

Approved: 1902 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

9/25/1902

F. ATTORNEY.
I, John Sherman, authorize
my attorney to
request that he sign and
submit my name to
the Pension Commission
at Washington, D.C.
J. G. Sherman
[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County, I
John Sherman authorize
John Sherman of Barlow Co.
to receive and receipt for the pension allowed, and request that he remit same to
at Barlow day of Sept 1902

Witness my hand and seal, this 23rd day of Sept 1902
Executed in presence of J. G. Sherman [L. S.]
Mark

INDIGENT PENSION,

1901.

Name J. G. Sherman

County Barlow

Co. H. 19th Reg't

Approved 1902

1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

9/25/1902

Questions for Applicant.

STATE OF GEORGIA,

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

1. What is your name and where do you reside? J. G. Sherman, Barlow, Ga.
2. How long and since when have you been a resident of this State? Since 1840.

3. When and where were you born? 1840, near Savannah, Ga.
4. When and where and in what company and regiment did you enlist or serve? June 1861, Co. H, 19th Reg't, 1st Div., 1st Army, U.S.A.

5. How long did you remain in such company and regiment? Until April 1864, 1063, at the surrender of Vicksburg, Miss.

6. When and where was your company and regiment surrendered and discharged? April 30, 1864

7. Were you present with your company and regiment when it was surrendered? Yes
8. If not present, state specifically and clearly where you were, when you left your command, for what
cause and by whose authority?

9. How much can you earn (gross) per annum by your own exertions or labor? 50

10. What has been your occupation since 1865? Booming

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

12. If upon the first ground, state how long you have been in such condition that you could not earn
your support? If upon the second, give a full and complete history of the infirmity and its extent? If
upon the third, state whether you are totally blind and when and where you lost your sight?
I have been suffering very badly from my eyes since I was in the army. I was shot in the head, and the ball
went through the back of my head, and I have been blind ever since.

13. What property, real or personal, do you possess, and the gross value?
I have no property.

14. What property, real or personal, did you possess in 1864, 1865, 1866, 1867, 1868, 1869 and 1900? If so,
and what disposition, if any, by sale or gift, have you made of same? I have not had any to dispose of.

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

16. How were you supported during the years 1899 and 1900? I have been working the land of a friend and have to
live on my own.

17. How much did you support cost you each of those years, and what portion did you contribute thereto
by your own labor or income? I do not remember much, but I live on my own land.

18. What was your employment during 1898 and 1899? What pay did you receive in each year?
I was an hired hand. One dollar per day.

19. Have you a family? If so, who composes such family? Give their means of support? Have they
a homestead? No wife. Have one daughter living with me. She has no other means of support. I am unable to do any work. I could not do any work.

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

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

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

Sworn to and subscribed before me this 23rd day of Sept 1902
J. G. Sherman Ordinary,
John Sherman Applicant,
of Barlow County.

INDIGENT PENSION,

1901.

Name J. G. Sherman

County Barlow

Co. K. 19. 1st

Approved 1902

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

John W. Lindsey, State Printer, Atlanta

9/25/1902

Every Question Must

- If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?
I have been suffering very badly from my wounds & am unable to do any work. I was shot through the body, leg, arm, and chest. I have been in the hospital since I was wounded.
- What property, real or personal, do you possess, and its gross value?
I have no property.
- What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899 and 1900? and what disposition, if any, by sale or gift, have you made of same? I have not had any to dispose of.
- In what County did you reside during those years, and what property did you then return for taxation?
Barlow
- How were you supported during the years 1899 and 1900?
I have been receiving the pension of a dead soldier and have been receiving the pension of a dead soldier and have been receiving the pension of a dead soldier.
- What was your employment during 1898 and 1899? What pay did you receive in each year?
I was a housemaid. I received one dollar per day.
- Have you a family? If so, who supports such family? Give their means of support. Have they a homestead? No wife. Have one daughter living with me. I have no other children. I became a soldier but I could not fight in the war.
- Are you receiving any pension? If so, what amount and for what disability?
No
- Have you ever made an application for pension before?
No
- How many applications have you ever made and under what class?
None

Sworn to and subscribed before me this the 25th day of Sept, 1902, J. G. Sherman Applicant, John W. Lindsey Ordinary, of Barlow County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Barlow COUNTY.

Lincoln Couch, of said State and County, having been presented as a witness in support of the application of J. G. Sherman for pension under Section 1254, Code, and after being duly sworn true answers to the following questions, deposes and answers as follows:

- What is your name and where do you reside?
Lincoln Couch, Barlow County, Georgia.
- Are you acquainted with J. G. Sherman, the applicant; if so, how long have you known him?
I have known him since 1861.
- Where does he reside, and how long and since when has he been a resident of this State?
Barlow, Ga. since I have known him.
- When, where and in what company and regiment did he enlist, and how do you know?
June 1861, Big Shanty, Ga. Comp. K. 19. Reg. Ga.
- Were you a member of the same company and regiment?
I was.
- How long did he perform regular military duty?
From June 1861 till April 1865.
- When and where was his command surrendered?
April 26, 1865, at Greensboro N. C.
- Were you present when it surrendered?
I was.
- Was applicant present?
He was.
- If he was not present, where was he?
He was present at surrender.
- When did he leave his command? For what cause?
He was present and surrendered at the same time and place.
- What property, effects or income has the applicant? (Give your means of knowledge.)
I do not know personally.
- What property, effects or income did the applicant possess in 1899, 1897, 1898, 1899 and 1900, and what disposition, if any, did he make of same?
I do not know as I do not live in his neighborhood.
- Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
I do not know for the above reason.
- What is the applicant's occupation and physical condition?
I don't know.
- Is the applicant unable to support himself by labor of any sort, if so, why?
I can not say as I am not with him.
- How was he supported during the years 1898, 1899 and 1900?
I don't know.
- What portion of his support for these three years was derived from his own labor or income?
I don't know.
- Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
I don't know.
- What interest have you in the recovery of a pension by this applicant?
None.

Sworn to and subscribed before me, this 24th day of Sept, 1902, Lincoln Couch Witness, John W. Lindsey Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Barlow COUNTY.

Personally came before me, A. M. Callowin and F. B. Callowin, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mr. J. G. Sherman, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Suffering with Rheumatism in the back & shoulder the result of an old wound received while in service & of old age. Suffering from Shortness of Breath, the result of heart disease.

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

Sworn to and subscribed before me, this the 25th day of Sept, 1902, A. M. Callowin and F. B. Callowin Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Barlow COUNTY.

I, John W. Lindsey, Ordinary in and for said County, hereby certify that the applicant J. G. Sherman resides in said County, and has been a bona fide resident of this State since the 1st day of June, 1861, and that the witnesses Lincoln Couch, S. J. V. Hood, A. J. Callowin and F. B. Callowin 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 digests of Barlow County show that applicant returned for taxation in his name in 1899 1900 Dollars of property, and in 1900 1901 Dollars of property.

In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this 24th day of Sept, 1902, John 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 answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

11. What property, effects or income has the applicant? (Give your means of knowledge.)
 I do not know personally
 12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899 and 1900, and what disposition, if any, did he make of same? Do not know as I do not live in his neighborhood
 13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
 I do not know for the above reason
 14. What is the applicant's occupation and physical condition?
 I do not know
 15. Is the applicant unable to support himself by labor of any sort, if so, why? I can not say as I am not with him
 16. How was he supported during the years 1898, 1899 and 1900? I do not know
 17. What portion of his support for these three years was derived from his own labor or income?
 I do not know
 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
 19. What interest have you in the recovery of a pension by this applicant? none
 Sworn to and subscribed before me, this 24 day of Sep 1904
 J. G. Sherman
 Ordinary.

Barlow COUNTY,
 I, J. G. Sherman, Ordinary in and for said County, hereby certify that the applicant, J. G. Sherman, resides in said County, and has been a bona fide resident of this State since the 1st day of Jan 1898, and that the witnesses, J. G. Sherman, S. J. W. Hood, A. J. Botham and H. K. Botham 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 digests of Barlow County show that applicant returned for taxation in his name in 1899-1900 Dollars of property, and in 1900-1901 Dollars of property.
 In my opinion the foregoing claim is made in good faith.
 Witness my hand and seal of office, this 24 day of Sep 1904
 J. G. Sherman Ordinary,
 of Barlow County

NOTE.
 1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA,
 Barlow County.
 I, J. G. Sherman, hereby authorize George W. Anderson of Barlow Ga to receive and receipt for the pension allowed and request that he remit same to me at Barlowville Ga by check
 Witness my hand and seal, this 18 day of Jan 1904.
 Executed in presence of J. G. Sherman [L. S.]
 J. G. Sherman

POWER OF ATTORNEY.

STATE OF GEORGIA,
 Barlow County.
 I, J. G. Sherman, hereby authorize George W. Anderson of Barlow Ga to receive and receipt for the pension allowed and request that he remit same to me at Barlowville Ga by check
 Witness my hand and seal, this 19 day of Jan 1904.
 Executed in presence of J. G. Sherman [L. S.]
 J. G. Sherman

NAME SECTION 1254.
 (FOR THOSE ALREADY ENROLLED.)
 No. 3704
 INDIGENT
 SOLDIER'S PENSION
 1903.
 Name J. G. Sherman
 County Barlow
 Co. 7th Regiment
 Ga 1903
 WARRANT ISSUED
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
 Gen. W. HARTMAN, State Prison, Atlanta.

NAME SECTION 1254.
 (FOR THOSE ALREADY ENROLLED.)
 No. 333
 INDIGENT
 SOLDIER'S PENSION
 1904.
 Name J. G. Sherman
 County Barlow
 Co. 7th Regiment
 Ga 1904
 WARRANT ISSUED
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
 Gen. W. HARTMAN, State Prison, Atlanta.

STATE OF GEORGIA
 FOR APPLICANTS HEREFORE ATTORNEY PENSIONS

Sherman, J. G.
Barlow County

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. *3714*

INDIGENT
SOLDIER'S PENSION
1903.

Name *J. G. Sherman*
County *Barlow*
Co. *H* Regiment *19*
Ga. Inf.

WARRANT ISSUED
Feb 1903

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Q

Geo. Harrison, State Printer, Atlanta.

Sherman, J. G.
Barlow County

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. *3333*

INDIGENT
SOLDIER'S PENSION
1904.

Name *J. G. Sherman*
County *Barlow*
Co. *H* Regiment *19*
Ga. Inf.

WARRANT ISSUED
7/9 1904

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
only

Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow County.

Personally appears *J. G. Sherman* of *Barlow* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *13* day of *Aug* 18*44*; that he is *62* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Ga.*) during the war between the States, and served for the term of *4 yrs* in Company *K*, of *19th* Regiment of *Ga. Inf.*; that his physical condition is as follows: *Physical condition is quite bad from a wound received in the arm in the battle of 7 days near Richmond*; that his property consists of the following items:

of the value of *35* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this *10th* day of *Jan* 1903, *J. G. Sherman* Ordinary. *more*

STATE OF GEORGIA,

Barlow County.

I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *J. G. Sherman* 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* 1903, *G. W. Hendricks* Ordinary *Barlow* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow County.

Personally appears *J. G. Sherman* of *Barlow* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *13* day of *Aug* 18*44*; that he is *63* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Ga.*) during the war between the States, and served for the term of *4 yrs* in Company *K*, of *19th* Regiment of *Ga. Inf.*; that his physical condition is as follows: *He is in very poor health*; that his property consists of the following items:

of the value of *1* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this *19th* day of *Jan* 1904, *J. G. Sherman* Ordinary. *mark*

STATE OF GEORGIA,

Barlow County.

I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *J. G. Sherman* 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* 1904, *G. W. Hendricks* Ordinary *Barlow* County.

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

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

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

Sworn to and subscribed before me, this the 19th day of Jan, 1903. } J. G. Sherman Ordinary. mark

STATE OF GEORGIA,

I, G. W. Nindricks County. } Ordinary of said County, do certify that I am well acquainted with J. G. Sherman 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, 1903. G. W. Nindricks Ordinary Barlow County.

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

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

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

Sworn to and subscribed before me, this the 19th day of Jan, 1904. } J. G. Sherman Ordinary. mark

STATE OF GEORGIA,

I, G. W. Nindricks County. } Ordinary of said County, do certify that I am well acquainted with J. G. Sherman 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, 1904. G. W. Nindricks Ordinary Barlow County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County. } I, J. G. Sherman hereby authorize G. W. Nindricks of Barlow County to receive and receipt for the pension allowed, and request that he remit same to me at Cartersville Ga by me

WITNESS my hand and seal, this 17th day of Jan, 1905. J. G. Sherman [L. S.]

Executed in the presence of mark

POWER OF ATTORNEY.

STATE OF GEORGIA,

G. W. Nindricks County. } I, J. G. Sherman hereby authorize G. W. Nindricks of Barlow County to receive and receipt for the pension allowed, and request that he remit same to me at Cartersville Ga by me

WITNESS my hand and seal, this 19th day of Jan, 1905. J. G. Sherman [L. S.]

Executed in the presence of mark

INDIGENT
SOLDIER'S PENSION
1905.

Name J. G. Sherman
County Barlow
Co. 1st Regiment 19th
Warrant Issued

FEB 7 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, Receiver, and Paying Co., W. Harrison, Mgr.

no date

INDIGENT
SOLDIER'S PENSION
1906.

Name J. G. Sherman
County Barlow
Co. 1st Regiment 19th
Warrant Issued

JAN 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, Receiver, and Paying Co., W. Harrison, Mgr.

Sherman, J. G.
Barlow County
(FOR THOSE ALREADY ENROLLED.)
No. *2181*
INDIGENT
SOLDIER'S PENSION
1905.
Name *J. G. Sherman*
County *Barlow*
Co. *K* Regiment *19th* Va.
WARRANT ISSUED
FEB 7 1905.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT PAID TO
GEO. W. HARRISON, CLERK, FOR STATE PRINTER, ATLANTA.

no date

Sherman, J. G.
Barlow Co
(FOR THOSE ALREADY ENROLLED.)
No. *2138*
INDIGENT
SOLDIER'S PENSION
1906.
Name *J. G. Sherman*
County *Barlow*
Co. *K* Regiment *19th*
WARRANT ISSUED
JAN 1906.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT PAID TO
GEO. W. HARRISON, CLERK, FOR STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Barlow County.

Personally appears *J. G. Sherman* of *Barlow* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *13* day of *Aug* 1841; that he is *64* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3* years in Company *K*, of *19th* Regiment of *Va* *Volts*; that his physical condition is as follows: *Suffers from his wounds, Rheumatism and is feeble generally*

that his property consists of the following items:

of the value of *\$1000* Dollars. I am now earning, by my labor, *\$1000* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of *Barlow* County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this *1st* day of *Jan* 1905, *J. G. X Sherman* *man* *Ordinary*.

STATE OF GEORGIA,
Barlow County.

I, *G. W. Nundrick* Ordinary of said County, do certify that I am well acquainted with *J. G. Sherman* 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. Nundrick* *Barlow* County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1905.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Barlow County.

Personally appears *J. G. Sherman* of *Barlow* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *13* day of *Aug* 1841; that he is *64* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4* years in Company *K*, of *19th* Regiment of *Va* *Volts*; that his physical condition is as follows: *Suffers from his wounds, Rheumatism and is feeble generally*

that his property consists of the following items:

of the value of *\$1000* Dollars. I am now earning by my labor, *\$1000* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of *Barlow* County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this *1st* day of *Jan* 1906, *J. G. X Sherman* *man* *Ordinary*.

State of Georgia,
Barlow County.

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

Given under my official signature and seal, this *9th* day of *Jan* 1906, *G. W. Nundrick* *Barlow* County.

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

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of Barlow County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 11 day of Jan 1905. J. G. Sherman mark
G. W. Nindricks Ordinary.

STATE OF GEORGIA, }

Barlow County. }

I, G. W. Nindricks Ordinary of said County, do certify that I am well acquainted with J. G. Sherman 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. Nindricks
Ordinary Barlow County.

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of Barlow County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 9 day of Jan 1906. J. G. Sherman mark
G. W. Nindricks Ordinary.

State of Georgia, }

Barlow County. }

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

Given under my official signature and seal, this 9th day of Jan 1906.

G. W. Nindricks
Ordinary Barlow County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Darlington County. }

I, J. G. Sherman hereby authorize G. W. Nindricks of Barlowville Ga to receive and receipt for the pension allowed, and request that he remit same to me at Adamsville Ga by OK

Witness my hand and seal, this 9th day of Jan 1907.

Executed in presence of J. B. Blood, Jr.

Sherman J. G.
Barlowville Ga

Cross Section 1904.
(FOR THOSE ALREADY ENROLLED)
No. 8561

INDIGENT
SOLDIER'S PENSION
1907.

Name J. G. Sherman
County Barlow
Co. 22 Regiment 19

WARRANT ISSUED
FEB 4 1907.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO 0

GR. W. H. BARNES, ST. LOUIS, MO. ATTORNEY.

no data

Sherman J. G.
Barton County

Case No. 1284.
(FOR THOSE ALREADY ENROLLED)

No. 3861

INDIGENT
SOLDIER'S PENSION
1907.

Name *J. G. Sherman*
County *Barton*
Co. *12* Regiment *19*

WARRANT ISSUED
Feb 4 1907

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO
0

ONE W. H. LINDSEY, STATE PRINTER, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Barton County.

Personally appears *J. G. Sherman* of *Barton* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the *13* day of *Aug* 18*40*; that he is *66* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *3 1/2 yrs* in Company *12*, of *19th* Regiment of *GA. Vol.*; that his physical condition is as follows: *He has rheumatism in body*

that his property consists of the following items:

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of *Barton* County, been allowed a pension for the year 1900.

Sworn to and subscribed before me, this the _____ day of *Jan* 1907, *J. G. Sherman* Ordinary. *mark*

State of Georgia,

Barton County.

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

Given under my official signature and seal this _____ day of *Jan* 1907. *G. W. Hendricks* Ordinary *Barton* County.



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

of the value of _____ Dollars. I am now earning
by my labor, _____ Dollars per month. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof and makes application for the pension to which he
is entitled for the year 1907. I have heretofore, as a resident of Bartow
County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the _____ day of Jan, 1907. J. G. Sherman
G. W. Hendricks Ordinary. man

State of Georgia,

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

Given under my official signature and seal this _____ day of Jan, 1907.
G. W. Hendricks
Ordinary Bartow County.



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

Georgia, Bartow County.
1. In Person Came before me, S. J. W.
Hood of said County, who in oath
says that he has lived in the same
vicinity for about twenty years
with Mr. J. G. Sherman; that the said
Sherman has not had any property for
those years and has none now, and
no income; that he is not able to
earn a support by his own labor
and has not been able to work for
ten years; that he earned something
for awhile looking after a peach
orchard, and his family have helped
to keep him up; that affiant lives
near applicant and knows his condition
and knows that he is very feeble
and infirm; that affiant has no
interest in a recovery of a pension
by applicant.
Sworn to and subscribed
before me, Sept 24-1902 } S. J. W. Hood
G. W. Hendricks
Ordinary

<p>May 15 June 30 July 30 Aug 30 105</p>		<p>114.75</p>
<p>FILED VETERANS SERVICE OFFICE A. L. HENSON, Director</p>		
<p>FILED VETERANS SERVICE OFFICE A. L. HENSON, Director</p>		
<p>TO PAY— 1930, \$9.75 Cig. & C. Tax. \$ U. S. A.</p>		
<p>Application for Expenses of Last Illness and Funeral (UNDER ACT OF 1919) <u>R. M. Gaine</u> Ordinary For: <u>J. G. Sherman</u> (Name of Pensioner) Date of Death: <u>Sept 5</u>, 190<u>2</u> Amount: \$ <u>114.75</u> <u>105.97</u> PAID TO ORDINARY ON THIS CLAIM: DATE: _____ FUND FROM WHICH PAID: _____ 19<u>02</u> <u>C. & O.</u> 105.97 245.85 19<u>02</u> 9.75 TOTAL 114.75 Approved, and ordered paid, <u>Sept 14</u>, 19<u>02</u> <u>A. L. Henson</u> Director, Veterans Service Office.</p>		

in deep hum-up; that applicant knows near applicant and knows that he is very feeble and infirm that applicant has no interest in a recovery of a pension by applicant.
 Sworn to and subscribed before me, Sept 24-1902 } S. J. W. Hood
 C. W. Hendricks
 Ordinary

TO PAY-
 1930. \$ 9.75
 Cig. & C. Tax. \$
 TOTAL

PAID TO ORDINARY ON THIS CLAIM:
 DATE: 2-27-35
 FUND FROM WHICH PAID: 105.00
 2-25-35 1930 9.75
 TOTAL: 114.75

Approved, and ordered paid,
 A. L. HENSON,
 Director, Veterans Service Office.

STATEMENT
 ADAIRSVILLE, GA., Sept 26th, 1935
 M. J. G. Sherman Deceased,

IN ACCOUNT WITH
W. P. WHITWORTH
 FURNITURE, STOVES, RANGES AND FLOOR
 COVERING
 FUNERAL DIRECTOR AND EMBALMER
 PHONE No. 71

ALL BILLS DUE WHEN PRESENTED

Sept 6	Casket	\$85.00
	Embalming	15.00
	Hearse	10.00
	Gal Iron for grave	4.75
		114.75

The above and foregoing account is rendered for funeral expenses of J. G. Sherman who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me this 27 day of Sept 1935

R. M. Gaines } Ordinary
 W. P. Whitworth

Received of R. M. Gaines, Ordinary of Bartow County, \$105.00, to apply on the funeral expenses of J. G. Sherman, deceased, this money from Confederate Pension Dept. of the State of Georgia.
 This 6 day of March, 1934.

W. P. Whitworth
 Funeral Director

Received of R. M. Gaines, Ordinary Bartow County, Georgia, Nine & 75/100 (\$9.75) Dollars, to apply on funeral expenses J. G. Sherman. From Pension Department.

This March 6, 1935.

W. P. WHITWORTH
 BY W. P. Whitworth

Application for Payment of Expenses of Last Illness and Funeral (Under Act of 1919) (To be disbursed by the Ordinary)

GEORGIA, Bartow County:
 Before me, the Ordinary of said County, comes
 C. C. Sherman
 of said County, who, after being duly sworn, on oath says that he knew J. G. Sherman late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of \$114.75, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me, this 25 day of Sept 1935
 R. M. Gaines } Ordinary
 C. C. Sherman

CERTIFICATE OF THE ORDINARY

GEORGIA, Bartow County.
 I certify that C. C. Sherman who subscribed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew J. G. Sherman the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this 25 day of Sept 1935
 (Seal of Ordinary) R. M. Gaines Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Requires those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:
 "The above and foregoing account is rendered for services in the last illness (or funeral) expenses, as the case may be) of _____ who died without owning sufficient property to pay this bill."
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect; and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

Gal Iron for grave 4.75
114.75

The above and foregoing account is rendered for funeral expenses of J.G. Sherman who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me this 27 day of Sept 1933

R. M. Gaines
Ordinary

J. G. Sherman

Adairsville, Ga.

Received of R. M. Gaines, Ordinary of Bartow County, \$105.00, to apply on the funeral expenses of J. G. Sherman, deceased, this money from Confederate Pension Dept. of the State of Georgia.
This 6 day of March, 1934.

J. G. Sherman
Funeral Director

Adairsville, Ga.

Received of R. M. Gaines, Ordinary Bartow County, Georgia, Nine & 75/100 (\$9.75) Dollars, to apply on funeral expenses J. G. Sherman. From Pension Department.

This March 7, 1935.

W. P. WHITWORTH

BY

J. G. Sherman

that he knew J. G. Sherman late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of \$114.75, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me, this 25 day of Sept., 1933.

R. M. Gaines
Ordinary.

CERTIFICATE OF THE ORDINARY

GEORGIA, Bartow County.

I certify that C. C. Sherman who subscribed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew J. G. Sherman the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this 25 day of September, 1933.
(Seal of Ordinary) R. M. Gaines, Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or funeral) expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill."
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH County <u>Bartow</u> Millage District (Number and Name) <u>957</u> City or Town <u>Kingston</u> Length of residence in this city or town: Yrs. <u>None</u> Mo. <u>None</u> Days <u>None</u> NON-RESIDENT (Yes or No) Street and Number (No.) _____ (Street) _____ Ward _____ (If death occurred in a hospital, give its name instead of street and number)		Registered No. <u>15</u>	
2. FULL NAME <u>Jacob G. Sherman</u> Residence (City or Town) _____ (Street and Number) _____ (State) _____		3. MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u> 4. COLOR or RACE <u>white</u> 5. MARRIAGE <u>Widowed</u> Divorced (write the word)		6. DATE OF DEATH <u>Sept. 5th. 1933</u> at <u>9 A.M.</u> (Month, Day, Year)	
6. DATE OF BIRTH (month, day, year) <u>Aug. 13th. 1841</u> 7. AGE <u>92</u> Years <u>22</u> Months <u>22</u> Days <u>None</u> Hours <u>None</u> Minutes <u>None</u>		7. I HEREBY CERTIFY That I attended the deceased from <u>Aug. 15th. 1933</u> to <u>Aug. 26th. 1933</u> . I last saw him alive on <u>Aug. 26th. 1933</u> . He is said to have occurred on the date and hour stated above. (Principal cause of death and related causes of importance, order of onset and duration of each) <u>(Senility) Acute Heart Failure</u>	
8. OCCUPATION (a) Trade, profession or particular kind of work done, as spinner, surveyor, bookkeeper, etc. (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. (c) Date deceased last worked at this occupation (month and year) (d) Total years spent in this occupation		8. Other contributory causes of importance: <u>Old bullet wound near heart</u>	
9. BIRTHPLACE (P. O. Address) <u>Georgia</u>		What test confirmed diagnosis? (Specify whether serum, venous, bloodwork, or clinical)	
10. NAME <u>W. U. Sherman</u>		If death was due to external causes (violence) fill in also the Was injury an accident, suicide, or homicide?	
11. BIRTHPLACE (P. O. Address) <u>Rhode Island Conn.</u>		Where did injury occur (Specify city or town, if outside of limits, the county, and also the State)	
12. MAIDEN NAME <u>Evelyn Guann</u>		Did injury occur in a home, public place or highway? <u>No</u>	
13. BIRTHPLACE (P. O. Address) <u>Georgia</u>		Manner of injury	
14. INFORMANT (Signed) <u>Miss Dora Sherman</u> (Address) <u>Decatur Ga.</u>		Nature of injury	
15. BURIAL PLACE (Cemetery) <u>St. Camel</u> (Pastor) <u>Linwood Ga.</u> Date <u>9-6-33</u>		(Signed) <u>J. N. Griffith</u> (Address) <u>Adairsville Ga.</u>	
16. UNDERTAKER (Signed) <u>W. P. Whitworth</u> (Address) <u>Adairsville Ga.</u>		17. FILED <u>9-6-1933</u> (Signed) <u>J. N. McKelvey</u> (Address) _____	

I here-by certify that this is a true copy of said death as filed in my office.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. Was disease or injury caused by dangerous or insalutary conditions or occupation? Where was disease contracted? If not at place of death?

1991

PLACE OF DEATH		DEATH OF VITAL STATISTICS		Registered No. 15
County Bartow	Militia District (Number and Name)	1917	State of Florida	
City or Town Kingston	Length of residence in this city or town: Yrs. Mon. Ds. NON-RESIDENT (Yes or No)			
Street and Number (No.)	(Street)	(If death occurred in a hospital, give its name instead of street and number)		
Work				
2. FULL NAME Jacob C. Sherman				
Residence (City or Town)		(Street and Number)		(State)
PERSONAL AND STATISTICAL PARTICULARS				
1. SEX	4. COLOR or RACE	5. Single, Married, Widowed, Divorced (write the word)		
Male.	white			
6. DATE OF BIRTH (month, day, year)	Aug. 13th 1841			
7. AGE	Years	Months	Days	If less than one day
92	22			Hours. Minutes.
(A) Trade, profession or particular business, occupation, or service, as spinner, Sawyer, bookkeeper, etc.				
Farmer				
(B) Industry or business in which such work done, as cotton mill, sawmill, brick, etc.				
(C) Trade deceased last worked at this occupation (month and day)				
(D) Total years spent in this occupation				
8. BIRTHPLACE				
(P. O. Address) Georgia				
10. NAME W. U. Sherman				
11. BIRTHPLACE				
(P. O. Address) Rhode Island Conn.				
12. MAIDEN NAME Evelyn Guann				
13. BIRTHPLACE				
(P. O. Address) Georgia				
14. INFORMANT				
(Signed) Miss. Pora. Sherman				
(Address) Deatur Co.				
15. BURIAL PLACE				
(Cemetery) Ft. Camel.				
(Parish) Linwood Co. Date 9-6-33.				
16. UNDERTAKER				
(Signed) W. P. Whitworth.				
(Address) Adairville Ga.				
MEDICAL CERTIFICATE OF DEATH				
16. DATE OF DEATH Sept. 5th 1933.				
17. I HEREBY CERTIFY That I attended the deceased from Aug. 15th 1933 to Aug. 26th 1933.				
I last saw him alive on Aug. 26th 1933.				
It is said to have occurred on the day and hour stated above.				
The principal cause of death and related causes of importance under or most and duration of each:				
(Specify) Acute Heart Failure				
Other contributory causes of importance:				
Old Bullet wound near heart.				
What test confirmed diagnosis?				
(Specify whether autopsy, venereal, laboratory, or clinical)				
If death was due to external causes (violence) list it also in this column.				
Was injury an accident, suicide, or homicide?				
Where did injury occur?				
(Specify city or town, if outside of State, the county, and place the injury occurred)				
Did injury occur in a home, public place or industry? No				
Manner of injury				
(Signed) J. E. Griffith.				
(Address) Adairville Ga.				
15. FILED 9-6-1933.				
(Signed) J. N. McKeyer.				
(City) Bartow				

Shiflet, James
Bartow Co.
No. 1909

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name James Shiflet

County Bartow

Disability Loss of leg.

Amount, \$ 100

Entered on record Mich 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT.

W. A. Wright

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

STATE OF GEORGIA.

Bartow County.

I, John M. Mendenhall

Ordinary of said county,

do certify that I am well acquainted with James Shiflet 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 June 1892.

John M. Mendenhall
Ordinary Bartow County.

Amount, \$ 100
Entered on record *March* 1892.
W. H. HARRISON,
Secretary of Executive Department.
AGENT.
M. A. Wright
Geo. W. Harrison, State Printer, Atlanta, Ga.

Ordinary of said county,
to Shipler
the
sified that the statements made by him in his
to extent he claims, and I know he is the
tides in this county.
7 day of *March* 1892
Barlow
County.

STATE OF GEORGIA.

Barlow County.
I, *John Mudduck* Ordinary of said county,
do certify that I am well acquainted with *James Shipler* 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 *7* day of *March* 1892.
John Mudduck
Ordinary *Barlow* County.

POWER OF ATTORNEY.
STATE OF GEORGIA.

Barlow County.
Know all Men by these Presents, That I *James Shipler*
of *Barlow* County, State of Georgia, do hereby appoint
of *Barlow* 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
16 day of *March* 1892.

Executed in the presence of us: *James Shipler* [L.S.]
John Mudduck
John Mudduck

John Mudduck
DIRECTION.
Send money to me as follows, by

to *Barlow* County, Georgia. P. O.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *James Shipler*

County *Barlow*

Disability *Left leg*

Amount, \$ *100*

Entered on record *March* 1892

W. H. HARRISON,
Secretary of Executive Department.

AGENT.

M. A. Wright
Geo. W. Harrison, State Printer, Atlanta, Ga.

Shipler, James
Barlow Co
1893.

Application for Allowance

No. *115*

FOR THE YEAR ENDING OCTOBER 31, 1892.

James Shipler
Applicant.

County *Barlow*

Amount, *100*

Date of Warrant, *3/28*

Entered on record, *March* 1892.

John Mudduck
Secretary Executive Department.

WARRANT ISSUED TO
James Shipler
Geo. W. Harrison, State Printer, Atlanta, Ga.

STATE OF GEORGIA.
FOR APPLICANTS HEREIN ALLOWED PENSIONS

Shiflet, James
Barlow Co.
Mo. 1909

SOLDIER'S PENSION.
1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name James Shiflet
County Barlow
Disability Left leg
Amount \$ 100
Entered on record March 1892.
W. H. HARRISON,
Secretary of Executive Department.

AGENT:
W. A. Wright
Gen. W. Harrison, State Printer, Atlanta, Ga.

Shiflet, James
Barlow Co.
1893.

Application for Allowance
No. 115
For the Year Ending October 26, 1893.

James Shiflet
Applicant, Shiflet
County, Barlow
Amount, 100
Date of Warrant, 3/25
Entered on record, March 1893.
WARRANT ISSUED TO
James Shiflet
Secretary Executive Department.
Gen. W. Harrison, State Printer, Atlanta, Ga.

This applicant lived in Barlow Co. Mo. 1909.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA.

Barlow County. }
PERSONALLY appears James Shiflet
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 13 day of April 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 D, of 37th Regiment of GA Volunteers Barlow's Brigade; that whilst engaged in such military service at the battle of Chickamauga in the State of GA, on the 19 day of Sept. 1863, he was wounded as follows: by a gun shot wound in the right leg below the knee, leg amputated below the knee.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of \$100.00 Dollars for several years.

Sworn to and subscribed before me this 17 day of March 1892. James Shiflet
G. W. Audubon 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, James Shiflet of Barlow County, State of Georgia, do hereby appoint Gen. 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 17 day of March 1892. James Shiflet [s. s.]

Executed in the presence of us: A. J. Stephens
G. W. Audubon Ordinary.
Send money to me as follows, by Express to me to Adamsville P. O. Barlow County, Georgia.
James Shiflet

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA.

Barlow County. }
PERSONALLY appears James Shiflet 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 13 day of April 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 D, of 37th Regiment of Georgia Volunteers Barlow's Brigade; that whilst engaged in such military service at the battle of Chickamauga in the State of Georgia, on the 19 day of September 1863, he was wounded as follows: by a gun shot wound in the right leg below the knee, which caused the same to be amputated.

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 one hundred dollars, for 1882, 1883, 1884, 1885, 1886, 1887, 1888, 1889, 1890, 1891, 1892.

Sworn to and subscribed before me, this, 16 day of March 1893. James Shiflet
La Price 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. Audubon Ordinary of said County, do certify that I am well acquainted with James Shiflet 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 La Price 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 16 day of March 1893. G. W. Audubon Ordinary Barlow County.

STATE OF GEORGIA. }
POWER OF ATTORNEY

in the State of Georgia, on the 19th day of September, 1863, he was wounded as follows: by a gun shot -
wound in right leg below the knee. Leg
amputated below the knee

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, 1893. I have heretofore been allowed a pension of

\$100.00 Dollars for twelve years

Sworn to and subscribed before me this the 16th day of March, 1893, } James Shiflet
James Shiflet 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, James Shiflet

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 16th day of March, 1893.

Executed in the presence of us:
C. J. Stephens
Wm. W. Hought Ordinary.

DIRECTION.

Send money to me as follows, by express to me to Adairsville P. O.
Barlow County, Georgia.

James Shiflet

of Georgia, on the 19th day of September, 1863, he was wounded as follows: by a gun shot wound in the right leg below the knee, which caused the same to be amputated

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

one hundred dollars, for 1882, 1883, 1884, 1885, 1886, 1887, 1888, 1889, 1890, 1891, 1892, 1893.

Sworn to and subscribed before me, this, the 16th day of March, 1893, } James Shiflet
James Shiflet 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, James Shiflet Ordinary of said County, do certify that I am well acquainted with James Shiflet 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 Justice of the Peace of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 16 day of March, 1893.
Wm. W. Hought Ordinary Barlow County.

STATE OF GEORGIA
POWER OF ATTORNEY

day of March 1893.
Executed in the presence of us:
Wm. Stephens
Wm. Andrew B. Orin
DIRECTION.
Send money to me as follows, by Express to me
to Adamsville P. O.
Barlow County, Georgia.
James Skipton

Before whom the foregoing affidavits were made and power of attorney was signed, is a
J. P. of said County, and the said affidavits and
signatures thereto are genuine.
Given under my official signature and seal this 16 day of March 1893.
Wm. Andrew B. Orin
Ordinary Barlow County.
STATE OF GEORGIA
POWER OF ATTORNEY

BAD COPY - LIGHT PRINT

Pension offer
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J. W. Lindsey

Simpson A. B. (Pers.)
Widow's Pension
No. *OK for 1911*
Widow's Pension
UNDER ACT 1910.
County *Bartow*
Name *A. B. Simpson*
Widow of *Melvin Simpson*
D 28 9a Vol
J. W. LINDSEY,
Commissioner of Pensions.
Chas. F. Boyd, State Printer.
6/27/11/30/16

Widow of
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R. Lindsey

Widow of *Melvin Simpson*
28 Ga Vol
J. W. LINDSEY,
Commissioner of Pensions.
Chas. F. Byrd, State Printer.
6/27/11 11/30/16

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

STATE OF GEORGIA,
Barlow County.

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

1. What is your name, and where do you reside? *A. B. Simpson Barlow Ga*
2. How long and since when have you been a continuing resident in the State of Georgia? *2 years Georgia 66 year since birth*
3. When, where and to whom were you married? *1863, Barlow Ga. In Co. D, 28th Ga. Regt. Inf.*
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) *1863, Barlow Ga. In Co. D, 28th Ga. Regt. Inf.*
5. When and where did the Commands of your husband surrender or discharge from the army? *Appomattox, April 9, 1865*
6. Was your husband personally present at the time of the surrender or discharge of this Command? *He was not*
7. If he was not present state clearly where he was? *In Co. D, 28th Ga. Regt. Inf.*
8. Where was his Command when he left?
 - a. For what cause did he leave his Command? *He was discharged*
 - b. By whose authority did he leave his Command? *I do not know*
 - c. For how long was he granted leave of absence? *I do not know*
 - d. What was his physical condition when he left his Command? *I do not know*
 - e. What effort did he make to return to his command? *I do not know*
 - f. In what way was he prevented from going back to Command? *I do not know*
 - g. Was he captured by the enemy at any time? *I do not know*
 - h. If so, when and where captured and where held as a prisoner, and when and for what cause released?
9. When and where did your husband die? *Oct. 1875, Cobb Co. Ga*
10. Were you residing together when he died?
 - a. If not, how long had you resided apart?
 - b. What property of any description did you own, hold or control for your use and its cash value, Nov. 3, 1908? (State same by items.) *I had no property except my little household*
10. What property of any kind have you sold or given away since Nov. 3, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) *None whatever*
11. What property of any description of any value have you now? *None*
12. Give list and cash value?
 - a. What are your annual earnings or income and their value? *Have no income or earnings. My son provides for me*
13. Have you heretofore been paid a pension by the State?
If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the *18th* day of *Oct* 19*10* *A. B. Simpson*
G. W. Lindsey Ordinary,
of *Barlow* County.

Barlow
28 Ga Vol
Widow of
A. B. Simpson
UNDER ACT 1910
Widow's Pension
Barlow
A. B. Simpson
Widow of
Melvin Simpson
28 Ga Vol
6/27/11 11/30/16
J. W. LINDSEY,
Commissioner of Pensions.
Chas. F. Byrd, State Printer.

STATE OF GEORGIA,

Cobb County.

Personally before me comes James S. Hughes who after being duly sworn true answers to the following questions, answers as follows:

1. What is your name and where do you reside? James S. Hughes, P.M. Co.
2. How long and since when have you known J. C. Simpson applicant? 60 years
3. How long and since when has she continuously resided in this State? (Give date.) All her life
4. When and to whom was she married? William Simpson How do you know? I know him
5. How long and since when did you know William Simpson her husband? All her life
6. When and where did William Simpson the husband of Applicant die? Ant. answer
7. Where the Applicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death? —
9. When, where and in what Company and Regiment did William Simpson enlist? Co. B in Spring of 1863, Co. from Cuba, Co. D. 28
10. Were you a member of the same Company? Yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? Until fall of 1864, he was sent to hospital
12. When, and where did his Command surrender, and was discharged? —

13. Were you personally present when it was surrendered? Yes If not where were you? Was at home on husband and William Simpson
14. Was the husband of applicant personally present at surrender? — If not where was he? — when, where and for what cause did he leave Command? (Give date.) — By whose authority did he leave his Command? — and how long was he granted leave? — How do you know all this? —

15. For what cause, if you know of your own knowledge he was 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 24 day of October 1910 J. L. Hughes Ordinary, Cobb County.

- f. What effort did he make to return to his Command? —
- g. In what way was he prevented from going back to Command? —
- h. Was he captured by the enemy at any time? —
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? —
- j. When and where did your husband die? Oct. 1875, Cobb Co. Ga
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart? —
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908? (State same by items.) I had no property except my little household
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None whatever
11. What property of any description of any value have you now? None
12. What are your annual earnings or income and their value? None or earnings, my husband for me
13. Have you heretofore been paid a pension by the State? Yes

Sworn to and subscribed before me this the 18 day of Oct 1910 J. C. Simpson Ordinary, Barlow County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Barlow County.

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

no Personal property no
no Notes and accounts due no
Total —

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

none Personal property none
none Money, Notes and accounts none

Schedule (C). We also know what property she has now in her possession, use and control to wit:
none Acres of land, worth none
none Horses and Mules none
none Cows and Hogs none
none Other property none
none Income and earnings none
Total Value of all property and effects —

Sworn and subscribed before me this the 17 day of Oct 1910 J. C. Simpson Ordinary, Barlow County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Barlow County.

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

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

That the Tax Returns — Returned for Tax is for 1908 \$ nothing for 1910 \$ nothing
Sworn under my hand and official seal of office this 14 day of Nov 1910

SEAL J. C. Simpson 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 make to each of the questions asked you and the evidence you shall give will be the truth. So help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. All affidavits must be made before the Ordinary. 4. Only widows who married prior to first January 1870, are entitled. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Were they divorced? no

9. When, where and in what Company and Regiment did Melvin Simpson enlist
June 26 in Spring of 1863, Co. from Cuba, Co. D. 28
Co. Volunteers, Infantry

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

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? until fall of 1864. he was sent to the hospital

12. When, and where did his Command surrender, and was discharged?

13. Were you personally present when it was surrendered? yes If not where were you at home on Hurlburg and Melvin Simpson and how came you there? and myself went to King's and Eumond's

14. Was the husband of applicant personally present at surrender? no If not where was he? no 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? no

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? no

Sworn to and subscribed before me this the 24 day of October 1910 J. M. Gaine Ordinary,
Cobb County.

I am not a member of the same Company and Regiment as the applicant. I am not a member of the same Company and Regiment as the applicant. I am not a member of the same Company and Regiment as the applicant.

Acres of land worth none

Horses and Mules none

Cows and Hogs none

Other property none

Income and earnings none

Total Value of all property and effects none

Sworn and subscribed before me this the 17 day of Oct. 1910 G. W. Hendricks Ordinary,
Barlow County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Barlow County.

I G. W. Hendricks Ordinary of said County do certify that, I know Mrs. A. C. Simpson the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov, 1908.

That I also know no the witness who swears to the service of husband, and no who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns nothing Returned for Tax is for 1908 \$ nothing for 1910 \$ nothing

Sworn under my hand and official seal of office this 14 day of Nov 1910

SEAL G. W. Hendricks Ordinary,
Barlow County

(SEAL)

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."

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

3. All affidavits must be made before the Ordinary.

4. Only widows who married prior to first January 1870, are entitled.

5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Georgia, Barlow County.

Personally came before me J. W. Leach who on oath says that he knew Melvin Simpson and his widow, Mrs. A. C. Simpson. Visited them in the last sickness of Melvin Simpson; that the said Melvin Simpson became diseased and was sick with rheumatism or other chronic affecting for a considerable time preceding his death, and was forced when he was able to get up and out to use crutches in order to get about the house and premises nearby; that Mr. Simpson was an invalid for a long time before his death. Mrs. A. C. Simpson was the lawful wife of, and now the lawful widow of the said Melvin Simpson. deceased and she resides in this County.

Sworn to and subscribed before me June 29th 1911 J. W. Leach
G. W. Hendricks Ordinary

For Barlow County

1930

Application for Pension Due Deceased Pensioner
 (UNDER ACT 1010)
 (To pay expenses of last illness and funeral)

R. M. Barnes Ordinary

For Mrs. A. C. Simpson

Date of Death Feb 16 1920

Amount \$ 100.00

Approved and ordered paid R.
April 25, 1930 R. de T. Lawrence
 Commissioner of Pensions.

Edw. A. G. G. G.
R. M. Gaine Ord.

Ordinary: Fill out above in full and send this blank to Pension Department for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Department with your receipted payrolls to be permanently filed with them. Do not keep this application in your office.

Another in order to get about the same
and premises nearby; that Mr. Simpson
was an invalid for a long time before
his death. Mrs. A. C. Simpson was the
lawful wife of, and now the lawful
widow of the said Melvin Simpson-
deceased, and she resides in the
County.
Sworn to and Subscribed
before me June 22nd 1911 } J. W. Lesch
J. W. Lesch
Ordinary

Amount \$ 7.00
Approved and ordered paid *OK*
April 23, 1930 R. deT. Lawrence
Commissioner of Pensions.
Ordinary: Fill out above in full and send
this blank to Pension Department for ap-
proval. Do not pay out the money until the
approved blank is in your hands giving you
authority to do so. Send back to the Pension
Department with your receipted payrolls to
be permanently filed with them. Do not keep
this application in your office.

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



CARTERSVILLE, GA. June 24th 1911

Col. J. W. Lindsey
Dear Friend: I hand you Application of
Mrs. Simpson amended as requested. This is
a very worthy old lady and Mr. Simpson
was true to his duty as long as he could
perform it, and in fact, even after he was
unable from physical sickness to do more
till finally he was forced to give it
up on account of sickness.
I think maybe I will come down
some day meet you.
Guess you will have a warm time during
the session of the Legislature.
Be good and keep cool.
Your Friend

Received of R. M. Gaines, Ordinary Bartow County,
One Hundred (\$100.00) Dollars to apply on funeral
expense of Mrs. A. C. Simpson, as per account
on reverse side.

Johnson Funeral Directors,
By J. P. Williams
This July 10, 1930.

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

GEORGIA, Bartow County.
Personally before me, the Ordinary of said County, comes J. F. Simpson
of said County, who, after being sworn, on oath
says that he knew Mrs. A. C. Simpson of said County, and that said Pensioner
was on the Pension Roll of said County at the time of death, which occurred in Bartow
County, in this State, on the 18th day of February 1920,
and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral
expenses, which amounted to the sum of \$17.00, per sworn statements fully and completely
ITEMIZED hereto attached.
Sworn to and Subscribed before me,
R. M. Gaines Ordinary
Bartow County
(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, Bartow County.
I, R. M. Gaines Ordinary of said County, do certify
that I personally know J. F. Simpson who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full
faith and credit; that I also knew Mrs. A. C. Simpson while in life and that this was
the same person whose name appears on the Pension Roll of Bartow County, and
was paid a Pension of Two Hundred (\$200.00) Dollars
in said County for 1927, and I now believe said pensioner to be dead; and that the instructions at the
foot of this voucher have been carefully observed in making up this voucher and the bills which are at-
tached hereto.
Given under my hand and official seal, this 20th day of February, 1930
(Seal of Ordinary) R. M. Gaines Ordinary
Bartow County

- INSTRUCTIONS:
- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
 - 2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," etc.)
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____ who died without owning sufficient property to pay this bill."
 - 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
 - 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
 - 5th. Return this application, and attached bills, with your final settlement, to the Pension Department.
 - 6th. Ordinary should see that the back of this blank, when folded, is filled out.

Mrs. Simpson amended as requested. This is
 a very worthy old lady and Mr. Simpson
 was true to his duty as long as he could
 perform it, and in fact, even after he was
 unable from physical weakness to do service,
 till finally he was forced to give it
 up on account of sickness.
 Think may be I will come down
 some day just quick.
 Guess you will have a warm time during
 the session of the Legislature.
 Be good and keep cool.
 Yours Friend

Received of R.M. Gaines, Ordinary Bartow County,
 One Hundred (\$100.00) Dollars to apply on funeral
 expense of Mrs. A.C. Simpson, as per account
 on reverse side.

Johnson Funeral Directors,
 By J.P. Heims
 This July 10, 1930.

County, in this State, on the 10th day of February, 1930,
 and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral
 expenses, which amounted to the sum of \$177.00, per sworn statements fully and completely
 ITEMIZED hereto attached.

Sworn to and subscribed before me,
 R.M. Gaines, Ordinary
 Bartow County
 (Seal of Ordinary)

J.F. Simpson

CERTIFICATE OF ORDINARY

GEORGIA, Bartow County.
 I, R.M. Gaines, Ordinary of said County, do certify
 that I personally know J.F. Simpson, who is a resident
 citizen of said County, and that said person is of truthful and trustworthy character, entitled to full
 faith and credit; that I also knew Michael Simpson while in life and that this was
 the same person whose name appears on the Pension Roll of Bartow County, and
 was paid a Pension of Two Hundred (\$200.00) Dollars
 in said County for 1927, and I now believe said pensioner to be dead; and that the instructions at the
 foot of this voucher have been carefully observed in making up this voucher and the bills which are at-
 tached hereto.

Given under my hand and official seal, this 20th day of February, 1930.
 (Seal of Ordinary) R.M. Gaines, Ordinary
 Bartow County

- INSTRUCTIONS:
- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
 - 2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," etc.)
 "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____ who died without owning sufficient property to pay this bill.
 - 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
 - 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
 - 5th. Return this application, and attached bills, with your final settlement, to the Pension Department.
 - 6th. Ordinary should see that the back of this blank, when folded, is filed out.

Cartersville, Ga. 2-16-1930
 Mrs. A.C. Simpson
 Cartersville Ga R.F.S.
 IN ACCOUNT WITH
JOHNSON'S FUNERAL DIRECTORS
 104 W. MAIN STREET
 Quick Ambulance Service Prompt Attention Given All Calls
 PHONE 255

Embalming	15 00
Casket	115 00
Dress	18 00
Shawl	1 50
Flowers	10 00
Funeral Car	17 50
	<u>177.00</u>

The above and foregoing account rendered
 for funeral expenses of Mrs. A.C.
 Simpson, who died without owning
 sufficient property to pay this bill

Johnson Funeral Directors
 J.A. Johnson
 Sworn to and subscribed before me,
 this 20th day of February, 1930.
 R.M. Gaines
 Ordinary

Embalming	15.00
Casket	115.00
Dress	18.00
Shoe	1.50
Flowers	10.00
Funeral Car	17.50
	<u>177.00</u>

The above and foregoing account rendered
for funeral expenses of Mrs. G. L.
Simpson, who died without leaving
sufficient property to pay this bill.

Johnson Funeral Directors
R. G. Johnson

Sworn to and subscribed before me,
this 20th day of February, 1930.
H. W. Garrison
Notary

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow COUNTY.

E. A. Simpson hereby authorizes
W. A. Simpson of Barlow County, Ga.

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

me at Barlow Ga.

day of Jan 1904.

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

10th day of Dec 1904.

Witness my hand and seal, this

10th day of Dec 1904.

W. A. Simpson [L.S.]

Simpson, W. A. (ma)
Barlow County,

TO THOSE HERETOFORE PAID.

1904.

Police No. 909
Barlow Co. Ga. 1904

INDIGENT
WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

W. A. Simpson

Barlow County.

Widow of John Simpson

Co. B 40 80 Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

219 1904,

AND HANDS TO

W. A. Simpson

Geo. W. Harrison, State Printer, Atlanta.

Geo. W. Harrison, State Printer, Atlanta

TORNEY.

1

Executed in presence of *Mark*

Geo. W. Harrison, State Printer, Atlanta.

AND HANDLED TO

Simpson, N.A. (Mrs)
Barlow County

TO THOSE HERETOFORE PAID.

1904.

Paid to 900
Barlow

INDIGENT
WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904
PAID TO

Mrs. N.A. Simpson
Barlow

County, *Barlow*
Widow of *John Simpson*
Co. *K 40 Ga.* Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
2/9
AND FORWARDED TO
Barlow

1904.

Geo. W. Harrison, 1000 First St. N.E., Atlanta.

Simpson, N.A. (Mrs)
Barlow

To Those Heretofore Paid.

1905.

No. 944

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1905.
PAID TO

Mrs. N.A. Simpson
Barlow

County, *Barlow*
Widow of *John Simpson*
Co. *K 40* Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 7
AND FORWARDED TO
Barlow

1905.

Geo. W. Harrison, 1000 First St. N.E., Atlanta.

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of *Barlow* } *N.A. Simpson*

who, being sworn, says on oath that she is a bona fide resident of said County of *Barlow* State of Georgia, and that she has resided in said State continuously ever since *75 yrs*. That she is the Widow of *John Simpson* who was a soldier in Company *K* of the *40* Regiment of *Ga.* Volunteers, that he enlisted in said regiment on or about the month of *March* 1862, and served in the Army up to *May* 1863. That he died on the *25* day of *June* 1899.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1892.

I have been allowed an Indigent pension as a resident of *Pock* County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this *14* day of *Jan* 1904. *N.A. Simpson* *Post Office* *Barlow* Ordinary.

State of Georgia, } *G.W. Hendricks*
Barlow County, } Ordinary of said County, certify that I am well acquainted with Mrs. *N.A. Simpson* who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of *18*.

Given under my official signature and seal, this the *14* day of *Jan* 1904.



G.W. Hendricks
Ordinary of *Barlow* County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of *Barlow* } *N.A. Simpson*

who, being sworn says on oath, that she is a bona fide resident of said County of *Barlow* State of Georgia, and that she has resided in said State continuously ever since *all her life*. That she is the Widow of *John A. Simpson* who was a soldier in Company *K* of the *40* Regiment of *Ga.* Volunteers, that he enlisted in said regiment on or about the month of *March* 1862, and served in the Army up to *Sept May* 1863. That he died on the *22* day of *June* 1901.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1857.

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

Sworn to and subscribed before me, this *14* day of *Jan* 1905. *N.A. Simpson* *Post Office* *Barlow* Ordinary.

State of Georgia, } *G.W. Hendricks*
Barlow County, } Ordinary of said County, certify that I am well acquainted with Mrs. *N.A. Simpson* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of *18*.

Given under my official signature and seal, this the *14* day of *Jan* 1905.



G.W. Hendricks
Ordinary of *Barlow* County

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

the year 18 52

I have been allowed an Indigent pension as a resident of Pock
County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the
year ending December 31, 1904.

Sworn to and subscribed before me,

this 14 day of Jan 1904.
G.W. Hendricks Ordinary.

Post Office

N. A. Simpson
mark

State of Georgia,

Barlow County.

Ordinary of said County, certify that I am well
acquainted with Mrs. N. A. Simpson, who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 18

Given under my official signature and seal, this the 14 day of Jan 1904.



G.W. Hendricks
Ordinary of Barlow County.

NOTE--All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

the year 18 57

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

Sworn to and subscribed before me,

this 11 day of Jan 1905.
G.W. Hendricks Ordinary.

Post Office

N. A. Simpson
mark

State of Georgia,

Barlow County.

Ordinary of said County, certify that I am well
acquainted with Mrs. N. A. Simpson, who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 18

Given under my official signature and seal, this the 11 day of Jan 1905.



G.W. Hendricks
Ordinary of Barlow County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, N. A. Simpson 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 at Barlow Ga.

In Witness Whereof, I have hereunto set my hand and seal, this 12 day of Jan 1906.

N. A. Simpson [L. S.]
mark

Executed in presence of

J. M. Leach

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, N. A. Simpson 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 at Barlow Ga.

In Witness Whereof, I have hereunto set my hand and seal, this 30 day of Jan 1907.

N. A. Simpson [L. S.]
mark

Executed in presence of

G.W. Hendricks Claring

Simpson, N. A.
Barlow County

To Those Heretofore Paid.

1906.

No. 1081

INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1906.

PAID TO
Mrs. N. A. Simpson
OF
Barlow County,
Widow of John Simpson,
Co. H, 40th Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
JAN 29 1906.

AND HANDLED TO

FOR INDIGENT WIDOWS HERETOFORE ATTORNEYS

Simpson, N. A. (Mrs)
Barlow Co

To Those Heretofore Paid.

1907.

No. 1081

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

PAID TO
Mrs. N. A. Simpson
OF
Barlow County,
Widow of N. A. Simpson,
Co. H, 40th Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 4 1907.

AND HANDLED TO

FOR INDIGENT WIDOWS HERETOFORE ATTORNEYS

Simpson, N.A. Mrs.
Barlow County
 To Those Heretofore Paid.
1906.
 No. *1288*
INDIGENT
WIDOW'S PENSION,
 For year ending Dec. 31, 1906.
 PAID TO
Mrs. N.A. Simpson
 OF
Barlow County,
 Widow of *John Simpson*
 Co. *H* 40th Regiment.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT ISSUED
JAN 29 1906.
 AND HANDLED TO
C
 THE FARMER PRINTING AND PUBLISHING CO., ATLANTA, GA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS

Simpson, N.A. Mrs.
Barlow Co
 To Those Heretofore Paid.
1907.
 No. *1281*
INDIGENT
WIDOW'S PENSION,
 For year ending Dec. 31, 1907.
 PAID TO
Mrs. N.A. Simpson
 OF
Barlow County,
 Widow of *John Simpson*
 Co. *H* 40th Regiment.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT ISSUED
FEB 4 1907.
 AND HANDLED TO
C
 THE FARMER PRINTING AND PUBLISHING CO., ATLANTA, GA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS

Form No. 1
FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES Mrs. *N.A. Simpson*
 County of *Barlow* }
 who, being sworn says on oath, that she is a bona fide resident of said County of *Barlow* State of Georgia, and that she has RESIDED in said State continuously ever since *1829*. That she is the Widow of *John Simpson* who was a soldier in Company *H* of the *40* Regiment of *GA* Volunteers, that he enlisted in said regiment on or about the month of *March* 186*2*, and served in the Army up to *after Oct* 186*3*. That he died on the *23* day of *June* 186*4*.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18*52*.

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

Sworn to and subscribed before me this *12* day of *Jan* 1906.
W. H. Anderson Ordinary.
 Post Office *Barlow*

State of Georgia, }
Barlow County. }
 I, *W. H. Anderson* Ordinary of said County, certify that I am well acquainted with Mrs. *N.A. Simpson*, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of *18*.

Given under my official signature and seal, this the *12* day of *Jan* 1906.

Official Seal
W. H. Anderson
 Ordinary of *Barlow* County.

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

Form No. 2
FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES Mrs. *N.A. Simpson*
 County of *Barlow* }
 who, being sworn says on oath, that she is a bona fide resident of said County of *Barlow* State of Georgia, and that she has RESIDED in said State continuously ever since *birth*. That she is the Widow of *John A. Simpson* who was a soldier in Company *H* of the *40* Regiment of *GA* Volunteers, that he enlisted in said regiment on or about the month of *Spring, March* 186*2*, and served in the Army up to *June* 186*3*. That he died on the *23* day of *June* 186*4*.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18*52*.

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

Sworn to and subscribed before me this *13* day of *Jan* 1907.
W. H. Anderson Ordinary.
 Post Office *Barlow*

State of Georgia, }
Barlow County. }
 I, *W. H. Anderson* Ordinary of said County, certify that I am well acquainted with Mrs. *N.A. Simpson*, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of *18*.

Given under my official signature and seal, this the *13* day of *Jan* 1907.

Official Seal
W. H. Anderson
 Ordinary of *Barlow* County.

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

186 2, and served in the Army up to after Oct 186 3 That he died on
the 23 day of June 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1852

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

Sworn to and subscribed before me
this 12 day of Jan 1906.
G. W. Henderson, Ordinary.

N. A. Simpson
monk
Post Office

State of Georgia,

Bartow County. } I, G. W. Henderson
Ordinary of said County, certify that I am well
acquainted with Mrs. N. A. Simpson, who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the

day of 18

Given under my official signature and seal, this the 12 day of Jan 1906.

Official
Seal

G. W. Henderson
Ordinary of Bartow County.

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

Volunteers, that he enlisted in said regiment on or about the month of May 1863 That he died on
186 2, and served in the Army up to June 186 3 That he died on
the 23 day of June 1863

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1852

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

Sworn to and subscribed before me
this 3 day of Jan 1907.
G. W. Henderson, Ordinary.

N. A. Simpson
monk
Post Office

State of Georgia,

Bartow County. } I, G. W. Henderson
Ordinary of said County, certify that I am well
acquainted with Mrs. N. A. Simpson, who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the

day of 18

Given under my official signature and seal, this the 3 day of Jan 1907.

Official
Seal

G. W. Henderson
Ordinary of Bartow County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County,

Geo A. Dawson hereby authorize
Wm Munsick of *Wm Munsick & Co*

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

at *Wm Munsick & Co* Clerk

Witness my hand and seal this 21 day of *Sept* 1897.

Executed in presence of

Wm Munsick } *Geo A. Dawson*
Wm Munsick } *Wm Munsick & Co*

Wm Munsick *Wm Munsick*

Pension Office 8/6/1897
 Further details as to the
 degree & character of infirm-
 ity is asked of the phy-
 sicians -
 The service as proven by
 the applicant is not so
 clear as it might be - It
 is not as the military states
 it - Rich Johnson
 Comd Pension
 Pension Office 7/15/1899
 to proper degree of infirm-
 ity appears -
 Rich Johnson
 Comd Pension
 Pension Office 7/2/1900
 The medical records all
 taken together, fails
 to make a claim of
 error or in any way
 for a Pension
 J. W. Lindsey
 Chief of Pension

SYSSON *Barlow*
Barlow
Barlow
Barlow

INDIGENT PENSION
 1897.

Geo A. Dawson

Name *Geo A. Dawson*

County *Barlow*

Co *Barlow*

Approved *Geo A. Dawson* 1897

Geo A. Dawson

Geo A. Dawson

Geo A. Dawson

WARRANT HANDED TO

Geo. W. Harrison, STATE PRINTER, ATLANTA.

927-1901

7-4-1907

3/9/99

Approved _____ 1897

WARRANT HANDED TO

9/27-1907
7/24-1907
3/9/99

24y appanay -
Rich Johnson
Cork Johnson
Pension office 7/2/11
The writer to send all
taken together, fails
to make a claim of
error or in any way
on a Pension
J. R. Ray
Ordinary Pension

of said State and County, having been presented
as a witness in support of the application of Geo A. Sisson
under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the
following questions, deposes and answers as follows:
1. What is your name and where do you reside? J. R. Ray, near
Adamsville Barlow County Ga.
2. Are you acquainted with Geo A. Sisson, the applicant, if so
how long have you known him? About 18 years
3. Where does he reside, and how long has he been a resident of this State? Near Adams-
ville Ga. Near where I have known him
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you
know this?
5. When, where and in what company and regiment did he enlist?
6. Were you a member of the same company and regiment?
7. How long did he perform regular military duty, and what do you know of his service as a Confed-
erate soldier, and the time and circumstances of his discharge from the service?
8. What property, effects, or income has the applicant? (Give your means of knowledge.)
Has no property, no income. Applicant lives on my
place and I am intimately acquainted with his condition.
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if
any did he make of same? I do not know just what he had, 1895/1896
he lived about 5 miles from me then, but I am satisfied that he
had no property, a clerk, a book, a cow. He is very poor and has been
condition as bad, for the time this writer lived he was in
my place, he has been helpless. He is poor, feeble.
10. What is the applicant's occupation and physical condition?
11. Is the applicant unable to support himself by labor of any sort, if so, why? Yes so, on
account of his weak and feeble condition
12. How was he supported during the years 1895 and 1896? I do not know
of my own knowledge
13. What portion of his support for these two years was derived from his own labor or income?
I do not know
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under the Act of December 15th, 1894? He is in greatly feeble health
and at times has to be helped up and fed. At
other times he can sit about, though he is weak
15. What interest have you in the recovery of a pension by this applicant? none
Sworn to and subscribed before me, this 24 day of July 1897.
J. R. Ray
Ordinary.

ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

Geo A. Sisson hereby authorize
Wm R. Ray of Adamsville Ga

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

at Adamsville Ga by Chok

Witness my hand and seal this 24 day of July 1897.

Executed in presence of

E. W. Harbrough } Geo A. Sisson
J. R. Ray } mark

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Barlow County.

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

1. What is your name and where do you reside? J. R. Ray, near
Adamsville Barlow County Ga.
2. Are you acquainted with Geo A. Sisson, the applicant, if so
how long have you known him? About 18 years
3. Where does he reside, and how long has he been a resident of this State? Near Adams-
ville Ga. Near where I have known him
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you
know this?

5. When, where and in what company and regiment did he enlist?
6. Were you a member of the same company and regiment?
7. How long did he perform regular military duty, and what do you know of his service as a Confed-
erate soldier, and the time and circumstances of his discharge from the service?

8. What property, effects, or income has the applicant? (Give your means of knowledge.)
Has no property, no income. Applicant lives on my
place and I am intimately acquainted with his condition.
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if
any did he make of same? I do not know just what he had, 1895/1896
he lived about 5 miles from me then, but I am satisfied that he
had no property, a clerk, a book, a cow. He is very poor and has been
condition as bad, for the time this writer lived he was in
my place, he has been helpless. He is poor, feeble.
10. What is the applicant's occupation and physical condition?
11. Is the applicant unable to support himself by labor of any sort, if so, why? Yes so, on
account of his weak and feeble condition

12. How was he supported during the years 1895 and 1896? I do not know
of my own knowledge

13. What portion of his support for these two years was derived from his own labor or income?
I do not know

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under the Act of December 15th, 1894? He is in greatly feeble health
and at times has to be helped up and fed. At
other times he can sit about, though he is weak

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

Sworn to and subscribed before me, this 24 day of July 1897.
J. R. Ray
Ordinary.

Witness

INDIGENT PENSION

1897.

Name Geo A. Sisson

County Barlow

Approved _____ 1897

WARRANT HANDED TO

9/27-1907
7/24-1907
3/9/99

[illegible]

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Barrow County)
Personally came before me James W. Bradley and
Barney, both known to me as reputable physicians
of said county, who being severally sworn, say on oath that they have examined carefully Don
Shelton, applicant for pension under the Act of 1894, and after
such personal examination say that his precise physical condition is as follows:

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

Sworn to and subscribed before me, this

the 13 day of May 1897.

Ordinary

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

I, Barlow County, Swedenborg, Ordinary in and for said County, hereby certify that the applicant Orla N. Lissom resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz:

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

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

I further certify that the tax digests of Asarlow County show that applicant returned for taxation in his name in 1895, _____ dollars of property, and in 1896, _____ dollars of property.

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

Witness my hand and seal of office, this 25 day of Feb 1897.

_____ Ordinary
of Barlow County.

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

Every Question MUST be Answered.

Sworn to and subscribed before me this the 16 day of July 1897. } Wm. H. Weston Applicant.
Wm. H. Weston Ordinary.
of Boston County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Barlow County.

I, *Wm. H. Lindsey*, Ordinary in and for said County, hereby certify that the applicant *Isa N. Lison* resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz:

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

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

I further certify that the tax digests of *Barlow* County show that applicant returned for taxation in his name in 1895, _____ dollars of property, and in 1896, _____ dollars of property.

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

Witness my hand and seal of office, this *25* day of *Feb*, 1897.

Wm. H. Lindsey Ordinary
of *Barlow* County.

NOTE.

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

Every Question 1217

upon the third state whether you are totally blind and when and where you lost your sight? *I have a knee, back and public from old age*

13. What property, effects or income do you possess and its gross value? *None*

14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? *A cow. Sold her to pay debts*

15. In what County did you reside during those years and what property did you then return for taxation? *In Floyd County Ga. \$20.00*

16. How were you supported during the years 1895 and 1896? *By my son*

17. How much did your support cost for each of those years and what portion did you contribute thereto by your own labor or income? *I do not know. 7th \$10.00*

18. What was your employment during 1895 and 1896? What pay did you receive in each year? *Farmed. Nothing*

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *A wife and four children. They live by their labor. Have no homestead*

20. Are you receiving any pension, if so, what amount and for what disability? *No*

Sworn to and subscribed before me this the *18* day of *Feb*, 1897. *Isa N. Lison* Applicant.
Wm. H. Lindsey Ordinary.
of *Barlow* County.

GEORGIA, *Barlow* County.

I, *Wm. H. Lindsey*, Ordinary of said county, do certify that I personally know *Martha Lison*, the applicant, and that she is the lawful widow of *Isa N. Lison*, and was on the *Indigent* Pension Roll of said *Barlow* county, and was paid a Pension from *Barlow* county for 1896, and at the time of his death on the *6* day of *Dec*, 1915, there was due to him and unpaid his Pension of *5.15* Dollars from the State of Georgia, and I know *Martha Lison & E. D. Holton*, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this *15* day of *Jan*, 1916

Wm. H. Lindsey Ordinary,
Barlow County.

GEORGIA, *Barlow* County.

I, *Wm. H. Lindsey*, Ordinary of said county, do certify that I personally know *Isa N. Lison*, the applicant, and that she is the lawful widow of *Isa N. Lison*, and was on the *Indigent* Pension Roll of said *Barlow* county, and was paid a Pension from *Barlow* county for 1895, and at the time of his death on the *6* day of *Dec*, 1915, there was due to him and unpaid his Pension of *5.15* Dollars from the State of Georgia, and I know *J. F. Stargis*, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this *5* day of *May*, 1916

Wm. H. Lindsey Ordinary,
Barlow County.

Lison, Isa N. (Mr.)
Barlow Co.

No. _____	1916
Application for Pension Due Deceased Soldier	
UNDER ACT 1891	
To be paid the Widow or Dependent Children	
BY	
<i>Martha Lison</i>	
Widow of <i>Isa N. Lison</i>	
of <i>Barlow</i> County	
Co. <i>A</i>	
Regt. <i>54</i>	
Vol.	
Approved and paid	1916
J. W. LINDSEY, Commissioner of Pensions.	
Chas. F. Boyd, State Printer, Atlanta.	

Lison, Isa N. (Mr.)
Barlow Co.

No. _____	1916
Application for Pension Due Deceased Soldier	
UNDER ACT 1891	
To be paid the Widow or Dependent Children	
BY	
<i>Isa N. Lison</i>	
Widow of <i>Isa N. Lison</i>	
of <i>Barlow</i> County	
Co. _____	
Regt. _____	
Vol.	
Approved and paid	1916
J. W. LINDSEY, Commissioner of Pensions.	
Chas. F. Boyd, State Printer, Atlanta.	

GEORGIA, *Barlow* County.

I hereby authorize and constitute *Wm. H. Lindsey* of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1916, through my deceased husband, *Isa N. Lison*, who was on *Indigent* Pension Roll and paid from *Barlow* for 1916.

Witness my hand this *15* day of *Jan*, 1916

Attested before me:

Wm. H. Lindsey *Martha Lison* *Isa N. Lison*

GEORGIA, *Barlow* County.

I hereby authorize and constitute *Wm. H. Lindsey* of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1916, through my deceased husband, *Isa N. Lison*, who was on *Indigent* Pension Roll and paid from *Barlow* for 1916.

Witness my hand this *5* day of *May*, 1916

Attested before me:

Wm. H. Lindsey *Isa N. Lison* *Martha Lison*

No. _____ 1916

Application for Pension Due
Deceased Soldier

UNDER ACT 1891

To be paid his Widow or Dependent Children

BY _____
Merritt Johnson
Widow of ~~Frank~~ Livingston
at ~~Barren~~ Barren County
Ga. A La Yola Yola

Approved and paid _____ 1916.

J. W. LINDSEY,
Commissioner of Pensions.

Check No. _____ Paid _____ Dollars and _____ Cents

GEORGIA, Saline County.

I hereby authorize and constitute Guthrie of said county, my lawful attorney to collect and receipt for in my name the Pension due me for 1946, through my deceased husband, Orville Austin, who was on Indigent Pension Roll and paid from Lawson for 1945.

Witness my hand this 5 day of June 1946

Attested before me:
O. B. Butler Notary Public for Saline County

No. _____ 1916

**Application for Pension Due
Deceased Soldier**

UNDER ACT 1891

To be paid the Widow or Dependent Children

BY *Mrs. J. A. Barton*

Widow *John A. Barton*

County *Barton*

Regt. *7* Vols. _____

Approved and paid _____ 1916.

J. W. LINDSEY,
Commissioner of Pensions.

GEORGIA, Bartow County.
 I hereby authorize and constitute Arthur H. ... of said county, my
 lawful attorney to collect and receipt for me in my name the Pension due me for 1916, through my
 deceased husband, Ben A. ... who was on Indigent
 Pension Roll and paid from Bartow County for 1915
 Witness my hand this 8 day of May 1916
 Attested before me:
Arthur H. ... } Ben A. ...
... } ...

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Dartow County.

Personally before me comes Mrs. Morpha Nesson, of said county, after being duly sworn, on oath says that she is the widow of Ira A. Nesson who was duly enrolled as an Indigent Pauper from the county of Barlow and was paid a Pension of sixty Dollars from Barlow county for 1915, and that the said Ira A. Nesson died in Barlow county on the 6 day of Dec, 1915, and at the time of his death a Pension of sixty was due him from Barlow county and unpaid for 1916. Applicant further swears that she married the said Ira A. Nesson on the day of Dec, 1866, in Polmer county and State of Pa, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 15th day of Jan, 1916.
Geo. Hendrick, Ordinary. Mrs. Martha A. Dixon (L.S.)
Barlow County. mark

AFFIDAVIT OF WITNESS.

GEORGIA, Barlow County.

Personally before me comes H. O. Norton & O. M. Quetta, who
on oath says that he knows Ira S. Dixon while in life
and that he knows Mrs. Martha Dixon Mrs. Martha Dixon
and Martha Dixon were in due form of law married in the county
of Rock in the State of Georgia on
the 18th day of August 1862, and that they resided together
as husband and wife from date of marriage to the day of his death on the
18th day of August 1862, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 10th day of July, 1916.
Geo. H. H. H. H. Ordinary. G. O. Horton
Thomas County. Wm. B. Lee

Note 1st - This form can be used by guardian of minor children where there is no widow.
2nd - Certainty must stand in all cases certified copies of marriage license attached

Application for Pension Due Deceased Soldier

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, Bartow County

Personally before me comes Mrs. Mary Ann Dixon of said county, after being duly sworn, on oath says that she is the widow of John A. Dixon who was duly enrolled as a brigade Pensioner from the county of Barlow and was paid a Pension of \$4.50 Dollars from Barlow county for 1915, and that the said John A. Dixon died in Barlow county on the 67 day of Dec 1916, and at the time of his death a Pension of \$6.00 was due him from Barlow county and unpaid for 1915. Applicant further swears that she married the said John A. Dixon on the 22 day of Dec 1865, in Halston county and State of Ga, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 4 day of may, 1916.
Geo. W. Linders, Ordinary. Wm. H. J. Swain (L.S.)
Bartow County. mark

AFFIDAVIT OF WITNESS

GEORGIA, Dartmouth County

Personally before me comes J. H. Hargis, who
on oath says that he knew Mr. A. Sisson while in life
and that he knows his widow Mr. J. Sisson
the above applicant; that he knows that the said Mr. A. Sisson
and Mr. J. Sisson were in due form of law married in the county
of Calhoun in the State of Ga. on
the 22nd day of Dec., 1892, and that they resided together
as husband and wife from date of marriage to the day of his death on the 6th
day of March, 1916, and I now know that she is her dependent widow
and has not remarried, and I have sworn to the truth of these statements
and subscribed before me this 1st day of May, 1916.

Gust. Anderson, Ordinary.
Barlow County.

Note 1st—This form can be used by guardian of minor children where there is no will.
2nd—Ordinance must read in all cases, certified copy of ordinance.

county and unpaid for 1915.
Applicant further swears that she married the said Geo. A. Dixon on
the day of Dec 1865, in Gulmon county and
State of Ga, and resided with him from the date of marriage to his death
as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be
paid to her.
Sworn to and subscribed before me this 15 day of Jan, 1916.
Geo. H. Hendrick, Ordinary. Mrs. Martha Dixon (L. S.)
Barlow County. mark

AFFIDAVIT OF WITNESS.

GEORGIA, Barlow County.

Personally before me comes G. O. Horton D. M. Butler, who
on oath says that he knows Geo. A. Dixon while in life
and that he knows his widow Mrs. Martha Dixon
and that he knows the above applicant; that he knows that the said Geo. A. Dixon
and Martha Dixon were in due form of law married in the county
of Gulmon in the State of Ga on
the day of Dec, 1865, and that they resided together
as husband and wife from date of marriage to the day of his death on the
day of Dec, 1915, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 15 day of Jan, 1916.
Geo. H. Hendrick, Ordinary. G. O. Horton
Barlow County. D. M. Butler

Notary Public - This form can be used by guardians or minor children where there is no widow.
Ordinary must send in all cases certified copy of marriage license attached.

county and unpaid for 1915.
Applicant further swears that she married the said Geo. A. Dixon on
the day of Dec, 1865, in Hatsum county and
State of Ga, and resided with him from the date of marriage to his death
as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be
paid to her.
Sworn to and subscribed before me this 15 day of May, 1916.
Geo. H. Hendrick, Ordinary. Mrs. M. J. Dixon (L. S.)
Barlow County. mark

AFFIDAVIT OF WITNESS.

GEORGIA, Barlow County.

Personally before me comes J. F. Hargis, who
on oath says that he knows Geo. A. Dixon while in life
and that he knows his widow Mrs. M. J. Dixon
the above applicant; that he knows that the said Geo. A. Dixon
and Mrs. M. J. Dixon were in due form of law married in the county
of Gulmon in the State of Ga on
the day of Dec, 1865, and that they resided together
as husband and wife from date of marriage to the day of his death on the
day of Dec, 1915, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 15 day of May, 1916.
Geo. H. Hendrick, Ordinary. J. F. Hargis
Barlow County. mark

Notary Public - This form can be used by guardians or minor children where there is no widow.
Ordinary must send in all cases certified copy of marriage license attached.

Applicant claims that he has occa-
sional passages of blood from his rec-
tum, and that he suffers sometimes
with Rheumatism, especially in left hip
joint. At this examination we find no
objective evidences of hemorrhoids except
three or four little atrophied hemor-
roidal tumors; no objective evidences of
rheumatism.

Applicant does suffer from general debility
and old age, and we think his condition is such
as to render him unable to work at any calling sufficient
to earn a support for himself (over) G. J. Shaw M.D.
Forth ammond Md.

State of Georgia, Floyd County.
Personally came before me Geo. A. Dixon
who being duly sworn
says on oath in further answer and
explanation to his Service that
he served in Co. A. State Line Regt.
six months & was discharge by
Capt. Sam Higdon Feb. 1862 in 186
in the month of Feb. At Ellijay
Ga. He enlisted in Co. K. First
Ga. State Troop and served twelve
months in said Co. K. that he did
regular military duty for over
18 months during he was
and was honorably discharged
& further that he can not read nor
write and that his Service in the
Original Application hereto attached
was written under a misapprehen-
sion, and that his injuries still
exist and are much worse than
before.

Sworn to & subscribed
before me March 4th 1899 Geo. A. Dixon
John P. Davis
Ordinary mark

Applicant claims that he has occasional passages of blood from his rectum, and that he suffers sometimes with Rheumatism, especially in left hip joint. At this examination we find no objective evidences of hemorrhoids except three or four little atrophied hemorrhoidal tumors; no objective evidences of rheumatism.

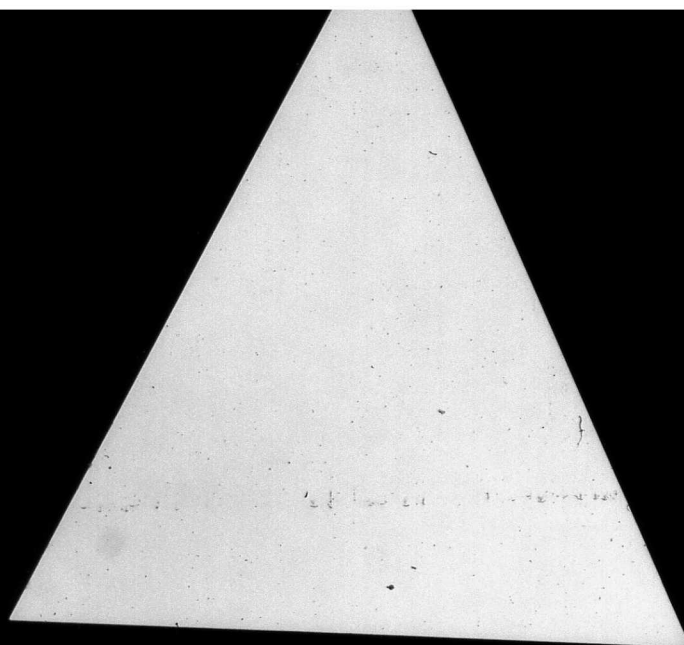
Applicant does suffer from general debility and old age, and we think his condition is such as to render him unable to work at any calling sufficiently to form a support for himself (over) *W. J. Shaw M.D.*
20th November 1899

Wissom who being duly sworn says on oath in further answer a explanation to his service that he served in Co. A. State Line Co. six months, & was discharge by Capt. Sam Higdon Feb'y. 1862 in 18 in the month of Feb'y. At Ellijay Ga. He enlisted in Co. K. First Ga. State Troops and served twelve months in said Co. K. that he did regular military duty for over 18 months during the war and was honorably discharged & further that he can not read nor write and that his service in the original Application hereto attached was written under a misapprehension, and that his injuries still exist and are much worse than before.

Sworn to & Subscribed }
 before me March 4, 1899 } *W. J. Shaw*
John P. Davis
Ordinary

Sworn & Subscribed before me
 & I certify that they are true statements
 March 8, 1899
John P. Davis
Ordinary

Sworn & subscribed before me
I certify that they are trustworthy
March 8th 1899 John P. Davis
Ordinary



Dixson, M. J. Dixson
Barlow Co
Oct 1917

No. _____
216 to
the

Widow's Application

To Be Put on Roll in Her Own Right, when
Husband Was on Roll at Death.

County *Barlow*

Name *Mrs M. J. Dixson*

Widow of *Gen A. Dixson*

see Bat.

Approved _____

J. W. LINDSEY
Commissioner of Prisons
Chas. F. Byrd, State Printer, Atlanta.

11/12/16

Name Widow of Ora A. Dixon
Widow of Ora A. Dixon
84 Bat.
Approved _____
J. W. LINDSEY
Commissioner of Pensions
Chas. F. Byrd, State Printer, Atlanta

11/12/16

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Bartow County.

Personally before me comes Mrs. M. J. Dixon of said County, who, after being duly sworn, on oath says, that she is the widow of Ora A. Dixon to whom in the County of Barmer State of Ga she was married on the day of Dec 1865 and that she remained his wife, and resided with him to the date of his death in Dec 1865 and that she has not since his death remarried. At the time of his death he was a resident of Bartow County, in Georgia said State of Georgia, and he was on the Independent 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 8 - 812 Ballabottom (Volunteers of State Militia.) Ga vol -

At the death of Ora A. Dixon, he was in the use and possession of the following property none whatever of the cash value of \$ none

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.)

	Acre land	Horses and Mules	Hogs, Cows, etc.	Total Cash value of all property

That she is now a bona fide resident citizen of said County of Bartow and she has so continuously resided since 1916 day of May

Sworn to and subscribed before me, this the 8th day of May 1916 Mrs. M. J. Dixon Ordinary, of Bartow County.

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

STATE OF GEORGIA,

Bartow County

Personally before me come J. F. Hargis known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. M. J. Dixon who made the foregoing affidavit, is the lawful widow of Ora A. Dixon who died in Bartow County in said State of Ga on 6 day of Dec 1865 and that she has not since remarried. That she became the wife of Ora A. Dixon on Dec 1865 and that she and he had resided together as man and wife continuously since Dec 1865 and that the Ora A. Dixon was the same man who was on the pension roll of said State from Bartow County Ga when he died.

Sworn to and subscribed before me, this the 8th day of Dec 1916 J. F. Hargis Ordinary, of Bartow County.

County Bartow
Name Mrs. M. J. Dixon
Widow of Ora A. Dixon
84 Bat.
Approved _____
J. W. LINDSEY
Commissioner of Pensions
Chas. F. Byrd, State Printer, Atlanta

Widow's Application

To Be Put on Roll in Her Own Right, when Husband Was on Roll at Death.

Dixon M. J.
Bartow
84 Bat.

Sworn to and subscribed before me, this the 8th day of May 1916 Mrs. M. J. Lissom
 Ordinary, of Bartow County.

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

STATE OF GEORGIA,
 Bartow County

Personally before me come J. F. Hargis known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. M. J. Lissom who made the foregoing affidavit, is the lawful widow of M. J. Lissom who died in Bartow County in said State of Fla. on 6th day of Dec. 1915 and that she has not since remarried. That she became the wife of M. J. Lissom on 18th day of Dec. 1865 and that she and he had resided together as man and wife continuously since 1865 day of Dec. 1865 and that the M. J. Lissom was the same man who was on the pension roll of said State from Bartow County 9a when he died.

Sworn to and subscribed before me, this the 8th day of May 1916 J. F. Hargis
 Ordinary, of Bartow County.

HOUSH L. FOSTER & DAVIES CO. MANUFACTURING STATIONERS, ATLANTA.

Georgia Bartow County
 Personally came before me Mrs. Annie League and on oath says that she paid the following amounts herself attached which accounts will explain themselves: that said amounts were incurred as expenses due in account of the last illness and funeral expenses of Mrs. Martha Lissom who died in said County on the 16th day of February 1916.
 Sworn to and subscribed before me May 6th 1916.
 H. L. Lissom
 Ordinary

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,
 Bartow County.

Personally before me come J. F. Hargis & M. J. Lissom who after being sworn on oath says, that they are freeholders of said County, and that they know Mrs. M. J. Lissom of said County and knew her said husband M. J. Lissom at his death on the 6th day of Dec. 1915 that she and he were in the use, possession and control of the following property at his death to wit:
 more wholiness of property to wit:
 of the value of \$

Sworn to and subscribed before me, this the 8th day of May 1916 J. F. Hargis
 Ordinary, of Bartow County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
 Bartow County.

I, J. F. Hargis Ordinary of said County, do certify, that, I know Mrs. M. J. Lissom the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 101st

That I also know J. F. Hargis witness as to marriage and I also know who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Bartow County shows that M. J. Lissom returned property to the amount of \$ for 1908 \$ for 1909 \$ for 1910 \$

Sworn under my hand and official seal of office this 14th day of Oct. 1916
 (SEAL) M. J. Lissom Ordinary, of Bartow County.

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

DR. C. L. ELLIS

KINGSTON, GA. May 5 1916

To whom it may concern:
 This is to certify that Mrs. Martha Lissom paid me \$24.00 for medical services rendered her mother, Mrs. Martha Lissom, during her last illness.
 Chas. L. Ellis, M.D.

may 6 1921
 The Ordinary
 1162 on mid slope

DR. C. L. ELLIS

KINGSTON, GA. May 5 1921


To whom it may concern:
 This is to certify that Mrs. Martha Sisson
 paid me \$4.00 for medical services rendered
 her mother (Mrs. Martha Sisson) during her
 last illness.
 Chas. L. Ellis, M.D.

ORDINARY'S CERTIFICATE.
 STATE OF GEORGIA,
 Barrow County.
 I, John Hargis Ordinary of said County, do certify, that, I
 know Mrs. M. J. Sisson the applicant for this pension and that she is the person
 she represents herself to be, and that she is a bona fide continuing resident of said County and was on the
 191
 That I also know J. H. Hargis witness as to marriage and I also know
 who I know to be a resident free holder of said County
 that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are
 truthful and trustworthy and their statements are entitled to full faith and credit.
 That the tax Books of Barrow County shows that 1162 returned property to the
 amount of 1162 for 1908 \$ 1162 for 1909 \$ 1162 for 1910 \$ 1162
 Sworn under my hand and official seal of office this 14 day of Oct 1916
 (SEAL) John Hargis Ordinary, Barrow County.

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

INVOICE
 W. L. DANIEL, PRESIDENT
 M. D. DANIEL, V-PRES. & MGR
 O. L. DANIEL, SEC. & TREAS.
Daniel Furniture Company
 ESTABLISHED 1895
 Furniture and Undertaking
 Rome, Ga. February 16, 1921.
 TERMS:
 SOLD TO R. L. Sisson.
 Kingston, Ga.

QUANTITY	ARTICLE	PRICE	EXTENSION	TOTAL
I	Black Broad Cloth Casket For Mrs. Martha Sisson.		100.00	\$100.00*



STORE PHONE 164
 RESIDENCE PHONES 88 AND 200
 Cartersville, Ga. May 21 1921
Mrs. M. D. Sisson
 IN ACCOUNT WITH Kingston, Ga.
G. M. JACKSON & SON
 FURNITURE AND UNDERTAKING
 22 WEST MAIN STREET
 We expect payment in full promptly
 Interest charged after maturity
17.50
To Home trip
17.50
paid
2 mths in advance
17 mths

Sisson, Martha (Mrs)
Barrow Co.
1921
 1917
**Application for Pension Due
 Deceased Pensioner
 Under Act 1904.**
G. M. Jackson Ordinary
 For Mrs. M. J. Sisson
 of Barrow County
 Approved and ordered paid
 1917.
 J. W. LINDSEY,
 Commissioner of Pensions.
\$25.00
to funeral expenses
Died Feb 16, 1921.
1000

STORE PHONE 164
CARTERSVILLE, GA. *May 31* 1921
Mrs M D *Logan*
IN ACCOUNT WITH *Knappton & Co*
G. M. JACKSON & SON
FURNITURE AND UNDERTAKING
22 WEST MAIN STREET
We expect payment in full promptly
Interest charged after maturity
To Home life 17.50
paid
E. M. Jackson
17.50

Ordinary
For *Mr. M. D. Logan*
of *Barlow* County
Funeral expenses
Approved and ordered paid
1917.
J. W. LINDSEY,
Commissioner of Pensions.
\$25.00
to funeral expenses
died Feb 16, 1921.
① (H. M. D. Logan)

Application for Pension Due to a Deceased Pensioner

UNDER THE ACT OF AUG. 15, 1904, TO BE PAID TO THE ORDINARY FOR FUNERAL EXPENSES AND EXPENSES OF LAST ILLNESS.

Georgia, *Barlow* County.
Personally before me, the Ordinary of said County, comes *Mrs Annie Logan*
Logan of said County, who, after being sworn, on oath says that she knew *Mrs. Mary Jackson* of said County, and that she was on the *widow* Pension Roll *Barlow* County at the time of his death, which occurred in *Barlow* County, in this State, on the *16th* day of *February* 1921, and that a Pension of *One hundred & twenty five* Dollars was due *her* and unpaid at the time of the death. That he left no *children* surviving him, and no estate of any value sufficient to pay the funeral expenses, which amounted to the sum of *146.88* Dollars, as per sworn statement, itemized, hereto attached.

Sworn to and subscribed before me
this *6th* day of *May* 1921 *Mrs Annie Logan*
Geo. H. Anderson Ordinary
Barlow County

Georgia, *Barlow* County.
I, *Geo. H. Anderson* Ordinary of said County, do certify that I personally know *Mrs. Annie Logan*, who is a resident citizen of said County, and that she is of a truthful and trustworthy character, entitled to full faith and credit.

I also knew *Mrs. Mary Jackson* while in life; that she was the same person whose name appears on the *widow* Pension Roll of *Barlow* County, and was paid a Pension of *One hundred* Dollars in said County for 1920 and I now believe *her* to be dead.

Given under my hand and official seal, this *6th* day of *May* 1921
Geo. H. Anderson Ordinary,
Barlow County.

Sworn to and subscribed before me
this 6 day of May 1901
Ordinary
Gaston County
Georgia, Barlow County.

I also knew hm Mary Jenson while in life; that she
was the same person whose name appears on the land grant Pension
Roll of Barren County, and was paid a Pension
of One Hundred Dollars in said County for 1902 and
plus
I now believe him to be dead.

Given under my hand and official seal, this 6th day of May, 1921
Gov. Anderson Ordinary,
Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow County

Know all Men by these Presents, That I, H. E. Skinnerof Barlow County,

County in said State, do hereby appoint Hen. H. H. Fowler my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit, hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Executed in the presence of us: H. E. Skinner [L. S.]

John D. Dobb
Andrew D. Dobb
Wm. E. Skinner

DIRECTOR.

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

James H. Hamsin
that Applicant not receive the death of Mr. B. D. Skinner in 1863

Wm. E. Skinner

Dec 1891



Skinner, Hamsin
Barlow
1891.
Ala. State
No. 5005

Widows' Pension

PAID TO
Hargis
Mrs. C. Skinner
Barlow COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer Atlanta.

Route

W. W. HARRISON, State Printer, Atlanta



Aug 1891
Wm. H. Harrison
Not. Public and Gen.
Sec. H. H. Harrison
1891

Widow's Pension

\$100.00.

Warrant Issued

AND HANDED TO

1891

Barrow
1891.
1891

Company wrote me of his sickness, and death but did not state the disease he had.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 19th day of October 1854, and that she has resided in Georgia continuously since the day of May 1864; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the 15th day of April 1891. Harriet E. Skinner
Ordinary.

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

Affidavit for Three Witnesses.

Form No. 2.

STATE OF ALABAMA

County of Lawrence

In person came before me, the undersigned Ordinary, James W. Henderson, Martha C. Henderson and Nancy Barker (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. Harriet E. Skinner, of the County of Barrow, State of Georgia, is the widow of Ben D. Skinner, who was a soldier in Company 19 of the 1st Regiment of Ala Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of March 1863. That while in said service, or by reason of said service in the Army, he lost his life as follows:

He entered & left home in the Spring of 1863, we think it was in March, and in about two months afterwards wife received a letter from him saying that he had died. That nothing has ever been heard of said Ben D. Skinner since his death. I was reported to be believing him to be dead. Mrs. Harriet E. Skinner was living as a poor neighbor to us at the time her husband enlisted & remained for more than a year. She then wrote for her father who came to look her over to Georgia.

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

Sworn to and subscribed before me, this, the 24th day of May 1891. James W. Henderson, Martha C. Henderson, Nancy Barker
Ordinary.

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

Form No. 3.

STATE OF GEORGIA,

County of Barrow

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 15th day of July 1891.
G. W. Hurdick
Ordinary.

NOTES.

Form No. 4.

- The pension is only payable to certain classes of widows.
- Those whose husbands were killed in service.
- Those whose husbands died in the army of wounds or disease contracted in the service.
- Those whose husbands went to the army and have never been heard from since the war.
- Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.
- Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death.
- No widow is entitled unless she was the wife of the soldier during the war, and has never remarried.
- The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.
- The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.
- Widows who have married since the service of their husbands in the army are not entitled.
- There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.
- If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary and testify. The attestation of a Justice of the Peace or Notary will not answer.
- Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.
- Fill out the "directions" below Power of Attorney, so that your Agent will know where and how to send the money.
- By order of the Governor.
- W. H. HARRISON,
Sec. Ex. Department.

was reported for service in the army and is dead. Mrs. Harriet E. Skinner was living as a free neighbor to us at the time her husband enlisted & remained for more than a year. She then wrote for her John who could not find her back to Georgia.

We further swear that Mrs. Harriet E. Skinner was the wife of said soldier during the service, and that she has not remarried since his death, and that she resides in Barlow County of the State of Georgia.

Sworn to and subscribed before me, this, the 24 day of May, 1891.
as witness my hand & seal of office.
James W. Henderson
County Clerk
J. W. Henderson
Judge of Probate

Those whose husbands were killed in service.
Those whose husbands died in the army of wounds or disease contracted in the service.
Those whose husbands went to the army and have never been heard from since the war.
Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.
Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death.
No widow is entitled unless she was the wife of the soldier during the war, and has never remarried.
The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.
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Widows who have married since the service of their husbands in the army are not entitled.
There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.
If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary and testify. The attestation of a Justice of the Peace or Notary will not answer.
Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.
Fill out the "directions" below Power of Attorney, so that your Agent will know where and how to send the money.
By order of the Governor.
W. H. HARRISON,
Sec. Ex. Department.

Georgia } On peram came Before
Barlow County } me, M. E. Rice, J. W.
Love and F. M. Durham, each
known to me as truthful, reliable,
and reputable citizens, and in oath
severally say ~~in oath~~ that Mrs. H. E.
Skinner was the wife of Benjamin
D. Skinner at the time the said Benjamin
was a soldier in the Confederate
Service, and that she has not remar-
ried since the death of the said Benja-
min D. Skinner, and that she re-
sides in Barlow County, Georgia.
M. E. Rice
F. M. Durham
J. W. Love

Sworn to and subscribed before
me this July 29th, 1891.
G. W. Hendricks
Ordinary, Barlow
County, Georgia

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

Form No. 2.

STATE OF GEORGIA, County of Barlow
G. W. Hendricks Ordinary in and for said County of
Barlow State of Georgia, hereby certify that I am acquainted with Mrs.
H. E. Skinner the applicant for a pension in this case, and
know, from my own knowledge, (or from positive proof presented to me by reputable witnesses),
that she resides in this County, and that she resided in the State of Georgia on December 23,
1890, and has not lived out of the State since that date. That she is the widow of
B. D. Skinner deceased, and as such has heretofore been allowed a
pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this,
30 day of July, 1893.
G. W. Hendricks Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Barlow County.
KNOW ALL MEN BY THESE PRESENTS, That I, H. E. Skinner
of Barlow County, in said State, do hereby appoint Wm. W. Harrison
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 as a widow of a Confederate Soldier, as stated in the foregoing affi-
davit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.
In WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of July, 1893. H. E. Skinner [I. S.]

Executed in the presence of us:
G. W. Hendricks Wm. W. Harrison
G. W. Hendricks Wm. W. Harrison
DIRECTIONS.
Send amount by check care of G. W. Hendricks to
me at Barlow and oblige
H. E. Skinner

Widows' Pension,
for year ending February 15th, 1893.
PAID TO
H. E. Skinner
Barlow County.
Warrant Issued
7/11 1893
AND HANDED TO
G. W. Hendricks
FOR THOSE HERETOFORE PAID.
1893
To Barlow 1894
210. 120

...that the ...
 Sides in Blanton County Georgia.
 M. E. Rice
 7 M. Durham
 J. W. Lane

Sworn to and subscribed before
 me this July 29th 1891.
 - E. W. Hendricks
 Ordinary Blanton
 County Georgia

me and in my name, to receive and receipt for whatever amount of money I may be entitled to
 from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affi-
 davit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be
 issued by the Governor, or for any sum of money which may be coming to me for the reason
 aforesaid.
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 30th
 day of July, 1893. H. E. Skinner [L.S.]
 Executed in the presence of us: W. Hendricks mark
 DIRECTIONS.
 Send amount by check care of W. Hendricks to
 me at Barbersville go and office for
H. E. Skinner more

FOR THOSE HERETOFORE PAID.
 1893
 To Barbersville
 No. 120
 WIDOW'S Pension,
 for year ending February 15th, 1893.
 PAID TO -
Mrs. H. E. Skinner
 OF -
Barrow County.
 Warrant Issued
 1893
 AND HANDED TO
E. W. Hendricks
 (Seal, W. Hendricks, State Printer, Atlanta)

Form No. 1.
 For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally comes Mrs.
 County of Barrow } H. E. Skinner
 who being sworn, says on oath, that she is a bona fide resident of said County of
Barrow State of Georgia, and that she has resided in said State
 continuously ever since Birth Sept 1861 1862 That she is the Widow of
Benjamin D. Skinner who was a Soldier in Company
I of the 19 Regiment of Ala
 Volunteers, that he enlisted in said-Regiment on or about the month of Spring
 1862 and served in the Army up to May 1862 That he lost his
 life on the 19 day of May 1862 (State here
 full particulars of the husband's death, when, where and from what cause.) He
died at Athens Alabama at the
Residence of a Mr Jackson, when
they were carrying him to the Hos
pital from camp at Shelbyville
Tenn.
Deponent was raised in Ga and so was
her husband.

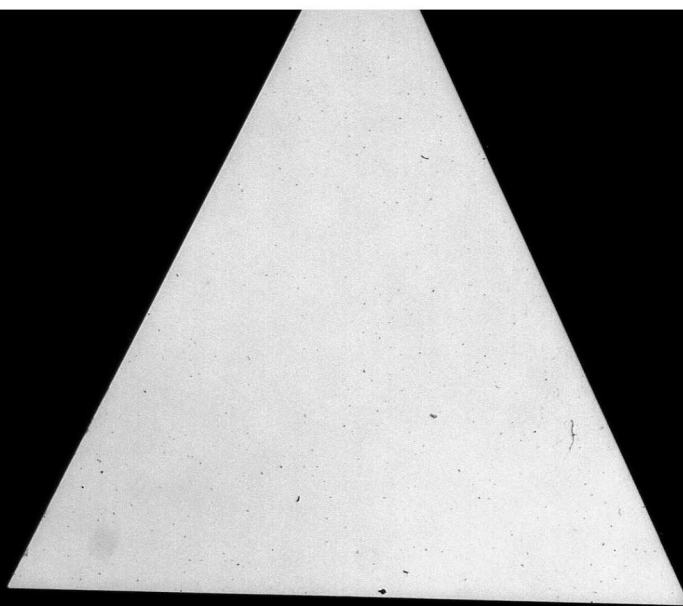
Deponent swears that she was the wife of said deceased soldier during his service in the army
 as a soldier, and that she has never married since his death aforesaid, that she became his wife
 in the year 1851; that Georgia is her home and she resided in this State 23d day of December,
 1890, and has not lived in any other State or locality since that date. I have been allowed a
 pension for the year ending February 15th, 1892, and now apply for the allowance provided by
 law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this
30 day of July 1893. H. E. Skinner
W. Hendricks Ordinary. Post-office mark

Benjamin D. Skinner who was a Soldier in Company
E of the 19 Regiment of Ala
Volunteers, that he enlisted in said Regiment on or about the month of Spring
1862 and served in the Army up to May 1862 That he lost his
life on the 19 day of May 1862 (State here
full particulars of the husband's death, when, where and from what cause.) He
did at Athens Alabama at the
residence of a Mr Jackson, where
they were carrying him to the Hos-
pital from camp at Shelbyville
Tenn.
Deponent was raised in Ga and so was
her husband.

Deponent swears that she was the wife of said deceased soldier during his service in the army
as a soldier, and that she has never married since his death aforesaid, that she became his wife
in the year 1851; that Georgia is her home and she resided in this State 23d day of December,
1890, and has not lived in any other State or locality since that date. I have been allowed a
pension for the year ending February 15th, 1892, and now apply for the allowance provided by
law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this
20 day of July 1893: her
Wm. M. Anderson Ordinary. A. E. Skinner
Post-office mark



Smith, Albert
#443
Smith, Albert
516
No. 516 Barton Co.

APPLICATION FOR

Leg

FOR CONFEDERATE SOLDIER.

Albert Smith

County Barton

Line Leg to the Knees

Amount \$75-

Date of Warrant Dec 2 1879

Page

C. G. 1879 Rep. 1879

E 1952

C. G. 1879 Rpt. & Day

E 1952

STATE OF GEORGIA.

Barton County.

Personally appeared before me, *Albert Smith*, of the county of *Barton*, State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a *Private* in Company *C*, 18th Regiment of *Georgia* Volunteers that while engaged in such military service, to wit: at the battle or engagement of *Antietam* in the State of *Maryland*, on the *30th* day of *September*, 1862, he was wounded in the *head*, and that the same was amputated *below the ear*; that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has *not* supplied himself with an artificial *limb*; or that, not having done so, he prefers to supply himself with an artificial *limb*.

Sworn to and subscribed before me this *29th* day of *Nov*, 1879. *Albert Smith*
J. A. Howard Ordinary.

NOTE.—The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA.

Barton County.

Personally came before me, *H. W. Ford*, of the county of *Barton*, State of Georgia, who, being duly sworn, depose and says that he was *Private* in Company *H*, 18th Regiment *Georgia* and that *Albert Smith*, the above deponent, was *Private* in said Company, and that this deponent knows that said *Albert Smith* lost a *limb* in the military service as said in the above affidavit.

Sworn to and subscribed before me this *29th* day of *Nov*, 1879. *H. W. Ford*
J. A. Howard Ordinary.

NOTE.—If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens must be furnished.

APPLICATION FOR

FOR COMPENSATION SERVICE.

Albert Smith

County *Barton*

Rank *Private*

Amount *\$75*

Date of Warrant *Dec 2 1879*

Page

C. G. 1879 Rpt. & Day

E 1952

NOTE.—The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

STATE OF GEORGIA.

Personally came before me, J. M. Ford
the county of Bartholomew, State of Georgia, who, being duly sworn, depose
and says that he was Captain in Company H 18th Regiment 6
and that Alfred Smith, the above deponent, was Private
in said Company, and that this deponent knows that said Alfred Smith
lost a leg in the military service as said in the above affidavit.

Sworn to and subscribed before me this.....
 29th day of Nov. 1979. J. M. G. [Signature]
 Howard County

NOTE - If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens must be furnished.

NOTE.—If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens must be furnished.

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877.

SECTION I. Be it enacted by the General Assembly of the State of Georgia, That any person now a *bona fide* resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such useful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy-five dollars; for an arm extending above the elbow, sixty dollars; for an arm not extending above the elbow, forty dollars: Provided, the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

SEC. 11. Be it further enacted by the said authority, That such application shall contain proof of such applicants being entitled to the benefits of this Act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not; if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

SEC. 111. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this Act oftener than once in five years.

SEC. IV. Be it further enacted by the authority aforesaid, That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HENRY R. GOETCHIUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 10th, 1870.

A. O. BACON,
Speaker House Representatives
RUFUS E. LESTER,
President Senate.
ALFRED H. COLQUITT, *Governor*

Barton County.

Personally came.....

who, being duly sworn, depose and say they are acquainted with.....
.....and know that he lost ain the military service during the late war;
that said.....was amputated.....; that he is a bona fide
citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

Sworn to and subscribed before me this..... }
day of.....18..... }

Barton _____ County.

I, J. A. Howard, Ordinary of Blair county, do certify that I am well acquainted with Alfred Bennett, the applicant for U.S., and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with J. M. Ford, the Commissioned Officer, and that the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts stated by them are true.

Given under my hand and official seal, this 29th day of November, 1879

day of *November* 18*79*
J. A. Shaw and
Attorneys

Act be and the same are hereby repealed.

HENRY R. GOUGHES,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 10th, 1879.

A. O. BACON,
Speaker House Representatives.
BRYAN E. LORRA,
President Senate.
ALFRED H. COLQUITT, Governor.

Ordinary of said county, do certify that I am well acquainted with.....
the applicant for a....., and am well satisfied that the facts stated by him in the foregoing
affidavit are true, and that I am well acquainted with.....
the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts
stated by them are true.

Given under my hand and official seal, this..... day of.....

.....

.....

STATE OF GEORGIA,

Barlow County, }
PERSONALLY appears Albert Smith of Barlow county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has been such continually since the more than
thirty years ; 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 G, of 18th Regiment
of Georgia Volunteers Woods's Brigade; that whilst engaged
in such military service, at the battle of 2 Battle Marston in the State
of Virginia, on the 30th day of August 1862, he was
wounded as follows: shot with a ball from a
Yankee's gun in the ankle of the
left leg causing it to be amputated
below the knee from the effects of
which he will never be able to stand upright
on a wooden leg the balance of his days

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

Sworn to and subscribed before me, this the 15th day of March 1889, Albert Smith

Wm. D. Schawick, Sup. Ch. Notary.

STATE OF GEORGIA,

Barlow County, }
PERSONALLY comes before me Ordinary of said county,
and both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined and after such
examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this }
day of 188 }

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

Smith, Albert
Barlow Co.,
No. 1080
APPLICATION FOR ALLOWANCE
FOR YEAR ENDING OCTOBER 26, 1889.
THIS
Law of Supply
Applicant Albert Smith
County Barlow,
Amount 100
Date of Warrant Feb 28
Filed on record
Feb 28 1889
M.H.
SECRETARY EXECUTIVE DEPARTMENT.
C.R.D. 1938
Maw

Smith, Albert
Barlow Co.,

No. 1080

APPLICATION FOR ALLOWANCE
FOR YEAR ENDING OCTOBER 31, 1888

Saw physician
Applicant Albert Smith
County Barlow
Amount 100
Date of Warrant Feb 28
Exp'd on record
Mch 28 1889
M.H.
C.R.D. 1938
Maw

J.M. Durham ex. Sup. Ch.
NOTE.—State fully nature of wound or character of disease which caused the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

County.

PERSONALLY comes before me _____ Ordinary of said county,
and _____ both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined _____ and after such
examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this _____
day of _____ 1888

ORDINARY.

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

STATE OF GEORGIA,

Barlow 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 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 J. M. Durham before whom the foregoing
affidavits were made and power of attorney was signed, is a C.R.D. Superior Court
of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 28 day of Mch. 1889

G. W. Hendricks
Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

Know all Men by these Presents, That I, Albert Smith
of Barlow County, Georgia
do hereby appoint you M. H. 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 28 day of March 1889

Witnessed in the presence of us:
Paul O. Durham
J. M. Durham ex. Sup. Ch.

DIRECTION:

Send money to me as follows, by Express to Kingston P. O.
Barlow County, Georgia.

Albert Smith

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 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 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.

NOTES.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I, Albert Smith

county in said State, do hereby appoint

of Alaunta 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 fifth

day of

March

1889

Albert Smith

Witnessed in the presence of us:

Paul O. Durham
J. M. Durham clk sup ch.

DIRECTION:

Send money to me as follows, by Express

to

Kingston

P. O.

Bartow

County, Georgia.

Albert Smith

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 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 29 1889.

W. J. Campbell
COMPTROLLER GENERAL

Bartow

Maimed Soldiers.

Voucher No. 1080

Amount \$ 100

Paid to Albert Smith
For Loss of left
leg

March 29 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK.

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

W. J. H.

Bartow

Maimed Soldiers.

Voucher No. 397

Amount \$ 100

Paid to Albert Smith
For Loss of leg.

Feb 6 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

A. M. Gault

Smith, Albert

Bartow

1891.

Maimed Soldiers.

Voucher No. 794

Amount \$ 100

Paid to Albert Smith
For Loss of leg.

Feby 13 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

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

A. M. Gault

Amount \$ 100
 Paid to *Albert Smith*
 For *Loss of left leg*
 69
 March 29 1889.

Included in Warrant No.
 issued to Treasurer.

1889

WARRANT CLERK.

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

W. J. H.

Amount \$ 100
 Paid to *Albert Smith*
 For *Loss of leg.*
Feb'y 6. 1890

Included in warrant No.
 issued to Treasurer.

18

WARRANT CLERK.

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

A. M. Foute

Voucher No. 194
 Amount \$ 100
 Paid to *Albert Smith*
 For *Loss of leg*
Feby 13 1891.

Included in warrant No.
 issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

A. M. Foute

No. 1680

STATE OF GEORGIA,
 EXECUTIVE DEPARTMENT.

Atlanta, Ga. Mch 29 1889

Mr. *Albert Smith* of the County
 of *Barton* having filed his application in the Executive
 Department for an allowance under the Act approved October 24, 1887, as amended by Act,
 Dec. 24, 1888, and the same having been allowed for

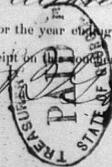
Loss of left leg
 He is entitled to receive the sum of *One Hundred and 00/100* Dollars
 for such disability, the same being the allowance due for the year ending October 24, 1889.

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. Hammon

CLERK EXECUTIVE DEPARTMENT.



100.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred and 00/100 Dollars,
 per above voucher, this *29* of *March* 1889.

Albert Smith
withright

No. 397

STATE OF GEORGIA,
 EXECUTIVE DEPARTMENT.

Atlanta, Ga., Feb'y 6 1890

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

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

Loss of leg
 He is entitled to receive the sum of *One Hundred and 00/100* Dollars
 for such disability; the same being the allowance due for the year ending October 24, 1890.

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

By the Governor,

W. H. Hammon

CLERK EXECUTIVE DEPARTMENT.

J. W. Gordon

GOVERNOR.

\$100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred and 00/100 Dollars,
 per above voucher, this *6* of *Feb'y* 1890.

Albert Smith, by his
att'y in fact A. M. Foute

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. Hammon

CLERK EXECUTIVE DEPARTMENT.



GOVERNOR.

100.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred Dollars,

per above voucher, this *29* of *March* 1889.

Albert Smith
Wilmington

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. Hammon

CLERK EXECUTIVE DEPARTMENT.

\$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred Dollars,

per above voucher; this *6* of *July* 1890.

Albert Smith, by his
att'y in fact A. M. Fout

STATE OF GEORGIA,

Bartow County.

G. W. Hendricks

Ordinary of said county.

do certify that I am well acquainted with *Albert Smith* 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 *6th* day of *July* 1890.

G. W. Hendricks

Ordinary *Bartow* County.

1891.

No. *794*

STATE OF GEORGIA, }
EXECUTIVE DEPARTMENT. }

Atlanta, Ga. July 13, 1891.

Mr. *Albert Smith* of the County
of *Bartow* having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for *Loss of leg* Dollars
He is entitled to receive the sum of *One Hundred* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

W. H. Hammon

Sec'y EXECUTIVE DEPARTMENT.

H. J. McQuinn
GOVERNOR.

\$ 100

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

One Hundred Dollars,

per above voucher, this *13* of *July* 1891.

Albert Smith
By A. M. Fout

APPLICATION FOR ALLOWANCE.

No. *397*

County of
Applicant, Albert Smith
County, Bartow

Amount, 100

Date of warrant, July 6, 1890

Entered on record
July 6, 1890

100.00

1890

100.00

W. H. Hammon

No additional data

Smith, Albert

Bartow Co.

1890.

4/18

Smith, Albert J.

Bartow Co.

1890.

4/18

No. 397
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 31, 1891.

Applicant, Albert Smith
County, Bartow
Amount, 100

Date of warrant, July 6 1890

Entered on record
July 6 1890

WARRANT HANDED TO
Albert Smith

WARRANT HANDED TO
Albert Smith

No additional data

Executive Department for warrant.

H. J. Harrison
GOVERNOR.

By the Governor.

H. J. Harrison
SECY EXECUTIVE DEPARTMENT.

\$ 100

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

One Hundred Dollars,
per above voucher, this 13 of July 1891.
Albert Smith
By A. L. Fournier

STATE OF GEORGIA,

Bartow County.

I, G. W. Hendricks Ordinary of said county,
do certify that I am well acquainted with Albert Smith 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 6th day of July 1890

G. W. Hendricks
Ordinary

Bartow County.

STATE OF GEORGIA,

Bartow County.

I, G. W. Hendricks Ordinary of said County,
do certify that I am well acquainted with Albert Smith 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 5 day of Aug 1891

G. W. Hendricks
Ordinary

Bartow County.

Smith, Albert J.

Bartow Co.

1890.

4/18

No. 397
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 31, 1891.

Applicant, Albert Smith
County, Bartow
Amount, 100

Date of warrant, July 6 1890

Entered on record
July 6 1890

WARRANT HANDED TO
Albert Smith

WARRANT HANDED TO
Albert Smith

No additional data

Smith, Albert J.

Bartow Co.

1891.

No. 794
Application for Allowance
FOR THE YEAR ENDING OCTOBER 31, 1891.

Applicant, Albert Smith
County, Bartow
Amount, 100

Date of Warrant, July 13 1891

Entered on record
July 13 1891

WARRANT HANDED TO
Albert Smith

WARRANT HANDED TO
Albert Smith

No additional data

Smith, Albert
Bartow Co.
1890.
11/8

No. *377*
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 26, 1891.

Case of
Applicant, *Albert Smith*
County, *Bartow*
Amount, *100*
Date of warrant, *July 6 1890*
Entered on record
July 6 1890
1890
WARRANT FORWARDED TO
Smith
No additional data

Smith, Albert
Bartow Co.
1891.

No. *377*
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 26, 1891.

Case of
Applicant, *Albert Smith*
County, *Bartow*
Amount, *100*
Date of warrant, *July 13 1891*
Entered on record
July 13 1891
1891
WARRANT FORWARDED TO
Smith
No additional data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County.
PERSONALLY appears *Albert Smith* 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 *9th* day of
November 1853; 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 *G*, of 18th Regiment
of *Ga* Volunteers *Hood's* Brigade; that whilst engaged
in such military service, at the battle of *2nd Battle of Manassas* in the State
of *Virginia*, on the *30th* day of *August* 1862, he was
wounded as follows: *He was shot in the left leg with a minnie ball and from the effect of said wound his left leg was amputated below the knee.*

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
\$10.00 dollars.

Sworn to and subscribed before me, this *16th* day of *July* 1890, *Albert Smith*
Chas. Hendricks Ordway

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, *Albert Smith*
of *Bartow* county, in said State, do hereby appoint *Wm. A. M. Hout*
Chas. Hendricks Ordway 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
16th day of *July* 1890, *Albert Smith*

Executed in the presence of us:

J. L. Dick
Chas. Hendricks Ordway

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County.
PERSONALLY appears *Albert Smith* 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* 1853; 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 *G*, of 18th Regiment
of *Ga* Volunteers *Hood's* Brigade; that whilst engaged
in such military service at the battle of *2nd Battle of Manassas* in the State
of *Virginia*, on the *30th* day of *Aug* 1862, he was
wounded as follows: *He was shot through the left ankle and on account of said shot his left leg was amputated below the knee.*

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
10.00 dollars, for *1889 & 1890*

Sworn to and subscribed before me, this *20th* day of *July* 1891, *Albert Smith*
Chas. Hendricks Ordway

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, *Albert Smith*
of *Bartow* County, State of Georgia, do hereby appoint
Wm. A. M. Hout 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 Gover-
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
20th day of *July* 1891, *Albert Smith* [S.]

Executed in the presence of us:

J. A. Smith
Chas. Hendricks Ordway

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

210 *W. H. Harrison, State Printer, Atlanta, 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,

Barlow County.

KNOW ALL MEN BY THESE PRESENTS, That I,

Albert Smith

of *Barlow*

Barlowville Ga

county, in said State, do hereby appoint *Albert Smith* 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 *6th* day of *July* 1890.

Albert Smith

Executed in the presence of us:

J. L. Smith
Wm. H. Harrison, State Printer, Atlanta, Ga.

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

210 *W. H. Harrison, State Printer, Atlanta, 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,

Barlow County.

Know all Men by these Presents, That I,

Albert Smith

of *Barlow*

Barlowville Ga

County, State of Georgia, do hereby appoint *Albert Smith* 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 *July* 1890.

Albert Smith

Executed in the presence of us:

J. L. Smith
Wm. H. Harrison, State Printer, Atlanta, Ga.

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA.

Barlow County.

I, *Wm. H. Harrison* Ordinary of said county,

do certify that I am well acquainted with *Albert Smith* 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 *7th* day of *March* 1892.

Wm. H. Harrison

Ordinary. *Barlow* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

Know all Men by these Presents, That I,

Albert Smith

of *Barlow*

Barlowville Ga

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *20th* day of *March* 1892.

Albert Smith

Executed in the presence of us:

J. L. Smith
Wm. H. Harrison, State Printer, Atlanta, Ga.

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

Smith, Albert
Barlow Co
210-2692

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *Albert Smith*

County *Barlow*

Disability *loss of leg*

Amount *\$100*

Entered record *Mar 19 1892*

W. H. HARRISON,

Secretary of Revenue Department.

AGENT.

W. H. Harrison

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

Smith, Albert

Barlow Co

1892

Application for Allowance

No. *116*

FOR

Loss of leg

Albert Smith

Barlow Co

Amount *100*

Date of Warrant *3/18*

Entered on record *1/18*

1892.

W. H. Harrison

Secretary of Revenue Department.

WARRANT HANDED TO

W. H. Harrison

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

STATE OF GEORGIA

FOR APPLICANTS RECEIVING ALLOWED PENSIONS

Smith, Albert
Barlow Co.
No. 2692

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name Albert Smith
County Barlow
Disability Insuff leg
Amount \$ 100
Entered on record March 19 1892.
W. H. HARRISON,
Surveyor of Revenue Department.
AGENT.
W. H. Hite
of Barlow, State Printer, Atlanta, Ga.

Smith, Albert
Barlow Co.
1893.

Application for Allowance

No. 116

For the Year Ending October 26, 1893.

Date of Cert Dec 10
County Barlow
Amount 100
Date of Warrant 3/28
Entered on record March 19
Warrant issued to W. H. Hite
of Barlow, State Printer, Atlanta, Ga.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barlow County.

PERSONALLY appears Albert Smith 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 9th day of November 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 G, of 75th Regiment of Volunteers in the State of Virginia, on the 1st day of August 1862, he was wounded as follows: Wound shot wound below the knee of the left leg, leg amputated below the knee

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

Sworn to and subscribed before me this 10th day of March 1892, Albert Smith 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, Albert Smith of Barlow County, in said State, do hereby appoint Wm. A. H. Hite 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 10th day of March 1892. Albert Smith

Executed in the presence of us:
Wm. A. H. Hite Ordinary.

DIRECTION.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barlow County.

PERSONALLY appears Albert Smith 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 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 G, of 75th Regiment of Volunteers in the State of Virginia, on the 1st day of Aug 1862, he was wounded as follows: Wound shot wound below the knee of the left leg, leg amputated below the knee

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 One hundred dollars for several years.

Sworn to and subscribed before me, this, the 10th day of March 1893, Albert Smith 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, Wm. A. H. Hite Ordinary of said County, do certify that I am well acquainted with Albert Smith 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 20th day of March 1893. Wm. A. H. Hite Ordinary Barlow County.

STATE OF GEORGIA.
POWER OF ATTORNEY

Ordinary. 1893. day of March

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,

Albert Smith

Barlow

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

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

Albert Smith

Executed in the presence of us:

W. H. Harrison

DIRECTIONS.

Send money to me as follows, by

to

County, Georgia.

P. O.

Ordinary. 1893. day of March

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.

1. W. H. Harrison Ordinary of said County,

do certify that I am well acquainted with Albert Smith 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 1893.

W. H. Harrison

Ordinary of Barlow County.

STATE OF GEORGIA,

POWER OF ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

Know all Men by these Presents, That I,

Albert Smith

Barlow

County, State of Georgia, do hereby appoint
of Charleston, 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 March 1894.

Albert Smith

Executed in the presence of us:

W. H. Harrison

DIRECTIONS.

Send money to me as follows, by

to

County, Georgia.

P. O.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

Know all Men by these Presents, That I,

Albert Smith

Barlow

County, State of Georgia, do hereby appoint
of Charleston, 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 March 1895.

Albert Smith

Executed in presence of us:

W. H. Harrison

DIRECTIONS.

Send money to me as follows, by

to

County, Georgia.

P. O.

Soldier's Pension.

1894.

Name Albert Smith
County Barlow
Disability Loss of leg
Amount \$ 100.00

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDLED TO
W. H. Harrison

Smith, Albert
Barlow Co.

(For Those Already Enrolled.)

No. 987
SOLDIER'S PENSION.
1895.

Name Albert Smith
County Barlow
Disability Loss of leg
Amount \$ 100.00

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDLED TO
W. H. Harrison

Smith, Albert
Bartow Co.
(For Those Already Enrolled.)
No. 111
Soldier's Pension.
1894.
Name Albert Smith
County Bartow
Disability Loss of leg
Amount, \$ 175
1894.
W. H. HARRISON,
Secretary Executive Department.
WARRANT HANDLED TO
G. W. Neudrick
G. W. Neudrick, State Printer, Atlanta.

Smith, Albert
Bartow Co.
(For Those Already Enrolled.)
No. 987
SOLDIER'S PENSION.
1895.
Name Albert Smith
County Bartow
Disability Loss of leg
Amount, \$ 100
1895.
RICHARD JOHNSON,
Secretary Executive Department.
WARRANT HANDLED TO
G. W. Neudrick
G. W. Neudrick, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

PERSONALLY appears Albert Smith 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 1863; 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 G, of 18th Regiment of Volunteers, North's Brigade; that whilst engaged in such military service at the battle of 2nd Manassas in the State of Virginia on the 30 day of August 1862, he was wounded as follows: that in left leg below the knee, effect leg amputated below the knee

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

Sworn to and subscribed before me, this, 1st day of March 1894. Albert Smith
G. W. Neudrick B. O. 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. Neudrick Ordinary of said County, do certify that I am well acquainted with Albert Smith 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 1st day of March 1894.



Ordinary Bartow County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

PERSONALLY appears Albert Smith 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 1863; 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 G, of 18th Regiment of Volunteers, North's Brigade; that whilst engaged in such military service at the battle of 2nd Manassas in the State of Virginia on the 30th day of August 1862, he was wounded as follows: that in right leg and in account of which wound, said leg was amputated below the knee

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, 6th day of March 1895. Albert Smith
G. W. Neudrick B. O. 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. Neudrick Ordinary of said County, do certify that I am well acquainted with Albert Smith 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 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 allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of One Hundred dollars, for the year 1893.

Sworn to and subscribed before me, this, the 6th day of March, 1894. Albert Smith
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 Albert Smith 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 1 day of March, 1894.



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 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 6th day of March, 1895. Albert Smith
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 Albert Smith 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.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Barlow County.

I, Albert Smith hereby authorize George W. Hendricks of Carrollville Ga

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18th day of February, 1890. Albert Smith [L. S.]

Executed in presence of us

J. R. Anderson
C. H. Gidson

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Barlow County.

I, Albert Smith hereby authorize G.W. Hendricks of Carrollville Ga

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th day of February, 1897. Albert Smith [L. S.]

Executed in presence of

J. R. Anderson
B. J. Gidson

ATTORNEY AT LAW,
(For Those Already Enrolled.)

No. 2700

SOLDIER'S PENSION.

1896.

Name Albert Smith
County Barlow
Disability Left leg
Amount \$100.00

3/4 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

W.H.

W. W. BARNETT, State Printer, ATLANTA.

No data

ATTORNEY AT LAW,
(For Those Already Enrolled.)

No. 538

INVALID

SOLDIER'S PENSION.

1897.

Name Albert Smith
County Barlow
Disability Left leg
Amount \$100.00

3/4 1897

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

W.H.

W. W. BARNETT, State Printer, ATLANTA.

No data

Smith, Albert
Barlow Co

AGE OF INHABITANT.
(For Those Already Enrolled.)

No. *2700*

SOLDIER'S PENSION.
1896.

Name *Albert Smith*
County *Barlow*
Disability *Left leg*
Amount, \$ *100*
1896 *3/4*

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO
W.H.H.

W. W. HARRISON, State Printer, Atlanta.

No data

Smith, Albert
Barlow Co

AGE OF INHABITANT.
(For Those Already Enrolled.)

No. *538*

INVALID
SOLDIER'S PENSION.
1897.

Name *Albert Smith*
County *Barlow*
Disability *Left leg*
Amount, \$ *100*
1897 *9/7*

RICHARD JOHNSON,
Commissioner of Pension.

WARRANT HANDED TO
W.H.H.

W. W. HARRISON, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears *Albert Smith* 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 *Nov 9/4* day of *Nov* 18*63*; that he enlisted in the military service of the Confederate States (or of the State of *Virginia*) during the war between the States, and served as a *private* in Company *G*, of *18th* Regiment of *Volunteers*, *Wood's* Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *30* day of *Aug* 1864, he was wounded, injured or diseased as follows:
He was wounded at the 2nd battle of Manassas in left leg. The same was amputated in consequence of said wound

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 20th, 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, *18th* day of *Feb* 1896, *Albert Smith*
G.W. Hendricks Ord.

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

STATE OF GEORGIA,

Barlow County.

I, *G.W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *Albert Smith* 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 *Feb* 1896.



Ordinary *Barlow* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears *Albert Smith* 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 *fall* day of *fall* 18*63*; that he enlisted in the military service of the Confederate States (or of the State of *Virginia*) during the war between the States, and served as a *private* in Company *G*, of *18th* Regiment of *Volunteers*, *Wood's* Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *30* day of *Aug* 1864, he was wounded, injured or diseased as follows:
Gun shot wound in left leg in the 2nd battle of Manassas, leg amputated as the result

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 20th, 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, *10th* day of *Feb* 1897, *Albert Smith*
G.W. Hendricks Ord.

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

STATE OF GEORGIA,

Barlow County.

I, *G.W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *Albert Smith* 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 *Feb* 1897.



Ordinary *Barlow* County.

entitled for the year ending October 31st, 1896. I have heretofore as a resident of Barlow county been allowed a pension of One hundred dollars, for the year 1896.

Sworn to and subscribed before me, this, the 18th day of Feb, 1896.

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 Albert Smith 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 Feb, 1896.



Ordinary Barlow County.

entitled for the year ending October 20th, 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 10th day of Feb, 1897.

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 Albert Smith 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 Feb, 1897.



Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, Albert Smith hereby authorize G.W. Hendricks of Atlanta Ga.

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

me by check at Carrollville Ga. care of G.W. Hendricks

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20th day of Feb, 1896.

Albert Smith [L. S.]

Executed in presence of
V. Burroughs

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, Albert Smith hereby authorize G.W. Hendricks of Carrollville

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

me by check at Tolson

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th day of Jan, 1896.

Albert Smith [L. S.]

Executed in presence of
John H. Cobb

Sanitary Commission
Barlow Co

ACT OF OCT. 3, 1890.
(For Those Already Enrolled.)

No. 2283

INVALID
SOLDIER'S PENSION.
1898.

Name Albert Smith
County Barlow
Disability Loss of leg
Amount, \$ 100.00

7/23 1896.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO
John H. Cobb

Sanitary Commission, Atlanta.

Sanitary Commission
Barlow County

COPIES SECTION 15A.
(For Those Already Enrolled.)

No. 2244

INVALID
SOLDIER'S PENSION.
1899.

Name Albert Smith
County Barlow
Disability Loss of leg
Amount, \$ 100.00

2/16 1896.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO
G.W. Hendricks

Sanitary Commission, Atlanta.

Smith, Albert
Barlow
 ACT OF OCT. 1887.
 (For Those Already Enrolled.)
 No. *4283*
 INVALID
 SOLDIER'S PENSION.
 1898.
 Name *Albert Smith*
 County *Barlow*
 Disability *Loss of leg*
 Amount, \$ *100*
2/23 1898.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDLED TO
Wm. H. H. H.
 W. H. HARRISON, STATE PRINTER, ATLANTA.

No date

Smith, Albert
Barlow
 ACT OF OCT. 1887.
 (For Those Already Enrolled.)
 No. *224*
 INVALID
 SOLDIER'S PENSION.
 1899.
 Name *Albert Smith*
 County *Barlow*
 Disability *Loss of leg*
 Amount, \$ *100*
2/12 1899.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDLED TO
Wm. H. H. H.
 W. H. HARRISON, STATE PRINTER, ATLANTA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barlow County.
 Personally appears *Albert Smith* 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*53*; 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 *2*, of *18*th Regiment
 of *Volunteers*, *Hood's* Brigade; that whilst engaged
 in such military service in the State of *Georgia*, on the *30* day
 of *Aug* 1862, he was wounded, injured or diseased as follows:
He was shot through left leg
leg amputated below the knee.
It was in the battle of Mans-
sas - Aug 30th 1862

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
One Hundred Dollars, for the year 1887.
 Sworn to and subscribed before me, this, the *21st* day of *Feb* 1898. POST-OFFICE *Tolson Ga*
GW Hendricks Ordinary

STATE OF GEORGIA,
Barlow County.
 I, *GW Hendricks* Ordinary of said County,
 do certify that I am well acquainted with *Albert Smith* 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 *21st*
 day of *Feb* 1898.
GW Hendricks
 Ordinary *Barlow* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barlow County.
 Personally appears *Albert Smith* 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 *10*
 day of *Nov* 18*53*; 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 *2*, of *18*th Regiment
 of *Volunteers*, *Hood's* Brigade; that whilst engaged
 in such military service in the State of *Georgia*, on the *30* day
 of *August* 1862, he was wounded, injured or diseased as follows:
Gun shot in left leg, which
caused amputation of leg
below knee

Deponent makes application for the pension to which he is entitled for the year end-
 ing October 24th, 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 1887.
 Sworn to and subscribed before me, this, the *16th* day of *July* 1899. POST OFFICE *Tolson Ga*
GW Hendricks Ordinary

STATE OF GEORGIA,
Barlow County.
 I, *GW Hendricks* Ordinary of said County,
 do certify that I am well acquainted with *Albert Smith* 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 *July* 1899.
GW Hendricks
 Ordinary *Barlow* County.



and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of Barlow County been allowed an invalid pension of One Hundred Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 20th day of Feb 1898, Albert Smith POST-OFFICE Tolson Ga

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 Albert Smith 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 21st day of Feb 1898.
G.W. Hendricks
Ordinary Barlow County.



Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of Barlow County been allowed an invalid pension of One Hundred Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 16 day of Jan 1899, Albert Smith POST-OFFICE Tolson Ga

John M. Little Notary Public Barlow 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 Albert Smith 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 1899.
G.W. Hendricks
Ordinary Barlow County.



POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County. }
I, Albert Smith hereby authorize G.W. Hendricks of Barlowville Ga to receive and receipt for the pension paid hereon and request that he remit same to Albert Smith by check at Adrianville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9 day of Nov 1900.
Albert Smith [L. S.]

Executed in presence of

J. A. Price

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County. }
I, Albert Smith 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 12th day of Jan 1901.
Albert Smith [L. S.]

Executed in presence of

J. S. Cook

CODE SECTION 120.
(For Those Already Enrolled.)

No. 394

INVALID

SOLDIER'S PENSION.

1900.

Name Albert Smith
County Barlow
Disability loss of leg
Amount, \$ 100
Warrant issued Jan 4, 1900

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Hendricks
GEO. W. HARTSON, State Printer, ALBANY.
No date

CODE SECTION 120.
(For Those Already Enrolled.)

No. 1196

DISABLED

SOLDIER'S PENSION.

1901.

Name Albert Smith
County Barlow
Disability loss of leg
Amount, \$ 100

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Hendricks
GEO. W. HARTSON, State Printer, ALBANY.
No date

CODE SECTION 129

(For Those Already Enrolled.)

No. 394

**INVALID
SOLDIER'S PENSION.
1900.**

Name Albert Smith
County Barlow
Disability loss of leg
Amount \$ 100
Warrant issued Feb. 19, 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Spencer
Geo. W. Harrison, State Printer, Atlanta.

No date

CODE SECTION 129

(For Those Already Enrolled.)

No. 1196

**DISABLED
SOLDIER'S PENSION.
1901.**

Name Albert Smith
County Barlow
Disability loss of leg
Amount \$ 100

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Spencer
Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears Albert Smith 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 11 day of Nov 1862; 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 2, of 18th Regiment of GA Volunteers, Hood's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30 day of Aug 1862, he was wounded, injured or diseased as follows:

Wound which he lost his left leg

Deponent makes application for the pension to which he is entitled for year ending October 20th, 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 1900.

Sworn to and subscribed before me, this the 12 day of Jan 1900, POST OFFICE Guthrie's only

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, Guthrie's only Ordinary of said County, do certify that I am well acquainted with Albert Smith 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 1900.
Guthrie's only
Ordinary Barlow County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears Albert Smith 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 11 day of Nov 1862; 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 2, of 18th Regiment of GA Volunteers, Hood's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30 day of Aug 1862, he was wounded, injured or diseased as follows:

Wound shot wound in the left leg in the battle of 2nd Manassas resulting in the amputation of the leg

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 One hundred Dollars, for the year 1900.

Sworn to and subscribed before me, this the 12 day of January 1901, Postoffice Guthrie's only

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, Guthrie's only Ordinary of said County, do certify that I am well acquainted with Albert Smith 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 January 1901.
Guthrie's only
Ordinary Barlow County.



ending October 20th, 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 19th day of January, 1901. POST OFFICE
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 Albert Smith 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 January, 1901.
G.W. Hendricks
Ordinary Barlow County.



Dependent makes application for the pension to which he is entitled for year end-
ing October 20th, 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 19th day of January, 1901. Postoffice
G.W. Hendricks

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain partic-
ularly 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 Albert Smith 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 January, 1901.
G.W. Hendricks
Ordinary Barlow County.



POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, Albert Smith hereby authorize G.W.
Hendricks of Barlow Co.
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 14th day of Jan'y, 1902.
Albert Smith [L. S.]

Executed in presence of
J. A. Allen

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, Albert Smith hereby authorize G.W.
Hendricks of Barlow Co.
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 14th day of Jan'y, 1903.
Albert Smith [L. S.]

Executed in presence of

(FOR THOSE ALREADY ENROLLED.)

No. 1682.

DISABLED
SOLDIER'S PENSION
1902.

Name Albert Smith
County Barlow
Co. 1st Regiment
Disability Total leg
Amount, \$ 11.31 1902

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
G.W. Hendricks

Geo. W. Harrison, State Printer, Atlanta.

No later

(FOR THOSE ALREADY ENROLLED.)

No. 1935.

DISABLED
SOLDIER'S PENSION
1903.

Name Albert Smith
County Barlow
Co. 1st Regiment
Disability Total leg
Amount, \$ 11.31 1903

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
G.W. Hendricks

Geo. W. Harrison, State Printer, Atlanta.

Smith, Albert
Barlow County

(FOR THOSE ALREADY ENROLLED.)

COUS. SECTION 1002.

No. 1682

DISABLED

SOLDIER'S PENSION

1902.

Name Albert Smith
County Barlow
Co. 1st Regiment
Disability lost leg
Amount, \$ 400.00
11/1 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT FURNISHED TO
Goody
Geo. W. Harrison, State Printer, Atlanta.

No data

Smith, Albert
Barlow County

(FOR THOSE ALREADY ENROLLED.)

COUS. SECTION 1003.

No. 1935

DISABLED

SOLDIER'S PENSION

1903.

Name Albert Smith
County Barlow
Co. 1st Regiment
Disability lost leg
Amount, \$ 400.00
2/1 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT FURNISHED TO
Dary
Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow County.

Personally appears Albert Smith 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 1888; 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 18th Regiment of Volunteers, Hood's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30 day of Aug 1862, he was wounded, injured or diseased as follows:
Shot left leg and both shoulders
Leg amputated as a result

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 14th day of Jan 1902, at Barlow County, Georgia.

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

STATE OF GEORGIA,

Barlow County.

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

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

Ordinary Barlow 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,

Barlow County.

Personally appears Albert Smith 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 1888; 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 18th Regiment of Volunteers, Hood's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30 day of Aug 1862, he was wounded, injured or diseased as follows:
Shot left leg and both shoulders
Leg amputated as a result

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 One hundred Dollars, for the year 1902.

Sworn to and subscribed before me, this 14th day of Jan 1903, at Barlow County, Georgia.

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

STATE OF GEORGIA,

Barlow County.

I, J. W. Hudricks Ordinary of said County, do certify that I am well acquainted with Albert Smith 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 1903.

Ordinary Barlow County.

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

ending October 28th, 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 14th day of Jan, 1902. } Post-office Barlow
G. W. Hudricks 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. Hudricks Ordinary of said County, do certify that I am well acquainted with Albert Smith the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

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

Ordinary Barlow 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 the year ending October 28th, 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 22nd day of Jan, 1903. } Post-office Barlow
G. W. Hudricks 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. Hudricks Ordinary of said County, do certify that I am well acquainted with Albert Smith 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, 1903.

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. }
Albert Smith hereby authorize G. W. Hudricks of Barlow County, Ga. to receive and receipt for the pension paid hereon, and request that he remit same to G. W. Hudricks by Barlow County, Ga.

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

Executed in presence of Albert Smith [L. S.]
J. A. Price J. P.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County. }
I, Albert Smith hereby authorize G. W. Hudricks of Barlow County, Ga. to receive and receipt for the pension paid hereon, and request that he remit same to me by CK at Barlow County, Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22nd day of Jan, 1905.

Executed in the presence of Albert Smith [L. S.]

SMITH, ALBERT
Barlow

COUS SERVICE 1894.
(FOR THOSE ALREADY ENROLLED.)
No. 1578

DISABLED
SOLDIER'S PENSION
1904.

Name Albert Smith
County Barlow
Co. 8 Regiment
Disability lost left leg
Amount, \$ 100

FEB 9 1 1904.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Body
Geo. W. Harrison, State Printer, Atlanta.

no debt

SMITH, ALBERT
Barlow County

COUS SERVICE 1894.
(FOR THOSE ALREADY ENROLLED.)
No. 1410

DISABLED
SOLDIER'S PENSION
1905.

Name Albert Smith
County Barlow
Co. 8 Regiment
Disability lost left leg
Amount, \$ 100

FEB 7 1 1905.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Smith, Albert
Barlow Co.

COLE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)
No. *1578*

DISABLED
SOLDIER'S PENSION
1904.

Name *Albert Smith*
County *Barlow*
Co. *2* Regiment *18*
Disability *lost left leg*
Amount, \$ *100*

FEB 9 1904.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Osley
Gen. W. Harrison, War Office, Albany.

no data

Smith, Albert
Barlow County

COLE SECTION 1250.
(FOR THOSE ALREADY ENROLLED.)
No. *1410*

DISABLED
SOLDIER'S PENSION
1905.

Name *Albert Smith*
County *Barlow*
Co. *"C"* Regiment *18*
Disability *lost left leg*
Amount, \$ *100*

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

WARRANT HANDLED TO

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Barlow County.

Personally appears *Albert Smith* 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 *6* day of *Nov* 18*83*; that he enlisted in the military service of the Confederate States (or of the State of *Virginia*) during the war between the States, and served as a *private* in Company *E*, of *18*th Regiment of *Volunteers* *Hoods*'s Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *30* day of *Aug* 18*62*, he was wounded, injured or diseased as follows:
Gun shot wound in left leg, in front of femur - leg amputated

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 *one hundred* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *16* day of *Jan* 1904. *Albert Smith*
J. W. Nundrick's Ordng. Post-office *Smith*

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, *J. W. Nundrick* Ordinary of said County, do certify that I am well acquainted with *Albert Smith* 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 *16* day of *Jan* 1904.
J. W. Nundrick
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 *Albert Smith* 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 *6* day of *Nov* 18*83*; that he enlisted in the military service of the Confederate States (or of the State of *Virginia*) during the war between the States, and served as a *private* in Company *E*, of *18*th Regiment of *Volunteers* *Hoods*'s Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *30* day of *Aug* 18*62*, he was wounded, injured or diseased as follows:
Wounded in battle of Manassas in left leg, and its leg was amputated on account thereof

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of *Barlow* County, been allowed an invalid pension of *one hundred* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *20* day of *Jan* 1905. *Albert Smith*
J. W. Nundrick's Ordng. Post-office *Jolsam 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, *J. W. Nundrick* Ordinary of said County, do certify that I am well acquainted with *Albert Smith* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this *20* day of *Jan* 1905.
J. W. Nundrick
Ordinary *Barlow* County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1905.

data

Cons Section 1200.
FOR THOSE ALREADY ENROLLED.

No. 163

DISABLED
SOLDIER'S PENSION
1906.

Name Albert Smith
County Barlow
Co. E Regiment 18
Disability loss of leg
Amount, \$100.00
JAN 29 1906

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

See Remarks on Page 1 and Page 2 of this Case. W. Lindsey, Secy.

no data

Cons Section 1200.
FOR THOSE ALREADY ENROLLED.

No. 1407

DISABLED
SOLDIER'S PENSION
1907.

Name Albert Smith
County Barlow
Co. E Regiment 18
Disability loss of leg
Amount, \$100.00

1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

See Remarks on Page 1 and Page 2 of this Case. W. Lindsey, Secy.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Barlow County.
Personally appears Albert Smith 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 10 day of Nov 1863; that he enlisted in the military service of the Confederate States (or of the State of 1861) during the war between the State and served as a Private in Company E, of 18th Regiment of Georgia Volunteers Hood's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30 day of Aug 1862, he was wounded, injured or diseased as follows:
I received a gun shot that caused my leg to be amputated.

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 one hundred Dollars, for the year 1906.

Sworn to and subscribed before me, this 17 day of Jan 1906. Albert Smith
G. W. Hendricks Post-Office Tolson 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 Albert Smith 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 1906. 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.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Barlow County.
Personally appears Albert Smith 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 10 day of Nov 1863; that he enlisted in the military service of the Confederate States (or of the State of 1861) during the war between the States, and served as a Private in Company E, of 18th Regiment of Georgia Volunteers Hood's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30 day of Aug 1862, he was wounded, injured or diseased as follows:
He received a gun shot wound in his left leg resulting in having the leg amputated.

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 28 day of Jan 1907. Albert Smith
G. W. Hendricks Ordinary Postoffice Tolson

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

Given under my official signature and seal this 28th day of Jan 1907. 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, 1907.

States, and served as a Private in Company G, of 18th Regiment of Georgia Volunteers. Hood's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30 day of Aug 1862, he was wounded, injured or diseased as follows: 2 balls in my leg that caused my leg to be amputated.

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 one hundred Dollars, for the year 1905.

Sworn to and subscribed before me, this the 17 day of Jan 1906.
Albert Smith
G.W. Hendricks Post-Office Falcons 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 Albert Smith 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 1906.

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.

of 4th Volunteers. Hood's Brigade; that whilst engaged in such military service in the State of Vir, on the 30 day of Aug 1862, he was wounded, injured or diseased as follows: He received 9m shot wound in left leg resulting in having his leg amputated.

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 28 day of Jan 1907.
Albert Smith
G.W. Hendricks Ordinary Postoffice Falcons

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

Given under my official signature and seal this 28th day of Jan 1907.

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, 1907.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, Charles J. Smith, hereby authorize Geo. W. Harrison of Barlow County, Georgia, to receive and receipt for the pension paid hereon and request that he remit same to Charles J. Smith by check at Barlow N.C.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th day of January 1897.

Executed in presence of

W. J. Harrison

A. O. Henderson

W. J. Harrison

Geo. W. Harrison [L. S.]

Smith, Charles J.

Barlow G.

ACT OF 13 DEC. 1894.

(For Those Already Enrolled.)

No. 1719

For Charles J. Smith
INDIGENT

Soldier's Pension.

1897.

Name Charles J. Smith

County Barlow

Formerly Cherokee

2/2

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

W. J. Harrison

Geo. W. Harrison, State Printer, Atlanta.

No data

Name Chas. J. Smith
 County Barlow
Family Cherokee
 2/2 1897.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDED TO
GNH
 GEO. W. HARRISON, STATE PRINTER, ATLANTA.
 No data

ATTORNEY.
 hereby authorize Chas. J. Smith
 to receive and receipt for the pension paid hereon and request that he remit same to
 by check
 11/4
 807
 Chas. J. Smith [L. S.]
 clemto set my hand and seal, this

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.
Chas. J. Smith hereby authorize Chas. J. Smith
Nevdrieks of Cartersville Ga
 to receive and receipt for the pension paid hereon and request that he remit same to
Cartersville Ga by check
 at Cartersville
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11/4
 day of January 1897. Chas. J. Smith [L. S.]
 Executed in presence of
M. J. Carson
A. C. Hendricks
mark

POWER OF ATTORNEY.

State of Georgia,
Barlow County.
Chas. J. Smith hereby authorize Chas. J. Smith
Nevdrieks of Cartersville Ga
 to receive and receipt for the pension paid hereon and request that he remit same to
Cartersville Ga by check
 at Cartersville Ga
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18/4
 day of January 1898. Chas. J. Smith [L. S.]
 Executed in presence of
J. B. Kerr
J. A. Jenkins
mark

Smith, Chas. J.
Barlow Ga
 (For These Already Enrolled.)
 No. 1719
INDIGENT
 Soldier's Pension.
 1897.
 Name Chas. J. Smith
 County Barlow
Family Cherokee
 2/2 1897.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDED TO
GNH
 GEO. W. HARRISON, STATE PRINTER, ATLANTA.
 No data

Smith, Chas. J.
Barlow Ga
 (For These Already Enrolled.)
 No. 2307
INDIGENT
 SOLDIER'S PENSION,
 1898.
 Name Chas. J. Smith
 County Barlow
 WARRANT ISSUED
 1/2 1898.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDED TO
GNH
 GEO. W. HARRISON, STATE PRINTER, ATLANTA.
 No data

Smith, Charles J.
 Bartow Co.
 (For These Already Enrolled.)
 No. 1719
 To Charles J. Smith
 INDIGENT
 Soldier's Pension.
 1897.
 Name Charles J. Smith
 County Bartow
 (Amory Cherokee)
 1897.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDLED TO
 G.W.H.
 No data

Smith, C. J.
 Bartow Co.
 (For These Already Enrolled.)
 No. 2307
 To Charles J. Smith
 INDIGENT
 SOLDIER'S PENSION,
 1898.
 Name Charles J. Smith
 County Bartow
 WARRANT ISSUED
 1/21
 1898.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDLED TO
 G.W.H.
 No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
 Bartow County.

Personally appears Chas J. Smith of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the about fifty yrs; that he is 77 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of nearly 4 yrs in Company D, of 24th Regiment of Ga. Infantry; that his physical condition is as follows: Suffering from a lung trouble and Rheumatism and worn out from old age. that his property consists of the following items One cow & calf

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1896

Sworn to and subscribed before me, this, the 17th day of Jan'y 1897, Chas. J. X Smith mark
 G.W. Hudricks Ordinary.

STATE OF GEORGIA,
 Bartow County.

I, G.W. Hudricks Ordinary of said County, do certify that I am well acquainted with Chas J. Smith 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'y 1897.
 G.W. Hudricks
 Ordinary Bartow County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
 Bartow County.

Personally appears C. J. Smith of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since about 50 years; that he is 78 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of nearly 4 yrs in Company D, of 24th Regiment of Ga. Infantry; that his physical condition is as follows: Worn out mostly from old age. that his property consists of the following items Cow and calf

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

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

Sworn to and subscribed before me, this, the 18th day of Jan'y 1898, C. J. X Smith mark
 G.W. Hudricks Ordinary.

State of Georgia,
 Bartow County.

I, G.W. Hudricks Ordinary of said County, do certify that I am well acquainted with C. J. Smith 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 Jan'y 1898.
 G.W. Hudricks
 Ordinary Bartow County.

erate States (or of the State of _____) during the war between the States,
and served for the term of nearly 4 yrs in Company D, of 24th Regiment of
La. Infantry; that his physical condition is as
follows: Suffering from a lung trouble and
rhumatism and worn out from old
age.
that his property consists of the following items one cow & calf

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

Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1897. I have heretofore as a resident of Cherokee
county been allowed a pension for the year 1896

Sworn to and subscribed before me, this, the 17th day of Jan, 1897, } Chas. T. Smith
G. W. Hudricks Ordinary. mark

STATE OF GEORGIA,
Barlow County.

I, G. W. Hudricks Ordinary of said County,
do certify that I am well acquainted with Chas. T. Smith 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, 1897.



G. W. Hudricks
Ordinary Barlow County.

Note.—The blank spaces must be filled.

erate States (or of the State of _____) during the war between the States,
and served for the term of nearly 4 yrs in Company D, of 24th Regiment of
La. Infantry; that his physical condition is as
follows: Worn out mostly from old age

that his property consists of the following items Cow and calf

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

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

Sworn to and subscribed before me, this, the 18th day of Jan, 1898, } Chas. T. Smith
G. W. Hudricks Ordinary. mark

State of Georgia,
Barlow County.

I, G. W. Hudricks Ordinary of said County,
do certify that I am well acquainted with Chas. T. Smith 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, 1898.



G. W. Hudricks
Ordinary Barlow County.

Note.—The blank spaces must be filled.

Smith, George M.
Barlow, County
No. *disappeared 9/20/06*

INDIGENT PENSION.
190

Name *Geo. M. Smith*
County *Barlow*
Co. *9 412 Alg. 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.
Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr., Atlanta, Georgia.
9/20/06

Pension Office
9/20-1906
This was awarded
Soldier - but not
been a citizen of
the United States
not entitled to an
Indigent Pension
Under the Act June 1898
27702
Carey of Barlow

STATE OF GEORGIA,
COUNTY *Barlow*
George M. Smith hereby authorize
Geo. M. Smith of *Barlow* County
to receive and receipt for the pension allowed and request that he will come to
at *Barlow* GA by *me*
Witness my hand and seal, this *28th* day of *Aug* 1906
at *Barlow* GA by *George M. Smith*
Witness my hand and seal, this *28th* day of *Aug* 1906
at *Barlow* GA by *George M. Smith*

Arth. George M. Barton County

No. *disaffirmed 7/20/06*

INDIGENT PENSION.

190

Name *Geo. M. Smith*
 County *Barton*
 Ca. *9 413 1/2 Aly Regt.*
 Approved *1906*

*Not entitled to one
 as I do not know
 whether he has been
 in the army or not
 since 1864*

*John W. Lindsey
 Commissioner of Pensions*

WARRANT HANDED TO

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

Printable Printing and Publishing Co. Inc. 11 Harrison, N.Y.

9/20/06

Every Question MUST

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

2nd ground unable to perform or do heavy work caused by kidney affections

13. What property, real and personal, or income, do you possess, and its gross value? *2 Ceres Balm 40 cc Household furniture value \$100.00*

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? *owned across the street, have not by gift or sale disposed of any property*

15. In what County did you reside during those years, and what property did you then return for taxation? *In Barton County Ga. Return made about 8/20/06*

16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? *By my mother assisted by my daughters*

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *Excluding clothing \$200.00 2 contributory \$400.00*

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? *Transferred by order of Croft to Georgia Insular Hotel*

19. Have you a family? If so, who composes such family? Give their means of support. Have they a home-stand, or other property? Their ages and how employed? *Yes. Self, wife and four daughters. ages from 17 to 25. \$100.00 per month. Farming and housekeeping. 175.00 per month*

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

21. Have you ever made an application for pension before? *Yes in Alabama*

22. How many applications have you ever made and under what class? *one under the warlike class*

Sworn to and subscribed before me this the *15th* day of *August* 1906 *George M. Smith* Applicant.

W. H. Strickland Ordinary of *Barton* County.

QUESTIONS FOR WITNESS.

STATE OF *Alabama*
Calhoun COUNTY.

Witness Strickland of said State and County, having been presented as a witness in support of the application of *George M. Smith* for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

- What is your name and where do you reside? *Witness Strickland at Haglers, Calhoun County, Alabama*
- Are you acquainted with *George M. Smith* the applicant? If so how long have you known him? *Yes since 1864*
- Where does he reside, and how long and since when has he been a resident of this State? *In Barton County, Georgia. I do not know*
- When, where and in what company and regiment did he enlist, and how do you know? *1864, Menisterville, Co. 3 44th Ala Regt.*
- Were you a member of the same company and regiment? *Yes of Co. 3 44th Ala Regt.*
- How long did he perform regular military duty? *About year and half of solo*
- When and where was his command surrendered? *at Appomattox Va*
- Were you present when it surrendered? *Yes*
- Was applicant present? *Yes*
- If he was not present, where was he?

When did he leave his command? *at Appomattox* For what cause? *Surrendered*
 By what authority he left? *by his parole of honor* How do you know all of this?
Because I know personally present and know it from my own knowledge

- What property, effects or income has the applicant? (Give your means of knowledge.) *I know nothing of this*
- What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? *I do not know*
- Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? *I do not know*
- What is the applicant's occupation and physical condition? *a farmer as long as I have known him. I do not know his physical defects or conditions*
- Is the applicant unable to support himself by labor of any sort; if so, why? *I do not know*
- How was he supported during the years 1901, 1902, 1903, 1904 and 1905? *I do not know*
- What portion of his support for these four years was derived from his own labor or income? *I do not know*
- Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code *I do not know*
- Who composes family? What property have they? Children's ages and their earning capacity? *I do not know*
- What interest have you in the recovery of a pension by this applicant? *None*

Sworn to and subscribed before me, this the *13th* day of *August* 1906 *W. H. Strickland* Witness.

W. H. Strickland Ordinary of *Barton* County, Alabama

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Barton COUNTY.

Personally came before me *W. H. Strickland* and *P. J. Callahan* and both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully *George M. Smith* applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He suffers great neuralgia of the face and limbs. He is unable to do hard manual labor

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

Sworn to and subscribed before me, this the *28th* day of *Aug* 1906 *P. J. Callahan* Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Barton COUNTY.

I, *W. H. Strickland* Ordinary, in and for said County, hereby certify that the applicant *George M. Smith* resides in said County, and has been a bona fide resident of this State since the *15th* day of *Aug* 180 and that the witnesses, viz: *R. E. Adams, A. J. Callahan* are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of *Barton* County shows that applicant returned for taxation in his name in 1901 *95* Dollars of property, and in 1902 *145* Dollars of property; in 1903 *95* Dollars of property; in 1904 *145* Dollars of property; in 1905 *95* Dollars of property.

In my opinion the foregoing claim is *not* made in good faith.

Witness my hand and seal of office, this *15th* day of *Aug* 1906 *W. H. Strickland* Ordinary.

of *Barton* County.

NOTE.

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

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 affidavit may be attached if blank spaces are insufficient.

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

9th day of Sept- 1910 }
J. W. Andersons Ordinary, Mark
of Barlow County.

Concomitance of Penicillins

CHAS. F. HYATT, State Printer, Atlanta.

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 wife, and its cash value on the 4 Nov. 1908? (Make list by items and value.) *Household and kitchen furniture and cow and calf - worth about 100.00*

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? *Sold to George married calf for \$25 to pay a debt.*

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.) *Household and kitchen furniture and cow and calf - worth 100.00 - 25.00 = 75.00*

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? *None*

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? *Yes it was made after 1894 and refused because I was not living in Ga Jan 1894*

Sworn to and subscribed before me, this the *14th* day of *Sept* 1910 *J. M. Smith* Ordinary, *Barlow* County.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA, *Cherokee* County.

Simon Stricklen of said State and County is hereby presented as a witness in support of the application of *S. M. Smith* 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? *Simon Stricklen, Helen Ala, Cherokee County*
 - How long and since when have you known *S. M. Smith* the applicant? *New Person Applicant since 1862*
 - Where does he now reside, and since when has he been a bonafide, continuing resident in this State and how do you know? *Abil, Texas*
 - When, where and in what Company and Regiment did *S. M. Smith* enlist during war from 1861 to 1865? (Give date and place.) *1862 At Arkansas Ala. Co. 4th Regt*
 - How did you obtain your information of this Service? *By being present and belonging to the same Regiment*
 - How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date.) *About 1862 to April 1865*
 - When and where was his Command surrendered or discharged (give date and place.) *At Appomattox Court House Va April 9th 1865*
 - Were you personally present at the Surrender? *I was*
 - If not, where were you and how came you there?
 - 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? *Did not leave* 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 *14th* day of *Sept* 1910 *Simon Stricklen* of *Cherokee* County, *Alabama*

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA, *Cherokee* County.

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

- What property, if any, has been sold or given away by the applicant or his wife since 4 Nov.

16097 (State is 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 *14th* day of *Sept* 1910 *J. M. Smith* Ordinary, *Barlow* County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, *Barlow* County.

Guendricks Ordinary of said County, certify that I know the applicant *S. M. Smith* for Pension is the person he represents himself to be and reside in said County. *Yes* I know *his* *affidavit* the witness swearing to the service and *affidavit* *from* who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of *185* shows that *for 1908 \$ 210* and wife value for tax is in 1908 *\$ 185* for 1908 *\$ 210* for 1910 *\$ 140*

Sworn under my hand and official seal of office this *14th* day of *Sept* 1910 *Guendricks* 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. An affidavit 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 Free holders unnecessary.

The State of Alabama } *J. A. Carruth* Judge of Probate of said *Cherokee* County, *Alabama* County, certify that I know the applicant *S. M. Smith* and also the witness *Simon Stricklen* sworn to the service, that the said *Simon Stricklen* is a resident of this County and has been all his life. I further certify the witness was duly sworn by me before signing foregoing affidavit and that he is truthful and trustworthy and his statement is entitled to full faith and credit.

Sworn under my hand and official seal of office this *14th* day of *September* 1910 at office in *Helen Ala* *J. A. Carruth* Judge of Probate *Cherokee County Ala*

9. If not, where were you and how came you there?

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? Did not leave Where was his Command
n 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

14th day of Sept. 1910

Simon Stricklen.

County. Alabama

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

County,

Personally before me comes

who on oath

says that they are free holders residing in said County and we know _____
the applicant for pension and we know the property that is now in the use, possession and control of himself
and wife and of its cash value to wit: (Make List by items and value.) _____

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov.

they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of _____ shown that _____ and wife value for tax in 1908 \$ 103 for 1909 \$ 210 for 1910 \$ 140

Sworn under my hand and official seal of office this 14th day of Nov 1910

G. W. Andrews Ordinary Barino

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. If affidavit 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 Free holders unnecessary.

The State of Alabama }
Catoosa County } I, A. B. Carmuth, Judge of Probate of said
County, Certify that I know the Applicant,
G. M. Smith and also the witness Simon Strickland
to the service, that the said Simon Strickland is a resident
of this County and has been all his life. I further
certify the witness was duly sworn by me before signing
affidavit and that he is truthful and honest
and his statement is entitled to full faith and credence.

Sworn under my hand and official seal of office
this 14th day of September 1910 at office in Helen, Ala.
J. E. P. +

A. E. Carruth
Judge of Probate
Lebanon County Pa

Georgia
Barrow County

Personally Came before me Dr. R. E. Adams
of said County and on
oath says that he has known Geo.
M. Smith of said County for four
years; that he has practiced medicine
for his family during three years and
since knows his condition physically
and financially; that he has no
property from which he can receive
any income, and has no other
source or income whatever from
which to derive a support; that
he is physically unable to work and
earn a support at manual labor
or otherwise, that from the earnings
of his children and what little he can
do he has had his support. He has
no sons except those of age and are
compelled to labor for their own support
and that of their families; that Applicant
has no interest in the recovery of a pension
by applicant.

Sworn to and subscribed
before me, Aug-28th 1906
G. W. H. D. VICKERS
Ordinary Bailiff
Co. Ga.

P. A. Adair

property from which he can receive any income, and has no other source of income whatever from which to derive a support; that he is physically unable to work and earn a support at manual labor or otherwise; that from the earnings of his children and what little he can do he has had his support. He has no sons except those of age and are compelled to labor for their own support and that if their families that effort has no interest in receiving a pension by applicant.

Sworn to and subscribed before me, Aug-28th 1906
 G. H. Andrews
 Ordinary, Dawson Co. Ga.

NAME Smith, G. M.

YEAR 1911 COUNTY Bartow

WHEN AND WHERE BORN? Resident of Georgia the past ten years.

ENLISTED WHEN AND WHERE? Nov. 1865, Cleburn, Alabama.

RANK.

COMPANY AND REGIMENT? Co. I, 44th Ala. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 9, 1865, Appomattox, Virginia.
 (Staked his gun near Court House.)

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Simon Stricklen, - Same Regiment -

No data.

rb.

DISAPPROVED

NAME Smith, George M.

YEAR 1908 COUNTY Bartow

Alabama

WHEN AND WHERE BORN? December 1841 - Bartow County, Georgia

ENLISTED WHEN AND WHERE? November 1, 1863 - Norris town, Tennessee.

RANK.

COMPANY AND REGIMENT? Company I, 44th Alabama Regiment (Army of Northern Virginia).

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 9, 1865 - Appomattox Court House Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Simon Stricklen - Co. K, same regiment -- No data.

lv

ENLISTED WHEN AND WHERE? Nov. 1863, - Cleburn, Alabama.

NAME.

Co. I, 44th Ala. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 9, 1865, Appomattox, Virginia.
(Stacked his gun near Court House.)

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Simon Stricklen, - Same Regiment -

No data.

rb.

ENLISTED WHEN AND WHERE? November 1, 1863 - Morristown, Tennessee

RANK.

COMPANY AND REGIMENT? Company I, 44th Alabama Regiment (Army of Northern Virginia).

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 9, 1865 - Appomattox Court House Virginia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Simon Stricklen - Co. K, same regiment -- No data.
lv

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

STATE OF GEORGIA, County of Barlow
Barlow Ordinary in and for said County of
Barlow State of Georgia, hereby certify that I am acquainted with Mrs.
Hester A. Smith the applicant for a pension in this case, and
know, from my own knowledge (or from positive proof presented to me by reputable wit-
nesses), that she resides in this County, and that she resided in the State of Georgia on
December 23, 1850, and has not lived out of the State since that date. That she is the
widow of Henry Smith deceased, and as such has heretofore
been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
this, the 16th day of January, 1894.

Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow County.

KNOW ALL MEN BY THESE PRESENTS, That I,

County in said State, do hereby appoint
Hester A. Smith
of Barlow my true and lawful attorney in fact, for

me, and in my name to receive and receipt for whatever amount of money I may be en-
titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the
foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
Warrant that may be issued by the Governor, or for any sum of money which may be
coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th
day of January, 1894.

Executed in the presence of us:

Hester A. Smith [L.S.]

F. M. Vinham
John S. S. S. S.
John S. S. S. DIRECTIONS.

Send amount by

to

me at _____, and oblige

Smith, Hester A.
Barlow Co

FOR THOSE HERETOFORE PAID.

1894.
In Cherokee Co. 1892
No. 657

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Hester A. Smith

—OF—

Barlow COUNTY,
Cherokee County, Ga.

WARRANT ISSUED

9/8

1894,

AND HANDED TO

Geo. Hendricks

Certificate of Ordinary of the County

STATE OF GEORGIA, County of Bartow
E. W. Hudnicks Ordinary in and for said County of
Bartow State of Georgia, hereby
Hester A. Smith the applicant for a pension in this case, and
know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Henry Smith deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

POWER OF ATTORNEY

STATE OF GEORGIA, Bartow County.
KNOW ALL MEN BY THESE PRESENTS, That I, E. W. Hudnicks of Bartow County in said State, do hereby appoint E. W. Hudnicks of Bartow County, and in my name, to receive and receipt for what may be due to the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receive and receipt for the same, and to execute any and all Warrant that may be issued by the Governor, or for coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand of January 1894.
Executed in the presence of us:
J. M. Durham
Chas. Sup. Court
E. W. Hudnicks
DIRECTIONS.
Send amount by me at

for year ending February 15th, 1894.
—PAID TO—
M. Hester A. Smith
—OF—
Bartow COUNTY.
Cherokee County, last year
WARRANT ISSUED
9/8 1894,
AND HANDED TO
E. W. Hudnicks
Geo. W. Haskins, State Printer, Atlanta.

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

Form No. 2.

STATE OF GEORGIA, County of Bartow
E. W. Hudnicks Ordinary in and for said County of
Bartow State of Georgia, hereby certify that I am acquainted with Mrs. Hester A. Smith the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Henry Smith deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 16th day of January 1894.
E. W. Hudnicks Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Bartow County.
KNOW ALL MEN BY THESE PRESENTS, That I, Hester A. Smith of Bartow County in said State, do hereby appoint E. W. Hudnicks of Bartow County, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th day of January 1894.
Hester A. Smith [L. S.]

Executed in the presence of us:
J. M. Durham
Chas. Sup. Court
E. W. Hudnicks DIRECTIONS.
Send amount by me at to and oblige

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

Form No. 2.

STATE OF GEORGIA, County of Bartow
E. W. Hudnicks Ordinary in and for said County of
Bartow State of Georgia, hereby certify that I am acquainted with Mrs. Hester A. Smith the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Henry Smith deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 16th day of January 1895.
E. W. Hudnicks Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Bartow County.
KNOW ALL MEN BY THESE PRESENTS, That I, Hester A. Smith of Bartow County in said State, do hereby appoint E. W. Hudnicks of Bartow County, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th day of June 1895.
Hester A. Smith [L. S.]

Executed in the presence of us:
J. M. Anderson
M. A. M. 26 of 27 28 29
E. W. Hudnicks DIRECTIONS.
Send amount by me at to and oblige

FOR THOSE HERETOFORE PAID.
Smith, Hester A.
Bartow Co.
Bartow
Cherokee County, last year
WARRANT ISSUED
9/8 1894,
AND HANDED TO
E. W. Hudnicks
Geo. W. Haskins, State Printer, Atlanta.

FOR THOSE HERETOFORE PAID.
Smith, Hester A.
Bartow Co.
Bartow
Cherokee County, last year
WARRANT ISSUED
30 July 1895,
AND HANDED TO
A. W.
Geo. W. Haskins, State Printer, Atlanta.

titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th day of January 1894. Hester A. Smith [L. S.]

Executed in the presence of us:

J. M. Durham
Oliver Super. Court
L. M. Smith DIRECTIONS.

Send amount by _____ to me at _____, and oblige.

FOR THOSE HERETOFORE PAID.
1894.
No. 661.
WIDOW'S PENSION,
for year ending February 15th, 1894.
—PAID TO—
Hester A. Smith
—OF—
Bartow County, Georgia.
WARRANT ISSUED
J. M. Smith
AND HANDED TO
J. M. Smith
1894.

me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th day of June 1895. Hester A. Smith [L. S.]

Executed in the presence of us:

J. M. Anderson
M. A. M. Cox & P. P. P. DIRECTIONS.

Send amount by _____ to me at _____, and oblige.

FOR THOSE HERETOFORE PAID.
1895.
No. 1617.
WIDOW'S PENSION,
for year ending February 15th, 1895.
—PAID TO—
Hester A. Smith
—OF—
Bartow County, Georgia.
WARRANT ISSUED
30 July 1895.
AND HANDED TO
Hester A. Smith
1895.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Bartow

Personally comes Mrs.

Hester A. Smith

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

Bartow State of Georgia, and that she has resided in said State continuously ever since 1846 That she is the Widow of

Henry Smith who was a Soldier in Company A of the 43rd Regiment of Georgia

Volunteers, that he enlisted in said Regiment on or about the month of February 1862, and served in the Army up to June 25th 1863 That he lost his life on the 25th day of June 1863 (State here

full particulars of the husband's death, when, where and from what cause.) (He died of Inflammation of bowels and dropsy at Enterprise in the State of Mississippi June 25th 1863)

Deponent swears that she was the wife of said deceased Soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1848; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this 16th day of Jan 1894. Hester A. Smith
J. M. Smith Ordinary. Post-office Pine Log Cha

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Bartow

Personally Comes Mrs.

Hester A. Smith

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

Bartow State of Georgia, and that she has resided in said State continuously ever since fall of 1845 That she is the Widow of

Henry Smith who was a Soldier in Company A of the 43rd Regiment of Ga

Volunteers, that he enlisted in said Regiment on or about the month of February 1862, and served in the Army up to June 25th 1863 That he lost his life on the 25th day of June 1863 (State here

full particulars of the husband's death, when, where and from what cause.) (He died in hospital at Enterprise in the State of Mississippi June 25th 1863)

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1848, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this 16th day of Jan 1895. Hester A. Smith
J. M. Smith Ordinary. Post-office

Mississippi June 23 - 1868

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1848; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this
16th day of Jan 1894. Hester A. Smith
G.W. Hendricks Ordinary. Post-office Pine Log Ga

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1848, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this
16 day of Jan 1895. Hester A. Smith
G.W. Hendricks Ordinary. Post-office

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

Form No. 2.

STATE OF GEORGIA, County of Bartow
G.W. Hendricks Ordinary in and for said County of
Bartow State of Georgia, hereby certify that I am acquainted with Mrs.
Hester A. Smith the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived
out of the State since that date. That she is the widow of Henry Smith
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
20th day of January 1896.
G.W. Hendricks Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, County of Bartow
Hester A. Smith hereby authorize G.W. Hendricks
of Cantonville Ga to receive and receipt for the pension paid hereon and request
that he remit same to me at Pine Log Ga
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
20th day of January 1896.
H. A. Smith [L.S.]

Executed in the presence of

J. S. Anderson
J. M. Finestone

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

Form No. 2.

STATE OF GEORGIA, County of Bartow
G.W. Hendricks Ordinary in and for said County of
Bartow State of Georgia, hereby certify that I am acquainted with Mrs.
Hester A. Smith the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not
lived out of the State since that date. That she is the widow of Henry Smith
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
18th day of January 1897.
G.W. Hendricks Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, County of Bartow
Hester A. Smith hereby authorize G.W. Hendricks
of Cantonville Ga to receive and receipt for the pension paid hereon and request
that he remit same to me at Pine Log Ga
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
18th day of January 1897.
H. A. Smith [L.S.]

Executed in the presence of

D. H. Grode
M. G. Smith

Smith, Hester A.
Bartow County
FOR THOSE HERETOFORE PAID
1896.
No. 2953
WIDOW'S PENSION,
for year ending February 15th, 1896.
PAID TO
Hester A. Smith
WARRANT ISSUED
AND HANDED TO
1896.

Smith, Hester A.
Bartow County
FOR THOSE HERETOFORE PAID
1897.
No. 2236
WIDOW'S PENSION,
for year ending February 15th, 1897.
PAID TO
Hester A. Smith
WARRANT ISSUED
AND HANDED TO
1897.

of *Barlow* to receive and receipt for the pension paid hereon and request
that he remit same to *me* at *Pine Log, Ga.*
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *20th*
day of *January* 1896.
H. A. Smith [L.S.]

Executed in the presence of
R. B. Anderson
J. N. Finestone

Smith, Hester A.,
Barlow County
FOR THOSE HERETOFORE PAID
1896.
No. *2953*
WIDOW'S PENSION,
for year ending February 15th, 1896.
PAID TO
Hester A. Smith
widow of *Barlow*
Henry Smith
County
WARRANT ISSUED
21
AND HANDED TO
H
1896.

of *Barlow* to receive and receipt for the pension paid hereon and request
that he remit same to *me* at *Pine Log*
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *18th*
day of *January* 1897.
H. A. Smith [L.S.]

Executed in the presence of
D. L. Groves
M. G. Smith

Barlow
FOR THOSE HERETOFORE PAID
1897.
No. *2236*
WIDOW'S PENSION,
for year ending February 15th, 1897.
PAID TO
H. A. Smith
widow of *Barlow*
Henry Smith
County
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
2 1/2
AND HANDED TO
G. M. H
1897.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of *Barlow* } *Hester A. Smith*

who being sworn, says on oath, that she is a bona fide resident of said county of
Barlow State of Georgia, and that she has RESIDED in said State
continuously ever since *January* 18*46*. That she is the Widow of
Henry Smith who was a Soldier in Company
A of the *43* Regiment of *Ga*
Volunteers, that he enlisted in said regiment on or about the month of *February*
1863 and served in the Army up to *June 25* 1863. That he lost his
life on the *25* day of *June* 1863 (State here
full particulars of the husband's death, when, where and from what cause.) *He died*
in a hospital in Enterprise
Mississippi June 25, 1863 of
Cholera. Caused from exposure
in the army

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,
and that she has never married since his death aforesaid, that she became his wife in the year 18*48*,
that Georgia is her home and she resided in this State 23d day of December, 1890, and has not
lived in any other State or locality since that date. I have been allowed a pension as a resident of
Barlow County for the year ending February 15th, 1896, and now apply for
the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this
20th day of *January* 1896. *H. A. Smith*
G. L. W. Wadsworth Ordinary. Post-office

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of *Barlow* } *Hester A. Smith*

who being sworn, says on oath, that she is a bona fide resident of said county of
Barlow State of Georgia, and that she has RESIDED in said State
continuously ever since *Jan* 18*46*. That she is the Widow of
Henry Smith who was a Soldier in Company
A of the *43* Regiment of *Ga*
Volunteers, that enlisted in said regiment on or about the month of *Feb*
1863 and served in the Army up to *June* 1863. That he lost his
life on the *25* day of *June* 1863 (State here
full particulars of the husband's death, when, where and from what cause.) *He died*
of Enterprise Mississippi in
the hospital of Troy

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,
and that she has never married since his death aforesaid, that she became his wife in the year 18*48*,
that Georgia is her home and she resided in this State 23d day of December, 1890, and has not
lived in any other State or locality since that date. I have been allowed a pension as a resident of
Barlow County for the year ending February 15th, 1896, and now apply for
the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this
20th day of *January* 1897. *H. A. Smith*
G. L. W. Wadsworth Ordinary. Post-office *Pine Log*

Volunteers, that he enlisted in said regiment on or about the month of February
1863 and served in the Army up to June 25, 1863. That he lost his
life on the 25 day of June, 1863 (State here
full particulars of the husband's death, when, where and from what cause.) He died
in a hospital in Enterprise
Mississippi June 25, 1863 of
droopy caused from exposure
in the army

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,
and that she has never married since his death aforesaid, that she became his wife in the year 1848,
that Georgia is her home and she resided in this State 23d day of December, 1890, and has not
lived in any other State or locality since that date. I have been allowed a pension as a resident of
Barton County for the year ending February 15th, 1895, and now apply for
the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this
20th day of July, 1896.
G. W. H. Smith Ordinary. H. A. Smith
Post-office

Volunteers, that he enlisted in said regiment on or about the month of Feb
1863 and served in the Army up to June, 1863. That he lost his
life on the 25 day of June, 1863 (State here
full particulars of the husband's death, when, where and from what cause.) He died
of Enterprise Mississippi in
the hospital of droopy

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,
and that she has never married since his death aforesaid, that she became his wife in the year 1848,
that Georgia is her home and she resided in this State 23d day of December, 1890, and has not
lived in any other State or locality since that date. I have been allowed a pension as a resident of
Barton County for the year ending February 15th, 1896, and now apply for
the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this
20th day of July, 1897.
G. W. H. Smith Ordinary. H. A. Smith
Post-office Pine Log

Smith, Wm.
Barlow County
 No. *1*
Disapproved 9/20/06
INDIGENT PENSION.
190
 Name *Wm. Smith*
 County *Barlow*
 Co. *C-152 S.C.* 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.
 Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr.
 Atlanta, Georgia
9/20/06

Pension Office
9/20-1906
This was a S.C.
soldier - never
became a citizen
of S.C. until 1901
not entitled to the
S.C. Pension - should
turn him over to
the County
Commissioner

STATE OF GEORGIA.
POWER OF ATTORNEY.
Barlow COUNTY.
Wm. Smith
of Barlow
 do hereby authorize
 to receive and accept for the pension fund and request that he remit same to
Barlow
 Witness my hand and seal, this *6th* day of *July* 190*6*
Wm. Smith
 Executed in presence of _____
 [L.S.]

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr., Atlanta, Georgia.

9/10/06

Cons of Penn

of said State and County, desiring to avail himself of the Pension Act (Section 1284, Code), hereby submits his proof, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow COUNTY.

H. W. Smith hereby authorizes G. W. Lindsey of Barlow County, Georgia, to receive and receipt for the pension allowed and request that he remit same to me at Barlow Georgia.

Witness my hand and seal, this 5 day of July 1906.

H. W. Smith [L. S.]

Executed in presence of

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Barlow COUNTY.

H. W. Smith of said State and County, desiring to avail himself of the Pension Act (Section 1284, Code), hereby submits his proof, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? H. W. Smith, in Cantonville, Ga.

2. How long and since when have you been a resident of this State? I have lived in Georgia since June 1904.

3. When and where were you born? 1846 in Lexington, S.C.

4. When and where and in what company and regiment did you enlist or serve? Aug 1864, Co. B, 15th S.C. Regt. and served till the summer of 1865. Then joined Co. B, 15th S.C. Regt.

5. How long did you remain in such company and regiment? Until June 1865.

6. When and where was your company and regiment surrendered and discharged? June 1865, Sumter, S.C.

7. Were you present with your company and regiment when it was surrendered? Yes, practically so.

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was in a hospital about two miles from Sumter and was paroled from the hospital some time.

9. How much can you earn (gross) per annum by your own exertions or labor? Complete failure 1/2 of 1/2.

10. What has been your occupation since 1865? Nothing more of the time.

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

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? Stomach trouble, nervous, dizzy, vertigo, and looking down generally for two years and a little more.

13. What property, real and personal, or income, do you possess, and its gross value? I have no property of any kind.

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? I have not had any property in five years.

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

16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? I have had some help from my mother.

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I do not know. About 1/2 I suppose.

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? I have been keeping Mr. Anderson's meat market.

19. Have you a family? If so, who composes each family? Give their means of support. Have they a home, or other property? Their age and how employed? I live with my daughter. She has two children, by wife is dead. We have no home and have a hard time. I have no one who makes debts any more.

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

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

22. How many applications have you ever made and under what class? No.

Sworn to and subscribed before me this the 5 day of July 1906.

G. W. Lindsey Ordinary.

of Barlow County.

H. W. Smith Applicant.

Every Question MUST Be Answered

INDIGENT PENSION.

190

Name H. W. Smith

County Barlow

Co. C-15th S.C. 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.

Franklin Printing and Publishing Co., Geo. W. Harrison, Mgr., Atlanta, Georgia.

9/10/06

Quinn's Office
755-1906
This was a S.C.
Solon - worn
became a citizen
of Ga. in 1901
Not until 1901
Ga. Pension - since
then has worked for
Ga. Pension
Cons of Penn

Division Office
9-15-1916
This was a S.C.
Sally - woman
became a citizen
of Ga. in 1901
not interested in
the Pension - Sinal
from her application 1904
Sally Smith
Cousin of John

INDIGENT PENSION.
190

Name Wm. Smith
County Barlow
On C-15-2 S.C. 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.

9/10/16

EVERY QUESTION MUST

11. Open which of the following grounds on you case your application for pension, viz. first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty." Infirmary and poverty.

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? Stomach trouble, nervous prostration, vertigo, and loss of vision generally for two years and a little more

13. What property, real and personal, or income, do you possess, and its gross value? I have no property of any kind

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same? I have not had any property in five years

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

16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? I have had it one half from my mother - Mrs. James Smith

17. How much did you support cost for each of these years, and what portion did you contribute thereto by your own labor or income? At the rate of \$100

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? I have been helping Mr. Smith in his meat market

19. Have you a family? If so, who composes each family? Give their means of support. Have they a home-stead or other property? Their age and how employed? I live with my daughter. She has two children. My wife is dead. We have no home. I have a land home. I know of no one who made a living as a farmer.

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

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

22. How many applications have you ever made and under what class? No

Sworn to and subscribed before me this the 5th day of July, 1906. Wm. Smith Applicant.

G. W. Smith Ordinary. County. Barlow

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Barlow COUNTY.

G. A. Smith of said State and County, having been presented as a witness in support of the application of Wm. Smith for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? G. A. Smith, Gunbarber Barlow Co Ga

2. Are you acquainted with Wm. Smith, the applicant? If so how long have you known him? Since 1880

3. Where does he reside, and how long and since when has he been a resident of this State? Barlowville Ga. Since June 1904

4. When, where and in what company and regiment did he enlist, and how do you know? August 1864 in Co. B, S.C. Reserves transferred to Co. B, S.C.

5. Were you a member of the same company and regiment? I was not

6. How long did he perform regular military duty? From Aug 1864 till April 1865

7. When and where was his command surrendered? April 26 1865 at Guemora N.C.

8. Were you present when it surrendered? I was not

9. Was applicant present? Yes he was present

10. If he was not present, where was he? Walter monthly in a hospital

When did he leave his command? For what cause? By what authority he left? How do you know all of this?

I was out on a detail and was not at the surrender at N. C.

11. What property, effects or income has the applicant? (Give your means of knowledge.) I have no property

12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? He has not had any property in several years

13. Has he conveyed away any of his property in the last four years; if so, when was it and to whom? He has not. He had more to sell

14. What is the applicant's occupation and physical condition? He has had misfortune a great deal. He has a bad spell this winter

15. Is the applicant unable to support himself by labor of any sort; if so, why? I do, because of his feeble condition and run down system

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? He has earned something by his labor, and has had some help.

17. What portion of his support for these four years was derived from his own labor or income? I suppose about one half of a meager living

18. Give a full and complete statement of the applicant's physical condition that entitles him to pension under Section 1254, Code. He has had misfortune for several years. He has therefore become weak and feeble

19. Who composes family? What property have they? Children's age and their earning capacity? He lives with his daughter who has two little children. None of them have any property

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 July, 1906. G. A. Smith Witness.

G. W. Smith Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Barlow COUNTY.

Personally came before me G. R. Ballham and R. Y. Ballham, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Wm. Smith applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He suffers from Vertigo and Nervousness which renders him unable to do hard manual labor

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

Sworn to and subscribed before me, this the 5th day of July, 1906. G. R. Ballham Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Barlow COUNTY.

I, G. W. Smith Ordinary, in and for said County, hereby certify that the applicant Wm. Smith resides in said County, and has been a bona fide resident of this State since the day of 1880 and that the witnesses, viz. G. A. Smith, F. R. Ballham, and A. J. Ballham are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath herein prescribed, and that the full text of the affidavits was read to the applicant and 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 _____ Dollars of property, and in 1902 _____ Dollars of property; in 1903 _____ Dollars of property; in 1904 _____ Dollars of property; in 1905 _____ Dollars of property.

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

Witness my hand and seal of office, this _____ day of _____, 1906. G. W. Smith 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.

The Surrender of H. H. Smith

11. What property, effects or income has the applicant? (Give your means of knowledge.)
I have no property.

12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same?
He has not had any property in several years.

13. Has he conveyed away any of his property in the last four years; if so, what was it and to whom?
He has not. He had money left but had misdirection a great deal. He has a bad spell this winter.

14. What is the applicant's occupation and physical condition?
He is a meat cutter. He has had misdirection a great deal. He has a bad spell this winter.

15. Is the applicant unable to support himself by labor of any sort; if so, why?
I do, because of his feeble condition and mindless symptoms.

16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905?
He has earned something by his labor, and has had some help.

17. What portion of his support for these four years was derived from his own labor or income?
I suppose about one half of a meager living.

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1235, Code 1906.
He has been lame for several years. He has therefore become weak and feeble.

19. Who composes family? What property have they? Children's ages and their earning capacity?
He lives with his daughter who has two little children. None of them have any property.

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

Sworn to and subscribed before me, this the
 16 day of July, 1906.
 G. W. Smith Ordinary.

COUNTY J

I, *G. W. Smith* Ordinary, in and for said County, hereby certify that the applicant, *H. H. Smith* resides in said County, and has been a bona fide resident of this State since the day of 1890, and that the witness, viz. *G. A. Smith, F. R. Ballhoun, and H. J. Ballhoun* are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of *Barlow* County shows that applicant returned for taxation in his name in 1901 _____ Dollars of property, and in 1902 _____ Dollars of property; in 1903 _____ Dollars of property; in 1904 _____ Dollars of property; in 1905 _____ Dollars of property.

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

Witness my hand and seal of office, this _____ day of _____ 1906.

G. W. Smith 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.

INDIGENT PENSION

1909

Name *H. W. Smith*
 County *Barlow*
 Co. *B-15-8*

Approved _____
 1906

JOHN W. LINDSEY
 Commissioner of Pensions

WARRANT HANDLED TO

Ordinary with entire name of Applicant, Company and Regiment on back as indicated above

1906

Pension Office IO-I-1909.

Witness was not of Applicant's command. Must state how he knows of his own knowledge that applicant was present at surrender Apr. 26th 1865.

J. W. Lindsey Com Of Pensions.

Executed in presence of _____

Witness my hand and seal, this _____ day of _____ 1906

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

G. W. Smith
 of *Barlow* County

STATE OF GEORGIA

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,
County of Barlow,
I, H. W. Smith,
hereby authorize
to receive and receipt for the pension allowed and request that he remit same to
by Barlow
Witness my hand and seal, this 27 day of Oct, 1909
Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,
County of Barlow,
I, H. W. Smith,
hereby authorize
to receive and receipt for the pension allowed and request that he remit same to
by Barlow
Witness my hand and seal, this 27 day of Oct, 1909
Executed in presence of

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,
County of Barlow,
I, H. W. Smith, of said State and County, desiring
to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly
sworn true answers to make to the following questions, deposes and answers as follows:
1. What is your name and where do you reside? H. W. Smith, Barlowville, Ga.
2. How long and since when have you been a resident of this State? Have lived in Georgia since 1870
3. When and where were you born? 1846 - In Lexington, Va.
4. When and where and in what company and regiment did you enlist or serve? 1861 Lexington Co. Va. 6th Regt. Va. Inf.
5. How long did you remain in such company and regiment? Until the surrender April 9th 1865.
6. When and where was your company and regiment surrendered and discharged? April 20th 1865. Near Richmond Va.
7. Were you present with your company and regiment when it was surrendered? Yes
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? None
9. How much can you earn (gross) per annum by your own exertions or labor? 50.00
10. What has been your occupation since 1865? Market man
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty?" Infirmary and poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight. For a year and more I have not been able to work on account of general weakness of my physical system.
13. What property, real and personal, or income, do you possess, and its gross value? None
14. 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? None
15. In what County did you reside during those years, and what property did you then return for taxation? Barlow
16. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? Have managed to earn a scanty support by my own labor or income.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Don't know
18. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? What pay did you receive in each year? Working what I could in a market.
19. Have you a family? If so, who compose such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? Have three sons, one married daughter and I live together. The sons are 18, 15 and 12 years old.
20. Are you receiving any pension? If so, what amount and for what disability? No
21. Have you ever made an application for pension before?
22. How many applications have you ever made and under what class?
Sworn to and subscribed before me this the 27 day of Oct, 1909
at Barlow, Georgia,
Ordinary,
of Barlow County.

INDIGENT PENSION

1909

Name H. W. Smith

County Barlow

Co. 6-15-8 Co.

Approved 190

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

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

Class P. Rev. Bate Printer, Atlanta.

9-25-09

12/26/09

Barlowville, Ga. 1909. I, H. W. Smith, of said State and County, desiring to avail myself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: