgia,

Barlow County.

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

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

Given under my official signature and seal this 5th
day of Jan 1907



G. W. Anderson
Ordinary Barlow County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1907.

Robert H. Jones
Ballaw

W. H. Jones
1910

INDIGENT PENSION

1909

Name *J. D. Roberts*
County *Barlow*
Co. *A* 8th Regt
Approved _____ 1909

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Claimant will write name of Applicant, Company and Regiment on back as indicated above.
Chas. P. Eyer, State Printer, Atlanta.
9-27-09

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County

John D. Roberts of *Barlow* County

do hereby authorize *John D. Roberts* to receive and receipt for the pension allowed and payable to me.

Witness my hand and seal, this *15* day of *Sept*, 1909.

John D. Roberts
J. D. Roberts

9-29-09

TORNEY.

_____ hereby authorize
 of Barnstable
 that he remit me to _____
 for \$ 200.00
100.00
100.00 (U.S.)

J. B. Roberts
Anderson, P.
Barton Co. Ga

Dist. P. Eyel, State Printer, Atlanta

W. H. Anderson, Ordinary,
of Bartow County,

Every Question MUST Be Answered.

Ordinary's Office
Barlow
Art. Jan 1910

INDIGENT PENSION

1909

Name *J. D. Roberts*
County *Barlow*
Co. *5th* 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.

9-27-09

Every Question MUST Be Answered

1. What has been your occupation since 1865? *Railroaded and farm hand*
2. 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 and poverty*
3. 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 labor and make a support, mostly on account of infirmities and infirmities in later years*
4. What property, real and personal, or income, do you possess, and its gross value? *I have no property or income from property*
5. What property, real or personal, did you possess in 1903, 1904, 1905, 1906, 1907 and 1908, and what disposition, if any, by sale or gift, have you made of same? *I had a small house and lot in Barlowville, Mo. 1907. It has been sold and the money spent and gone.*
6. In what County did you reside during those years, and what property did you then return for taxation? *Barlow*
7. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? *Up to this year managed to support myself in the best way I could*
8. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *Don't know*
9. What was your compensation during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? What pay did you receive in each year? *Nothing, except what little I could make*
10. Have you a family? If so, who composes such family? Give their means of support. Have they a home, or other property? Their ages and how employed? *Have no family. I live with my sister and niece who own a home and let me pay for board and laundry*
11. Are you receiving any pension? If so, what amount and for what disability? *No*
12. Have you ever made an application for pension before? *No*
13. How many applications have you ever made and under what class? *No*

Sworn to and subscribed before me this the *16th* day of *Sept*, 1909.

J. O. Roberts Applicant.
of *Barlow* County.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Barlow County.

Personally came before me *J. F. Caldwell* and *R. E. Adair*, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully *Thomas C. Roberts*, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He suffers from paralysis of the right arm and right leg, and is unable to support himself by his own labor, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the *11th* day of *Sept*, 1909.

J. F. Caldwell Ordinary.
R. E. Adair

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Barlow County.

I, *J. W. Lindsey*, Ordinary, in and for said County, hereby certify that the applicant *J. D. Roberts* resides in said County, and has been a bona fide resident of this State since the *1st* day of *1868*, and that the witnesses, viz: *Dr. R. E. Adair, Dr. A. F. Balcham and others* are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and 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 *\$300.00*, in 1902 *\$465.00*, Dollars of property, and in 1903 *\$1010.00*, Dollars of property; in 1904 *\$20.00*, Dollars of property; in 1905 *\$20.00*, Dollars of property; in 1906 *\$70.00*, Dollars of property; in 1907 *\$70.00*, Dollars of property; in 1908 *\$1020.00*, Dollars of property; in 1909 *\$100.00*, Dollars of property.

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

Witness my hand and seal of office, this *18th* day of *Sept*, 1909.

J. W. Lindsey 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.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Cherokee County.

R. L. Morlock of said State and County, having been presented as a witness in support of the application of *Thomas C. Roberts* for pension under section 1254, Code, 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? *R. L. Morlock, Torrey, Ala.*
2. Are you acquainted with *Thomas C. Roberts*, the applicant; if so, how long have you known him? *Known him all my life*
3. Where does he reside, and how long and since when has he been a resident of this State? *Barlow County, Mo. since about 1865.*
4. When, where and in what company and regiment did he enlist, and how do you know? *Enlisted about the same time in Union Cavalry*
5. Were you a member of the same company and regiment? *No*
6. How long did he perform regular military duty? *Until close of the war.*
7. When and where was his command surrendered? *In 1865 at Washington*
8. Were you present when it surrendered? *Yes*
9. Was applicant present? *Yes*
10. If he was not present, where was he? *No*

When did he leave his command? *No* For what cause? *No*

By what authority he left? *No* How do you know all of this? *No*

11. What property, effects or income has the applicant? (Give your means of knowledge.) *Nothing. Personal rather knowledge*
12. What property, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909? *None*
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? *No*
14. What is the applicant's occupation and physical condition? *Tries to farm. He is diseased and unable to work*
15. Is the applicant unable to support himself by labor of any sort; if so, why? *Yes, on account of age & disease*
16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? *Lives with his sister*
17. What portion of his support for these four years was derived from his own labor or income? *His services with very little, not able to work*
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. *Don't know except as above stated*
19. Who composes family? What property have they? Children's ages and their earning capacity? *No family*
20. What interest have you in the recovery of a pension by this applicant? *None*

Sworn to and subscribed before me, this the *16th* day of *Sept*, 1909.

R. L. Morlock Witness.

J. W. Lindsey, Judge of Probate, Cherokee Co., Ala.
I declare that this applicant is known to me, and that he is a person of integrity and respect.
J. W. Lindsey, Judge of Probate.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Bartow County, Ordinary, in and for said County, hereby certify that the applicant I. O. Roberts resides in said County, and has been a bona fide resident of this State since the day of 1868 and that the witnesses, viz: Dr. R. E. Adams, Dr. A. J. Baltham and others are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Bartow County shows that applicant returned for taxation in his name in 1901 \$200.00 in 1902 \$465 Dollars of property, and in 1903 \$1010 Dollars of property; in 1904 \$20 Dollars of property; in 1905 \$80 Dollars of property; in 1906 \$70 Dollars of property; in 1907 \$35 Dollars of property; in 1908 \$120 Dollars of property; in 1909 \$100 Dollars of property.

In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this 18th day of Sept, 1909.

G. W. Hendricks Ordinary, of Bartow 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.

8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was not present, where was he? X
- When did he leave his command? X For what cause? X
- By what authority he left? X How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge) Sat nothing. Personal rather than knowledge.
12. What property, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909? None

- and what disposition, if any, did he make of same? X
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? No

14. What is the applicant's occupation and physical condition? Tras to farm. He is diseased and not able to work.

15. Is the applicant unable to support himself by labor of any sort; if so, why? Yes - on account of age & disease.

16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? Lives with his sister.

17. What portion of his support for these four years was derived from his own labor or income? His services worth very little, not able to work.

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. Don't know except as above stated.

19. Who composes family? What property have they? Children's ages and their earning capacity? No family.

20. What interest have you in the recovery of a pension by this applicant? None
- Sworn to and subscribed before me, this 18th day of Sept, 1909.

J. D. Davay, Judge of Probate, Cherokee Co., Ala.
I declare under oath that the foregoing is known to me, and that it is a person of integrity and honest.
J. D. Davay, Judge of Probate.

COURT OF ORDINARY BARTOW COUNTY G. W. HENDRICKS, ORDINARY.



CARTERSVILLE, GA., Sept. 27th, 1909.

To: J. W. Lindsey, State Pension Commission:
I deem it right and proper in behalf of I. O. Roberts to state that the property returned by him for taxation almost all of it is in fact not his and never has been. It is this way, he has a niece to whom this property belongs, and she is a spendthrift. Her father and mother both dead. This property was put in her uncle's name I. O. Roberts, applicant for pension, to prevent its being unclaimed and squandered by his niece. This niece, and the I. O. Roberts and her Aunt all live on the property. I. O. Roberts and his sister keep their niece with them, & they all live together on the niece's property, the name that for the above purpose has been put in the name of I. O. Roberts and he returns it for taxes in his name. I. O. Roberts is a worthy fellow and I thought it proper and right for me to make this statement. He is a poor man, a bachelor and his health is bad. He is personally known to me and knowing his condition and circumstances generally I can recommend the approval of his application.
The property which it is a small plot of land near the home of the deceased.
G. W. Hendricks Ordinary

a deed is right and proper in respect of J. O. Roberts to state
that the property returned by him for taxation almost all
of it is in fact not his and never has been. It is this
way, he has a niece to whom this property belongs, and she
is a spendthrift. Her father and mother both dead. This
property was put in her uncle's name J. O. Roberts, appli-
cant for permission, to prevent its being unencumbered and
squandered by his niece. This niece, and J. O. Roberts and
her Aunt all live in the property. J. O. Roberts and
his sister keep their niece with them, so they all
live together in the niece's property, the same that
for the above purpose has been put in the name of
J. O. Roberts and he returns it for taxes in his
name. J. O. Roberts is a worthy fellow and
I thought it proper and right for me to make
this statement. He is a poor man, a bachelor
and his health is bad. He is personally known
to me and knowing his condition and circumstances
generally I can recommend the approval of his appli-
cation.

Yours Truly

The property where it is a small
farm with some corn, fruit &c.

Geo Henderson Ordinary

Bartholomew Co
Bartholomew Co
July 1912

Inds Co. 4th
No. *4th Co.*
scale notes
+
Confederate

Soldier's Application.

UNDER ACT 1910.

County *Bartholomew*
Name *J. B. Rogers*
Company *"E"*
Regiment *4th Ga State Troops*

Approved
ENTERED ROSTER OFFICE
J. W. LINDSEY,
Commissioner of Pensions.

ERO
36

CHAS. P. BYRD, State Printer, Atlanta.

11/4/11

1919-1911

Name J. L. Rogers
 Company E
 Regiment 4th Ga. State Troops
 Approved
 ENTERED ROSTER OFFICE
 J. W. LINDSEY,
 Commissioner of Pensions.
 CHAS. P. BYRD, State Printer, Atlanta.
 11/9/11
 1911-1911

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Bartow County.

Joseph C. Rogers of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with the testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office) Joseph C. Rogers, Bartow, Bartow County, Ga.
2. How long and since when have you been a contiguous resident citizen of this State? have been in Georgia since 1862
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Organized Militia of Georgia
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Oct 12 1861, Bartow, Ga. Co. 4th Ga. State Troops
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) March 12 1862
6. When and where was your Company and Regiment surrendered or discharged from the Service? We were mustered out May 12 1862
7. Were you actually present with your Command when it was surrendered or discharged? Yes
8. If you were not actually present, state specifically and clearly where you were in the prison when we were mustered out.
Where was your Command when you left it? I came home and was detailed by the Confederate Government
9. When did you leave the Command? to work on the Railway
10. For what cause did you leave? mills near Bartow, Ga.
11. By whose authority did you leave? Bartow County, Ga.
12. For how long was your leave granted? In what month, which place
13. Why did you not return to your Command after leave expired? the mills were captured
14. In what way were you prevented? and took
15. What effort did you make to return? no
16. Were you captured during the war? no
17. If so, when, and where? In what prison were you held and when were you released?

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? Land and the mortgage on it, worth about \$500 or I would like to sell it for that or some less. Saw House about \$200

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? None

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list) Land and the mortgage on it, worth about \$500 or I would like to sell it for that or some less. Saw House about \$200

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? Do not know, but it is very small

13. Are you drawing a pension of any amount from this State or the United States? No

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed Before me, this the 26 day of Oct 1911
James Anderson Ordinary,
 of Bartow County.

Soldier's Application.
 UNDER ACT 1910.
 Confederate
 +
 1911-1911

Name Joseph C. Rogers
 Company E
 Regiment 4th Ga. State Troops
 Approved
 ENTERED ROSTER OFFICE
 J. W. LINDSEY,
 Commissioner of Pensions.
 CHAS. P. BYRD, State Printer, Atlanta.
 11/9/11
 1911-1911

c. For what cause did you leave? *in the State of Georgia*
d. By whose authority did you leave? *Barlow County, Ga*
e. For how long was your leave granted? In what month, place, and year? *I was in the State of Georgia in the month of March, 1908*
f. Why did you not return to your Command after leave expired? *in 1908*
g. In what way were you prevented?
h. What effort did you make to return?
i. Were you captured during the war?
j. If so, when, and where? In what prison were you held and when were you released?
9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? *Land in the State of Georgia, with a house about 10000. I would like to sell it for that or more. Two horses about \$800.*
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? *None*
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list) *Land in the State of Georgia, with a house about 10000. I would like to sell it for that or more. Two horses about \$800.*
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? *Do not know, but it is very small.*
13. Are you drawing a pension of any amount from this State or the United States? *No*
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? *No*
Sworn to and subscribed before me, this the *26th* day of *Oct*, 1911, *J. L. Rogers* Ordinary, *Barlow* County.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Cobb County.
M. L. Green of said State and County is hereby presented as a witness in support of the application of *Joseph C. Rogers* for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows:
1. What is your name and where do you reside?
M. L. Green, Marietta, Ga
2. How long and since when have you known *Joseph C. Rogers* the applicant?
Ever since October 1861
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know?
Cobbville, Bartow Co., ever since I know him
4. When, where and in what Company and Regiment did *Joseph C. Rogers* enlist during war from 1861 to 1865? (Give date and place)
Oct 31, 1861, Atlanta, Ga. 4th Regt. Inf. of Ga. Co. F Regiment, along with applicant
5. How did you obtain your information of this Service?
From Co. F Regiment, along with applicant
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date)
Six months
7. When and where was his Command surrendered or discharged (give date and place)
May 1, 1862, Surrendered to Union forces
8. Were you personally present at the Surrender?
Yes
9. If not, where were you and how came you there?
Yes, I was present
10. Was the applicant personally present with his Command at surrender?
Yes
11. If not where was he and how came him there?
He had enlisted for 6 months & was mustered out of service
12. When did he leave his Command? Where was his Command when he left it? for what cause did he leave?
By whose authority did he leave? and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)
13. In what way was he prevented from returning to his Command? How do you know?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner? If so, when and where? In what prison was he held? and when released?
Sworn to and subscribed before me, this the *31st* day of *Oct*, 1911, *M. L. Green* Ordinary, *Cobb* County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Barlow County.
Personally before me comes *R. J. Donahoe & J. M. Ferguson* who on oath says that they are freeholders residing in said County and we know *Joseph C. Rogers* the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make list by items and value)
Land in the State of Georgia, with a house about 10000. I would like to sell it for that or more. Two horses about \$800.
1. What property, if any, has been disposed of by the applicant since 4 Nov. 1908? (State it fully by items.) *None*
2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full value?
Sworn to and subscribed before me, this the *26th* day of *Oct*, 1911, *R. J. Donahoe* Ordinary, *Barlow* County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cobb County.
J. M. Green Ordinary of said County, certify that I know the applicant *Joseph C. Rogers* for Pension is the person he represents himself to be and resides in said County. That I also know *M. L. Green* the witness swearing to the service and *J. M. Green* who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavits and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of *Joseph C. Rogers* shows that *and wife* value for tax is in 1908 \$ *10000* for 1909 \$ *10000* for 1910 \$ *10000*
Sworn under my hand and official seal of office this *31st* day of *Oct*, 1911, *J. M. Green* Ordinary, *Cobb* County.
NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Freeholders unnecessary.

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Six Months

7. When and where was his Command surrendered or discharged (give date and place) May 1st 1862. Surrendered at Uniontown, Ga.

8. Were you personally present at the Surrender? Yes

9. If not, where were you and how came you there? Yes I was present

10. Was the applicant personally present with his Command at surrender? Yes

11. If not where was he and how came him there? The last soldier for 6 months & was mustered out of service & returned

12. When did he leave his Command? _____ Where was his Command when he left it? _____ for what cause did he leave? _____

By whose authority did he leave _____ and how long was he granted leave? _____ How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) _____

13. In what way was he prevented from returning to his Command? _____ How do you know? _____

14. What effort did he make to return to his Command and how do you know? _____

15. Was applicant captured as a prisoner? _____ If so, when and where? _____ In what prison was he held? _____ and when released _____

Swear to and subscribed before me, this the 31 day of Oct 1911 John L. Green Ordinary of Cobb County.

1864 day of Oct 1911. John L. Green Ordinary of Bartow County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, County. Cobb

Ordinary of said County, certify that I know the applicant John L. Green for Pension is the person he represents himself to be and resides in said County. That I also know W. L. Green the witness swearing to the service and _____ who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of _____ shows that _____ and wife value for tax is in 1908 \$ _____ for 1909 \$ _____ for 1910 \$ _____

Sworn under my hand and official seal of office this 31 day of Oct 1911. John L. Green Ordinary of Cobb County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God?"

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

3. All affidavits must be made before the Ordinary and certified by him.

4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

NAME Rogers, Joseph C. YEAR 1912 COUNTY Bartow

WHEN AND WHERE BORN? Resident of Georgia, since 1848.

ENLISTED WHEN AND WHERE? Oct. 31, 1861, Savannah, Georgia, (Organized Militia of Georgia.)

RANK _____

COMPANY AND REGIMENT? Co. E. 4th. Regt. State Troops. (Served 6 months in this Co. & Regt.)

NAME OF CAPTAIN AND COLONEL? _____

WOUNDED? _____

CAPTURED, WHEN AND WHERE? _____

RELEASED. _____

WHEN AND WHERE SURRENDERED? Mustered out May 1, 1862. At Savannah, Ga. Applicant was present.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Came home and was detailed by the Confederate Govt. to work at the Rolling Mills near Cartersville, Ga., in Bartow County at which place he worked until the Mills were captured in 1864.

DIED, WHEN AND WHERE? _____

BURIED, _____

WITNESSES. N. L. Green --- Same Command --- No data. John Baker --- Personal Knowledge ---

Georgia, Bartow County. Personally came before me, John Baker of Bartow County, who in oath says that he knows of his own personal knowledge that J. C. Rogers was detailed by the War Department in the Summer of 1862 to work in the Rolling Mills near Cartersville Bartow County Georgia for the Government of the Confederate States, at which place he worked till the Summer of 1864. When the Enemy overran the County and captured the Rolling Mills and burned them up. Sworn to and subscribed before me, this the 31 day of Nov 1911 John L. Green Ordinary of Bartow County, Ga.

Georgia Barton County.
 Personally came before me. John Barker
 of said County, who in oath says that
 he knows of his own personal knowl-
 edge that J. B. Rogers was detailed
 by the War Department in the Summer
 of 1862 to work in the Rolling Mills
 near Bartonsville Barton County
 Georgia for the Government of the
 Confederate States, at which place
 he worked till the Summer of 1864,
 when the Enemy overran the County
 and captured the Rolling Mills and
 burned them up.
 Sworn to and Subscribed John X Barker
 before me Nov. 2nd 1911 *his mark*
 Geo. H. Anderson
 Ordinary Barton
 County Ga

ADMITTED WHEN AND WHERE? Oct. 31, 1861, - Savannah, Georgia.
 (Organized Militia of Georgia.)

RANK

COMPANY AND REGIMENT? Co. M. 4th. Regt. State Troops.
 (Served 6 months in this Co. & Regt.)

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Mustered out May 1, 1862, At Savannah, Ga.
 Applicant was present.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Came home and was detailed to
 the Confederate Govt. to work
 at the Rolling Mills near Ga-
 tersville, Ga., in Barton Co.
 at which place he worked until
 the Mills were captured in
 1864.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. M. L. Green, --- Same Command --- No date
 John Baker, --- Personal Knowledge ---

etc.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA.

COUNTY

I, Walter D. Rogers

know Mrs. Margaret Rogers

the applicant for this pension, and that she is the

person who represents herself as such, and that she is a bona fide continuing resident of said County and was

on the 28 day of April 1916

That I also know Mrs. Margaret Rogers

witness as to marriage, and I also know

that both 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.

Sworn under my hand and official seal of office the 28 day of April 1916

(SEAL)

Walter D. Rogers Ordinary.

Bartow County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following manner:

"You do solemnly swear that you will true answers make to each of the questions asked you and the witness

and that you will not be influenced by any person or persons in the giving of your answers."

2. The Ordinary must be sworn before the Ordinary of the county of residence.

3. The Ordinary must be sworn before the Ordinary of the county of residence.

4. Each applicant must be made before the Ordinary of the county of residence.

5. Each applicant must be made before the Ordinary of the county of residence.

6. Each applicant must be made before the Ordinary of the county of residence.

7. Each applicant must be made before the Ordinary of the county of residence.

8. Each applicant must be made before the Ordinary of the county of residence.

9. Each applicant must be made before the Ordinary of the county of residence.

10. Each applicant must be made before the Ordinary of the county of residence.

11. Each applicant must be made before the Ordinary of the county of residence.

12. Each applicant must be made before the Ordinary of the county of residence.

13. Each applicant must be made before the Ordinary of the county of residence.

14. Each applicant must be made before the Ordinary of the county of residence.

15. Each applicant must be made before the Ordinary of the county of residence.

16. Each applicant must be made before the Ordinary of the county of residence.

17. Each applicant must be made before the Ordinary of the county of residence.

18. Each applicant must be made before the Ordinary of the county of residence.

19. Each applicant must be made before the Ordinary of the county of residence.

20. Each applicant must be made before the Ordinary of the county of residence.

21. Each applicant must be made before the Ordinary of the county of residence.

22. Each applicant must be made before the Ordinary of the county of residence.

23. Each applicant must be made before the Ordinary of the county of residence.

24. Each applicant must be made before the Ordinary of the county of residence.

25. Each applicant must be made before the Ordinary of the county of residence.

26. Each applicant must be made before the Ordinary of the county of residence.

27. Each applicant must be made before the Ordinary of the county of residence.

Rogers, Margaret
28 April 1916
No. Bartow County
E-60

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—
As Amended by Act of 1919.

County Bartow
Name Margaret Rogers
Widow of J. E. Rogers 1916
Company
Regiment 1st Fla. Regt
Approved 607

ALL 1911 Bartow County
Margaret Rogers
and Bartow County
1916
J. W. LINDSEY,
Commissioner of Pensions.
Bartow Printing Co., State Printers, Atlanta.

10-29-1919

4

2

3

shall be

10-29-1919

6

Barlow, COUNTY

That I also know H. K. Donohoe witness as to marriage, and I also know

Sworn under my hand and official seal of office this 21st day of Dec 1941

(SEAL.

NOTES:

1. Before any question is 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 of the county of residence.
4. Only widows who married prior to first January, 1897 are entitled.
5. Attached 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 he made no proof of service and was not required to do so.

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—
As Amended by Act of 1919.

County Barlow

Name Margaret Rogers

Widow of J. K. Rogers

Company L. H. G. B. Co.

607

294 460

Dec 1911 Barton County

19613 collected 9.6.1961

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-29-1919

Rogers, Margaret
11 Aug 20
No. Bartow County
E-60

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.
 As Amended by Act of 1919.

County *Bartow*
 Name *Margaret Rogers*
 Widow of *J. B. Rogers* 1916
 Company *1st Ga. Regt.*
 Regiment *607*
 Approved *122 460*

1911 Bartow County
1911
J. W. LINDSEY,
Commissioner of Penitents,
Bord Prison Co., State Prison, Atlanta.

10-29-1919

9-12-1961

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,
Bartow COUNTY }

Personally before me comes *Mrs. Margaret Rogers* of said County,
 who, after being duly sworn, says that she is the widow of *J. B. Rogers*
 to whom, in the County of *Bartow* State of *Ga.* she was married on
 the *24* day of *Aug* 1874 and that she remained his wife, and resided with him to the
 date of his death in *May* 1916 and that she has not since his death remarried. At
 the time of his death he was a resident of *Bartow* County, in said State
 of Georgia, and he was on the *Indigent* Pension Roll of the State and paid a pension
 of \$ *60* in *Bartow* County for 1916 per annum, on account of being a soldier in
 Company *C* Regiment *1st Ga. Regt.* (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of *Bartow* and she
 has continuously resided since *20* day of *Aug* 1867

Sworn to and subscribed before me, this the
23rd day of *Apr* 1919
G. W. Nims Ordinary *Mrs. Margaret Rogers*
 of *Bartow* County

(SEAL)

Affidavit of Witnesses to Prove Marriage and to Whom.
Date of Death of Husband

STATE OF GEORGIA,
Bartow COUNTY }

Personally before me comes *H. M. Donahoe* known to be
 responsible and truthful persons, residing in said County, who after having been duly sworn, say: that
 of their own personal knowledge *Mrs. Margaret Rogers* who made the foregoing
 affidavit, is the lawful widow of *J. B. Rogers* who died in *Bartow*
 County in said State of *Ga.* on *6* day of *May* 1916
 and that she has not since remarried. That she became the wife of *J. B. Rogers* on
 the *24* day of *Aug* 1874 and that she and he had resided together as man and
 wife continuously since *24* day of *Apr* 1874 and that the *he* was
 the same man who was on the pension roll of said State from *Bartow*
 County *Bartow* when he died.

Sworn to and subscribed before me, this the
23rd day of *Apr* 1919
G. W. Nims Ordinary *H. M. Donahoe*
 of *Bartow* County

(SEAL)

That she is now a bona fide resident citizen of said County of Bartow and she
has so continuously resided since 20 day of Aug 1867
Sworn to and subscribed before me, this the
23rd day of Sept 1919
Wm Nindrick Ordinary Mrs Margaret Rogers
of Bartow County.
(SEAL)

**Affidavit of Witnesses to Prove Marriage and to Whom.
Date of Death of Husband**

STATE OF GEORGIA,
Bartow COUNTY
Personally before me comes H M Fincham known to be
responsible and truthful persons, residing in said County, who after having been duly sworn, say: that
of their own personal knowledge Mrs Margaret Rogers, who made the foregoing
affidavit, is the lawful widow of J S Rogers who died in Bartow
County in said State of Fla on 8 day of May 1916
and that she has not since remarried. That she became the wife of J S Rogers
on the 24 day of Sept 1874 and that she and he had resided together as man and
wife continuously since 24 day of Sept 1874 and that the he was
the same man who was on the pension roll of said State from Bartow
County Barlowville Ga when he died.
Sworn to and subscribed before me, this the
23 day of Sept 1919
Wm Nindrick Ordinary H M Fincham
of Bartow County.
(SEAL)

To order to call unnecessary persons to apply, and to enable all persons interested to understand the law granting allowances to disabled soldiers, as well as the time assigned by the Government for the payment provided, the following regulations are submitted.

First, if an applicant has been wounded, the description of the wound should be carefully and fully set out in the application, and the date of the injury should be given, together with the nature and extent of the disability. If applicant claims disability from a plain statement of facts showing the extent of the disability, the date of the injury, and the nature of the disability, the application will be accepted, and the history of the disease should be given, tracing the disability by positive proof in the form of affidavits, and the two makes no allowance for an arm or leg, unless the arm or leg has been rendered unadaptable.

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

4. The application must be for a wounded leg; it would seem to be a fair interpretation of the Act, and the words above quoted, to require the applicant to show that the leg is "substantially and essentially useless."

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

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

7. Three-fifths of the several counties are specially empowered to call the attention of the physicians and applicants to these points.

No. 1666.

APPLICATION FOR ALLOWANCE

FOR

General Dir. Marine
Applicant, J. J. Rogers
County Barlow
Amount 50

Amount 150

Date of Warrant *Mich 28*

Date of Warrant: 7/22/20

Entered on record

March 28 1889

W.A.C.

SECRETARY EXECUTIVE DEPARTMENT

Ans 4 +

Q. M. Foul

Amount 50
Date of Warrant *March 28*
Entered on record *March 28 1889*
W.H.H.
SECRETARY EXECUTIVE DEPARTMENT.

Arm & Leg

to enable all parties interested to understand the rules adopted by the Governor touching the of the wound should be carefully and fully set forth in the application, and the extent of the disability, by positive proofs as the service. The arm or leg has been rendered substantially useless, unless the applicant is a citizen of the State, and the limb must be for all to be a fair construction of the Act, and the is required to require the constant use of crutch or stick, is added to any of the affidavits, the amendments must show that the amendments have of the county of the residence of the applicant, needed to call the attention of the physicians

NOTES.

- In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted.
1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
 2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
 3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
 4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
 5. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
 6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.
- The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Bartow County.

PERSONALLY appears *J. J. Rogers* of *Bartow* county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the *10th* day of *July* 1844; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *Private* in Company *A*, of *26th* Regiment of *Miss.* Volunteers *Chickamauga* Brigade; that whilst engaged in such military service, at the battle of *Perryville* in the State of *Kentucky* on the *9* day of *Oct.* 1862, he was wounded as follows: *Shot with a minnie ball extending the left hand and destroying the use of the middle finger. He contracted Chronic Rheumatism during the service which grows worse till he is entirely unable and permanently incompetent to do any manual labor whatever and cannot go without sticks.*

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year thereunder ending October 26, 1889. Sworn to and subscribed before me, this the *10* day of *March* 1889, *Gratinducth Ordinary*

NOTE: State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
Sworn to as amended.
March 20. 1889
Gratinducth Ordinary
Commissioned Officer's Affidavit.

STATE OF GEORGIA,

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

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

Rogers, J. J.
Bartow Co.,
No. *10666*,
APPLICATION FOR ALLOWANCE
FOR
General Dis. Disease
Applicant, *J. J. Rogers*
County *Bartow*
Amount *50*
Date of Warrant *March 28*
Entered on record *March 28 1889*
W.H.H.
SECRETARY EXECUTIVE DEPARTMENT.
Arm & Leg

Samuel
Gov. Hendricks
Ordinary

Rogers, D. J.
Canton Co.
1891

No. *1070*

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

BY
Dissolution License
Applicant, *J. Rogers*
County, *Butler*
Amount, \$*50*
Date of Warrant, *July 26, 1891*
Entered on record

1891

NH

WILLIAM HAYDEN, Jr.
N. S. Wright
SECRETARY EXECUTIVE DEPARTMENT.

Wm. C. Burleigh - State Printer, ALBANY, N.Y.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barlow County,
PERSONALLY appears J. F. Rogers 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 Feb 1864; that he enlisted in the military service of the Con-
federate States (or of the State of _____) during the war between the
States, and served as a private in Company E, of 26th Regiment
of Mississippi Volunteers Buckner's Brigade; that whilst engaged
on such military service at the battle of Emoryville, Ky in the State
of Ky on the _____ day of Nov 1862, he was
wounded as follows: slight at the battle of Buckmans
Forge, Sept. 19, 1862. that he contracted
Phlegmatitis, which became chronic and re-
sulted in such a manner that he is now rendered
permanently unable to do manual labor

Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is entitled
for the year ending October 26, 1891. I have heretofore been allowed a pension of
Twenty dollars, for 1884 & 1885.

Sworn to and subscribed before me, this, the _____ day of Feb 1891, }
W. W. Bucknuck Ordman } J. F. Rogers

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

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Barlow } County. }
Know all Men by these Presents, That I, J. J. Rogers
of Barlow County, State of Georgia, do hereby appoint
of Atlanta Ga my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military service
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing
my said attorney to receipt in my name for any Warrant that may be issued by the Governor,
nor, 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
14 day of Feb 1891.
J. J. Rogers [L. S.]
Executed in the presence of us:
J. H. Hollings
Chas. Kendrick Admiral
DEED OPTION.
Send money to me as follows, by Cheek on Howard Bank
Carleville Ga to Cash Station P. O.
Barlow County, Georgia.
J. J. Rogers

day of March 1891. Thomas J. Rogers
From Bartow Co. Ga.
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA

Bartow County.

KNOW ALL MEN BY THESE PRESENTS, That I, Thomas J. Rogers

County, in said State, do hereby appoint

of Atlanta Ga

my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; 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

3rd day of Feb 1899

Executed in the presence of us:

J. S. Anderson
W. H. Harrison

Send money to me as follows, by Express

Bartow

County, Georgia.

Thomas J. Rogers

P. O.

day of March 1891. Thomas J. Rogers
From Bartow Co. Ga.
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I, Thomas J. Rogers

of Bartow County, State of Georgia, do hereby appoint

of Atlanta Ga

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

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

14 day of Feb 1891.

Executed in the presence of us:

J. H. Hall
W. H. Harrison

Send money to me as follows, by Check on Howard B.

Bartow Co Ga

Bartow

County, Georgia.

Thomas J. Rogers

P. O.

STATE OF GEORGIA.

Bartow County.

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

Given under my official signature and seal, this 3 day of March 1892.

W. H. Harrison

Ordinary Bartow

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I, Thomas J. Rogers

of Bartow County, State of Georgia, do hereby appoint

of Bartow Co Ga

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

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

3rd day of March 1893.

Executed in the presence of us:

W. H. Harrison
W. H. Harrison

Send money to me as follows, by

to

P. O.

County, Georgia.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name J. J. Rogers

County Bartow

Disability Discharge

Amount \$ 250

Entered on record Met

1892.

W. H. HARRISON,

Secretary of the Department.

AGENT.

W. H. Harrison

One W. H. Harrison, State Printer, Atlanta, Ga.

1893
Application for Allowance
Name J. J. Rogers
County Bartow
Disability Discharge
Amount \$ 250
Date of Receipt 3rd
Date of Payment 3rd
Entered on record Met
1893.
W. H. HARRISON
Secretary of the Department.

SOLDIERS' PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name *Thos. J. Rogers*
 County *Barlow*
 Disability *Disfigure*
 Amount, \$ *250*
 Entered on record *Met*
 1892.
 W. H. HARRISON,
 Secretary of the Department
 AGENT.
W. H.

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

Application for Allowance

1892
Rogers, T. J.
Barlow
Disfigure
250
Met
 1892.
 W. H. HARRISON,
 Secretary of the Department
 AGENT.
W. H.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

PERSONALLY appears *Thos. J. Rogers*
 of *Barlow* County, State of Georgia, who, being duly sworn, says
 on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
 since the day of *February* 1844; that he enlisted
 in the military service of the Confederate States (or of the State of)
 during the war between the States, and served as a *Private* in Company *K*,
 of *26* th Regiment of *Miss* Volunteers *Bushner's*
 Brigade; that whilst engaged in such military service at the battle of *Perryville*
 in the State of *Kentucky*, on the *8* day of *October*, 1862, he was wounded as follows: *He was shot*
in the left hand and at the battle of Crank's Run, Sept
17, 1863, he was shot through the right arm below the
elbow, and from the service there
males in which became chronic, and in account of
which he is now totally unable to do any
kind of manual labor.
 Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and
 the acts amendatory thereof, and makes application for the allowance to which he is entitled for
 the year ending October 26, 1892. I have heretofore been allowed a pension of
fifty Dollars for *three* years.

Sworn to and subscribed before me this *5th* day of *March* 1892.
G. W. Neudrick Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

Know all Men by these Presents, That I, *Thos. J. Rogers*
 of *Barlow* County, State of Georgia, do hereby appoint *Wm. N. C. Wright*
 of *Atlanta* my true and lawful attorney in fact, for
 me and in my name, to receive and receipt for whatever amount of money I may be entitled to
 from the State of Georgia by reason of the injury received as aforesaid in the military service of
 the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing
 my said attorney to receipt in my name for any Warrant that may be issued by the Governor,
 or for any sum of money which may be coming to me for the reason aforesaid.
 IN WITNESS WHEREOF, I have hereunto set my hand and seal this *3* day of *March* 1892. *T. J. Rogers* [L. S.]

Executed in the presence of us:
K. M. Gentry
G. W. Neudrick
 Send money to me as follows, by *Chas. H. Statton* P. O.
Barlow County, Georgia.
Th. J. Rogers

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

PERSONALLY appears *Thos. J. Rogers* 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 *April* 1844; that he enlisted in the military service of the Con-
 federate States (or of the State of) during the war between the
 States, and served as a *Private* in Company *K*, of *26* th Regiment
 of *Miss* Volunteers *Bushner's* Brigade; that whilst engaged in
 such military service at the battle of *Perryville* in the State
 of *Kentucky*, on the *8* day of *October*, 1862, he was
 wounded as follows: *He was shot in the left hand and at the battle of Crank's Run, Sept*
17, 1863, he was shot through the right arm below the
elbow, and from the service there
males in which became chronic, and in account of
which he is now totally unable to do any
kind of manual labor.
 Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and
 the acts amendatory thereof, and makes application for the allowance to which he is entitled for
 the year ending October 26, 1892. I have heretofore been allowed a pension of
fifty dollars, for *three* years.

Sworn to and subscribed before me, this, *5th* day of *March* 1892.
G. W. Neudrick Ordinary.

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

STATE OF GEORGIA,

Barlow County.

I, *G. W. Neudrick* Ordinary of said County,
 do certify that I am well acquainted with *Thos. J. Rogers* the
 applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
 said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
 dividual he represents himself to be, and that he resides in this County.

I further certify that
 before whom the foregoing affidavits were made and power of attorney was signed, is a
 of said County, and the said affidavits and
 signatures thereto are genuine.
 Given under my official signature and seal, this *20* day of *March* 1892.
G. W. Neudrick Ordinary *Barlow* County.

STATE OF GEORGIA
 POWER OF ATTORNEY

day of March 1892.
G. W. Hendricks Ordinary.
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

Know all Men by these Presents, That I,

Thos. J. Rogers
of Barlow
County, in said State, do hereby appoint Hon. W. A. Wright

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 3 day of March 1892. T. J. Rogers [L. S.]

Executed in the presence of us:

R. M. Gardner
G. W. Hendricks Ordinary.

DIRECTION.

Send money to me as follows, by

to Chas. H. Rogers P. O.

Barlow County, Georgia.

37 1/2 Rogers

day of March 1893.
G. W. Hendricks Ordinary.
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Barlow County.

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

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

I further certify that

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

Given under my official signature and seal, this 28 day of March 1893.

G. W. Hendricks Ordinary Barlow County.

STATE OF GEORGIA

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

Know all Men by these Presents, That I,

Thos. J. Rogers
of Barlow
County, State of Georgia, do hereby appoint G. W. Hendricks

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6 day of March 1894. Thos. J. Rogers [L. S.]

Executed in the presence of us

J. W. Rogers
W. A. Rogers

DIRECTIONS.

Send money to me as follows, by

to _____ P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

KNOW ALL MEN BY THESE PRESENTS, That I, Thos. J. Rogers

County, State of Georgia, do hereby appoint G. W. Hendricks

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28 day of March 1895. Thos. J. Rogers [L. S.]

Executed in presence of us

R. M. Rogers
W. A. Rogers

DIRECTIONS.

Send money to me as follows, by

to _____ P. O.

County, Georgia.

Rogers, Thomas J.
Barlow Co.

(For Those Already Enrolled.)

No. 107

Soldier's Pension.

1894.

Name Thos. J. Rogers
County Barlow
Disability Phimatic
Amount, \$ 300
301

1894.
W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDLED TO
G. W. Hendricks
W. H. H.

Rogers, T. J.
Barlow Co.

(For Those Already Enrolled.)

No. 978

SOLDIER'S PENSION.

1895.

Name T. J. Rogers
County Barlow
Disability Phimatic
Amount, \$ 100
914

1895.
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDLED TO
W. H. H.
W. H. H.

Regier, Thomas J.
Bartow Co.

(For Those Already Enrolled.)

No. 107

Soldier's Pension.

1894.

Name *Thos. J. Rogers*
County *Bartow*
Disability *Chumel's*
Amount, \$ *700*
321

1894.

W. H. HARRISON,

Secretary Executive Department.

WRASANT HAND TO

J. O. Hendricks

Gen. W. Harrison, War Pension Office.

Mc Lee

Regier, T. J.

Bartow Co.

(For Those Already Enrolled.)

No. 998

SOLDIER'S PENSION.

1895.

Name *T. J. Rogers*
County *Bartow*
Disability *Chumel's*
Amount, \$ *100*
314

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARDANT HAND TO

Mc Lee

Gen. W. Harrison, War Pension Office.

Mc Lee

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Bartow County.

PERSONALLY appears *Thos. J. Rogers* of *Bartow* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *26th* day of *July* 1864; that he enlisted in the military service of the Confederate States (or of the State of *Florida*) during the war between the States, and served as a *private* in Company *R*, of *36th* Regiment of *Miss* Volunteers *Buckner's* Brigade; that whilst engaged in such military service at the battle of *Pepper* in the State of *Florida*, on the *9th* day of *October* 1862, he was wounded as follows: *shot through the left hand and also in the back of the shoulder, shot the small bone out of right arm below the elbow. Applicant contracted inflammation in the continuity campaign, applicant is now in receipt of said inflammation, totally unable to do any amount of any kind of manual labor, being confined, helpless in his home, all of which is the result of the service in the war.*

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

Sworn to and subscribed before me, this, *Thos. J. Rogers* day of *March* 1894. *mark*

W. H. Harrison Ordinary

STATE OF GEORGIA.

Bartow County.

I, *W. H. Harrison* Ordinary of said County, do certify that I am well acquainted with *Thos. J. Rogers* 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 *March* 1894.

Attest your seal here

W. H. Harrison Ordinary *Bartow* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Bartow County.

PERSONALLY appears *T. J. Rogers* of *Bartow* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *26th* day of *January* 1845; that he enlisted in the military service of the Confederate States (or of the State of *Florida*) during the war between the States, and served as a *private* in Company *R*, of *36th* Regiment of *Miss* Volunteers *Buckner's* Brigade; that whilst engaged in such military service at the battle of *Pepper* in the State of *Florida*, on the *9th* day of *October* 1862, he was wounded as follows: *also in the battle of Pepper, 19th Oct-8th 1862, from these wounds inflammation set in, that he is not able to do any amount of any kind of labor and is confined at home helpless.*

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

Sworn to and subscribed before me, this, *T. J. Rogers* day of *Feb* 1895. *mark*

W. H. Harrison Ordinary

STATE OF GEORGIA.

Bartow County.

I, *W. H. Harrison* Ordinary of said County, do certify that I am well acquainted with *T. J. Rogers* 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 *25th* day of *Feb* 1895.

Attest your seal here

W. H. Harrison Ordinary *Bartow* County.

dollars, for the year 1893, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of One hundred dollars, for the year 1894.

Sworn to and subscribed before me, this, the 25th day of March, 1894.

C. W. Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.

I, C. W. Hendricks Ordinary of said County, do certify that I am well acquainted with Thos J. Rogers 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 March, 1894.



C. W. Hendricks
Ordinary, Barlow County.

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

Sworn to and subscribed before me, this, the 25th day of March, 1895.

C. W. Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.

I, C. W. Hendricks Ordinary of said County, do certify that I am well acquainted with Thos J. Rogers 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 25 day of March, 1895.



C. W. Hendricks
Ordinary, Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, Thos J. Rogers hereby authorize George W. Hendricks of Barlow County, Ga. to receive and receipt for the pension paid hereon and request that he remit same to me by check at Cass Station.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th day of March, 1896.

Executed in presence of us
R. H. Williams
W. H. Rogers

Thos J. Rogers [I. S.]
mark

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, Thos J. Rogers hereby authorize George W. Hendricks of Barlow County, Ga. to receive and receipt for the pension paid hereon and request that he remit same to me by check at Cass Station.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th day of March, 1897.

Executed in presence of
Thos J. Rogers
W. H. Rogers

Thos J. Rogers [I. S.]
mark

ACT OF MARCH, 1887.
(For Those Already Enrolled.)

No. 2697

SOLDIER'S PENSION.
1896.

Name Thos J. Rogers
County Barlow
Disability lost army
Amount, \$ 100.00
244-2/4 1896

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
W. H. Rogers

W. H. Rogers, State Printer, Atlanta.

No data

ACT OF MARCH, 1887.
(For Those Already Enrolled.)

No. 526

INVALID
SOLDIER'S PENSION.
1897.

Name Thos J. Rogers
County Barlow
Disability lost army
Amount, \$ 100.00
2/4 1897

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
W. H. Rogers

W. H. Rogers, State Printer, Atlanta.

No data

ACT OF MARCH, 1862.
(For Those Already Enrolled.)

No. 2697

SOLDIER'S PENSION. 1896.

Name *J. J. Rogers*
County *Bartow*
Disability *lost left arm*
Amount, \$ *110.00*

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

WMA

W. W. Harrison, State Printer, Atlanta.

No data

ACT OF MARCH, 1862.
(For Those Already Enrolled.)

No. 536

INVALID SOLDIER'S PENSION. 1897.

Name *J. J. Rogers*
County *Bartow*
Disability *lost left arm*
Amount, \$ *110.00*

1897.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

WMA

W. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears *J. J. Rogers* of *Bartow* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *July* 1864; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *K*, of *26th* Regiment of *Miss* Volunteers, *Bush*'s Brigade; that whilst engaged in such military service in the State of *Kentucky*, on the day of *Sept* 1864, he was wounded, injured or diseased as follows:

That through left hand in battle of Perryville Kentucky, and in the battle of Chickamauga. That through the right arm, from the effects of a shot which he has chronic inflammation rendering him entirely unable to do any amount of any kind of labor, being helped by confinement to his house.

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

Sworn to and subscribed before me, this, *19th* day of *July* 1896. *J. J. Rogers*

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

STATE OF GEORGIA,

Bartow County.

I, *G. W. Hendricks*, Ordinary of said County, do certify that I am well acquainted with *J. J. Rogers* 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 *19th* day of *July* 1896.



Ordinary *G. W. Hendricks* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears *J. J. Rogers* of *Bartow* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *July* 1864; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *K*, of *26th* Regiment of *Miss* Volunteers, *Bush*'s Brigade; that whilst engaged in such military service in the State of *Kentucky*, on the day of *Sept* 1864, he was wounded, injured or diseased as follows:

That through left hand in battle of Perryville Kentucky, and in the battle of Chickamauga. That through the right arm, from the effects of a shot which he has chronic inflammation rendering him entirely unable to do any amount of any kind of labor, being helped by confinement to his house.

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

Sworn to and subscribed before me, this, *16th* day of *July* 1897. *J. J. Rogers*

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

STATE OF GEORGIA,

Bartow County.

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

Given under my official signature and seal, this *16th* day of *July* 1897.



Ordinary *G. W. Hendricks* County.

in such military service in the State of Georgia, on the 24th day of Sept 1862, he was wounded, injured or diseased as follows: that through lost hand in battle of Perryville Kentucky, and in the battle of Chickamauga that through the right arm from the effects of said wounds he has chronic rheumatism rendering him entirely unable to do any amount of any kind of labor, being helpless by contract to his house

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

Sworn to and subscribed before me, this, the 19th day of July 1896. Thos J. Rogers mark
G W Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.

I, G W Hendricks Ordinary of said County, do certify that I am well acquainted with Thos J. Rogers 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 29th day of July 1896.



G W Hendricks
Ordinary Barlow County.

in such military service in the State of Georgia, on the 24th day of Sept 1862, he was wounded, injured or diseased as follows: that through lost hand in battle of Perryville Kentucky, and in the battle of Chickamauga that through the right arm, the effect of which was a chronic rheumatism rendering him helpless, being unable to walk without crutches, and being entirely unable to do any

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

Sworn to and subscribed before me, this, the 16th day of July 1897. Thos J. Rogers mark
G W Hendricks Ordinary

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

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this 16th day of July 1897.



G W Hendricks
Ordinary Barlow County.

Audited

1889.

COMPTROLLER-GENERAL

Barlow
Maimed Soldiers.

Voucher No. 1666

Amount, \$ 50.

Paid to T J Rogers

For General Disability

March 28 1889.

Included in Warrant No.
issued to Treasurer.

1889

WARRANT CLERK

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

A M Tante

Audited Feb. 5 1890

COMPTROLLER-GENERAL

Barlow
Maimed Soldiers.

Voucher No. 176

Amount, \$ 50.

Paid to Thos J Rogers

For Disabled by

Acidic Stomach

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK

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

haw

Paid to *J. J. Rogers*
For *General Disability*
Discharge
March 28 1889.

Included in Warrant No.
issued to Treasurer.

1889

WARRANT CLERK

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

A. M. Fante

Wm. Amos
COMPTROLLER GENERAL

Amount \$
Paid to *Thos J Rogers*
For *Disabled by*
Discharge & wound
Feb'y 4 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK

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

Wm

No. 1666,

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. March 28 1889

Mr. *J. J. Rogers* 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,
Dec. 24, 1888, and the same having been allowed for.

General disability from disease
He is entitled to receive the sum of *Fifty 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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



By the Governor
W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

50.
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty 00/100 Dollars.
per above voucher, this *28* of *March* 1889.

A. M. Fante atty in fact for
J. J. Rogers.

No. 176

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb'y 4 1890

Mr. *Thos J Rogers* 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.

Disabled by disease & wound
He is entitled to receive the sum of *Fifty* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

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



By the Governor,
W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

50
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty 00/100 Dollars,
per above voucher, this *4* of *Feb'y* 1890.

J. J. Rogers
Wm

Executive Department for warrant.

GOVERNOR.

By the Governor,

GOVERNOR.

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Dollars.

per above voucher, this

28 of March 1889.

A M Foutte, atty. in fact for
J J Rogers.

to Executive Department for warrant.

By the Governor,

GOVERNOR.

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Dollars,

per above voucher, this

4 of Feb'y 18 89

J J Rogers
W M

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, Thos J. Rogers hereby authorize J J
Heston of Catoosa Co.

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

by check

at Catoosa Co.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th
day of July 1889.

Executed in presence of

Walter Rogers

Thos J. Rogers [L. S.]
marks

(For These Already Enrolled.)

No. 2413

INVALID

SOLDIER'S PENSION.

1898.

Name Thos J. Rogers
County Catoosa
Disability Wounds & Amputation
Amount, \$ 117.87

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

W M

W. M. HARRISON, STATE PRINTER, ATLANTA.

No data

AUDITED

Audited FEB 27 1891. 1891.

W M
COMPTROLLER GENERAL.

Maimed Soldiers.

Voucher No. 1820

Amount \$ 50

Paid to J J Rogers

For Diagnosis

July 26 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARDEN

Geo. W. Harrison, State Printer, Atlanta.

W M

Regis, Blount Co.
 ACT OF 2 OCT. 1887.
 (For Those Already Enrolled.)
 No. *2413*
INVALID
SOLDIER'S PENSION.
1898.
 Name *Thos J Rogers*
 County *Barlow*
 Disability *Wounds & Amputation*
 Amount, \$ *117.25*
 1898.
247
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDLED TO
WMA
 No data

Included in warrant No. _____
 issued to Treasurer.
 1891.
 WARRANT-CLERK.
 Geo. W. Harrison, State Printer, Atlanta.
Warrington

BAD COPY - LIGHT PRINT

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears *J. J. Rogers* of *Barlow* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *fall* 18*63*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *private* in Company *K*, of *26*th Regiment of *Miss* Volunteers, *Brigadier*'s Brigade; that whilst engaged in such military service in the State of *Kentucky*, on the _____ day of *Oct* 18*62*, he was wounded, injured or diseased as follows:

shot through the hand in battle of Perryville, Kentucky, in battle of Chickasaw, shot shot through the arm and through the hand, from which amputation set in and he cannot work at all without sticks or crutches, and is totally unable to do any labor at all, or any calling and is helpless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 29th, 1898. I have heretofore under said law as a resident of *Barlow* county been allowed an invalid pension of _____ Dollars, for the year 189*7*.

Sworn to and subscribed before me, this, the _____ day of *July* 1898, *Thos J Rogers* POST-OFFICE *Barlow*

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

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this *12* day of *July* 1898.

G. W. Hendricks
 Ordinary *Barlow* County.



STATE OF GEORGIA,
 EXECUTIVE DEPARTMENT.

1891.
 No. *1870*
Atlanta, Ga. July 26 1891.

Mr. *J. J. Rogers* of the County of *Barlow* 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 *Dis. by Disease* He is entitled to receive the sum of *Twenty* Dollars for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor, *McK Harrison* GOVERNOR.
 Sec'y EXECUTIVE DEPARTMENT.

50
 RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.
Twenty Dollars,
 per above voucher, this *26* of *July* 1891.
J. J. Rogers
WMA

Dependent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Bartow county been allowed an invalid pension of One hundred Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 12th day of July, 1898. J. J. Rogers POST-OFFICE mark

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

STATE OF GEORGIA,

Bartow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with J. J. Rogers 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 12th day of July, 1898.

G. W. Hendricks
Ordinary Bartow County.



for such disability, the same being the amount due for the year ending October 24, 1891.

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

By the Governor,

W. H. Harrison
Sec'y EXECUTIVE DEPARTMENT.

GOVERNOR.

50

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

Fifty Dollars,
per above voucher, this 26 of July, 1891.
J. J. Rogers
W. H. Harrison

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, J. J. Rogers hereby authorize G. W. Hendricks of Bartowville Ga

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11th day of July, 1899.

Executed in presence of

J. J. Rogers

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, J. J. Rogers hereby authorize G. W. Hendricks of Bartowville Ga

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th day of July, 1900.

Executed in presence of

J. J. Rogers

J. J. Rogers [L. S.]
mark

COPIES SECTION 126.
(For Those Already Enrolled.)

No. 2398

INVALID

SOLDIER'S PENSION.

1899.

Name J. J. Rogers
County Bartow
Disability Disability
Amount, \$ 100.00
216 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
G. W. Hendricks
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

COPIES SECTION 126.
(For Those Already Enrolled.)

No. 892

INVALID

SOLDIER'S PENSION.

1900.

Name J. J. Rogers
County Bartow
Disability Disability
Amount, \$ 100.00
Warrant issued July 16, 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
G. W. Hendricks
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

Rogers, J. J.
 COUS SECTION 128
 (For Those Already Enrolled.)
 No. **2398**
INVALID
SOLDIER'S PENSION.
1899.
 Name *J. J. Rogers*
 County *Barlow*
 Disability *Wounded & maimed*
 Amount, \$ *100.*
2/16
 1899.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDLED TO
G. W. Hendricks
 GEO. W. HARRISON, STATE PRINTER, ATLANTA.
No date

Rogers, J. J.
 COUS SECTION 128
 (For Those Already Enrolled.)
 No. **892**
INVALID
SOLDIER'S PENSION.
1900.
 Name *J. J. Rogers*
 County *Barlow*
 Disability *Wounded & maimed*
 Amount, \$ *100.*
 Warrant issued *Feb 16* 1900.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
G. W. Hendricks
 GEO. W. HARRISON, STATE PRINTER, ATLANTA.
No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears *J. J. Rogers* 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 *10th* day of *June*, 18*62*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *K*, of *26th* Regiment of *Mississippi* Volunteers, *Buckner's* Brigade; that whilst engaged in such military service in the State of *Kentucky*, on the *10th* day of *September*, 18*62*, he was wounded, injured or diseased as follows:

Remained shot out of saddle, finger of left hand been disabled in hand and every since. He remained in battle of Chickamauga in the year of 1863, as follows: before of right arm shot out, bendable for no reason. Also taken rheumatism while in the service of the Confederate States while in my hands, from which he is not able to do anything.

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1899. I have heretofore under said law as a resident of *Barlow* County been allowed an invalid pension of *One hundred* Dollars, for the year 1898.

Sworn to and subscribed before me, this, the *11th* day of *Feb*, 1899, at *Post Office* *G. W. Hendricks Ordinary*.

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

STATE OF GEORGIA,

Barlow County.

I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *J. J. Rogers* 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 *Feb*, 1899.

G. W. Hendricks
 Ordinary *Barlow* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears *J. J. Rogers* 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 *June*, 18*62*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *K*, of *26th* Regiment of *Mississippi* Volunteers, *Buckner's* Brigade; that whilst engaged in such military service in the State of *Ky*, on the day of *Sept*, 18*62*, he was wounded, injured or diseased as follows:

Left 1862. Battle of Cemetery Hill. Shot through right hand, shot through right arm in battle of Chickamauga. These wounds and rheumatism under my left arm unable to do any work or kind of labor. He is helpless.

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1900. I have heretofore under said law as a resident of *Barlow* County been allowed an invalid pension of *One hundred* Dollars, for the year 1899.

Sworn to and subscribed before me, this, the *16th* day of *Feb*, 1900, at *Post Office* *G. W. Hendricks Ordinary*.

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

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this *16th* day of *Feb*, 1900.

G. W. Hendricks
 Ordinary *Barlow* County.

Dependent makes application for the pension to which he is entitled for the year ending October 29th, 1899. I have heretofore under said law as a resident of Barlow County been allowed an invalid pension of One hundred Dollars, for the year 1898.

Sworn to and subscribed before me, this, 11th day of Feb, 1899. G. J. Rogers mark
G. W. Hendricks Ordinary

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

STATE OF GEORGIA,
Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with G. J. Rogers 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 Feb, 1899.

G. W. Hendricks
Ordinary Barlow County.



Dependent makes application for the pension to which he is entitled for the year ending October 29th, 1900. I have heretofore under said law as a resident of Barlow County been allowed an invalid pension of One hundred Dollars, for the year 1899.

Sworn to and subscribed before me, this, 16th day of Feb, 1900. G. J. Rogers mark
G. W. Hendricks Ordinary

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

STATE OF GEORGIA,
Barlow County.

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

Given under my official signature and seal, this 16th day of Feb, 1900.

G. W. Hendricks
Ordinary Barlow County.



POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, G. J. Rogers hereby authorize George W. Hendricks of Cartersville Ga

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2nd day of January, 1901.

G. J. Rogers [L. S.]
mark

Executed in presence of

C. S. Bond

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, G. J. Rogers hereby authorize George W. Hendricks of Cartersville Ga

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2nd day of January, 1902.

G. J. Rogers [L. S.]
mark

Executed in presence of

C. S. Bond

DISABLED SOLDIER'S PENSION. 1901.

Name G. J. Rogers
County Barlow
Disability Invalid
Amount, \$ 100.00

1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

K. W. Bond

Geo. W. Bondman, State Printer, Atlanta.

No data

DISABLED SOLDIER'S PENSION 1902.

Name G. J. Rogers
County Barlow
Co. K Regiment 26th Miss
Disability Invalid
Amount, \$ 100.00

1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

C. S. Bond

Geo. W. Bondman, State Printer, Atlanta.

Rogers, J. J.
Bartow County

CODE SECTION 129
(For Those Already Enrolled.)

No. *1193*

DISABLED

SOLDIER'S PENSION.

1901.

Name *J. J. Rogers*
County *Bartow*
Disability *Wounded in Battle*
Amount, \$ *100.50*

1901.
129

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
N. W. Harris

No. *data*

Rogers, J. J.
Bartow County

CODE SECTION 129
(For Those Already Enrolled.)

No. *1587*

DISABLED

SOLDIER'S PENSION

1902.

Name *J. J. Rogers*
County *Bartow*
Co. *26th Regt*
Disability *Wounded in Battle*
Amount, \$ *111*

1902.
111

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
W. J. Harris

No. *W. Harris, State Prison, Atlanta*

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County.

Personally appears *J. J. Rogers* of *Bartow* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *December* 1864; 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 *12*, of *26th* Regiment of *Miss* Volunteers, *Buckner's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the day of *September* 1862, he was wounded, injured or diseased as follows:
He was shot through right arm in the battle of Chickasaw and though left at the battle of Kentucky. He has a long standing case of Muscular Cancer from the effects of the above wound, which renders him totally unable to do any manual or any kind of labor, he being confined to his bed most of the year and helpless.

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 *Bartow* County been allowed an invalid pension of *one hundred* Dollars, for the year 1900.

Sworn to and subscribed before me, this *J. J. Rogers* day of *January* 1901. Postoffice *North*
W. W. Harris, County

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, *W. W. Harris* Ordinary of said County, do certify that I am well acquainted with *J. J. Rogers* 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 *January* 1901.
W. W. Harris
Ordinary *Bartow* County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Bartow County.

Personally appears *J. J. Rogers* of *Bartow* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *1866*; 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 *12*, of *26th* Regiment of *Miss* Volunteers, *Buckner's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the day of *September* 1862, he was wounded, injured or diseased as follows:

He was severely injured in the battle of Perryville and in the battle of Chickasaw. He is totally helpless, and has no manual or any kind of labor, he being confined to his bed most of the year and helpless.

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1902. I have heretofore, under said law, as a resident of *Bartow* County, been allowed an invalid pension of *one hundred* Dollars, for the year 1901.

Sworn to and subscribed before me, this *J. J. Rogers* day of *January* 1902. Postoffice *North*
W. W. Harris, County

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, *W. W. Harris* Ordinary of said County, do certify that I am well acquainted with *J. J. Rogers* 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 *24th* day of *January* 1902.
W. W. Harris
Ordinary *Bartow* County.

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

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

Sworn to and subscribed before me, this the 22nd day of January, 1901. Postoffice McK
G. W. Nindrick

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

STATE OF GEORGIA,

Barlow County.

I, G. W. Nindrick Ordinary of said County, do certify that I am well acquainted with J. J. Rogers 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 January, 1901.

G. W. Nindrick
Ordinary Barlow County.

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 One hundred Dollars, for the year 1901.

Sworn to and subscribed before me, this the 24 day of Jan, 1902. Post-office McK
G. W. Nindrick

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

STATE OF GEORGIA,

Barlow County.

I, G. W. Nindrick Ordinary of said County, do certify that I am well acquainted with J. J. Rogers 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 24 day of Jan, 1902.



G. W. Nindrick
Ordinary Barlow County.

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

BOOK OF VOUCHERS

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, J. J. Rogers hereby authorize G. W. Nindrick of Barlow County to receive and receipt for the pension paid hereon and request that he remit same to me by check at Barlow.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 22nd day of January, 1903.

Executed in presence of

M. A. Board

J. J. Rogers [L. S.]
mark

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, Thos. Rogers hereby authorize G. W. Nindrick to receive and receipt for the pension paid hereon, and request that he remit same to me by check at Barlow.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th day of Feb, 1904.

Executed in presence of

J. W. H. Cobb

Thos. Rogers [L. S.]
mark

(FOR THOSE ALREADY ENROLLED.)

No. 1233

DISABLED

SOLDIER'S PENSION

1903.

Name J. J. Rogers
County Barlow
Co. R Regiment 26th
Disability totally helpless
Amount, \$ 100.00
2/0 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Ady
S. W. Harrison State Printer, Atlanta.

(FOR THOSE ALREADY ENROLLED.)

No. 1575

DISABLED

SOLDIER'S PENSION

1904.

Name Thos. Rogers
County Barlow
Co. 26 Regiment Imp. 26th
Disability
Amount, \$ 100.00
1 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Ady
S. W. Harrison State Printer, Atlanta.

FOIA b (7) - Exemption from disclosure applies

ALL REQUESTERS AND ADDRESSES MUST BEAR DATE AFTER JANUARY 1, 1904.

HOMER G. YOUNG

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1903. I have heretofore, under said law, as a resident of Barlow County, been allowed an invalid pension of One hundred Dollars, for the year 1902.

Sworn to and subscribed before me, this the 3rd day of Jan, 1903. 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, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with Thos. J. Rogers 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 3rd day of Jan, 1903.

G. W. 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.

ending October 20th, 1904. I have heretofore, under said law, as a resident of Barlow County, been allowed an invalid pension of One hundred Dollars, for the year 1903.

Sworn to and subscribed before me, this the 6 day of Feb, 1904. Post-office Cuthbert

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

STATE OF GEORGIA,

Barlow County, }
I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with Thos. J. Rogers 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 6th day of Feb, 1904.

G. W. 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. J. Rogers hereby authorize G. W. Hendricks of Cuthbert, Ga to receive and receipt for the pension paid hereon, and request that he remit same to me by ch at Cuthbert, Ga

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd day of Feb, 1905.

Executed in the presence of J. J. Rogers [L. S.]

Rogers, J. J.
Barlow County

Cons. Service 120.
(FOR THOSE ALREADY ENROLLED.)

No. 1465

DISABLED
SOLDIER'S PENSION
1905.

Name J. J. Rogers
County Barlow
Co. K Regiment 6th
Disability totally disabled
Amount, \$ 100.00

FEB 7 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Warrant No. 1465 dated Feb 7 1905.

Stated: (George) Personally, comes before me
Barlow County, G. W. Hendricks, Ordinary of said
County, R. T. Calhoun, known to me to be a
reputable physician of said County, who has
sworn, says on oath that he has carefully
examined Thomas J. Rogers of said County,
and after such personal examination says
that the said Thomas J. Rogers is severely
afflicted with Chronic Rheumatism; that
the said Rogers is so affected with
the Rheumatism as to render him total-
ly unable to do any kind of manual
labor whatever, being confined to his
home in a helpless condition.
A. T. Calhoun, M.D.
Sworn to and subscribed before me this 17th day of Feb.
G. W. Hendricks, Ordinary
Barlow County, Ga.

Rogers, J. J.
Barlow County

Cover Received 1890.
(FOR THOSE ALREADY ENROLLED.)

No. *1405*,

DISABLED
SOLDIER'S PENSION
1905.

Name *J. J. Rogers*
County *Barlow*
Co. *A* Regiment *4th*
Disability *Wounds, Disease*
Amount, \$*100.00*

FEB 7 1905
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
(Signature)

no date

My said Rogers is so affected with the Rheumatism as to render him totally unable to do any kind of manual labor whatever being confined to his home in a helpless condition.

A. T. Galhoun M.D.
Sworn to and Subscribed before me this 17th 1894.
G. W. Hendricks Ordinary
Barlow County, Ga.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow COUNTY.

Personally appears *J. J. Rogers* 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 *1866*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *A*, of *4th* Regiment of *Miss* Volunteers *Buckner's* Brigade; that whilst engaged in such military service in the State of *Kentucky*, on the *Sept* day of *1862*, he was wounded, injured or diseased as follows: *He is totally disabled resulting from wounds received in the army in battle of Perryville Ky. and other battles and he is crippled and paralyzed, can't work without aid.*

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1905. I have heretofore, under said law, as a resident of *Barlow* County, been allowed an invalid pension of *One hundred* Dollars, for the year 1904.

Sworn to and subscribed before me, this *2nd* day of *July*, 1905, *J. J. Rogers* *mark*
G. W. 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, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *J. J. Rogers* 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 *2nd* day of *July*, 1905.

G. W. Hendricks
Ordinary *Barlow* County.

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

Georgia } Personally come before me the
Barlow County } undersigned *Thos H. Baker*
who on oath says he is a
practicing Physician & is
engaged in the practice of his profession
and that immediately after the war
he treated *J. J. Rogers* of this County who
then had Rheumatism and that he has had
some ever since and has been for years
almost totally helpless from it and that
he has treated the said Rogers for some
frequency since the war and until he
told said Rogers that he could not
be relieved of such Rheumatism and
said Rogers has since said Baker felt
knew him immediately after the war
within he began to practice Physic for him
has had his left arm crippled and has
Rheumatism but has had a shock through
the middle part of his left hand and
has in addition to having his Right arm
rendered nearly useless from Rheumatism
had the lower bone or Ulna Bone of his
arm fractured and partly crushed
from all of which he is now unable to do
anything for himself or home, being as said
helpless at home as aforesaid.

Thos H. Baker
Sworn to and Subscribed
before me March 1st 1894.
G. W. Hendricks
Ordinary Barlow County

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1905. I have heretofore, under said law, as a resident of Barlow County, been allowed an invalid pension of One hundred Dollars, for the year 1904.

Sworn to and subscribed before me, this 2nd day of July, 1905, J. J. Rogers mark
G. W. Nundrick's 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, G. W. Nundrick's Ordinary of said County, do certify that I am well acquainted with J. J. Rogers 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 2nd day of July, 1905.

G. W. Nundrick's
 Ordinary Barlow County.

NOTE.—Fill all blanks and of Company and Regiment.
 NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

Said Rogers has since said Barlow said time immediately after the war when he began to practice Physic for him has had his left arm crippled with Rheumatism but has had a shock through the middle part of his left hand and has in addition to having his Right arm rendered nearly useless from Rheumatism had the lower bone or ulna Bone of his arm fractured and partly Rectified from all of which he is now unable to do anything or sit from Home, being confined helpless at Home as aforesaid.
 Thos H. Baker

Sworn to and subscribed before me March 15th 1894 }
G. W. Nundrick's
 Ordinary Barlow Colga }

Georgia—
 Barlow County. } Before the undersigned, a in and for said county, in person came Aaron Collins, who being duly sworn says on oath, that he is well acquainted with Thos Rogers, of said County, that he has known him for 35 years; that before the late war said Rogers was a very healthy and a very stout man; that deponent never knew of his having Rheumatism before the war and does not believe that he had; that said Rogers, by reason of service and exposure during the war, contracted Rheumatism from which he has ever since suffered, and has continually grown worse, until now it is with difficulty that he can get about even with sticks; that said Rogers is now becoming an old man, and is unable to perform manual labor by reason of disease and wounds

Georgia Barlow Co } Personally came before me the undersigned J. G. Greene who on oath says he is a practicing physician and regularly engaged in the practice of his profession, and has personally known Thos. J. Rogers of the above County, though never attended him professionally. I know that it has been with difficulty that he has been able to walk since my acquaintance with him which covers the past six years. I know nothing of his wounds met during the war but believe him to be an honorable man and am sure that any reasonable amount pension money that may be allowed him will be bestowed worthily. I heard from Mr. Rogers in town for more than a year and from the best information and am sure that he has been confined to his house during the past twelve months with Rheumatism.

Sworn to and subscribed before me March 15th 1894 }
J. G. Greene, M.D.
G. W. Nundrick's
 Ordinary Barlow Colga }

he was a very healthy and a very stout man; that deponent never knew of his having rheumatism before the war and does not believe that he had; that said Rogers, by reason of service and exposure during the war, contracted rheumatism from which he has ever since suffered, and has continually grown worse, until now it is with difficulty that he can get about even with sticks; that said Rogers is now becoming an old man, and is unable to perform manual labor by reason of disease and wounds

which were received during the late war. I know nothing of his wounds met during the war but believe him to be an honorable man and am sure that any reasonable amount of pension money that may be allowed him will be bestowed worthily, I have known Mr. Rogers in town for more than a year and from the best information am sure that he has been confined to his house during the past twelve months with rheumatism.

J. G. Greene, M.D.

Sworn to and subscribed }
Before me March 15th 1889 }
G. W. Hendricks }
Ordinary of Bartow County

contracted and received during the late war.

Sworn to and subscribed before me. This March 20, 1889.

Geo. Hendricks Aaron Cooklin
Ordinary

In Re: J. G. Rogers.
Affidavit of
Aaron Collins

Georgia
Bartow County. } Before the undersigned in person comes Daniel Hamilton, a physician in said County, who has been practicing medicine for 36 years who being duly sworn says on oath that he is well acquainted with Thos. J. Rogers of said County, that he has known him for 35 years that he was acquainted with said Rogers before the war and during and since the war, that said Rogers was a stout healthy man before the war and during the war up to the time he was wounded and contracted Chronic Rheumatism, that since the war said Rogers has been a constant sufferer from Rheumatism, and gradually grown worse, until now it is with difficulty that he can get about with sticks. Deponent believes that said Rogers contracted this rheumatism during the service in the late war, and

In Re: J. J. Rogers.

Affidavit of

Arson Collection

that he was acquainted with said Rogers before the war and during and since the war, that said Rogers was a stout healthy man before the war and during the war up to the time he was wounded and contracted Chronic Rheumatism, that since the war said Rogers has been a constant sufferer from Rheumatism, and gradually got worse, until now it is with difficulty that he can get about with sticks. Deponent believes that said Rogers contracted this rheumatism during the service in the late war, and

Georgia -
Barlow County. } I, A. M. Franklin,
being duly sworn, says on oath
that he is well acquainted with
J. J. Rogers and has known him
well for 44 years; that be-
fore the late war said Rogers
was a very healthy and a very
stout man, that said Rogers
never had Rheumatism before
the war to deponent's knowledge,
and he does not believe he had,
that he did have rheumatism
during the war and has had
it since, and now has it to
such extent that he can
with difficulty walk even
with sticks, that deponent the
left hand of said Rogers is
very much disabled by reason
of a gunshot wound, so also is
his right arm, by reason of which
both hands are materially and se-
riously disabled.

Sworn to and subscribed
before me this 20. March 1889.
G. W. Henderson
Ordinary

while in line of duty as a
soldier, as the result of ex-
posure and of wounds re-
ceived in battle, and that by
reason of said disease so
contracted, and of wounds re-
ceived, said Rogers is rendered
practically incompetent to per-
form the ordinary manual avo-
cations of life.

Sworn to & Subscribed
before me March 20. 1889.

G. W. Henderson
Ordinary

D. Hamilton No. 2

In Re: J. J. Rogers.

Affidavit of

D. Hamilton

well for 44 years; that be-
fore the late war said Rogers
was a very healthy and a very
stout man, that said Rogers
never had Rheumatism before
the war to deponents' knowledge,
and he does not believe he had;
that he did have rheumatism
during the war and has had
it since, and now has it to
such extent that he can
with difficulty walk even
with sticks; that ~~deponents~~ the
left hand of said Rogers is
very much disabled by reason
of a gunshot wound, so also is
his right arm, by reason of which
both hands are materially and se-
riously disabled.

Sworn to and subscribed A. M. Franklin
before me this 20. March 1889.
Grobleudick
Ordinary

practically incompetent to per-
form the ordinary manual avo-
cations of life.

Sworn to and subscribed
before me March 20. 1889.
Grobleudick
Ordinary

D. Hammett Notary

In R. S. J. Rogers.

Affidavit of
Hammett

Pension Department

Disapproved for the reason that applicant did not state the period of his residence in Ga., nor time and place of enlistment, and that witnesses does not show that he was present at the discharge.

J. W. Lindsey
Commissioner of Pensions

Rallins, James A.
Barrow County
No. *12*
Disapproved 1/19/24

Confederate

Soldier's Application.

UNDER ACT 1910.

County *Barrow*
Name *J. D. Rallins*
Company *Capt. F. P. Lyles Co*
Regiment *1st Militia*

Approved

J. W. LINDSEY,
Commissioner of Pensions.

CHAR. F. BYRD, State Printer, Atlanta.

10/10/19

Disapproved
did not state the
Ga., nor time a
that witness does
at the Surrendered

Regiment 2^d Militia
Approved
J. W. LINDSEY,
Commissioner of Pensions.
CHAR. F. BYRD, State Printer, Atlanta.

10/16/1924

Pension Department
January 1, 1924

Disapproved for the reason that applicant
did not state the period of his residence in
Ga., nor time and place of enlistment, and
that witness does not know that he was present
at the Surrendered

J. W. Lindsey
Commissioner of Pensions

Disapproved for the reason that applicant
did not state the period of his residence in
Ga., nor time and place of enlistment, and
that witness does not know that he was present
at the Surrendered

10/16/1924

Confederate
Soldier's Application.
UNDER ACT 1910.

County Barlow
Name J. D. Ballins
Company 4th Co 2d Regt 20
Regiment 2d Militia

Approved
J. W. LINDSEY,
Commissioner of Pensions.
CHAR. F. BYRD, State Printer, Atlanta.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

Barlow County.

James D. Ballins of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office)
James D. Ballins; Kingdon, Georgia
2. How long and since when have you been a continuous resident citizen of this State?
1865 - Nowhere else
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? I enlisted in the Organized Militia of South Carolina.
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
Capt J. D. Ballins, S.C. Militia 1865
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge)
to not know just when
6. When and where was your Company and Regiment surrendered or discharged from the Service?
1865 - Nowhere else
7. Were you actually present with your Command when it was surrendered or discharged? Yes
8. If you were not actually present, state specifically and clearly where you were.
None for any Dubois, Georgia
- a. Where was your Command when you left it?
- b. When did you leave the Command?
When we disbanded at close of war.
- c. For what cause did you leave?
Militia disbanded
- d. By whose authority did you leave?
Authority of State
- e. For how long was your leave granted? In what way?
- f. Why did you not return to your Command after leave expired?
- g. In what way were you prevented?
- h. What effort did you make to return?
- i. Were you captured during the war?
No
- j. If so, when, and where? In what prison were you held and when were you released?
9. What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4 Nov. 1908? (Make list by items and value, and where situated.)
10. What property of any kind have you disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and its cash value? (Make itemized list).
12. What annual or monthly income or earnings of yourself and the source derived have you?
13. Are you drawing a pension of any amount from this State or the United States?
No
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
never applied

Sworn to and subscribed before me, this the

25 day of Dec 1923

J. D. Ballins Ordinary

of Barlow County.

c. By whose authority did you leave? Authority of State
 e. For how long was your leave granted? In what way?
 f. Why did you not return to your Command after leave expired?
 g. In what way were you prevented?
 h. What effort did you make to return?
 i. Were you captured during the war?
 j. If so, when, and where? In what prison were you held and when were you released?
 9. What property of every description was owned, in the use, possession and control of yourself and its cash value on the 4 Nov. 1908? (Make list by items and value, and where situated)
 10. What property of any kind have you disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?
 11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and its cash value? (Make itemized list).
 12. What annual or monthly income or earnings of yourself and the source derived have you?
 13. Are you drawing a pension of any amount from this State or the United States?
 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
 Sworn to and subscribed before me, this the 25 day of April 1923
 J. D. Rollins Ordinary of Bartow County.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
 South Carolina
 Darlington County.

E. F. C. Byrd of said State and County is hereby presented as a witness in support of the application of Jas. D. Rollins for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows:

- What is your name and where do you reside? E. F. C. Byrd. Darlington South Carolina
- How long and since when have you known Jas. D. Rollins the applicant? all of his life
- Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? Huger Georgia Since 1891, removed from Darlington in 1891.
- When, where and in what Company and Regiment did Jas. D. Rollins enlist during war from 1861 to 1865? (Give date and place). Capt. T. P. Dick's Co. State Militia S.C.
- How did you obtain your information of this Service? Jas. D. Rollins was an orphan boy, and raised in my home.
- How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date). Last call (1865) of State troops
- When and where was his Command surrendered or discharged (give date and place). Sumter S.C. after R.E. Lee's surrender.
- Were you personally present at the Surrender? No.
- If not, where were you and how came you there? Johnson's Army surrendered at Greensboro N.C.
- Was the applicant personally present with his Command at surrender? Yes.
- If not where was he and how came him there?
- When did he leave his Command? Where was his Command when he left it? for what cause did he leave? By whose authority did he leave? and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically).
- In what way was he prevented from returning to his Command? How do you know?
- What effort did he make to return to his Command and how do you know?
- Was applicant captured as a prisoner. No If so, when and where? In what prison was he held? and when released

Sworn to and subscribed before me, this the 25 day of April 1923
 E. F. C. Byrd Ordinary of Darlington County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
 County.

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

- What property, if any, has been sold or given away by the applicant since Nov. 4, 1908? (State it fully by items).
- When and to whom was it sold or given to?
- What was the price paid or stated to be paid?
- What relation is the party to applicant?
- What disposition was made of the proceeds of the sale?
- Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?

Sworn to and subscribed before me, this the day of 191. Ordinary, of County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
 Bartow County.

J. D. Rollins Ordinary of said County, certify that I know the applicant J. D. Rollins for Pension is the person he represents himself to be and resides in said County. That I also know the witness swearing to the service and who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of shows that value for tax is in 1908 \$ for 1909 \$ for 1910 \$ for 1911 \$ for 1912 \$ for 1913 \$ for 1914 \$ for 1915 \$

Sworn under my hand and official seal of office this 25 day of April 1923
 J. D. Rollins Ordinary of Bartow County.

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

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Darlington County.

E. F. C. Byrd

of said State and County is hereby presented as a witness in support of the application of *James D. Rollins* for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows:

1. What is your name and where do you reside? *E. F. C. Byrd. Darlington South Carolina.*
2. How long and since when have you known *James D. Rollins* the applicant? *All of his life.*
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? *Hungerton Georgia Since 1871, removed from Darlington in 1871.*
4. When, where and in what Company and Regiment did *James D. Rollins* enlist during war from 1861 to 1865? (Give date and place). *Capt. T. P. Smith's Co. State Militia S.C.*
5. How did you obtain your information of this Service? *James D. Rollins was an orphan boy, and raised by my home.*
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date). *Last call (1865) of State troops.*
7. When and where was his Command surrendered or discharged (Give date and place). *Sumter S.C. after R.E. Lee's surrender.*
8. Were you personally present at the Surrender? *No.*
9. If not, where were you and how came you there? *Jackson's Army surrendered at Greensboro N.C.*
10. Was the applicant personally present with his Command at surrender? *Yes.*
11. If not where was he and how came him there?
12. When did he leave his Command? _____ Where was his Command when he left it? _____ for what cause did he leave? _____ By whose authority did he leave _____ and how long was he granted leave? _____ How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically).
13. In what way was he prevented from returning to his Command? _____ How do you know?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner. *No* If so, when and where? _____ In what prison was he held? _____ and when released

Sworn to and subscribed before me, this the

10th Sept 1913

John Coker Ordinary

Darlington County.

E. F. C. Byrd

John Coker Ordinary

Darlington County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County.

Personally before me comes _____ who on oath

says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and of its cash value to wit: (Make List by items and value).

1. What property, if any, has been sold or given away by the applicant since Nov. 4, 1908? (State it fully by items.)

2. When and to whom was it sold or given to?

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant?

5. What disposition was made of the proceeds of the sale?

6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension?

Sworn to and subscribed before me, this the _____ day of _____ 1913.

Ordinary,

of _____ County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Darlington County.

Ordinary of said County, certify that I know the applicant *James D. Rollins* for Pension is the person he represents himself to be and resides in said County. That I also know _____ the witness swearing to the service and _____ who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the

Tax Returns of _____ shows that _____ value for tax is in 1908 \$ _____ for 1909 \$ _____ for 1910 \$ _____ for 1911 \$ _____ for 1912 \$ _____ for 1913 \$ _____ for 1914 \$ _____ for 1915 \$ _____

Sworn under my hand and official seal of office this *9/1* day of *Sept* 1913.

John Coker Ordinary, of *Darlington* County.

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

DARLINGTON COUNTY
 J. HART COKER, CLERK OF COURT
 DARLINGTON, S. C.

9/10/13

After Shuman has passed through the States from Savannah Ga. to Oconee Co. Potter had, started from Georgia to near Greenville S.C. The Company of S.C. called by every person that came short a guy from 14 yrs. to 60 yrs. to meet Potter - James D. Rollins was one of the 14 to 60 yrs old boys. was among the number to meet them and S.C. has promised all those troops. Georgia to help me this way. 12 Sept 1913. *John Coker* Clerk of Court.

7. When and where was his Command surrendered or discharged (give date and place).
Sumter S.C. after R.E. Lee's Surrender.

8. Were you personally present at the Surrender? *no*

9. If not, where were you and how came you there? *Potomac Army*
Surrendered at Greensboro N.C.

10. Was the applicant personally present with his Command at surrender? *yes*

11. If not where was he and how came him there?

12. When did he leave his Command? _____ Where was his Command when he left it? _____ for what cause did he leave? _____ and how long was he granted leave? _____ How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) _____

13. In what way was he prevented from returning to his Command? _____ How do you know? _____

14. What effort did he make to return to his Command and how do you know? _____

15. Was applicant captured as a prisoner? *no* If so, when and where? _____ In what prison was he held? _____ and when released _____

Sworn to and subscribed before me, this the *10th* day of *Sept* 1913 by *E. B. Byrd*
John C. Cook Ordinary
Barlow County

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Barlow County.

I, *W. H. Dicks* Ordinary of said County, certify that I know the applicant *J. D. Rollins* for Pension is the person he represents himself to be and resides in said County. That I also know _____ the witness swearing to the service and _____ who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of _____ shows that _____ value for tax is in 1908 \$ _____ for 1909 \$ _____ for 1910 \$ _____ for 1911 \$ _____ for 1912 \$ _____ for 1913 \$ _____ for 1914 \$ _____ for 1915 \$ _____

Sworn under my hand and official seal of office this *8-1-* day of *Sept* 1913
W. H. Dicks Ordinary,
Barlow County.

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

DARLINGTON COUNTY
 J. HART COOK, CLERK OF COURT
 DARLINGTON, S. C.

9/10/23

After Sumner has passed through the States from Savannah Ga. to Curran SC Potter laid, started from Georgetown to near Greenville SC. The Governor of S.C. called by every person that knew Shortt guy from 1844 to 1864 to meet Patton. James D. Rollins was one of the 14 to 16 year old boys. was among the number to meet them and S.C. has known all those people.
George to help me this 10 day
10 Sept 1923
E. B. Byrd

January 1st, 1924.

Barlow County,
 J. D. Rollins.

Disapproved, for the reason that applicant did not state the period of his residence in Georgia, nor time and place of enlistment, and that witness does not show that he was present at the Surrender.

C. E. McGregor,
 COMMISSIONER OF PENSIONS.

S.C. called by every person that lived
 short a gun from 14 to 60 to meet
 Patton - James D. Rollins was one of the
 14 to 60 or 60 boys was among the
 number to meet them and S.C. has promised
 all those troops
 soon to help me this to day
 or 14th 1923 *James D. Rollins*
Chickasaw County, Ga.

January 1st, 1924.

Bartow County,

J. D. Rollins.

Disapproved, for the reason that applicant
 did not state the period of his residence in Georgia,
 nor time and place of enlistment, and that witness does
 not show that he was present at the Surrender.

C. E. McGregor,

COMMISSIONER OF PENSIONS.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow

County,

Joel C. Rooper

of Lexingtonville

being authorized

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

at Lexington Va. Register

Witness my hand and seal this *2nd* day of *April* 1895.

Wm. W. Graham
Notary Public

sent to Rooper & Co

Ex Sept 10 July 1895
Not satisfactory
Rich Johnson
See

Rooper, Joel C
Barlow Co.

No.

INDIGENT PENSION

1895.

Name *Joel C. Rooper*

County *Barlow*

Ground *Infirmity & Poverty*

April 2nd 1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

Ground Indigently Poverty
April 2nd 1895.
RICHARD JOHNSON,
Secretary Executive Department.
WARRANT HANDLED TO
Geo W Harrison, State Printer, Atlanta.

ATTORNEY.
of Leonardsville
hereby authorize
me
to file
April 1895.
Lael C. Propper Jr

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.
Jael C. Propper
hereby authorize
me
to receive and receipt for the pension allowed and request that he remit same to
at Kingston Ga. by Register
Witness my hand and seal this 2nd day of April 1895.

In presence of
Wm. J. Durham
R. S. Anderson

Lael C. Propper Jr

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Barlow County.
Jael C. Propper
of said State and County, desiring
to avail himself of the Pension Act approved December 16th, 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) Jael C. Propper, Kingston Barlow Co. Ga.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? Kingston Barlow Co. Ga. since Dec. 6th 1894.
3. When and where were you born? Edgefield S.C. Aug 11th 1828.
4. Did you volunteer in the Confederate Army or in the Georgia Militia? No.
5. When and where did you enlist? Spring 1867, in Barlow Co.
6. In what company and regiment did you enlist? Co. F, 18th Ga. Inf.
7. How long did you remain in that company and regiment? Three years.
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer?

9. For how long a period did you discharge regular military duty? Three years.
10. When, where and under what circumstances were you discharged from service? 1869 was
elected to Georgia Legislature. Came home
and resided in the legislature.
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 could 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, nothing.
15. What is your present physical condition and how long have you been in such condition? Afflicted
with rheumatism, kidney disease and
weakness of eyes. I am blind in this con-
dition for four years.
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"?
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
had rheumatism - kidney affection and
weakness of eyes and very hoarse for
several years, worse the past four years.
18. What property, effects or income do you possess? None.
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? None.

20. In what County did you reside during those years and what property did you then return for taxation? Barlow Co. Ga. - None.
21. How were you supported during the years 1893 and 1894? From my own
children's property.
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 125.00 None.
23. What was your employment during 1893 and 1894? What pay did you receive in each year? None.

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? No. Have a wife
living at So. Orange Co. Have no children
living with me.

Ex. sub 10 July 1895-
Not satisfactory
Rich. G. Givens
S. C.

INDIGENT PENSION

1895

Jael C. Propper
Barlow

Ground Indigently Poverty

April 2nd 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDLED TO

Geo W Harrison, State Printer, Atlanta.