141320 Strickland, John No Zeu Calloune SAPPLICATION FOR Artifical Arm/ 111 Applicant Atticed Land County Galhaun Line Allen Date of Warrant Met 14 /29 Cy 8 5/st Regt

141320 Strickland, John No 214 Calhoun Co APPLICATION FOR Attifical Ann 1 Applicant Strickland County Stalkaun Date of Warrant Mer 14 1/29 Cu & Slot Right

STATE OF GEORGIA,	
County.	
Personally came M. T. Collins L. Clart Stringe	
H M. 1 Brown	
who, being duly sworn, depose and say they are sequainted with	_
and know that he lost and Albania in the military service during the late war; a	
that said. Array was amputated fact the the the three later that he is a bons fide	
citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.	
Sworn to and subscribed before me this the Miles Collins are got Mentaged 1879	
Blomithele Didning	
STATE OF GEORGIA,	
County,	
1, 18 de Mutatrale Ordinary of Dallaman	
county, do certify that I am well acquainted with	
the applicant for a	
affidavit are true, and that I am well acquainted with. With bolling had land	
h Wy Brown	
the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts stated by them are true.	
Given under my hand and official scal, this.	
day of Marconter 1889	
Ble melitere Ording	
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STATE OF GEORGIA.

STATE OF GEORGIA.	
County	
End.	in Stricklund
Personally appeared before me	,
and says that he was on the 20th day of September,	State of Georgia, who, being duly sworn, deposes 1879, a bona fide resident of this State; that he
enlisted in the military service of the Confederate States	and the same of th
in Company ERegiment of	
that while engaged in such military service, to-wit: at t	
in the State of Crying	on the day of
	was wounded in the
that the same was amputated	Low the shoulder
that he has not received the payment allowed him for su effect the last clause of Paragraph 1, Section 1, Article	
20th, 1879; that he has Med. supplied himself wi	th an artificial
done so, he profers to supply bimself with an artificial	- Sus to comment of
Sworn to and subscribed before me this	omestro
10day of works 12879.	y R. March 1
Nors.—The above affidavit must be made before ome off	leer authorized to administer oaths, a Judge of the Superior
or County Court, Justice of the Peace, Clerk of the Superior County	rt, or Ordinary.
COMMISSIONED OFFIC	CER'S AFFIDAVIT.
STATE OF GEORGIA,	

balker	Councy.,
Personally came before me	Intere Shanell Share
the county of L. C. L. L.	1, State of Georgia who, being duly sworn, deposes
and says that he was	in Company
and that	the above deponent, was a profit leveline

in said Company, and that this deponent knows that said, Jakes Alreck Comp

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

Strickland, John APPLICATION FOR chthail chon che Strickland Limb Atries above Below Date of Wagrant An 14

AN ACT

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

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

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

Sec. III. Be it further enacted by the said authority. That no applicant shall receive the sum allowed under this act offence than once in five years.

Sac. IVP Be it further spacied by the authority aforesaid. That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HENRY R. GOETCHIUS,

Secretary House Representatives.

WM. A. HARRIS,
Secretary Senate.

Approved, September 0th, 1879.

A. O. BACON,
Speaker House Representatives,
RUFUS E. LESTER,
President Senate.

ALPRED. H. COLQUITT, Gorernor.

and by all others will be set state or the state of the stated of the second of the second of the second of the stated The bon destroit of the construction of the Act, and the

NOTES.

STATE OF GEORGIA

Calhoun- County

STATE OF GEORGIA,

PERSONALLY appears John Strichland of Calhoire County. State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and Webident of said State, and has been such continually since the West he didovot mid Mahou femans out 14838 withat he enlisted in the military service of the Que federate States (or of the State of) during the war between the Blates and served as a Secole in Company & of 51 the Regimeter of Georges Volunteers Low treats 's Brigade; that whilst engaged in such military service, at the battle of Whancerswille in the State of linguistic on the 3 day of May 1868, he was meanten as follows: The Seft from below the Shoulder Caffin The Ampertation of the aring

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

encer thicker his or government and seating

Sworn to and subscribed before me, this the gother Shitkland Atla westering while the fig.

STATE OF GEORGIA,

and both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined, and much an examination has a best examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this) day of

ORDINARY.

HEAD NOTE. The physician will date fully the extent of the wound, and they give facts to show the extent of the disability resulting therefore.

STATE OF GEORGIA

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

are persons of respectability and that their statements are worthy of full credit and bestef.

I further certify that John & Corners before whom the foregoing affidavits were made and power of attorney was signed, is a Note Suffice de officer or said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 25 day of Jehrnay 1889

John & Ragan. Outhour County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

On the un County.

Know all Men by these Presents, That I, folin Strickland of Salhoun county, in said State, do hereby appoint WA Wright

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

In witness whereof I have hereunto set my hand and seal, this 23

day of Hebruare

genestilleand (L.S.)

Executed in the presence of us:

Is blement Atouckray Noting

DIRECTION:

Send money to me as tollows, by

County, Georgia.

Balhour

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NOTES

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

2. The law makes no allowance for a narm or log, unless the arm or log has been rendered substantially

2. The law makes no allowance for an arm or leg, unless the arm or leg has oven renorred measurably uncless.

3. It will not answer to say that an arm in "substantially uncless 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 purioses be "substantially and essentially uncless."

4. If the application is or 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 uncless."

5. If application is for loss of fluggers or toes the growth must be made to how the number, and points where animataled.

where amputated.

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under both belong no officer, and the proofs must shaw that the amendments have

been duly sworn to.

The Court application must be capting by the Ordinary of the county of the residence of the applicable.

The certificate of any other will not be received in any case.

STATE OF GEORGIA. County. 1. Sohn f. Ragan Ordinary of said county, do certify that I am well acquainted with Sohn Minchlana 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 I Danis before whom the foregoing affidavits were made and power of attorney was signed, in the Clash of Superior County of said county, and the said affidavits and signatures thereto are genuine. Adar my official signature and seal, this 15 day of Thomas 189.0 County. Ordinary Ralhoure County.	STATE OF GEORGIA, Commy. I. Stary Commy. In his said affidavit are true, and that he is disabled, to the extent he claims, and I know he the individual he represents himself to be, and that he resides in this County. I further certify that To foliate the Ragans. Defore whom the foregoing affidavits were made and power of attorney (was signed, is signatures thereto are genuine. Given under my official signature and seal, this Today of Stary County. Ordinary Callbourse County.
MACHINE FOR MINNE. MACHIN	Application for Allowance Application for an area are an area Application for allowance Application for an area are area Application for Allowance Application for a formation for a for
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Tor Ambicans Heretologe, Allowed Pensions

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. Calherine County.

PERSONALLY appears fohn Stucklandof Calhoun 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 Terthe. 1857; that he enlisted in the military service of the Con-.) during the war between the federate States (or of the State of in Company &, of 37 th Regiment States, and served as a Private of Georgia Volunteers Longotento 's Brigade; that whilst engaged in such military service, at the battle of Mannesseville in the State of Virginia on the Third day of Many wounded as follows: by of Merrice Ball in the tell forms of the Arm to be appointed about one Inch! below the Shouldert

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of Gran Standard Swayn to and subscribed before me, this the

tunto day of February 1890)

POWER OF ATTORNEY.

STATE OF GEORGIA

P.O.

county, in said State, do hereby appoint of Frollon Counts her 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 authorising 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 Executed in the presence of us:

STATE OF GEOF		re allowed r	
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	John Stre	elclandes 10	alhaum
County, State of Georgia			
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day of	February 1891.		
John fo	Ragan Ovel	may	
Nora State fully sature of the disability, resulting from the	wound or character of disease whi	ch causes the disability, and explo	in farticularly the extent of
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	•	ATTORNEY.	1
STATE OF GEO	RGIA,		
leath aum	County.	1	1
	y these Presents, T	1 1/2/2-	11
Know all Men b		hat I,	Shieldland
of Wolham	· Cour	nty, State of Georgia,	
of Watham	· Cour	nty, State of Georgia,	do hereby appoint
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For Applicants Heretofore Allowed Pensions.

PERSONALLY appears		 2 100	
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STATE OF GEORGIA,			

POWER OF ATTORNEY	
STATE OF GEORGIA.	
of Change of these Presents; That I follow Shuellas	
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County, State of Georgia, who, being daly sworn, says on oath that he is a bona jide citz	en and
PERSONALLY Appears	

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. alhour County. John Shickland of O PERSONALLY appears. County, State of Georgia, who, being duly sworn, says on oath that he is a bone fide citizen and resident of said State, and has resided therein continuously ever since the day of March 1838; that he calisted in the military service of the Confederate States (or of the State, of... .) during the war between the Trivale States, and served as a in Company 6, of 57 th Regiment Brigade; that whilst engaged in Cancellerswille such military service at the battle of day of Deponent desires to praticipate in the benefits of the Act, approved October asth., 887, and the acts amendatory thereof, and makes application for the allowance to which he is smithed, for the year ending October 26, 105. Shave heretofore been allowed a pension of a second control of the c dollars for loss re me, this, the STATE OF GEORGIA. Ordinary of said County, him do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said amdavit are true, and that he is disabled, to the extent he claims, and I know he is the individual be represents himself to be, and that he resides in this County. and power of attorney was signed, is a plantines trates pre bearing:

STATE OF GEORGIA.

Given under my official signature and seal, this

STATE OF GEORGIA, 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 repesents himself to be, and that he resides in this county. Given under my official signature and seal, this 10 day of March SOLDIER'S PENSION 1892

POWER OF ATTORNEY.

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	STATE OF GE	ORGIA, {			
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	County, State of Georgia,	o bereby appoint	y & Wong	sc.	and the second second
	of Allanta	Georgia	my	true and lawful attor	ney in fact, for
	me and in my name, to reco	ive and receipt for wh	atever amount of me	oney I may be enti-	he Confederate
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	ney to receipt in my name	for any Warrant that r	my be issued by the	Governor, or for any	sum of money
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Fer Applicants frieretofore Allowed Peasinns.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA
Calhaine county
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on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
since the Jenste day of March 1838; that he enlisted
in the military service of the Confederate States (or of the State of
during the war between the States, and served as a
of 57 th Regiment of Georgia Volunteers Meglacise's
Brigade; that whilst engaged in such military service at the battle of Chancinville
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Mercy 1863, he was wounded as follows: Myth a
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Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for
the year ending October 26, 1892. I have heretofore been allowed a pension of
One hundred Dollars for Land Com
Sworn to and subscribed before me this the
10 1 day of March 1892.
O. L. B an Outlinson
North State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
egtent of the disability.
POWER OF ATTORNEY.
STATE OF GEORGIA
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County, in said State, do hereby appoint W. H. Wregler of Lechtore Co. my true and haveful attorney in fact for
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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.
day of Much 1892. gohn Birelarend
[L. S.]
Executed in the presence of us:
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John I Stagan
DIRECTION,
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bo Calington P.O.
Callean County, Georgia,
a how extructe ford

. For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, County.

Personally appears John Mindand of Walkown

County, State of Georgia, who, being duly sworn, says on oath that he is a both flde citizen and resident of said State, and has resided therein continuously ever since the 10%—day of March 1988; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Servet in Company 6, of 51 th Regiment of League Volunteers Branch 's Brigade; that whilst engaged in in the State of linguistics service at the battle of March 1815, he was wounded as follows: It was a left from Canadian Company Canadian March 1815.

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 20, 1804. I have heretofore been allowed a pension of One Houndard dollars, for the year 1803

Sworn to and subscribed before me, this, the

John & Ragan Ordy

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

STATE OF GEORGIA,

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

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

Affix your seal here.

John & Ragan County.

POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA,	STATE OF GEORGIA,
leghterise County.	Callecuse County.
(KNOW ALL MEN BY THESE PRESENTS, That I, Delin Michland	I, John Strokland hereby authorize W. A. Wright
County, State of Georgia, do hereby appoint Milliante of Mright.	of Attanta God
of Attainta Georgea my true and lawful attorney in fact, for	to receive and receipt for the pension paid hereon and request that he remit same to
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate	John & Ragan Ordinary by Check
States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name, for any Warrrant that may be issued by the Governor, or for any sum of money which may	at Morgan Geo.
be coming to me for the reason aforesaid.	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	day of January 1896.
Executed in presence of us	CohnestrickCond [L. s.]
-nie Konnec de	Executed in presence of us
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fre & Rogan Cody	John & Ragan
Send money to me as follows, by	1 Ordy
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County, Georgia. Je lehe Street and	· · · · · · · · · · · · · · · · · · ·
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For Applicants Heretofore Allowed Pensions.

Lot Whitemers mororous visuance remaining.	Calhon
STATE OF GEORGIA,	Dersonally a
Calhoure County.	County, State of Ge
Dersonally appears John Strichland of Calhouse	and resident of said
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen	day of Mares
and resident of said State, and has resided therein continuously ever since the	federate States (or
day of March 1838; that he enlisted in the military service of the Con-	States, and served
federate States (or of the State of) during the war between the	of Georgia
States, and served as a Private in Company & , of JI th Regiment	in such military se
of Grorgia Volunteers, Brean la 's Brigade; that whilst engaged in	of May
such military service at the battle of Charcessville in the State	all the
of levered on the D day of //Let 186 dr, he was	allow M
wounded as follows: 12 The Left from Culiving	near The
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Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,	entitled for the y
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	Calhoun
of Cle According October 20th, 1395. I have heretolore been allowed a pension dollars, for the year 1894	dollars, for the year
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23 day of (2111101) 1895.	6.1
Note-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent	Norw-State Mily the
of the disability, resulting from the wound or disease.	Norn—State fully the r
STATE OF GEORGIA,	STATE OF
Catherine County.	Calhoun
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do certify that I am well acquainted with felin Strichland the	do certify that I am
applicant in the foregoing affidavit, and am well satisfied that the statements made by him	applicant in the for
in his said affidavit are true, and I know he is the individual he represents himself to be	in his said affidavit
and that he resides in this County.	and that he resides
Given under my official signature and seal, this	
day of a recease 1895.	d
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For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Calhour County.	6.0
Dersonally appears John Mucland	of Valhours
County, State of Georgia, who being duly sworn, says	
and resident of said State, and has resided therein co	
day of March 1838; that he enlisted	
federate States (or of the State of	during the war between the
States, and served as a Private in	n Company 6, of 51 th Regiment
of Georgia Volunteers, Bayants	
in such military service in the State of largar	
of Mag 1863, he was wounded, injur	
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Deponent desires to participate in the benefits of	
and the acts amendatory thereof, and makes applicat	
entitled for the year ending October 26th, 1896.	
Calhoun county been allowed a pension	of one Hungred
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// day of January 1896. 8	
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Norz-State fully the nature of wound or character of disease which cause of the disability, equiling from the wound or disease.	es the disability, and explain particularly the extent
of the discounty resulting from the wound or disease.	
STATE OF GEORGIA.	\
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County.	
1, John / Ragan	Ordinary of said County,
do certify that I am well acquainted with Loline	
applicant in the foregoing affidavit, and am well satisf	fied that the statements made by him
in his said affidavit are true, and I know he is the in	
and that he resides in this County.	The state of
Given under my official signatu	ire and seal, this
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Ordinary	Calle in County.

POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF GEORGIA STATE OF GEORGIA. Calhann County. Calhoun County. John Strichland hereby authorize William Whight of Allanta Go John Stickland hereby authorize MA Might to receive and receipt for the pension paid hereon and request that he remit same to to receive and receipt for the pension paid hereon and request that he remit same to The Ordinary of Calhoun Co by Check Ordinary by Mail at Morgan, Ra.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28 at Morgan hu. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of December January girhrestrickand [L. s.] gomostrickeand [1. s.] Executed in presence of Executed in presence of Jus m Wanten SOLDIER'S PENS SOLDIER'S PENS RICHARD JOHNSON

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County. Dersonally appears Lohn Stricland of Calkens County, State of Georgia, who being duly sworn, says on oath that he is a bone fide citizen and resident of said State, and has resided therein continuously ever since the Seath 1857; that he enlisted in the military service of the Conday of March federate States (or of the State of States, and served as a Private during the war between the in Company 6, of 51 th Regiment of Georgia Volunteers, Bryans 's Brigade; that whilst engaged in such military service in the State of Virginia, on the 1860 he was wounded, injured or diseased of follows: and Elbow Causing Ampetation Mean The Shoulder Depenent 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 Cathoun county been allowed an invalid pension of One Hundred Dollars, for the year 1896. Sworn to and subscribed before me, this, the John Spilleaned 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. County. I, John J Ragan Ordinary of sai do certify that I am well acquainted with John Strickland Ordinary of said County, applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of December

For Applicants	Heretofore	Allowed	Pensions
STATE OF GEORGIA		* 4	

Colka	County.			
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	orgia, who being duly av			
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ntitled for the year	ending October 26th,		ofore under said law a	s a
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entitled for the year resident of Sworn to and s	pubscribed before me, this	county been allers, for the year 1895, the going	ofore under said law a owed an invalid pension Z Shri Chelunio	s a of
resident of the year	pubscribed before me, this	county been all	ofore under said law a owed an invalid pension Z Shri Chelunio	s a of
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POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA, Callanne County.) I. Jus Shickland hereby suthering Wet Meight	STATE OF GEORGIA, Calhaim County. I, John Strickland Cheroby authorise
to receive and receipt for the pension paid hereon and request that he remit same to	to receive and receipt for the pension paid hereon and request that he remit same to
Ordinary by Muli	Orderans by mail
a v. Corgan	at Morgan Ra
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3 1/2
day of Jany 1800. John Stritteland [1. a.]	day of any 1800. Constructed [1. a]
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For Applicants Heretofore Allowed Pensions.

STATE OF	EORGIA,	` }			
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County, State of C	Seorgia, who bei	ng duly sworn,	says on oath	that he is a bo	na fide citizen
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For Applicants Heretofore Allowed Pensions.

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and resident	of said State and	d County and has	resided therein of	ontinuously ever since the
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tween the Sta	ites, and served	as a French	ilet in	Company 6, of 6/ th
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POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA, Calhann County. I. John Strickland hereby authorize W.A. Whight of Attacta Sa.	I, John Stick Loud hereby authorize W. A. Might of Atlanta
to receive and receipt for the pension paid hereon and request that he remit same to by Accell at Mort Jan for In WITNESS WHEREOF, I have hereunto set my hand and seal this Road day of Annual 1901.	at Mosgan Su. IN WITNESS WHEREOF, I have hereunto set my hand and seal this.
Executed in presence of A. Monrae Calinary	Executed in presence of Ad Mous so Ording
	- (6)
ILDIER'S PERSION. 1901	Mo. 2 962. No. 2 962. No. 2 962. No. 2 962. DISABLED DISABLED OFFINATION 1902. S. M. S. Region (18 M). S. M. S.
SOLDI SOLDI SOLDI Name County Disability Amount, 8.	Name Name County of County
Aumuji Caranta (m. 1965)	
For Applicants Heretofere Allowed Pensions.	ENGLISHED TO THE TOTAL SERVICE OF THE PROPERTY

For Applicants Heretofore Allowed Pensions.

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and resident of said State,	who being duly sworn, says on of and has resided therein continue 1838; that he enlisted in	ously ever since the with
ederate States (or of the States, and served as a Vanue of Vanue o	State of) during the war between the pany, of S_L th Regimen s Brigade; that whilst engaged, on the, day ured or diseased as follows:
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF	GEORGIA,		
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Norm.—Htate fully th	ne nature of the wound or characted disability resulting from the would	er of disease which causes	the disability, and explain
particularly the extent of th	e disability resulting from the wou	nd or disease.	
STATE OF GE	ORGIA,	7.4	
	COU. County.		
M. KLICK	1 1 11 .	\ .	
I,	4.0 Moura	1 1 11	inary of said County,
	well acquainted with	. , ,	Lough
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	wit are true, and I know h	e is the individual he	represents himself to
be and that he reside		1000	TE
	Given under my official sig		
~~	day of January.	1902,	
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Chora	Ordin	vary Calh	county.
	Nors Fill all blanks and of Comp	pany and Regiment.	ry 1, 1902.

POWER OF ATTORNEY. STATE OF GEORGIA, County. to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal this_ sahnestrilkland [L. S.] Executed in presence of SOLDIER'S PENS DISABLED JOHN W. LINDSEY 1903. DISABLE

TE OF	GEORGIA,	COUNTY.		
I		Shiekland	Atlanta S.	hereby authorize
eceive and	receipt for the	pension paid hereo		
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T. O. C.	imiac s	admary.		
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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y of - Buil	1838	; that he enlisted in	the military service o	t the Con-
derate States (or of the State of		during the war be	tween the
tates, and serve	ed as a feriorle	in Compan	during the war be	Regiment
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POWER OF ATTORNEY.

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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Personally a	ppears John St	ricklased	of Callenni
ounty, State of G	eorgia, who, being duly	sworn, says on oath t	hat he is a <i>bona fide</i> citizen
d resident of said	State, and has resided	therein continuously	ever since the Buth
y of		at he enlisted in the	military service of the Con-
derate States (or	of the State of	•)	during the war between the
ates, and served	as a frivale	in Company_	, of 5/ th Regiment
Su	Volunteers 3	yante 's Br	igade; that whilst engaged
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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		County			111	
	ally appears_				Dalloour	
	e of Georgia, wa					
nd resident	of said State, a					
ay of		18_31; that 1	e enlisted in t	he military	service of the	Co
	es, (or of the St		/		the war between	
tates, and s	erved as a					
f				's Brigade;	that whilst eng	rag
n such mili	tary service in	he State of	Na	, o	n the 320.	_d
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	ber 26th, 1908	. I have he	retofore, unde	r said law,	, as a resider i invalid pensi	it
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POV STATE OF GEORGIA	VER OF ALT	ORNEY.	e auri
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IN WITHERS WHEREOF, day of January Brecuted in present	I have hereunto set my1907.	word	2
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COOR THOSE ALREADY ENTOL GOOD THOSE ALREADY ENTOL BISABLED BISABLED SOLDIRR'S PRIS	Name Josh Michland. County Oath Secret	Disability Less of Masson Amount, \$100 2 // JOHN W. LINDSEY, Commissions of	The Katakker HANDED TO
600 600	Q16.	THE PROPERTY OF THE PROPERTY O	

	of Pension Dye Deceased Soldier	
	against in part is would all or but	County
		L, the applicant, and that she
	is the lawful widow of John Starckland	STATE OF CROSS
	and Stablish Purson Ball of mid ballanna	
	Parks to a bellenn	ounty for 19.4.6., and at the time
	of his death on the / the day of farming	191 2, there was due to
	him and unpaid his Pension of . One Moure diadet Marky	Dollars from the State
100	of Georgia, and I move Aled to he benguafield	, the within
410	witness, and he is of a truthful and trustworthy character and entitled to f	ull aredit.
		,
		County,
*	· · · · · · · · · · · · · · · · · · ·	County.

	ion Dae ier	dent Children	de la	bland	Vois Vois	The statement of the same.	er of Pennone.
₹1 61	Application for Pension Due Deceased Saldier	UNDER ACT 1891 To be paid his Widow or Dependent Children	. Elinbert Middle	was a John Shirtheast	co. to me 51 th	Asperent and spirited. Asperent and 14, 199. J. W. LANDSST.	Commissioner of Pensions.
Z Ministria 188	Application Disco	ON aid bing of	flice	9	79	4 3	,

GEORGIA, Los Assessants County.

I hereby authorise and constitute A. Marie Of said county, my lawful attorney to collect and receipt for me in my name the Penaton due me for 191.5., through my deceased husband, Johns. Marie Marie Of the M

FOR APPLICANTS HERETOFO State of Georgia. William County. Personally appears bolen Stricklands of Walkour County State of Georgia, who, being duly sworn, says on oath that he is a bolks fide citizen and resident of said State, and has resided therein continuously ever since the_ day of Just 1838; that he enlisted in the military service of the Confederate States (or of the State of____ during the war between the States, and served as a humate in Company the of 3'/ th Regiment Ha Volunteers Rugacto 's Brigade; that whilst engaged in such military service in the State of Ma , on the 3 day of May 186 5, he was wounded, injured or diseased as follows: At the Cattle of Chancellowell Va. I was shot in the left arin couring simputation of the thoulder Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1907. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of One Hundred _Dollars, for the year 1906. Sworn to and subscribed before me, this the capa Strikeand 2 and day of January 1907. (Ad Moure Ordinary Nors.—State fully the nature of the wound or character of d State of Georgia. Callenn County. Ad Monrae _Ordinary of said County, do certify that I am well acquainted with..... the applicant in the foregoing affidavit, and an well satisfied that the statements saade by him in his said affidavit are true, and I know he is the individual he represents himself

Given under my official signature and seal this 2

SOMER OF Ordinary Charles Chunty

January:

to be, and that he resides in this County.

day of____

your seal

STATE OF GEORGIA with all or the of the UNDER ACT APPROVED OCTORER . 1861 STATE OF GEORGIA. Just om Personally before me comes Mrs. Cle sebeth Miskland of said county. I leade our and we paid a Pension of the Mundre in housely Dellars from grunty for 19/2, and that the mid When Merch land and in beathers county on was due him from Lathouse county and unpaid for 1916 the 3.5 day of January 1869, in Walhours sounty and State of . Marting and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she saks the Pension so due and unpaid be paid to her. Al Monroe Ordinary Cooks Calkaren County AFFIDAVIT OF WITNESS STATE OF GEORGIA, bellow Comple od outh mys that he knew . The Sthinger Much land while in til and the the known the above applicant; that the kinowis that the said ... Jackson Above Monard of Lalhanna in the State of Maryin or in one torm of in mairied in the county

Meation for Pension Due Deceased Soldier

& Ca Dinquefield

A J Monroe Ordinary

Callown Maimed Soldiers. Maimed Soldiers. Voucher No. 1880. Audited March 14 1880. Voucher No. 1282 Amount \$ 100. umsmak Paid wohn thelland Paid woohn Theklaus For Lass oflet For Lace of arm Mch. 12 Included in Warrant No. a arling tone MARHANT CLERK.

STATE OF	GEORGIA,	1	M
EXECUTI	VE DEPARTMENT.	(Su

Hanta, Ja Meh 12 1889

of Calhour hours have

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

Jasa offost um

He is ontitled to receive the sum of the Humane xoo for such disability, the same being the allowance due for the year oudier October 24, 1889.

The Treasurer will pay the same and hold his receipt on this puches, and return same to

Executive Department for warrant.

y the Governor Harrison

CLERK EXECUTIVE DEPARTMENT.

Que Hundred 400/

Dollars.

per above voucher, this 12 of March

IN Amahi

STATE OF GEORGIA.

EVECUTIVE DEPARTMENT

Allanta, Sa, Hely 24,8 go

Me John Strokland of the County

of Calhour 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

Laced assessination

He is entitled to receive the sum of Chieffer the Receive for such disability, the same being the alloward to foreste ending October 24, 18 90

The Treasurer will pay the same and hold his receipt on this you her, and return same

to Executive Department for warrant

MHamsis

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

(mo Aundred + of per above voucher, this 24 of Rect

Shickland, John 1891. Mained Soldiers. Voucher No. 2074 Amount \$ 100 Paid to mo Strickland Included in warrant No. issued to Treasurer WARRANT CLARK

AUDITED

Um Ninghe

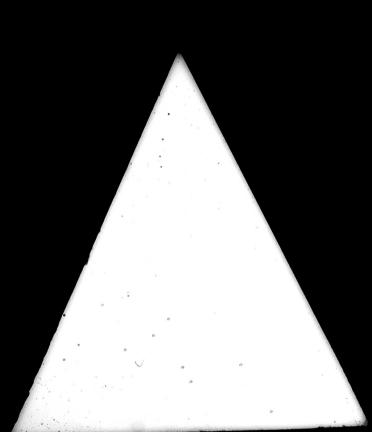
Walnight

1891.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 2024 Allanta, Ba MCh 3 1891.

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1 /200 Strickland	of the County
ofhaving filed his application in a	the Executive
Department for an allowance under the Act approved October 24, 1887, as ame	nded by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined an	
He is entitled to receive the sum of Questioners _	
He is entitled to receive the sum of Auctioned	- Dollars
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By the Governor,	Governor.
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SEC'Y EXECUTIVE DEPARTMENT.	
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was a second and the	•
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.	
Quekundred 100/100	Dollara,
per above voucher, this 3 of March 18	91.
In Strickle	and
In Strickle	
with	



alhounds.

No. 984

APPLICATION FOR ALLOWANS

YEAR ENDING OCTOBER 26. 188

Low of Left Le g

County Calkers

Date of Warrant Hely 28

Reh 28

188 9

THE PLAN

W. N. Tright

STATE OF GEORGIA.

Cacho cin . Counti

PERSONALLY appears as The ansen of loathours 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 continue since the 300 Do cember 1866, that he enligted in the military service of the Confederate States (or of the State of alabam a) during the war between the States, and served as a forward in Company Cof Wel th Regiment of alow Volunteers Lowery - 's Brigade; that whilst engaged in such military service, at the battle of Desattu, new affaut win the State of Berger , on the 2.7 day of wounded as follows: by a onot pour mining back above the Knee in left lig colicel leg was

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

Sworn to and subscribed before the, this the Modeph Sugar dance of Dancies like

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

STATE OF GEORGIA

PERSONALLY comes before me

Ordinary of said county,

both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined and after such

examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this

EAD NOTE. The physicians will state fully the extent of the wound, and then give hers to show the extent of

STATE OF GEORGIA.

Cachace County. I hater f. Reig er of prinary of said county, do coverify that I am well acquained with box a filed the said server secret the applicant in the foregoine affidavit, and any 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: . C A Carrie, Click of

the Superor Coult of Haid County

are persons of respectability, and that their statements are worthy of full of edit and belief. I further certify that CI Davis before whom the foregoing affidavits were made and power of attorney was signed, is a Clark of despers or said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this, 11 day of Debuny 1889

John & Ragam County

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cathein.

country in said State, do hereby appoint Leve at the Unique to

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

In witness whereof I have hereunto set my hand and seal, this

day of Petry

lodeph Suranson (L.S.)

Executed in the presence of us:

J J Quel Of Damis est.

DIRECTION

Send money to me as follows, by

bachowin

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, 3nd followed by a plain' statement of facts showing the actent of the distability. If applicant claims disability brom 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 of leg, unless the arm or leg has been readerly abstantially

and escribing useless. So allower to ran and or leg, times the arm or leg has over rendered abstantiatly and escribing useless. It will not answer to say that an arm is "substantially useless for ordinary purshits of life, etc."

There is no qualification to the clause of the Act in reference to the arm or leg, but the limb, must fee all purposes be "substantially and escentially useless."

It is 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 uscless."

5. If application is for loss of fingers or toos the proof must be made to show the number, and points

6. If papers are sturned for correction, and amendments are added to any of the affidavit, the amendments must be made under outh before an officer, and the proofs must show that the amendments have

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.

STATE OF GEORGIA. STATE OF GEORGIA Calhour · John I Ragan Ordinary of said County, Lohn & Ragan Ordinary of said county, do certify that I am well acquainted with Joseph Swanson do certify that ram well acquainted with forefor Merangers applicant in the foregoing affidavit, and am well satisfied that the statements made by him applicant in the foregoing affidavit, and amowell 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 in his said affidavit are true, and that he is disabled, touthe extent he claims, and I know the individual he represents himself to be, and that he resides in this County. he is the individual he represents himself to be, and that he resides in this county. I further certify that Salar Maste I further certify that C force before whom the foregoing affidavits were made and power of attorney was signed, is a rhom the foregoing affidavits were made and power of attorney was signed, is -h Superior Court of said county, and the said affidavits and of said County, and the said affidavits and signatures thereto are genuine. signatures thereto are genu my official signature and seal, this 19 day of February 1890 ohn Ragan
Ordinary Balhows Connity. lohn & Bagan County.

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, State of Georgia, who, being duly sworn, says on oath that he's a bone fide citizen and resident of said State, and has been such continually since the December 1865; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the in Company J, of 25 th Regimente 's Brigade; that whilst engaged 86 4. he was Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of the period of th Sworn to and subscribed before me, this the POWER OF ATTORNEY. STATE OF GEORGIA KNOW ALL MEN BY THESE PRESENTS. That I county, in said State, do hereby appoint of Cillian County March my vrue 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 affidiary; hereby authorizing my said attorney to receipt in my mame for any Warrant that may be issued by the Governor, or lor any sum of money which may be coming to me for the reason aforesaid. WITNESS WHEREOF, I have hereuntopset my hand and seal, this [1...8.] Executed in the presence of us:

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, Afathour County, I.
· PERSONALLY appears Joseph Duranson of Gathour
County, State of Georgia, who, being duly sworn, says on oath that he is a bong fide citizen and
resident of said State, and has resided therein continuously ever since the
day of Aftern 44 18 28; that he enlisted in the military service of the Con-
ederate States (or of the State of) during the war between the
States, and served as a Voluntun in Company 6, of 45 th Regiment
of Mahama Volunteers Journeys 's Brigade'; that whilst engaged
n such military service at the battle of declar in the State
in such military service at the battle of de latter is the State of day of left 1864, he was wounded as follows:
Upper third of the thigh
The state of the s
The state of the s
The state of the s
manufacture and a second secon
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
or the year ending October 26, 1891. I have heretofore been allowed a pension of One Hican chief by dollars, for far the Jean 1890
Sworn to and subscribed before me this the
10 16 day of Hich 1891.
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Mora State fully nature of wound or character of disease which causes the disability, and riplais particularly the extent of a disability resulting from the wound or disease.
he duability, resulting from the wound or disease.
POWER-OF ATTORNEY.
STATE OF GEORGIA,
· leathour county.
Know all Men by these Presents. That I I ale h h www anson
of County, State of Georgia, do hereby appoint
my true and lawful attorney in fact, for many true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of more I may be entitled
ne and in my name, to receive and receipt for whatever amount of more? I may be entitled of the first of Georgia by reason of the figure received as aforestal in the military service for the Confederate States (or of this State), as stated in the foregoing affidatit; hereby authoris-
ng my said attorney to receipt in my name for any Warrant that may be issued by the Gover-
or, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, 1 have hereunto set my hand and seal, this
10" day of Ha 6 1891.
Coleph Swander + [L. 8]
Executed in the presence of us:
Lilgardidge
1 X(+, C(h) (A () ()
Jan Nasty habana
Send money to me as follows, by
Send money to me as follows, by to Sheef many R.O.
Z BIRIOTION.

STATE OF GEORGIA. Calhour Lovelah Savanson do certify that I am well acquainted with. 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 repesents himself to be, and that he resides in this county. Given under my official signature and seal, this & day of March **PENSION** SOLDIER'S

POWER OF ATTORNEY, into to resilve, and average for whatever amount of money I may be entitled to Cocords by manes of the fullary received as a forested, in the military service, of States (or of the State), as street the first property affidavit, hereby authorising as received by the Governor, or the state of the first property of the state of the state of the state of the first property of the state of IN WINESS WHEREOF, I have hereunto eet my hand and seal, Jividua An represents him the belled that the reside 80 this County. aid athidavit are true, and that he is a solled, to the County, Georg

resident of said State, and has resided therein continuously ever since the day of 18...; that he enlisted in the military service of the Code federate Shates (or of the See, of 19...) during the war between the States, and served as a 19... in Company of 19... In Regime of 19... Brigade, that whilst engaged.

Person Agric appears 27.

County, State of Georgia, who, being duly aworn, says on eath that he is a dage, the chirch an resident of earl State of the says of the

STATE OF GEORGIA,

For Applicants Heretofore Allowed Pensions

STATE OF GEORGIA	
leachan county	\
PERSONALLY appears Jen	the Swarran
- / / /	ounty, State of Georgie, who, being duly sworn, says
	esident of Georgia, and has been such continuously
	ALA 18 28 that he enlisted
the military service of the Confederate	States (or of the State of
ring the war between the States, and se	rved as a house in Company Q,
45. th Regiment of Maha	Volunteers 4
igade; that whilst engaged in such milit	ary service at the battle of
	on the day of
Lich Ly Sed	y, he was wounded as follows:
apa ay na	- 4
	and the second s
	and the second s
Deponent desires to parficidate in the	benefits of the Act, approved October 24, 1887, and
e acts amendatory thereof, and makes a	pplication for the allowance to which he is entitled for e heretofore been allowed a pension of
A CONTRACTOR OF THE PARTY OF TH	Dollars for Densin
Sworn to and subscribed before me t	this the Cole keh Swanson
J day of mich	_1892. \$
olin & Ragan on	dinary,
Nors.—State fully nature of wound or character tent of the disability.	of disease which causes the disability, and explain particularly the
POWER	F ATTORNEY.
STATE OF GEORGIA	
• • •	{
	' 1
Know all Men by these Presents,	I nat I,
ounty, in said State, do hereby appoint	WA Was Us
Hullon les	my true and lawful attorney in fact, for
and in my name, to receive and receive	lest for substances amount of money I may be antibled to
Confederate States (or of this State),	in injury received as aforesald in the military service of as stated in the foregoing affidavit; hereby authorising or any Warrant that may be issued by the Governor,
y said attorney to receipt in my name for for any sum of money which may be co	or any Warrant that may be issued by the Governor,
IN WITNESS WHEREOF, I have	e hereunto set my hand and seal this. 3 2
y of meh	-1892. Call C
	Boseph Smanson [1. 8.]
Executed in the presence of us:	900
equallege	authinotynessa.
no f. Ragain	and the constant
	IREQUION.
Send money to me as follows, by	ga min

For Applicants Reretofore Allowed Pensions.

Calles	F GEORGIA,	010	(A)	1-1-1-1-1
Paneonally County, Staterof	man forses	LSergerson	of Vall	exec
resident of paid A	PERSONAL PROPERTY AND ADDRESS OF THE PERSONS AND ADDRESS AND ADDRESS OF THE PERSONS AND ADDRESS AND ADDRESS OF THE PERSONS AND ADDRESS AND ADDRESS OF THE PERSONS AND ADDRESS AND ADDRE	ain mantinumusiv a	ath that he is a famo	A CONTRACTOR OF STREET
CHY CLASSIC	Add to the second secon	that he enlisted	in the military serv	loe of the Con-
Rederate States (c	or of the Bon of		during the	war between the
	va Volunteers	Towers	Company (C.; of	th Regimen
	rice at the battle of	Mapla	The state of the s	in the State
of wounded as follo		2 nd day	of fresh	\$64, he wh
Av. 711		A STA	age and	Chipyta
	7/8:		7	Jan 1
m-			4 4	
0	1 6 1	18 a		11:34
ă .				
Deponent d	mins to practitate in the cry thereof, and makes ap otther 26, 1889. I have	besefits of the Ac	t, approved Octobé	24th, 1887, and
the year ending	cuber 26, 1 L. I have	heretofore been	allowed a pension o	e is entitled for
manufacture of the second section	specified before me, th	COURTS for	aid dua	allely
16 1	制作。2.1.1.1011-1870年 - 1870年 - 1871年 - 1871年 - 1870年 - 1870年 - 1870年 - 1871年	1893.	aple Suce	S
m412	usin Ose	No.		
North State fully	sture of wound or character of the	sees which causes the dis	ability, and rapidals parties	forly the extent of the
16.8	GEORGIA,	to inty, Georgia,		1
Send money	to me as follows; by		west Artis	
	in & Ros	RECTION.	Ordinami	of said County
1	m well sequeinted with		Levanson	
The state of the s	regoing affidavis, and am	36		
	rue, and that he to disable			
dividual be repres	ents bidlist to be, and the	at he resided to the	a County.	
I Wintell back	one, which me be coming	age liereunto	ear my hand c	and Sout this
tol any sum of a	foregoige alligaviso were	mady and pow	enidfistionsy i	av algood,vis o
Can y	Georgia by re-son of the	Inman Luciffedia	county, and the so	d affidavits and
O. C.	No. 1 of Principles and the second	1100	true and la sul att	orany in fact, fo
Given under	my official signature and			
pinera mil	Not all House Achie		Bygan	
200	I Como 10	rdinary U.Ma	Charact.	County
STATE OF	GEORGIA.		A SECTION	(
1,20,000	POWER	JF ALTO	RNEY.	1.

Cathain 1891. Maimed Soldiers. mis forefl Swauser Deely 14 1891. Included in warrant No. issued to Treasurer. WARRANT-CLERK.

Audited 7 cb. 14

WM STM GWA

No	822
STATE OF GEORGIA, EXECUTIVE DEPARTMENT.	Allania, Ba. Flety 14 1091.
Mr. Joseph Si	of the County having filed his application in the Executive
	having filed his application in the Executive Act approved October 24, 1887, as amended by Acts
0	9, and the same having been examined and allowed for
He is entitled to receive the sum of.	Pue Handres Dollars
	wance due for the year ending October 24, 189 L hold his receipt on this voucher and return same to
Executive Department for warrant.	Stantin
by the Governor.	SRC'V EXECUTIVE DEPARTMENT.
100	

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

Oulstunden foo Dollars,
per above voucher, this 14 of Gleby 1891.

JR. Bwanson.

WM

Maimed Soldiers. Maimed Soldiers. Voucher No. 1742 March 11 1880. Voucher No. 984 Paid wofoseph Smauson For Lass graff For Loss of ley Included in Warrant No. Included in warrant No. issued to Treasurer. issued to Treasurer.

No. 984,	No. 1942
STATE OF GEORGIA, RENOUTIVE DEPARTMENT. Manta, & Leby 28 189	STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Glanla, Sa., Flely r. 10 90
	EXECUTIVE DEPARTMENT.
Mr. Jaseph Swainson of the County	Mr. Joseph Swanson, of the County
of Calheren having filed his application in the Executive	of Calhour harman his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act.	Department for an allowance under the Act approved October 2d 1887 as amended by Act,
Dec. 24, 1888, and the same having been allowed for	approved, Dec. 24, 1888, and the same having been samples and wed for
To vs of Left leg.	Lass of ley
He is entitled to receive the sum of Court Fice deed Ko Dollars	He is entitled to receive the sum of Quelfeurone Dollars
for such disability, the same being the allow to due or the year ending October 24, 1889.	for such disability, the same being the allowance due for the year ending October 24, 18 90
The Tressurer will pay the same and hold the sweetet on the species and return same to	The Treasurer will pay the same and hold his receipt on this voucher, and return same
Executive Department for warrant.	to Executive Department for warrant
GOVERNOR.	1912stara
By the Governor. Clark Marrison	By the Governor,
CLERK EXECUTIVE DEPARTMENT.	dostAamson
	CLERK EXECUTIVE DEPARTMENT,
100.	11.7
RECEIVED OF STATE THEASURER, R. U. HARDEMAN,	:100
Oue Acceded rad Dollars.	RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
per above voucher, this 28 of He hay 1880.	One Sunored xour Bollars
Los Byanson	per above voucher, this 22 of Oleh 1890
Por W Amiglis	
- 11 W 01 11117W	JReph Swanson

Dollars, . Reph Swanson WMV.

WHEN AND WHERE BORN?

ENLISTED WHEN AND WEEKE?

RANK.

COMPANY AND AUGIMENT? Private Co. C, 45th. Regt. Ala. Vols. Lowery's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? At Atlanta, Ga. July 22nd. 1864 shot in left leg, amputated above the knee.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERL SUPRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERD YOU?

DIED, WHEN AND MERE?

BURIED.

WITNESSES. None

NAME, Swanson, Joseph

YEAR 1891 COUNTY Calhoun

WHEN AND WHERE BORN? Resident of Ga. since Sept. 18, 1828

ENLISTED WHEN AND MIERE?

RANK. Volunteer

COMPANY AND REGIMENT? Co C 45th Regt. Ala Vols
Lowery's Brigade

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Decatur, Ga. - July 22, 1864 - left leg shot off in upper part of thigh.

CAPTURED, WILLY AND WELLT

RELEASED.

WHEN AND WHAPL SUTKINDIALED?

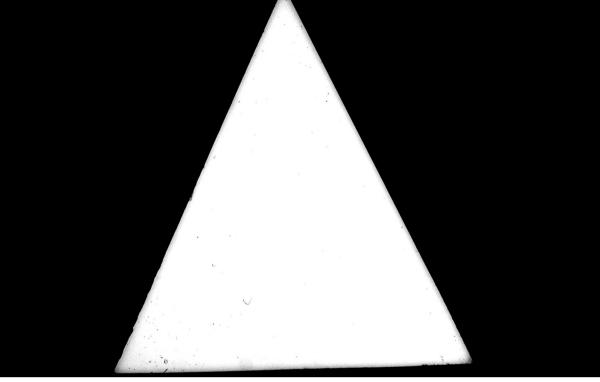
IF NOT IRESERT AT CURRAIDER, WHILE WELL YOU?

None

DIED, WEEN AND ALRE?

BURIED.

WITNESSES.



manner of a			(a)	
Calhoung.		·	.	.
INCIGENT PRINTION.			of Mour	Prop GEORGE
Name J. J. Thornton County Lalloure Co. to garbe Covery Roge.		•		OWER OF
JOHN W. LINDSEY,				Modern
WARRANT HANDED TO	<u>7</u>		Mondon	RY,
Ordinary will write name of Applicant, Company and Regiment on back as indicated above. Our, W. Euvissen, State Prince, Alband, Sa.	• •		[F 8]	Kempy subscring

POWER OF ATTORNEY. STATE OF GEORGIA,

STATE OF GEORGIA,	
to avail himself of the Penning Act (Sention 1994, Octob), hereby submits his proof, and after being two narrows to make to the following questions, deposes and answers as follows: 1. What is your passing and where do you reside? (Glys State Goung and post-offer). Mark the proof passing and where do you reside? (Glys State Goung and post-offer).	duly aworn
2. How long and since when have you been a resident of this State? . A seath 69 games	-
8. When and where were you born? Tittes leaves the . Oa heng 12/1824. When and where and in what company and regiment did you entite or serve? Left 1861 I saile Ca to of 3 to Ba Carraby and on them has and were elected Capitain and afteriored Colors.	ed &
5. How long did gou remain in such company and regiment? I harly am as Cafet if he	colonel
6. When and where was your company and regiment syrandered and discharged? Ohl 15: 1186 to Mean Melloture & Company and Company Stops	
7. Were you present with your company and regiment when it was surrendered? 8. If not present, state specifically and clearly where you were, when you left your command, for and by whose authority? I was a passant and kindly asking has	what cause
9. How much can you earn (gross) per annum by your own exertions or labor? . Molhing	<u> </u>
10. What has been your occupation since 1865?	nd poverty,"
second, "infirmity and poverty," or third, "blindness and poverty"? 13. If upon the first ground, state how long you have been in such condition that you could no support? If upon the second, give a full and complete history of the infirmity and its extensity. If up state whether you are totally blind and when and where you lost your eight? I am I delike the state of the state o	it earn your on the third,
18. What property, real and personal, or income, do you possess, and its gross value?	
14. What property, real or personal, did you fosses in 1894, 1895, 1896, 1897, 1898, 1899, 1897, 1898, 1899, 1897, 1898, 1899, 1897, 1898, 1899, 1897, 1898, 1899, 1897, 1898, 1899, 1898,	
18. In what County did you reside during those years, and what property did you then reluga for ta	Tation?
16. How were you supported during the years 1899, 1900, 1901 and 1909?	
17. How made did your support cost for each of those years, and what portion did you contribute your own labor or income? Asserted the the second of the sec	
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in	each year
19. Have you a family? If so, who composes such family? Give their means of support?	lave they a
homesteed, or giber property? Their ages and how employed? at layer an execution of the both live with our in	Louise
20. Are you receiving any pension? If so, what amount and for what disability?	
21. Have you ever made an application for pension before?	
22. How many applications have you ever made and under what class?	
Sworn to and subscribed before me this the	pplicant,
A Mourae Ordinary,	

AFVEDAVIT	ar entended
STATE OF GEORGIA,	the the
Country	& Ray on his
Personally came before me X MY	
	, both known to me as reputable physician
of said County, whombeing severally sworn, say on on	th that they have emplosed corofelly
	., applicant for pension under Section 1854, Code, and after
such personal examination my that his precise physics	al condition is as follows:
old Indiran and	totally blank
	, ,
and that we have no interest in said pension being allo	ord Mu, H. Ragan
Sworn to and subscribed before me, this, the	Te to
2.0 day of May 100 \$	2 Bousene MI
A. I Monroe	Ordinary.
The same of the sa	
ORDINARY'S	CERTIFICATE.
TATE OF GEORGIA.	
County.	
1. An Morgan	No. of the control of
	Ordinary, in and for mid County, hereby certify
sen a bona fide resident of this State since the	
	. It saven and to
Till of Tagan x 7 Care	iese ·
of trustworthy character, and that their statements	
	going questions the applicant and each witness took the oath is was read to the applicant and witness before same was signed.
	County shows that applicant
eturned for taxation in his name in 1899	Dollars of
roperty, and in 1900	Dollars of property; in 1901
· · · · · · · · · · · · · · · · · · ·	Dollars of property; in 1902
1	Dollars of property.
In my opinion the foregoing claim is.	wade in good faith.
	24 day of 11 14 1905
	And Mourae ardinary.
· S. C.	
	of Calhorn County.
	OTE.
rids: "You shall true anothers make to each of the Que	ary shall swear applicant and the witnesses in the following sections saked of you, and the differes you shall gife will be
1. Additional afficavity may be attached if blank t	pages are inpullations.

No. 1

QUESTION	S FOR WITNESS.
STATE OF GEORGIA,) - De la Carlo de
Calhoun Count	
Jell & Boynt	
as a land former of the smillesting of	2. 7.7 The Line to marke
under section 1254, Code, and after being duly sy	for pension worn to make to the following questions, deposes and
answers as follows: 1. What is your name and where do you reside:	. 8 Moran C Bin Zan
at Diele	Chel- 0 7
2. Are you acquainted with	the applicant; if so, how
long have you known him? Osine	
8. Where dought reside, and how long and sino	se when has he been a resident of this State?
at styly in Calla	in County ever singe I Know to
4. When, where and in what company and regi	ment did he enlist, and how do you know?
	wely I was prot
5. Were you a member of the same company6. How long did he perform regular military du	and regiment?
6. How long did he perform regular military du	rol Of or need Campany She
7. When and where was his command surrender	noil Conline
& de la	
8. Were you present when it surrendered?	de Discon Ont Little
When did he leave his command?	For what cause?
By what authority he left?	How do you know all of this?
by want authority up lost !	atom do you allow an or told !
1. What property, effects or income has the app	licent ? (Giveryous meens of knowledge.)
W. Las to A. A. A.	that I Ken of well to ince
2. What property, effects of income did the appl	Hoant pomes in 1896, 1897, 1898, 1899, 1890, 1891 and 1902,
nd what disposition, if any, did he make of same	. He owned property land land
8. Has he conveyed away any of his property in	the last four years if so, what was it, and to whom?
not that I kin	s of think not
4. What is the applicant's occupation and physic	ical condition?
Has no acoupation	ma Edylle
5. Is the applicant unable to support himself b	
of infinity- and	
6. How was he supported during the years 1898,	
7. What portion of his support for these four ye	The same decimal from his own labor or income?
au I had	sare was derived from the own labor or income.
8. Give a full and complete statement of the a	pplicant's physical condition that entitles him to a pension under
Section 1254, Code? / La is total	4 think, infring & by
near this Amin	23
9. Who composed simily? What property have	they? Children's age and their earning capacity?
Him more	
10. What interest have you in the recovery of a	pension by this applicant?
Sworn to and subscribed before me, this th	
20 day of May 100.5	Witness.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Matherice COUNTY.
16 Lawlen of said State and County, having been present
as a witness in support of the application of fire Alassuton for pensi
under Section 1254, Code, and after being duly sworn true answers to make to the following question
deposes and answers as follows:
1. What is your name and where do you reside?
Recievin Calhania Co. In
2. Are you acquainted with 17 Thousand, the applicant; if
how long have you known him? dines 1800
3. Where does he reside, and how long and since when has he been a resident of this State?
He seides in Calhon Co. of Know since 1860
4. When, where and in what company and regiment did he enlist, and how do you know?
He woodCapt of Co to 3rd An Carraly rained in 1861. I was a number
5. Were you a member of the same company and regiment?
6. How long did be perform regular military duty? Frem full 1861 to surrender
7. When and where was his command surrendered? all 15/1865. Mean
Greenbor N. C.
8. Were you present when it surrendered? Ges
When did he leave his command? For what cause? How do you know all of this
11. What property, effects or income has the applicant? (Give your means of knowledge.)
He has no property
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and wi
disposition, if any, did he make of same? The has somed nothing since
about 1898, when he lost all in a lambuit
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to who
· · · · · · · · · · · · · · · · · · ·
14. What is the applicant's occupation and physical condition? Mer regulation
. He is very I'd and feather Totally blind
15. Is the applicant unable to support himself by labor of any sort, if so, why?
Too old & too feable, beard is his being blind
gara, sea de propositiones de la companya del la companya de la co
16. How was he supported during the years 1808 and 1899? Ly his own labor
17. What portion of his support for these two years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's physical condition that entities him to a pens
under Section 1204, Code ? He was a very hurt old man until be be gon
loving her eye right, then he failed fact and wow since he
is totally Plind, he seem to be very old offeable
10. What interest have you in the recovery of a pension by this applicant?
Sworn to and subscribed before me, this)
the Z 6 day of May 1900.
A. Monere Ordinary.

STATE OF GEORGIA. State of GEORGIA. County. Sistinfon. hereby authorise County. Sistinfon. hereby authorise Attanta to receive and receipt for the pension allowed, and request that he remit same to County at August Sa. WITNESS my hand and seal, this day of faces 1906. Takendar [L. S.] Executed in the presence of A. Montale. Cody.

13	ory	
Commissioner of Pensions.	WARRANT HANDED TO	

JOHN W. LINDSEY

WARRANT ISSUED

POWER OF ATTORNEY.

STATE OF GEORGIA,	
	hereby authorize
to receive and receipt for the pension allowed, and receipt for the pension allowed, and receipt for the pension at Mong	equest that he remit same to
WITNESS my hand and seal, this d	ay of January 1907.
Executed in presence of	mark [L. S.]

Mosulton, J. J., collector Co., Gen 1900 ALLENDY ESPOLLED,

SOLDIER'S PENSI

Na 5241

JOHN W. LINDSEY, Commissioner of Pass WARRAINT HANDED 'NO.

WALKANT ISSUED

1

HOB VEOLGANDS HEVETOROUS ALLAND PERSONS

JIER'S PENS

9061

NDIGENT

No. 2657

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Calkoun	County.
Personally appears	J. J. Thornton of Salhour
County, State of Georgia, who	o, 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 theday of_	18.3/; that he is 74 years old and
by occupation a will su	that he enlisted in the military service of the Con-
federate States (or of the Stat	te of) during the war between the
States, and served for the terr	m of MAA in Company of th Regiment
of Ga Cavaly	tally blive and very feeble wealle
follows: I am to	tall blind and very feable unable
to labor	
the transfer angles of	the following items: Mothing
	Dellar, Lammananian
of the value of	ALO Dollars. I am now earning
by my labor,	Dollars per month. That by reason of his
physical condition and pove	rty he is unable to support himself by his own exertion or
labor, and that he receives n	o pension but the one herein applied for.
Denduent desires to pr	articipate in the benefits of the Act approved December 15th,
1904 and the Acts amendator	ry thereof, and makes application for the pension to which he
in anticled for the weer 1906	I have heretofore, as a resident of leshours
County, been allowed a pens	1005
	ed before me, this the J. J. Thornton.
	and before me, this the
day of	//
· Alle	Ordinary.
State of, Geor	rgia.)
Orthon	County.
1 1 1 1 1	A Mouroe Ordinary of said County,
*)	
do certify that I am well a	equainted with J. J. Thornton.
the applicant in the foregoi	ing 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	
Cluan under	my official signature and seal, this
day of	A. Moisoc
pung .	
Affic your seal	Ordinary lealhour County.
None _	The blank spaces must be filled. Affidavit should not be attested before January 1st, 1900.
Nors.—	Affidavit should not be attested before January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia.	1
	+
Walken County	•)
Personally appears J.J. Jho	uston of Calhoun
County, State of Georgia, who, being duly	sworn, says on oath that he is a bond fide citizen
	has resided in said State continuously ever
since the day of Aug	18.31; that he is 75 years old
and by occupation a no accupation the	nat he enlisted in the military service of the Con-
federate States (or of the State of	during the war between the
	in Company & , of 315h Regiment
of Ma Canaly, Call and I	Line Col; that his physical condition is as
follows: total blindness & a	my fulls.
	11.
1 1	
that his property consists of the following	items: M. vac
of the value of	
	Dollars per month. That by reason of his
	to support himself by his own exertion or
labor, and that he receives no pension but t	
	ie 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 herete	ofore, as a resident of bullyour
à	1000
Sworn to and subscribed before me,	this the 1 9 x Thornton
day of January	1907. Stuart
A. J. Monroe	Ordinary.
State of Georgia,	
Calhoun County	
	AOrdinary of said County,
I, OF O	ordinary of said county,
do certify that I um well acquainted with	ful Thomas
the applicant in the foregoing affidavit, and	ium Well satisfied that the statements made
	know he is the individual he represents himself
to be, and that he resides in this County. Given under my official sig	mature and smal thin
day of gain ar	Ad Monrae
1727	
your geal bern	Ordinary Oalhoun County.

WHEN AND WHERE BORN? August 13, 1826 - Pittsylvanis County, Virginia.
Resident of Georgia about 69 years.

ENLISTED WHEN AND WHERE? September 1861 - Stewart County, Georgia

RANK. Captain, afterwards be Lieut. Colonel.

COMPANY AND REGIMENT? Company E, 3rd Ga. Cavalry

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

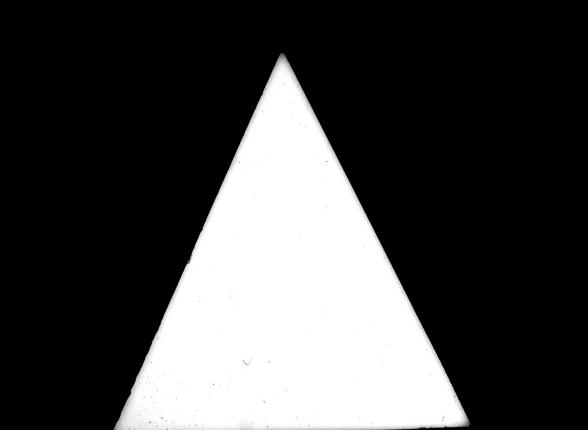
WHEN AID WHERE SURRENDERED? April 15, 1865 - near Greensboro, North Carolina, at Company shops.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE? .

BURIED.

WITNESSES. Jeff L. Boynton - same command -- No data.



Widow's Pension

Widow of Mara Tunan and

514 Rest la Vole

J. W. LINDSBY. Commissioner of Pensions.

8/23-1919

Ordinary's Certificate

STREET, H. Sans Co.

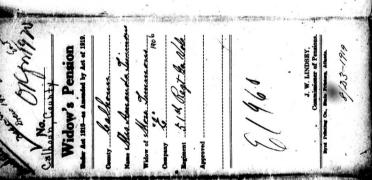
STATE OF GEORGIA,
Lalle sausa COUNTY.
I,
that I know Mis Arramada Justine and the applicant for pension. She
is the person she represents herself to be and she is a bona fide continuing resident citizen of said County
and was on the 4th November 1908; that I also know Ilars Of Regard
the witness who swears to the service of husband; that both of them are now residents of said County and
were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-
worthy, and their statements are entitled to full faith and credit.
Sworn under my hand and official seal of office this 21 day of Assag. 1944. (SEAL) Allows Ordinary,
(SEAL) A Mouse Ordinary,
Calhours County

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

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

such Critinary.

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



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

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

Questions for Applicant

STATE OF GEORGIA,	
· (0 A)/4 Haves COTTONY	
OUNTIL)	
Personally before me comes. Mas. Accessed L. Linnars errs of said State and County,	
and, after being duly sworn, says that she desires to apply for a pension allowed under the Act	
of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to	
the following questions to-wit:	
1. What is your name, and where do you reside! Massersande Lanessand, Margan Sk	
2. How long and since when have you been a continuing resident of the State of Georgia?	
all my life 74 years	
B. When, where and to whom were you married? C.W. 125 1867. in Passochille La Man.	
a. Have you married since the death of first and soldier husband!	
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-	
federate Army or Georgia Militia! (State the arms and class of Service.)	
Meh 4/1862, Calham Co la Co 6 314 Rest Ba Nole	
5. When and where did the commands of your husband surrender or discharge from the army!	
6. Was your husband personally present at the time of the surrender or discharge of this command !	
MJ.	
7. If he was not present state clearly where he wast Calk Co git	
8. Where was his command when he left! Lee 2/2	
a. For what cause did he leave his command? Lichard for disability	-
b. By whose authority did he leave his command! Asul Commandense	
c. For how long was he granted leave of absence? Descharged	
	1
e. What was his physical condition when he left his command? His hand are les suidified there I. What effort did he make to return to his command?	
g. In what way was he prevented from going back to Command	
h. Was he captured by the enemy at any time!	
i If so, when and where captured and where held as a prisoner, and when and for what cause released?	
Que	
j. When and where did your first husband die! OST 14/1904 air Calhorin Calle	
k. Were you residing together when he died!	
1 If not, how long had you resided apart?au	
m. Are you now a widow! 446	
9. Have you or your husband heretofore been paid a pension by the State!	
It so, when and for what cause were you or your husband placed on the roll? Blesses black our	
Sworn to and subscribed before me this the	
11110	n
20 day of Ang. 1914 } March and more of grand	
ot ladsonson County.	
(SEAL)	

MARRIAGE LICENSE

A Zala

Isomed On 1 12/4/One

of Marriage Licensed , 5 1

Ordinary

ORDINARYS CERTIFICATE

Americus Printing Co., Americus, Ga.

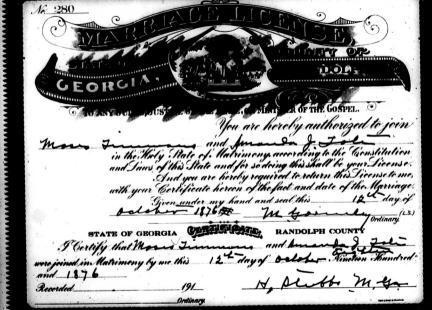
GEORGIA

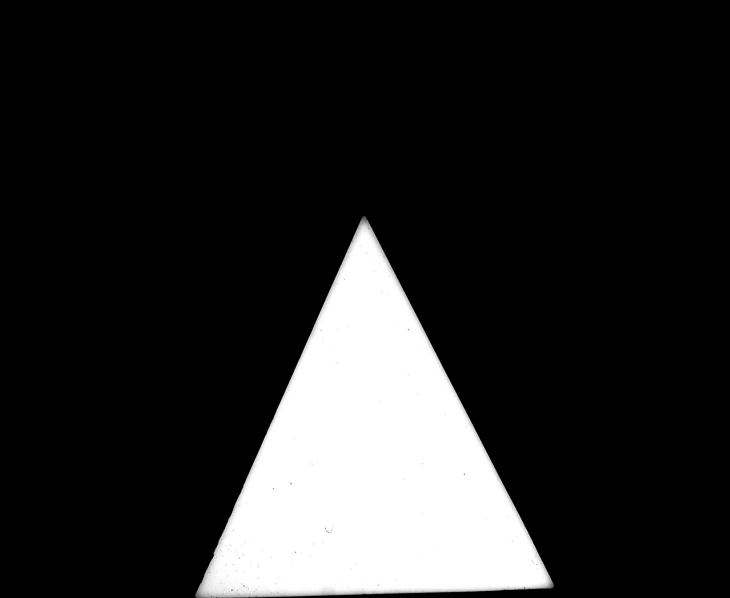
Randrey County.

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•••••						
taken from the records				••••••		(
I further certify that					are in due fo ourt, duly co	

In Witness Whereof, I have hereunto set my official signature and the seal of said Court of Ordinary.

folgo and on officio Clork Court of Ordinary Land and County.





Timmons, Moses INVALID SOLDIER'S PENSION, 190 Namo Mores Timerone Director Duty Amount, \$ 25 JOHN W. LINDSEY, Commissioner of Pensions WARRANT HANDED TO

Com. of Pensions.