

federate States (or of the State of _____) during the war between the States, and served for the term of 1 yrs in Company E, of _____th Regiment of Phillips Legion of Infantry; that his physical condition is as follows: He is very weak, suffers from his wound in neck and is unable to work

that his property consists of the following items:

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

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

Sworn to and subscribed before me, this 9th day of Jan, 1906. } S. G. Wade mark
G. W. Hendricks Ordinary.

State of Georgia,

Barlow County.

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

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



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

federate States (or of the State of _____) during the war between the States, and served for the term of 4 yrs in Company E, of Phil Leg of Volunteers Inf; that his physical condition is as follows: He is physically unable to work at all

that his property consists of the following items:

of the value of _____ Dollars. I am now earning by my labor, nothing Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this 9th day of Jan, 1907. } S. G. Wade mark
G. W. Hendricks Ordinary.

State of Georgia,

Barlow County.

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

Given under my official signature and seal, this 9th day of Jan, 1907.
G. W. Hendricks
Ordinary Barlow County.



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

Waldrip, James B.
Barlow Co
(OK. Jan 1905)

No.

**WIDOW'S
INDIGENT PENSION.
1904.**

Name *James B. Waldrip*
County *Barlow*
Widow of *James B. Waldrip*
Approved *[Signature]* 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1904.

Geo. W. Harrison, State Printer, Atlanta.

87
19/04

ORDINARY'S CERTIFICATE

SEAL

RECEIVED BY THE CLERK OF THE SUPERIOR COURT

STATE OF GEORGIA

STATE OF GEORGIA

POWER OF ATTORNEY.

James B. Waldrip County *Barlow*
I hereby authorize *George W. Lindsey* of the County of *Barlow* to execute and receive for the pension allowed and that he remit the same to me at *Barlow* by the next or previous mail.
Witness my hand this *28* day of *June* 1904.
George W. Lindsey
Barlow County

Approved _____ 1904.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO _____
1604.
Geo. W. Harrison, State Printer, Atlanta.

87/19/04

ATTORNEY.

Guithmicks

June 1904

Heinie Waldrip

BAD COPY - LIGHT PRINT

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

Jamie Waldrip hereby authorize Guithmicks of Barlow County, to receive and receipt for the pension allowed and that he remit the same to me at Cartersville Ga by his check or registered mail.

Witness my hand this 8th day of June 1904

Executed in presence of

George W. Harrison Ordinary,
Barlow County.

Heinie Waldrip H. S.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Barlow County.

Jamie Waldrip of said State and County, desiring to avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1900, hereby testifies that she is a widow, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and Post Office)
Jamie Waldrip, in Cartersville Ga.
2. How long and since what have you been a resident of this State? Since I have lived in Georgia all my life.
3. When and where were you born? 1868, in Barlow County Ga
4. When and where was your husband born—state his full name, and when were you and he married? (Attach copy marriage license in every case)
James L. Waldrip, born 1st 1860
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? 1861, near Alabama Co. H. 30th Regiment of Ga. Vols.
6. How long did your husband serve in said Company and Regiment? He served in Co. H. of 30th Regt. till he surrendered
7. When and where did your husband's Company and Regiment surrender and was discharged?
8. Was your husband present at the time and place when his Company and Regiment surrendered?
He was, as I am informed.
9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authorities?
10. When and where did your husband die? Sept 27-1913 in Cartersville Ga
11. Which of the following grounds do you base your application for Pension, viz.: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty? Age and Infirmary and Poverty
12. If upon the first 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 extent. If upon the third, state whether you are totally blind, and when and where you lost your sight.
I am old & weak & have not been able to work for a long long time
13. What has been your occupation since your husband's death? No occupation
14. How much can you earn now, by your own exertion or labor? Nothing
15. What property, real or personal, or income do you have or possess, and its gross value?
Have no property of any kind
16. What property, real or personal, did you possess at death of husband or he at death, and of the years 1899, 1900, 1901, 1902, 1903, 1904, and what disposition, if any, have you made of the same?
I had no property at his death and have none now
17. In what counties did you reside in 1899, 1900, 1901, 1902, 1903 and 1904, and what property did you return for taxation?
Barlow County
18. Have you any surviving child of husband, and especially for 1899, 1900, 1901, 1902, 1903 and 1904?
By daughter his full name
19. How much did your support cost for each of these years, and how much did you contribute to your own labor or income? I do not know
20. What was your employment during 1899, 1900, 1901, 1902 and 1903—how much did you receive for each year?
Have had no employment
21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property?
No. I live with my daughter & husband
22. Have you ever made application for pension before?
23. How many applications have you made for a pension, and under what class?
one applied before

Sworn to and subscribed before me, this 8th day of June, 1904,
Guithmicks Ordinary,
of Barlow County.

WIDOW'S
INDIGENT PENSION.
1904.

Name Jamie Waldrip
County Barlow
Widow of James L. Waldrip

Approved _____ 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

1604.
Geo. W. Harrison, State Printer, Atlanta.

87/19/04

Waldrip Jamie
Barlow Ga
(W. J. W. 1904)

Waldrip, James B.
(Date Jan. 1904)

No. _____

**WIDOW'S
INDIGENT PENSION.
1904.**

Name *James B. Waldrip*
County *Barlow*
Widow of *James B. Waldrip*
Approved _____ 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT-HANDED TO _____

1904.

Geo. W. Harrison, Clerk Printer, Atlanta.

87
19/04

11. Which of the following grounds do you base your application for Pension, viz.: First—Age and Poverty; Second—Infirmary and Poverty; or Third—Blindness and Poverty? *Age and Infirmary*

12. If upon the first 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 extent. If upon the third, state whether you are totally blind, and when and where you lost your sight. *I have not been able to work for a long long time*

13. What has been your occupation since your husband's death? *No occupation from whatever*

14. How much can you earn gross, by your own exertion or labor? *Nothing*

15. What property, real or personal, or income do you have or possess, and its gross value? *Have no property of any kind*

16. What property, real or personal, did you possess at death of husband or he at his, and of the years 1899, 1900, 1901, 1902, 1903, 1904, and what disposition, if any, of same or gift have you made of the same? *I had none neither did he have any*

17. In what counties did you reside in 1899, 1900, 1901, 1902, 1903 and 1904, and what property did you return for taxation in each of those years? *Barlow none*

18. How have you been supported since death of husband, and especially for 1901, 1902, 1903 and 1904? *By daughter in law*

19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? *Nothing*

20. What was your employment during 1899, 1900, 1901, 1902 and 1903—how much did you receive for each year? *Have had no employment*

21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? *No. I live with my daughter in law*

22. Have you ever made application for pension before? *No*

23. How many applications have you made for a pension, and under what class? *Have applied before*

Sworn to and subscribed before me, this _____ day of _____ 1904, _____ Ordinary,
Geo W. Harrison of *Barlow* County.

QUESTIONS FOR WITNESSES.

STATE OF GEORGIA.
Barlow County.

I, *J. J. Gaulton & W. J. Ingram*, of said State and County, having been presented as a witness in support of the application of Mrs. _____ for a Pension under the Act of _____ 1900, and after being duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? *J. J. Gaulton, near Barlow, Texarkana*

2. Are you acquainted with the applicant, Mrs. *James B. Waldrip*? *Yes*
If so, how long have you known her? *I have known her 35 years or so.*

3. Where does she reside, and how long and since when has she been a resident of this State? *In Cartersville Ga. Has lived in Ga. all her life*

4. When and where was she born? *Personally, I do not remember*

5. Were you ever acquainted with her husband? *Yes*

6. Where did she reside in 1861? *At Cartersville Ga.*

7. When and to whom was he married? *He was married to her*

8. When and where was he born? *Personally, I do not remember*

9. How long have you known him? *I have known him since before the war*

10. When and where did _____ enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? *Big Shanty, Company H, 1st Reg. Va. Inf.*

11. Were you a member of the same Company and Regiment? *Yes, I was a member of Co. A, 1st Reg. Va. Inf.*

12. How long did he perform regular military duty? *April 16, 1865*

13. When and where was his Company and Regiment surrendered and discharged from service? *April 26, 1865, near Appomattox, Va.*

14. Were you with the Command when it surrendered? *Yes, I was*

15. Was *James B. Waldrip* the husband of applicant present?

16. If not present, where was he?

17. When and where did he leave his command?

For what cause?

By what authority he left?

How do you know all this? (State fully and clearly.) *I was present and know that James B. Waldrip was present*

18. When and where did _____ die? *Sept. 27, 1903*

19. Where did she reside at the death of her husband, and how long had she been a resident of Georgia at his death? *In Cartersville Ga. Lived in Ga. all her life*

20. Do you of your own knowledge know that applicant is the lawful widow of _____? *Yes*

21. Has she remained unmarried since her soldier husband's death, and how do you know this? *I know that she has remained unmarried*

22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? *She has no property, effects or income*

23. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903, and what disposition did she make of it? *She had none. Had not had any to dispose of.*

24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? *She has not.*

25. What is applicant's physical condition and her chances and ability to earn a support? *She is very feeble and frail individual, not able to do any thing*

Is applicant able to earn a support at labor of any sort, if not, why? *She is entirely unable to support herself, has not been in good health, she is a very much and feeble woman*

27. How was she supported for 1899, 1900, 1901, 1902 and 1903? *Her daughter, Mrs. Harrison*

28. How much did applicant contribute to her support for last two years? *Do not know*

29. Give a full and complete statement of applicant's physical condition? *She is simply a very old, weak and feeble woman*

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

Sworn to and subscribed before me this _____ day of _____ 1904, _____ Ordinary,
Geo W. Harrison of *Barlow* County.

J. J. Gaulton of Co. A
W. J. Ingram of Co. B
Witnesses.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,
Barlow County.

Personally before me comes _____ and _____, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. _____, applicant for a Pension under the Act of 1900, and after such personal examination say that her physical condition is this: *She is old and feeble and wholly unable to earn a support*

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this _____ day of _____ 1904, _____ Ordinary,
Geo W. Harrison of *Barlow* County.

A. B. Calhoun
Witness.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Barlow County.

I, _____ Ordinary, in and for said County, hereby certify that the applicant, Mrs. *James B. Waldrip*, resides in said County and has been a bona fide resident of this State since the _____ day of _____, 1865, and that the witnesses, Mr. *J. J. Gaulton* and Mr. *W. J. Ingram*, are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of _____ County shows that applicant returned for taxation in her own name in 1899, _____ dollars worth of property, and in 1900, _____ dollars worth of property, in 1901, _____ dollars worth of property, in 1902, _____ dollars worth of property, and in 1903, _____ dollars worth of property.

Witness my hand and official seal this _____ day of _____ 1904, _____ Ordinary,
Geo W. Harrison of *Barlow* County.

SEAL

NOTES.—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of soldiers who were soldiers need apply—and are now widows. Those married since the 9th April, 1865, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

April 26-1865. Near Columbus, N.C.
14. Were you with the Command when it surrendered? *Yes I was*
15. Was *James B. Waldrip* the husband of applicant present?
16. If not present, where was he?
17. When and where did he leave his command?
For what cause?
By what authority he left?
How do you know all this? (State fully and clearly.)
I was present and know that James B. Waldrip was present
18. When and where did *James B. Waldrip* die?
Sept. 27, 1903
19. Where did he die at his death and how long had he been a resident of Georgia at his death?
Cartersville Ga. lived in Ga. all his life
20. Do you of your own knowledge know that applicant is the lawful widow of *James B. Waldrip*?
Yes
21. Has she remained unmarried since her soldier husband's death, and how long has she been a widow?
Yes she is a widow to this day and fully
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge?
None in Georgia
23. What property, effects or income did applicant possess in 1899, 1900, 1901, 1902 and 1903, and what disposition did she make of it?
She had none. Had not had any to dispose of.
24. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom?
She has not.
25. What is applicant's physical condition and her chances and ability to earn a support?
She is very feeble and has no mind not able to do any thing

and we have no interest in said pension if allowed.
Sworn to and subscribed before me this *8* day of *July* 190*4*.
G.W. Hendricks Ordinary,
Barlow County.

ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
Barlow County.
I, *G.W. Hendricks* Ordinary, in and for said County, hereby certify that the applicant, Mrs. *Hannie Waldrip* residing in said County, and has been a bona fide resident of the State since the *1st day of Aug* 1865, and that the witness, Mr. *D.J. Gentry* and *Wm. Hendricks* are of trustworthy character, and that their statements are entitled to full faith and credit.
I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavit was read to the applicant and witnesses before the same was signed and subscribed.
I further certify that the tax digest of *Barlow* County shows that applicant returned for taxation in her own name in 1899 _____ dollars worth of property, and in 1900 _____ dollars worth of property, in 1901 _____ dollars worth of property, in 1902 _____ dollars worth of property, and in 1903 _____ dollars worth of property.
Witness my hand and official seal this *8* day of *July* 190*4*.
G.W. Hendricks Ordinary,
Barlow County.

NOTES—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since the 9th April, 1865, are entitled.
5. Witnesses and two Physicians are necessary to make out claims.
6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.
I, *Hannie Waldrip* of *Cartersville Ga* hereby authorize *G.W. Hendricks* to receive and receipt for the pension paid hereon, and request that he remit same to *me* at *Cartersville Ga*
In Witness Whereof, I have hereunto set my hand and seal, this *20* day of *May* 1905.
Hannie Waldrip
Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.
I, *Mrs. Hannie Waldrip* of *Cartersville* hereby authorize *G.W. Hendricks* to receive and receipt for the pension paid hereon, and request that he remit same to *me* at *Cartersville*
In Witness Whereof, I have hereunto set my hand and seal, this *15* day of *January* 1906.
Hannie Waldrip
Executed in presence of *Gabe Hendricks*

To Those Herebefore Paid.
1905.
No. 447
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1905.
PAID TO
Mrs. Hannie Waldrip
OF
Barlow County,
Widow of *J. C. Waldrip*
Co. H. 23rd Regt.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
AND HANDLED TO
1905.
THE PENSIONER'S NAME AND ADDRESS MUST BE PRINTED IN FULL AT THE BOTTOM OF THIS PAGE.

To Those Herebefore Paid.
1906.
No. 635
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1906.
PAID TO
Mrs. Hannie Waldrip
OF
Barlow County,
Widow of *J. C. Waldrip*
Co. H. 23rd Regt.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
AND HANDLED TO
JAN 29 1906
THE PENSIONER'S NAME AND ADDRESS MUST BE PRINTED IN FULL AT THE BOTTOM OF THIS PAGE.

Waldrip, Fannie
 To Those Heretofore Paid.
1905.
 No. 447
INDIGENT
WIDOW'S PENSION,
 For year ending Dec. 31, 1905.
 PAID TO *Mrs Fannie Waldrip*
 OF *Barlow* County,
 Widow of *J. E. Waldrip*
 Co. *H.* 2nd Regt.
JOHN W. LINDSEY,
 Commissioner of Pensions.
WARRANT ISSUED
JAN 23 1906.
 AND HANDLED TO *[Signature]*
See Form No. 1, Pensions and Pensions Co. Act, 1905.
 See Form No. 2, Pensions and Pensions Co. Act, 1905.

Waldrip, Fannie
 To Those Heretofore Paid.
1906.
 No. 625
INDIGENT
WIDOW'S PENSION,
 For year ending Dec. 31, 1906.
 PAID TO *Mrs Fannie Waldrip*
 OF *Barlow* County,
 Widow of *J. E. Waldrip*
 Co. *H.* 2nd Regt.
JOHN W. LINDSEY,
 Commissioner of Pensions.
WARRANT ISSUED
JAN 23 1906.
 AND HANDLED TO *[Signature]*
See Form No. 1, Pensions and Pensions Co. Act, 1906.
 See Form No. 2, Pensions and Pensions Co. Act, 1906.

STATE OF GEORGIA
 FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS

Form No. 2
FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
 County of *Barlow* } *Fannie Waldrip*
 who, being sworn says on oath, that she is a bona fide resident of said County of *Barlow* State of Georgia, and that she has RESIDED in said State continuously ever since *1888*. That she is the Widow of *J. E. Waldrip* who was a soldier in Company *H.* of the *2nd* Regiment of *Georgia* Volunteers, that he enlisted in said regiment on or about the month of *March* 1861, and served in the Army up to *April* 1865. That he died on the *28th* day of *August* 1905.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1860.

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

Sworn to and subscribed before me, this *20th* day of *Jan* 1905, *G. W. Henderson* Ordinary. *Fannie Waldrip* Post Office, *Barlow*

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

Given under my official signature and seal, this the *20th* day of *Jan* 1905.

[Official Seal]

G. W. Henderson
 Ordinary of *Barlow* County.

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

Form No. 2
FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
 County of *Barlow* } *Fannie Waldrip*
 who, being sworn says on oath, that she is a bona fide resident of said County of *Barlow* State of Georgia, and that she has RESIDED in said State continuously ever since *all her life*. That she is the Widow of *J. E. Waldrip* who was a soldier in Company *H.* of the *23rd* Regiment of *Georgia* Volunteers, that he enlisted in said regiment on or about the month of *March* 1861, and served in the Army up to *April* 1865. That he died on the *27th* day of *September* 1903.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1860.

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

Sworn to and subscribed before me, this *15th* day of *Jan* 1906, *G. W. Henderson* Ordinary. *Fannie Waldrip* Post Office, *Barlow*

State of Georgia, }
Barlow County, } Ordinary of said County, certify that I am well acquainted with Mrs. *Fannie Waldrip*, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of *15th* 1838

Given under my official signature and seal, this the *15th* day of *Jan* 1906.

[Official Seal]

G. W. Henderson
 Ordinary of *Barlow* County.

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

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1860.

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

Sworn to and subscribed before me, this 20 day of Jan, 1906.
G. W. Hendricks, Ordinary.

Fannie Waldrip
Post Office Bartowville Ga

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

Given under my official signature and seal, this the 20 day of Jan, 1906.

[Official Seal]

Ordinary of Bartow County.

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

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1860.

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

Sworn to and subscribed before me, this 15 day of Jan, 1906.
G. W. Hendricks, Ordinary.

Fannie Waldrip
Post Office Bartowville Ga

State of Georgia, Bartow County, I, G. W. Hendricks, Ordinary of said County, certify that I am well acquainted with Mrs. Fannie Waldrip, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 15.

Given under my official signature and seal, this the 15 day of Jan, 1906.

[Official Seal]

Ordinary of Bartow County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County, I, Fannie Waldrip, hereby authorize G. W. Hendricks of Bartowville Ga to receive and receipt for the pension paid herein, and request that he remit same to me at Bartowville Ga.

In Witness Whereof, I have hereunto set my hand and seal, this 9 day of Jan, 1907.

Fannie Waldrip [L. S.]
mon

Executed in presence of

Waldrip, Fannie
Bartow Co
To Those Heretofore Paid.
1907.
No. 1075
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1907.
PAID BY Fannie Waldrip
OF Bartow County,
Widow of J. C. Waldrip
Co. H. 23rd Ga Regiment.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARREN ISSUED
FEB 4 1907
AND HANDLED TO
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Waldrip, Fannie
Barlow Co
 To Those Heretofore Paid.
1907.
No. 1075
INDIGENT
WIDOW'S PENSION,
 For year ending Dec. 31, 1907.
 PAID TO *Fannie Waldrip*
 of *Barlow* County,
 Widow of *J. C. Waldrip*
 Co. *H. 23rd Co.* Regiment.
JOHN W. LINDSEY,
 Commissioner of Pensions.
WARRANT ISSUED
FEB 4
 1907.
 AND HANDLED TO *10*
 CHAS. W. HARRISON, STATE PRINTER, ATLANTA.

Form No. 3
FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
 County of *Barlow* } *Fannie Waldrip*
Barlow who, being sworn says on oath, that she is a bona fide resident of said County of
 State of Georgia, and that she has RESIDED in said State
 continuously ever since *birth*. That she is the Widow of
J. C. Waldrip who was a soldier in Company
H. of the *23rd* Regiment of *6th Ark*
 Volunteers, that he enlisted in said regiment on or about the month of *April*
 186*1*, and served in the Army up to *Spring* 186*5*. That he died on
 the *23rd* day of *April* 186*5*.

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 186*0*.

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

Sworn to and subscribed before me
 this *9th* day of *Jan* 1907.
G. W. Henderson, Ordinary. Post Office *more*

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

Given under my official signature and seal, this *9th* day of *Jan* 1907.
G. W. Henderson
 Ordinary of *Barlow* County.

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

Dependent 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 Bartow County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 9th day of Jan 1907.
W. H. Anderson Ordinary. James B. Waldrip Post Office mon

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

Given under my official signature and seal, this 9th day of Jan 1907.
W. H. Anderson Ordinary of Bartow County.

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

Georgia, Bartow County.
Personally came before me, J. T. Duckett of said County, who after being duly sworn says in oath that he was well acquainted with James B. Waldrip in his lifetime, and that he was present when the said James B. Waldrip and Miss Frances Hobbs were joined in matrimony, which was on the 1st day of Feb'y, 1860; that said Frances was the wife of the said James B. Waldrip during the time he was in the Confederate Army, and up to the 27th day of September 1902 when the said James B. Waldrip died in Bartowville, Ga. That the said Mrs. Jane Waldrip is still the lawful widow of the said James B. Waldrip deceased.

Sworn to and subscribed before me, July 6th 1904.
W. H. Anderson Ordinary, Bartow County, Ga. } Thos H. Duckett

Personally came Mrs. Jane Marr, who on oath says the above affidavit of Thos M. Duckett is correct and true, that she was present also at the marriage of James B. Waldrip and Miss Frances Hobbs, and that all the facts stated in the above affidavit are correct and true.

Sworn to and subscribed before me, July 8th 1904.
W. H. Anderson Ordinary } Jane Marr

Feb. 1860's that said Francis was the wife
of the said James C. Waldrip during the
time he was in the Confederate Army, and
up to the 27th day of September 1903 when
the said James C. Waldrip died in Carles-
ville, Ga. That the said Mrs. Francis Waldrip
is still the lawful widow of the said
James C. Waldrip deceased.

Sworn to and subscribed
before me July 6th 1904

J. W. Nunnicks
Ordinary, Barlow
County Ga.

Thos M. Duffett

Personally came Mrs. Jane Marr, who on oath
says the above affidavit of Thos M. Duffett
is correct and true, that she was present
also at the marriage of James C. Waldrip
and Miss Francis Cobb, and that all the
facts stated in the above affidavit are
correct and true.

Sworn to and subscribed
before me July 8th 1904
J. W. Nunnicks, Ordinary

Jane Marr

2 *Waldrip James C*
Barlow County
No. _____

INDIGENT PENSION

1899.

Name *James C. Waldrip*
County *Barlow*

Approved _____ 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow COUNTY

James C. Waldrip of *Barlow* County, Georgia, hereby authorizes

to receive and receipt for the pension allowed, and request that he mail same to _____

Witness my hand and seal this _____ day of _____, 1899.

Extended in presence of _____

James C. Waldrip (U.S.)

STATE OF GEORGIA.

Approved _____ 1899.

RICHARD JOHNSON,
Commissioner of Prisons.

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

ATTORNEY.

Request that he remit same to _____
of _____ hereby authorize
_____ by _____
day of _____ 1899.
J. L. Waldrip (L. S.)

POWER OF ATTORNEY.

STATE OF GEORGIA.

Barlow COUNTY.

I, James L. Waldrip, hereby authorize
G. W. Henderson of Barlow Co.

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

at Barlow Co. by _____
day of _____ 1899.

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of

John M. Moon } J. L. Waldrip (L. S.)

Questions for Applicant.

STATE OF GEORGIA.

Barlow County.

I, James L. Waldrip, of said State and County, desiring
to avail himself of the Pension Act (Section 1204, Code), hereby submits his proof, and after being duly
sworn true answers to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and post office.)
James L. Waldrip, Barlow Co. Ga.
2. How long and since when have you been a resident of this State? Lived in the
State of Georgia since 1863.
3. When and where were you born? Oct. 11, 1833, of Sumner Co.
4. When and where and in what company and regiment did you enlist or serve? Nov. 1862,
of Johnson Co. Company #1, 2d Regiment
of Georgia Vol.
5. How long did you remain in such company and regiment? About three years
and one month.

6. For how long a period did you discharge regular military duty? Three years & 1 mo.

7. When, where and under what circumstances were you discharged from service? May 13, 1865, in Atlanta Ga. at the close of the

8. What is your present occupation? I am a farmer and also a

9. How much can you earn (gross) per annum by your own exertions or labor? \$200.

10. What has been your occupation since 1865? Farmer up to 1876.

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and

12. If upon the first ground, state how long you have been in such condition that you could not earn

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

14. What property, effects or income did you possess in 1894, 1895, 1896, 1897 and 1898, and what dis-

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

16. How were you supported during the years 1897 and 1898? By my daughter.

17. How much did your support cost for each of those years, and what portion did you contribute thereto

18. What was your employment during 1897 and 1898? What pay did you receive in each year?

19. Have you a family? If so, who composes such family? Give their means of support? Have they

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

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183. Have you a family? If so, who composes such family? Give their means of support? Have they

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

185. Have you a family? If so, who composes such family? Give their means of support? Have they

INDIGENT PENSION

1899.

Name James C. Waldrip
County Barlow

Approved _____ 1899.

RICHARD JOHNSON,
Comptroller of Finance.

WARRANT HANDED TO _____

RECEIVED BY _____

Every Question MUST

13. What property, effects or income do you possess, and its gross value? None
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897 and 1898, and what disposition, 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? Barlow
16. How were you supported during the years 1897 and 1898? By my daughter
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I do not know
18. What was your employment during 1897 and 1898? What pay did you receive in each year? Had none
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Have a wife, daughter and grand son. My daughter supports the family. My daughter has a small house and lot.
20. Are you receiving any pension? If so, what amount, and for what disability? no

Sworn to and subscribed before me this the 4th day of April, 1899.
G. W. Hendricks Ordinary,
of Barlow County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Barlow COUNTY.

W. J. Ingram, of said State and County, having been presented as a witness in support of the application of James C. Waldrip for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W. J. Ingram in Cartersville, Georgia
2. Are you acquainted with James C. Waldrip, the applicant; if so how long have you known him? Since 1862
3. Where does he reside, and how long and since when has he been a resident of this State? In Cartersville, Ga. For since I have known him
4. When, where and in what company and regiment did he enlist, and how do you know? March 1862, Johnston's Co. H. 23 Reg of Va Inf
5. Were you a member of the same company and regiment? Yes, Reg. W. Va. Co. B
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? About three years. He was not with the Company when we surrendered. He was in the hospital at Raleigh. He was a good soldier.

7. What property, effects or income has the applicant? (Give your means of knowledge.) none
8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same? none

9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? None that I know of

10. What is the applicant's occupation and physical condition? Has no occupation of present. Physical condition is not good

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is, because of his age and infirmities

12. How was he supported during the years 1897 and 1898? I do not know

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

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is old and infirm and broken down

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

Sworn to and subscribed before me, this 4th day of April, 1899.
W. J. Ingram Witness.
G. W. Hendricks Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Barlow COUNTY.

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

Physically sound though. Malicious in both ankles, the left knee, an old hurt, by falling into a saw pit while tying up a rail road, during the war, lameness, rheumatism, general debility, so that he can not perform active or real labor without great physical exertion and bodily pain.

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

Sworn to and subscribed before me this the 4th day of April, 1899.
G. W. Hendricks Ordinary.
H. C. Griffin
F. R. Waldman

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Barlow COUNTY.

I, G. W. Hendricks, Ordinary in and for said County, hereby certify that the applicant James C. Waldrip resides in said County, and has been a bona fide resident of this State for many years, and that the witnesses, viz. W. J. Ingram, F. R. Waldman and H. C. Griffin are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Barlow County show that applicant returned for taxation in his name in 1897 no Dollars and in 1898 no Dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 4th day of April, 1899.
G. W. Hendricks Ordinary,
of Barlow County.

NOTE.

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

8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same? None

9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? None that I know of

10. What is the applicant's occupation and physical condition? Has no occupation at present. Physical condition is not good

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is because of his age and infirmities

12. How was he supported during the years 1897 and 1898? I do not know

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

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254; Code? He is old and infirm and broken down

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

Sworn to and subscribed before me, this 4 day of April 1899. W. Ingram Witness.

W. C. Waldrip Ordinary.

STATE OF GEORGIA,

Bartow County.

I, W. C. Waldrip, Ordinary in and for said County, hereby certify that the applicant James C. Waldrip resides in said County, and has been a bona fide resident of this State for many years and that the witnesses, viz: W. J. Ingram, J. R. Robinson and W. C. Griffin are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Bartow County show that applicant remained for taxation in his home in 1897 no Dollars of property, and in 1898 no Dollars of property.

In my opinion the foregoing claim is not made in good faith. Witness my hand and seal of office, this 4 day of April 1899.

W. C. Waldrip Ordinary, of Bartow County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, J. C. Waldrip, hereby authorize W. C. Waldrip or Bartowville Ga to receive and receipt for the pension allowed, and request that he remit same to me at Bartowville Ga by check

Witness my hand and seal, this 3 day of January 1900. J. C. Waldrip [L. S.]

Executed in presence of Gov. Cobb

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, J. C. Waldrip, hereby authorize George W. Waldrip or Bartowville Ga to receive and receipt for the pension allowed and request that he remit same to me at Bartowville Ga by check

Witness my hand and seal, this 9 day of January 1901. J. C. Waldrip [L. S.]

Executed in presence of J. R. Robinson

CODE SEC. 1254.

(For These Already Enrolled.)

NO. 2159

INDIGENT

SOLDIER'S PENSION,

1900.

Name J. C. Waldrip
County Bartow

WARRANT ISSUED

January 25 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Waldrip

Wm. W. Harrison, State Printer, Atlanta.

No date

CODE SECTION 1254

(For These Already Enrolled.)

No. 1798

INDIGENT

SOLDIER'S PENSION.

1901.

Name J. C. Waldrip
County Bartow

WARRANT ISSUED

1/29 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Waldrip

Wm. W. Harrison, State Printer, Atlanta.

No date

Barlow Co.
Walsh, J. C.
CODE REC. 1284.
(For Those Already Enrolled.)
NO. *2159*
INDIGENT
SOLDIER'S PENSION,
1900.
Name *J. C. Walsh*
County *Barlow*
WARRANT ISSUED
January 21 1900.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Spencer
Wm. W. Harrison, State Printer, Atlanta.
No date

Walsh, J. C.
Barlow Co.
CODE REC. 1284.
(For Those Already Enrolled.)
NO. *1798*
INDIGENT
SOLDIER'S PENSION,
1901.
Name *J. C. Walsh*
County *Barlow*
WARRANT ISSUED
1129 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Spencer
Wm. W. Harrison, State Printer, Atlanta.
No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears *J. C. Walsh* 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 *Oct* 18*83*; that he is *66* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *3 years* in Company *H*, of *23*th Regiment of *Ga. vol*; that his physical condition is as follows: *on poor health from general debility and old age, that he is incapable of his infirmities unable to earn a support by labor*; that his property consists of the following items: *Has no property or income*

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

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

Sworn to and subscribed before me, this, the *3* day of *January* 1900, by *J. C. Walsh* Ordinary.

State of Georgia,

Barlow County.

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

Given under my official signature and seal, this *3rd* day of *January* 1900. *Geo Hendricks* Ordinary *Barlow* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.

Personally appears *J. C. Walsh* 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 *Oct* 18*83*; that he is *67* years old and by occupation a _____ that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *3 years* in Company *H*, of *23*th Regiment of *Ga. vol*; that his physical condition is as follows: *Physically disabled from old age and infirmities*

that his property consists of the following items

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

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

Sworn to and subscribed before me, this, the *9th* day of *Jan* 1901, by *Geo Hendricks* Ordinary.

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this *9th* day of *January* 1901. *Geo Hendricks* Ordinary *Barlow* County.

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

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

Sworn to and subscribed before me, this, the 3 day of January, 1900. G. W. Waldrip Ordinary.

State of Georgia,

Bartow County.

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

Given under my official signature and seal, this 3rd day of January, 1900.

G. W. Waldrip Ordinary Bartow County.

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

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

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

Sworn to and subscribed before me, this, the 9th day of January, 1901. G. W. Waldrip Ordinary.

STATE OF GEORGIA,

Bartow County.

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

Given under my official signature and seal, this 9th day of January, 1901.

G. W. Waldrip Ordinary Bartow County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, J. C. Waldrip hereby authorize George W. Waldrip of Bartow County, Ga.

to receive and receipt for the pension allowed and request that he remit same to me at Bartow Ga.

Witness my hand and seal, this 14th day of January, 1902. J. C. Waldrip [L. S.]

Executed in presence of

R. S. Johnson

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, J. C. Waldrip hereby authorize George W. Waldrip of Bartow County, Ga.

to receive and receipt for the pension allowed and request that he remit same to me at Bartow Ga.

Witness my hand and seal, this 9th day of January, 1903. J. C. Waldrip [L. S.]

Executed in presence of

J. R. Anderson
Bartow Co. Ga.

COPIES SECTION 104.
(FOR THOSE ALREADY ENROLLED.)

No. 3214

INDIGENT

SOLDIER'S PENSION
1902.

Name J. C. Waldrip

County Bartow

Co. 7th Regiment 23rd

Ga vols.

WARRANT ISSUED

1/31 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Indy

Gen. W. Harrison, State Printer, Atlanta.

no date

COPIES SECTION 104.
(FOR THOSE ALREADY ENROLLED.)

No. 3682

INDIGENT

SOLDIER'S PENSION
1903.

Name J. C. Waldrip

County Bartow

Co. 7th Regiment 23rd

Ga vols.

WARRANT ISSUED

2/6 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

0

Gen. W. Harrison, State Printer, Atlanta.

no date

Waldrip, J. C.
Bartow County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 3214

INDIGENT

SOLDIER'S PENSION

1902.

Name J. C. Waldrip
County Bartow
Co. 4th Regiment 23rd
Ga. Inf.

WARRANT ISSUED

191

1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

604

Gen. W. Harrison, State Prison, Atlanta.

no data

Waldrip, J. C.
Bartow County

CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 3682

INDIGENT

SOLDIER'S PENSION

1903.

Name J. C. Waldrip
County Bartow
Co. 4th Regiment 23rd
Ga. Inf.

WARRANT ISSUED

76

1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

0

Gen. Harrison, State Prison, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Bartow County.

Personally appears J. C. Waldrip of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the 14 day of Oct 1882; that he is 68 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 2 yrs in Company F, of 23rd Regiment of Ga. Inf.; that his physical condition is as follows: Physical condition bad. Broken down from a general debility

that his property consists of the following items:

of the value of 10 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 Bartow county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this the 14 day of Jan 1902.
J. C. Waldrip
Ordinary.

STATE OF GEORGIA,
Bartow County.

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

Given under my official signature and seal, this 10th day of Jan 1902.
J. C. Waldrip
Ordinary. Bartow County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Bartow County.

Personally appears J. C. Waldrip of Bartow County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the 14 day of Oct 1882; that he is 69 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 2 yrs in Company F, of 23rd Regiment of Ga. Inf.; that his physical condition is as follows: He is afflicted with fever having nothing in his legs, and rheumatism and general infirmities

that his property consists of the following items:

of the value of 10 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of Bartow county been allowed a pension for the year 1902 J. C. Waldrip

Sworn to and subscribed before me, this the 14 day of Jan 1903.
J. C. Waldrip
Ordinary.

STATE OF GEORGIA,
Bartow County.

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

Given under my official signature and seal, this 9th day of Jan 1903.
J. C. Waldrip
Ordinary. Bartow County.

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

of La Grange; that his physical condition is as follows: Physical condition bad. Broken down from a general debility

that his property consists of the following items:

of the value of 2 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this the 10 day of Jan, 1902. G. W. Hendricks Ordinary.

STATE OF GEORGIA,

Barlow County.

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

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

G. W. Hendricks Ordinary Barlow County.

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

States, and served for the term of 6 years in Company 1, of 24th Regiment of La Grange Inf.; that his physical condition is as follows: He is afflicted with four hernias, fistula in his legs, and rheumatism and general infirmities

that his property consists of the following items:

of the value of 2 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of Barlow county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the 10 day of Jan, 1903. G. W. Hendricks Ordinary.

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this 9 day of Jan, 1903.

G. W. Hendricks Ordinary Barlow County.

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

*Waldrip, Sarah E.
Barlow County
Dec 1902*

**WIDOW'S
INDIGENT PENSION.
1903.**

Name *Sarah E. Waldrip*
County *Barlow*
Widow of *Ira Willis
Waldrip Decd*
Approved _____ 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO _____
1903.

Geo. W. Harrison, State Printer, Atlanta.

9/15/03-

*10/30-1903
This man dis-
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order for
Coffin, for
4-18-05 for sent
with of Penn
allied*

*J. W. Lindsey
Com. of Pensions*

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County, }
I, *Sarah E. Waldrip*, hereby authorize *Frank Strick*
of *Barlow* County, to receive and receipt for the pension allowed and that he
pencil the same to me at *Barlow* by his check or registered mail.
Witness my hand this *28* day of *Aug* 1903.

Executed in presence of
E. W. Lindsey Ordinary,
Barlow County, } *Sarah E. Waldrip*
Frank Strick

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA,

Barlow County.

Personally before me comes

H. R. Buchanan and J. G. Buchanan, both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. Sarah E. Waldrip, applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this: she is quite old, feeble and deaf and wholly unable to earn a living

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 25

day of August, 1903

H. R. Buchanan Ordinary,

Barlow County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Barlow County.

I, J. W. Dwyer, Ordinary, in and for said County, hereby certify that the applicant, Mrs. Sarah E. Waldrip, resides in said County, and has been a bona fide resident of this State since the 1st day of January 1884, and that the witnesses, Mr. H. R. Buchanan, Mr. J. G. Buchanan, Mr. H. R. Buchanan, Mr. J. G. Buchanan, Mr. H. R. Buchanan, Mr. J. G. Buchanan are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Barlow County shows that applicant returned for taxation in her own name in 1899 15 dollars worth of property, and in 1900 15 dollars worth of property, and in 1901 15 dollars worth of property, and in 1902 15 dollars worth of property.

Witness my hand and official seal this 15 day of Aug, 1903

J. W. Dwyer Ordinary,

Barlow County.

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

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

3. All affidavits must be made before Ordinary.

4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 1st April, 1861, need not apply.

5. Witnesses and two Physicians are necessary to make out claims.

6. Attach certified copy marriage license in every case, or show why it cannot be obtained.

7. When and to whom was he married? 1886 to Sarah E. Waldrip
 8. When and where was he born? 1826 in Ga.
 9. How long have you known him? since I could remember
 10. When and where did Sarah E. Waldrip enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? 1862 Co. B 43rd Ga. Infantry
 11. Were you a member of the same Company and Regiment? I was with him all the way through the service and in prison
 12. How long did he perform regular military duty? up to the battle of Kennesaw in May 1864. We were confined in same battle
 13. When and where, was his Company and Regiment surrendered and discharged from service? In April 1865, near Greensboro North Carolina
 14. Were you with the Command when it surrendered? was not
 15. Was Sarah E. Waldrip the husband of applicant present? He was in prison at that time
 16. Sarah E. Waldrip is the wife of Sarah E. Waldrip
 17. Sarah E. Waldrip is the wife of Sarah E. Waldrip
 For what reason? She was in prison at that time
 By whom known? By me
 How do you know all this? (State fully and clearly.) I know because I was with him all through the service and in prison with him
 18. When and where did Sarah E. Waldrip die? In March 1884
 19. Where did he reside at his death and how long had he been a resident of Georgia at his death? In Barlowville Ga. Had in Ga. all his life
 20. Do you of your own knowledge know that applicant is the lawful widow of Sarah E. Waldrip? Yes
 21. Has she remained unmarried since her husband's death, and how do you know this? She has
 22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? She has no property, effects or income
 23. What property, effects or income did applicant possess in 1899, 1900, 1901 and 1902, and what disposition did she make of it? She has none. She has not had any.
 24. Has applicant conveyed any property in any two years or given any away, if so, what was it, and to whom? She has not. Had none to sell
 25. What is applicant's physical condition and her chances and ability to earn a support? Her physical condition is very bad. She is entirely unable to earn a support

Barlow County.

Personally appeared before me, the undersigned Citizens of said County and after being duly sworn, on oath say that they know Mrs. Sarah E. Waldrip of said County, and that they know that she is the widow of Sarah E. Waldrip deceased; that she is very old, entirely unable to earn a support in any way; that she has no property or means from any source for a support; that she has been supported mainly by the City Council of Barlowville and her neighbors for a long time.

Sworn to and subscribed before me, this 19th day of August, 1903, at Barlowville, Barlow County, Ga.

Sarah E. Waldrif of said County, and that
they know that she is the widow of C. A.
W. Waldrif deceased; that she is very
old, entirely unable to earn a support
in any way; that she has no property
or means from any source for a support;
that she has been supported mainly by the
City Council of Bartonsville and her neigh-
bors for a long time.

I warrant & subscribe ^{to} ^{the} ^{above} ^{statement}
before me this 11th day of 1903
G. W. Hendricks ^{Mayor} ^{of} ^{Bartonsville}
Bartonsville, Ga.

State Dept. Public Welfare,
Atlanta, Feb. 11, 1938.

George W. Waldrup, or Waldrup,
enlisted as a private in Co. H,
11th Regt. Ga. Cavalry July
1864. Surrendered, Summerville
S. C., Apr. 1865.

William E. Anderson
Director Confederate Records Div

Waldrup, Matilda
Widow of George W. Waldrup
County *Bartow* 1938

Widow's Application

Under Act of 1910—As Amended by Act of
1919, and Constitutional Amendments
of 1920 and 1937.

County... BARTOW
Name... Mrs. Matilda Waldrup
Widow of... George W. Waldrup
Date of Marriage... Jan. 2, 1867
Date of Husband's Death... Jan. 26, 1919
Company... H.
Regiment... 11th Regt. Ga. Cavalry
Approved... 2/14/38 1938
A. E. Thomas *William E. Anderson*
Director

E V
1455

Ordinary's Certificate

STATE OF GEORGIA,
Bartow

COUNTY.

I, R. M. Gales,

Mrs. Matilda Waldrup,

that I know Mrs. Matilda Waldrup Ordinary of said County, do certify
that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident
citizen of said State since January 1st, 1920; that I also know
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 the foregoing affidavit, and that they are
truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 9 day of February, 1938.

(SEAL OF ORDINARY)

R. M. Gales
Ordinary,
Bartow County.

INSTRUCTIONS:

1. Before any questions are answered, the Ordinary shall repeat applicant and the witness in the following words: "You do solemnly swear that you will true answers give me as to all questions asked you and the evidence you shall give will be true?"
2. Additional questions may be asked if the applicant is not satisfied.
3. Only witnesses who married prior to January 1st, 1920, are entitled to make affidavit.
4. Only witnesses who married prior to January 1st, 1920, are entitled to make affidavit.
5. The Ordinary shall not sign the affidavit until the applicant or witness reads and understands the same.
6. The Ordinary shall not sign the affidavit until the applicant or witness reads and understands the same.
7. The Ordinary shall not sign the affidavit until the applicant or witness reads and understands the same.
8. The Ordinary shall not sign the affidavit until the applicant or witness reads and understands the same.
9. The Ordinary shall not sign the affidavit until the applicant or witness reads and understands the same.
10. The Ordinary shall not sign the affidavit until the applicant or witness reads and understands the same.

State Dept. Public Welfare,
Atlanta, Feb. 11, 1938.

George W. Waldrop, or Waldrup,
enlisted as a private in Co. H,
11th Regt. Ga. Cavalry July
1864. Surrendered, Summerville
S. C., Apr. 1865.

Director Confederate Records Div.

Waldrop, Matilda

Waldrop, Matilda

Waldrop, Matilda

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Waldrop, Matilda

Ordinary's Certificate

STATE OF GEORGIA,
Bartow

I, R.M. Gaines, Ordinary of said County, do certify that I know Mrs. Matilda Waldrop, the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know 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 the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 9 day of February, 1938.

(SEAL OF ORDINARY)

of Bartow County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920 are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

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.

Personally appears before me, Mrs. Matilda Waldrop, of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the 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.

1. What is your name, and where do you reside? (Give Post Office and County).
Mrs. Matilda Waldrop, Cartersville, Ga., Bartow 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, 1866. Age? 71.
3. (1) When, (2) where and (3) to whom were you married?
Cedartow, Ga. Jan. 5, 1887, George W. Waldrop.
- 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 Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.

- Co. H, 11th Regt. Ga. Cavalry. See index of headroom
- 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? South Carolina.
 5. When did he leave the Command?
 - 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?
 6. What was his physical condition when he left his Command?
 7. What effort did he make to return to his Command?
 8. In what way was he prevented from going back to his Command?
 9. Was he captured by the enemy at any time?
 10. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

9 day of February, 1938, Mrs. Matilda Waldrop, Applicant.
Bartow County.
(SEAL OF ORDINARY)

Ordinary's Certificate

STATE OF GEORGIA,

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 has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know 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 the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 9 day of February, 1938.
(SEAL OF ORDINARY)

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

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 Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.

Co. H, 11th Regt. Ga. Cavalry.

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? South Carolina.
5. When did he leave the Command?
- 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

9 day of February, 1938.

R. M. Gaines, Ordinary,
of Bartow County.
(SEAL OF ORDINARY)

Mrs. Matilda Waldrup
Applicant.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of Bartow.

Before me, the Ordinary of said County, comes Mrs. Matilda Waldrup, who, after being duly sworn, deposes and says:

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;
2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;
3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;
4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Sworn to and subscribed before me, this the

9 day of February, 1938.

R. M. Gaines, Ordinary,
of Bartow County.

Mrs. Matilda Waldrup

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 Matilda Waldrup for the pension 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-wit:

1. What is your name and where do you reside? (Give Post Office and County) Bartow
2. How long and since when have you known Matilda Waldrup 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? How do you know?
5. How long and since when did you know her husband?
6. When and where did the husband of applicant, die?
7. Were the applicant and her husband living together as husband and wife at the date of his death?
8. If not, how long did they live apart before his death?

Were they divorced?

If the husband of the applicant was a pensioner, DO NOT answer the following questions.

9. When, where and in what Company and regiment did enlist?
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 Company 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 how came you there?

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 specifically.)

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

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

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

Sworn to and subscribed before me, this the

9 day of February, 1938.

R. M. Gaines, Ordinary,

of Bartow County.

(SEAL OF ORDINARY)

(Witness)

Sworn to and subscribed before me, this the

day of February, 1938
R. M. Gaudin, Ordinary,
Bartow County.

the husband of applicant, die?

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

8. If not, how long did they live apart before his death?

Were they divorced?

If the husband of the applicant was a pensioner, DO NOT answer the following questions.

9. When, where and in what Company and regiment did he enlist? (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 Company 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 how came you there?

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 specifically.)

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

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

17. Was he captured as a prisoner? If so, when and where?

In what prison was he held? and when released?

Sworn to and subscribed before me, this the

day of _____, 1938

_____ Ordinary

of _____ County.

(SEAL OF ORDINARY)

(Witness)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

State File No. _____

I. B. File No. 9

1. Place of Death		2. Usual Residence of Deceased	
(a) County <u>DeKalb</u>	(b) City or Town <u>Cartersville</u>	(c) State <u>GA.</u>	(d) County <u>Bartow</u>
(c) City or Town <u>Emory University</u>		(e) City or Town <u>Cartersville</u>	
(d) or Institution <u>Emory University Hospital</u>		(f) R.F.D. and Box No. _____	
(e) Length of Stay <u>None</u>		(g) Foreign Country? <u>No</u>	
(f) Full Name <u>Melinda Angeline Prior Waldrup</u>		(h) Social Security Number _____	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATION	
4. Sex <u>Female</u>	5. Race <u>White</u>	6. Marital Status <u>Married</u>	7. Date of Death <u>Jan 1 1947</u>
8. Age <u>80</u>	9. Months <u>None</u>	10. Days <u>None</u>	11. Time <u>4:47 PM</u>
12. Date of Birth <u>9-20-66</u>	13. Month <u>None</u>	14. Day <u>None</u>	15. Year <u>None</u>
16. Usual Occupation <u>Housewife</u>	17. Industry <u>None</u>	18. Birthplace <u>No Record</u>	19. Date of Death <u>Jan 1 1947</u>
20. Name <u>-----Prior</u>	21. Name <u>No Record</u>	22. Name <u>No Record</u>	23. Name <u>No Record</u>
24. Name <u>Helen Waldrup</u>	25. Name <u>No Record</u>	26. Name <u>No Record</u>	27. Name <u>No Record</u>
28. Name <u>1250 Ridgewood Dr. N. E.</u>	29. Name <u>1-3-47</u>	30. Name <u>Cartersville, Ga.</u>	31. Name <u>W. M. Patterson & Son</u>
32. Name <u>J. E. Bowen</u>	33. Name <u>Atlanta, Ga.</u>	34. Name <u>Jan. 6, 1947</u>	35. Name <u>Thomas R. Freeman</u>
36. Name <u>J. R. Evans</u>	37. Name <u>Emory Univ. Hosp.</u>	38. Name <u>1-1-46</u>	39. Name <u>1-1-46</u>

CERTIFIED COPY
Jan. 13, 1947

State of Georgia

County of DeKalb

I hereby certify that the foregoing is a true and correct copy of a record on file in this office.

(Signed)

SEAL

BCA 128

(Ordinary)

(Health Officer)

STATE OF GEORGIA

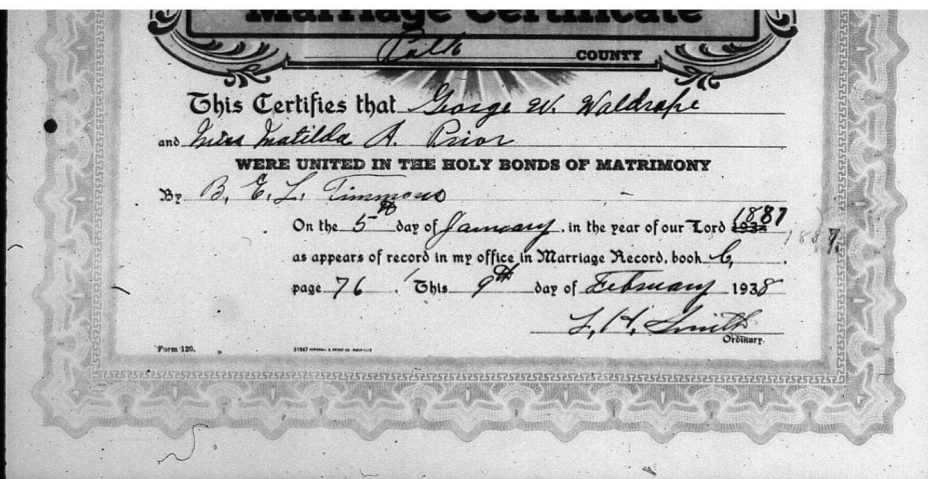
Marriage Certificate

Fulton COUNTY

This Certifies that *George W. Waldrup*
and *Gura Matilla A. Prior*
WERE UNITED IN THE HOLY BONDS OF MATRIMONY
By *B. E. L. Timmons*
On the *5th* day of *January*, in the year of our Lord *1887*
as appears of record in my office in Marriage Record, book *6*,
page *76*. This *9th* day of *February* 193*8*
L. H. Smith
Ordinary.

Form-126.

1937 edition printed at Atlanta



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

(To be disbursed by the Ordinary)

GEORGIA, Bartow County:

Before me, the Ordinary of said County, comes
Mrs. R. E. Wilson, of said County, who, after being duly sworn, on oath says
that he knew Mrs. D. W. (Matilda) Waldrup late of said County, a Confed-
erate pensioner, and that said person is the identical person named and described in the attached cer-
tified copy of burial certificate.

Sworn to and subscribed before me,
this the 15 day of January, 19 47.
Chas. Collins Ordinary.

CERTIFICATE OF THE ORDINARY

GEORGIA, Bartow County.

I certify that Mrs. R. E. Wilson who subscribed
to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and
credit. I further certify that I knew Mrs. D. W. (Matilda) Waldrup the deceased
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.

Given under my hand and seal of office, this the 15 day of January, 19 47
Chas. Collins Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial 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.

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA.

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 ser-
vice as a Confederate soldier and was honorably
separated from such service; and that applicant
was married to said soldier prior to January 1st,
1900, and that she was not remarried; it is, there-
fore,

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. Thos. "Pat" G. Allen

Director, Confederate Division
State Department of Public
Welfare

Before me, the Ordinary of said County, comes
Mrs. R. E. Wilson, of said County, who, after being duly sworn, on oath says
that he knew Mrs. D. W. (Matilda) Waldrup late of said County, a Confed-
erate pensioner, and that said person is the identical person named and described in the attached cer-
tified copy of burial certificate.

Sworn to and subscribed before me,
this the 15 day of January, 1947.
Chadwick Ordinary.

CERTIFICATE OF THE ORDINARY

GEORGIA, Bartow County.

I certify that Mrs. R. E. Wilson who subscribed
to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and
credit. I further certify that I knew Mrs. D. W. (Matilda) Waldrup the deceased
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.

Given under my hand and seal of office, this the 15th day of January, 1947
Chadwick Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial 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.

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 ser-
vice as a Confederate soldier and was honorably
separated from such service; and that applicant
was married to said soldier prior to January 1st,
1930, and that she was not remarried; it is, there-
fore,

ORDERED:

That said applicant be admitted to the pension
roll of the State of Georgia for the month of
February, 1938, and thereafter;
and that a copy of this order be sent to the
Ordinary of said County.

This, the 18th day of February, 1938.

L. Thos. "Pat" G. Allen

Director, Confederate Division
State Department of Public
Welfare

Waldrup, D. W. (Matilda)
1947 BARTOW COUNTY
(Waldrup)

For Bartow County

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

Chadwick Ordinary

For Mrs. D. W. (Matilda) Waldrup
(Name of Pensioner)

Date of Death: Jan 1, 1947

Amount: \$ 50.00

TO THE ORDINARY: Fill out in full and
return this application to Confederate Pen-
sion and Record Department, 404 State Cap-
itol, Atlanta 3, Georgia.

Approved and ordered paid,

January 17, 1947
William H. Harrison
Director.

Confederate Pension and Record
Department

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

C. B. Collins Ordinary
For Mrs. E. W. (Matilda) Walden
(Name of Pensioner)
Date of Death: Jan 1, 1947
Amount: \$ 50.00

TO THE ORDINARY: Fill out in full and
return this application to Confederate Pen-
sion and Record Department, 404 State Cap-
itol, Atlanta 3, Georgia.

Approved and ordered paid,

January 17, 1947
William H. Hudson
Director

Confederate Pension and Record
Department

Walker, J. H.,
Barton Co.

No. 469

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 31, 1889

FOR

Right Arm Dis.

Applicant J. H. Walker

County Barton

Amount 50

Date of Warrant July 13/

Entered on Record,

July 13 1889
J. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

D. Miller

County Barrow
 Amount 50
 Date of Warrant July 13/
 Entered on Record,
July 13 1889
W H H
 SECRETARY EXECUTIVE DEPARTMENT.

D. Miller

STATE OF GEORGIA.

Barrow County.
 PERSONALLY appears J. H. Walker of Barrow county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the third day of April 1864 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company G, of 1st Regiment of State Volunteers Stovall's Brigade; that whilst engaged in such military service, at the battle of Peppanaw Mountain in the State of Georgia, on the 18th day of June, 1864 he was wounded as follows: in right shoulder, joint with spine, ball, says wound rendering operation of said right shoulder joint necessary, and a ball wound has been taken off of upper end of arm bone and also a portion of shoulder bone taken out thereby rendering right arm substantially and essentially useless

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

Sworn to and subscribed before me, this 12th day of February, 1889,
J. M. Dickinson clerk sup Court

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

STATE OF GEORGIA.

Barrow County.
 PERSONALLY comes before me W. H. C. Walker Ordinary of said county, F. W. Coltham and Andrew Johnson, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined J. H. Walker and after such examination say that the applicant has been injured as follows: Ball passed through the joint of humerus, which necessitates a resection and two and a half inches of bone on arm removed, the arm (right) is thereby rendered useless for manual labor substantially and essentially useless

Sworn to and subscribed before me, this 12th day of Feb, 1889,
W. H. C. Walker Ordinary
F. W. Coltham Med
Andrew Johnson Med

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

Walker, J. H.
Barrow Co.
 No. 469
 APPLICATION FOR ALLOWANCE
 FOR YEAR ENDING OCT. 26, 1889.
 FOR Right Arm Dis
 Applicant J. H. Walker
 County Barrow
 Amount 50
 Date of Warrant July 13/
 Entered on Record,
July 13 1889
W H H
 SECRETARY EXECUTIVE DEPARTMENT.
D. Miller

County 1st Union
 Amount 50
 Date of Warrant July 13/
 Entered on Record,
July 13 1889
W H H
 SECRETARY EXECUTIVE DEPARTMENT.

D. Miller

STATE OF GEORGIA.

Bartow County, Georgia
 PERSONALLY appears J. H. 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 been such continuously since the third day of April 1864 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company G, of 1st Regiment of State Volunteers, Stovall's Brigade; that whilst engaged in such military service, at the battle of Peppanaw Mountain in the State of Georgia, on the 18th day of June, 1864, he was wounded as follows: in right shoulder, joint with humerus ball, says wound rendering operation of said right shoulder joint necessary, and a ball wound has been taken off of upper end of arm bone and also a portion of shoulder bone taken out thereby rendering right arm substantially and essentially useless

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

Sworn to and subscribed before me, this 12th day of February, 1889, J. H. Walker
J. M. Dickinson, Clerk of Court

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

STATE OF GEORGIA.

Bartow County, Georgia
 PERSONALLY comes before me W. H. Colburn Ordinary of said county, F. W. Colburn and Andrew Johnson, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined J. H. Walker and after such examination say that the applicant has been injured as follows: Ball passed through the head of humerus, which necessitates a resection and two and a half inches of bone on a removal of the arm (right) is thereby rendered useless for manual labor substantially and essentially useless

Sworn to and subscribed before me, this 12th day of Feb, 1889, J. H. Walker
W. H. Colburn, Ord.
Andrew Johnson, M.D.
 ORDINARY.

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

Walker, J. H.
Bartow Co.
 No. 469
 APPLICATION FOR ALLOWANCE
 FOR YEAR ENDING, OCT. 26, 1889.
 FOR Right Arm Dis.
 Applicant, J. H. Walker
 County Bartow
 Amount 50
 Date of Warrant July 13/
 Entered on Record,
July 13 1889
W H H
 SECRETARY EXECUTIVE DEPARTMENT.
D. Miller

Walker, J. H.
Bartow Co.

APPLICATION FOR ALLOWANCE
FOR YEAR ENDING, OCT. 31, 1889

FOR
Right Arm Dis.
Applicant, J. H. Walker
County, Bartow
Amount, 50
Date of Warrant, July 13
Entered on Record,
July 13, 1889
W. H. H.
SHERIFF, BARSTOW, FLORIDA

D. Miller

J. M. Durham, Clerk Sup't Court

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

STATE OF GEORGIA,
Bartow County.

PERSONALLY comes before me W. H. H. Ordinary of said county, J. H. Walker and L. H. Walker, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined J. H. Walker and after such examination say that the applicant has been injured as follows: By all means through the heat of summer which necessitated a resection of arm and a half inch of bone was removed from arm (right) is thereby rendered useless for manual labor substantially & essentially useless.

Sworn to and subscribed before me, this 12 day of Feb. 1889 W. H. H.
W. H. H. Ordinary.

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

BAD COPY - LIGHT PRINT

STATE OF GEORGIA,

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

J. H. Walker and L. H. Walker are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that W. H. H. before whom the foregoing affidavits were made and power of attorney was signed, is a W. H. H. of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 12 day of Feb. 1889 W. H. H.
W. H. H. Ordinary, Bartow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County, I, J. H. Walker of Bartow County, in said State, do hereby appoint Douglas Winkle of Cantonville Ga my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this 12th day of July 1889 J. H. Walker (L.S.)

Executed in the presence of us:

J. M. Durham
J. M. Durham
Clerk Sup't Court

DIRECTION:

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

NOTES.

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

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

Given under my official signature and seal, this 12 day of Feb 1889

Ordinary, Bartow County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Bartow County.

KNOW ALL MEN BY THESE PRESENTS That I J. H. Walker

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

In witness whereof I have hereunto set my hand, and seal, this 12 day of Feb 1889

Executed in the presence of us:

J. H. Walker
J. H. Walker
J. H. Walker

DIRECTION:

Send money to me as follows, by to P.O.

County, Georgia.

NOTES.

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

Audited Feb. 13 1889
W. J. Campbell
COMPTROLLER GENERAL

Bartow
Maimed Soldiers.
Voucher No. 469
Amount \$ 50.
Paid to J. H. Walker
For Right Arm
Disabled
Feb 13 1889

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK

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

Douglas Wickle

Audited Feb. 11 1890
W. J. Campbell
COMPTROLLER GENERAL

49 Bartow
Maimed Soldiers.
Voucher No. 619
Amount \$ 50
Paid to John H. Walker
For Arm dis
Feb. 8 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK

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

W. J. Campbell

For *Right Arm*
disabled
Feb'y 13 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK

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

Douglas Mills

For *Arm dis'd*

Dec. 8 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK

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

Malnight

No. *469*

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb'y 13 1889

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

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

Right Arm Disabled

He is entitled to receive the sum of *Fifty + 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty + 00/100

Dollars.

per above voucher, this *13th* of *Feb'y* 1889.
J. H. Walker
per Douglas Mills

No. *619*

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., Feb'y 8 1890

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

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

Arm disabled

He is entitled to receive the sum of *Fifty + 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty + 00/100

Dollars.

per above voucher, this *8* of *Feb'y* 1890
John H. Walker
W. H. Harrison

for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

Dollars.

per above voucher, this *13th* of *Febry* 1889.

J. H. Walker
per Comptroller

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

Dollars.

per above voucher, this *8* of *Febry* 18*90*

J. H. Walker
W. H. Harrison

STATE OF GEORGIA,

Bartow County.

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

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

Given under my official signature and seal, this *5* day of *Febry* 18*90*.

Geo. Hendricks

Ordinary *Bartow* County.

STATE OF GEORGIA,

Bartow County.

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

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

Given under my official signature and seal, this *4* day of *Febry* 18*91*.

Geo. Hendricks

Ordinary *Bartow* County.

1890.

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 31, 1889.

Discharged from

Applicant, *John H. Walker*

County, *Bartow*

Amount, *50*

Date of warrant, *Febry 7*

Entered on record

Febry 7, 1890

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

W. H. Harrison

No additional note

1891.

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 31, 1890.

Discharged from

Applicant, *John H. Walker*

County, *Bartow*

Amount, *50*

Date of Warrant, *Febry 16*

Entered on record

Febry 16, 1891

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

Ex. Dept. La. Febry 1911
Date of voucher
is incorrect
part of this paper
Please correct
this & return.
W. H. Harrison
Deot

Walker, John H.
Bartow Co.

1890.

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 26, 1890.

Deceased from
Applicant, John H. Walker
County, Bartow
Amount, \$7.
Date of service, February 7.
Entered on record
February 7, 1890
J. H. Walker
IMMEDIATE EXECUTIVE DEPARTMENT.

WARRANT FORGED TO
H. A. Wright

No additional note

Walker, J. H.

1891.

Application for Allowance

FOR THE YEAR ENDING OCTOBER 26, 1891.

Deceased from
Applicant, J. H. Walker
County, Bartow
Amount, \$50.00
Date of service, February 16
Entered on record
February 16, 1891
J. H. Walker
IMMEDIATE EXECUTIVE DEPARTMENT.

WARRANT FORGED TO
H. A. Wright

John H. Walker, Bartow, Fla.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

PERSONALLY appears John H. 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 been such continually since the third day of April 1864, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company H, of 1st th Regiment of State Volunteers Stovall's Brigade; that whilst engaged in such military service, at the battle of Pennsaw in the State of Georgia on the eighteenth day of June 1864, he was wounded as follows: in right shoulder, making it necessary to take out two and one half inches out of upper part of arm bone taken out. Said wound rendering said right arm substantially and essentially useless.

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

Sworn to and subscribed before me, this fifth day of July 1890
Chas. D. Williams Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this fourth day of July 1890
J. H. Walker [L. S.]

Executed in the presence of us:
W. H. Williams Chas. D. Williams Ordinary

Send money to me as follows, by mail N.Y. Exchange to Stilesboro P.O.
Bartow County, Georgia.
J. H. Walker

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

PERSONALLY appears J. H. 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 third day of April 1864, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company H, of 1st th Regiment of State Volunteers Stovall's Brigade; that whilst engaged in such military service at the battle of Pennsaw in the State of Georgia on the eighteenth day of June 1864, he was wounded as follows: by Minnie ball in right shoulder making reception of said right shoulder not in necessary and thereby rendering said right arm substantially and essentially useless.

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

Sworn to and subscribed before me, this fourth day of July 1891
Chas. D. Williams Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this fourth day of July 1891
J. H. Walker [L. S.]

Executed in the presence of us:
W. H. Williams Chas. D. Williams Ordinary

Send money to me as follows, by New York Exchange to Stilesboro P.O.
Bartow County, Georgia.
J. H. Walker

11th day of July 1891
G. W. H. Walker
Notary Public for the State of Georgia
Know all men by these presents, That I, John H. Walker, do hereby appoint
G. W. H. Walker, my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

POWER OF ATTORNEY.

STATE OF GEORGIA

Bartow County.

KNOW ALL MEN BY THESE PRESENTS, That I, John H. Walker, do hereby appoint

of Bartow County, State of Georgia, 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 affidavit, hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Executed in the presence of us:

G. W. H. Walker
G. W. H. Walker
G. W. H. Walker

DIRECTION

Send money to me as follows, by Mail, N.Y. Exchange to St. Louis, P.O.

Bartow County, Georgia.

G. W. H. Walker

11th day of July 1891
G. W. H. Walker
Notary Public for the State of Georgia
Know all men by these presents, That I, John H. Walker, do hereby appoint

POWER OF ATTORNEY.

STATE OF GEORGIA

Bartow County.

KNOW ALL MEN BY THESE PRESENTS, That I, John H. Walker, do hereby appoint

of Bartow County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us:

G. W. H. Walker
G. W. H. Walker
G. W. H. Walker

DIRECTION

Send money to me as follows, by New York Exchange to St. Louis, P.O.

Bartow County, Georgia.

G. W. H. Walker

STATE OF GEORGIA.

Bartow County.

I, G. W. H. Walker, Ordinary of said county,

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

Given under my official signature and seal, this 11th day of July 1891

G. W. H. Walker

Ordinary Bartow County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Bartow County.

KNOW ALL MEN BY THESE PRESENTS, That I, John H. Walker, do hereby appoint

of Bartow County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us:

G. W. H. Walker
G. W. H. Walker
G. W. H. Walker

DIRECTION

Send money to me as follows, by New York Exchange to St. Louis, P.O.

Bartow County, Georgia.

Walker, J. H.
Bartow Co. 1891
No. 119
SOLDIER'S PENSION.
1892.
FOR THE YEAR ENDING OCTOBER 31, 1892.
Name: J. H. Walker
County: Bartow
Disability: Dr. Am
Amount: \$ 50
Entered on record: mel
1891.
W. H. HARRISON.
Agent.
J. H. Walker

Walker, J. H.
Bartow Co. 1893.
No. 119
Application for Allowance
FOR THE YEAR ENDING OCTOBER 31, 1893.
Name: J. H. Walker
County: Bartow
Disability: Dr. Am
Amount: \$ 50
Entered on record: 3/28
1893.
W. H. HARRISON.
Agent.
J. H. Walker

STATE OF GEORGIA
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

Walker, J. H.
Bartow Co. 1882
No. 119

SOLDIER'S PENSION.
1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name J. H. Walker
County Bartow
Disability Dr. Am
Amount, \$ 50
Entered on record mel 1892.

W. H. HARRISON,
Secretary of Revenue Department.

AGENT,
J. H. Walker

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

Walker, J. H.
Bartow Co.
1893.

Application for Allowance
No. 119
For the Year Ending October 26, 1893.

FOR
J. H. Walker
County Bartow
Amount, Fifty Dollars
Date of Warrant, 31st
Entered on record, 31st 1893.

W. H. Harrison
Secretary of Revenue Department.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County.

PERSONALLY appears J. H. Walker
of Bartow County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the 1846 day of July of April 1846; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 1st Regiment of State troops Volunteers Stovalls Brigade; that whilst engaged in such military service at the battle of Kennesaw in the State of Georgia, on the eighteenth day of May 1864, he was wounded as follows: shot through the right shoulder joint, rendering the right arm 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 the year ending October 26, 1893. I have heretofore been allowed a pension of 50 Dollars for 1890-1891 1891.

Sworn to and subscribed before me this 13 day of March 1893.

J. H. Walker
Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Bartow County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 29th day of July 1892.

J. H. Walker [L. S.]

Executed in the presence of us:
J. H. Deane
W. H. Harrison

DIRECTION.
Send money to me as follows, by Atlanta exchange to Stilwell P. O.
Bartow County, Georgia.
J. H. Walker

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County.

PERSONALLY appears John H. 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 1846 day of April 1846; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 1st Regiment of GA Volunteers Stovalls Brigade; that whilst engaged in such military service at the battle of Kennesaw in the State of GA, on the 18 day of May 1864, he was wounded as follows: shot through the right shoulder joint, rendering the right arm substantially and essentially useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1893. I have heretofore been allowed a pension of 13 dollars, for 1887-90-91-92 1892.

Sworn to and subscribed before me, this, 13 day of March 1893.

W. H. Harrison
Ordinary.

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

STATE OF GEORGIA,
Bartow County.

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

I further certify that W. H. Harrison before whom the foregoing affidavits were made, and power of attorney was signed, is a bona fide citizen and resident of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 13 day of March 1893.

W. H. Harrison
Ordinary Bartow County.

STATE OF GEORGIA
POWER OF ATTORNEY

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 29th day of July 1892.

Executed in the presence of:

J. H. Walker
W. H. Harens Ordinary

Send money to me as follows, by

DIRECTIONS.

Atlanta Exchange
to Stuartsboro P. O.

Bartow

County, Georgia.

J. H. Walker

day of March 1893.)
W. H. Harens, Ordinary.
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Bartow County.

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

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

Given under my official signature and seal, this 13 day of March 1893.

W. H. Harens Ordinary Bartow County.

STATE OF GEORGIA

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2nd day of March 1894.

Executed in the presence of us

B. S. Griffin
John H. Walker W. H. Harens Ordinary

DIRECTIONS.

Send money to me as follows, by

to Stuartsboro P. O.
County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th day of July 1895.

Executed in presence of us J. H. Walker [L. S.]

W. H. Harens Ordinary

DIRECTIONS.

Send money to me as follows, by

to Stuartsboro P. O.
County, Georgia.

Soldier's Pension.

1894.

Name J. H. Walker
County Bartow
Disability maimed arm
Amount, \$ 50.00

1894.

W. H. HARENS,
Secretary Executive Department.

VARIANT PAID TO

George W. Henderson

Geo. W. Henderson, State Printer, Atlanta.

No date

SOLDIER'S PENSION.

1895.

Name J. H. Walker
County Bartow
Disability disabled arm
Amount, \$ 50.00

1895.

RICHARD JOHNSON,
Secretary Executive Department.

VARIANT PAID TO

W. H. Harens

Geo. W. Henderson, State Printer, Atlanta.

No date

Walker, J. H.
Bartow Co.
(For These Already Enrolled.)
No. 1114
Soldier's Pension.
1894.
Name J. H. Walker
County Bartow
Disability Maimed Arm
Amount \$ 34 1/2
1894.
W. H. HARRISON,
Secretary Executive Department.
WARRANT ISSUED TO
J. H. Walker
No data

Walker, J. H.
Bartow Co.
(For These Already Enrolled.)
No. 984
SOLDIER'S PENSION.
1895.
Name J. H. Walker
County Bartow
Disability Disabled Arm
Amount \$ 30 3/4
1895.
RICHARD JOHNSON,
Secretary Executive Department.
WARRANT ISSUED TO
J. H. Walker
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County.

PERSONALLY appears J. H. 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 day of April 1846; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company H, of 1st Regiment of State Volunteers, Stovall's Brigade; that whilst engaged in such military service at the battle of Kennesaw in the State of Georgia, on the 18th day of June 1864, he was wounded as follows: in the right shoulder joint making necessary resection of the right shoulder joint.

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

Sworn to and subscribed before me, this, J. H. Walker
2nd day of March 1894.
G. W. Hendricks Ordinary

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

STATE OF GEORGIA,
Bartow County.

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

Given under my official signature and seal, this 2nd day of March 1894.



G. W. Hendricks
Ordinary Bartow County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Bartow County.

PERSONALLY appears J. H. 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 day of April 1846; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company H, of 1st Regiment of State Volunteers, Stovall's Brigade; that whilst engaged in such military service at the battle of Kennesaw in the State of Ga, on the 18th day of June 1864, he was wounded as follows: Given shot wound through right shoulder joint rendering the arm utterly useless.

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

Sworn to and subscribed before me, this, J. H. Walker
7th day of July 1895.
G. W. Hendricks Ordinary

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

STATE OF GEORGIA,
Bartow County.

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

Given under my official signature and seal, this 7th day of July 1895.



G. W. Hendricks
Ordinary Bartow County.

and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of Fifty dollars, for the year 1893.

Sworn to and subscribed before me, this, the 2nd day of March 1894. G. W. Hendricks Ordinary of said County.

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

STATE OF GEORGIA,

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

Given under my official signature and seal, this 2nd day of March 1894. G. W. Hendricks Ordinary Barlow County.

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

Sworn to and subscribed before me, this, the 7th day of Feb 1895. G. W. Hendricks Ordinary of said County.

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

STATE OF GEORGIA,

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

Given under my official signature and seal, this 7th day of Feb 1895. G. W. Hendricks Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow County. I, G. W. Hendricks hereby authorize George W. Hendricks of Barlowville Ga to receive and receipt for the pension paid hereon and request that he remit same to Barlowville Ga by check at Barlowville Ga. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11th day of Feb 1896. G. W. Hendricks [L. S.]

Executed in presence of W. S. Anderson D. A. Anthony

POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow County. I, G. W. Hendricks hereby authorize G. W. Hendricks of Barlowville Ga to receive and receipt for the pension paid hereon and request that he remit same to Barlowville Ga by check at Barlowville Ga. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8th day of Feb 1897. G. W. Hendricks [L. S.]

Executed in presence of W. S. Anderson D. A. Anthony

SOLDIER'S PENSION.

1896.

Name G. W. Hendricks County Barlow Disability Wounded Arm Amount, \$ 50.00 3/4 1896. RICHARD JOHNSON, Secretary Executive Department. WARRANT HANDLED TO G. W. Hendricks GEO. W. HARRISON, STATE PRINTER, ATLANTA.

SOLDIER'S PENSION.

1897.

Name G. W. Hendricks County Barlow Disability Wounded Arm Amount, \$ 50.00 3/4 1897. RICHARD JOHNSON, Secretary Executive Department. WARRANT HANDLED TO G. W. Hendricks GEO. W. HARRISON, STATE PRINTER, ATLANTA.

ACT OF MARCH, 1887.
 (For Those Already Enrolled.)
 No. 2704
SOLDIER'S PENSION.
1896.
 Name *J. H. Walker*
 County *Barlow*
 Disability *Wounded Arm*
 Amount, \$ *3 3/4*
 1896
 RICHARD JOHNSON,
 Secretary Executive Department.
 WARRANT HANDLED TO
514
 GEO. W. HARRISON, STATE PRINTER, ALABAMA.
W. H. H. H.

ACT OF MARCH, 1887.
 (For Those Already Enrolled.)
 No. 542
SOLDIER'S PENSION.
1897.
 Name *J. H. Walker*
 County *Barlow*
 Disability *Wounded Arm*
 Amount, \$ *3 3/4*
 1897.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDLED TO
514
 GEO. W. HARRISON, STATE PRINTER, ALABAMA.
W. H. H. H.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.
 Personally appears *J. H. Walker* of *Barlow* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *April* 1846; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States and served as a *Private* in Company *H*, of *14th* Regiment of *Georgia* Volunteers, *Storages*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *18th* day of *June* 1864, he was wounded, injured or diseased as follows:
shot in right shoulder joint rendering the arm substantially and permanently useless

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1890. I have heretofore as a resident of *Barlow* county been allowed a pension of *88 1/2* dollars, for the year 1889.

Sworn to and subscribed before me, this, *11th* day of *July* 1896. *J. H. Walker*
W. H. H. H.
 Notary—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

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

Given under my official signature and seal, this *11th* day of *July* 1896.



Ordinary *Barlow* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Barlow County.
 Personally appears *J. H. Walker* of *Barlow* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *April* 1846; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *H*, of *14th* Regiment of *Georgia* Volunteers, *Storages*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *18th* day of *June* 1864, he was wounded, injured or diseased as follows:
shot in right shoulder joint, destroying use of arm

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1897. I have heretofore under said law as a resident of *Barlow* county been allowed an invalid pension of *88 1/2* Dollars, for the year 1886.

Sworn to and subscribed before me, this, *8th* day of *July* 1897. *J. H. Walker*
W. H. H. H.
 Notary—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

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

Given under my official signature and seal, this *8th* day of *July* 1897.



Ordinary *Barlow* County.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1890. I have heretofore as a resident of Barlow county been allowed a pension of eighty dollars, for the year 1889.

Sworn to and subscribed before me, this, the

day of July 1890.

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

STATE OF GEORGIA,
Barlow County.

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

Given under my official signature and seal, this 11th day of July 1890.



J. H. Hendricks
Ordinary Barlow County.

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

Sworn to and subscribed before me, this, the

day of July 1897. POST OFFICE

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

STATE OF GEORGIA,
Barlow County.

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

Given under my official signature and seal, this 8th day of July 1897.



Geo. H. Walker
Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, J. H. Walker hereby authorize Geo. H. Hendricks of Cartersville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Cartersville Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7 day of July 1898.

J. H. Walker [L. S.]

Executed in presence of

A. C. Warner
J. N. Weems

POWER OF ATTORNEY.

STATE OF GEORGIA,
Barlow County.

I, J. H. Walker hereby authorize Geo. H. Hendricks of Cartersville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Cartersville Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th day of January 1899.

J. H. Walker [L. S.]

Executed in presence of

J. R. Finck

(For These Already Enrolled.)

No. 2-417

INVALID
SOLDIER'S PENSION.
1898.

Name J. H. Walker
County Barlow
Disability Wounded arm
Amount, \$ 50.00

1898.

2/17

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO
gmb

NO. 10. HANDED, STATE PRINTER, ATLANTA.

No data

(For These Already Enrolled.)

No. 2-417

INVALID
SOLDIER'S PENSION.
1899.

Name J. H. Walker
County Barlow
Disability Wounded arm
Amount, \$ 50.00

1899.

2/16

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO
gmb

NO. 10. HANDED, STATE PRINTER, ATLANTA.

No data

Walker, J. H.
Bartow Co.

ACT OF OCT. 26, 1890.
(For Those Already Enrolled.)

No. *12417*

INVALID
SOLDIER'S PENSION.
1898.

Name *J. H. Walker*
County *Bartow*
Disability *Wounded Arm*
Amount, \$ *50.00*

2/17 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT FORWARDED TO
Wm B

NO DATA

Walker, J. H.
Bartow Co.

ACT OF OCT. 26, 1890.
(For Those Already Enrolled.)

No. *12415*

INVALID
SOLDIER'S PENSION.
1898.

Name *J. H. Walker*
County *Bartow*
Disability *Wounded Arm*
Amount, \$ *50.00*

2/16 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT FORWARDED TO
Wm B

NO DATA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears *J. H. 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 *9th* day of *April* 18*46*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *H*, of *1st* Regiment of *Georgia* *Infantry* *Stonewall's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *18* day of *June* 1864, he was wounded, injured or diseased as follows:
Shot through right shoulder in battle of Kennesaw Mountain. Which wound rendered his right arm totally useless.

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

Sworn to and subscribed before me, this, *9th* day of *January* 1898. *J. H. Walker*
G. W. Hendricks Ord.

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

STATE OF GEORGIA,

Bartow County.

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

Given under my official signature and seal, this *7* day of *January* 1898.

G. W. Hendricks
Ordinary *Bartow* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.

Personally appears *J. H. 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 *3* day of *April* 18*46*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *H*, of *1st* Regiment of *Georgia* *Infantry* *Stonewall's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *18* day of *June* 1864, he was wounded, injured or diseased as follows:
Shot through right shoulder, destroying use of the right arm.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of *Bartow* County been allowed an invalid pension of *fifty* Dollars, for the year 1897.

Sworn to and subscribed before me, this, *9th* day of *January* 1898. *J. H. Walker*
G. W. Hendricks Ord.

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

STATE OF GEORGIA,

Bartow County.

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

Given under my official signature and seal, this *9th* day of *January* 1898.

G. W. Hendricks
Ordinary *Bartow* County.



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

Sworn to and subscribed before me, this, 1st day of Jan 1898. } JH Walker POST-OFFICE Cassville Ga

G W Hendricks ordy

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

STATE OF GEORGIA,

Barlow County. }

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

Given under my official signature and seal, this 7 day of Jan 1898.

G W Hendricks Ordinary Barlow County.



deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Barlow County been allowed an invalid pension of fifty Dollars, for the year 1898.

Sworn to and subscribed before me, this, 9th day of January 1899. } JH Walker POST OFFICE Cassville Ga

G W Hendricks Ordy

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

STATE OF GEORGIA,

Barlow County. }

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

Given under my official signature and seal, this 9th day of Jan 1899.

G W Hendricks Ordinary Barlow County.



POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow County. }

I, JH Walker hereby authorize G W Hendricks of Cassville Ga

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

at Cassville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th day of January 1900.

JH Walker [L. S.]

Executed in presence of Wm. Starnes

POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow County. }

I, JH Walker hereby authorize George W Hendricks of Cassville Ga

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

at Cassville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 4 day of Jan 1901.

JH Walker [L. S.]

Executed in presence of Thomas C. Milner

Walker, J. H.

CASE SECTION 120A	(For These Already Enrolled.)
No. <u>299</u>	
INVALID	
SOLDIER'S PENSION.	
1900.	
Name <u>JH Walker</u>	
County <u>Barlow</u>	
Disability <u>Wounds & Am</u>	
Amount, \$ <u>50.00</u>	
Warrant issued <u>Feb. 1st</u> 1900.	
JOHN W. LINDSEY,	
Commissioner of Pensions.	
WARRANT HANDLED TO	
<u>Hendricks</u>	
Gen. W. B. BARNES, State Printer, ALBANY.	
<u>No data</u>	

Walker, J. H.

CASE SECTION 120A	(For These Already Enrolled.)
No. <u>1198</u>	
DISABLED	
SOLDIER'S PENSION.	
1901.	
Name <u>JH Walker</u>	
County <u>Barlow</u>	
Disability <u>Wounds & Am</u>	
Amount, \$ <u>50.00</u>	
Warrant issued <u>Feb. 1st</u> 1901.	
JOHN W. LINDSEY,	
Commissioner of Pensions.	
WARRANT HANDLED TO	
<u>Hendricks</u>	
Gen. W. B. BARNES, State Printer, ALBANY.	
<u>No data</u>	

Walker Co. H.

COSS SECTION 190
(For These Already Enrolled.)
No. 399

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

Name *J. H. Walker*
County *Bartow*
Disability *Wounds Arms*
Amount, \$ *57.25*
Warrant issued *Feb. 19, 1900.*

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Spending
On W. Lindsey, State Printer, ALABAMA.

No data

*Walker, J. H.
Bartow County*

COSS SECTION 190
(For These Already Enrolled.)
No. 1198

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

Name *J. H. Walker*
County *Bartow*
Disability *Wounds Arms*
Amount, \$ *57.25*

139 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Spending
On W. Lindsey, State Printer, ALABAMA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.
Personally appears *J. H. 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 County, and has resided therein continuously ever since the *5* day of *April* 18*46*; that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the States, and served as a *private* in Company *7*, of *19*th Regiment of *GA* *State* Volunteers, *Snodgrass*'s Brigade; that whilst engaged in such military service in the State of *GA*, on the *18* day of *June* 1864, he was wounded, injured or diseased as follows:

gun shot wound through the right shoulder, destroying the use of the right arm. 2nd and 3rd ribs of the bone being removed from the arm

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1900. I have heretofore under said law as a resident of *Bartow* County been allowed an invalid pension of *114* Dollars, for the year 1899.

Sworn to and subscribed before me, this, *11th* day of *January* 1900, at *Cassville GA*.

G. W. Hendricks Ord.

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

STATE OF GEORGIA,

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

Given under my official signature and seal, this *11th* day of *January* 1900, at *Bartow* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County.
Personally appears *J. H. Walker* of *said* 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 *5* day of *April* 18*46*; that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the States, and served as a *private* in Company *7*, of *19*th Regiment of *GA* *State* Volunteers, *Snodgrass*'s Brigade; that whilst engaged in such military service in the State of *GA*, on the *18* day of *June* 1864, he was wounded, injured or diseased as follows:

gunshot wound, totally disabling right arm, being shot in right shoulder, essentially useless

Deponent makes application for the pension to which he is entitled for year ending October 20th, 1901. I have heretofore under said law as a resident of *Bartow* County been allowed an invalid pension of *114* Dollars, for the year 1900.

Sworn to and subscribed before me, this, *11th* day of *January* 1901, at *Cassville GA*.

G. W. Hendricks Ord.

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

STATE OF GEORGIA,

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

Given under my official signature and seal, this *11th* day of *January* 1901, at *Bartow* County.



Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1900. I have heretofore under said law as a resident of Barlow County been allowed an invalid pension of 189 Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 11th day of January, 1900. POST OFFICE Cassville Ga

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

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this 11th

day of January, 1900.

Ordinary Barlow County.

Deponent makes application for the pension to which he is entitled for year ending October 20th, 1901. I have heretofore under said law as a resident of Barlow County been allowed an invalid pension of 190 Dollars, for the year 1900.

Sworn to and subscribed before me, this the 11th day of January, 1901. Postoffice Cassville Ga

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

STATE OF GEORGIA,

Barlow County.

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

Given under my official signature and seal, this 11th

day of January, 1901.

Ordinary Barlow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, J.H. Walker hereby authorize G.W. Hendricks of Cassville Ga

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11th day of January, 1902.

Executed in presence of W. H. Lindsey

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, J.H. Walker hereby authorize G.W. Hendricks of Cassville Ga

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11th day of January, 1903.

Executed in presence of G.W. Cobb

[L. S.]

CODE SECTION 126.
(FOR THOSE ALREADY ENROLLED.)

No. 1884

DISABLED

SOLDIER'S PENSION

1902.

Name J.H. Walker

County Barlow

Co. H Regiment 1st Ga

Disability Wounded arm &c

Amount, \$ 57.50

1/31 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO G.W.

Gen. W. Harrison, State Printer, Atlanta.

No data

CODE SECTION 126.
(FOR THOSE ALREADY ENROLLED.)

No. 1937

DISABLED

SOLDIER'S PENSION

1903.

Name J.H. Walker

County Barlow

Co. H Regiment 1st Ga

Disability Wounded arm

Amount, \$ 50.00

2/10 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO G.W.

Gen. W. Harrison, State Printer, Atlanta.

100
50
30
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30
5
29 = 1935

Walker, J. H.
Barton, Ga.

CODE SECTION 100
(FOR THOSE ALREADY ENROLLED.)

No. *1884*

DISABLED

SOLDIER'S PENSION

1902.

Name *J. H. Walker*
County *Barton*
Co. *H.* Regiment *1st Ga.*
Disability *Wounded arm &c*
Amount, \$ *57.50*
1/31 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDIED TO
886

One W. Harrison House Printer, Atlanta.

no data

Walker, J. H.
Barton, Ga.

CODE SECTION 100
(FOR THOSE ALREADY ENROLLED.)

No. *1937*

DISABLED

SOLDIER'S PENSION

1903.

Name *J. H. Walker*
County *Barton*
Co. *H.* Regiment *1st Ga.*
Disability *Wounded arm &c*
Amount, \$ *57.50*
2/10 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDIED TO
ady

One W. Harrison House Printer, Atlanta.

100 - 11 = 1100
50 - 16 = 800
30 - 10 = 200
5 - 1 = 4
29 = 11935

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barton County.

Personally appears *J. H. Walker* of *Barton* 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 *8th* day of *April* 18*66*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *A*, of *1st* Regiment of *Ga* State Volunteers, *Stonewall*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *18th* day of *June* 18*64*, he was wounded, injured or diseased as follows:
Received a gun shot wound in the right shoulder joint destroying usefulness of the arm &c

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 *Barton* County, been allowed an invalid pension of *57.50* Dollars, for the year 1901.

Sworn to and subscribed before me, this *1st* day of *July* 1902. *J. H. Walker*
Geo. W. Hendricks Ordinary

STATE OF GEORGIA,

Barton County.

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

Given under my official signature and seal, this *14th* day of *January* 1902.
Geo. W. Hendricks
Ordinary *Barton* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barton County.

Personally appears *J. H. Walker* of *Barton* 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 *8th* day of *April* 18*66*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served as a *Private* in Company *A*, of *1st* Regiment of *Ga* State Volunteers, *Stonewall*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *18th* day of *June* 18*64*, he was wounded, injured or diseased as follows:
Gun shot wound through right shoulder joint destroying its use of right arm

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 *Barton* County, been allowed an invalid pension of *57.50* Dollars, for the year 1902.

Sworn to and subscribed before me, this *1st* day of *July* 1903. *J. H. Walker*
Geo. W. Hendricks Ordinary

STATE OF GEORGIA,

Barton County.

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

Given under my official signature and seal, this *11th* day of *January* 1903.
Geo. W. Hendricks
Ordinary *Barton* County.

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

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1902. I have heretofore, under said law, as a resident of Barlow County, been allowed an invalid pension of 7.87 Dollars, for the year 1901.

Sworn to and subscribed before me, this the 11th day of January 1902. G. W. Hendricks Ordinary

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

STATE OF GEORGIA,

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

Given under my official signature and seal, this 11th day of January 1902.



G. W. Hendricks Ordinary Barlow County.

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

FOR THE STATE OF GEORGIA

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1903. I have heretofore, under said law, as a resident of Barlow County, been allowed an invalid pension of 7.87 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 11th day of January 1903. G. W. Hendricks Ordinary

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

STATE OF GEORGIA,

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

Given under my official signature and seal, this 11th day of January 1903.



G. W. Hendricks Ordinary Barlow County.

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

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

POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow County. I, J. H. Walker hereby authorize G. W. Hendricks of Barlow Co. to receive and receipt for the pension paid hereon, and request that he remit same to me by check at Barlow Co.

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

J. H. Walker [L. S.]
Executed in presence of Gabe Hendricks

POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow County. I, J. H. Walker hereby authorize G. W. Hendricks of Barlow Co. to receive and receipt for the pension paid hereon, and request that he remit same to me by check at Barlow Co.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13th day of Jan 1905.

J. H. Walker [L. S.]
Executed in the presence of E. C. Adcock

Walker, J. H. Barlow Co.
COURT RECORD 1200.
(FOR THOSE ALREADY ENROLLED)
No. 1574
DISABLED
SOLDIER'S PENSION
1904.
Name J. H. Walker
County Barlow
Co. 1st Regiment 2nd
Disability Wounded arm
Amount, \$ 27.00
FEB 9 7 1904.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Gay
Geo. W. Hendricks, State Printer, Atlanta.

my data

Walker, J. H. Barlow County.
COURT RECORD 1200.
(FOR THOSE ALREADY ENROLLED)
No. 1411
DISABLED
SOLDIER'S PENSION
1905.
Name J. H. Walker
County Barlow
Co. 1st Regiment 2nd
Disability Wounded arm
Amount, \$ 50.00
FEB 7 7 1905.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
1
Geo. W. Hendricks, State Printer, Atlanta.

1145.00
811.00
500.00
16
\$113.00
18.50
800.00
91.00
11.00
1-5-5-
1-30-29-
27-165-20-9-8
1-1-10-
24-1886

[illegible]

SLVIA OF GEORGIA
FOR VETERANS REVENUE-ATTORNEY GENERAL

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



County, been allowed an invalid pension of Dollars, for the year 1903.

Sworn to and subscribed before me, this the 16 day of Jan 1904. J. H. Walker Post-office, Cass sta
G. W. Hendricks Ordinary

STATE OF GEORGIA,

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

Given under my official signature and seal, this 16 day of Jan 1904. G. W. Hendricks Ordinary Barlow County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

Dollars, for the year 1904.

Sworn to and subscribed before me, this the 18 day of Jan 1905. J. H. Walker Post-office.
G. W. Hendricks Ordinary

STATE OF GEORGIA,

Barlow County. I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with J. H. Walker 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 day of Jan 1905. G. W. Hendricks Ordinary Barlow County.

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

POWER OF ATTORNEY.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8 day of Jan 1906.

Executed in the presence of Mill Zullies

POWER OF ATTORNEY.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9 day of Jan 1907.

Executed in presence of

Cons Section 1200.
(FOR THOSE ALREADY ENROLLED.)

No. 859

DISABLED.
SOLDIER'S PENSION
1906.

Name J. H. Walker
County Barlow
Co. H Regiment 154
Disability Wounded Arm
Amount, \$50.00
JAN 29 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Wm. H. Lindsey, State Printer, Atlanta.

no data

Cons Section 1200.
(FOR THOSE ALREADY ENROLLED.)

No. 1401

DISABLED
SOLDIER'S PENSION
1907.

Name J. H. Walker
County Barlow
Co. H Regiment 154
Disability Wounded Arm
Amount, \$50.00

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Wm. H. Lindsey, State Printer, Atlanta.

no data

Walker, J. H.
Bartow Co.

Cons. Section 1200.
(FOR THOSE ALREADY ENROLLED.)

No. *859*

**DISABLED
SOLDIER'S PENSION
1906.**

Name *J. H. Walker*
County *Bartow*
Co. *A* Regiment *154*
Disability *Wounded arm*
Amount, \$ *50.00*
JAN 29 1906
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO

no date

Walker, J. H.
Bartow Co.

Cons. Section 1200.
(FOR THOSE ALREADY ENROLLED.)

No. *1401*

**DISABLED
SOLDIER'S PENSION
1907.**

Name *J. H. Walker*
County *Bartow*
Co. *A* Regiment *154*
Disability *Wounded arm*
Amount, \$ *50.00*
1907.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Bartow County.

Personally appears *J. H. 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 day of *April* 18*66*; that he enlisted in the military service of the Confederate States, (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *1st* Regiment of *Georgia State Volunteers* *Stovall's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *18* day of *June* 186*4*, he was wounded, injured or diseased as follows: *Shot through right shoulder joint totally disabling right arm*

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

Sworn to and subscribed before me, this the

9 day of *Jan* 1906.

G. W. Andrieux Ordinary

Post-Office *Bass Sta. Ga.*

State of Georgia,

Bartow County.

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

Given under my official signature and seal, this *8th* day of *Jan* 1906.

G. W. Andrieux Ordinary *Bartow* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Bartow County.

Personally appears *J. H. 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 day of *April* 18*66*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *1st* Regiment of *Georgia State Volunteers* *Stovall's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *18* day of *June* 186*4*, he was wounded, injured or diseased as follows: *Shot through right shoulder joint in battle Remission Mountain, which necessitated the removal of 3 1/2 inches of the bone in the upper part of the arm*

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

Sworn to and subscribed before me, this the *9* day of *Jan* 1907.

G. W. Andrieux Ordinary

J. H. Walker Postoffice

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

State of Georgia,

Bartow County.

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

Given under my official signature and seal this *9* day of *Jan* 1907.

G. W. Andrieux Ordinary *Bartow* County.

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

Shot through right shoulder joint
totally disabling the right arm

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

Sworn to and subscribed before me, this the

8th day of Jan 1906.

G. W. Anderson's Ordinary

Post-Office Barlow Ga.

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

State of Georgia,

Barlow County.

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

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

Given under my official signature and seal, this 8th

day of Jan 1906.

G. W. Anderson's

Ordinary Barlow County.



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

Castle Tennessee Mountain, which necessitated
the removal of 3 1/2 inches of the bone in the
upper part of the arm.

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

Sworn to and subscribed before me, this the

9 day of Jan 1907.

G. W. Anderson's Ordinary

Postoffice J. H. Walker

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

State of Georgia,

Barlow County.

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

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

Given under my official signature and seal this 9

day of Jan 1907.

G. W. Anderson's

Ordinary Barlow County.



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

Stilesboro Ga March 10th 1892
Mr W H Harrison
Atlanta Ga

Dear Sir

I sent to you my pension papers
for 1892 on Tuesday of last week with
power of Attorney etc Please send
the money by my neighbor Mr
H J McCormick and much oblige
me
yours truly

J H Walker
Stilesboro
Ga

Audited Feb. 17 1891.

Wm A Wright
COMPTROLLER GENERAL.

1891.

Maimed Soldiers.

Voucher No. 949

Amount \$ 50.00

Paid to J. H. Walker

For Disabled Arm

Decy 16 1891.

Included in warrant No.
issued to Treasury.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Wm A Wright

Atlanta Ga
Dear Sir
I sent to you my pension papers
for 1892 on Tuesday of last week with
power of Attorney etc. Please send
the money by my neighbor Mr
H. J. McCormick and much oblige
me
Yours truly
J. H. Walker
Stilesboro
Ga

Amount \$ 150.00
Paid to J. H. Walker
For Disabled Arm
July 16 1891.
Included in warrant No.
issued to Treasurer.
1891.
WARRANT CHECK.
Geo. W. Harrison, State Printer, Atlanta.
Warrant No. 9449

NAME, Walker, J. H.
WHEN AND WHERE BORN?
ENLISTED WHEN AND WHERE?
COMPANY AND REGIMENT? Private, Co. F, 1st Regiment State Vols.
Stovall's Brigade.
NAME OF CAPTAIN AND COLONEL?
WOUNDED? At Kennesaw Mountain Ga., June 18, 1864 shot in right shoulder
rendering arm useless.
CAPTURED, WHEN AND WHERE?
RELEASED,
WHEN AND WHERE SURRENDERED?
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?
DIED, WHEN AND WHERE?
BURIED,
WITNESSES, None.
P.O. 1889
COUNTY. Bartow.

1891.
No. 9449
STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. July 16 1891.

Mr. J. H. Walker of the County
of Bartow having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Disabled Arm
He is entitled to receive the sum of \$150.00 Dollars
for such disability, the same being the allowance due to the year ending October 24, 1891.

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

By the Governor,

M. H. Harrison
Sec'y EXECUTIVE DEPARTMENT.

\$ 50

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

per above voucher, this Fifty of July 1891.
J. H. Walker
Warrant