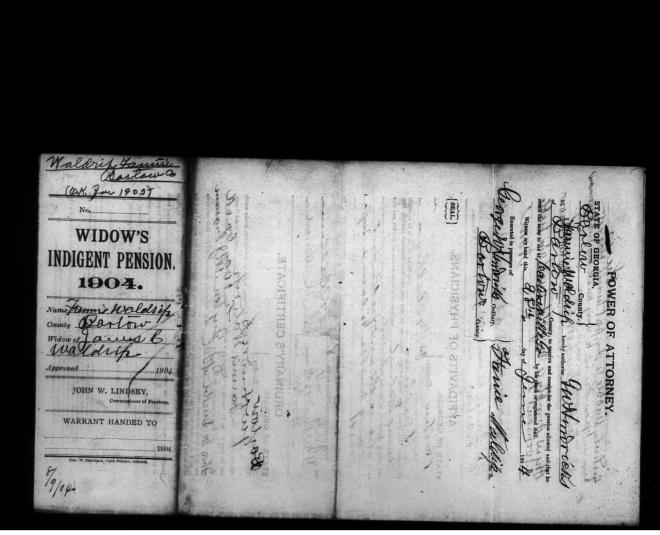
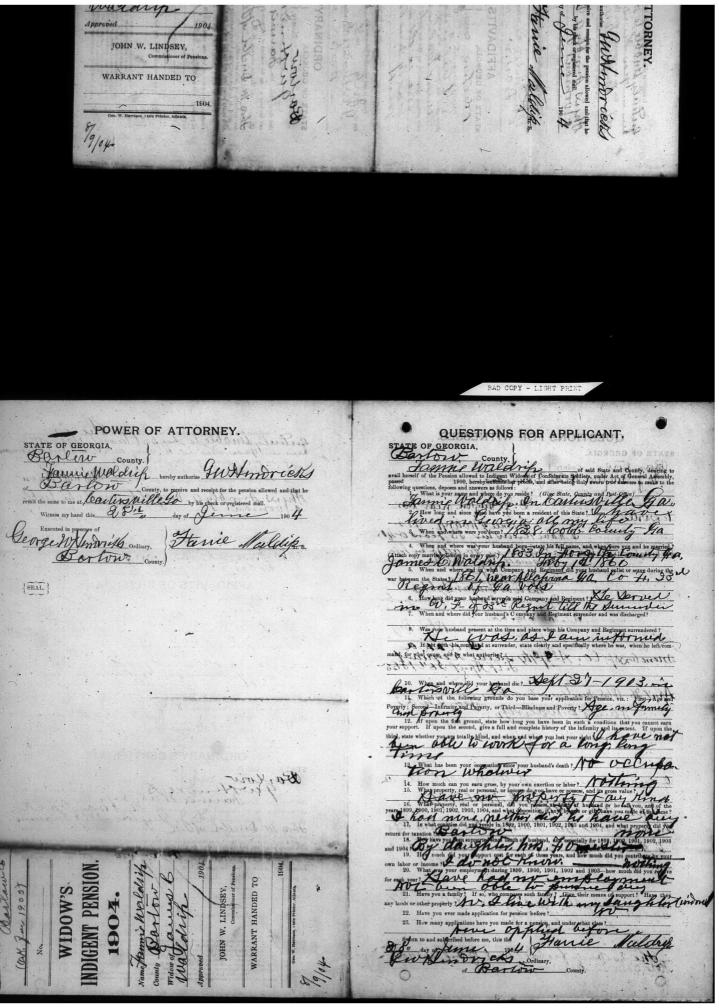
federate States (or of the State of) during the war between the States, and served for the term of Little in Company 6, of the Regiment of Phillips Legison of that his physical condition is as follows: He is very week, Outflet from his	federate States (or of the State of) during the war between the States, and served for the term of
that his property consists of the following items:	that his property consists of the following items;
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 1908. I have heretofore, as a resident of the pension to which he is entitled for the year 1905. Sworn to and subscribed before me, this the form the pension to which he is entitled for the year 1905. Sworn to and subscribed before me, this the form the pension to which he is entitled for the year 1905. Ordinary.	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 fo 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 Darkow County, been allowed a pension for the year 1906. Sworn to and subscribed before me, this the day of Jan 1907. Guy Hannow and Ordinary. Ordinary.
County. I Ordinary of said County, do certify that I am well acquainted with Additional 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 Ordinary Dalwin County. Novz.—The blank spaces must be filled. Novz.—Affidavit should not be attented before January 1st, 1908.	State of Georgia, County I. Ordinary of said County, do certify that I am well acquainted with Subacu 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 1907. Affine Ordinary Barnet County. Norz.—The blank spaces must be filled. Norz.—Affidavit should not be attered before January 1st, 1907.





Bay Conig . The second of the	14. Which of the following grounds do you base your application for Pension, viz.: Prop Age and Poyerty; Second Infirmity and Poyerty, or Third—Blindness and Poyerty? 12. At upon the flat ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its given. If upon the your share the property of the prope
WALENGENT PENSION. INO. WIDOW'S INDIGENT PENSION. IDO Z. Namiform's Replets in County Central Approved 1904. JOHN W. LINDSEY, Commissioned Prention. WARRANT, HANDED TO 1804. 1804. 1804.	and 1904. 19. He much did you couple to the sach of those year, and how much did you contribute by your own labor or income? 20. What may your employment during 1899, 1900, 1901, 1902 and 1903, how much did you ret we for each year? 21. Have you a family? If so, who composes such family? Gine, their means of support? Have they any lands or other property? 22. Have you ever made application for pension before? 23. How many applications have you made for a pension, and under what class? Sybra to and subgribbed before me, this the form of the subgrided of th
QUESTIONS FOR WITNESSES. STATE OF GEORGIA. County. County. Deep presents as a witness apport of the application of Mr.	Green able to early proposed labor of any sort, if not refty? She is Questing Mobile to Aug for luncol. How not 17. How go able supported for 1909, 1900, 1901, 1902 and 1908? 27. How much did applicant contribute to her support for last two years? On the Intro-
for a Pension under the Act of 1900 and after being duly evern true nawers to make to the following queetions, deposes and answers as follows: 1. What is your name and where do you reside? 2. Are you acquainted with the applicant, Mrs. Ar Canley Mally for the State of the Sta	Begin to and subscribed before me this day of July District County. AFFIDAVITS OF PHYSICIANS. STATE OF GEORGIA, Batter County. Basilina County. Basilin

erally sworn, say on oath that they have examined carefully Mrs 11. Were you a member of the same Company and Regiment? West St. A. M. M. Garne Regiment 12 How long did he perform regular inditiary day Jell Hours 364 1665 ____, applicant for a Pension under act of 1900, and after ersonal examination say that her physical condition is this 15. Was former be Waldriff the husband of applicant present? Sworp to and subscribed before me this 16. If not present, where was he? Word ordinary, A. Malhour ORDINARY'S CERTIFICATE. STATE OF GEORGIA, Daylow County. that the applicant, Mrs. House Value of the residence of the process of the proce titled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesseried prescribed, and the full text of the affidavits was read to the applicant and witnesses before infigured and subscribed.

County shows that that properly effects or income has the ambient of an and rned for taxation in her own name in 1899___ knowledget Aut Con course 19 of property, and in 1900_ dollars worth of property, 23. What property, effects or jeogue did applicant possess in 1889, 1900, 1901, 1902 and 1903, and what the property of the pr in 1901. dollars worth of property, in 1902_ ars worth of property, and in 1903, is applicants physical condition and by chances and ability years a jupper is a condition to the act of the condition and the chances and ability years a jupper is the condition of the conditio

14. Were you with the Command when it surrendered? 15. Was formed by World the husband of applicant present? 16. If not present, where was he? 17. When and where did he leave his command? For what cause? How do you know all this? (State fully and clearly, 7%) Whey and where did Whey and where did Whey and where did 18. Where whithout sinks at the staging and how young hash helbodynia resident of Georgia at his wheath the staging and how young hash helbodynia treathent of Georgia at his wheath the staging and how you have full white of the stage of t	and we have no interest in said pension if allowed. Swape to and subscribed before me this day of 190 4 190
POWER OF ATTORNEY.	Norma—1. Inforce any questions are surveyed, the Orlinary shall awars applicant and the witnesses in the following wards that a post of the property of the property of the questions asked of you, and the evidence you shall give will be the whole stuth; for help you God. 2. Additions affinist us may be teatened; it thinks appear as insulfacent. 4. Only widness who were the wives of the dead hunbands while they were coldiers need apply—and are now with the property of the
STATE OF GEORGIA, Sar/ow County. I. Facini Charlette of Randwill Ge to receive and receipt for the pension paid herson, and request that he remit same to at Car towlife Ga In Wilness Whereof, I have hereunto set my hand and seal, this I'' day of 1905. Executed in presence of	POWER OF ATTORNEY. STATE OF GEORGIA, Bart ow County. I, Mr. Fannil Waldruk hereby authorized of Carteralle to receive and receipt for the pension paid hereon, and request that he remit same to at Carteralle for Winess Whereof, I have hereunto set my hand and seal, this 15 day of January 1806, of Standard Walders Whereof, I have hereunto set my hand and seal, this 15 day of January 1806, of Standard Walders Whenduicks
To Those Heretolore Paid. 1905. No. 447- INDIGERAT IDOW'S PENSION, For year-ending Dec. 31, 1905. Pet year-ending Dec. 31	Adding Banic Buttary Cannot To Those Heretofor Phd. IDOW'S PENSION, OVER COUNTY, Or year ending Dec. 31, 1808. Partie of County, of & Ureldout Ounty, of & Ureldout JOHN W. LINDSEY, Omnitioner of Prision. JAN 29 JAN 29 JAN 29 AND MANDED TO OND MAND

For year-ending Dec. The Facine 100

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INDIGE

For year ending Dec. 31

To Those Heretof

TO Those Heretofore Paid.

INDIGATION,
For year ending Dec. 31, 1905.

The Yea ceres, Upper Pay.
Co. 41, 23 277 Regiment.
JOHN W. LINDSEY,
Co. 41, 23 277 Regiment.
JOHN W. LINDSEY,
Co. 41, 23 277 Regiment.
JOHN W. LINDSEY,
Co. 41, 1905.

WARPEB 45 UPD

1906.

Maldrich Cannie

Austrich Chiedy

To Those Heretolore Pild.

IBOOG.

WOOW'S PENSION,

For year ending Dec. 31, 1908.

Widow of St. Useldand

On The Standard Regiment.

JOHN W. LINDSEY,

Co. 4. 133 La. Regiment.

JOHN W. LINDSEY,

AND MANDEN TREES.

MARGANT SSUED

JAN 29. 1908.

AND MANDEN TREES.

OF GROKERA, 1 Programme overs has

FOR INDICANT MIDOWS MERETOPORE ALLOWED PENSIONS.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

					FORM NO
'NR	INDIGENT	WIDOWG	HERETOFORE	MILLAMEN	DEMOTONO
OIL	THIDIUMI	HIDOHO	TULLITUIDE	ALLUWBU	PRINGIUNS

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 resement in said State of Georgia, and that she has resement in said state of Georgia, and said regiment on or about the month of March 1861, and served in the Army up to day of 1862. That he died on 1862.	County of	
State of Georgia, and that she has RESIDED in said State continuously ever since Sold Sold Sold Sold Sold Sold Sold Sold		too I saming Waldrift
State of Georgia, and that she has RESIDED in said State continuously ever since Sold Sold Sold Sold Sold Sold Sold Sold	who, being swo	orn says on oath, that she is a bona fide resident of said Country
continuously ever since SOS That she is the Widow of who was a soldier in Company who was a soldier in Company who was a soldier in Company of the Regiment of Re	Darlow	
who was a soldier in Company who was a soldier in Company volunteers, that he enlisted in said regiment on or about the month of March 186], and served in the Army up to the day of List That he died on the day of List That		/ V/TX
Notation of the Solution of the Regiment of March Volunteers, that he enlisted in said regiment on or about the month of March 186], and served in the Army up to Arm		. That she is the Widow of
Volunteers, that he enlisted in said regiment on or about the month of March 1861, and served in the Army up to Army up to 1863. That he died on the day of Army up to 1863. That he died on 1863. Tha	The water	who was a soldier in Company
begonent 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 15 CD. Thave been allowed an Indigent pension as a resident of Darlaw county, under Act 1900, for the year 1904, and now apply for the pension provided by law for the car ending December 31, 1905. Sworn to and subscribed before me, 1905. What is a fact of Georgia, 1905. That he died on 1908. Figure 1908. That he died on 1908. That he	of the	Regiment of GA.
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Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in ne year 15 CO. I have been allowed an Indigent pension as a resident of Barbar ounty, under Act 1800, for the year 1904, and now apply for the pension provided by law for the part ending December 31, 1905. Sworn to and subscribed before me, 1904, and now apply for the pension provided by law for the part ending December 31, 1905. What is a subscribed before me, 1906	000	Did to 1800 . That he died on
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Sworn to and subscribed before me, 1908. Here of Georgia, 1, Journal Ordinary Ordinary of said County, certify that I am well quainted with Mrs. Hammy Wolfand, , who made the above affidavit and satisfied that the facts therein stated are true, and I know she is the individual she represents reself to be, and that she has continuously resided in this State since the yof 18 Given under my official signature and seal, this the 20 day of Jan 1905. Official Seal. Ordinary of Darlow County.	I have been allowed an Indige	ent pension as a resident of Barling
tate of Georgia, quainted with Mrs. Hammy Wolfand, who made the above affidavit and satisfied that the facts therein stated are true, and I know she is the individual she represents reself to be, and that she has continuously resided in this State since the yof Given under my official signature and seal, this the Shay of Jan 1905. Official Seal. Ordinary of Barton County.	ounty, under Act 1900. for the year	ent pension as a resident of Barlaw. 1904, and now apply for the pension provided by law for the
tate of Georgia, quainted with Mrs. Aumin Wolfers, post-Office Car in Stille Se I, Ju Numbriell Ordinary of said County, certify that I am well ordinary ordinar	ounty, under Act 1900. for the year	ent pension as a resident of Barluw 1904, and now apply for the pension provided by law for the
tate of Georgia, Tourney Ordinary Ordinary Ordinary of said County, certify that I am well quainted with Mrs. Hammy Wolfand, who made the above affidavit and satisfied that the facts therein stated are true, and I know she is the individual she represents reself to be, and that she has continuously resided in this State since the yell of the said of t	ounty, under Act 1900, for the year ear ending December 31, 1905.	1904, and now apply for the pension provided by law for the
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o satisfied that the facts therein stated are true, and I know she is the individual she represents reself to be, and that she has continuously resided in this State since the got I8. Given under my official signature and seal, this the LO day of Jan 1905. Hereial Seal. Ordinary of Darlow County.	ounty, under Act 1900, for the year coar ending December 31, 1905. Sworn to and subscribed before 31, 200, day of 1900. Audulut 5, oottate of Georgia,	fore me, 1905. Post Omeo Carting William 1, LW Mindre My
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Given under my official signature and seal, this the L day of An 1905. He Ay 110 vii Seal. Ordinary of Barton County.	ounty, under Act 1900, for the year coar ending December 31, 1905 Sworn to and subscribed before 31, 1905 August 1907 Sworn to and subscribed before 31, 1905 August 1907 August 1908	fore me, isos. Post-Omeo Car live Ille II. County. Ordinary of said County, certify that I am well Woldness, who made the above affidavit and
Official Ordinary of Barton County.	ounty, under Act 1900, for the year car ending December 31, 1905 Sworn to and subscribed before 3 U day of Jan. Mulling 5 , oo tate of Georgia, quainted with Mrs. Aumiliary of satisfied that the facts therein state	fore me, 1904, and now apply for the pension provided by law for the fore me, 1905. Post-Office Cear to provide 1/2 for the pension provided by law for the fore me, 1905. Post-Office Cear to provide 1/2 for the pension provided by law for the pension p
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Ordinary of Darlow County.	ounty, under Act 1900, for the year car ending December 31, 1905. Sworn to and subscribed before 31, 1905. Sworn to and subscribed before 31, 1905. And Markette of Georgia, a satisfied that the facts therein states of the be, and that she has continue to the satisfied that the facts therein states of the be, and that she has continue to the satisfied that the facts therein states of the be, and that she has continued to the satisfied that the facts therein states of the satisfied that the satisfied that the facts therein states of the satisfied that the	fore me, 1904, and now apply for the pension provided by law for the fore me, 1905. Post-Office Cear is privile in the individual she represents nously resided in this State since the
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	wanty, under Act 1900, for the year or ending December 31, 1905 Sworn to and subscribed before the state of Georgia, The state of Georg	fore me, 1905. Post-Office Car in Wille Si County. Ordinary of said County, certify that I am well who made the above affidavit and sted are true, and I know she is the individual she represents nously resided in this State since the Ordinary of Day of Jan. Ordinary of Day of Jan. Ordinary of County. County. County.

County of Barton

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

State of Georgia, and that she has numero in said State continuously ever slode her lufe.

That she is the Widow of the World her who was a soldier in Company of the Barton Regiment on or about the month of March

Volunteers, that he enlisted in said regiment on or about the month of March

1861. That he died on the 23 and served in the Army up to a faring the 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 18.60

I have been allowed an Indigent pension as a resident of Barton

County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1908.

Sworn to and subspribed before me the State of Georgia, Ordinary.

Post Office

State of Georgia, County.

Ordinary of said County, certify that I am well as a 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 1835

Green under my official signature and seal, this the day of the 1906.

NOTE.—All blanks must be filled.

Ordinary of Barton

wears that she was the wife of said deceased soldier, during his service in the Army as a nt 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 soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1860 year 18 60 I have been allowed an Indigent pension as a resident of Barling I have been allowed an Indigent pension as a resident of____ County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the ending December 81, 1906. Sworn to and subscribed before me this 15 day of 1000. this I O day of Jan 1905.
410 Nullit 15 Ordinary. State of Georgia, State of Georgia, Bar w County ord acquainted with Mrs. Hammy Woldniff. Ordinary of said County, certify that I am well herself to be, and that she has con herself to be, and that she has continuously resided in this State since the 1838 Given under my official signature and soal, this the A day of M. 1805.

100 A 100 County.

100 County. Green under my official signature and seal, this the day of fun 1908. Cofficial | | Seal. | NOTE.—All blanks must be filled. Youchers and Amdavlis must bear date after January 1st, 1963. POWER OF ATTORNEY. Sortino Control Wally of Control of Contins vill to receive and receipt for the pension paid heren, and request that he rem Executed in presence of INDIGENT 1907. JOHN W. LINDSEY, hinst

Barton

To Those Heretofore Paid.

TO Those Heretofore Paid.

INDOW'S PENSION,

For year ending Dec. 31, 1907.

For year ending Dec. 31, 1907.

Widow of C. Mulling.

Wildow of C. Mulling.

Co. H. 330 G. Regiment.

SOHN W. LINDSEY.

1907.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

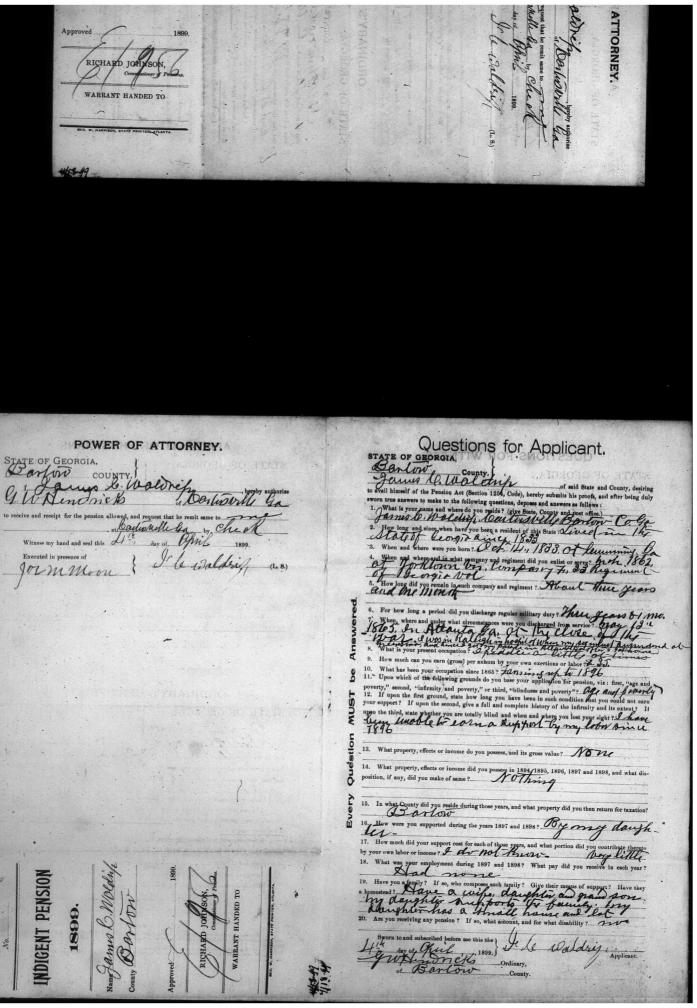
County of Sartin	Harris Walstel
	Victoria I - Vig
(Naniasa-	that she is a bona fide resident of said County of
State of	Georgia, and that she has RESIDED in said State
continuously ever since	That she is the Widow of
J. W. Waldrip	who was a soldier in Company
Gir of the 23	Regiment of 52
Volounteers, that he enlisted in said regiment on or	11 1
1	and the same of th
86, and served in the Army up to	1865 That he died on
heday of	n Mas
	
and an over the same of the sa	and the same of th
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
oldier, and that she has never married since his d	eath aforesaid, and that she became his wife in
oldier, and that she has never married since his d the year 1860. I have been allowed an Indigent pension as a n	eath aforesaid, and that she became his wife in
oldier, and that she has never married since his d ne year 1866. I have been allowed an Indigent pension as a nounty, under Act 1900, for the year 1906, and now	eath aforesaid, and that she became his wife in
Deponent swears that she was the wife of said decessioner, and that she has never married since his due year 18 1 Lawrence and a lawrence of the year 18 1 Lawrence allowed an Indigent pension as a recounty, under Act 1900, for the year 1908, and now ear ending December 31, 1907.	eath aforesaid, and that she became his wife in
oldier, and that she has never married since his does year 1800. I have been allowed an Indigent pension as a sounty, under Act 1900, for the year 1906, and now ear ending December 31, 1907.	resident of Parkirs resident of Parkirs rapply for the pension provided by law for the
oldier, and that she has never married since his does year 1860. I have been allowed an Indigent pension as a sounty, under Act 1900, for the year 1906, and now ear ending December 31, 1907.	eath aforesaid, and that she became his wife in
oldier, and that she has never married since his does year 1800. I have been allowed an Indigent pension as a strought, under Act 1900, for the year 1908, and now har ending December 31, 1907. Sworn to and subscribed before me is a strong day of the strong and subscribed before me	resident of Parline reside
oldier, and that she has never married since his does year 1800. I have been allowed an Indigent pension as a strought, under Act 1900, for the year 1906, and now have ending December 31, 1907. Sworn to and subscribed before me that the strong s	resident of Parkirs resident of Parkirs rapply for the pension provided by law for the
oldier, and that she has never married since his de year 1800. I have been allowed an Indigent pension as a rounty, under Act 1900, for the year 1906, and now par ending December 31, 1907. Sworn to and subscribed before me is I day of Jan. 1907.	resident of Parline reside
oldier, and that she has never married since his de year 1800. I have been allowed an Indigent pension as a rounty, under Act 1900, for the year 1906, and now have ending December 31, 1907. Sworn to and subscribed before me is a law day of the law 1907. When have the law of the law of the law of Georgia.	resident of Borbon resident of Borbon resident of Borbon rapply for the pension provided by law for the formation of the pension provided by law for the pension provide
oldier, and that she has never married since his de year 1800. I have been allowed an Indigent pension as a rounty, under Act 1900, for the year 1906, and now has ending December 31, 1907. Sworn to and subscribed before me is for a large of Georgia. County, C	resident of Parlyw resident of Parlyw rapply for the pension provided by law for the Arr Acting & Woldrig Post Office I, MARTHONICS Ordinary of said County, certify that I am well
oldier, and that she has never married since his de year 1800. I have been allowed an Indigent pension as a rounty, under Act 1900, for the year 1906, and now has ending December 31, 1907. Sworn to and subscribed before me is for a large of Georgia. County, C	resident of Parlyw resident of Parlyw rapply for the pension provided by law for the Arr Acting & Woldrig Post Office I, MARTHONICS Ordinary of said County, certify that I am well
oldier, and that she has never married since his de year 1800. I have been allowed an Indigent pension as a rounty, under Act 1900, for the year 1906, and now har ending December 31, 1907. Sworn to and subscribed before me dis find the period of the pe	resident of Parly varieties of P
oldier, and that she has never married since his do be year 1800. I have been allowed an Indigent pension as a rounty, under Act 1900, for the year 1906, and now har ending December 31, 1907. Sworn to and subscribed before me this in the part of the part o	resident of Parlyw resident of Parlyw rapply for the pension provided by law for the Array Woldright Post Office I WARROW CA Ordinary of said County, certify that I am well Why who made the above affidavit, and and I know she is the individual she represents
oldier, and that she has never married since his do ne year 1800. I have been allowed an Indigent pension as a rounty, under Act 1900, for the year 1906, and now pear ending December 31, 1907. Sworn to and subscribed before me this for the year 1907, day of the year 1907, ordinary. County, under Act 1900, for the year 1906, and now pear ending December 31, 1907. Sworn to and subscribed before me this for the year 1907, ordinary. County, under Act 1900, for the year 1906, and now pear ending December 31, 1907. County of the year 1906, and that she has continuously resided to be, and that she has continuously resided.	resident of Parlyw resident of Parlyw rapply for the pension provided by law for the Array Woldright Post Office I WARROW CA Ordinary of said County, certify that I am well Why who made the above affidavit, and and I know she is the individual she represents
oldier, and that she has never married since his do be year 1800. I have been allowed an Indigent pension as a rounty, under Act 1900, for the year 1906, and now har ending December 31, 1907. Sworn to and subscribed before me this in the property of the year 1907, ordinary. Authority of County, under Act 1907, ordinary. County, under Act 1907, ordinary. County, under Act 1907, ordinary. Tatter of Georgia, County, under the facts therein stated are true, are reself to be, and that she has continuously resided by of the said that she has continuously resided by of the said that she has continuously resided by of the said that she has continuously resided by of the said that she has continuously resided by of the said that she has continuously resided by of the said that she has continuously resided by of the said that she has continuously resided by of the said that she has continuously resided by of the said that she has continuously resided by of the said that she has continuously resided by of the said that she has continuously resided by of the said that she has continuously resided by the said that the said that she has continuously resided by the said that she has continuously resided by the said that the said th	resident of Parluw resident of Parluw rapply for the pension provided by law for the Arr Acting & Woldright Post Office I. WARROW CAS Ordinary of said County, certify that I am well who made the above affidavit, and and know she is the individual she represents in this State since the
oldier, and that she has never married since his do ne year 1800. I have been allowed an Indigent pension as a rounty, under Act 1900, for the year 1906, and now ear ending December 31, 1907. Sworn to and subscribed before me his for the year 1907, day of from 1907. Authority of Georgia, County,	resident of Parlyw resident of Parlyw rapply for the pension provided by law for the Array Woldry Post Office I. WARRON CA Ordinary of said County, certify that I am well Ordinary of said County, certify that I am well Array who made the above affidavit, and and know she is the individual she represents in this State since the
oldier, and that she has never married since his de year 1800. I have been allowed an Indigent pension as a rounty, under Act 1900, for the year 1906, and now car ending December 31, 1907. Sworn to and subscribed before me this with the property of the year 1907, ordinary. Otto Georgia. County, under hy official signature and seal, the Official of the property	resident of Dorlow resident of the pension provided by law for the formal provided by law for th
I have been allowed an Indigent penaion as a rounty, under Act 1900, for the year 1906, and now ear ending December 31, 1907. Sworn to and subscribed before me its fine day of from 1907. Itaty of Georgia. County, under Act 1900, or the year 1906, and now ear ending December 31, 1907. Sworn to and subscribed before me its fine day of from 1907. County, ordinary.	resident of Parluw resident of P

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 1860 I have been allowed an Indigent pension as a resident of Worldow County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the . Sworn to and subscribed before me is fired day of fired 1907. Facuix Wolding Post Office mm WHomones, Ordinary. State of Georgia. County Ordinary of said County, certify that I am well acquainted with Mrs. Harmy Wow Try , 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 Ordinary of Sortion Dersonally Came before me J.J. Duckett of said Camily, who ofter being duly owone soys in oath that he was well acquainted with James b. Woldrift in his lifetime, and that he was present when the said James b. Walin moliming, which was in the Tet day Jeby 1860; that said Frances was the wife Ity said James to Waldrife during the Time he was in the Confederate army, and who to the 27th day of September 1902 when the said James & Woldrip died in Carles vill, Go: That the said how. France waldrip is still the lawful widow of the said Swoom to and Aubscribed Jeform, July 6"1904 3 Horng Dway Ordinary Bartino

Resonally came to Jane more who on ooth days the obove officiant of the M. Sullet is comet and they, that the nos Rusuit olso of the manage of James & Waldrif and that of the focts station to obove officiant are correct and that, begin to and Instantial Jane Marr before my July 82 1904

HEby 1860: that said Homes was the wife of the said James to Waldrife during the Time he was in the confederate army, and who to the 27th day of September 1903 when the said James & Woldrip died in Carter ville Go: that the said how. France wolding is still the lawful widow of the said furner lo. Woldrift Deceased. Grown to and dubscribed Sefore me, July 61904 3 thorng Droff Ordinary Bartino Resonally came mo fane mor who on ooth days the obeve offedant of the M. Dielett is cornect and they, that the nos husunt olso of the manage of James & Waldrif aus miss thrances & old, and that off the facts stated the obove officient and Sever to and antented Before me July 82 1904 Green minores ON more Jane Marr

2 Waldrix James &			·	
· Boston County				
No			HARITA I	to read of
INDIONAL DESIGNATION			211	A E
INDIGENT PENSION			2	1 2929
1899.	建加州农市	4	ry hand and seal in presence of MANA	POWER FE OF GEORGIA. COUNTY FOR THE PROMISE ABOVE TO THE PROMISE ABOVE T
		3 7 1	d seal t	SE COLD
Name James C. Wolding	1 1 1 1 1 1 1 1 1			WER A. COUNT
County Warton			1 18	ZY O
	(F) HU 11.7203	The Test	t which	WER OF ATTO A. COUNTY ON PH of of micro allowed, and request that he
Approved 1899.	I TO CALL			
RICHARD JOHNSON,			i m	
Complesioner of Pensions.	Marian Like	1月月1月1月	walken of	RNEY.
WARRANT HANDED TO			1899 Ne	
		25	7 . 2	A Charety
GEO. W. HARRISON, STATE PRINTER, ATLANTA.		· 新加州。胡	(L·8)	dimerity authorizes
			3 . 1 1	1 8
448-49				



	C -1010
	13. What property, effects or income do you possess, and its gross value? No ne
	14. What property, effects or income did you possess in 1894/1895, 1896, 1897 and 1898, and what dis
	position, if any, did you make of same? Nothing
	15. In what County did you reside during those years, and what property did you then return for taxation:
	11 16, How were you supported during the years 1897 and 1898? By my daugh
the state of the state of the state of the state of	17. How much did your support cost for each of those years, and what portion did you contribute thereto
The second secon	by your own moor or income?
1 - 1 % 1	18. What was your employment during 1897 and 1898? What pay did you receive in each year?
8 7	19. Have you a family? If so, who composes such family? Give their means of support? Have they
INDIGENT PENSION 1899. 1899. County Conference of More Approved of More	a homestead! Have a wife, daughter and grand gra
	Souther has a stroots by family bry
PEN SOLUTION OF THE WAY DEED SOLUTION OF THE W	20. Are you receiving any pension? If so, what amount, and for what disability?
ENT PE LAST HANDEL LAST HANDEL	Syorn to and subscribed before me this the
18 18 AND	Ha day of Phil 1800 VI Waldry
2 20 1	Applicant.
County County	of Barlow County.
The state of the s	
	and the second
	The Control of the Co
OUESTIONS FOR WITHERS	AFFIDAVIT OF PHYSICIANS.
QUESTIONS FOR WITNESS.	
STATE OF GEORGIA,	STATE OF GEORGIA,
Barlow COUNTY	Garton COUNTY.
20 4 - 0	Personally, came before me . H. C. Sankson
	A. R. Oalmen , both known to me as reputable physicia
as a wiseen in support of the application of Januar &: Woldwife for pension under Section 1254, Code, and after being dily sworn true answers to make to the following questions,	of said County, who, being severally swore, say on onth that they have examined carefully samuel
deposes and answers as follows:	6. Walding , applicant for pension under Section 1264, Code, and a
1. What is your name and where to you reside? W. J. Ingram; m	such personal examination say that his precise physical condition is as follows:
Marie Jong George	Thy worly sun dough Molines in both antiles, the
2. Are you acquainted with Janus le Waldsife, the applicant; if so bow long have you known him? Ling Ce 1862	lot from the old hunt by falling into a Cow popy while train
3. Where does he reside, and how long and since when has he been a resident of this State?	rail road during the war barning walk heart Rhungt
In Cartisville Ja. Everince I have hown him	I general dibility, so that he can intelling active or red to
4. When, where and in what company and regiment did he enlist, and how do you know	without hist physical exertions and foul to
March 1862, formum our Co. H. 23 deg of ta tol	We further say on oath that the physical condition of applicant renders him weakle to below at
5. Were you a member of the same company and regiment 2 and Reg 621 Cv. B'	work or calling sufficient to earn a support for himself, and that we have no interest in said pension bei
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the timy and circumstances of his discharge from the service About Three	Sworn to and subscribed before my skill skills
Le ars, He was not Tirth The Ambany When we are Don	day of Chul 1899.
Heat was in the hospital of Rolling & the was	gwylenoniells Ordinary. The Clashasen
a good soldier	Ordinary.
7. What property, effects or income has the applicant? (Give your means of knowledge.)	ORDINARY'S CERTIFICATE.
none	STATE OF GEORGIA,
8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what dispo-	
sition, if any, did he make of same?	COUNTY,
	I, Withowwells , Ordinary in and for said County, hereby cert
9. Has be conveyed away any of his property in the last three years, if so, what was it, and to whom?	that the applicant fleues C. Woldsch resides in said County, and
Nine that I know the	been a bona fide resident of this State in the for responsible Means
9. What is the applicant's occupation and physical condition? Has no occu-	and that the witnesses, viz: W. Juny am, F. W. Obline
9. What is the applicants occupation and physical condition? Has no occur- balism of presult Physical Condition is not	and WC Griffin
The state of the s	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 to
le Cause of me of and myfermites	the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness to
and of an mymmus	before same was signed.
2. How was he supported during the years 1897 and 1898? I dv not	I further certify that the fax digests of Barlotv County show that applica
Rivi	returned for taxation in his name in 1897
3. What portion of his support for these two years was derived from his own labor or income?	of property, and in 1898Dollars of property.
I do not know	In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this day of 1899.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He as Old Quel under Section 254, Code?	
with the state of	MILLEY OF H
aux broken dones	and and seal of omes, the day of 1889.
and broken down	MILE OF IT
and broken down	of Bertin County.
5. What interest have you in the recovery of a pension by this applicant? Sworn to and subscribed before me, this	of De Love County.
What interest have you in the recovery of a pension by this applicant?	of Der Live County.
15. What interest have you in the recovery of a pension by this applicant? Sworn to and subscribed before me, this 14.4 Augument	Ordinary, of Part W. County 1. Before any questions are abswered, the Ordinary shall swear applicant and the witnesses in the following words: " thall two parameter mishs to each of the questions asked of you, and the evidence you shall give will be the whole truth, so he you Gift, and the words of the process of the p

STATE OF GEORGIA, County. I day of Jamain, Witness my hand and seal, this _1900. Executed in presence of Good Coll nego

JOHN. W. LINDSEY,

WARRANT ISSUED

SOLDIER'S PENSION

1900.

INDIGENT

CODE SEC. 1254. For Those Aiready Enrolled.

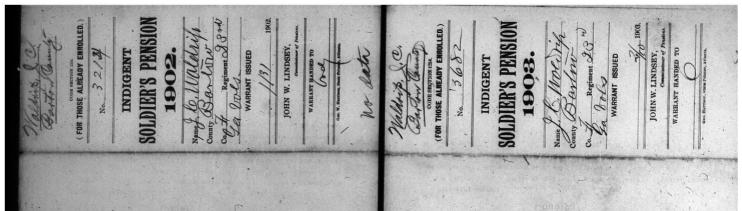
de waldrig 1801. Witness my hand and seal, this 94 Executed in presence of . R anderson

For Those Aiready Enrolled. SOLDIER'S PENSIC JOHN W. LINDSEY, INDIGENT WARRANT ISSUED 1901.

For These Already No. 2/2 INDIGE SOLDIER'S P TOO NAME COMMY JOHN: W. LIN OFF TO SOLDIER'S COMMY JOHN: W. LIN JOHN: W. LIN JOHN: W. LIN OFF TO SOLDIER'S OFF TO	INDIGES SOLDIER'S P TOO Name Confiny MARRANT HAND WARRANT HAND WA
Est the Article Management Allegations and the second of t	
For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, Barlow County. Dersonally appears J. C. Woldrish 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 14 day of C. 1832; that he is by years old and by occupation a former ; 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 Sycro in Company H., of 23th Regiment of G. 100 and served for the term of Sycro in Company H., of 23th Regiment of G. 100 and served for the term of Sycro in Company H., of 23th Regiment of G. 100 and the sycrophysical condition is as follows: For four health form general debility. Guid of the age, that he is an account of the systematics much be formed and point by both	For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County, Dersonally appears B. Wowling of Control County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously, ever since the /// day of Color of the State, and has resided in the military service of the Confederate States (or of the State of States, and served for the term of Ap Thomas in Company A, of Sith Regiment that his physical condition is as follows: Physically disobled from Old Oge. Cand we formulae
of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 16th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretefore as a resident of the pension to which he country been elicenced a pension fee the year 180 Sworn to and subscribed before me, this, the day of the pension to the pension for the pension to which he country been elicenced a pension fee the year 180 Ordinary.	of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have hereetofore as a resident of Section county been allowed a pension for the year 1902. Sworn to and subscribed before me, this the day of Javy of Javy 1901. Ordinary.
State of Georgia, County, Co	STATE OF GEORGIA, County. I; County. County. County. County. County. Cordinate of said County. Cordinate of said County. Cordinate of said County.

that he receives no negation but the one benefit and law	•
Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of the pension to which he is entitled for the year 1900. I have heretofore as a resident of the year 1900. Sworn to and subscribed before me, this, the day of the year 1900. Ordinary. State of Georgia, Grant County. J. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of the county of the county. Nove.—The blank spaces must be fibed. Nove.—The blank spaces must be fibed. Nove.—Affidavit should not be standard before January 1st, 1500.	that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of the pension to which he is entitled for the year 1902. Swopn to and subscribed before me, this the Swopn to and subscribed before me, this the January County. STATE OF GEORGIA, County. I, Swopn to an acquired with John Cordinary. STATE OF GEORGIA, County. I, Swopn to an acquired with John Cordinary of said County, the applicant in the foregoing affidavit, and and 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 Survay Grand Grand Grand County Grand
POWER OF ATTORNEY. STATE OF GEORGIA, County, Let Malanife hereby authorize George No. Of Corresponding to receive and receipt for the pension allowed and receipt that he remit same to at leasure tilled to the same to	POWER OF ATTORNEY. STATE OF GEORGIA, County. Listo Wolding hereby authorize George six of Cortus vell. Ga to receive and receipt for the pension allowed and request that he remit same to Me at Cortus velle ga
Witness my hand and seal, this / Un say of Jan. 1902. Executed in presence of Solution	Witness my hand and seal, this Try day of Jain, 1903. Executed in presence of Conclesson MP Darless Cos Gu
SOLDIER'S PENSION No. 32 24 INDIGENT SOLDIER'S PENSION 1902. SOLDIER'S PENSION 1902. 1902. JOHN W. LINDSEY, Con W. HARMANT ISSUED WARRANT INFORMANT ISSUED WARRANT INFORMANT	SOLDIER'S PENSION SOLDIER'S PENSION No. 3682 INDIGENT SOLDIER'S PENSION IBOGS Name C. HOCH HO Co. 4 Regiment 20 holos NARRANT ISSUED WARRANT ISSUED JOHN W. LINDSEY. Commission of Problem. JOHN W. LINDSEY. Commission of Problem. MARRANT BANDSED TO LOON W. LINDSEY. Commission of Problem. NARRANT BANDSED TO LOON M. LINDSEY.
SOL Name County	SOLI Name
	ORIGINAL AND
The state of the s	(2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4

THE TAX PERILOHOUS VIOLED PRISIONS.



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

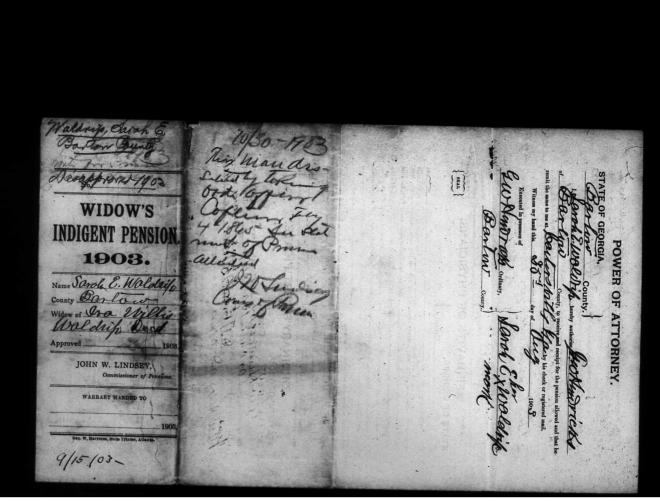
STATE OF GEORGIA,
Darww County.
Personally appears & Waldrife of Fastion
County, State of Geoogia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the day of DCh 1800; that he is by years old and
by occupation a that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States and served for the term of I in Company I, of 20 th Regiment
of The state his physical condition is as
follows: Physical Ernoiting bod Broken down
from a general debility.
that his property and its fitter for the fitter of the fit
that his property consists of the following items
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1902. I have heretofore as a resident of Bartene
county been allowed a pension for the year 1901_
Sworn to and subscribed before me, this the
The day of fluing 1902.
gw/mbru/s Ordinary.
STATE OF GEORGIA.
/X 70: 150.
County County
I, Ordinary of said County,
do certify that I am well acquainted with L. O. Wellis
the applicant in the foregoing affidavit, and m 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 1011
day of Muy o 1902.
Canal Children Design
and Aniones.
Ordinary County.
Nore.—The blank spaces must be filled. Nore.—Affidavit should not be attested before January 1st, 1902.
anuary should not be attested before January 1st, 1902.

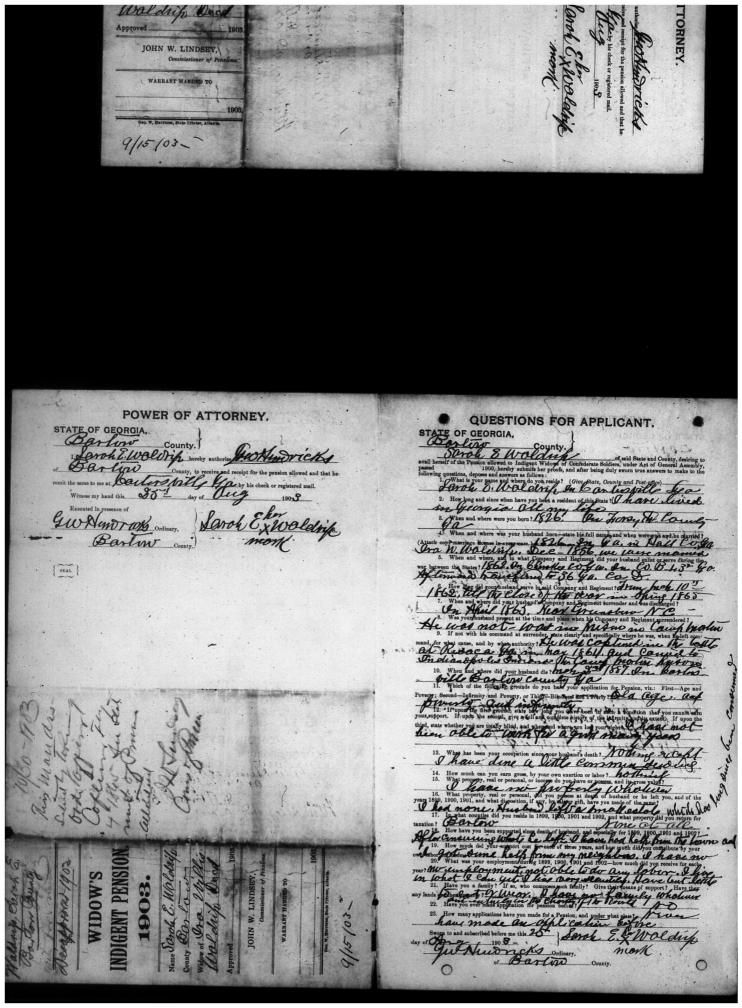
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

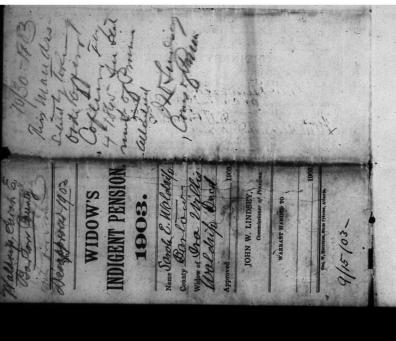
STATE OF GEORGIA,
Dorlino County
Personally appears J. C. Woldsip of Borton
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State and has resided in said State continuously ever
since the Aday of Det 1835; that he is 69 years old and
by occupation a formy, that he enlisted in the military service of the Con.
federate States (or of the State of) during the war between the
States, and served for the term of 29 in Company 7, of 29th Regiment
of Ha, Jules Int. ; that his physical condition is as
follows the is Offlicted with four having
Settled in his logs, and showmation and
general intermetus
that his property consists of the following items:
respectly common of the following feems.
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1903. I have heretofore as a resident of
county been allowed a pension for the year 1909 Q le Waldrip
Sworn to and subsgribed before me, this the
day of Jany 1903.
Justindricks Ordinary.
STATE OF GEORGIA.
Barlow County.
I, Whindrick Ordinary of said County,
do certify that I am well acquainted with J. C. WOLVII
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 Huy 1908.
Jana Justinovicus

of the value of Dollars, that by reason of his physical condition is as follows: Physical Curvivilians bod Grothen down from a general dobility that his property consists of the following items of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Barrier for the pension to which he is entitled for the year 1902. Sworn to and subscribed before me, this the day of Jany 1902. Ordinary. STATE OF GEORGIA, Ordinary of said County,	of the value of Dollars, that by reason of his physical condition is as followed the summer of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December, 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of the pension to which he is entitled for the year 1903. I have heretofore as a resident of the year 1903. Sworn to and subservibed before me, this the day of day. Sworn to and subservibed before me, this the carries of the pension to the year 1903. Ordinary. STATE OF GEORGIA, County. I, Juntary of said County, I, Juntary of said County, Ordinary of said County,
do certify that I am well acquainted with I All WHELLY the applicant in the foregoing affidavit, and mell satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to	do certify that I am well acquainted with A. C. WOUTH 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
Given under my official signature and seal, this /0//	be and that he resides in this County. Given under my official signature and seal, this
Ans July of Green Green County. Note—The blank spaces must be filled. Note—Affidavit should not be attested before January 1st, 1902.	day of foly Guckhydricks Grant Ballon Nore—The blank spaces must be filled. Nore—affidayit should not be attested before January 1st, 1903.
The second secon	

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Povery: Second—Infirmity and Poverty, or Third—Bilm and non-troverty: 12.

12. If tupor the first ground, take the inity you want been for some a second with the property of the infirmity and the second, give a soll and confidence spingry of the infirmity and the extent. If upon the third, state whether you are ideally hilling, and where you had your representation of about 13. When has been your occupiation since your hunband's death? 10 the second of the sec

QUESTIONS FOR WITNESSES. been prescrited as a witness in support of the Application of Mr. M. M. Co. W. Of for a Pension under the Art of Sollowing questions, deposes and answers as follows:

What is your name and where do you reside?

What is your name and where do you reside? boom presents and the Act of following questions, despose and answers as follows:

A What, is your name and where do you reside?

A What, is your name and where do you reside?

2. Are you acquainted with the supplicable, Mrs. Barbar B. Wolf of the supplicable When and where was he born? 1836 In Has How long have you known him? Him cole Ca When and where did to W. Wallsrift In When any where was his Company and Registers surregulared and discharged from server for the Bone 14. Were you with the Geomand when it urrendered?

15. Was 17 to Walland the hubband of applicant present?

16. Corporate processes on the processes of the hubband of applicant present?

16. Corporate processes on the processes of the processes 1. Heryshe remained inmarried sings her condicadouslands death, and so he video I have the state of the state Aby, and how his widow?

(MULANON TENTON W. Woold')

Any, and how do you know this of your own Her Ellistical Condition and her chances and ability to earn appropriate the secretaring the s

27. How was be supported for 1890	miles of old and feeble.
Geble, totally	nent of applicant's physical condition? She is old. Multiple and silempeter to
Sworn y and subscribed before me this.	- DE Edward
Ju Handroll	County all weft he having withours
	county. Called
The Sucke water	ally sworn, say on oath that they have examined carefully Mrs. , applicant for a Pension under Act of 1900, and after
such personal examination say that her physical states of the say that the say that her physical states of the say that her physical states of the say that the say that the say that her physical states of the say that the say that her physical states of the say that the say that her physical states of the say that he	al condition is this
and we have no interest in said pension if allow Sworn to and subscribed before me this.	25
Barlow of	rdinary, A Malhorus
STATE OF GEORGIA,	Y'S CERTIFICATE.
that the applicant, Mrs. South and has been a bona fide resident of this State	Ordinary in and for said County, hereby certify resides in said County, services of the County, services of the County, services of the County, services of the County of
are entitled to full faith and sendle	are of trustworthy character, and that their statements on the foregoing questions, the applicant and said witnesses took the saiddaylts was read to the applicant and witnesses before the same

SEAL.

AFIDAVITS OF PHYSICIANS.

AFIDAVITS OF AFIDAVITS OF PHYSICIANS.

AFIDAVITS OF AFIDAVITS OF PHYSICIANS.

AFIDAVITS OF AFIDA

Personally of beard by the me. He Mideriagned Citis was of said Coming and for being thuly shown, in o ath day that they know mrs. Soroh E. Waldriff of said County, and that they know mrs. Soroh E. Waldriff of said County, and that they know that the is the wid ow of la a W. Waldriff decand, that there were old entitly dupble to larn a support in any every that the has been dreported mainly by the City Comment of bootsooils and hy might byor for a long time.

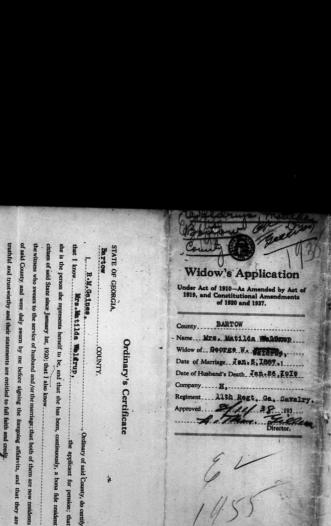
Month of Subscribed & Fine and hy might byor for a long time.

Month of Subscribed & Fine my Milmed.

Month of the 1903 It strong Milmed.

Order one

Soroh E. Waldrift of said County and that they know that she is the widow of las they know that the is the widow of la a W. Woldrifs deceand, that their very old entirely emple to larna oupport in any every; that the hos my proporty we where from any deine for a oupport, that ohe has been drupported mainly by the City Conneil of borlivorthe and his might by or a long time. Monto tousenbed making alum lufor mi, Def. 14 1903 If Franciscon Justice mid web & Thoughilme. Ordinany Bastin launty Go.



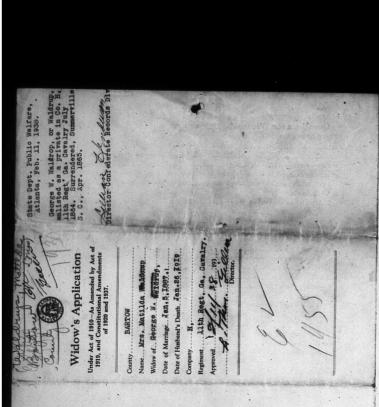
1. Relate any questions parametered the Ordinary shall rever applicant and the witness in the following woods: "You the window from the younger of the property of the propert

INSTRUCTIONS:

(SEAL OF ORDINARY)

Given under my hand and seal of office this...

Sillian Senduson



Ordinary's Certificate

STATE OF GEOR	RGIA,			
Bartow	COUNT	ry.		
	aines, Mrs.Matilda Waldru	ıp,	Ordinary of said Coun	
	he represents herself to be, e since January 1st, 1920; th			
of said County and truthful and trustw	ears to the service of husbar i were duly sworn by me or orthy and their statements by hand and seal of office this (ARY)	before signing the fore are entitled to full faith	going affidavits, and to	
the whole truth. So.he 2. Additional affid 3. Only widows w 4. All affidavits m certified by such Ordina 5. Attach certified 6. Fill out the bac	stions are answered the Ordinary you will true answers make to eip you God." asvits may be attached if blank sphe married prior to January 1st, 1 was the media before many.	paces are insufficient. 1920, are entitled. of the County in which the table. If not, prove marriage	applicant or witness reside	and give will be and must be and reputation.



APPLICATION FOR PENSION BY A WIDOW

OF A CONFEDERATE SOLDIER (Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.)

QUESTIONS FOR APPLICANT TO ANSWER: STATE OF GEORGIA,

BARTOW COUNTY.

COCKII.
Personally appears before me, Mrs. Matalde
Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:
SECTION I.
 What is your name, and where do you reside? (Give Post Office and County)
2. How long and since when have you been, continuously, a bona fide resident citizen of the State
of Georgia? All my life.
Give date, or year, of your birth. Sept . 26 T866 Age? 7 I
3. (1)When, (2)where and (3)to whom were you married? Cedartow, Ga. Jan. 5, 1887, George W. Waldrup,
a. Have you married since the death of first and soldier husband? No.
b. When and where did your first husband die? Jan. 26, 1919 Cartersville, Ga.
c. Were you residing together when he died? Yes.
d. If not, how long had you resided apart?
e. Are you now a widow? Yes,
f. Have you or your husband heretofore been paid a pension by the State?no
g. If so, when and for what cause were you or your husband placed on the roll? No.
SECTION II.
Answer the following questions if your husband was not a pensioner:
1. When, where and in what Company and Regiment did your husband enlist as a soldier in
Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-
try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.

4. If	
	f he was not present, state specifically and clearly where he was? South Carolina.
5. W	When did he leave the Command?
a. Fe	or what cause did he leave? War ended.
b. B	By whose authority did he leave?
c. Fo	or how long was his leave of absence granted? d. In what way?
e. W	/hat was his physical condition when he left his Command?
f. W	hat effort did he make to return to his Command?
g. In	what way was he prevented from going back to his Command?
	as he captured by the enemy at any time?
	so, when and where? In what prison was he held and when was he released?
	The ment and when was he released?

Co. H. 11th Regt. Ca. Cavalry. Sel muca Atandhom Capt. W. S. Erwin, Col. A. Young.

of ... (SEAL OF ORDINARY)

Ordinary's Certificate

Bartow COUNTY.	
I. R.M.Gaines,	, Ordinary of said County, do certify
that I know. Mrs.Matilda Waldrup,	the applicant for pension; that
she is the person she represents herself to be, and that she	e has been, continuously, a bona fide resident
citizen of said State since January 1st, 1920; that I also kno	W
the witness who swears to the service of husband and/or the	marriage; that both of them are now residents
of said County and were duly sworn by me before signing	g the foregoing affidavits, and that they are
truthful and trustworthy and their statements are entitled to	o full faith and credit.
Given under my hand and seal of office this 9	wof Pebrysry / 193 B
(SEAL OF ORDINARY)	January.
of.	Bantou County.
INSTRUCTIONS	
 Before any questions are answered the Ordinary shall swear ap to solemnly swear that you will true answers make to each of the quest be stole truths. So have been conditioned. 	plicant and the witness in the following words: "You
he whole truth. So help you God." 2. Additional affidayits may be attached if blank spaces are insuffic 3. Only widows who married prior to January 1st, 1920, are entitle	
	d. in which the applicant or witness resides and must be

An Affidavit

(Read carefully before making this affidavit.)

Cor	mty of Darvow
whe	Before me, the Ordinary of said County, comes Mrs. Matilda Waldrup, , after being duly sworn, deposes and says:
1	That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;
dea	That her deceased husband was not a pensioner of the State of Georgia at the time of his th, and, therefore, his Confederate military service has not heretofore been proven in connection an application for pension;
3. tary	That she is unable to obtain from any person or source evidence as to the Confederate mili- service of her deceased soldier husband;
Cor	That this affidavit is being made to authorize the use, as evidence, of any official record of said federate military service as may be preserved either at the Capitol in Atlanta, or in the office of Adjutant-General, Washington, D. C. Muss. Malusal alvaldy, m to and subscribed before me, this the
Swo	m to and subscribed before me, this the day of February 1938 Multiplication of January 1938 Multiplication of January 1938
art	OW County.

SECTION II.
Answer the following questions if your husband was not a pensioner:
1. When, where and in what Company and Regiment did your husband enlist as a soldier in
Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-
try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
Co. H, 11th Regt. Ga. Cavalry. Let mus Henkle
Capt. W. S. Erwin, Col. A. Young.
2. When and where did the Commands of your husband surrender or discharge from the Service?
3. Was your husband personally present with his Command when it was surrendered or discharged?
4. If he was not present, state specifically and clearly where he was?
5. When did he leave the Command? South Carolina.
a. For what cause did he leave? War ended.
b. By whose authority did he leave?
c. For how long was his leave of absence granted? d. In what way?
e. What was his physical condition when he left his Command?
f. What effort did he make to return to his Command?
g. In what way was he prevented from going back to his Command?
h. Was he captured by the enemy at any time?
i. If so, when and where? In what prison was he held and when was he released?
Sworn to and subscribed before me, this the
20 dayof Pelpruary 193 8
Bang Populary, 193 8 our hatida waldente
Applicant.
of. BartowCounty.
(SEAL OF ORDINARY)

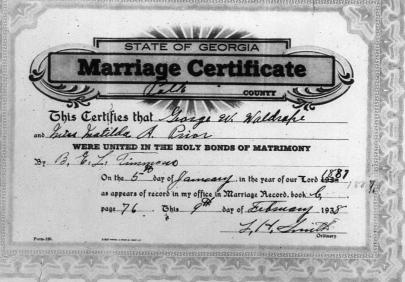
Questions for Witness as to Marriage and Service of Husband. STATE OF GEORGIA,	
COUNTY.	
of said State and County is hereby presented	
as a witness in support of the application of	
provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920	
and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers	
as follows, to-wif:	
1. What is your name and where do you reside? (Give Post Office and County)	
2. How long and since when have you known applicant	
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen	
of this State?	
4. When and to whom was she married?	
5. How long and since when did you know	
husband?	
6. When and where did	
the husband of applicant, die?	ļ
Were the applicant and her husband living together as husband and wife at the date of his death?	
8 If not how long did show the same to be a to	
8. If not, how long did they live apart before his death?	
Were they divorced?	į
If the husband of the applicant was a pensioner, DO NOT answer the following questions.	
9. When, where and in what Company and regiment didenlist?	
(Give date and place)	
10. How did you obtain your information of this service?	
11. How long within your personal knowledge did he perform actual military service with this Com-	
pany and Regiment? (Give dates.)	
12. When and where was his Command surrendered or discharged? (Give date and place.)	
13. Were you personally present with this Command when it was surrendered?	
If not, where were you	
and now came you there?	
14 Was the husband of an United to the state of the state	
14. Was the husband of applicant personally present with his Command at its surrender?	
If not where was he?and how came him there?	
When, where and for what cause did he leave his Command? (Give date.)	
By whose authority did he leave his Command?	
and how long was he granted leave?	
How do you know all that you have stated to be true? (If of your own knowledge, state clearly and speci- ically)	
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com-	
mand?	
16. What effort did he make to return to his Command and how do you know this?	
17. Was he captured as a prisoner?If so, when and where?	
n what prison was he held?amd when released?	
Sworn to and subscribed before me, this the	
day of, 193 (Witness)	
(SEAL OF ORDINARY) County.	

Sworn to and subscribed before me, this the 1976 of February 1938 of January 1938 of January County.

the	husband of applicant, die?
	Were the applicant and her husband living together as husband and wife at the date of his death?
	If not, how long did they live apart before his death?
	e they divorced?
	If the husband of the applicant was a pensioner, DO NOT answer the following questions.
	When, where and in what Company and regiment didenlist?
(Giv	e date and place)
	. How did you obtain your information of this service?
	. How long within your personal knowledge did he perform actual military service with this Com-
pany	and Regiment? (Give dates.)
12.	When and where was his Command surrendered or discharged? (Give date and place.)
	m
	. Were you personally present with this Command when it was surrendered?
II no	t, where were youand how came you there?
	West to the desired to the second sec
	. Was the husband of applicant personally present with his Command at its surrender?
	t where was he?and how came him there?
	hose authority did he leave his Command? (Give date.)
How	how long was he granted leave?
	y)you know an chair you have stated to be true: (If or your own knowledge, state clearly[and speci-
15.	For what cause, if you know of your own knowledge, was he prevented from returning to his Com-
	17
	What effort did he make to return to his Command and how do you know this?
17.	Was he captured as a prisoner?If so, when and where?
	hat prison was he held?amd when released?
	orn to and subscribed before me, this the
	I manufacture of the second se
*,490	day of, 193 (Witness)
1	SEAL OF OPDINARY

	FICATE OF DEATH PARTMENT OF PUBLIC HEA		` o
I. Place of Doath	2. Usual Residence of Decouned	L. R. Pile No	
(c) County DeKalb Milde 531	(a) State GB .	(b) County_	Bartow
(b) City or Emory University	(c) City or Carters	111e	
(c) or destination. Emoy University Hospital	(d) R.F.D. and Box No.		
(d) Length of Stay Hosp. or In This Selore Double : Institution Community	Citizen of	(Yes) Il Yes. Name	
Pull Mens Maltida Angilina Prior Waldrup		li Votoran Name War.	Social Security Number
PERSONAL AND STATISTICAL PARTICULARS		EDICAL CERTIFICATION	
4. Sex Marital S. Sacre Marital S. S. Serbus (circle) (W.)		,)	4:4700
7. Give Name of Scouse G. W. Waldrup	23. Death		1 Time (Neur : Minute)
8. Age Years Months Days II less than 24 hr	- I am a married annual small a susanne	the deceased who died	on the above date. I last saw
Dete of 9+26-66 Birth	er Allre en Jen 1	1947 :-	
Me. Day. Year Prior Station;	Ga.		Duration
Usual Housewife	Primary Cause of Death		
	Cerebral Thrombo	its .	4 days
11. or Business	Contributory	es to Minist This Death Shayld Be	enaged)
11. NamePrior			
13. Birthplace No Record.	Acute pulmonar	edema	
Maiden No Recard			
15. Birth Piece Ao Record	Operation Date of Operation	Diagnosis : Clinical. ab., X-Ray (Check)	Was Autopey Performed :
16. Own Signature Helen Weldrup	25. If death was due to external v	elence please answer the fo	Howing questions :
16. Own Signature 1250 Ridgewood Dr. N. E.	(a) Accident. Bulcide		Date of
Buriel Cremetics Burisl (c) Date 1-3-47			(a) Cerament
	(c) Accident (Gity)	(County)	(State)
P. O. Address of Cartersville, Ga.	(d) Industry, Public Piace		While at
H. M. Patterson & Son Bignature of Percopy; J. E. Boven	(e) lajury		
Atlanta (in Date Filed with L. L.			
B. D. Address of Jan. 6, 19	4 Physician's Thomas	R. Freeman	1 Date Signed
Begistrar's J. R. Evans 2. Own Signature			

FREEDOMAL AND STATESTICAL PARTICULANS Leve ma le White Monte Monte Martin Mart	March average March averag	Formula An Estate State	(d) Length of Stay He Before Death : In	ap. or ditution	In This Community		Citizen of (e) Foreign Country?	(Yes or No) Il Yes. Hame	
FROME AND STATEMENT AND STATEM	FROME AND STATEMENT AND STATEM	FROME AND STATEMENT AND STATEM	gai Nalts	da Angilia	a Prior Wa	ldrup		II Voteran Hame War	Social Security Number .
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Describe Description Desc	Describe Description Desc	Describe Description Desc	80		2.0				
Princey Coase of Death Corporation Corpora	Princey Coase of Death Corporation Corpora	Princey Coase of Death Corporation Corpora	Date of 9-26-1	Plea	Paton Sto	tion G	H er Alive on Jan	1 1947	
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Acute pulmonary edema It. Menta. No Record	Acute pulmonary edema It. Menta. No Record	Acute pulmonary edema It. Menta. No Record	or Sutiness				Contributory		
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1. Marke New No Record Describe No Record Des	1. Marke New No Record Describe No Record Des	1. Marke New No Record Describe No Record Des	13. Birthplace	No Record	/		Acute pulmons	ary edema	ith)
B. Bath Fires No Record State	B. Bath Fires No Record State	B. Bath Fires No Record State	. Maiden .	o Record			Operation		
Bit all Georgia December De	Bit all Georgia December De	Bit all Georgia December De			ecord		Date of	Diagnosis : Clinical, Lab., X-Ray (Check)	
The company Processing	The company Processing	The company Processing					25. Il death was due to extern	al violence please answer the fe	
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County of Learning County (Secure County) that the foregoing is a true and compact copy of a record on the in this effice. (Signed) (Ordinary) (Continue) (Continue) (Continue)	County of Learning County (Secure County) that the foregoing is a true and compact copy of a record on the in this effice. (Signed) (Ordinary) (Continue) (Continue) (Continue)	County of Learning County (Secure County) that the foregoing is a true and compact copy of a record on the in this effice. (Signed) (Ordinary) (Continue) (Continue) (Continue)	The second second second	R. Evens	Jan	0, 194	26. Own Bignature		Date Signed .
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(Rigned) Hilly (Ordinary) (Built Office)	(Rigned) Hilly (Ordinary) (Built Office)	(Rigned) Hilly (Ordinary) (Built Office)	I hereby certify t	hat the foregoing is	a true and correct cop	py of a record o	on file in this effice.		
REAL (Ordinary) (Health Officer)	REAL (Ordinary) (Health Officer)	REAL (Ordinary) (Health Officer)					Simed)	1 00	4
SEAL (Ordinary) (Health Officer)	SEAL (Ordinary) (Health Officer)	SEAL (Ordinary) (Health Officer)						Alle	vans.
RCA 196	ECA 1160	ECA 1165	SEAL						
							RCA 1100		



This Certifies that Large 21. Waldreft

and Inter hatilla A. Court

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

307 D. In L. Court

On the 5 day of farmany. in the year of our Lord 1837

as appears of record in my office in Marriage Aecord, book 19,
page 76. This Photography day of Technique 1938

The 186.

The 186

Application for Payment of Pension to Estate When Pensioner Dies Without Cashing Check for Current Month (To be disbursed by the Ordinary)

GEORGIA,	Barton	Cou	nty:
Mos R, that he knew M	ha. D. W. (motilde	said County, who, a	fter being duly sworn, on oath sayslate of said County, a Confeded and described in the attached cer-
tified copy of bur			
Ckar	CERTIFICATE		
GEORGIA,	Barton R. E.	Cour	who subscribed

INSTRUCTIONS:

pensioner referred to in the foregoing affidavit and who 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.

nt is entitled to full faith and

the deceased

, Ordina

, 19 47

1st. Certified copy of Burial Certificate must accompany this application.

2nd Return this application, properly signed, to the Confederate Pension and Record Departmen

3rd. Ordinary abould see that the back of this blank, when folded, is filled out.

Given under my hand and seal of office, this the

(Seal of Ordinary)

credit. I further certify that I knew Mrs. D. W. (mattle) Waldup

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLAUTA

February 12, 1938.

Hon. R. M. Gaines, Ordinary, Bartow County, Cartersville, Georgia.

WHEREAS:

MRS. MATILDA WALDRUP, WIDOW OF GEORGE W. WALDRUP,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military corvice as a Confederate soldier and was homorably separated from such service; and that applicant was married to said soldier prior to dismary ist, 1930, and that she was not reservice; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of February 19 38, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 12th day of February 1938 .

L. This "Pat" Giller

Director, Confederate Division State Department of Public Wolfare

County:
Before me, the Ordinary of said County, comes Mass R, E, Wilson, of said County, who, after being duly sworn, on oath as
hat he knew Mrs. D. W. (Matilde) Waldruge late of said County, a Confe
rate pensioner, and that said person is the identical person named and described in the attached o
ified copy of burial certificate.
Sworn to and subscribed before me. this the 15 day of Jonnay, 10 47. Checking, Ordinary, 10 47.
CERTIFICATE OF THE ORDINARY BORGIA, Boston County.
I certify that Mu, R. E. Wilson who subscrib
the foregoing affidavit is known to me to be a person whose statement is entitled to full faith as redit. I further certify that I knew Mr. D. W. (mattley Waldaye the decease
ensioner referred to in the foregoing affidavit and who was at the time of death regularly enrolled pensioner on the records of file in my office. I further certify that said deceased pensioner is the entical person named and described in the attached certified copy of burial certificate.
Given under my hand and seal of office, this the day of January , 19
(Seal of Ordinary) Charles , Ordinar
INSTRUCTIONS:
1st. Certified copy of Burisl Certificate must accompany this application. 2nd. Return this application, properly signed, to the Confederate Pension and Record Department.
3rd. Ordinary should see that the back of this blank, when folded, is filled out.

Application for Payment of Pension to Estate When Pensioner Dies Without Cashing Check for Current Month

Charles Ordinary

For Mrs. J. W. (Matter Wolfers)

Date of Death: Jone 1 1947

Amount: \$ 50.00

Waldings, M.W. (mis)

TO THE ORDINARY: Fill out in full and return this application to Confederate Pension and Record Department, 404 State Capitol, Atlanta 3, Georgia.

January 17 1841
Glician Herbuson
Director

Confederate Pension and Record Department Hon. R. M. Gaines, Ordinary, Bartow County, Cartersville, Georgia.

WHEREAS:

MRS. MATILDA WALDRUP, WIDOW OF GEORGE W. WALDRUP,

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, ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of February 19.38, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 12th day of February 19 38

L. This "Pat" Gillen

Director, Confederate Division State Department of Public Wolfare Application for Payment of Pension
to Estate When Pensioner Dies
Without Cashing Check for
Current Month

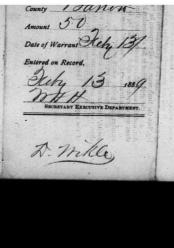
Charles Ordinary
For May D. W. (Matter Wolfer, 1947)
Amount: \$ Joos 1 Joy 1 Joy 1 Joy 2 Joy

Walker, J. H., Bartow Co. No. 469 APPLICATION FOR ALLOWANCE Right am Dig"
Applicant of H Walker
county Bastin

Amount 50 Date of Warrant Hely 13/

Hely 13 1889 WH H 2 SECRETARY EXECUTIVE DEPARTMENT.

A. mikle



Nors. State fully nature of wound or character of dis-STATE OF GEORGIA.

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

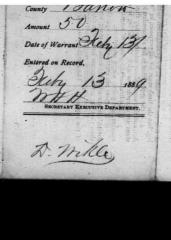
Sworn to and subscribed before me, this had before me. the 12th day of feeling 1889 At Walker J. M. Dinkun, ech suprocome PERSONALLY comes before me All Herselichs Ordinary of said county, H. Colhours and Sand Herselichs Ordinary of said county, H. Colhours and Sand Western Say on oath that they have carefully examined for H. Walker and after such examination Sworn to and subscribed before this the the land of th Nors.-The physicians will state fully the a

Personally appears WWWW of Batter county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the Mark day of April 1844 that he enlisted in the military service of the Confederate States (or of the State of States) during the war between the States, and in Company of of the Regiment of State of Volunteers of the Confederate with the State of States (and in Company of of the Regiment of State of States) on the Mark day of Mark 1864 he was the State of According to the State of States (and on the Mark 1864 he was the state of According to the State of States).

OF GEORGIA

STATE OF GEORGIA.

Bastow



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

Sworn to and subscribed before me, this had before me. the 12th day of feeling 1889 AWalker J. M. Dinkern, cel suprocons STATE OF GEORGIA. PERSONALLY comes before me Chullenducks Ordinary of said county, H. Collegens and Sanday Holeson, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined for H. Walker and after such examination Sworn to and subscribed before this the the land of th

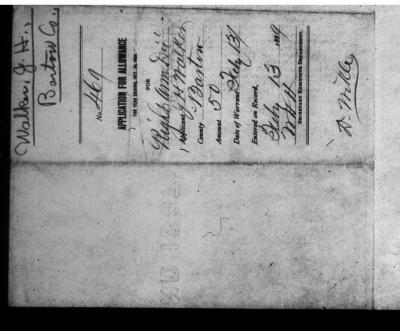
Personally appears WWWW of Bartow county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the Martin Company of the Confederate States (or of the State of Surgia) during the war between the States, and in Company of the Regiment of State of Volunteers of the Confederate in such military service, at the battle of Martin Company of the Regiment of State of Surgial on the Surgial of Surgial of Surgial on the Surgial of Surgial of Surgial of Surgial on the Surgial of Surgial on the Surgial of Surgial of Surgial of Surgial on the Surgial of Surgial on the Surgial of Surgial on the Surgial of Surgial of Surgial on the Surgial of Surgial of Surgial of Surgial of Surgial on the Surgial of Surgial o

OF GEORGIA

STATE OF GEORGIA,

Bastow

NOTE.—The physicians will state fully the ex-



STATE OF GEORGIA. Bastow Personally comes before me Childen delike Ordinary of said county, H. Colliscoure and Canada, Hamen, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined for H. Walker and after such examination say that the applicant me as reputable pays.
have carefully examined for a. IV. av.
say that the applicant has been injured as follows: Rossio day of 486. Croudendricks Rudsong huson had

7. M. Durhum, cek sup Court Norn.—State fully nature of wound or character of

Note.—The physicians will state fully the

BAD COPY - LIGHT PRINT

STATE OF GEORGIA. STATE OF GEORGIA, do certify that I am well sequented with Activity of 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 Bartoso 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 affidavits were made and power of attorney was signed, is a of said county, and that the said affidavits and signatures thereto are genuing. Own under my official signalarie and seal, this is day of which was a constant. Ordinary, 18 ordinary, 18 ordinary, 18 ordinary, 18 ordinary, 18 ordinary. I further certify that before whom the foregoing

POWER OF ATTORNEY

STATE OF GEORGIA,

County.

5861 41

county, in said State, do hereby appoint of whatever amount of money I may be entitled in the county of the county 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 1/2.

Executed in the presence of us: Laure Monhan Clk Sup coust

DIRECTION: Send money to me as follows, by___

County, Georgia.

P. O.

MOTES.

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

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

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

4. If the application is for a wounded leg, it, would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of cruther 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 wided to any of the affidavits, the amendments have been duly sworn to.

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

I further certify that of said county and that the said affiduitis and signatures thereto are genuine.

One under my official signature and seal, this 12 day of 1821 have the County of the Coun County POWER OF ATTORNEY STATE OF GEORGIA, County. county, in said State, do hereby appoint Drugtas Wille of Ourter ville 4 a my rue 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 hard and seal, this day of Freby & Awallie Executed in the presence of us: montham coust Send money to me as follows, by_ County, Georgia.

Audited Feb: 13 1889 um smgh

- Barton Maimed Soldiers. Voucher No. 469 Amount & 50, Paid to J. H. Walker For Right am Acrabled Hebry 13 1889 Included in Warrant No. issued to Treasurer

Douglas Mille

MOTES.

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Audited Feb. 11 www. Amgli

49 of Baston Maimed Soldiers Voucher No. 619 Paid to John A Malker For arm diso Del. 8 Included in warrant No.

issued to Treasurer.

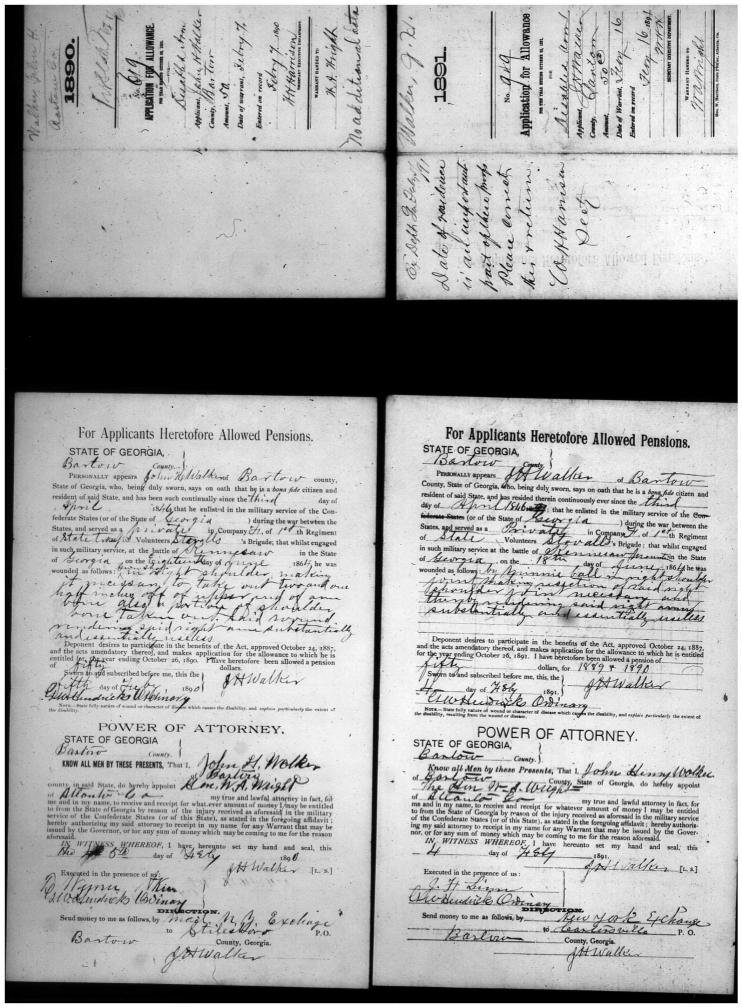
WARRANT CLERK

Malongh

For Right ann Aisabled For arm diso Hebry 13 1889. Del. 8 . 1890 Included in Warrant No. Included in warrant No. issued to Treasurer issued to Treasurer. Douglas Mille Malongh No. 619 No. 469 Allanta; Sa, Jehy 8 1590 STATE OF GEORGIA, STATE OF GEORGIA, Manta, Ga. Jeby 13 1889 EXECUTIVE DEPARTMENT. Mr. John St Walker H. Walker of the County Darton of Barten having filed his application in the Executive having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Department for an allowance deter the Act approved October 24, 1887, as amended by Act, approved, Dec. 24, 1888, and the same having been examined and allowed for Dec. 24, 1888, and the same having been allowed for Night am Digabled. Um aisabled He is entitled to receive the sum of Hifty VIO He is entitled to receive the sum of History of to He is entitled to receive the sum of for such disability, the same being the allowance of the the real red property of the Treasurer will pay the same and hold his real property voucher, and return same for such disability, the same being the allowance de for the year ending October 24, 1889. The Treasurer will pay the same and hold his technit on this joucher, and return same to Vdoy By the Governor, CLERK EXECUTIVE DEPARTMENT. By the Governor Hamson CLERK EXECUTIVE DEPARTMENT. RECEIVED OF STATE TREASURER, R. U. HARDEMAN, X00/ Dollars. per above soucher, this 131th of Ochry H. Walker ... per above voucher, this Ino or Walker

WATT

The Treasurer will pay the same being the allowance due for the year ending October 24, 1889. The Treasurer will pay the same and hold his too by too this youcher and return same to Executive Department for warrant. By the Governor. By the Governor.	The Treasurer will pay the same and hold his recomments voiceder, and return same to Executive Department for warrant. By the Governor, GOVERNOR.
RECEIVED OF STATE THEASURER, R. U. HARDEMAN, Dollars. per above souther, this 13/1 of 9(cby) 1889. H. W. O. Jan W. No.	RECEIVED OF STATE TREASURER, R. U. HARDEMAN.
Joe Danger Misace	per above voucher, this Sof Fiely 1890 Jno HWalker WAN
STATE OF GEORGIA, Banjon County, I, Afto Alinearies of the applicant in the foregoing affidavit, and an 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	STATE OF GEORGIA, Barbow, County, I do certify that I am well acquainted with folia W. Working the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County. I further certify that
whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this day of Hely 189 W. Heredricks. Ordinary Chantur County.	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 4 day of 4867 1891. Ordinary Barlow County.
1890. 1890. No. 619 No. 619 No. 619 No. 610 No. 610	Application for Allowance merria area oran a, in. Mindly Cornel Application for Allowance merria area oran a, in. Mindly Cornel Amen Amen Amen Active Cornel Active Cornel Active Cornel Cornel
	ate of raidouer are of raidouer are of raidouer by the copy of a produment of the copy of



Justindricks atternory gt Walker day of H 8 by 1891. If

Huberton State fully nature of wound or character of disease which cause the distallity, resulting from the wound or of disease. 1890 POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF GEORGIA STATE OF GEORGIA, Bastoro county in said State, do hereby appoint 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 affidavity hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or or any sum of money which may be coming to me for the reason aforesaid.

IN. WINNESS WHEREOF I have become County. Know all Men by these Presents, That I, Johns Herry Wolfield of Georgia, do hereby appoint of Herry Manney 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 Hotel 1891. The day of A Ely 1890 JH Walker [L. S.] de l'aller [L.S.] Send money to me as follows, by he called the Stiles Borr P.O. County, Georgia. Executed in the presence of us: J. It Lines Ordinary Hew york nd money to me as follows, by___ Barlow County, Georgia. Att Walls Atwallar POWER OF ATTORNEY. STATE OF GEORGIA, County, Coun STATE OF GEORGIA, do certify that I am well acquainted with John H. Walker the Know all Men by these Presents, That I John St. Welker

County, State of Georgia, do hereby ap

to an length of the my true and lawful attorney in fa County, State of Georgia, do hereby appoint applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his my true and lawful attorney in fact, for some and receipt for whatever amount of money I may be entitled to a by reason of the injury received as aforeasid in the military service of or of this State), as stated in the furegoing allidavit; hereby aswitherizing pt in my name for any Warrant that may be issued by the Governor, or ich may be coming to me for the reason aforesaid. said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the Given under my official signature and seal, this day of Hoby, 1892. WHEREOF, I have hereunto set my hand and seal, Darton. The felles s STATE OF GEORGIA County, Georgia. Hity, resolding from the wound or older SOLDIER'S PENSION

Allowed Pensions.

STATE OF GEORGIA,

in the pallitaing service at

For Applicants Heretofore Allowed Pensions

a bingade ; the walls

massing SOLDIER'S PENSION 1892. Rutane Walken, G. H.

STATE OF GEORGIA.

STATE OF GEORGIA.

Comby

Value and Appears

Comby

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STATE OF GEORGIA,	
Bartow Goundy	
PERSONALLY appears Ather County State of Count	
of Daview County, State of Georgia, who, being duly sworn, says on outh that he is a bona fide citizen and resident of Georgia, and has been such continuously	
since the 1346 day of SMay 17 While 1846 that he enlisted	
in the military service of the Confederate States (or of the State of Jeorgia) during the war between the States, and served as a Rivett in Company of	
of 1 th Regiment of State twops Volunteers stovalls	
Brigade: that whilst engaged in such military service at the battle of Rengelaw service in the State of George on the Lighteenth day of	
May find 1864, he was wounded as follows; minght	
shoulder joint minder as follows in right section of said right shoulder	2/2
joint necessary	
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	
I have herefolore been allowed a pension of	
Bworn to and subscribed before me this the	
Part day of Hoby 1892.)	
Norz.—State fully nature of wound or character of disease which causes the disability, and explain particularly the	
POWER OF ATTORNEY.	
STATE OF GEORGIA	
Bartor County)	
Know all Men by these Presents, That I.	1
County, in said State, do hereby appoint 10 76 16 a roson	
of Alla rela my true and lawful altorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to	
the Confederate States (or of this State) as attack as aloresaid in the military service of	
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.	
Executed in the presence of us:	
FM Dyrham	
Hi Huduit Ordinary	
Send money to me as follows, by Atlandale valiange	
Burton to Stillsbord P.O.	
County, Georgia.	
ATTWALKE,	

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,)
Dorloro Gonny Sign
PERSONALLY appears John OV. Walker of Barton
County, State of Georgia, who, being duly sworn, says on oath that he is a bone fide citizen and resident of said State, and has resided therein continuously ever since the
day of April 1846; 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 fire works in Company I, of the Regiment
of GR Volunteers Would 's Brigade; that whilst engaged in
such pallitary service at the battle of Alenaus But hit in the State
of go day of from 1864 to was through the night
wounded as follows: Line shal wound through the right
shoulder fourt rendering the right on
substantially and essentially uncless
We see the first of the second second
X Y F
Deponent desires to praticipate in the benefits of the Act, approved October 24th, 1887, and
Deponent desires to praticipate in the benefits of the Act, approved October 24th, 1887, and the act amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1832. I have heretofore been allowed a pension of.
Lifly dollars, for 1889 90-91-4 92
Sworn to and subscribed before me, this, the
13 day of March 1893.
My Quedick My
Nora-State fully nature of wound or character of disease which causes the disability, and enplain particularly the extent of the disability, resulting from the wound or disease.
Courte Gearing
STATE OF GEORGIA, County
, , , , , , , , , , , , , , , , , , , ,
do certify that I am well acquainted with John Hwolks 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 be represents himself to be, and that he resides in this County.
I further certify that MANAY A passe per one of oil pany and same and
before whom the foregoing affidavits were made and power of attorney was signed, is a
the County of Said County, and the said affidavits and thou the said affidavits and
signatures thereto are genuine. and to require the restaurant and the signatures thereto are genuine.
Given under my official signature and seal, this /3 day of Minch 1893.
Man Judices
Know all Men by these Present That Darlow County.
Most of Court Court !
SIVIE OF GEORGIA:

POWER OF ATTORNE

STATE OF GEORGIA. Barter County. Know all Men by these Presents. That I. Of County, in said State, do hereby appoint IV Medicarrower of County, in said State, do hereby appoint IV Medicarrower of County, in said State, do hereby appoint IV Medicarrower of County, in said State, do hereby appoint IV Medicarrower of County, in said State, do hereby appoint IV Medicarrower of Medicarrower of the Confederate States (or of this State), as stated in the foregoing affaith the reby 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 WITHESS WHEREOF, I have hereunto set my hand and seal this day of Hebry. Executed in the presence of us: WHENDERSON STATESTICS. Send money to me as follows, by Attanthale value of P. O. Burtow County, Georgia. Attanthale of County, Georgia. Attanthale of County, Georgia.	Norm—Shate fully nature of wound or character of glease which causes the disability, and emplain persistainly the extent of the characters of the disability, and emplain persistainly the extent of the characters. STATE OF GEORGIA, I. UNBLUM OF COUNTY. I. Ordinary of said County of corrify that I am well acquainted with Julia Human applicant in the foregoing affidavit, and am well satisfied that the statements made by him in a said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the idividual 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 of said County, and the said affidavits are included and power of attorney was signed, is a considered that the said affidavits are included and power of attorney was signed, is a considered that the said affidavits are included and power of attorney was signed. It is a considered that the said affidavits are included and power of attorney was signed, is a considered that the said affidavits are included and power of attorney was signed. It is a considered that the said affidavits are included and power of attorney was signed. It is a considered that the said affidavits are included and power of attorney was signed. It is a considered with a said affidavit and the said affidavit an
POWER OF ATTORNEY. STATE OF GEORGIA. Know all Men by these Presents. That I. County, State of Georgia, do hereby appoint. of Lantonia Men by tree 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 affidiarit; hereby authorizing my said Autorney 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 afforesaid. IN STITMESS WHEREOF, I have hereunto set my hand and seal, this. Faceuted in the presence of us BIS Aniform INSTITMESS WHEREOF, There hereunto set my hand and seal, this DIRECTIONS. Send money to me as follows, by to County, Georgia.	POWER OF ATTORNEY. STATE OF GEORGIA, County. KNOW ALL MEN BY THERE PREBERTS, That I. County, State of Georgia, do pereby appoint of the county of me and in my name, to receive and receipt for whatever exount 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 WINTERSE WHEREOF, I have hereunto set my hand and seal, this day of the county of the count
Soldier's Pension. Soldier's Pension. Soldier's Pension. ISSOZ. ISSOZ. Name J. H. H. M. M. M. M. M. H. H. M.	Malken J. H. Rantaw & (For These Areasy Enrilled.) Sold ER'S PERSION. 1885. Sold Conn. Sold Conn. Disability Seas Old (Orn. Disability Seas Old (Orn. Sold Sold Conn. Sold Sold Sold Conn. Sold Sold Sold Conn. Sold Sold Sold Sold Sold Sold Sold Sold
Total states a section of thousan Repistods	

day of 1892.)

140 Height Policy Ordinary.

Norse-State fully nature of wound or character of disease.

Soldier's Pension 1. 4. Walter 1894.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA. Bartow County. J. Walker 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 3rd and resident of said State, and has resided therein continuously ever since the day of Africa 1846; that he enlisted in the military service of the Confederate States (or of the State of Lurgia) during the war between the States, and served as a Private in Company H, of the Regiment of State Volunteers Stavulls's Brigade; that whilst engaged in such military service at the battle of tegerness with in the Star of berryin on the 18 Hoday of June 1804 he we wounded as follows: in the right shoulder might shoulder for might shoulder for the right shoulder for the in the State 186 / he was

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

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 dollars, for the year 1893.

Sworn to and subscribed before me, this, the year 1893.

Aday of Marsh 1894. A Hawalker and the year 1893.

STATE OF GEORGIA, Darlow County. 1, & W Dewinells

do certify that I am well acquainted with

Ordinary of said County,

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

Given under my official signature and seal, this

day of March 1894.

It W Hendness Ordinary Barton County.

For	Applicants	Heretofore	Allowed	Pensions.
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STATE OF GEORGIA, personally appears of Attroller

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 the state of 1840; that he enlisted in the military service of the Confederate States (or of the State of 1840; that he enlisted in the military service of the Confederate States, and served as a first of 1840; that he enlisted in the military service of the Confederate States, and served as a first of 1840; that he state and 1840; that whilst engaged in such military service at the battle of 1840; the said of 1864; he was wounded as follows: The on the day of the State of 1864; he was wounded as follows: The on the state of 1864; he was wounded as follows: The on the state of 1864; he was wounded as follows: The on the state of 1864; he was wounded as follows: The one of the state of 1864; he was wounded as follows:

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

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 My ty dollars, for the year 189 the Syorn to and subscribed before me, this, the lay of 1895. I have heretofore been allowed a pension of layer to the day of 1895. When the subscribed before me, this, the layer the layer than the

STATE OF GEORGIA,

County.

I, Ordinary of said County, the

Useriefed 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 1895.

and the acts amendatory thereof, and makes application for the allowance to which he is centitled for the year ending October 26, 1894. I have heretofore been allowed a pension of dollars, for the year 1893. Sworn to and subscribed before me, this, the dollars, for the year 1893. Sworn to and subscribed before me, this, the dollars, for the year 1893. Sworn to and subscribed before me, this, the dollars, for the year 1893. Sworn to and subscribed before me, this, the dollars, for the year 1893. Nore-Statefully 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, County, I, DUPLEMINGER Ordinary of said County, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and 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 Morrin 1894. Again Santiary County. Ordinary County. 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 dollars, for the year 189 for the year of the year 189 for the
POWER OF ATTORNEY. STATE OF GEORGIA, County hereby authorize of the pension paid hereon and request that he remit same to to receive and receipt for the pension paid hereon and request that he remit same to in witness whereof, I have hereunto set my hand and seal, this lay of the pension paid hereon and request that he remit same to in witness whereof, I have hereunto set my hand and seal, this lay of the pension paid hereon and request that he remit same to in witness whereof, I have hereunto set my hand and seal, this lay of the pension paid hereon and request that he remit same to in witness where the pension paid hereon and request that he remit same to in witness where the pension paid hereon and request that he remit same to in which is a seal of the pension paid hereon and request that he remit same to in which is a seal of the pension paid hereon and request that he remit same to in which is a seal of the pension paid hereon and request that he remit same to in which is a seal of the pension paid hereon and request that he remit same to in which is a seal of the pension paid hereon and request that he remit same to in which is a seal of the pension paid hereon and request that he remit same to in which is a seal of the pension paid hereon and request that he remit same to in which is a seal of the pension paid hereon and request that he remit same to in which is a seal of the pension paid hereon and request that he remit same to in which is a seal of the pension paid hereon and request that he remit same to in which is a seal of the pension paid hereon and request that he remit same to in which is a seal of the pension paid hereon and request that he remit same to in which is a seal of the pension paid hereon and request that he remit same to in which is a seal of the pension paid hereon and request that he remit same to in which is a seal of the pension paid hereon and request that he remit same to in which is a seal of the pension paid hereon and request that he remit same to in which is a seal of t	POWER OF ATTORNEY. STATE OF GEORGIA, County. Hereby authorize of Orresponded for the pension paid hereon and request that he remit same to by avoid to receive and receipt for the pension paid hereon and request that he remit same to by IN WITNESS WHEREOF, I have hereunto set my hand and seal, this States of Troy Executed in presence of THE BALO THE BALO THE STATEST OF ATTORNEY. BY BALO THE STATEST OF ATTORNEY. Executed in presence of THE BALO THE STATEST OF ATTORNEY.
SOLDIER'S PENSION. SOLDIER'S PENSION. 1 S.D. 2 7 al. 1 No. 2 7 al. 1 Night Manney Dishility Wolley of the Manney Dishility Wolley of the Manney Dishility Wolley of the Manney Borney Executes Department. WARRANT HANDED TO SOME DISH OF THE MANNEY DISHIPPED TO SOME DISHIPPED TO S	Battall S. H. Sold File Straight S. H. No. 342 INVALID SOLDIER'S PERSION. 1897. Name H. WARLING Com. Amount, S. D. S. Com. WARRANT MANDER TO STRAIGHT STRAI

SOLDIER'S PENSION. Soldier's Pension. No. 2704 No. 2704 No. 2704 Soldier's Pension. ISSO. ISSO. Amount, & John Row. Secretary Execute Inspector. Secretary Execute Inspector. Secretary Execute Inspector. Secretary Execute Inspector. Soldier's Secretary Execute Inspector. MANANER LANDED TO. Soldier's MANANER TOWNER.	Battery S. H. Rostery S. M. INVALID SOLDIER'S PENSION. ISSUED STANDING. Name PHYMME Name PHYMME County Barlane Disability Waleured & Copy. Amount, SOL. S. Amount, SOL. S. Amount, SOL. S. WARRANT HANDED TO WARRA
Which Have and Mohal Barrioux	
Por Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County, State of Geogria 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 state of the Confederate States (or of the State of house of the Confederate States (or of the State of house of the States of house of the States of the State of house of the State of house of the States of house of the State of house of house of the State of house of the State of house of house of the State of house of hou	For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County, Company, A, of An Regiment of States, and served as a Moro b Nounteers, No
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1806. I have beretofore as a resident of county been allowed a pension of dollars, for the year 1809. Sworn to and subscribed before me, this, the have been to and subscribed before me, this, the have been allowed a pension of the disability, for the year 1809. Note:—State fully the nature of wound or disarcter of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.	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 per ending October 26th, 1897. I have heretofore under said law as a resident of Dollars, for the year 1806. Swyrn to and subscribed before me, this, the law of the cause the diability, and explain particularly the extent of the diability, resulting rome the wound or character of disease of the causes the diability, and explain particularly the extent of the diability, resulting rome the wound or disease.
STATE OF GEORGIA, County. 1. 1. 1. 1. 1. 1. 1. 1. 1.	STATE OF GEORGIA, County. I. County. Given under my official signature and seal, this day of Aday of Aday. Ordinary County. County. County.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is purified for the year ending October 26th, 1806. I have beretofore as a resident of county been allowed a pension of dollars, for the year 1809. Sworn to and subscribed before me, this, the Any of Tanaster of disease, which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County, I, Church County, I, County, I, County, I, County, Gertify that I am well acquainted with the applicant in the foregoing affidavit, and mell 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 I 1896. Annual County. Ordinary County. County. County. County.	and the acts amendatory thereof, and unakes application for the pension to which he is entitled for the star ending October 29th, 1897. I have heretofore under said law as a resident of Dollars, for the year 1800. Sworn to and subscribed before me, this, the 1897. Post oppics Note-state fully the extent of wound or character of disease of the causes the disability, and explain particularly the extent of the disability, sending from the wound or character of disease of the causes the disability, and explain particularly the extent of the disability, sending from the wound or character of the disability, sending from the wound or character of the causes the disability, and explain particularly the extent of the disability, sending from the wound or character of the disability, sending from the wound or character of the causes the disability, and explain particularly the extent of the disability, sending from the extent of the disability, sending particularly the extent of the disability, sending from the extent of the disability, and explain particularly the extent of the disability and explain particularly the extent of the disability and explain
POWER OF ATTORNEY. STATE OF GEORGIA, Bayling County. In Houlder hereby authorize LLV Alexandrichs of Continually for to receive and receipt for the pension paid hereon and request that he remit same to by Check IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7 day of Juny 1898. Executed in presence of A. C. Wegner J. M. Weener.	POWER OF ATTORNEY. STATE OF GEORGIA, Donor County, In Will Wolker hereby authorize for the pension paid hereon and request that he remit same to by Check at Cours will be at Cours will be at Cours will be a sea of the pension paid hereon and request that he remit same to by Check IN WITNESS WHEREOF, I have hereunto set my hand and seal, this git day of January 1899. [L. S.] Executed in presence of G. D. Britsham
SOLDIER'S PENSION. IND. P.47 INVALID SOLDIER'S PENSION. ISSUED SOLDIER'S PENSION. ISSUED SOLDIER'S PENSION. ISSUED SOLDIER'S PENSION. ISSUED SOLDIER'S PENSION. INTERNATIONAL COMM. County Commission of Presion. Omnumeror of Presion. WASHANT HANDED TO PRESION. OMNUMEROR OF PRESIDENT OF PRESIDENT OF PRESION. OMNUMEROR OF PRESIDENT OF PRESIDENT OF PRESIDENT. OMNUMEROR OF PRESIDENT O	Carter Carter Solution Solution Solutions Already Evalled. No. 12 FG Inuse Already Evalled. No. 12 FG INVALID SOLUTER'S PENSION. 1899. 1899. Amount, \$ 07. 2 // 1889. RICHARD JOHNSON, Commission of Proteins RICHARD JOHNSON, Commission of Proteins RICHARD JOHNSON, Commission of Proteins An Alphary In Proteins Of Management of Proteins All Alphary In Commission of Proteins All Alphary In Comm

SOLDIER'S PENSI RICHARD JOHNSON Co. 7. Ist Da State For Applicants Heretofore Allowed Pensions. For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA STATE OF GEORGIA, Dersonally appears J. Wolker Personally appears A Woller of Bartow

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide gitizen and resident of said State, and has resided therein continuously ever since the day of A purify the way between the States (or of the State of) during the way between the States and served as higher than the military service of the Confederate States (or of the State of) series of the Company H, of his Reighted in such military service in the State of , on the day of 1864, he was wounded, injured or diseased as follows:

The Wolley H of the William of the Wolley H of the William of the Wolley H of the William of the Wolley H of the County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen ident of said State, and has resided therein continuously ever since the day of Con-States, and served as a Michael in Company H., of Aff Regiment of H. State of Jorollo 's Brigade; that whilst engaged in such military service in the State of Jorollo 's Brigade; that whilst engaged in such military service in the State of Jorollo on the Jay of Jane 186H; he was wounded, injured or diseased as follows: Afor Mough right Thouser in bott, of Kenniouw maintain - Which wound rendered his right arm totally wells Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, Deponent makes application for the pension to which he is entitled for the year endand the acts amendatory thereof, and makes application for the pension to which he is October 26th, 1899. I have heretofore under said law as a resident of entitled for the year ending October 20th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1898.

Dollars, for the year 1898.

and subscribed before me, this, the

day of January 1899.

Tost office Casswille w county been allowed an invalid pension of Dollars, for the year 1887.

me, this, the ANNO SERVE BASINGHE GA Sworn to and subscribed before me, this, the day of Jenny Whendrick any STATE OF GEORGIA, STATE OF GEORGIA, Daylow County.

I Down County.

I am well acquainted with How the the applicant in the foregoing affidavit, and am well satisfied that the statements made by him I, Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be 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. and that he resides in this County. Given under my official signature and seal, this day of 1898. day of Jany 1899, 1899

entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of Salar County been allowed an invalid pension of Dollars, for the year 1892. Sworn to and subscribed before me, this, the day of July 1898. Post-office Dollars, for the year 1892. Norz-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, smiling from the wound or disease. STATE OF GEORGIA, STATE OF GEORGIA, County. I, July License County. I, July License County. I, July License County. Goldinary County. Goldinary of said County, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and 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. Ans. Ans. Ans. Ans. Ans. Ans. Ans. Ans. Ans. Ordinary Device. County.	County been allowed an invalid pension of Dollars, for the year 1890. Soomed and subscribed before me, this, the day of Jamary 1890, Post original particularly the day of Jamary 1890, Post original particularly the extent of the disability sending from the wound or disease. STATE OF GEORGIA, County. County. J. Ordinary of said County, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and 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 Jamy Sarlow County. Ordinary County. County. Ordinary County. County.
POWER OF ATTORNEY. STATE OF GEORGIA, Daylow County. bereby authorize of Continuous to receive and receipt for the pension paid hereon and request that he remit same to by Check at Continuous IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Juneary 1900. Executed in presence of UM Nangara AP3	POWER OF ATTORNEY. STATE OF GEORGIA. Grand Country Level Country According to hereby authorize George (m. 1994) to receive and receipt for the pension paid hereon and request that he remit same to by Pheose at Bartingvelle Geo IN WINNESS WHEREOF, I have hereunto set my hand and seal this day of Jally 1801. Executed in presence of Thomas & Milney
For These Arrany Enrolled, No. 32% INVALID SOLDIER'S PENSION. 1900. Name HAMMERY Coording Disability (Milm & C. O. M. V. Amount, \$ C. S. Warrant issued Array On V. LINDSEY, Commissions of Perion. The Array Perion. On A LEAST BANDED TO A LEAST BAN	SOLDIER'S PENSION. Name H. Madll En Disable D SOLDIER'S PENSION. 1901. Name H. Madll En Control Carret Day Amount, 8.37. Carret Control Carret Day Amount, 8.37. Carret Control Carre

For Applicants Herstefore Allowed Pensions.

ent makes application for the pension to which he is entitled for the year end-

For These Arraity Errolled, No. 39% INVALLED SOLDIER'S PENSION. 1900. Name Arraity Pension. Disability Muniche Process. Amount, \$ Jr. 5 Warrant issued Feet, 14, 1900. JOHN W. LINDSEY, Committee of Process. The Committee of Process. One a feet of the Process. The Committee of Process.	For These Already Enrolled.) No. 119 & No.
\mathcal{S}	STATE OF GEORGIA County Coun

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Barher County.
Dersonally appeared Alwalker of Porton
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
and resident of said state and county, and has resided therein continuously ever since the
the Confederate States (or of the State of) during the war be
tween the States, and served as a MINOTE, in Company A , of /9th
Regiment of Sa struvolunteers, State offic 's Brigade; that whilst
engaged in such military service in the State of 90, on the 18
day of fill 1864, he was wounded, injured or diseased as follows:
right thoulder, Roshowing the use of the
sight one, It middles of the bone bil
les were the on
process process
Deponent makes application for the pension to which he is entitled for the year ending October, 26th, 1900. I have heretofore under said law as a resident of
County been allowed an invalid pension of
County been allowed an invalid pension of Dollars, for the year 189 9.
County been allowed an invalid pension of Dollars, for the year 189 g.
County been allowed an invalid pension of Dollars, for the year 189 9.
County been allowed an invalid pension of Dollars, for the year 189 g.
County been allowed an invalid pension of Dollars, for the year 189 g.
County been allowed an invalid pension of Dollars, for the year 189 g. Sworm to and subscribed before me, this, the day of Julian 1900. POST OFFICE Constille grave the disability resulting from the wound or character of the disability resulting from the wound or disease.
County been allowed an invalid pension of Dollars, for the year 189 g. Sworm to and subscribed before me, this, the day of Alloway 1900. POST OFFICE Constille Gar. And Market Charles On y
County been allowed an invalid pension of Dollars, for the year 189 g. Sworm to and subscribed before me, this, the day of Julian 1900. POST OFFICE Constille grave the disability resulting from the wound or character of the disability resulting from the wound or disease.
County been allowed an invalid pension of Dollars, for the year 189 g. Sworn to and subscribed before me, this, the day of Alloway 1900. FOST OFFICE EDOSANTILE Grant More Assar fully the nature of wond or character of this sake which causes the disability, and explain particularly the states of the disability resulting from the wond or character of this sake which causes the disability, and explain particularly the STATE OF GEORGIA, County. County.
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County been allowed an invalid pension of Dollars, for the year 189 J. Sworm to and subscribed before me, this, the J. day of Jallinary 1900. FOST OFFICE Basswille Jr. Norz.—Stean fully the nature of wound or character appliesase which causes the disability, and explain particularly the extent of the disability resulting from the wound or character appliesase which causes the disability, and explain particularly the extent of the disability resulting from the wound or character appliesase which causes the disability, and explain particularly the extent of the disability resulting from the wound or character appliesase which causes the disability, and explain particularly the extent of the disability resulting from the wound or character applies which causes the disability, and explain particularly the extent of the disability and explain particularly the extent of the disability and explain particularly the extent of the disability applies and the causes the disability, and explain particularly the extent of the disability applies and the causes the disability, and explain particularly the extent of the disability resulting from the wound or character applies are which causes the disability, and explain particularly the extent of the disability resulting from the wound or character applies which causes the disability, and explain particularly the extent of the disability applies.
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County been allowed an invalid pension of Dollars, for the year 189 g. Sworn to and subscribed before me, this, the day of allowing 1900. FOST OFFICE BOSQUILLE Gr. Nove.—Stan fully the nature of wond or character of these which causes the disability, and explain particularly the estent of the disability resulting from the wond or disease. STATE OF GEORGIA, County. I, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be
County been allowed an invalid pension of Dollars, for the year 189 J. Sworn to and subscribed before me, this, the J. day of Jallinary 1900. FOST OFFICE Bassatelle Gr. Norz.—Stean fully the nature of wound or character afflicence which causes the disability, and explain particularly the extent of the disability resulting from the wound or character afflicence which causes the disability, and explain particularly the extent of the disability resulting from the wound or character afflicence which causes the disability, and explain particularly the extent of the disability resulting from the wound or character afflicence which causes the disability, and explain particularly the extent of the disability resulting from the wound or character afflicence which causes the disability, and explain particularly the extent of the disability and explain p
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County been allowed an invalid pension of Dollars, for the year 189 Sworm to and subscribed before me, this, the day of Allinary 1900. FOST OFFICE Constitute of wonder of the year 1900. FOST OFFICE Constitute of the disability and explain particularly the estent of the disability resulting from the wond or disease. STATE OF GEORGIA, County. 1, Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and m 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

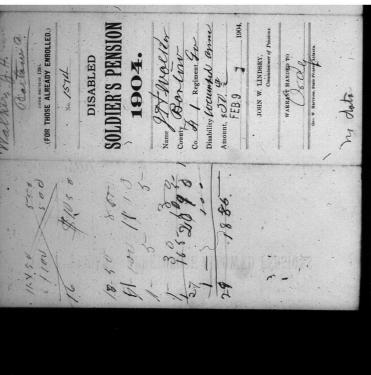
For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	\
Barlin , Count	y. 1 and
Personally appears	other of oail
County, State of Georgia, who being duly swe	
and resident of said State, and has resided the	erein continuously ever since the
	e enlisted in the military service of the Con-
federate States (or of the State of	during the war between the
	in Company #, of th Regiment
of State States Internal	apol 's Brigade; that whilst engaged
	4 a , on the /8 day
of 1864 , he was	wounded, injured or diseased as follows:
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work.—State fully the nature of the wound or characters wherely the extent of the disability resulting from the wound	or disease which causes the disability, and explain partic-
STATE OF GEORGIA	
Darlow County.	
1, 11	Ko
	Ordinary of said County,
do certify that I am well acquinted with	Awaller the
applicant in the foregoing affidavit, and am we	all satisfied that the statements made by him
in his said affidavit are true, and I know he is	s the individual he represents himself to be
and that he resides in this County.	11
Giyen inder my official s	signature and seal, this
day of law o	1901
min / 1 t	Level On K
ATT / /	- Con note
Ordin	dary Darlow County.

ending October 20th, 1900. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 189 2. Sworn to and subscribed before me, this, the day of Municipal 1900. Post office Basquille for Nore. State fully the nature of wound or character of the disability, and explain perficularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. I, Ordinary of said County, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and 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 the same of the disability. Ordinary Day Love County. County.	Depoint makes application for the pension to which he is entitled for year ending of the pension of the depoint of the pension
POWER OF ATTORNEY. STATE OF GEORGIA, Deploy County. In the continue of Cont	POWER OF ATTORNEY. STATE OF GEORGIA, County, L. Wolks hereby authorize of Continuity for to receive and receipt for the pension paid hereon and request that he remit same to by at Consultification in WITNESS WHEREOF, I have hereunto set my hand and seal this flag day of flag 1903. Executed in presence of Continuity for the pension paid hereon and request that he remit same to by A WITNESS WHEREOF, I have hereunto set my hand and seal this flag day of flag from the pension paid hereon and request that he remit same to by A WITNESS WHEREOF, I have hereunto set my hand and seal this flag day of flag from the pension paid hereon and request that he remit same to by A WITNESS WHEREOF, I have hereunto set my hand and seal this flag day of flag from the pension paid hereon and request that he remit same to by A WITNESS WHEREOF, I have hereunto set my hand and seal this flag flag from the pension paid hereon and request that he remit same to by A WITNESS WHEREOF, I have hereunto set my hand and seal this flag flag from the pension paid hereon and request that he remit same to by A WITNESS WHEREOF, I have hereunto set my hand and seal this flag flag flag flag flag flag flag flag
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TOR APPLICANTS HERETOFORE ALLOWED PENSIONS.	50 000 000 000 000 000 000 000 000 000

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. STATE OF GEORGIA, County. Personally appears to the 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 Affile 18/16; that to enlisted in the military service of the Confederate States (or of the State of States, and served as a file of the State of States, and served as a file of the State of	FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. STATE OF GEORGIA, County, Personally appears 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 the State of the Confederate States (or of the State of during the war between the States, and served as a high of the State of the Confederate States (or of the State of the Confederate States of the State of the
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 County, been allowed an invalid pension of Dollars, for the year 1901. Sworn to and subscribed before me, this the Analysis of the year 1901. Sworn to and subscribed before me, this the Analysis of the year 1901. Sworn to and subscribed before me, this the Analysis of the year 1901. Sworn to and subscribed before me, this the Analysis of the year 1901. Sworn to and subscribed before me, this the Analysis of the year 1901. Norre—State fully the nature of the wound or charter of disease which causes the disability, and exploin particularly the extens of the disability resulting from the wound or disease. STATE OF GEORGIA, County. Ordinary of said County, or disable 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 Alleria Manaly and Regiment. Norre—Fill all blanks and of Company and Regiment. Norre—All vouchers and affidavits must bear date after 19 January 1, 1992.	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 County, been allowed an invalid pension of Dollars, for the year 1902. Sworn to and subscribed before me, this the day of 1903. Post-office Passo Old Comparation of the would be considered by the state of the disability resulting from the wound or disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. I. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and 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 1903. Nora.—Fill all blanks and of Company and Regiment. Nora.—All vouchers and affidavits must bear date after January 1, 1903.

Deponent makes application for the pension to which he is entitled for the year ending october 20th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1901. Sword to and subscribed before me, this the Mark of the year 1901. Sword to and subscribed before me, this the John of Dollars, for the year 1901. Sword to and subscribed before me, this the John of Dollars, for the year 1901. Sword to and subscribed before me, this the John of Dollars, for the year 1901. Sword to and subscribed before me, this the year 1902. Nove.—State fully the nature of the wound or chapterer of disease which causes the disability, and exploits particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I knew 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 Julius 1902. Nove.—Fill all blanks and of Company and Regiment. Nove.—All vouchers and affidavits must bed date after January 1, 1902.	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 County, been allowed an invalid pension of Dollars, for the year 1902. Sworn to find subscribed before me, this the day of 1903. Post-office 1903. Old County Nors.—State fully the nature of the wound of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. I. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and 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 1903. Nors.—Fill all blanks and of Company and Regiment. Nors.—All vouchers and affidavits must bear date after January 1, 1903.
POWER OF ATTORNEY. STATE OF GEORGIA. COUNTY. GIVEN COUNTY. GIVEN COUNTY. In Very 1888 WHEREOF, I have hereunto set my hand and seal, this. IN WAYNESS WHEREOF, I have hereunto set my hand and seal, this. GEORGIA. IN WAYNESS WHEREOF, I have hereunto set my hand and seal, this. GEORGIA. IN WAYNESS WHEREOF, I have hereunto set my hand and seal, this. GEORGIA. IN WAYNESS WHEREOF. I have hereunto set my hand and seal, this. GEORGIA. IN WAYNESS WHEREOF. I have hereunto set my hand and seal, this. GEORGIA. IN WAYNESS WHEREOF. I have hereunto set my hand and seal, this. GEORGIA. IN WAYNESS WHEREOF. I have hereunto set my hand and seal, this. GEORGIA. IN WAYNESS WHEREOF. I have hereunto set my hand and seal, this. GEORGIA.	POWER OF ATTORNEY. STATE OF GEORGIA, Barlow COUNTY. I. J. W. Walter hereby authorize fluctuation of Carting with Soin to receive and receipt for the pension paid hereon, and request that he remit same to by Chief at Carting will Ga IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13 ¹² , day of 1905. Executed in the presence of Executed in the presence of Executed in the presence of
SOLDIER'S PENSION SOLDIER'S PENSION SOLDIER'S PENSION 1904. SOLDIER'S PENSION SOLDIER'S PENSION	CONTROL ON THE THOSE ALREADY ENROLLED. No. //// No. //// DISABLED SOLDIER'S PENSION 1905. Name J X, WOLDER'S County, S. JO. " Disability Witnessee of Parietre. Amount, S. JO. " JOHN W. LINDSEN, Gramissiener of Parietre. WARRANT HANDED TO
100 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FOR APPLICANTS LT ATOTORE ALLOWED PERSONS



SOLDIER'S PENSI SOLDIER'S PENSI No. / U// DISABLED SOLDIER'S PENSI 1905. Name J N. WOURE Co. H. J. Regiment Ge Disability Woundeded on a Amount, \$50 M Amount, \$5

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	Barlow County.
	Oction (1)
	Personally appears IN- Walter of Wanton
	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 Offil 1846; 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 harwasse in Company H, of / th Regiment
	of Ga State of Storalls 's Brigade; that whilst engaged
	in such military service in the State of &a , on the / day
	of frame 1864, he was wounded, injured or diseased as follows:
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	y +4 1 D
	both of Rennisar June 19, 1864
	Jim mudued Substantially and ellen
	hally meeless
	And the second s
	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
	County, been allowed an invalid pension of
	County, been allowed an invalid pension of
	Dollars, for the year 1903.
	Dollars, for the year 1903.
	Short to and subsogibed before me, this the AWalker day of Jun 1904.
	Dollars, for the year 1903.
	Sworn to and subscribed before me, this the day of Jan 1904. Dollars, for the year 1903. Sworn to and subscribed before me, this the day of Jan 1904. Post-office Base sla
	Sworn to and subsequibed before me, this the day of Jan 1904.
	Dollars, for the year 1903. Sworn to and subsogibed before me, this the day of 1904. Dollars, for the year 1903. Walker Post-office Lass sla Norz.—State fully the nature of the wound or charter of disease which causes the disability and explain particularly the extent of the disability resulting from the wound or disease.
	Dollars, for the year 1903. Sworn to and subsogibed before me, this the day of 1904. Post-office Coss Sla Norra-State fully the nature of the wound or change of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA,
×	Dollars, for the year 1903. Sworn to and subsogibed before me, this the day of 1904. Dollars, for the year 1903. Walker Post-office Lass sla Norz.—State fully the nature of the wound or charter of disease which causes the disability and explain particularly the extent of the disability resulting from the wound or disease.
	Dollars, for the year 1903. Sworn to and subsocibed before me, this the day of 1904. Post-office Coss sla Form-State fully the nature of the wound or charleter of disease which causes the disability, and explain purificationly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County.
	Dollars, for the year 1903. Sworn to and subsogibed before me, this the day of Mu 1904. Down Hour Tieble William Past-office Lass Star Nore-State fully the nature of the wound or charter of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. I, Ordinary of said County,
	Dollars, for the year 1903. Sworn to and subscribed before me, this the day of 1904. 1904. Post-office Cass Sla Norz.—State fully the nature of the wound or charter of disease which causes the disability, and explain perturbatively the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. I WOUND COUNTY. Ordinary of said County, do certify that I am well acquainted with Wolker.
	Dollars, for the year 1903. Sworn to and subsopibed before me, this the day of the 1904. Sworn to and subsopibed before me, this the 1904. Sworn to and subsopibed before me, this the 1904. Post-office Cases Sla Norz.—State fully the nature of the wound or all sease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. I, Ordinary of said County, do certify that I am well acquaintted with the applicant in the foregoing affidavit, and am well satisfied that the statements made
	Dollars, for the year 1903. Sworn to and subsogibed before me, this the day of 1904. 1904. Post-office Cass sla Norn.—State fully the nature of the wound or charleter of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. I, County. I, Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself
	Dollars, for the year 1903. Sworn to and subsopibed before me, this the day of the 1904. Sworn to and subsopibed before me, this the 1904. Sworn to and subsopibed before me, this the 1904. Post-office Cases Sla Norz.—State fully the nature of the wound or all sease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. I, Ordinary of said County, do certify that I am well acquaintted with the applicant in the foregoing affidavit, and am well satisfied that the statements made

Personally appears of Nouter 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 Christ day of 18kb; 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 finite of in Company II, of I the Regiment of I would be state of I the Regiment of I would be state of I the State of I the State of I was wounded, injured or diseased as follows:

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

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

Sworn to and subscribed before me, this the John County, been allowed an invalid pension of Dollars, for the year 1904.

Sworn to and subscribed before me, this the John County Post-office

White State fully the flather of the wond or character of disease which causes the disability, and explain

STATE OF GEORGIA,

COUNTY.

I, LIWATION ORIGINATE OF SAID COUNTY,

do certify that I am well acquainted with JAN WOLKER

Ordinary of said County,

do certify that I am well acquainted with JAN WOLKER

the applicant in the foregoing affidavit, and am well satisfied that the statements made

by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.

Given under my official signature and seal, this 18" and seal, this 1905.

J. W. Hudwicks
Ordinary Dorwal County

Affix your Seal here.

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

Dollars, for the year 1903. Sworn to and subsogibed before me, this the day of 1904. Post-office Lass Sea Particularly the extent of the wound or chartest of disease which, causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. I. Wolf wound of disease. STATE OF GEORGIA, County. I. Wolf wound or disease. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this by day of lower work ordinary of the disability. Note—Fill all blanks and of Company and Regiment. Note—Fill all blanks and of Company and Regiment. Note—All vouchers and affidavits must bear date after Jariuary 1, 1904.	Sworn to and subscribed before me, this the Aday of Annual Post-office. Nore-State fully the nature of the wound or charlest of disease which causes the disability, and explain particularly the extent of the helphility resulting from the wound or disease. STATE OF GEORGIA, COUNTY, I. Annual County, do certify that I am well acquainted with Annual 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 Annual County. Ordinary County. Nore-Fill all blanks and of Company and Regiment. Nore-All vouchers and affidavits must bear date after January 1, 1605.
POWER OF ATTORNEY. STATE OF GEORGIA, Barlow County. A Milling of Carlow Villy and to receive and receipt for the pension paid hereon, and request that he remit same to by at Collowill Ha IN WITHESS WHEREOF, I have hereunto set my hand and seal, this find a seal of the pension of the pension paid hereon and request that he remit same to by at Collowill Ha IN WITHESS WHEREOF, I have hereunto set my hand and seal, this find any of the pension of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to by any of the pension paid hereon, and request that he remit same to be any of the pension paid hereon, and request that he remit same to be any of the pension paid hereon, and request the pension paid hereon,	POWER OF ATTORNEY. STATE OF GEORGIA, COUNTY, I, WANTED OF COUNTY, In which the pension paid hereon, and request that he remit same to by at Cartinoully Age In WITHES WHEREOF, I have hereunto set my hand and seal, this day of Av 1807. [L. S.] Executed in presence of
SOLDIER'S PENSION SOLDIER'S PENSION 1906. Soldier'S PENSION 1906. Soldier'S PENSION 1906. Disability Waterful Ann. Amount, \$31/0 Omnitionery Penion WARRANT BANDED TO The dota	PARKE, S. W. BOLDIER'S PENSION Name JALMEN PENSION 1907. Name JALMEN PENSION 1907. Sold Pregiment Go. 2480 MM Disability Lettered, Grand Amount, \$60.1. \(\) JOHN W. LINDERY, Commissioner of Pensions WARRANT HANDED TO
TO SERVICE THE PROPERTY ALLENATE PRESIDES.	FOR APPLICANTS HENETONGRE ALLOWED PERSIONS

(FOR THOSE ALREADY ENROLLED.) WARRANT BANDED TO SOLDIER'S PENSIO Bar Fro JOHN W. LINDSEY, Commissioner of Pen-SOLDIER'S PEN JOHN W. LINDSEY. DISABLED WARRANT HANDED TO 1907. No. 9.50 no dota

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Bartow County.
Parsonally and I followed a
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citize
and resident of said State, and has resided therein continuously ever since the
day of Office 18 Hb; that he enlisted in the military service of the Cor
lederate States, (or of the State of
States, and served as a Manual in Company H, of / th Regimen
of Ga State volunteers Stovelle 's Brigade; that whilst engage
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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
The state of the s
Dollars, for the year 1905.
Sworn to and subscribed before me, this the
Du day of Au _ 1906
GWX unrichts Ardinan Post-Office Bass Va. G.
Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
State of Georgia,
Bartow County.
· G which ich
La County
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 And

Affix your seal here

County State CC
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citize
and resident of said State, and has resided therein continuously ever since the
day of Chil- 19/1
day of Gul 1846; that he enlisted in the military service of the Com
lederate States (or of the State of
States, and served as a horote in Company H, of th Regimen
of Ta Mol Volunteers Wholes - 's Brigade that I'll
in such military service in the State of, on the/8 da
01 186/1 he was wounded !!!
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Deponent makes application for the pension to which he is entitled for the vess

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

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	Deponent maker application for the
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	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 County, been allowed an invalid pension of Dollars, for the year 1906. Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the But day of Aur 1906. Post-Office Basy Va. G.	Generally Ordinary Postoffice
Nora-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.	Norsi.—State fully the nature of the wound or character of disease which causes the disability, and zeplain particularly the extent of the disability resulting from the wound or disease. State of Georgia,
State of Georgia, County. I, White County Ordinary of said County do certify that I am well acquainted with the Medicar	do certify that I am well acquainted with Wolfor
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.	the applicant in the foregoing affidavit, and an well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal this
Given under my official signature and seal, this day of 1908 Junty 1908 Ordinary Ban4W County.	Anis Street Ordinary County. Notz.—Fill all blanks and of Company and Regiment. Notz.—All renchers and affidavite must bear date after January 1st, 1877.
Norz.—Fill all blanks and of Company and Regiment. Norz.—All vouchers and affidavits must bear date after January 1st, 1995.	Norz.—All reuchers and affidavits must bear date after January 1st, 1977.
	Walker, J. H.
	1891.
Stilestoro La March 10th 1899	Audited Feb. 17 1891. Voucher No. 949
Dear S.	WM A MAGARIAN Voucher No. 949 Amount \$ 5000 Paid to S. Walker
power of Attorney the Please gend	For Disable and
he more by my neighbor for	Jely 16:801.
our strick of Hwaller Stileshor	Included in warrant No.
stilestore	

Geo. W. Harrison. State Printer, Atlanta.

Atlanta Ga Paid to S. W. Walker for 1892 on Fredhay of last week with the move of Altoney et Please send the more for my meighbor for For Schabledam Seen 16 1891. Hed McCormick issued to Treasurer. Stileshar WARRANT-CLERK. Mastright Walker, J. H. NAME. No. 949 WHEN AND WHERE DORMY STATE OF GEORGIA, Allanta, Ba. Fely 16 1891. EXECUTIVE DEPARTMENT. ENLISTED WHEN AND WHERE? GCMPANY AND REGISERY? Private, Co. F, 1st Regiment State Vol XIT Hacken of the County MAKE OF CAPTAIN AND COLONEL? Santon having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts WOUNDED? At Kennesaw Mountain Ga., June 18, 1864 shot in right shoulder approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for Disabled arm He is entitled to receive the sum of \$13.18 for such disability, the same being the propagate due for the year ending October 24, 1891. CAPTURED, WHEN AND THERE? me and hold his record on this voucher and return same to RELEASED. WHEN AND WHERE SURREVDERED? IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? By the Governor, OVETION,

IN WAANNEN
SEC'V EXECUTIVE DEPARTMENT. DIED, WHEN AND WHERE? BURIED, : 50 WITNESSES. RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia Dollars, per above voucher, this & 6 of Fely

> g H Walker Win

Amount \$. 5000