

STATE OF GEORGIA.

A CHARLES TO THE

Campbell county. Personally appears foline Il I meeting beautificed county. State of Georgia, who, being duly, an, says on oath that he is a bong hide citizen and resident of said State, and has been continuously since the 'Neight and says of the continuously since the 'Neigh and says of the 'Nei Juice 1865; that he culisted in the millery service of the Confederate States (or of the State of ) during the War between the States, and merved an a Privacie in Company & of 23 % Regiment of in such military service, at the battle of Velocity 's Brigade, that whilst engaged 11 111 ..... State of January Con the 16 day of da wounded as follows: oftal in the care it is and best about the like the thought a minuted tack during was disapretated, about has was between The come and dhousty it.

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 | Him Call Invoice the 9th day of reference 1889 1,6 Just 1 S. Crelinar.

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

#### STATE OF GEORGIA.

Counts

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 day of 188

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

#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

The state of the s
STATE OF GEORGIA,
Cours be (County.
Personally appears I & Come of Come oben
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the day of that he is 6 J years old and by occupation a day of that he enlisted in the military service of the Con-
by occupation a that he enlisted in the military service of the Con-
federate States (or of the State of ) during the war between the
States, and served to the term of the company of the Regiment of Secretary that his physical condition is as follows:
of La- Cove - The that his physical condition is as
follows: I en ever with the live as
2
that his property consists of the following items:
A, ,
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 1904. I have heretofore as a resident of
, uny or
Ordinary.
STATE OF GEORGIA,
Com blece County
2:
Oldinary of said County,
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.
Given under my official signature and seal, this
Oreci didder by ometar signature and sear, this

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

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Campbell County.
Personally appears of Combon for Complete
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 eve
since the 2 day of 180 h; that he is 66 years old and
by occupation a fram, that he culisted in the military service of the Con
federate States (or of the State of
States, and served for the term of
of factory that his physical condition is a follows:
follows: I have Riding Y, thad did of
Le chou
that his property consists of the following tiems: 110 (4,0)
,
of the value of U6 Dollars. I am now earning
by my labor, '/ Dollars per month. That by reason of hi
physical condition and poverty he is unable to support himself by his own exertion o
labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1905. I have heretofore as a resident of Course & first
County been allowed a pension for the year 1904.
Sworn to and subscribed before me, this the
Any of 10. 1905.
M. Cle Corres Ordinary.
STATE OF GEORGIA,
1 1 County County
do certify that Lam well acquainted with
do certify that I am well acquainted with a common for the common of the
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 himsel
to be, and that he resides in this County.
Given under my official signature and seal, this
day of 1905

Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January 1st, 1905.

1

#### STATE OF GEORGIA.

Can ibell

R. G. Beares do certify that I am well acquainted with John M. Brooks the applicant in the foregoing affiderity applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit

are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that N. 6 Brace before whom the foregoing affidavits were made and power of attorney was signed, is a Ordinary. of said county, and that the said affidavits and signatures thereto are genuine

Given under my official signature and seal, this 9th day of February 1889 A le Bravers

Ordinary Careplace County

POWER OF ATTORNEY

STATE OF GEORGIA.

KNOW ALL MEN BY THESE PRESENTS, That I,

county, in said State, do hereby appoint

my true and lawful attorney in fact, for me and in my name, to receive and receipt for 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

Executed in the presence of us

(L. S.)

#### DIRECTION:

Send money to me as follows, by

P.O.

County, Georgia.

#### MOTES

 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."

16g, out the timo must for an purposes or substantially and essentially useress.
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.

STATE OF GEORGIA. Maniphell County.

R.C. Bearing Ordinary of said county. do certify that I am well acquainted with School II. IS -- VE 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 R. le Brance whom the foregoing affidavits were made and power of attorney was signed, is a Odinary. of said county, and the said affidavits and

signatures thereto are genuine.

Given under my official signature and seal, this 11 day of Albreiary 1800

ile lineres

Ordinary Carryline

County

STATE OF GEORGIA. Campbell Conney 1

I. R. G. Geovers . Ordinary of said County.

do certify that I am well acquainted with folicell. Breeker applicant in the foregoing affiliavit, 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

R. G Bearens I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a

Ordinary. of said County, and the said atticlavity are signatures thereto are genuine

Given under my official signature and scal, this 3 th day of February and R' 6. Braves

Ordinary Carry fit. 11 Commes

### For Applicants Heretofore Allowed Pensions.

rot Applicants refetolote Allowed rensions.
STATE OF GEORGIA.
Personally appears John M. Brooks of Compbell 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 13 day of
18(0); that he enlisted in the military service of the Con-
federate States (or of the State of Prise ) during the war between the
federate States (or of the State of States, and served as a fixed of States, and served as a fixed of States).
of Volunteers Volunteers 's Brigade; that whilst engaged
in such military service, at the battle of 1 00 100 100 in the State
of on the day of 186 % he wan
States, and served as a in Company of 10 th Regiment of which in the State of on the 16 day of 10 th service, at the battle of on the 16 day of 10 th service, he was wounded as follows:
Or a form of a referred to the Oriente Con
The transfer of mind
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 childed for the year ending Ogtober 26, 1890. I have heretofore been allowed a pension dollars.
of dollars.
Sworn to and subscribed before me, this the
10 diny of the 1890
NOTE. State fully nature of wound or character of disease which causes the disability and contain nationarily the axions of
the disability
POWER OF ATTORNEY.
STATE OF GEORGIA
County
KNOW ALL MEN BY THESE PRESENTS, That I.
of
county, in said State, do hereby appoint
of 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
service of the Confederate States (or of this State), as stated in the foregoing affidavit;
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforegaid.  N. UTTNESS WHEREOF, I lidve herelilito set my hand and seal, this
day of 189
[1. 8.]
Executed in the presence of us:
Į.
Send money to me as follows; by
to P.O.
County, Georgia.
County, Georgia.

For Applicants Heretofore Allowed Pensions

	applicants in	remotore b	mowed rei	1810118.
	GEORGIA,	).		
Le ainfile	County	v. }		
PERSONALLY	appears John >	Bucks	of . 'pa	.660
County, State of	Georgia, who, being d	uly sworn, says on	oath that he is a bo	na fide citizen an
resident of said	State, and has resided th	erein continuously	ever since the	/./ ~
day of Section		(* .)		
federate States (	or of the State of	lliss.	) during the	wice of the Con
States, and serve	or of the State of ed as a Volunteers	in	Company & of	21 % Detween the
of Massage	Volunteers	Ldans	a Brigada : th	z z th Kegimen
in such military	service at the battle of	Anchor	. Drigane . m	at whilst engaged
of 2	service at the battle of	16 day	of oil was an	186 # ha man
wounded as follo	OWB :			
that one	of the Elter	Louis e.	To but an	
duri wou	and sund um	- was then	· · · · · · · ·	and the
36. L 1:	6 con			,,
	v'v		-	
	desires to participate in endatory thereof, and me			
for the year endi	ing October 26, 1891. I	have heretofore be	en allowed a pension	n of Sie o
Once from	dia of	dollars for the	6 1880	
Sworn to and	d subscribed before me,	this, the ) (	1. 11 13.	1111
10	day of February	1801	22 1 11 14 11 11	- 5 / / ( )
R 6 Bic	wers Ordina	191. )		
Nora - State fully	r nature of wound or character of from the wound or disease.	of disease which causes th	ne disability and exactors of	u de wheele the expensed
the disability, resulting	from the wound or disease.		, , , , , , , , , , , , , , , , , , , ,	
	POWER	OF ATTO	PNEV	
STATE OF		OL YILC	71111	T.
STATE OF		}		
	County			
	Men by these Pres			
of		County, State	e of Georgia, do	hereby appoint
of me and in my na	me, to receive and recei	of for whatever s	y true and lawful att	man be entitled
to from the State	of Georgia by reason of	of the injury receiv	ed as aforesaid in th	e military service
nor, or for any su	ney to receipt in my nar im of money which may	be coming to me	for the reason afore	0.01/
IN WITH	IESS WHEREOF,	l have hereunte	set my hand	and seal, this
	day of		1891.	
				. 4 [i. s.]
Executed in	the presence of us:	1		
		-		
		Sec. 12.		
		RECTION	,	
Send money	to me as follows, by_			
		to		P. O.
		County	, Georgia.	

## STATE OF GEORGIA,

Given under my official signature and seal, this / 5th day of / day of / 189

R. C. Beavers

Ordinary Caref bell

County.

### POWER OF ATTORNEY.

Kn	ow all Men	by these Pres	sents, Th	at I				
of		opposition of the same states	C	ounty, Stat	e of Geo	rgia, do	hereb	y appoi
me and from the the Con my said	State of Geor federate States attorney to re-	receive and receiv	eipt for wh the injury ), as stated for any V	natever amo received as I in the fore Varrant that	unt of mo aforesaid going affi may be in	ney I n in the davit; h ssued by	nay be military ereby	entitled service authorizi
•		which may be co WHEREOF,					and	seal. th
		_day of						
		Prof. Comm.						[t.:
Ex	ecuted in the p	resence of us:		)				
				}				
			IRBO	FION.				
Ser	nd money to m	e as follows, by						
			to					P.
		(	County, Ge	eorgia.				
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		o .						
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`	× 1	\$	200	33			1	11
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7 5		2 7 1	1/3	160	2	1		3
7	1	. <u> </u>	3		3 %	1		1

SOLDIER'S PENSION.

1892.

PORTHEY VEAR EXPLANORMER & LOG.

Name | M. Brain.

Disability & Color of M. M. L.

Amount. \$ 1.6.

W. H. HARRISON.

W. H. HARRISON.

1	
For Applicants Heretofore Allowed Pensions.  STATE OF GEO GIA,  Cacuta County,  Personally appears  of County, State of Georgia, who, being duly aworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the day of the confederate States (or of the State of during the war between the States, and served as a fin Company K.	•
of 23 th Regiment of 1/16.2. Volunteers Adams 's	
in the State of	1
the state of the was wounded as follows: St. of	1
Brigade: that whilst engaged in such military service at the battle of Aug. L. wille in the State of on the law day of a law was wounded as follows:	Ī
	- 1
	- 1
*	- 1
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	1
Dollars for /81/.	
Sworn to and subscribed before me this the day of Mercia 1892  R. & Beauty Ordinary.	1
Note.—State fully nature of wound or character of disease which causes the disability, and explore particularly the	1
extent of the disability	
POWER OF ATTORNEY.	
STATE OF GEORGIA.	
County	
Know all Men by these Presents, That I.	
of	
County, in said State, do hereby appoint	
of 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 aforeasid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal this	
day of	1
[t. s.]	1

County, Georgia.

P. O.

Send money to me as follows, by

federate States (or of the State of Miss ) during the war between the States, and served as a in Company 1, of 23 th Regiment Volunteers Adams 's Brigade : that whilst engaged in of Trus scanfai such military service at the battle of took wille 20 ... day of Alicember , 1864, he was wounded as follows: Phot through the elbory of the left arm from the effect of poor would his left Deponent desires to praticipate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1893. I have heretofore been allowed a pension of Sworn to and subscribed before me, this, the day of moral 1893 febru UL 1 morals R. E. Bravers. Ordinury 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, do certify that I am well acquainted with John m. B. vosts the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in dividual he represents himself to be, and that he resides in this County. I further certify that ... Rb. Beaver before whom the foregoing affidavits were made and power of attorney was signed, is a Ond worn of said County, and the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this 15 day of march R. to Beaucas Ordinary Campbell County

BOMEBUE MICHIL

For Applicants Heretofore Allowed Pensions.

PERSONALLY appears John M. B. volks of Campbell County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and

1865; that he enlisted in the military service of the Con-

resident of said State, and has resided therein continuously ever since the

STATE OF GEORGIA.

Campbell

day of Lane

### POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

Know all Men by these Presents. That I.

County, State of Georgia, do hereby appoint

111

my true and lawful attorney in fact, for

me and in my name, to receive and receipt for whatever amount of money 1 may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

day of

.....[L. S.]

Executed in the presence of us

DIRECTIONS

Send money to me as follows, by

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

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 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 Warrrant 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\_

Executed in presence of us

[1.. 8.]

DIRECTIONS.

Send money to me as follows, by

P. O.

County, Georgia.

### For Applicants Heretofore Allowed Pensions.

STATE OF GEOF	RGIA.
Couch pheer	County

Personally appears Low Me Brookel of Campbeer

County, State of Georgia, who, being duly sworn, says on oath that he is a hone "do citizen and resident of said State, and has resided therein continuously ever since the 10day of Line 1865; that he enlisted in the military service of the Confederate States (or of the State of "111 is al") during the war between the States, and served as a Product in Company K , of 23 th Regiment of Michael Volunteers. & decree 's Brigade; that whilst engaged in such military service at the battle of . Foodwille Free in the State of Jacce on the 16 day of Acc2 wounded as follows: I was short therough the light I bout by a minume toll while the server in the state of true in the year 1864, muchany humasory the ampulation of light one obove the

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 Que a Hundred dollars, for the year 189 of

Sworn to and subscribed before me, this, the Ahn me I would

OUR. State fully the nature of wound or character of disease which causes the healths, and explain particularly the extent

STATE OF GEORGIA. Complete .... 1. RC Beowers

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

Given under my official signature and seal, this

day of Morch 1894

R. le Brauns

Ordinary Campbell

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

personally appears the hooping of the bocis Carce pheel

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of 18 65; 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 rich in Company K, of 3th Regiment of Hilas Volunteers, Advice 's Brigade; that whilst engaged in such military service at the battle of fapiled ille of Jenn , on the 6 day of DEC cebor out which in deroid 10 in

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 Ceen How Open dollars, for the year 189

Sworn to and subscribed before me, this, the 1 11 11 11 11 11 11 11

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

#### STATE OF GEORGIA. County.

do certify that I am well acquainted with I, III Brein 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 upder my official signature and seal, this day of (Corele 1895

R. C. Bearing

#### POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

hereby authorize

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

Executed in presence of us

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

I,

hereby authorize

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 day of

1897.

[L. S.]

Executed in presence of

[L. S.]

SOLDIER'S PENSIO

RICHARD JOHNSON

### For Applicants Heretofore Allowed Pensions.

STATE OF		1
C 16 6.	county.	Í

	/	
Dergo	maile	anneara

in 11, Pountly of I were place 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 18 6 ; that he culisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served as a prince. The in Company K, of 23 th Regiment Volunteers, Advice \_'s Brigade; that whilst engaged in such military service in the State of Jane 16 day of 24 = 1864, he was wounded, injured or diseased as follows: come while in service at builte

. Fortaile dance in otale of tation an ricia 1861 on obour & Outer The the same of and are and are of board would holm

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Co . phil county been allowed a pension of Occa House dollars, for the year 189 1,

Sworn to and subscribed before me, this, the day of the transfer 1896.

Note. State fully the nature of wood for character of disease, which causes the disability, and explain particularly the estent of the disability, recoding from the wound or disease.

#### STATE OF GEORGIA.

County.

A. C. Bearen I, 11. Ordinary of said County, do certify that I am well acquainted with f, 111. Arother the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this

day of 7 " by

of to Brawin

Ordinary.

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, Complee. County.

Dersonally appears All, Another of Complete County, State of Georgia, who being duly sworn, says on oath that he is a hona fide citizen and resident of said State, and has resided therein continuously ever since the 1860 that he enlisted in the military service of the Confederate States (or of the State of 2000) during the war between the States, and served as a Volunteers, Volunteers, Volunteers, Strigade; that whilst engaged in such military service in the State of , on the // day 186 4, he was wounded, injured or diseased of follows I were that Through the or head of light

to hank wice a Derrie and and a comment of the comm

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 County been allowed an invalid pension of Dollars, for the year 180

Sworn to and subscribed before me, this, the day of 1897. POST OFFICE TOTAL

Norn State fills the nature of wound or character of shown which causes the dualities and caption pretendeds the extent he dualities and caption pretendeds the extent he dualities are shown in the fill of the caption of the caption

#### STATE OF GEORGIA.

County.

I. A. C. Record of 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

divof Ja by

A la Sunsky Ordinary Com flore

#### AFFIDAVIT OF TWO FREEHOLDERS

Personally before me comes C.B.Dorris &	.B.Rivers who on oath says that the
freeholders of said County and that they know	rs. Elizabeth Brooks
said County and know what property she owned on 40 nedula (A) as follows 1 House & Lot in Pa	th Nov. 1908, and its cash value to be as set out irburn, Ga. \$800.00
Personal property	\$ 150.00
Notes and accounts due	
Total	, 950.00.
. Schedule (	B).
We know the property sold or given away since N	lov. 4th 1908, its cash value to be as follows:
No Personal property	<b>3.</b>
Money, Notes and accounts .	
Schedule (	C)
We also know what property she has now in her	
Acres of land worth & House	
Horses and Mules	
Cows and Hogs	The state of the s
Other property Personalty	(H. & K. Fur.) 8 150.00
income and earnings	
Total Value of all property	
Sworn and subscribed before me this the	6B Donie
74 Sul Zampbell	rdinary, J. B. Ranam
It & the Larry Or	
It & the Larry Or	County.
W. S. UL Jampbell Or Campbell	County.
ORDINARY'S CE	County.
ORDINARY'S CE	County.
ORDINARY'S CE	County.
ORDINARY'S CE OR	County.  County.  County.  Ordinary of said County do certificate the applicant for pension. Si
ORDINARY'S CE OR	County.
ORDINARY'S CE OR	County.  County.  County.  Ordinary of said County do certificate the applicant for pension. Si
ORDINARY'S CE OR	County.  ERTIFICATE.  Ordinary of said County do certite applicant for pension. Si is a bona fide continuing resident citizen of said
ORDINARY'S CE OR	County.  ERTIFICATE.  Ordinary of said County do certithe applicant for pension. Single both a bona fide continuing resident citizen of said.  the witness who awea.
ORDINARY'S CE OR	County.  Cou
ORDINARY'S CE OR	Ordinary of said County do certificate.  Ordinary of said County do certificate of said county do certificate of said county and continuing resident citizen of said county and were duly sworn by me before significant trustworthy, and their statements are entitled.
ORDINARY'S CE OR	County.  Cou
ORDINARY'S CE OR	County.  Cou
ORDINARY'S CE OR	Ordinary of said County do certificate.  Ordinary of said County do certificate the applicant for pension. Since the applicant for pension of said county and the witness who sweather the witness who sweather the witness who said county and were duly sworn by me before significant trustworthy, and their statements are entitled that the witness who was a county and were duly sworn by me before significant trustworthy, and their statements are entitled that the witness words are supported by the witness who was a county and their statements are entitled.  Returned for Tax is for the witness was a county and their statements are entitled.
ORDINARY'S CE OR	County.  Cou
ORDINARY'S CE OR	Ordinary of said County do certificate.  Ordinary of said County do certificate the applicant for pension. Since the applicant for pension of said county and the witness who sweather the witness who sweather the witness who said county and were duly sworn by me before significant trustworthy, and their statements are entitled that the witness who was a county and were duly sworn by me before significant trustworthy, and their statements are entitled that the witness words are supported by the witness who was a county and their statements are entitled.  Returned for Tax is for the witness was a county and their statements are entitled.
ORDINARY'S CE OR	County.  Cou

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

	for Applicant.
	STATE OF GEORGIA.  County.
	Personally before me comesMERSElizabethBrucks
	on
	1. What is your name, and where do you reside? Elizabath Brooks In Fairburn, — Gamball county Ge. 2. How long and since with have you been a continuing resident in the State of Georgia
	ACMAN. 33 Years, Or Sings 1850.
to Jno.	M. Broowich, where and to whom were you married! Sap. 17: 1868 in Campbell Co. Ga.
	of Georgia Minuta: (Otate the arms and class of Service) III about August 1961
	in State of Miss. in Go. "K"-23rd Reget. Infantry-Yol, of Miss. )  5. When and where did the Commands of your husband surrender or discharge from the army?
	April 26. 1865 in State of N. C  6. Was your humbard personally present at the time of the surrender or discharge of this Command?  No. Shr.
	7. If he was not present state clearly where he was? In Prison at "Comp Chase", O.
	8. Where was his Command when helicit. Dec. 16. 1564. At Nashville, Tenn. a. For what cause did he leave his command. Arm shot off, and captured.
	b. By whose authority did he leave his Command? Captors.
7	c. For how long was he granted leave of absence? Requires no ans.
	e. What was his physical condition when he left his Command? Arm shot off.
	1. What effort did he make to return to his command? Could make none. was in pris-
	g. In what way was he prevented from going back to Command? In Prison as above states
	h. Was he captured by the enemy at any time? Yes Sir.
	and there kept until after close of war.
	J. When and where did your husband die? Dec. 5. 1910. in Fai phung. (le
	K. Were you residing together when he died?
	. If not, now long had you resided apart?
	9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) 1. House & Lot in Pairburn, Ga., worth about \$300.00- Personal property (H. & K. Purniture) worth about \$150.00.
	10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received
3	for it and what did you do with the proceeds thereof? (Give items and cash value.) NGIAR.
(	11. What property of any description of any value have you now? Same as above stated.  Sive list and cash value?
	12. What are your annual earnings or income and their value? [Incert.sin only what I
	make with my Mastle, by sawing. No income at all except from said work.
1	13. Have you heretofore been paid a pension by the State?NoSir
	sworn to and subscribed before me this the Mrs Chifa Leth Snow &
	Many Ordinary
	ofCounty.

#### POWER OF ATTORNEY

STATE OF	F GEORGIA,	)	TORNET.	
-	Count	y. }		
I,		here	eby authorize	
/		. of		
to receive ar	d receipt for the pe	nsion paid here	on and request th	nat he remit same to
		by		
at.				
	NESS WHEREOF	, I have hereunt	o set my hand and	seal, this
day of		1898,	36	
				[ I 8. ]
Exe	cuted in presence of	)		
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		)		
	Z.		<b>3</b>	r.
		, i	, - 1 .	Person
Enrolled.			S/// S/// S/// S/// S/// S/// S/// S//	ANDRO TO
No. 2635			HN	Communication of the ANDED
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\$ E .		46.	ici s	7
0 6		uty	Disability Amount,	
	8	Name County	Ame	

	County.	
I,	hereby authorize_	
-	of	***
to receive and rece	sipt for the pension paid hereon and request t	hat he remit same t
	b <b>y</b>	
at		
IN WITNESS	WHEREOF, I have hereunto set my hand and	seal, this
day of.	1890,	
		. [ L. s.
Executed is	n presence of	

# SOLDIER'S PENSION. (For Those Already Enrolled) INVALID

1899.

Name J. 111. Bre

Disability (74" A 7111

Amount, \$ 100.

RICHARD JOHNSON,

WARRANT HANDED TO

### For Applicants Heretofore Allowed Pensions

The state of the s
STATE OF GEORGIA.
Courty.
personally appears & M. Branks of Care phece
County State of Georgia who hairs duly
County, State of Georgia, who being duly sworn, says on oath that he is a tong fide citizen and resident of said State, and has resided therein continuously ever since the
day of IN I that he enlisted in the military service of the Con-
States, and served as a in Company A. of 2 of h Regiment
States, and served as a Volunteers, Volunteers, States, and served as a Volunteers, Volunt
in such military service in the State of, on the / c day
of 186 //, he was wounded, injured or diseased as follows:
a record wood alout the surreyle the lay at bour
by a let main there wolice in service at
to course of Hostonies France on Auch
16,176 How there state a and me account
of soud intracted so secret it the con-
the covery to any tale my left one
first below it my shoulden
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
county been allowed an invalid pension of
Dollars, for the year 189
Sworn to and subscribed before me, this, the
day of 1898, POST-OFFICE
Le Galery C, de
Norz-State fully the nature of wound or character of disease which causes the disability, and exploin particularly the extent
STATE OF GEORGIA,
County.)
1, A, C. Bernery Ordinance of all Com
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

Ordinary Comphece County.

Given under my official signature and seal, this /9 "

day of Frby

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA. Campbell

personally appears Lan. Browns of family helf County, State of Georgia, who being duly awarn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 15-1866; that he enlisted in the military service of the Confederate States (or of the Brate of Mississippi ) during the war between the States, and served as a Private in Company A of 2 3th Regiment States, and served as a Friend in Company N. of 28th Regiment of Miss 35/4/4 Volunteers, Adams. 's Brigade; that whilst engaged in such military service in the State of Line on the 16 day of December 1814, he was wounded, injured or diseased as follows:

I 1448 Shot Through the chough front of my left a sur in the houtly of Northill Zenn.

My left a sur in the houtly of Northill Zenn.

My left a sur mos a philadista bond the elbough fourt from Said wound

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1899. I have heretofore under said law as a resident of one hand store allowed an invalid pension of

Sworn to and subscribed before me, this, the 1 / 16/2 , c. /1/

14 day of February INHO. POST OFFICE Fairburn. Ga

A. Step hears or dinary Nova State tilly the nature of wound or character of disease which causes the disability, and explain justicularly the

STATE OF GEORGIA. County.

do certify that I am well acquainted with Lill. Brooks 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 bimself to be and that he resides in this County.

Given under my official signature and seal, this 14

#### POWER OF ATTORNEY.

TATE OF	GEORGIA,	unty.}	180			*
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1	4		of			
receive and	receipt for the	pension pa	id hereon and	l request	that he	remit same to
			by			
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IN WITH	NESS WHERE	OF, I have	hereunto set n	ny hand a	nd seal,	this
y of		_1900.		•		
						[L. S.]
Execut	ed in presence o	of				[#. b.]
ZZCCII	ed in presence c					
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F			1 1	Amount, \$ Warrant issued	JOHN W. LINDSEY	1 3 5
		11	1/1 5	7 H		1 8 7
<b>F</b>	=		County	Amount, \$		

			POW	ER	OF	ATTO	RNE	Y.		
		GEOR			}					
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to rece	ive and	receipt	for the	pensi		hereon and		that he		
• • • • • •	D-1 2008 - 100				1	у				***************************************
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$\overline{}$			S		Na N	County Disability				

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, Jampbell

Dersonally appears Lim Brooks of Lumpbell	
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	
15 day of first 1865; that he enlisted in the military service of	
the Confederate States (or of the State of tween the States, and served as a Private, in Company R, of 28th	
Regiment of Miss Volunteers, Adams 's Brigade; that whilst	
engaged in such military service in the State of Jennusy on the 16	
day of AtCimilar 186 H, he was wounded injured or diseased as follows:	
In the battle of Nashwill Jinn was shot	
through the ellion and the left about hel	
the fort all to see so that my arm had to	
The family and had the	
be amon toted above the elbow	
er en	
Deponent makes application for the pension to which he is entitled for the year	
ending October 26th, 1900. I have heretofore under said law as a resident of	
County been allowed an invalid pension of	
County been allowed an invalid pension of Dollars, for the year 1899.	
Sworn to and subscribed before me this the	
Sworn to and subscribed before me, this, the file / needs	
day of Jilaron 1900.) POST OFFICE Harobusm. Jg.	4
J. Ite phins- 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 u.e. wound or disease,	
STATE OF GEORGIA,	
I. J. Stephens Ordinary of said County,	
11 A ATTI	
I, Ordinary of said County,	
do certify that I am well acquainted with frm. Isrolls the	
applicant in the foregoing affidavit, and am well satisfied that the statements made by him	
in his said affidavit are true, and I know he is the individual he represents himself to be	
and that he resides in this County.	
Given under my official signature and seal, this	
day of Morch 1900.	
1 2 - oftephens	
Ordinary Leampbell County.	
county.	

### For Applicants Heretofore Allowed Pensions.

STATE O	F GEORGIA.	. )			
Com	Here co				
,	appears Jul	A-	11.	0.	shee
Personally	appears	· spoo		of Cocc	- Joseph
County, State of	Georgia, who being d	uly sworn, say	ys on oath tl	nat he is a bo	na fide citizen
	id State, and has resi				
day of	1865;	that he enlis	sted in the n	nilitary servi	ce of the Con-
federate States (o	r of the State of	_	) d	uring the wa	r between the
States, and served	Volunteers,	11.	in Company.	/L', of 20	th Regiment
01	Volunteers,	7	's Bri	gade; that w	hilst engaged
of Ve	service in the State o	1_0.02		, on the	day
		he was wound	led, injured	or di <b>se</b> ased as	follows:
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of four	· y Koo hu			DE e	16.186
soid wo	send mu	-drie	ym	eero	my elec
our fire	alion y	soid	eff	one	
	8	•	•		
	. bear				-
-	kes application for			Children Children Children and Child	-
Our He	subscribed before me	heretofore to Cour	inder said ity been allo the year 194	law as a owed an inva	resident of lid pension of
Norm.—State fully ularly the extent of the	the nature of the wound or disability resulting from the	character of dise wound or disease	ase which cause e.	s the disability,	and explain partic-
	S. He Lo	, in		Ordinary of	said County,
do certify that I	am well acquinted w	ith 12	us	voks	the
applicant in the fo	regoing affidavit, and	am well satis	fied that the	statements	
in his said affidavi	t are true, and I kno	w he is the it	ndividual he	represents h	imself to be
and that he reside	s in this County.				
,	Given under my o	fficial signatu	re and as-1	this 11	are
w s	of July			tnis	April 19 Company of the
daÿ	01	1901	me	W. I	٠.
Ama		•	11.0	, ,	m
	-	Ordinary	Com	Loca	County
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#### POWER OF ATTORNEY

Prosty John M.

POWER OF ATTORNEY.	POWER OF ATTORNEY
STATE OF GEORGIA,	STATE OF GEORGIA,
County.	County,
I, / . hereby authorize	I,hereby authorize
of	of
to receive and receipt for the pension paid hereon and request that he remit same to	
_by_	. by
at	at
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 1902.	day of
[L. S.]	[L. S.]
Executed in presence of	Executed in presence of
	*
	The second secon
ED	
No.   PENSILED  DISABLED  OLDIER'S PENSIO  1902.  1902.  IPO2.  I	CONTRACTOR 190  TON THOSE AIRLADY ENFOLLER,  No. C//  DISABLED  OLDIER'S PENSIO  1903.  Regiment ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
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E 10 10 10 10 10 10 10 10 10 10 10 10 10	

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

and the state of t
STATE OF GEORGIA,
County.
Personally appears . M. 18 months of Compbell
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
federate States (or of the State of the States, and served as a
ofVolunteers, 's Brigade; that whilst engaged
in such military service in the State of , on theday
of 186 , he was wounded, injured or diseased as follows:
i'm a dhat classing who albout of light
some by a tel many there while in
The way for to the in y and left one
(contracts)
Marine Control of the
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1902. I have heretofore under said law as a resident of
County, been allowed an invalid pension of
County, been allowed an invalid pension of Dollars, for the year 1901.
Sworn to and subscribed before me, this the . L. L
day of 1902 Post-office
24 Jacob Leading Ords
Note. State fully the nature of the would or character of disease which causes the disability, and exploin particularly the extent of the disability resulting from the would or disease.
STATE OF GEORGIA.
County.
do certify that I am well acquainted with 2 700 Condinary of said County,
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this
day of
\{ Ams \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Ordinary_ County.
Note.—Fill all blanks and of Company and Regiment. Note.—All vouchers and affidavits must bear date after January 1, 1992.

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Complete County.
Personally appears the let Brooks of Comphee
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 that he enlisted in the military service of the Con-
during the war between the
federate States (or of the State of lift and during the war between the States, and served as a lift in Company K, of 23 th Regiment of lift and Volunteers, Adams is Brigade; that whilst engaged
in such military service in the State of
of 186 4 he was wounded, injured or diseased as follows:
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To the Total of thork
vices Tracer ou Duc 16, 1884 wilich
would recessful the one futu-
how front to gloring
and the same of th
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1903. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1902,
Sworn to and subscribed before me, this the
day of Post-office.
Nors. 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,
Complete County
12 6 12, 6 4
do certify that I am well acquainted with fire to hoo with
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this_
day of
Affix your
here Ordinary County

Nors.-Fill all blanks and of Company and Regiment. Norm.-All vouchers and affidavits must bear date after January 1, 1908. County.

#### POWER OF ATTORNEY.

STAT	re of	e G EO	RGIA.				Manager of Manager of					
					COUNTY.							
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to rec	erve ar	nd rece	ipt for t	he per	nsion paid		and r	equest t	hat he	remit	same	ю
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at.												
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day of.	40 M			190	)4.							
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FOR THOSE ALREADY ENROL			10		Name	County Co.	Disability C			Í	ŀ	
Ξ			S		Z	රී රී	Dis			1	·	

#### POWER OF ATTORNEY.

STATE O	F GEORGIA,	}	
	I,.	DUNTY.)	hereby authorize
		of.	3
to receive a	and receipt for the pe	nsion paid hereon, and req	uest that he remit same to
-		.by.	
at.			
In Win	TNESS WHEREOF, I hav	e hereunto set my hand an	d seal, this.
day of.		1905.	
			( L. 8.]
Exe	cuted in the presence	e of	
4 3	· N	) §	1965;
Constitution (200) FOR THOSE ALREADY ENROLLED No. 457	DISABLED OLDIER'S PENSIO 1905.	and foliate (1) In order of the country of court of the country of	JOHN W LINDSEY.  (Ammasserier of Prostors  WARRAN ENDED TO  CATALOGUE WAS A CONTROL TO  TO STREET MANUAL WAS A CONTROL TO  ON WAS A CONTROL TO STREET

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

LOW WILDLOWNIS HEWELDLOND WPPOMEN LEWSIONS.
STATE OF GEORGIA,
Com phece County.
of of
County, State of Georgia, who being duly sworn, says on outh that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the
day of that he enlisted in the military service of the Con-
during the war between the
States, and served as a find of the Regiment
of William Volunteers 's Brigade; that whilst engaged in such military service in the State of our the 1/6 days
of the was wounded, injured or diseased as follows:
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al bow by a much four which
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and control would be the
of soid left one
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1904. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1903.
Sworn to and subscribed before me, this the
At I we for Post-office to the fire
Norz. State fully the nature of the wound or character of disease which causes the disability, and explain
particularly the extent of the disability resulting from the wound or disease
STATE OF GEORGIA.
County.
I. It. J. W. Lory Ordinary of said County,
do certify that I am well acquainted with U
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.  Given under my official signature and seal, this
day of 1904
(AMI) It I we Ton
Poor   C   C   C   C   C   C   C   C   C

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

Note.—All vouchers and affidavits must bear date after January 1, 1904.

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEOR	GIA,	)
· Campbell	COUNTY.	)

Personally appears force. All. Agroches of Construction of Country, 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 Indiana of INGO; that he enlisted in the military service of the Confederate States (or of the State of INGO; that he enlisted in the military service of the Confederate States (or of the State of INGO; that he enlisted in the military service of the Confederate States (or of the State of INGO; the States of INGO; the Regiment of INGO; the Wolunteers of INGO; the Was wounded, injured or diseased as follows:

INGO; the was wounded, injured or diseased as follows:

INGO; the was wounded, injured or diseased as follows:

INGO; the was wounded, injured or diseased as follows:

INGO; the was wounded, injured or diseased as follows:

INGO; the was wounded, injured or diseased as follows:

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INGO; the was wounded, injured or diseased as follows:

INGO; the was wounded, injured or diseased as follows:

INGO; the was wounded, injured or diseased as follows:

INGO; the was wounded, injured or diseased as follows:

INGO; the was wounded, injured or diseased as follows:

INGO; the control of the Control

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1905. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1904.

to and subscribed	d before m	e, this the	Chot	(211	1.1	
day of		1905.	TOFIIC	. // (	177	i che
			Post-office		* :	
	a to and subscribed	a to and subscribed before m	a to and subscribed before me, this the day of . 1905.		The state of the s	day of 1905.

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.

SŢĄŢ	ΈC	F G	EOR	GIA,		)
Com	7	p. L	111	COU	YTY.	(
I.	17	. " 1	166		0-1	4

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

}

Ordinary

Count

Nove -Fili all blanks and of Company and Regiment Nove - All vouchers and affidavits muss bear date after January 1, 1905

#### POWER OF ATTORNEY.

		The state of the s	
	STATE OF GEORGIA,	)	
		COUNTY.	
	/ I		hereby authoriz
	/		neresy additions
	to receive and receipt for th		request that he remit same to
	and receipt for the		
		_ by	Andrew Control of the last
	at	CALCULATE SECURIOR SE	
			nd and seal, this
	day of18	906.	
			L. S.
	Executed in the present	re of	
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	E	2	
		18, 7,611	8
		F + 4.	- 19
-	ED	. 6 6 0 %	P Pranton
1		0 2 8 4	DOBN W. LINDSEY.
7	7.5 1	S Contraction of the second	N I I I
ź,	No. V. V. DISAB	Z . : 22 ; .	E O E
ş		0 20	JOHN WARRANT
5		<b>→</b>	ARE L
¢		in A " h	, t
)		Name County Co. Disabilii	Amount
		. Na Co. Co.	ā

#### POWER OF ATTORNEY

STATE OF GEORGIA,
County
Mis hereby authorize
to receive and receipt for the pension paid hereon, and request that he remit same to
by hand
at Trough
In WITHUSS WHEREOF, I have hereunto set my hand and seal, this
day of daily _1807. Ichn 111 13 with [L. a.]
Executed in presence of
- mid Ill'Course to

SOLDIER'S PENSION

1907.

JOHN W. LINDSEY,
Commissioner of Pension
ARRANT HANDED TO

WARRANT HANDED TO

F HAMMES, -TATE PRINTER, A

#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

TOR ALI DIONNIO HUMBIOI OND NUDO IL DIOIONO.
State of Georgia,
Personally appears I'm Boothe of Comphen
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 1864; that he enlisted in the military service of the Con-
federate States, (or of the State of August 11 the minimal service of the Con-
States, and served as a 2 0 of the in Company "[C", of 2.1 th Regiment
of Wolunteers Volunteers 's Brigade: that whilst engaged
in such military service in the State of Jenne, on the 16 day
of 1160 186 he was wounded, injured or diseased as follows:
by a lecimen back while in marked
district of bourse of ordered, and don't
concered Careda the armfulations
ford of the
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1996. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1905.
Sworn to and subscribed before me, this the 9 1/(1910 of 1)
Post-Office To the form
Note -State fully the nature of the would or character of disease which causes the disability, and explore particularly the extent of the disability resulting from the would or disease.
County.  County.  County.  County.  County.  Cordinary of said County of certify that I am well acquainted with Juc. Drooff 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 1988 official signature and seal, this
day of John Jobs.
Ordinary County
Nors Fill all blanks and of Company and Regiment.

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

THE TOTAL MEDICAL
State of Georgia,
Personally appears to the Ut. Fronts of Campo seen
Personally appears John U. Grootlo of Cam obell
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 June 18 6 : that he enlisted in the military
federate States for of the State of - 144
States, and served as a free in Company / " of 23 th Raymon
States, and served as a fraction in Company 1/2, of 2 3 th Regiment of Wisson Volunteers of Queen 's Brigade; that whilst engaged
in such military service in the State of, on the_/ 6day
of 186 #, he was wounded, injured or diseased as follows:
I was shot this left our at el for by
a Upinia toll of tout of look hacel
on true 16,1 16 4 and positione 4 to
and the state of t
mening me und me was any the
and on Lation of soil light one
E
8

Deponent makes application for the pension to which he is entitled for the year ending. October 25th, 1807. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1800.

Sworn to and subscribed before me, this the

7 day of Journ 1907.

2. Lucconiu, Cody Postoffice Four June 12

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

particularly the extent of the disability resulting from the wound or disease.	
State of Georgia,	
County Lie County.	
1. Fr. S. Luc Lanin	_Ordinary of said County
do certify that I am well acquainted with John U.	- Prooplo
the applicant in the foregoing affidavit, and am well satisfied t	hat the statements made
by him in his said affidavit are true, and I know he is the indivi-	dual he represents himsel
to be, and that he resides in this County.	-
Cinn	7 lu

day of Jacry 1905.

Ordinary Cause de County.

Nors.—Fill all blanks and of Company and Regiment. Nors.—All vouchers and affidavits must bear date after January 1st, 1997.

bere

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

Nors. — All vouchers and affidavits must beer date after January 1st, 1906

Questions for the Witnesses as to Service of Husband and Marriage.
STATE OF
allone Com, egh a
Personally before me comes 1640, DV. Sarrett who after
being duly sworn true answers to make, to the following questions, answers as follows:
1. What is your name and where do you reside?
2. How long and since when have you knownapplicant?
3. How long and since when has she continuously resided in this State? (Give date.)
A. What and the state of the st
4. When and to whom was she married?
5. How long and since when did you knowher
husband?
6. When and where did.
the husband of Applicant die?
7. Where the Aplicant and her husband living together as husband and wife at the date of his
death?
If not, how long did they live apart before his death?
Were they divorced?
9. When, where and in what Company and Regiment did A. C. Born 18.0 enlist?
Lug Medded a copie I think pin 1861 belang
- Cur Court of Tops I Mande I De la Court
to loo(K) 23rd Ulies Regt Sufactory
10. Were you a member of the same Company? I Little Mayor of The Kagt
11. How long within your personal knowledge did he perform actual military service with his Com-
pany and Regiment? Fearm 1861 to 1864
12. When, and where did his Command surrender, and was discharged? Date 2 remodered to The
5 A 1774 Col 1 27 24 (1.14)
Eurny Dec 162/864 at Washville
13. Were you personally present when it was surrendered?
were you and how came you there? I was
Gourmanding the Regt
14. Was the husband of applicant personally present at surrender?
where was he? St Mashville Lean when, where and for what
cause did he leave Command? (Give date.) By whose authority did he leave his Command? and how
long was he granted leave? How do you know all this?
Let un state That aumory would cause ou to State
That John, 24 Booles was true and worthy shind her
15. For what cause, if you know of your own knowledge was he prevented from returning to his
Command? The war wounded talken Discourse
16. What effort did he make to return to his Command and how do you know this? Of your
own knowledge or how?
Sworn to and subscribed before me this the
Sworn to and subscribed before me this the 24 day of Gangt 1911 2 Wapor 25 Wief Reg
Major 25 chip ruge
Shipping and
noting thible Many thinks
Of County.

STATE OF CEORSIA,
Franklin County.
Personally before me comes. J. R. Xanata who a
who at the summer of the college of the following questions, answers as follows:
1. What is your name and where do you reside? J. B. Land from Ream Mittallie. Also
2. How long and since when have you known. J. Market Harman Miles Miles applica
3. How long and since when has she continuously resided in this State? (Give date.)
Give date.) ,
4. When and to whom was she married?
5. How long and since when did you know Starts
usband? 1557 5 1863
6. When and where did for the barrely of the barrel
he husband of Applicant die?
7. Where the Aplicant and her husband living together as husband and wife at the date of
outh? I durch thend
8. If not, how long did they live apart before his death? I don't
ere they divorced? 2 don't 12 my
9. When, where and in what Company and Regiment did. Julia Company enli
Company 14. 23 Roganial Antoning Voluntian Maries
I I To the standard of the sta
of atter fant of any on ft of saf 186
10. Were you a member of the same Company?
11. How long within your personal knowledge did he perform actual military service with his Co
ny and Regiment?
12. When, and where did his Command surrender, and was discharged? I don't / Years/
13. Were you personally present when it was surrendered? If not when
2
I some front to h B 7 mind command
2 from the word are strong about this high Process  14. Was the husband of applicant personally present at surrender? If n
ere was he?
ise did he leave Command? (Give date.)
by who
thority did he leave his Command? and he
g was he granted leave?
15. For what cause, if you know of your own knowledge was he prevented from returning to h
nmand?
16. What effort did he make to return to his Command and how do you know this? Of you
n knowledge or how?
Sworn to and subscribed before me this the
day of Mangaret 1911
John Dozzell Intary Code: com
of Boursealthickle Johnson Lounty. ale

Alaboma, Franklin County.) I, John T. Ezzell, Motery Public of said county, certify that the witness, ". E. Lawler, is truckership this statements entitled to credit. Ithus my hand & seal of Office, this 2.1 ft day of Chemical 1911.

Application for Pension
Due Desessed Pensioner Under Act 1904

W. S. W. L. Down Ordinary,

Of Co. X. L. W. Lindsey,

J. W. LINDSEY,

Commissioner of Pensions.

NAME, Brooks, John M.

YEAR 1889 COUNTY Campbell

WHEN AND WHERE FORM?

ENLISTED WHEN WID WARE?

RAMK.

COMPANY AND R MIMIT? Intrate Co. E, Lord. Got. Mississippi Vols.
Adams oriende.

NAME OF CAFLLIS AND CLOSEL?

WOUNDED? Has ville, Tenn. ecceiber 16th. 1664 shot in left arm just above the elbow.

CALTURAD, MAN A CONTRACT

RELEASED.

When it will a to the term ?

IF NOT TRUE ALT AND COMMISSION, AND ADDRESS TO THE

Diana, Mish all all 2

BURIED.

JITNESSES. Tone

NAME, Brooks, John M.

YEAR 1879 COUNTY Campbell

WHEN AND WHERE FORIN

#### TED #### 371 4.5427

Hall. Private

COMPANY ATT RESIDENT? CO K 23rd Regt. Mississippi Vols.

NAME OF SAFAIR ASSOCIATION

SCHOOLS Reshville, Tenn. - December 16th, 1864 - Arm - amputated above the lebow on same day of wound.

brl.EA. will.

IF NOT IN COME AND ADDRESS OF A PARTY OF

DIEL, Will die wei 17

PURLED.

TITHLESES. John I Camp, T & Handley, Thomas E Pennington

No data

#### Application for Pension Due to a Deceased Pensioner,

PRINCIPLE ACT OF ACCUST 12, 1994, TO HE PAID TO THE ORDINARY POR

Georgia, Gamples County.
Personally before me, the Ordinary of said County, comes
A Upeliereh of said County, who, after being sworn on
oath, says that he knew John U. Grooks of said County, and
that he was on me this rales Pension Roll Campber
County of the of his death, which occurred in Court of Leu County,
in this State, on the se day of Nee 1940, and
the Pention of dus hundred Dollars was due him and
mond at the state of his death. That he left he widow or dependent children surviving
him, and no salte of any value sufficient to pay his functal expenses, which amounted to
Dollars, as per sworn statement,
the deliberation of the second
Sworm to and subscribed before me, this
for a day of Faty 1000 Jet whehereh
MSM Form Ordinary,
Courfbell County.
4
Georgia, Cam John County.
I, W. J. Ule Lower , Ordinary of said County, do certify
1 1111 - 1 1
territal to the other manus of a second
citisen of said County, and that he is of a truthful and trustworthy character, entitled to
full faith and eredit.
I also know while in life;
that he was the same person whose name appears on the
"Benshar Roll of Care four County, and was paid a Pengion of
Dollars in said County for 180/0
mand Linow believe him to be dead,
Given under my hand and official seal, this will day of Jan 1900.
perspheniper and con wall & M Ordinary,
County.

### Brookes John M MM No. Camplie Application for Pension. Due Deceased Soldier Under Act 1891. Mrs. leez abelle Moul Widow of John Campbell of County Reg't.

J. W. LINDSEY,

APPROVED AND PAID.

#### Application for Pension Due Deceased Soldier

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Campbell County.	
Personally before me comes Mrs. Elikabeth Brooks	, of said county,
after being duly sworn, on oath says that she is the widow of John !!	. Brooks
who was duly enrolled as aDisabledPension	ner from the county
of Campbell and was paid a pension of One Hun	
Dollars from 5a1d county for 790	, and that the said
John M. Brooks died in Campbell	county on
the 5th day of Dec 1940, and at the time of	f his death a Pension
of \$100.00 was due him from Campbell	county
and unpaid for 1961. Applicant further swears that she married the	
Brooks on the 18th day of	
1868 in Campbell county and State of Ja.	and
resided with him from the date of marriage to his death as his law	
his dependent widow, and she asks that the Pension so due and unpaid	
Sworm to and subscribed before me this to the day of Jacketh / Compbell County. Clare to the light of the lig	n. 10011.
AFFIDAVIT OF WITNESS.	
GEORGIA, Compbell County.	
Personally before me comes	who
on oath says that he knew John M. Brooks	
and that he knows his widow, Mrs. Elizabeth	Brooks
the above applicant; that he knows that the said	
andwere in due form of law ma	
ofin the State of	
the day of	
day of190and I now know that she is h	
Sworn to and subscribed before me thisday of	190
Ordinary,	
County.	

Suc Cer. Papy Illornoya Simesu

		Campbell to		Canalil
į				Campbell
	4	Maimed Soldiers:		1891.
	*	Voucher No. 8-86		Maimed Soldiers.
Audited	1 <b>8</b>	Amount \$ 100.	Audited1891.	Voucher No. 181
	COMPTROLLER-GENERAL	Paid MO.M. Brooks	COMPTROLLER-GENERAL.	Amount \$ /67
		For Laws of and		Paid to MO M Property
	4	- arm	•	For Loss of Am
		July 11 1890		Deh 1 1891.
¥		· /-		/ /
	j 1	Included in warrant No.		Included in warrant No.
		issued to Treasurer.	1	issued to Treasurer,
		18	1	1891,
		WARBANT CLERK.		WARRANT CLERK
		W. J. Callaphell, State Printer, Constitution Job Office.		Geo. W. Harrison, State Printer, Atlanta.
		applicant		(110
				Whileant

No. 886
REPORTER DEPORTMENT   Allanda, Sa. S. S. 11 11 1090
of the County of Caugh Cell having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act.
having filed his application in the Executive bepartment for an allowance under the Act approved October 24, 1887, as amended by Act,
a go of and allowed for a go of a go of the same of the same having been examined and allowed for a go of the first of the same of the sam
Dollars or such disability, the same being the allowance due for the year ending October 24, 18 900
The Treasurer will pay the same and hold his receipt on this voucher, and return same
Executive Department for warrant  Street Governor,  Governor,
v the Governor, Governor,
WASANISM CLERK EXECUTIVE DEPARTMENT
A STATE OF THE VEHICLE

Dollars, per above voucher, this

Pohn M Broad Dollars, 1897

of College bell having filed lies 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 He is entitled to receive the sum of for such disability, the same being the allowance due for the year ending October 24, 1891 The Treasurer will pay the same and hold his receipt on this voucher and return same to Executive Department for warrant By the Governor. RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia Que Necedica y a x / per above voucher, this of Jeeley 1801.

No. 18 1 Allante Sa Hely 7

STATE OF GEORGIA.

State of Georgia, Campbell County.

To any Minister of the Guspel, Judge of the Superior Court, Justice of the Inferior Court, or Justice of the Peace- To Celebrate:

You are hereby authorized and permitted to Join in the Honorable Jno.
State of matrimony \*\*\*\* M.\*\* Brooks and Miss Elizabeth Posey, according to the Rites of your Church, provided there be no lawful cause to obstruct the same according to the Constitution and Laws of this State, and for so doin; this shall be your sufficient License.

liven under my hand and seal, this 16th day of Sept. 1868.

R. C. B-avers, (Seal)

I hereby certify that John H. Brooks and Miss Elizabeth Posey were Joiner to tether in the Holy Bans of matrimony on the 18th day of Sept. 1868; by me.

. A. Smith, M. G.

Georgia, Campbell County.

I, W. S. McLarin, Ordinary of said county, do hereby certify that the above and foregoing is a correct copy of the marriage license abd certificate of marriage of John M. Brooks and Miss Elizabeth Posey, as appears of record in my office, in marriage records, book "C"- page 115.

bitness my hand and seal of office, this Jan. 7, 1911.

M. S. M. Lorus, Ordinary,-

Maimed Soldiers.

Audited 7th. 11 1889. Voucher No. 33(

Part to fill IN 13 mills

Syl arm

Included in Warrant No ::

1880

WARRANT CLERK

W. I. Campbell State Printer Constitution L. L. Con-

approant

ollan Allo object FORES

Militar dia. db .....7

.... Private

Salar F Adrich L. 11 1.19

Nashville, Tenn. December 16th. 1864. shot through left elbow

Current, 1

No. 331

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. \ Manta Bu Tohny 11 1549

Mr. John Jn. Y Brecks

of Mounthell 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

Jovs of Jest am

He is entitled to receive the sum of Children Y AM Dollars for such disability, the same letters the allowance due for the year ending October 24, 1889

The Treasurer will pay the same and hold his receipt of this saucher, and return same to Executive Department for warpant.

CAN Hamon

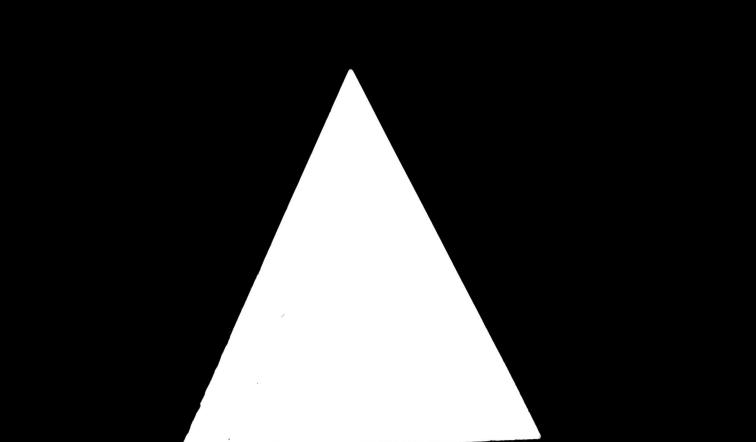
RECEIVED OF STATE TREASURER, R. U. HARDEMAN

Om Humara YEARA

Dollars

per above voncher, this

July of Michael 4



Brown Kith 1498 Brown W. Campbell Supported.  (For Those Already Enrolled.)  No. 2203		Executed in	<b>5</b>	IN WITH	<b>B</b>	to receive and receipt for the	
INVALID SOLDIER'S PENSION.		ted in presence		IN WITNESS WHEREOF.		receipt for th	-
1899.		ef.					-
Sounty Champoliely Manbility Seg	l		1000	I have hereunto s	by.	pension paid hereon	-
21.1- 1809.				y mily franci		carlor par	-
RICHARD JOHNSON,  Commissioner of Pensions.				and scal, this		st that he	
WARRANT HANDED TO				this		remit same	
GEG. W. HARRISON, STATE PRINTER, ATLANTA			[S]			B B	

ATTORNEY.

no data

#### AFFIDAVIT OF TWO FREEHOLDERS

STATE OF	GEORGIA,	
	County.	
Personally	before me comes	who on oath save that the
are freeholders of	said County and that they know	and on oath says that they
of said County and	know what property she owned on 4th Nov. 1908,	and its cash value to be as set out by
Schedule (A) as f	ollows	
/	Personal property	×
	Notes and accounts due	
	Total	
	•	• • • • • • • • • • • • • • • • • • • •
Wa kanan th	Schedule (B).	
	e property sold or given away since Nov. 4th 1908,	its cash value to be as follows:
	Personal property	
	Money, Notes and accounts	<b>.</b>
	Schedule (C).	
We also kno	w what property she has now in her possession, us	se and control to wit: ,
	Acres of landworth	
	Horses and Mules	
	Cows and Hogs	\$
	Other property	
	income and earnings	
	Total Value of all property and effects	
Sworn and	subscribed before me this the	
	day of 19 j	· · · · · · · · · · · · · · · · · · ·
	Ordinary,	
	of	Comme
	(1 + t) =	County.
Arso	Com ORDINARY'S CERTIFIC	ATE.
STATE OF G		
rellend	County	
5 11	Ramer a tex Motory Butter a	101.71
1,6 1	Carrier a Cet dotay the ble e	and County of Said County Towertify
hat know		The application to panel and
s he person he	represent herself to be and should a bounded	continuing resident sitizen of said
ounty and was in		
That I	now John P Thomas	/ the witness who sweet
o the service of	husband, and	
echolders. That a	Hof them are now residents of said County and	see duly aworn by me before simin-
he foregoing affiday ull faith and credit	and that they are truthful, trustworthy.	and their statements are entitled to
That the Ta	s. Returns	
900- \$	[o <del>r 1910 s</del>	/

SEAL. (SEAL.)

Sworn under my hand and official seal of office this.

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF CEO

Personally before me comes being duly sworn true answers to make, to the following questions, answers as follows: 1. What is your name and where do you reside?..... 2. How long and since when have you known... applicant? 3. How long and since when has she continuously resided in this State? (Give date.) 5. How long and since when did you know John 10 rooks and About 50 yzs - since 1861 6. When and where did folia Moodes the husband of Applicant die? About 3 4 70 ago at Fairburn Ga 7. Where the Aplicant and her husband living together as husband and wife at the date of his 8. If not, how long did they live apart before his death? 9. When, where and in what Company and Regiment did ... Lolur Brooksenlist Enlisted in Co K. 2320 Miss Righ. about June 1861 mustered into Confederate Pervice at HopKinaville Ky about Oct samey. 10. Were you a member of the same Company? ZLO 11. How long within your personal knowledge did he perform actual military service with his Comfour years 12. When, and where did his Command surrender, and was discharged? Descree due at Bentonville, n.c. in 1865 13. Were you personally present when it was surrendered? Zco If not where were you at Caselp Dauglas Il and how came you there? I was a prisoner of War. 14. Was the husband of applicant personally present at surrender? " 24.0" where was he He had been captured prior to that have Nee 16 1864 He was wounded By whose cause did he leave Command? (Give date.) authority did he leave his Command? long was he granted leave? of personal trnowedge, fartly from lectimony 15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? He lost his left arm 16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how Made no effort that I know of . He was a finger.

#### POWER OF ATTORNEY.

STATE OF GEORGIA, County. hereby authorize\_ to receive and receipt for the pension paid hereon and request that he remit same to

Disability

Name

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

Executed in presence of

SOLDIER'S PENSION INVALID

#### POWER OF ATTORNEY.

STATE OF GEOR	· ·			
	hereby authorize	h		
to receive and receip	of	t that he	remit same	to
IN WITNESS	WHEREOF, I have hereunto set my hand	and seal, t	his	

Executed in presence of

SOLDIER'S PENS

INVALIE

JOHN W. LINDSEY,

[L. S.]

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.
County.
pergonally appears W. Boown of Campbell
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of December 1866; that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served as a Trivate in Company H. of /6 th Regiment
of South Coalina Volunteers, Gulst 's Brigade; that whilst engaged
in such military service in the State of Georgia , on the 33 day
of July 1804, he was wounded, injured or diseased as follows:
I was wound at the battle of Geach tree creek
near Atlanta of a on the 32 day of July
1864 in the right beg about half way between
The ankle I tones foints making my leg useless
for any sing of Clobor & I have to mal a strep
To wold with all the time.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1809. I have heretofore under said law as a resident of County been allowed an invalid pension of Jufty 8 50 00 Dollars, for the year 1819 drawn from Sweath CO Sworn to and subscribed before me, this, the Hard day of Jubruary 1800 | post office I mostly of a

STATE OF GEORGIA. Campbell

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

Given under my official signature and seal, this 14

day of February 1880, J. V. Stephen Ordinary Campbell

County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

deamphell Dersonally appears Willis Brown of Fampbell 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 a day of All 1866; that he enlisted in the military service of the Confederate States (or of the State of tween the States, and served as a Private tween the States, and served as a Private in Company #, of /6 th Regiment of South Scotling Volunteers, Special 's Brigade; that whilst engaged in such military service in the State of Thorna on the 2/ day of July 186 H, he was wounded, injured or diseased as follows In the battle of Peach try creek on the 1 (day of July 1544 was shot with a mining in The ryght leg between the knee and anhle brokeing the bonk on a recount of said wound am notable to walk or stand on said leg much

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of .County been allowed an invalid pension of Dollars, for the year 180 9

Sworn to and subscribed before me, this, the Willis Syldning

2 3 day of Albrun 1/ 1900. FOST OFFICE Find Thy JGA

John State of State of

### STATE OF GEORGIA.

56 amphell

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

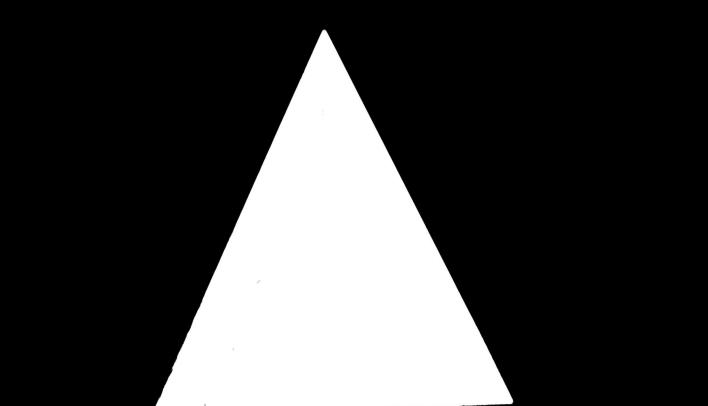
day of February 1900. Stephens Ordinary 1411mp bell

### POWER OF ATTORNEY

	Cou	nty.		
I,		hereby	y authorize	
		of		
o receive and	receipt for the p	ension paid hereon	and request that	he remit same to
		by		
t	•			
IN WITE	NESS WHEREOI	F, I have hereunto	set my hand and se	ral this
		******		[L. s.]
Exect	ited in presence of			
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	0			
_	-	1 1 1	=	f (II
<u>a</u>	9	13	8	Mations
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Kall 1	ISABI	D 3 1 1	Ø ¥	F. A.
		308	NH NH	WARBANT HANDED TO
E B.	_ =	40	, s	* * *
		Name County	Amount	1 1 5

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
Personally appears Millis Brown of Complete
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citize
and resident of said State, and has resided therein continuously ever since the
day of Lecy 1866; that he enlisted in the military service of the Co
federate States (or of the State of 5. C. ) during the war between the
States, and served as a Porce in Company 7, of 6 th Regime
5 Drivade: that whilst engage
in such military service in the State of Ja , on the 12 di
of 1864, he was wounded, injured or diseased as follows:
I was what are right by between on the
and there by a kinning boat while in
arried of wat of mostin court, and
face brothway bour of ley in their flock
only our organit of land wround as and
Law mobbe to fer form ording
manuel lobor
Deponent makes application for the pension to which he is entitled for year end
ing October 26th, 1901, I have heretofore under said law as a resident
County been allowed an invalid pension of
Dollars, for the year 1900. And
Sworn to and subscribed before me, this the Willes & house
12 day of Febry 1901. Postoffice Trimerty
N. S. M. forine oray
Nors. State fully the nature of the wound or character of disease which causes the disability, and explain participation of the disability and explain participations.
ularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
Complete County.
1, Dr. S. he form
do certify that I am well acquinted with Willis Brown th
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
my of 1901. It's the Louis
AME JOHN
Ordinary Complete County



**GEORGIA** POWER QF ATTORNEY. RICHARD JOHNSON, Secretary Executive Department. WARRANT HANDED TO Geo. W. Harrison, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA. 6211. (1411 1. chipped & ulland

. bereby authorize-I But well of Cametall. County

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

at Livestonici

Witness my hand and seal this - 4/4 day of - cestical 2 cf

Executed in presence of ring the wing isting of Campbee ?.

### QUESTIONS FOR APPLICANT.

STATE OF GEORGIA

som please of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after

being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? Live State, County and post offices for brook Buch ord = Resider County bell to Ja = O River time S

2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?

3. When and where were you born : Aug 25, 1817 = Born in A. C.

4. Did you volunteer in the Confederate Army or in the Georgia Militia?

5. When and where did you callet? Grant Way 50, 844 = Attanta Ga

6. In what company and regiment did you enlist? Co. At 9 The Yay Withting

7. How long did you remain in that company and regiment? a little over 7 le ouch

8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer.

South of Joseph 865 when I was houseful to a levely to

9. For how long a period did you discharge regular military duty to them 10 7111 Veccent

10. When, where and upder what circumstapees were you discharged from service at was an arrange of the arrange of the service which we dir bou ded of geterned to our nes feeting the

11. What is your present occupation? 12. How much can you carn per annum by your own experious or labory O. . . . every lecce.

13. What has been your occupation since 1865?

14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income?

15. What is your present physical condition and how long have you been in such condition?

There are the present physical condition and how long have you been in such condition?

The present physical condition and how long have you been in such condition?

The present physical condition and how long have you been in such condition?

16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty"? Aye, h. f. Au. Ty 12 20 -4

17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If

upon the third state whether you are totally blind and when and where you lost your sight? " to 14 or 4 garro = Vinga. A grow- Rhumatian, also Kidney 4 Bor how the resulting in June de bility of in consequence of which I am unoble to som a support for uly self 18. What property effects or incume do you prosent I Court & they of a little

19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? " bound some or word = house sand

to use it

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

21. How were you supported during the years 1893 and 1894 ty The a sciptore youry som sincepacky

22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income to back from 1 1/3 = 1/2 . I sellength of too ween

23. What was your employment during 1893 and 1894? What pay did you receive in each year? Aging to fine a little, cultivated prouch I caper;

21. Are you married and have you a family? If so, is your wife living and how many children have your live age and sex of children and their means of support? If is if it is if how y chicares of support? If it is if it

### AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.

Campbell County.

Personally came before me & J. Lacuesport M.S. Na acce cef of MID, both known to me as reputable physicians

of said offinty, who being severally sworn, say on oath that they have examined carefully

Auchou Bulland , applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows

5 in Bulland suffered with ahrance

Murmotion affecting his lege shealders amen

Miso his kan . We has Miking & heladder haubler maning it infoscible for him to reit at night -

The celescost description of applicant with his ages ?? )

any work or calling sufficient to earn a support for himself, and that we have no interest in said

Sworn to and subscribed before me, this

to 18 day of affect 1895.1 CND accompany 2110 Q. C. Beauers Orge

### ORDINARY'S CERTIFICATE

STATE OF GEORGIA.

Come ofice County.)

1. C. C. Bearing Ordinary in and for said County, hereby certify that

the applicant for brown Quelord resides in said County, and was a bona the resident of the State on the first day of January, 1804, and that the witnesses, vir. 8 8 Fore yet from

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 eath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses

I turther certify that the tax digher of C acce & Leel County show that applicant

returned for taxation in his name in 1893 dollars

of property, and in 1894.

Witness my hand and seal of office, this day of Africa of Com House

25. Are you receiving a penalen ander any law of this State, if so what amount and for what disability ? and not

Sworn to and subscribed before me this the 15 day of Africe 1895. Shippinge puller

at 6. Acaved of Complete

### QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Campbell S. S. Lougolow

as a witness in support of the application of declarate. Butterna for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the

following questions, deposes and answers as follows: 1. What is your name and where the you rough ? ? ? & Love go love = Readle on been place, & 2. Are you acquainted with fundrose Quelorel

how long have you known him? Hero! Mere Those 40 y coro 

4. Do you know of his having served in the Confederate agmy or the Georgia militin. How do you know this?

Coff of the Co or when the first the fi 1. When when and in what company and regiment dil handles of hand livery 20 1864 =

6. Were you a member of the same company and regiment? 7. How long dld he perform regular military duty, and what do you know of his service as a Confed

contrability, and the time and of promosances of the discharge from the very first he ground a sound.

Co. Trov a good Soldier of the dark date of sound a state with well to I was at home garding up obsertion at Surmerday y doubterous fortier Hove have home by long hun to be a will be a will be a fine to the sour means of knowledge.)

9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? Try little do got to I have to be leave Home ex expt to use it

10. What is the applicant's neoppation and physical conditions

11. Is the applicant unable to support himself by labor of any sort, if so, why of the decision of the decisio

12. How was he supported during the years 1893 and 1891. The second of the support for these tempores was derived from his own labor or income?

14. Give a full and complete statement of the applicant's physical condition that entitles him to a penainn under the Act of December 15th, 1894? The angles of frame Relations to a second Kedney & Blodder trouble which in bounce time we

his old age, I think renders live weath to some a suffer 15. What interest have you in the recovery of a pension by this applicant? House

Sworn to and subscribed before me, this 8. S. Lingstone

R. l. Beavers

				POW	/ER	OF AT	TOR	NEY.			
	CG.	E OF (	heel	Co	unty.	hero	eby auth	orize 7, 0	M. a	Quel	ord
	at			• -		on paid here	by	1.	erces	de l	to
,	day of	•	-ir	(		1897.				18 [L.	s. )
ÿ.	1. C	Execute A N			of .	- )					
					1						
willen 1.	For Those Aireaty Enrelled.)	No. 177	INDIGENT	Soldier's Pension.	1897.	Name, 3000 County		RICHARD IOHNSON		WAREAST BASEED TO	13 ister

I			PC	OWE	R OF	· Al	TOR	NEY.	
	Stat	o of G	free	@ou	nty. }			J. 10 / 11	
	nt -	Ti se.	CA NESS W			b hereur	on and r	equest that he	this
	G'	Execu	٠.	resence of	r		4. 6	Lula	L.S.
Postlara, Dr.	(For Those Aireasty Empled.)	NO. 1010	INDIGENT	Southler's Persion,	Name, A. K. C. 1. P.	County to the Education	WARRANT INSUED	RICHARD JOHNSON,	WARRANT BASERS TO  MA NELST BASERS TO THE STREET

### For Applicants Heretofore Allowed Pensions.

For Applicants refetolore Anowed rensions.
STATE OF GEORGIA, County.
Dersonally appears to be on Bucand of Com phone
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 continously ever since
the day of Zeco, 1841; that he is 79 years old and
by occupation a that he enlisted in the military service of the Confed-
and around for the term of the . L / Y . " In Company of the Regiment of
and served for the term of
and served for the term of the state of that his physical condition is as follows:
follows:
and a second
me and mile and the first state of the comment
that his property consists of the following items
of the value of Dollars, that by reason of his physical
condition and poverty be is unable to support himself by his own exertion, or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 16th,
1904; and the acts concudatory thereof, and makes application for the pendon to which he
is entitled for the year 1907. Thuse heretofore as a resident of
county been allowed a pension for the year 180 6
Sworn to and subscribed before me, this, the
day of 1807.)
ordinary.
O'Milling)
STATE OF GEORGIA,
County.
C /t.
do certify that I am well acquainted with the kinds a dieleard the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of 1897.
Anie Co Secretor
here
Our Come of her

# For Applicants Heretofore Allowed Pensions.

	County.	
	Personally appears A. Bull. L	
	County, State of Georgia, who being duly sworn, say	sided in said State continue t
S	since the day of March 18,	#/; that he is \$C years old and

by occupation a January in that he enlisted in the military service of the Confederate States (or of the State of the Confederate States (or of the term of the confederate States) in Company of the Regiment of that his physical condition is as follows:

that his property consists of the following items

STATE OF GEORGIA

Deponent desires to participate in the benefits of the Act, approved December 16th, 1804, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1800. I have heretofore as a resident of force of factor county been allowed a pension for the year 1800.

Sworn to and subscribed before me, this, the day of end, 1898.

Ordi

State of Georgia, County,

day of decer

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

Affix ( pour seal here.

Ordinary Glace free

County

State of Georgia; Campbell County.

To any Minister of the Gospel, Judge of the Supersor Court, Justice of the Inferior Court or Justice of the Peace: to celebrate:

You are hereby authorized and permitted to join in the Honomable State of Matrimony Jno. M. Brooks and Miss. Elizabeth Posey according to the Rites of your Church, provided there be no lawful cause to obstruct the same, according to the Constatution and Lasw of this State, and for so doing this shall be your sufficient license.

Given under my hand and seal, this 16th day of Sept. 1868.

(U. S. St.)

R. C. BEavers, Ordinary, (Seal.)

I hereby certify that John M. Brooks and Miss. Elizabeth Posey were Joined together in the Holy Bans of matrimony on the 18th day of Sept. 1868 by me

J. A. Smith, M. G.

Georgia, Campbell County.

I, W. S. McLarin, Ordinary of said county, hereby certify that the above and foregoing is a true and correct copy of the Marriage License and Certificate of Marriage of John M. Brooks and Miss. Emizabeth Posey, as appears of record in my Office in Marraage Records, Book "C", page 115.

Witness my hand and seal of Office, this August 30th 1911.

W. S. U. Later, ordinary,

Campbell County, Georgia.

### POWER OF ATTORNEY.

SOLDIER'S PENSION, (For Those Aiready Enrolled.) INDIGENT 1899. No. 627

Bullard a. Campbell or.

Name Of Bullard County School Fresh Fresh WARRANT ISSUED

RICHARD JOHNSON.

T. W Bullor

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.
champbell County.
Personally appears An Bullard of Lampbell
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 25 day of August 18/7; that he is 82 years old and
by occupation a Hasmer ; that he enlisted in the military service of the Control
orate States (or of the State of Georgia ) during the war between the States,
and served for the term of my Mean in Company a of 9 th Regiment of
obsorbia Relitary mulitary charling
The Bumation in mutter and but so!
the trumation in my ligs and feets so I can't hardly walk about
that his property consists of the following items . Mone
of the value of Mone Dollars, that by reason of his physical
ondition and poverty he is unable to support himself by his own exertion or labor, and
hat he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
894, and the acts amendatory thereof, and makes application for the pension to which he
s entitled for the year 1800. I have heretofore as a resident of Famphell
ounty been allowed a pension for the year 189 $\%$
Sworn to and subscribed before me, this, the
J. J. Astephens Ordinary.
State of Georgia,
Scampbell County
pplicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be
nd that he resides in this County.
Given under my official signature and seal, this
day of January 1800.
AME 2001
here
Ordinary Gampbell County.

NOTE.—The blank spaces must be filled.

NOTE.—A fildavit should not be attested before January 1st, 1899.

NAME, Bullard, Ambrose

WHEN AND WHERE BORN? August 25th. 1817 North Carolina.

ENLISTED WHEN AND WHERE? May 20th. 1864 Atlanta, Ga.

COMPANY AND REGIMENT? Co. A, 9th. Ga. Regt. of Militia.
Transferred to: Cavalry Co. Captain Glenn Command.Jan. 1865.

NAME OF CAPTAIN AND COLONEL? Captain S.S. Langston.

WOUNDED?

CAPTURED, THEN AND THERE?

RELEASED, Atlanta, Ga. 1865

WHEN AND WHERE SUR GIAP SRED?

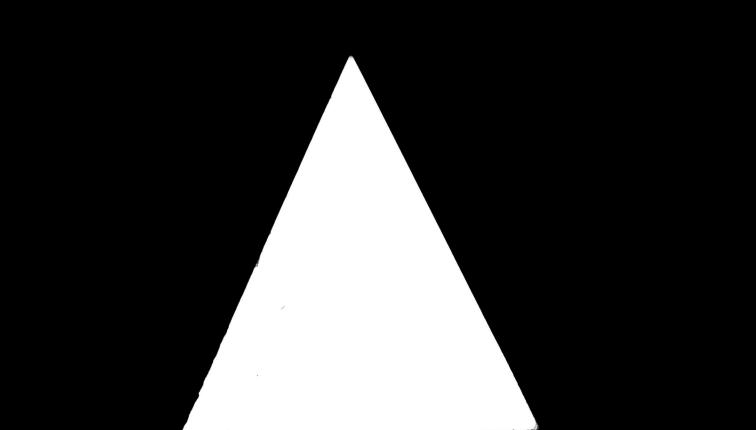
IF NOT PRESENT AT GURRENDER, SHERE TAKE YOU? I service Atlante, Ga.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, Captain S.S. Langston. No data.

P.O. 1896 COUNTY. Campbell County.



Bullard, William C. STATE OF GEORGIA, (FOR THOSE ALREADY ENROLLED.) Witness my hand and seal, this Executed in presence of INDIGENT 1905 receipt for the SOLDIER'S PENSION 1904. pension allowed and COUNTY. County Regiment\_ request that be WARRANT ISSUED 1904. JOHN W. LINDSEY, Commissioner of Pensions WARRANT HANDED TO Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF

ATTORNEY.

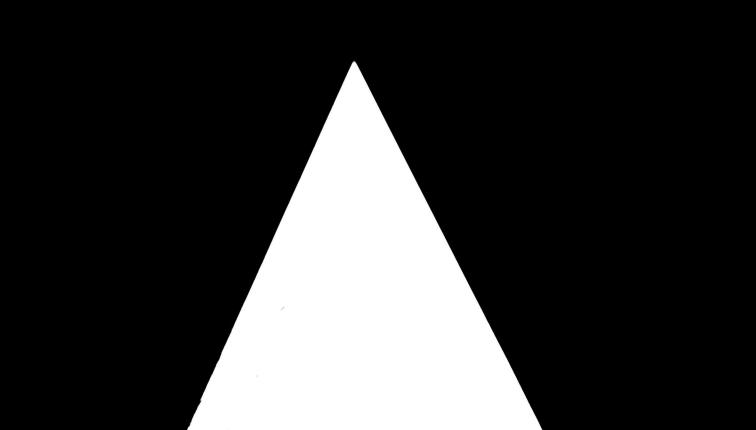
### POWER OF ATTORNEY.

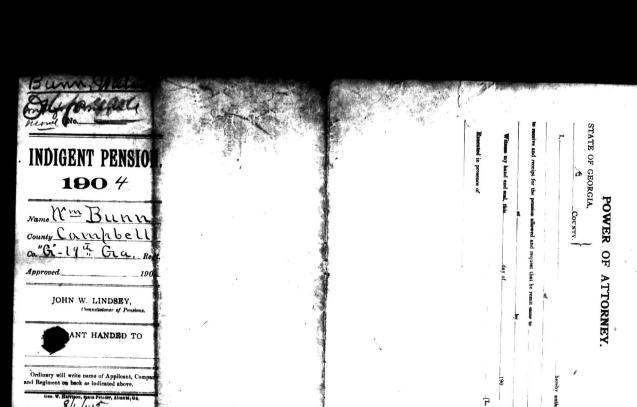
The state of the s	
STATE OF GEORGIA,	
County.	
1. 12 F Du coord hereby authorize W Fru Lo	
of Far being 8 -	
to an in the state of the same and and an arrange that he same	_
to receive and receipt for the pension allowed and request that he remit sam	c
at .	
by.	,,
Witness my hand and seal, this day of Bullard	
Executed in presence of	
	10
FOR THOSE ALREADY ENROLLEE  FOR THOSE ALREADY ENROLLEE  COLDIER'S PENSI  1904.  1904.  Regiment  ARRANT ISSUED  WARRANT ISSUED  WARRANT HANDED TO	l
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STATE OF THE PARTY	V
INDIGENT  INDIGE	
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SOL SOL	
11)	

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Personally appears 1. J. Bulkord of Complex
Personally appears It. I Suckery of our four
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 12 day of 2 t 18 1/2; that he is 6 / years old and
H WINGER
federate States (or of the State of ) during the war between the
States, and served for the term of 4 y-cert in Company ", of 2/th Regiment
of 4 2 - Voc
federate States (or of the States of States of the States, and served for the term of the States, and served for the term of the States of the
that his property consists of the following items: We for formery
See 1 May 19 K 1961 196 19 K
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 1904. I have heretofore as a resident of
County been allowed a pension for the year 1
Sworn to and subscribed before me, this the The Bullwill
17. June Lore Ordinary.
STATE OF GEORGIA, County,
do certify that I am well acquainted with 11-7 County,
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of 1894.
Ordinary County.

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





AFFIDAVII OF PHISICIANS.	
STATE OF GEORGIA,	1
Campbel COUNTY.	1
Personally came before me Balland Med and	1
Personally came before me. Cottley Med and J. V. Longiero M.D., both known to me as reputable physicians	
of said County, who, being severally sworn, say on oath that they have examined carefully	1
William Bum., applicant for pension under Section 1254, Code, and after	
such personal examination say that his precise physical condition is as follows:	
mr Burn mas shah through right fach	
and ago should a will minnie ball whe	h
in purion, said wounds render him	
unable to eura a sufferkby manual	. 4
labor.	
and that we have no interest in said pension being allowed.	- 1
Ordinary.	100
ORDINARY'S CERTIFICATE.	
STATE OF GEORGIA.	1
Courp beec County.	1.0
1. A. S. U.C. Lotter . Ordinary, in and for said County, hereby certify	4
that the applicant. It is decreed that the applicant. It is a resides in said County, and has	
been a bona fide resident of this State since the day of 189 O	- 1
and that the witnesses, viz for A. Vielking	1
	- 1
are of trustworthy character, and that their statements are entitled to full faith and credit.	- 1
I further certify that before answering the foregoing questions the applicant and each witness took the oath	- 1
hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.	- 1
I further certify that the tax digest of Caucar & bell County shows that applicant	
returned for taxation in his name in 1899 CL-O Dollars of	1
property, and in 1900	- 1

Dollars of property; in 1902

Dollars of property.

In my opinion the foregoing claim is.

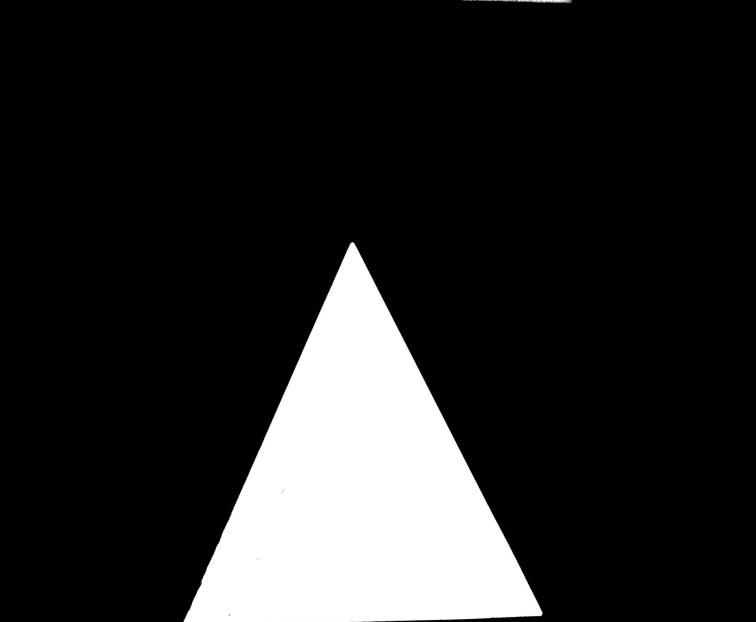
Witness my hand and seal of office, this S CIL day of County.

Of County to County.

MOTE.

. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "on that I true answers make to seeh of the questions saked of you, and the evidence you shall give will be the whole truth the witness of the questions saked of you, and the evidence you shall give will be 2. Additional siffsairs may be attached it blank spaces are insufficient. S. 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.

	and the same of th
the medical	QUESTIONS FOR WITNESS
SI	ATE OF GEORGIA.
	COUNTY. )
	of said State and County, having been presented
	witness in support of the application of
und	for pension 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and
1.	What is your name and where do you reside? M.m. underwood reside
	in Butts Co. La
2.	An an annual to May 11:
long	baye you known him? Med, howe To
8.	Where does he reside, and how long and since when has he been a resident of this State?
•	The resides in Completell Co Ha all to
4.	when, where and in what company and regiment did he enlist, and how do you know?
at !	864 in Hlasidia Company y. 19th ya Regim
8.	Were you a member of the same company and regiment
6.	How long did he perform regular military duty? Welill he was wounde
7.	When and where was his command surrendered? at Greens Boro . n. c. at
	Company's Shop
8.	Were you present when it surrendered " 714
9.	Was applicant present? 200
10.	If he was not present, where was he? He was in Stocktal
When	did he leave his command? aug 19-1864 For what cause? Wounded
Br w	bat authority he left? Captured By Energy & How do you know all of this?
1.0	I was present when he was , oureded
-	from the was , ourder
11.	What property, effects or income has the applicant? (Give your means of knowledge.)
	& do not the
12.	What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902,
and w	hat disposition, if any, did he make of same? I do not Know
(mercian ma)	The state of the s
13.	Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
	I caut day
14.	What is the applicant's occupation and physical condition? & do not know
	Manager 1
15. I	s the applicant unable to support himself by labor of any sort; if so, why? I do not Know
E	
16. F	low was he supported during the years 1898, 1898, 1900, 1901 and 1902? & do Not Know
	1000 was no supported during the years 1000, 1000, 1000, 1001 and 1902?
17. V	That portion of his support for these four years was derived from his own labor or income?
	Caux Say
18, G	ive a full and complete statement of the applicant's physical condition that entities him to a pension under
Section	1404, Code! a have not been with himses in
	along time can't say
19. W	The composes lamily? What property have they? Children's age and their carning capacity?
•••••	I do not Know.
20. W	That interest have you in the recovery of a pension by this applicant? Nous
	Sworn to and superribed before me, this the
-	



QUESTIONS FOR WITNESS.
STATE OF GEORGIA,
Carre blee COUNTY.
as a witness in support of the application of
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! I.A. U.E
fart be the year
2. Are you acquainted with have been been the applicant; if so, how
long have you know him? Yes a bound 12 4 eves
Ja. Where does he reside, and how long and since when has he been a resident of this State?  Le Caire for belle Co. 1/4 12 yrd to very / Le awledge
4. When, where and in what company and regiment did he enlist, and how do you know?
don't kne out
5. Were you a member of the same company and regiment?
6 How long did he perform regular military duty. Nou. 1 / and
7. When and where was his command surrendered."
// 1
8. Were you present when it surroundered (1)
a. Was applicant present
10. If he was not present, where was he' " When did he leave his command?" "For what cause? Would Kee and
By what authority he left *
: Kerow walling of his wor former
· A
11. What property, effects or income has the applicant? (Cive your magns of knowledge.)
12. What property effects or income did the applicant possess in 1896 1897 Sus 1899 1900 1901 and 1907
12. What property, effects or income did the applicant possess in 1886, 1887, 7888, 1886, 1800, 1801 and 1802, and what disposition, if any, if the make of same
dis poster of water
13. Has be sonveyed away any of his property in the last four years; if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition? Low to form
Conditions occupation and physical conditions
do much manual Isbar
15. Is the applicant unable to support himself by labor of any wort; If so, why! The acceptance of flag acceptance of the large core de backly
- 1
10. How was be supported during the years 1808, 1808, 1900, 1901 and 1802 when a converge of
17. What portion of his support for these four years was derived from his own labor or income?
the woods a search leaving by toots to we come
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
and has Rheume have & lleuroey in That
19. Who composes family? What property have they? Children's age and their earning capacity?
He has no foundly
' / OLL OF ALL
20. What interest have you in the recovery of a pension by this applicant?
Swarn to and superribed before me, this the Stickers Wilness
day of the for a Ordinary.
Vidualy.

	QUESTIONS FOR APPLICANT.
	STATE OF GEORGIA,
	Take County.
	to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:  1. What is your name and where do you poside? (Give State County and poet-office).  2. The state of the contract of the cont
	We c. 19, 1842
	8. When and where were you born? At a 19.14 2 in Henry Co. 72
	4. Whon and where and in what company and organises tild you collet or served of the control of
	5. How long did you remain in such company and regiment? obout 14 111 acres, of
	from Juby 1864 & Sury and I made whing time
	Toy for a land of the state of
	7. Were you present with your company and regiment when it was surrendered? 10 S - 1.
	1. Were you present with your company and regiment when it was surrendered?  B. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?  The state of th
	often autich 1, 1864 to war yell arrange when I preced at
	11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty,"
	second, "infirmity and poverty," or third, "blindness and poverty" " " you have been in such condition that you could not earn your upport! 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 eight? I wood place the total the said the rough dayl the and are by life and the said to any lot find the and the said to a first the lot of the said to a first the day by life and and the said to a first the day of the said to a first the said to a first the said to a first the said to be said to a first the said to be sai
	13. What property, real and personal, or income, do you possess, and its gross value?
	14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same?
	Tool, and what disposition, it any, by sale or girl, have you made or same?
	16, In what County did you reside during those years, and what property did you then return for taxation?
	18. How were you supported during the years 1899, 1900, 1901 and 1902; Og wheat elected
	17. How much did your support coat for each of those warr, and what portion did you contribute therete by
	18. What was your employment during 1898, 1800, 1901 and 1902? What pay did you receive in each year?
1	homestead, or other property? Their ages and how employed? It was to be found of their
-	the fore firty of all = aged from 30 1 22 yro = worth at day how
	20. Are you receiving any pension? If so, what amount and for what disability?
	21. Have you ever made an application for pension before? Lo &
2	22. How many applications have you ever made and under what class? World

Symmeto and subscribed before me this the William Berry

19 19 19 Suc Gorica Ordinary,
or Cace power County.

### ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Dullo

1. Sylvanu

that the applicant
been a bona fide resident of this State since the
and that the witnesses, viz.: 11. 1222 200001

returned for taxation in his name in 1899.

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

I forther certify that before answering the foregoing questions the applicant and each witness took the oath

property, and in 1900

Dollars of property, in 1901

Dollars of property, in 1902

Dollars of property.

Ordinary, in and for said County, hereby certify

resides in said County, and has

-Dollars of

Additional affidarits may be attached if blank spaces are insufficient.
 In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

### POWER OF ATTORNEY.

STATE OF GEORGIA,			
County.			
21 Jul 500	of Je	· · · · ·	hereby authorize
o receive and receipt for the pension	allowed, and	request that	he remit same to
,	at	1	٠ ٠ ٠
.y.		2	
		day of	z 1900.
-//	illia	n Bou	/ 1900. [L. 8.]
Executed in the presence of			,
. It is the	/ v		

INDIGENT

### POWER OF ATTORNEY.

STATE OF GEURGIA,
County.)

A. A. Beur

M. John Beur

of ... STATE OF GEORGIA. by Le ree of WITNESS my hand and seal, this Hilliam Bene [L. s.] Executed in presence of

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

LOW WILPHOWNIS HEWETOLOWE WPPOMED LENSIONS.
State of Georgia,
Personally appears I'm County,
has B
Personally appears 17 - Decement of Chine for the
County State of Georgia, who, being duly sworn, says on oath that he is a bana fide citizen
and resident of said County and State, and has resided in said State continuously
since theday of NEC1841; that he is 6 3 years old and
by occupation a street that he enlisted in the militial in the
federate States (or of the State of ) during the war between the
States, and served for the term of 7 12 in Company & , of Ith Regiment
of that his physical condition is as
follows: it is a contract a come do Jum Com-
States, and served for the term of the company of the Regiment of the term of the company of the Regiment of the term of the this physical condition is as follows:
that his property consists of the following items: 200 fro from
of the value of the
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
County, been allowed a pension for the year 1905
Sworn to and subscribed before me, this the
When Fork 1906
Ordinary.
State of Georgia, County.
County.)
1. Wolle John 2 Ordinary of said Com
do certify that I am well acquainted with I are Queries of said County.
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of Xany 1808
Ams (
County.
Norz.—The blank spaces must be filled.  Norz.—Affidavit should not be attested before January ist, 1900.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

TON ATTEMENTS	HEVETALAVE W	PPORED LENSIONS
State of Georg	ia,	
Campbell	County.	
Personally appears	un Cum	of Image
County, State of Georgia, who,		
and resident of said County and		(2)
and by occupation a form	137	that be is 6 3 years on
tederate States (or of the State	- 4 a	in the military service of the Con
federate States (or of the State	01	) during the war bet veen the
States, and served for the term	in Comp	any / of / th Regimen
of The	it	hat his physical condition is a
of you had a follows: I have R	amunous	m k. ardo.
hours won	udet in	ought, here we
	,	
that his property consists of the	following it ins: Co	no ser y
of the value of		Dollars. I am now earning
by my labor, //	Dollars per	mouth. That by reason of he
physical condition and poverty!		
iabor, and that he receives no pe		
		e Act approved December 15th
1894, and the Acts amendatory		
is entitled for the year 1907. 1		
County, been allowed a pension	to: the year 1906	
Sworn to and subscribed	before me, this the	Main ber
2. aday of _ 1 2.c.	9 . 1907.	
Fr. E. Lu & La,	Ordinary	٧.
State of Georg	ia,	
C	}	
Campbell .	County.	
i. M. i. ill	- manu	_ Ordinary of said County
to certify that I am well acquire	interdepth of the	Lucu
the applicant in the to egoing a	fidavir and an well satis	hed that the statements made
by him in his said affidivit are t		
to be, and that he resides in this		<b>A</b>
	official signature and seal	this.
day of		
, 5	7 %	illi mon
Affix		
your	Ordinary	County

Nork - The blank spaces must be filled Nork - Affidavit should not be attested before January 1st, 1907 NAME Bunn, William YEAR 1906 COUNTY Campbell

WHEN AND WHERE BORN? December 19, 1842 - Henry County, Georgia

ENLISTED WHEN AND WHERE? February 1864 - Florida

RANK.

COMPANY AND REGIMENT? Company G, 19th Ga. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? August 9, 1864 shot through right foot and heel and through left shoulder by minnie balls, and on account of said wounds am not able to earm a support. Was in hospital at Winnsboro, South Carolina.

CAPTURED, WHEN AND WHERE? August 19, 1864 when wounded - carried to City Point, thence to David's Island, thence to Governor's Island, N. Y.

RELEASED. March 1, 1864 - Governor's Island, N. Y. exchanged.

Heceived a furlough at hichmond - reached said hospital
and war closed while there. (Winnsboro, S. C. hospital)

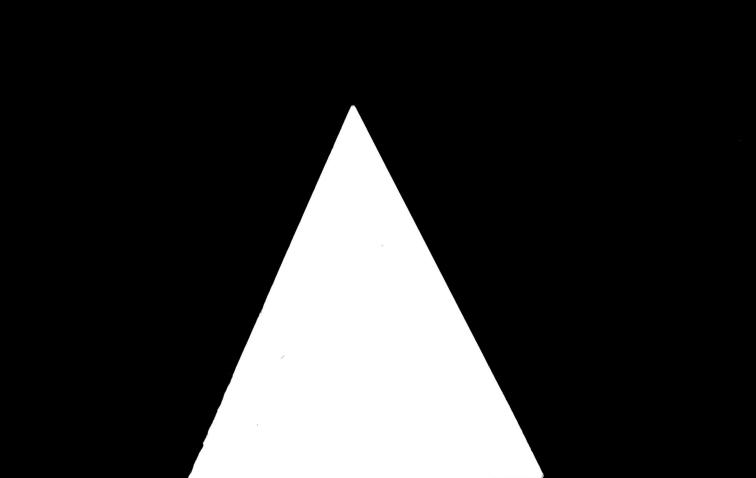
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURFLEDER, WHERE WIRE YOU? In hospital, Winnsboro, South Garoline.

DIED, WHEN AND WITE?

BÚRIED.

WITNESSES. W. M. Underwood - same command -- No data.



# POWER OF ATTORNEY."" STATE OF GEORGIA.

met and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing sufficiently authorizing my said attorney to receipt in my name for any Warrant that may my true and lawful attorney in fact, for Know all Men by these Presents, That I. nty, in said State, do hereby appoint

WITNESS WHEREOF, I have hereunto set my hand se issued by the Governor, or for any sum of money which may be com day of Executed in the presence of us

IN

[4.8]

ing to r.e for the reason

seal, this and

If allowed, send amount by

9

No.530

Campbell **\$100.00.** 

Byd, Frances C. Campbell County 3/1891.

Warrant Issued

1891

AND HANDED TO

STATE OF GEORGIA.

SEAL. 1 - - 1 1. R. G. Beavers

County of Gacchibell in and for said County of Campbell

State of Georgia, hereby certify that I am acquainted with Mrs. Frances 6, Burd the applyant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my band and affixed the seal of my office, this, the

day of . Maril

R. G. Brainny

Form No. 4.

The pension is only payable to certain classes of widows

Those whose husbands were killed in service.

Those whose husbands died in the army of wounds or disease contracted in the service,

Those whose busbands went to the army and have never been heard from since the war

Those whose husbands were wounded in the army and have since died from the direct effects

Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death,

No widow is entitled unless she was the wife of the soldier during the war, and has never

the law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act

The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death

Widows who have married since the service of their husbands in the army are not entitled,

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant

If witnesses five in another County from that wherein applicant resides, they must go before the the down and testify. The attestation of a Justice of the Peace or Notary will not answer.

Fill out Power of Attorney authorizing some one who can call at Treasurer's piller in Atlanta and as erse on money, to receipt for same.

Fill out the "dare trans" helica Pawer of Attorney, so that your Agent will know where and how

By order of the Governor.

W. H. HARRISON,

Sec. Ex. Department.

### Affidavit for Three Witnesses,

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary

Form No. 9.

County of Composer in and for said Count & Notes of Distriction in and for said County, witnesses

and W. G. Yorb rough (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. I rancio 6. By -1) , of the County of Compbeal. State of Georgia, is the widow of Detruccy Byrd Company Xo, of the 30 K Regiment of Leorgest Volunteers That said soldler enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 6 07 7/4 day of Alece cole 4 180 2 That while in said service, or by

reason of said service in the Army, he lost his life as follows: He was lost us siast and woo send to the hospital at Coveredon La su July 1864 and we was extended, replied Ryche Dedicoes drung and losting sisoner, and Country north and we understoned the look the survey you and winds lot hove never he and of him vicane the way aloury

We further swear that Mrs. It bucks to By. I was the wife of said soldfer during the service and that she has not intermirried since his death, and that she resides in Oumple 900 County of the State of Georgia

Sworn to and subscribed before me, thes, the day of Africe 1801. (6. J. Molecul R. C. Bearers A. G. Bearers Ordinary

Byrd, Frances C. Campbell County 430 1891.

Mo. 530

# Widows' Pension

PAID

Mustraner & My, 1

SLO.OOLE

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer Atlanta

## Affidavit to be Made by the Widow. Form No. 1

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary in and for the County of the Service of the Confederate States, and served as a member of Company

Regiment of County of County of County of the County o

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 2 % the day of day of

Sworn to and subscribed before me, this, the day of Africe 1891. (2) Bucio (b. ) By of Colombians.

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

Executed in the presence of us

DIRECTIONS.

me at

Send amount by

, and oblige

[L. S.]

	***	# 202n M.
4		12 rooks, John M.  13 rooks, John M.  No. 4 glamphell Co.
	Ý.	APPLICATION FOR
	·	FOR CONFEDERATE SOLIDER.
·e		County Com & bell Link Am alm alm alm alm alm alm alm alm alm al
		5. Amount X. 6.C.
•	* *	Date of Warrant Qu-2-7 1879
		1.73119
·		200 market
		7

# For Widows' Heretofore Allowed Pensions.

### STATE OF GEORGIA.

Dersonally comes Mrs. Frances C Dyrd

### County of Campbell

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

Campbell State of Georgia, and that she has resided in said State continuously ever since Febry 6 the 1833 That she is the Widow of Ferney Byra who was a Soldier in Company

Volunteers, that he culisted in said Regiment on or about the month of 186 2 and served in the Army up to Lucy or August 186 1 That he lost his life on the (State here

Regiment of

full particulars of the husband's death, when, where and from what cause.) ( He woo Then evaluard by the Federal Army some where in Newton Co Fa and from These lotter to more at Comp Chose, when

he combacted Small from the offers-I which he ried while in preson The ofor statement is which I have heard trong alter soldier + I believe it - aven 6 bu hour

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 180 0; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworu to and subscribed before me, this A. 6 Bravers Ordinary. Post-office Jairon on Lu

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

STATE OF GEORGIA, County of Competicel

Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses),

that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Fernica Byrd deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the day of france of

R.G. Beavers

Ordinary

[1.8]

### POWER OF ATTORNEY.

STATE OF GEORGIA.

MAL

County.

KNOW ALL MEN BY THESE PRESENTS, That I.

County, in said State, do hereby appoint

my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affi-

davit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason

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

day of

Executed in the presence of us:

DIRECTIONS

Send amount by

, and oblige

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

STATE OF GEORGIA, County of Some Sheel

Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. the applicant for a pension in this case, and

know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of deceased, and as such has heretofore been allowed a peusion for the year ending February 15th, 1854.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, 11 day of Land

A 6. Beaucy

Ordinary.

### POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

County in said State, do hereby appoint

my true and lawful attorney in fact, for

me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

day of

me at

[L. S.]

Executed in the presence of us:

DIRECTION'S

Send amount by

, and oblige

10

### STATE OF GEORGIA,

County of Carapbus

personally comes Mrs. I rouces to. But

who Veing sworn says on oath, that she is a bona fide resident of said County of Complain. State of Georgia, and that she has resided in said State

continuously ever since I closery to 1833. That she is the Widow of There says who was a Soldier in Company

of the 30 Regiment of Georgia

Volunteers, that he enlisted in said Regiment on or about the month of Average bear 186 2 and served in the Army up to ) to 1. 1. 1. 186 7. That he lost his

day of

full particulars of the husband's death, when, where and from what cause) ( Ne 1005 coffund by the bourse it many in july or deep 1860 Northwest comes to broug these delicanis retire to stand with visible for po I become joke too never seem or home of after ded line.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1856; that Georgia is her home and she resided in this State 23d day of December, 1890, and his not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893

Sworn to and subscribed before me, this 17 day of form 1893. De ruero lo x hand R.C. Frances Ordinary. Post-office Fairbur Lat.

# For Widows' Heretofore Allowed Pensions

STATE OF GEORGIA. County of Care phill

Personally Comes Mrs. Frances & Bysil

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 Juby 6 the Furnay Byrd

18 33 That she is the Widow of who was a Soldier in Company

of the

Regiment of

Volunteers, that he enlisted in so Regiment on or about the month of 186 2 and served in the Army up to keep of they 186 4 That he lost his

full particulars of the husband's death, when, where and from what cause.)

How woo contiered by Thison gorew while in service in the 41 by their corned To Comp Chose where he aver-

tracted Sounder Pox, from the offect I which disease he died in July on fug 1864 as I have levered from his of

Courade Ha has mach bum their or hard your piece so you wo I know or believe

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 70, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th. 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895

Sworn to and subscribed before me, this // day of / 1805. Rele Beavers Ordinary.

STATE OF GEORGIA, County of Complete

Ordinary in and for said County of

Сам рвесь State of Georgia, hereby certify that I am acquainted with Mrs.

Frances O Byrd the applicant for a pension in this case, and

know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the wildow of Ferring By a d

deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this -day of Lacing

t 6 Bruns BEAL } Ordinary.

### POWER OF ATTORNEY.

STATE OF GEORGIA, County, Lie County.

1, Frances C. Dy, of hereby authorize It of for brough of Burn cheen

to receive and receipt for the pension paid hereon and request

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of \_\_\_\_\_\_ 7 1896.

Francis Challys of [L.R.]

Executed in the presence of it borners rade

Certificate of Ordinary of the County of Applicant's Residence

STATE OF GEORGIA, County of Company of Greek

Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs

know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the willow of deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this

(sei) 1. 6. 1. ...

### POWER OF ATTORNEY.

STATE OF GEORGIA. Complete County. Gordon of the form of the form

IN WITNESS WHEREFOR, I have hereunto set my hand and seal, Sir. 19 ".

Valuy of Lovery 1897 Annual Control & By of

Executed in the presence of 11rs lu fair A. Co Brans

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of Complete	Frances & Ayrd
10. sheer	th, that she is a bona fide resident of said county of
continuously ever since 1 2 by 8 4	f Georgia, and that she has RESIDED in said State  18 999. That she is the Widow of
"Gi" of the 20 in	who was a Soldier in Company Regiment of
Volunteers, that he enlisted in said regiment on or abo	nt the month of
186 Z and served in the Army up to July	A . Frequest 186 4 That he lost his
life on theday of	18 (State here
full particulars of the husband's death, when, where and f	
Land by The Histor A	my while in service
in state of du J.	17 or A. quet 1864, a
oftenunds corned to	Compohosa del.
When he died with	The Survey Pox,
sod lorund; and I	hove more dune
and heard four to	in since That
Linea	

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Compben County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this	Frances Obologist
day of 1896.	y and o
C 6 Brows . Ordinary.	Post-office there for

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA.

County of Conference	Personally Comes Mrs.
(6 11 11	on oath, that the is a bona fide resident of said county of ate of Georgia, and that she has MINITED in said State
continuously ever since	AN 8 7 That she is the Widow of
" G2" of the 30 ";	Regiment of 1994
Volunteers, that culisted in said regiment on or all	nout the month of
life on the day full particulates of the husband's death, when, where	and from what cause , 16 ,
William Despite	they or Argust 1864
he died with our or	for so I was in form.

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 aloresaid, that she became his wife in the year 18 5-6 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

	and subscrib <b>e</b> d be		2	- 1.er/ ) (
19	Juy of Jon -	1897.	· , · · · ·	1 (
K. Co. F	1.17 17	Ordinary.	Post office	ila

ol Co	it same to		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	// _hereb	at	ار رو dpt for the		prid hereon	and request
day of	encuted to	the promon	• of	)		( )	13.	, <b>,</b> d	[1, n.]
1898.	79	PENSION,	For year ending February 15th, 1898.	6 6734	patible.	JOHNSON, Commissioner of Persons	I ISSUED	HANDED TO	Frank L
I hose Her	NO. 256	S.MO	year ending Febru	, , ,	Lepre	RICHARD JOHNSON	WARRANT	AND HAN	4. JAS

Sinie of Georgia,		
Jampbell County	hereby authorize 11. 14. of Campbell com	
1, Fish. 1045 d	hereby authorize 11.19.	
to receive and receipt for the pens	at Home	same to
IN WITNESS WHEREOF,	I have hereunto set my hand and seal, this	17
day of Jane 11 11 11.	mis F. 6 X By sil	[L. 8.]
Executed in presence of		
In I. at tep how 1.5d		
. / 1/1	sicilia	

1899. NO. 2417 Widow of the Paris - Widow of RICHARD JOHNSON,

WIDON'S PENSION,

WARRANT ISSUED

Byd, Fancer 6

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
who, being sworn, say	s on oath, that she is a bona fide resident of said county of
Carry heer	State of Georgia, and that she has RESIDED in said State
continuously ever since	18 23 That she is the Widow of
Lercey dyrd	who was a Soldier in Company
"(a" of the 30 ""	Regiment of
Volunteers, that he enlisted in said regiment on or about	the month of A & C *
186 2 and served in the Army up to	That he lost his
life on the day of	18 (Nate here
full particulars of the husband's death, when, where an	at from what cause ;
( or 1000 copleted ()	y the lecent Aring
while in deringer in	- decostate and
and latried to frie	are at "lamp chose"
· 11. 101. 1 d mes 1.	a convert that her
1. on The Second Po	y and in chica
your of soul it is	ends he died
	9.4
Deponent swears that she was the wife of said deceased sold she has never married since his death aforesaid, and that she	
I have been allowed a pension as a resident of	occept beet County for the year ending
February 15th, 1897, and now apply for the pension provid	
Sworn to and subscribed before me, this day of 1898.  Sa 179 70 Ordinary	Post-Office of a continue of
State of Georgia,	R. C. Deante
Correlative County.	dinary of said County, certify that I am well acquainted
with Mrs, crace oco C, Byr	who made the above affidavit and am satis-
fied that the facts therein stated are true, and I know she is	the individual she represents be reelf to be, and that she
has continuously resided in this State since the	shape of 19
Oiven under my official signature and seal this the	, , , , , , , , , , , , , , , , , , , ,
86	Braus, 0
Official Sent. Ordinary	of Co bleek County.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs. County of Sampbell 7.6. Burd who, being sworn, says on each, that she is a bona fide resident of said county of

State of Georgia, and that she has usually in said. State

continuously ever since

Slay of Jebrus 19

Who was a soliter in Commany

of the 30

Regiment of Jebrus 19

Volunteers, that he enlisted in said regiment on or about the month of 180. 2. and served in the Army up to July of August 1807 That he lost his un puriticular at the husbands death, when, where and some what came; He 11 08 caption / near covering to sign, by the Hedras army in fully 03 august 1-44 und current to camp to hast. Ittinoise there he did with small For. So I learned and he was never seen or heard at after that time Deponent swears that she was the wife of said deceased soldler, during his service in the army as a soldler, and that s ie has never married since his death aforesaid, and that she became his wife in the year 18 50. I have been allowed a pension as a resident of Guin fo bell February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899 1800. Mrs J. 4 L. Byrd Ordinary Post Office Hair tensor offa

1 I A M. Al telipina State of Georgia, Hump bell County. Ordinary of said County, certify that I am well acquainted with Mrs. F. G. Byrd day of File Yull ty 1838

Ordinary of County of County of County of County of County

Official )

# STATE OF GEORGIA. Than ball County. I Francis & Byrd hereby authorize William or thamphell county to receive and receipt for the pension paid hereon and request that he remit same to Home IN WITNESS WHEREOF, I have hereunto set my hand and seal, this /4 day of Junuary most then es & Byrd [L. S.] Executed in presence of 1 Destephens = 1 Edinary WIDOW'S PENSION VARRANT ISSUED JNO. W. LINDSEY,

#### POWER OF ATTORNEY.

0	TATE OF	hu	County.	By 2	d ul to	hereb u Co	y authoriz
to .	-	uu-		at	her	st that he re	 
day	y of Fre	by			1.0		[L. S
17.		in present	e of		inor		,
<u></u>	. V,	Ox.	d'y				
-							
JAY-	- I		<b>*</b>	Sounty.	Personne	1901	
and of	T.	w /		orte of	LINDSEY,	SSUED 341.4	A state of
8 3				21.	/ N.	8 4	3

# STATE OF GEORGIA, County of Campfelell who, being sworn, mys on onth, that she is a bona fide resident of said county of Stands all Bate of Georgia, and that she has reserved in said State continuously ever since Helmary 1833. That she is the Widow of Jenny Bysell who was a soldier in Company of the 3 Regiment of Herraria Volunteere, that he enlisted in said regiment on or about the month of Personally Comes Mrs. Stands Bysell Regiment of Georgia, and that she has reserved in said State over was a soldier in Company Who was a soldier in Company Fig. 1832. That she is the Widow of Who was a soldier in Company The on the Stands I said regiment on or about the month of Security 1862. And served in the Army up to Hely a August 1864 (Note Army July and First August 1864, when what course Helps Captured Luly a Hely and Hely and Hely and Hely Captured Luly a Hely and Hely and Hely and Hely Captured Luly b August 1844, when what course Helps Captured Luly b Amall hoth Sold La Isoda and I near Luly b Amall hoth Sold La Isoda and I near Luly b Amall hoth Sold La Isoda and I near Luly b Amall hoth Sold La Isoda and I near

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18.5%

I have been allowed a pension as a resident of JUMM fall County for the year ending February 15th, 189 9 , and now apply for the pension provided by law for the vear ending February 15th, 1900.

Sworn to and subscribed before me, this day of funday 1142 11400

Francis to Dyrd

State of Georgia,

(A) Modern State of Georgia,

(A) Modern State of County.

Ordinary of said County, certify that I am well acquainted with Mrs.

Hand State of By Modern 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 Say of Manager 1838

Given under my official signature and seal, this the

J. Stephens

County.

# For Widows Heretofore Allowed Pensions.

County of Complete Transcer C. A. 19
who, being aworn, says on oath, that she is a bona fide resident of said County of  Coccep Keere  State of Georgia, and that she has resulted in said State  continuously ever since.  That she is the Widow of  who was a soldier in Company  of the  30 tr  Regiment of  Volunteers, that he enlisted in said regiment on or about the mouth of  186 Land rerved in the Army up to Larger Land Land  If the on the  day of  (Nate Army
portionhers of the husband's itenth, when, where and from what causes the cases of
Deponent awears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18
I have been allowed a pension as a resident of Court of Sect. County for the year ending February 15th, 1900.  Sworn to and subscribed before me, this day of Jee 1901.  January Ordinary, Post Office Jee 2 Court of Section 1901.
State of Georgia,  County, Ordinary of said County, certify that I am well acquainted with Mrs. I receive & Gyrd, 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
Ordinary of Correspond County,

to receive and receip  In Witness II In  day of Executed in p	of for the per	onsion paid l a hereunte set	, Fai,	d seel, thus	t he re	emit same to	
Executed in by		rup to	Lower County,	Z. 1	WARRANT ISSUED	HANDED TO BARD.	

	P						
STATE O	F GEORGI	Cou	NTY.	125	• /	,hereb	y authorize
0.00			of_	1 . / 100	- +/ +	~ V ·	**************************************
to receive	and receipt f	or the pension	n paid he	reon, and i	request t	hat he re	mit same to
	Line		at				
In day of	Witness Whe						[ L. 8.
			to	(*	- 7	· r'	[L. 8.
Exe	cuted in pres	ence of					
Paid.	Z	NDION, 11, 1503.	County,		EY, toner of Pensions.	IED 1903.	1
Those Heretofore Paid  1903.	3.0.2	For year ending Dec. 31, 1903.	. 80	Regiment	JOHN W. LINDSEY,  Commissioner of Pension	ARRANT ISSUED	AND HANDED TO
To Those	No.	DOM or year en		Widow of	иноſ	WARR	N. A.
21			Mus	Widor Co.			

STATE OF GEORGIA,
County.
The Servington
who, being duly sworn, depose and say they are acquainted with Jackson 111 2007 9
that said . 2000 was amputated 25 73 to the Color that the list war;
eitizen 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 22.
11 HWoodadlesse Take of Jennielov
STATE OF GEORGIA,
amphil County,
1. Il H It oold all breeze to Successfully
county, do certify that I am well acquainted with a true of the second
the applicant for a Act, re or and am well satisfied that the facts stated by him in the foregoing
affidavit are true, and that I am well acquainted with the a cause 7.7 man
action of the contraction
the citizens who make their affidavif, that they are respectable citizens of this county, and that the facts stated by them are true
Given under my hand and official seal, this
day of 18.00
- LA A 2 of dall 684

#### 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 bona fille resident of
this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military
service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied binself with such
needful artificial limb or limbs, and the trovernor, on reception of such proof, is hereby authorized to draw his warrant on the
Tressurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit. For a leg extending above
the knee, one hundred dollars, for a leg not extending above the knee, seventy five dollars, for an arm extending above the
elbow, daty dollars, for an arm not extending above the elbow, forty dollars. Provided the said amounts of money may be
allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

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

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

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

HENRY R. GORTCHIUR, Secretary House Representatives WM A. HARRIS, Secretary Senate, Approved, September Oth, 1879 A. O. BACON,
Speaker House Representatives.
RUFUN E. LENTEN,
Provident Senate.

ALFRED H COLQUITT, Governor

County

# For Widows Heretofore Allowed Pensions.

STATE OF GEORG	" I from	PERSONALLY COMES MIRS
the of the Volunteers that he entireted in said re	State of Georgia, and t	who was a soldier in Company it of Sec.
. Iso, $\overline{I}$ , and served in the Army applies on the	day of	186# That he lost his
justicularies to be oriented to the oriented to the proof of frage of the proof of the proof of the contract o	of acris to	Come of Come dec
Deponent swears that she was the wi	fe of said decoased soldier de	iring his service in the Vinix as a
souther and that she has noter mar the year is of #	ried since his death aforesar	d, and that she heraine his wife in
Livry seen part a pension as	a resident of Co	phone County top 11.
year ending December 31, 1901, and a	on apply for the pension pro	orded by the for the year ending
Derrote: I fee		
this fire day of form	100g	A. Hand

State of Georgia.

County Dialous of said County of said County of said County who made the above admiracid and conscious of said County who made the above admiracid and conscious that the facts therein stated are true, and I know she is the individual she represent to record to reconditional she has communicately resided in this State since the day of

tree in the my official signal are and seal this the 18 th day of for in

Ordinary Comment

(OTE. All blank spaces must be filled. Voucher and affidavit must bear date after Janúary 1st, 1902.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Company of Conference of Confe	,)
who, being sworm says on eath, that she is a bina fide resident of said County of the	
186 7. That he lost his life on the day of Jay of J	н .
particulare at the hasband's death, when where and grow what came;  for the state of the state o	,
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 1s $\frac{3-0}{2}$	X
I have been paid a pension as a resident of Co fib County for the year ending December 31, 1902, and now apply for the pension provided by law for the year ending	
December 31, 1963  Sworn to and subscribed before me, thus, / day of / 1963.  A. S. M. Jordan, Ordinary. Post Office	
State of Georgia,  County.  Ordinary of said County, certifity that I am well acquainted with Mrs.  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	
Given under my official signature and seal this the. day of	

NOTE.—All blank **Spaces must be filled.** Vencher and Affidavit must bear date after January 1st, 1903.

STATE OF GEORGIA Concerplace 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 /2 Executed in presence of DOW'S PENSIO

OHN W. LINDSEY.

#### POWER OF ATTORNEY.

STATE OF GEORGIA. Com plue County. I. Francis Co Byrd, hereby authorize 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 17 Executed in presence of 1 HWCian CS6

WIDOW'S PENSIO

For year ending Dec. 31, 1905

OHN W. LINDSEY VARRANT ISSUED

Regiment

#### FORM No. 1

### FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.  County of Campher frame & Lyry
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
State of Georgia, and that she has RESIDED in said State
continuously avan since The Atlanta
who was a soldjer in Company
That she is the Widow of who was a soldier in Company
Volunteers, that he enlisted in said regiment on or spout the month of the e-
180 2 , and served in the Army up to Jeeg 180 4 That he lost his
life on the day of 18 (State here
particulars of the bas small a death, when what course is the come of the come
The seely or Her y 1202 1864 - Correce of
of the of come of the out-
formed of Surair for
Management of the second of th
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 18
I have been paid a pension as a resident of Course of Lee County for the
year ending December 31, 1903, and now apply for the pension provided by law for the year ending
Dec ·mber 31, 1904.
this 12 day of 1904 frame of the fore Ordinary Post Office 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
thisday of
Post Office - Post Office -
State of Georgia, Aflec Lorice
State of Georgia, 1. It. Ille Love a County County of said County, certify that I am well
acquainted with Mrs. Incicces C, By ref., 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
Given under my official signature and seal, this the 12 day of face y 1904.
- Welme Lovie
Official Real

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, PERSONALLY COMES MRS.
STATE OF GEORGIA PRESONALLY COMES MIS.
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 feety 7, 1833. That she is the Widow of
Learney Byrd who was a soldler in Company "N" of the . To the Regiment of Ya
Volunteers, that he collisted in said regiment on or about the month of
volunteers, that he emisted in said regiment on or about the month of
186 2, and served in the Army up to dury 186 4. That he lost his
life on the day of 18 (State here
for was explained by the Union forces
1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 Carris Charles Williams Contin
The all box trans which dis var he
funde fox from which discret he died, to I wood out form of bound which discret he died, to I wood in former and believe
**************************************
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 18 $f^{-0}$
for the state
1
year ending December 31, 1904, and now apply for the pension provided by law for the year ending
December 31, 1905.
this I day of Jarry 1905.  A Suc Lore Ordinary.  Post Office day here y
State of Georgia, 1. M.S. un Lorun
State of Georgia, I, MS. W. Lorung County. County. County. Ordinary of said County. cortify that I am well
County. ) Ordinary of said County, certify that I am well
acquainted with Mrs. Frances C. Kyry , 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
Given under my official signature and seal, this the 17 day of fary 1905
(Official) It I was form
(Official)
Seal. Ordinary of Come of been County
NOTE. All blank anaces must be filled.

st.	60	7 m	c Lo	·	, (	_of _	eon, and	request the	at he	щ.	y auth y a	
day	In Wi	Execut	ed in pre	sence	19		y hand a	ad seal, the		x :1		L. 8.)
<del>. ¥</del>	. \$	/// <b>e</b> G	oleen	2 16	csis							
Pald			NOIS	1906.	2yrd.	County	200 Ja	Pensions		1906,		1
To Those Heretofore Pald	908.	6/16	'S PEN	For year ending Dec. 31, 1906.	PAID TO	6 hi.	Regiment 2	JOHN W. LINDSEY, Commissioner of Pension	WARRANT ISSUED	JAN 24	AND HANDED TO	10 Pute sparing Do , Goo W Hater
To Those	18	No.	WIDOW	For year e	My tra	Carm	Widow of L	JOHN	WAR		ONY	The Passes, in Penetrals as

ATTORNEY. STATE OF GEORGIA. to receive and receipt for the pension paid hereon, and request that he remit same to In Witness Whereof, I have becomete set my hand and seal, thin. Executed in presence of A machine ledy

JOHN W. LINDSEY,

to receive and receipt for the pens	COUNTY. hereby authorise of, hereby authorise ion paid hereon, and request that he remit same toat ereunto set my hand and seal, this
day of	1906.
1906.  1906.  No. 49%  WIDOW'S PENSION For rear cadding Dec. 31, 1806. PAID TO	Widow of County, Widow of Regiment County,  Co. Regiment County,  Co. Regiment County,  Co. Regiment County,  C

#### POWER OF ATTORNEY.

ľ	1.0 WER OF ATTORNEY.	
	Walle Form of Fair burne	
	tofreceive and receipt for the pension paid hereon, and request that I	he remit same to
	In Witness Whereof, I have become set my hand and seal, this day of 1905.	7
	Recented in presence of	,,
	WIDOW'S PENSION  For Vest ending Dec. 31, 1807.  M. France. 3, 1807.  M. France. 3, Lynd.  John W. Lindsey.  Go. H. Regiment 3: 2.  JOHN W. Lindsey.  JOHN W. Lindsey.  JOHN W. Lindsey.  JOHN W. Lindsey.	AND HANDED TO

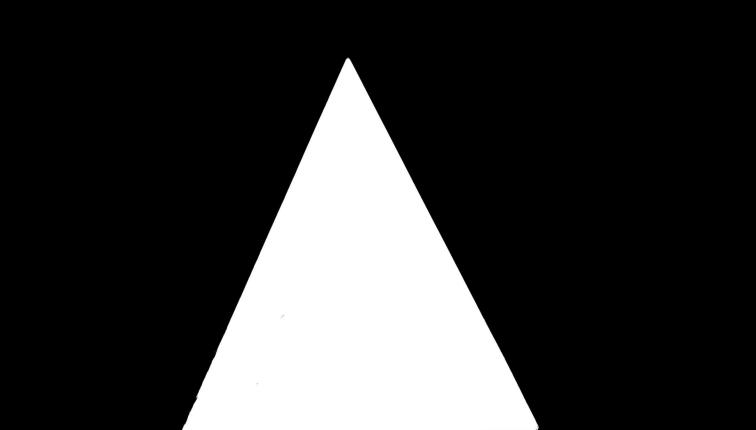
# For Widows Heretofore Allowed Pensions.

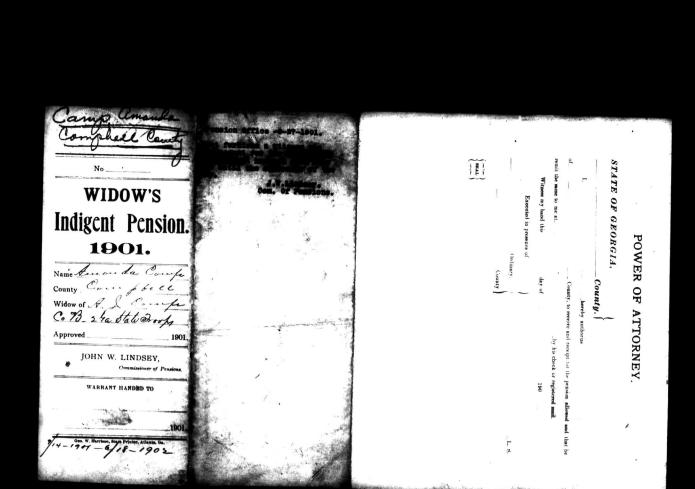
	PERSONALLY COMES Mas.
who, being sworn, says on	oath that she is a bona fide resident of said County of
continuously aver since	the of Georgia, and that she has RESIDED in said State  That she is the Widow of  who was a soldler in Company  Regiment of
V of the	Regiment of
Volunteers, that he enlisted in said regiment of	on or about the month of
186 < . and served in the Army up to	That he lost his
life on theda	y of18(State here
	(State here
K. C.	ou in farmed and
Deponent swears that she was the wife of said	deceased soldier, during his service in the Army as a
the year 18	as death aforesaid, and that she became his wife in
	nt of County, for the
reside	nt of
December \$1, 1908.	for the pension provided by law for the year ending
8worn to and subscribed before me this day of 1908.	Post Office
State of Georgia	12) Pinaing
County	Ordinary of said County, certify that I am well
acquainted with Mra. 2	Ordinary of said County, certify that I am well
am satisfied that the facts therein stated are tro	e, and I know she is the individual she represents
herself to be, and that she has continuously resi	ded in this State class the
day of	not in this blate since the
Given under my official signature and seal	this the day of 1906
Official   Seal	ordinary of County
NOTEAll blank spaces must be fill	County

Vouchers and Addavits must bear date after January 1st, 1907.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA.	PRABONALLY COMES MRB.
continuously ever since Ju by	a coath, that she is a bona fide resident of said County of ate of Georgia, and that she has RESIDED in said State  That she is the Widow of who was a soldier in Company
Volcunteers, that he entisted in said regiment	on or about the month of Wee
	That he lost his
purloyers on the hasband's death, when, where The way and temped July or day us 1/50 a h Camp Thomas from which he d and helicope	by leave forces in  4 ) sorried to Priore where took I have upon
	I deceased soldier, during his service in the Army as a
solutier, and that she has never married sine the year 18 $\sqrt{-g}$ . I have been paid a pension as a resider	to this death aforesaid, and that she became his wife in
December 81, 1907	y for the pension provided by law for the year ending
	Post Office of act,
State of Georgia,	Ordinary of said County, certify that I am well by red, who made the above affidavit, and
am satisfied that the facts therein stated are to	ne, and I know she is the individual she represents
hersolf to be, and that she has continuously re-	
Official /	only this the day of day of 1907  Alle Lange feel County





20 als applicant able to earn a support at labor of any sort, If not why, the Ouestions for Witnesses. STATE OF GEORGIA, 27. How was she supported for 1899 and 1900? barroll 28. How much did applicant contribute to her support for last two years? Lindsey Holland 29. Give a full and complete statement of applicant's physical condition? \_ / 11 is Inhysical where been presented as a witness in support of the Application of Mrs. Amanda Camp for a Pension under the Act of 30. What interest have you in the recovery of this pension by the applicant." following questions, deposes and answers as follows: Collowing questions, deposes and answers as Collows.

1. What is your name and where do you reside? Limiters Hollowill Co., y's Sworn to and subscribed before me the /2.00 Lindsey Holland 2. Are you acquainted with the applicant, Mrs. Accountable and If so, how long have you known her! but since before the war, D. July From Ordinary. 3. Where does she reside, and how long and since when has she been a resident of this State ? The residence at Hairburn, Completel Co, you, All her togain you Carroll 4. When and where was she born " I ale not Know 5. Were you ever acquainted with her husband? . W. Affidavits of Physicians. 6. Where did he reside in 1861 2 In Coursell Co. ya. When and to whom was he married? Before the war to Ary 8. When and where was he boun! About the grant 1866, in 9 STATE OF GEORGIA, Court phece County. 10. How long have you known him? Nowards all his title
10. When and where did Arndonius Jackson launch enlist if the war between
the States, and in what Company and Regiment did he enlist and how do you know this? July 1863, and
le world Co., Lyu., and Co., 13, 2 and Ry, Lyu., Italia In refer. C. N. Davlue port 1112 both known to me to be reputable is some of said county who, being everally wern, say on oath that they have examined carefully Mrs. 11. Were you a member of the same Company and Regiment? "I woo such personal examination say that her physical condition is this All C . . . . . . . . . . . . . . Emporer Cornectities agenty frank I applying populate 12. How large slid he perform recorder military drive "He was with the land the land of th no scoul Mother water tima letter ingeliere Galitelien In a thirt one earl not do and worth at not and we have no interest in said pension if allowed Sworn to and subscriped before me this / 3 " 14. Were you with the command when ignourendered? Na. for a fine fine for the husband of applicant present?

9. Command the first think the wood for the wood for the first think the wood for 1 CBillayd In D 12 8 700 Form Ordinary. C. H. Davlesport ms. 17 When and where did he leave his Command & Jumberstand ett/hern ORDINARY'S CERTIFICATE w do you know all this " (State fully and clearly.) I was with the Ca STATE OF GEORGIA. till I was impresend in fre Carce phece 1 It Sluc foren . Ordinary in and for said county, hereby certify that the applicant, Mrs. Acce one of a Consepe In Hairburn, Comptell Co, Prett Norm county, and has been a bona fide resident of this State since. 20. Do you of your own knowledge know that applicant is the lawful widow of 1880, and that the witnesses, Mr. C. A & ley of Let. Do one of ON. Moiner fort 211 A are of trustworthy character, and that their statements I do further certify that before answering the foregoing questions, the applicant and said witnesses took the 21. Has she remained unmarried since her soldier husband's death, and is now his widow? Que oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same I further certify that the tax digest of Course photos countyshows that applicant 22 What property, offers or income has the applicant it any and how its you know the own knowledge." No thing that I know of returned for taxation in her own name in 1899. dollars worth of property, and in 1900 Witness my hand and official real, this 13 the day of Se pt 28. What properly, offers or income and applicant process in 1893 and 1993 and 1993 and 7. S. Ill for fine whom Nothing within my Knowledge Notes: I defere any questions are no seried, the Ordinary shall worse applicant and the witnesses in the following words: You do selemnly sweet this you will break harvers must such a defend of the questions asked of you.

Mid-topical sidestite may be attached, it blank spaces are insufficient. sold which sindays is any seasoned, in oans spaces are insufficient.

"It will be a supported by the support of 25. What is applicant's physical condition and her chances and ability to earn a support?

19 a physical Work, Not a

10 anything

\*\*\*\*LIGHT PRINT AND. OR BAD COPY \*\*\*\* \_of said State and County, desiring to

# Questions for Applicant.

My wong and ance when nave you been a resident of this mate? a. When and where was your husband bofn-state his full name, and when were you and he married? West and where the your numbers Dorn-make the full hame, and when were you and he married? 5. When and where, and in what Company and Regiment did your husband enlist or serve during the

STATE OF GBORGIA,

County.

avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of Geograf Amenica Soldiers, and after being city aworn true answers to make to the Land Soldiers, under Act of County and Poyt Office.

6. How long did your husband serve in said Company and Regiment?

third, state whether you are totally blind, and what and where you tost your sight ! \* 13. What has been your occupation shee your husband's death

22. Have you ever made an application for pension before? 23. How many applications have you made for a Pension, and under what class?

mand, for what cause, and by what authority?

19. When and where did your husband die?

any lands or other property?

Sworn to and subscribed before me this

7. When and where did your husband's Confiant and Regiment surrender and was discharged? 8. Was your husband present at the time and place when his Company and Regiment surrendered? - 9. If not with his command at surrender, state clearly and specifically where he was, when he left com-

11. Which of the following grounds do you have your application for Pension, viz: First-Age and Poverty: Second-Infirmity and Poverty, or Third-Blindness 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 trarmity and its extent. If upon the

14. How much can you earn gross, by your own exertion or labor? 15. What property, real or personal, or income do you have or possess, and its gross value? 16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899 1900, and what disposition, if any, by sale or gift, have you made of the same? In what counties did you reside in 1849 and 1900, and what property did you return for taxation? 18. How have you been supported since death of husband, and especially for 1899 and 1900? Му по вос уст в л до уми,

19. How much did your support cost for each of those years, and how much did you contribute by your own fabor or income? 20. What was your employment during 1899 and 1900-hew much did you receive for each year?

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

Ordinary.

harried and interior

2. How long and since when have you been a resident of this State?

d		
1	# 202	19
	wate, John m.	
	16 1 onto, John M.	
	APPLICATION FOR	
	Arm	
	FOR CONFEDERATE SOLDIER.	
	Applicant John M. 19 mits	
	County & CAMS bell Limb Utom alone Utom	
	1 -	
	Amount X 6 C	
	Date of Warrant Qu-27 1879	
	Page	4
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	200 milks	
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ie	The state of the s	1 1

#### STATE OF OFOROITA

STATE OF GEORGIA.
County.
Personally appeared before me of this walks 2 to the
the county of O 10 11 11 11 11 11 11 11 11 11 11 11 11
enlisted in the military service of the Confederate States, or of this bloom, as a W. Y. G. T. W. in Company "K" 23 Regiment of White & J. J. W.
that while engaged in such military service, to wit at the battle or engagement of Assistantial Technique
in the State of Robbits of day of and
that the same was amputated AMM Subtra On Patter Lay
effect the last clause of Paragraph I, Section I, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has Alla A. supplied bimself with an artificial Alla Alla Colors; Drume, not having done so, he prefers to supply himself with an artificial.
Sworn to and subscribed before me this
M. H. IV or add a little use to be some officer authorized to administer outles a Judge of the Superior county court Justice of the Proper Clerk of the Superior tourt, or Ordinary.
COMMISSIONED OFFICERS AFFIDAVIT
STATE OF GEORGIA,

#### County.

Personally came before me	ii
the county of State of Georgia, who, being	
and says that he wasin Company	Regiment
and that	
in said Company, and that this deponent knows that said	
lost a	Ł
Sworn to and subscribed before me this	
to the same of the	

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

a see of fort

26. Is applicant able to earn a support at labor of any sort, if not why? 27. How was she supported for 1899 and 1900? Dy L. & Sere, of This 16 28. How much did applicant contribute to her support for last two years? 29. Give a full and complete statement of applicant's physical condition? 30. What interest have you in the recovery of this pension by the applicant? 18 Ramualo

# Affidavits of Physicians.

both known to me to be reputable

applicant for a Pension under Act of 1900, and after

#### ORDINARY'S CERTIFICATE.

Ordinary n and for said county, hereby certify that the applicant, Mrs. A . . . . . . . . Carry resides in said county, and has been a bona fide resident of this State since day of 1880, and that the witnesses, Mr. Fr. C. Raice con ten

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 affidavits was read to the applicant and witnesses before the some

I turther certify that the tax digest of Care / becc county shows that applicant

> stollars worth of property. 10 the day of secrete 190 2

	oa.	of GEC	beec	County.					
)]	J.	Vice of	Lonie	du_of	( o	oi 1	6 6.	_, hereby	authorize
to	receive	and rec	eipt for the pe	nsion paid at	hereon,	and req		at he ren	it same to
	/n	Witness	Whereof, I have	e hercunto	set my	hand and	seal, th	nis_ /	4
day	of	. ×		1903. L`}	A	. ed a	6	anç	[L. S.]
,			the presence of						
_)	41	10	Alun,	4. 0					
				3					
			_	7,		; ;			
<u></u>			NO.	- Col	County,	Regiment	ensions.	1903	
To Those Heretofore Paid				For year ending Dec. 31, 1903  PAID TO  A. C.	ပိ	Reg	INDSEY,	αs	a
fore	8	~	W'S PENS	. 31.		27	JOHN W. LINDSEY	WARRANT ISSUED	0
ereto	Ö	~	DOW'S PEN	PAID TO	F	Sec.	LIN	T 18	IND HANDED TO
E	ā		S.Z.	PAI	£	1 -1	*	RAN	D HA
T	Ħ	No.	78	Year	12		ОНО	AR.	- 4
P L				me Y	, ò	Widow of		2	3 8
			*	Mes	6	Wid Co.			C.
and the				Protection of the Party of the	THE PERSON NAMED IN	Podrillowing San			www.magalanda.com/in/these gray

# FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, PERSONALLY COMES MRS.
County of Court pheer Steered County
who, being sworn, says on each, that she is a bona fide resident of said County of  State of Georgia, and that she has RESIDED in said State  continuously ever since   That she is the Widow of  who was a golder in Company
continuoually ever since 4 / 8,2,2
who was a goldler in Company
of the Regiment of Conf
Volunteers, that he enlisted in said regiment on or about the month of
186 / and served in the Army up to 186 That he died on the day of 1900
It & come hocked It emer how 50
It it rivere Reging his degree at
Na Grafid doction - later to
died find, 1900 or obor states
died from 1, 1800 or obor of The
Deponent awears 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 is .
I have been allowed an Indigent poneton as a resident of
County, under Act 1900, for the year 1908, and now apply for the pension provided by law for the
year ending December 31, 1908
Sworn to and subscribed before me.
this 1/2 day of 10 1903 1903 Post Office For Ab. 12
The Condinary Post Office Constant of the first of the fi
State of Georgia,
Green beech County. Ordinary of said County, certify that I am well
county. Ordinary of said County, certify that I am well sequented with Mrs Accorded County, 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 & O
Given under my official signature and seal, this the day of day of 1908.
(Ordinary of County.
NOTE.—All blanks must be filled.
Vouchers and amdavits must bear date after Jahuary 1st, 1903.

Com place County. It I we Love of Jain burn you to receive and receipt for the pension paid hereon, and request that he remit same to IN WIPPESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_ 2 o Amanda Camp [L. 8.]

Executed in presence of

Let 1 1/1 Cience Cox

#### POWER OF ATTORNEY.

STATE OF GEORGIA. 6. . She COUNTY. 1. Lucarya Caras, hereby authorize 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 Amenda Comp [L. K.]

Executed in presence of - 2 68 Marine 140

#### DAD INDICENT WINAWC UPDETARADE ATTAWER DENGIANC

TOR INDICATE AIDORS HEREIOLORE VERTER LEUSIONS.	
STATE OF GEORGIA, PERSONALLY COMES MRS.	
. County of and bece funded a Comp	
who, being sworn, says on oath that she is a bona fide resident of said County of	
Confidence Neate of Georgia, and that she has meaning in said Neate	
continuously oper since. Way 2 833 That she is the Willow of	
who was a soldier in Company	
"K" of the Jo in Regiment of La	
Volunteers, that he enlisted in said regiment on or about the month of Q & L	
186 , and served in the Army up to . That he died	
on the 1st day of fine IN 1900	
the contracted of themore hours and	
Con feel frame of a later he was	
den today donoly put - out our me -	
Court y free contract	
June 18, 400 or obove a la les.	
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 IN 1 - F	
I have been allowed an Indigent pension as a resident of Game of be en	
County under Act 1900, for the year 1903, and now apply for the pension provided by law for the	
rear ending December 31, 1904	
Sworn to and subscribed Before me.	
this to day of Jacey 1904 - Amanda by my	
Sworn to and subscribed sectors, me, this for day of Janey 1984 Amanda by rip To the Loren Ordinary Post Office	
State of Georgia, 11 / 11 Low Lorun	
Come the ce County. Ordinary of said County, certify that I am well	
sequainted with Mrs . Fee cour of lance of 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 - 1H X ()	
Given under my official signature and seal, this the day of day of day of	
If I we Lare.	
Official feel Comments	

Vouchers and Affidavits must bear date after January 1st. 1904.

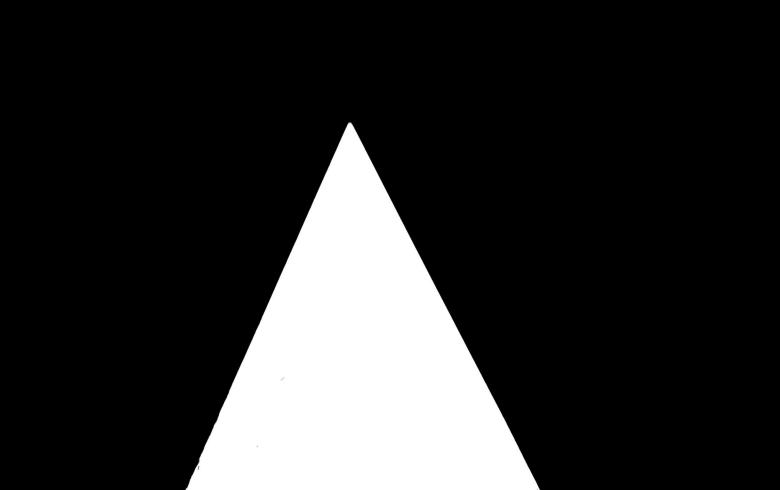
NOTE. All blanks must be filled.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.
STATE OF GEORGIA, Leu . Jen and a County of Camp de u . Jen and a County
who, being awarn says on oath, that she is a bona fide resident of said County of  (C. C. S. S. C. C. State of Georgia, and that she has RESHERD in said State  continuously ever since
186 2. and served in the Army up to  the day of  Afre to off chracie describes a while  ine Compad. derman, Inffermi from  Journal who is to a command  If dring this rose he think on these  I dring this rose he think on the bod we
Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 $^{-F}$
Thave been allowed an Indigent pension as a resident of Garage for the County, under Act 1900, for the year 1901, and now apply for the pension provided by law for the
Sworn to and subscribed before me. this 20, day of Jacry 1905.

1/2. Me Loxine ordinary. Post Office Low born ya 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

		2 (1)	
Given un	der my official signatu	re and seal, this the 20 and party	1900
		It. Me Lovie	
Official     Soal.		0.	

NOTE .- All blanks must be filled. Vouchers and Affidavits must bear date after January 1st, 1903.



Carpitelo County	agent it not an	-		- Anti-
No	lion an infrafam	I	Witness	STATE
INDIGENT PENSION,  1902.	Court, by children Come of the come		receipt fo	OF
Name J. L. Compe	form them fully of the		and seal, this in presence of	POWER
Co.E'/st Lu Covy Reg'm't	2 White of X		allowed, and	POWER (EDORGIA,
Approved1902.	Co An Jun Fa Righ		request th	R OF A'
JOHN W. LINDSRY, Commissioner of Pensions.			X	ATTORNEY
WARRANT HANDED TO	4		-by	NEY.
Ordinary will write Name of Amelion			190	b
Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.			[L 8.	reby authoris
4/3/05			<b>-</b>	7

#### QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
B. I. Cook a grade State and County, having been presented
as a witness in support of the application of the application of under Section 1264. Code, and after being duly swarp true answers to make to the following questions, deposes and
1. With it your mame and where do you reside the Start - Six side
2 Are you acquainted with f. f. Care by the applicant: If so, how long have you known him for Side over Joy 2007
Le Courp bell bo Su = 50 9 10, and the Note of this State?
4. When, where and in what company and regiment that he entist, and how do you know?  Itany 1 862 at Conference at the ice Cott of 1 th the Colomby almost presented.
5. Were you a member of the same company and regiment? 7 . 0 5.
6 How long did he perform regular military duty 2/2/10000000000
When and where was his command surrendered the Apr. 6 1865 State & Aft.
Were you present when it surrendered to Ser, I new copliand the day ( 1 day) framewo
9 Was applicant present Nout her vert, but there il he was in prison
10. If he was not present, where was he' Nouth Heron for touchy
When did he leave his command Arm Kings For what cause Arrech The west
By what authority he left - Area I / have the How do you know all of this;
demin, fort it live some at
What property effects or income time the applicant! (tive your means of knowledge!)  If ortale : The read to see the the form of knowledge!
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition if any did he make of same? The same of the same
what disposition, if any, did he make of same?
16 Has be conveyed away any of his property in the last tour years, it -, what was it, and to whom:
14. What is the applicant's occupation and physical condition of the lead to feet land
o compation. His play sook our deliver
10 m. +y 6 1
15. Is the applicant unable to expose this well by labor of any work, if we what I for you a best in the
16. How was he supported during the years 1898, 1809, 1900 and 1901. By Tree & Troise
17. What portion of his support for these four years was derived from his wu labor or income?
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under
Section 1254, Code? He suffine internally from
suffered severely for 20 or 30 givers
19. What interest have you in the recovery of a pension by this applicant?
Sworn to and subscribed before me, this the day of day of 1902.
m. S. Lee of critical Ordinary.
,

#### AFFIDAVIT OF PHYSICIANS.

	STATE OF GEORGIA,	
	- aughter county.)	
	Personally came before me. 25 J. B. Can	ich ul
	Personally came before me. Day, w, com	
		, both known to me as reputable physicians
	of said County, who, being severally sworn, say on oath that they	have examined carefully
	auch personal examination say that his precise physical condition is	for pension under Section 1254, Code, and after as follows:
	He is subject to spells	& Renax Colice
	which is intersected by	The hapage of Runc
	colouli, this & its Efficts a	1 a Do amstald as to
ý	wie fit him to hugorin in	Ducefary labor to make
	a Suffert for hundely	
	and that we have no interest in said pension being allowed.	h /
	Sworn to and subscribed before me, this the	B. Comicul 11
	' day of 2 1902.	Hatking M
	17. S. Me Laren Ordinary	
	ORDINARY'S CER	TIFICATE.
	STATE OF GEORGIA.	
	Compbeel COUNTY	
	mc succe	
		Ordinary in and for baid County, hereby certify
	that the applicant for L. Course	5)
	and that the witnesses, viz.	18, Comme level UIN
	and hat the witnesses, viz.	D.
	are of trustworthy character, and that their statements are cutitled	
	I further certify that before answering the foregoing questi	ons the applicant and each witness took the oath
	hereon prescribed, and that the full text of the affidavits was fead to	the applicant and witness before same was signed.
	I further certify that the tax digest of	B & . IC County show that applicant
	returned for taxation in his name in 1899	Dollars of
	property, and in 1900	Dollars of property.
	In my opinion the foregoing claim is	made in good faith.
	Witness my hand and seal of office, this	day of De La L 1902
		ce Lavier Ordinary,
	of	County.
	NOTE.	b.
	1 Refore any questions are annual at a direction to	

1. Before any questions are answered, the ordinary shall swear applicant and the witnesses in the following words: "You shall true sameres make to each of the questions asked of you, and the evidence you shall give will be 2. Additional affidavite may be attached if blank space are infunficient.

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.

applant it motan Kell County gapul arion - Don appliants family notes manages The Sail form Culiaded INDIGENT PENSION. Coult, her children comia suffered for 1902. all by morking a wife form . Explain fully \*promay Name S.L. Compe Com of Ring County Com fe here co"E'/I La Covy Regimit & Co"A"-7 in Ja Righ Approved JOHN W. LINDSEY, Commissioner of Pensions. WARRANT HANDED TO Ordinary will write Name of Applicant, Company and Regiment on back as indicated above. tru W. Harrison State Printer Atlanta

# Questions for Applicant.

		Questions	101	4
ATE	OF	GEORGIA.		

Cours bece County. to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows 1) What is your name and where do you reside! (give State, County and post office) It books of in County bette to the - 20 Hooder ta 2. How long and since when have you been a resident of this State! 64 4 100 - 000 ct. 3. When and where were you born! A cry 2 1808 see Mere troy to Ja When any where and in what company and regiment did you entist or very: 162

When any where and in what company and regiment did you entist or very: 162

Let 1863 in chicacon (Colon drop of book) records of Spring 9/16x

of How long did you remain it such company and regiment 1/2 (16 miles of Spring 9/16x) 15 Ja Proyo to latorice otale Troops 4, ohmet 12 luis in Co "A" you to Regt in de ding time I woo an to de sol prion 6. When and where was your company and regiment surrendered and discharged? South Minorial where You's fee so grand, gil Were you present with your company and regiment when it was surrendered? HOW YEVE KALH V 16 Sic. 8. If not present, state appelically and clearly where you were, when you lett your command, for what cause and by whose authority? I was a office free by the state of the form 9,186 H of Louisa C. H. Va. 4 corried to Inson of Blura li.y. What has been your occupation since 1865? Fare. 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 leave work been oble to ever a support for 5 years I have Ridway divisor, evertiet it in From Hove had it went direct may with grown to the city of discovering, out over the 13. What property, bull or personal, or income, do you possess, and its gross value? I her no property or incorner . no weeker if course 14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, by sale or gift, have you made of same? Horee, ou of . . . . . . . . . . . . . . un disposition of only 15. In what County did you reside during those years, and what property did you then return for taxation? Le Course field County Le Retire and reaction 16. How were you supported during the years 1809, 1900 and 1901? By reach received truck forme belonging to my wife 17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or incomes a few of 1900 to 2 Constituted LaS worklass by Cabor or an above the state of the contributed Las worklass by Cabor or an above the contributed Las worklass by Cabor of Cabor What was your employment during 1808, 1800 and 1901? What pay slid you receive in each year? I had work 10. Have you a samily? It so, who composes such family? Give their means of support! Have they a homestead? I so Se - Corresponded to the first family? they or & ou ported by in when from my wifes force they we be love a force 20. Are you receiving any pension? It so, what amount and for what disability? ho Sir 21. Have you ever made an application for pension before?\_\_\_ 22. How many applications have you ever made and under what class?.

Swerg to and subscribed before me this tite?

2 6 4 day of Subscribed 1902.

7 Subscribed 1902.

Ordinary,

of Commy to County.

STATE OF GEORGIA, I, I L. C. ... hereby authorize I I Vacce to receive and receipt for the pension allowed and request that he remit same to day of Witness my hand and seal, this Executed in presence of

# DIER'S PENS

INDIGENT

OHN W LINDSEY.

#### POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

County.

of County

of County

connect that he remit same to to receive and receipt for the pension allowed, and request that he remit same to WITNESS my hand and seal, this Executed in the presence of

(FOR THOSE ALREADY ENROLL

JOHN W. LINDSEY,