Georgia, Coweta County. Court of Ordinary, I, L.A.Perdue, Ordinary in and for said County, do hereby Certify that the marriage license and the certificate of the officiating minister thereon, on the reverse side of this sheet contains a full, true and complete copy of the marriage license of John F Carey and Lucretia Bullard, as the same appears of record in the office of the Ordinary of said County.

Oiven under my hand and seal This August \$150,1919

" - >					0 sainary	and Ex-Off.Clk. C	.0.0.c.da.,	_
MARRIAGE LICENSE	John F. Carvy,	Lucretia Bullard	Issued Morr. 20th, 1672. 191	and Recorded on Page 93 Book	". I of Marings Licenses	Corified Capy.		*



You are hereby authorized to join Lucretia Bullard. und in the Waty Mate of Matrimony according to the Constitution and laws of this State and for sedeing this shall be your ticense Ind you are hereby required to return this license to me. with your Certificate hereon of the fact and date of the Marriage Sucer under my hand and sent the Hovember 1872. ACCESSES J.H. Cooke, Ordy, By J.P. Martin, C.C.O.

> 191 John C. Camp, M.G.

und Lucretia Bullard

22nd duy of November, 1872, s ARREPARES SKALASKER

Ordinary

MINTE OF GRORGIA

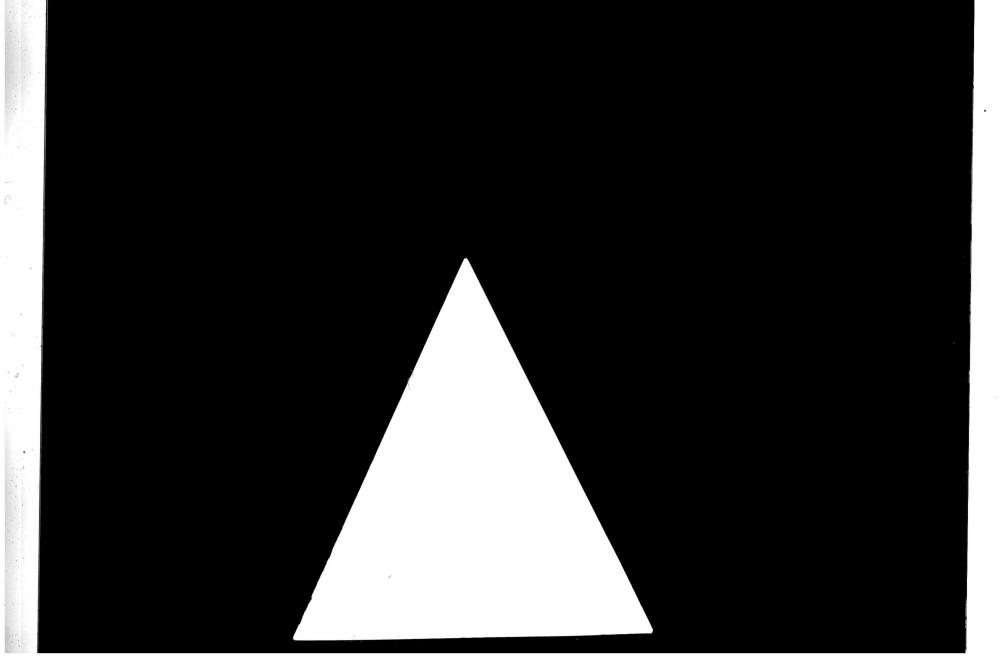
It citify that J.F. Carey

were prined in Matumeny by me the

Becerded

CERTIFICATE COWRES COUNTY

thelinny



# ATTORNEY. POWER

Counts STATE OF GEORGIA,

Know all Men by these Presents, That I,

of Authur.

WITNESS WHEREOF I ha

R. 60.

Ex Della alanto The there wileverse are week welled to state whether 250 3595 Mr. Com, noe captured for has it understood dothe neut off a desorted Comment! What the commentance

of her disafferment Geni freel proof

A Name Vic

Widows' Pension milligeline Casey fr.) leansport court.

**\$100.00.** 

Warrant Issued

AND HANDED TO

## POWER OF ATTORNEY.

STATE	OF	(;)	EOR	GIA,
Carry	Abe	w		Counts

Know all Men by these Presents, That! Augeline of Gampbee of Gampbee George

County, in said State, do hereby appoint. of Fairburn

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

Executed in the presence of us

N.N. blisset

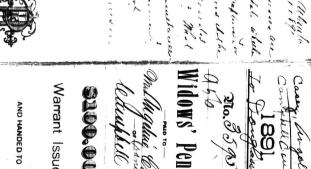
R. C. Beavers Ordinary DIRECTIONS.

It allowed, send amount by

me at

, and oblive





### Affidavit to be Made by the Widow.

#### STATE OF GEORGIA,

County of Campbele in and for the County of Composes Mrs. Augeline Cosey oath that she is the widow of

In person came before me, the undersigned Ordinary

, who being sworn according to law, says under Casey

the service of the Confederate States, and served as a member of Company

Regiment of Google Volunteers; that he enlisted in said looing denote Army up to May of Moral 1864, and was in the service on or about the Army, he was on the day of Troy 186 X, (See Note No. 1) in the server in soid army & entered the

and how not brown seem or heard from since. He more relieurs home often the close of the word of applicant hoo never heard from him since.

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 th day of I thereny 1864, and that she has resided in Georgia continuously since the day of February

18 47; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Note 1. Mate in blank above the date of the death of the bindwind, and how, and when and where he shed. And in his death resulted from disease, state how the disease is known positively to have resulted from the service of the soldier

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

State of Georgia,

1. R. le Beavers

Ordinary

State of Georgia, hereby certify that Lam acquirited with Mrs. Angelica Coarse

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 24d, 1850, 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

10 th day of Muce

R. G. Bravers

Ordinary

#### NOTES

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 husban is went to the army and have never been heard from since the war

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

Those whose husbands out (1.1.1.1.5) recent the vertice, and who after the war, died of the disease.

consent by the service. The disease describ consing the death.

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

remarried.

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

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

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

There is no need of employing a lawer or other agent to attend to these claims. The Department will formsh fn/t and specific instructions, and give ampic opportunity to every claimant.

If witnesses has in another County from that wherein applicant resides, they must go below the Ordinary of their County and testify. The attestation of a Justice of the Peace or Novary will not answer.

If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine.

Fill out Power of Attorney authorizing some one who can call at Tre isurer's office in Atlanta and receive the money, to receipt for same.

Fill out the "Assestions" below Power of Attorney, so that your Agent will know where and how to send the money.

By order of the Governor.

of the death

W. H. HARRISON,

No. NA. Department.

#### Affidavit for Three Witnesses.

State of Georgia,

In person came before me, the undersigned Ordinary

and D. a. bidson

in and for said County, witnesses Suisfully
(concer(concer known to said Actesting Officer as truthful,
) and indep out, the foundations

reliable and reputable critices), who severally say under oath, that, from their own personal knowledge, Mrs. A system to the County of the Company of the County of the County of the County of the Company of the County of the

The come in the account of Krug ston dos can the irrom h of Mary 1864, He went side ihe halle to striumsh line at or nearly Kingdon In and Roo not been a source of Rooms from since of the alose of the above of the source of the so

Our opportunity for knowing the facts stated in reference to death of applicant's husband were too were the worne bounds only logistes.

We further swear that Mrs. Augeline. (Odsor) was the wife of said soldier during the service, and that she has not intermatried since his death, and that she resules in County of the State of Georgia.

Sworn to and subscribed before me, this, the

Rle Bravers

ison I think her, Jumoney

Ordinary.

Note: Willnesser must not result about things they may believe but another their statements to so in facts against pur-

## For Widows' Heretofore Allowed Pensions.

STATE	OF	GEORGIA,
County	of	Com Steel

Augeline Carey

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 which the first she is the Widow of

who was a Soldier in Company

of the Regiment of

Volunteers, that he enlisted in said Regiment on or about the month of Morale

186 and served in the Army up to

life on the day of 18 (State her full particulars of the husband's death, when, where and from what cause.) ( How we have to Lovelle near King of town La our or obout 31 day of May 1864.

The was never seem wor hand of often this so for as I know or believe It is not known to my whether he

lost year in Dong loss 2, da

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 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 Fresh 1895.

A. G. BLEWEYT Ordinary.

Post-office Rico Ga

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

coplined or deed

County of	sompour	Augus	us Co	reg
Compile	who being sworn, says on oath,			
		leorgia, and that she	That she is the	
continuously ever since	Carry in		was a Moldler in	Oompany
	in said regiment on or about	Regiment of the month of	ceorch	-,
	my up to obout U		186 # That b	e lost his
life on the	day of I's death, when, where and from			
· Cina of do	Ede mor	Kingozo	m Ly	ou
or obout to	to 31- day	of May	1864.	Lux
or heard of	by were a			
so for as				

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 6 4, 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, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

for un to say whether he was Killed,

Sworn to and subscribed bollior me, this Acceptance Corney

17 they of Line 1896.

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I.	STATE OF GI	EORGIA, Coun	ty of Ordina	ry in and for said	County of
C.	· · · pikere	State of Georg	in, hereby certify the	t I am nequalisted	with Mrs.
4	,		the applicant f	rapension in thi	s case, and
	my own knowledge (or				
esides in th	is County, and that she is the State since that date.	resided in the State  That she is the wic	of Georgia on Dece low of Acces	ember 23, 1890, a	nd has not
lecensed, no	A as such has heretolore b	been allowed a pensic	on for the year endin	g February 15th,	1896.
In	Witness Whereof, I ha	ve hereunto set my	hand affixed	the seal of my	office, this
he	, 3,0	day of	Jony	1897.	
1 -	<b>!</b>	<i>f</i> ,		Ordinary	

#### POWER OF ATTORNEY.

STATE OF GEORG	JA, Carrie	y nuthorize 21	County.	and some
that he remit same to		iit	/	
Is Witness Wheneve, I				,
day of Secretary	1897.			
Executed in the preser	ner of			_[1s.]
11/18/115				
A. C. Burn	. )			
27				

WIDOW'S PENSION

1897.

#### POWER OF ATTORNEY.

State of Ge	orgia, 6	en barrely with	onder I.F.	County.	12
ol_6	Conto !	to receive and	I receipt for the	pourion paid hereon and	request
that he remit same to			nt		
day of	error, I have hereun	to set my hand and set 1898.	onl, this	(4. a	
,			y . et	.7 6 20 9	[L. 8.]
Executed in	the presence of	)		* 1,1	
a.c.	A	)			
For Those Heretofore Paid.  1898.  NO. 2876	CLIDOW'S PENSION, For year ending February 15th, 1898.	Me. The Court.	RICHARD JOHNSON,	WARRANT ISSUED  2/3  AND HANDED TO	MI I I I I V DON'TER STATE

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA. County of Complex Asyline Carry who being sworn, says on oath, that she is a bona fide resident of said county of ( and phoce State of Georgia, and that she has RESIDED in said State Donce V. Care. 17' of the 36 Regiment of Volunteers, that culisted in said regiment on or about the month of 186 4 and served in the Army up to orban L Hlory 31 186 4 That he lost his tall particulars of the husband's death, when, where and from what cause the care the depoice and entiry the battle mor Kingston Ly on or stout 3,5t day J. May 1864, and he was an me A serve or heard yrom by men since and this each Nummer wheelest here lied wood Milley or coplered

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 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.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of	1. Programme
	on oath, that she is a bona fide resident of said county of
le cu vicene	State of Georgia, and that she has resided in said State
continuously ever since	18 # / That she is the Widow of
10 a 1. G. v.	who was a Holdier in Company
of the	Regiment of Line
Volunteers, that he enlisted in said regiment on or about	the month of
186 and served in the Army up to	186 That he lost his
life on the day of	18 (State here
full particulars of the husband's death, when, where a	al from what cause s
	record of the second of the second
	60, in 2 , land
The second of the second	
French & come . To	e The things I have
The transfer of the	14. Le man becker
. The francisco CI	× 1
Deponent swears that she was the wife of said deceased sold she has never married since his death aforesaid, and that sh	
I have been allowed a pension as a resident of	County for the year ending
February 15th, 1897, and now apply for the pension provide	ed by law for the year ending February 15th, 1868.
Swern to and subscribed before n.e. this day of 1898.	PottOffice
State of Georgia,	
• , (	I distributed that I am well acquainted
with Mrs. Lean we will be a second	who made the above affidavit and an artis-
led that the facts therein stated are true, and I know she is	
has continuously resided in this State since the	day of /
Given under my official signature and seal this the	day of 1898.
	W ( 3 3
Official     Seul.	of County.

#### POWER OF ATTORNEY.

State of Georgia, Hampfell County. of Gumphell Cointy 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 26 Humary 11. Angi ling Gasey [L. S.] Executed in presence of A. Staphens- Oblinary CLIDOW'S PENSION,
For year ending February 18th, 1899.
Thus. Angricov Leasing RICHARD JOHNSON, WARRANT ISSUED

#### POWER OF ATTORNEY.

STATE OF GEORGIA, I. Angeline obasey hereby authorize William of Teampbell County to receive and receipt for the pension paid hereon and request that he remit same to Hony IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24 day of January Executed in presence of J. Stephens - Blinary

NO. 1901

WIDOW'S PENSION

WARRANT ISSUED

## For Widows Heretofore Allowed Pensions.

STATE	OF	<b>GEORGIA</b>
County of	to	amble111

Personally Comes Mrs. Angeline teasey

who, being sworn, says on oath, that she is a bona fide resident of said county of Tourn fold State of Georgia, and that she has RESIDED in said State Daniel L. Haself who was a soldler in Company of the 54 Regiment of Ogicorgia Volunteers, that he enlisted in said regiment on or about the month of Misses 186 H and served in the Army up to 31 day of may 1864 That he lost his full particulars of the husband's death, when, where and from what cause, He was in buttle + went in Battle near Finister Georgia on or about 41 (lay of may 1844 he was never Seen nor heard at after This it is not known we the he was killed taken prisner or died

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 1864 - in Hiller to

I have been allowed a pension as a resident of Gumfalell County for the year ending February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this 25 day of Juniary 1899.

mrs Angeling teasing Post-Office Mico . The.

State of Georgia,

Gampbeli County. Ordinary of said County, certify that I am well acquainted with Mrs. Angeling teasers fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

Given under my official signature and seal this the 25 day of January 1899

ordinary of telemphell county

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA. County of Scampbell

Personally Comes Mrs. Angeling Hasey

who was a soldier in Company Volunteers, that he enlisted in said regiment on or about the month of 1864 and served in the Army up to may 3/ life on the\_ 3/ day of many particulars of the husband's death, when, where and from what cause) He was in Batty I went in Buttle near Teinston ofwergin on of a Next 31 day of may 1864 he was never been Mor heard of after this it is not known wetter

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 6 4 in Helmany

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

J. Stiphing Ordinary

Sworu to and subscribed before me, this

24 day of Junuary 1000.

1 N Milliand Post Office Price Sya

State of Georgia, 1 & I of tephens

Mampbell with Mrs. Angelria Haley

fied 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

Given under my official signature and scal, this the 24 day of Junnary 1900

1. Stephens Ordinary of leamphell

#### POWER OF ATTORNEY.

STATE OF GEORGIA. Com. of been County. I. Sugarior Codey 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 2 day of 1/2 day Augitime Y Costy [L.S.] Executed in presence of Mr. S. In Form (D, d)

WIDOW'S PENSIO

No. 27 024

POWER OF ATTORNEY.

STATE OF GEORGIA, Con- plese County The Surgelies Coney hereby authorize to receive and receipt for the pension paid hereon, and request that he remit same to

at Faitherne du

In Witness Whereof, I have hereunto set my hand and seal, this day of Fr by 1902 Augelina & Corny ILS

Executed in presence of Million in

For year ending Dec. 31, 1802.

The Acry of the Control of the Con

## For Widows Heretofore Allowed Pensions.

STATE	OF	GEO	RGIA
Country	~ C		here

Personally Comes Mrs. Angeline Cosey

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

State of Georgia, and that she has RESIDED in said State

continuously ever since. Doniel J. Cosey 141 of the 1-6

Volunteers that he enlated in said regiment on or about the month of Merch 186 7 and served in the Army up to Mey 31

particulars of the harband's death, when, where and from what cause How 1000 in touch wer Knigston to our or otout May 31, 1864 = Her has were but seen or heard from by wer since that hier and I don't thewww whether he wow Kill I in daid boute or woo token fricant and day in prison

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 6 44

I have been allowed a pension as a resident of Courffield County for the year ending February 15th, 1 900 , and now apply for the pension provided by law for the year ending February 15th, 1901

Sworn to and subscribed before me, this day of the king 1901. DY. S. M. Form Ordinary Post Office Read

Is She From

State of Georgia,

Co. . . foliary of said County, certify that I am well acquainted with Mrs . Ang. line Cos my , 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

Given under my official signature and seal, this the 1- day of Fee by 1901

Seal.

m. S. he forein Ordinary of County feet County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA.	PERBONALLY COMES MRS
STATE OF GEORGIA,	Augelina Cosey
	she is a bona fide resident of said count, of

State of Georgia, and that she has RESIDED in said State continuously ever since Source & Cosey " of the 5 6";

Volunteers, that he calisted in said regiment on or about the month of Meurale 186 4, and served in the Army up to 20 cog 3/

particulars of the husband's death, when, where and from what course) He went in to a boile, in comped Sexuen, and Kingston Gu, on or about may 31, 1864 and war made sure or heard of by mer ofheredord and I do not know whiteen he way Killed in back ar coffeend and died in privere

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

I have been paid a pension as a resident of Care place year ending December 31, 1901, and now apply for the pension provided by law for the year ending

this day of the Ordinary Post Office Reco Sta

Ir Sui forin State of Georgia, Complete County Ordinary of said County, certify that I am wel nequainted with Mrs. Acceptions Codery who made the above attiday it and

am satisfied that the facts therein stated are true, and I know she is the individual she represents hereself to be, and that she has continuously resided in this State since the

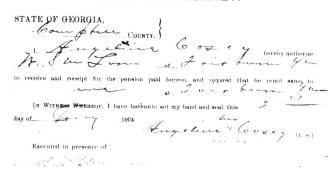
Given under my official signature and seal, this the 4 " day of Fa by 1902 M. flee Lugar Ordinary of Commission Country

NOTE. All blank spaces must be filled. Voucher and affidavit must bear date after January int. 1902.

#### POWER OF ATTORNEY.

STATE OF GEORGIA, COUNTY. 14. Sie Korice of Fair burne yet to receive and receipt for the pension paid hereon, and request that he remit game to In Witness, Whereof, I have hereunto set my hand and seal, this 2/ 1903. Legeline & Corry [L. 8.] Executed in presence of - 4 Walling 430 OHN W. LINDSEY,

#### POWER OF ATTORNEY.



DOW'S PENSI

ear ending Dec. 31, 1

# For Widows Heretofore Allowed Pensions.

	Control of the Contro
STATE OF GEORGIA.	PERSONALLY COMES MRS.
County of Court for	PERBONALLY COMES MASS.
who, being sworn says on	oath, that she is a bona tide resident of said County of
	ite of Georgia, and that she has RESIDED in said State
"I" of the	That she is the Widow of who was a soldier in Company Regiment of
Volunteers, that he enlisted in said regiment r	m or about the month of
	180 Y. That he lost his
life on the day	
puringulars at the husband's death, when where as	they 31, 1864 . Ale
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
(	
I have been paid a pension as a resident of	County for the
year ending December 31, 1902, and now apply	for the pension provided by law for the year ending
December 31, 1908.	
Noorn to and subscribed before me this. Aday of 1963	Post Office
State of Coordin	1. 1111. 57
County.	Ordinary of said County, certify that I am well
nequainted with Mrs	who made the above affidavit and
am satisfied that the facts therein stated are tr	ue, and I know sho is the individual she represents
herself to be, and that she has continuously res	
day of IN & o	ý
Given under my official signature and seal	this the 2/3/ day of - 7 1908.
	1 / 11 /11 C / C
	dinary of County byce County
MATE. All black denom must be di	led.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

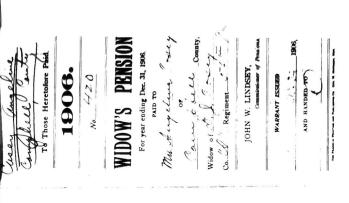
STATE OF GEORGIA,	PERSONALLY COMES MRS.	
County of loan phere	. Lugering Coxe	
who, being sworn says on oath, tha	t she is a hone fide regident of and Com-	
Game place State of	Georgia and that she has become	01
continuously ever since	1800	ite
Naul + 6 meg	That she is the Widow	
None, 6 Ggg	who was a solding in Compa-	ny
Volunteers, that he entisted in said regiment on or a	" Regiment of	
186 y , and served in the Army up to 244 a		
life on the day of		
may 10	18 (State be	
He would will do	ely in Conte	1
de mes se	/ / /	
Town 1 lease 31	18/11/ - 2/	
This by we or	hear, if ofter	
de la gilla de la	and free of	
where he woo /	Lies or coffeed	-
Deponent swears that she was the wife of said decea	(/	
soldier, and that she has never married since his c	leath a foregoid and that he	.14
the year 18 6 4		
I have been paid a pension as a resident of	Com Shire	
year ending December 31, 1908, and now apply for t	the penalog provided by law for the	110
Dec-mber 81, 1904	to provide by it for the year ending	I.
Sworn to and subscribeth before me,	1 · C	
this 2 day of 1994 A	Luge Come y forme	
It I be e form Ordinary) I	Post Office Rice	
Ordinary ]		
State of Georgia,	At I'm Low	
Complete commit		_
acquainted with Mrs. A. ey click C	Ordinary of said County, certify that I am well	Н
All Matiatical that the foots therein is a	/ , who made the above affidavit am	I
am satisfied that the facts therein stated are true, a herself to be, and that she has continuously resided if	and I know who is the individual she represents	•
day of	in this State since the	
	2	
Given under my official signature and seal, this	the day of 1961	
	fre fre	
North All Maria	linary of Come por che county	
Voucher and Affidayit must bear	date after January Int. 1994	

#### POWER OF ATTORNEY.

	of to A burner y a
to receive and receipt for the pe	ension paid hereon, and request that he remit same to
In Witness Whereof, I h	ave bargunto set my hand and seal this 16
day of	1905. Lange Codey [Las]
Executed in presence of	reserve #
July 16 William !	u'.
	5 6 II # 8 II
1	County Passions
To Phose Hereudore Paid  1905.  No. 4/4  IDOW'S PENSIO  For year ending Dec. 31, 1916	SEE SEE
村里 2 2 图 图	or o
Phose Heretofore  No. 7/4  W/S PER  ear ending Dec. 31	PAID TO  OF  Regiment  Regiment  MARRAYI ESSIEN  AND HANDED TO  MARRAYI ESSIEN  AND HANDED TO
No. No.	OHN R
For J	Mes. 4.
	K Y S S

#### POWER OF ATTORNEY.

STATE OF	, , ,	}		
300000000000000000000000000000000000000	shell "	COUNTY. )		
m. S. w	e Lonin	Codey	id hum	hereby authorize
	eceipt for the per	nsion paid hereon,	and request that	
In Witness	Whereof, I have	hereunto set my ha	nd and seal, this	15-
day of la	my.	1906,	. her o	
R.	ecuted in presence	Lugar	wax or	[L. S.]
	21. Chine			•



# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA	PRIMONALLY COMER MUR.
County of Coars please	figuring loosey
ounty or	The state of the s
Coarre Lhell	she is a bona fide resident of said County of
	gia, and that she has RESIDED in said State
Daniel J Cosey	That she is the Widow of
Down of the 16	,who was a soldier in Company Regiment of
Volunteers, that he calisted in said regiment on or about	the month of Male
186 and served in the Army up to 11104	7) So Y . That he lost his
life on the day of	18 (State here
particulars of the husband's death, when phere and from a	& are of others & are
3137 304 & Max 186x	and west usual
Acres of acted diales	AU WILL OF CIA -
he was thing, cope	recour whether
	<b>4</b> .
Deponent swears that she was the wife of said deceased a	soldier, during his service in the Army as a
soldier, and that she has never married since his death a	
the year 18 6 4	s
I have been paid a pension as a resident of	county for the
year ending December 31, 1904, and now apply for the p	ension provided by law for the year ending
December 31, 1905.	
Sworn to and subscribed before me,	geone to looney
this 16 day of 1005.	y
this Co day of free 7 1005	st Office Rica 94
	A Suc Lorin
State of Georgia,	1. M. Jac & orac
State of Georgia, County.	nary of said County, certify that I am well
acquainted with Mrs. Ary 11 Cose	. Who made the above affidavit and
am satisfied that the facts therein stated are true, and I is	enow sho is the individual she represents
herself to be, and that she has continuously resided in thi	s State since the
day of 18 FO	
Given under my official signature and seal, this the	day of Jawy 1905
Official   Seal.	le forme
) Seal. (	of Campbell County

NOTE.-All blank spaces must be filled.

Vouchet and Affidavit must bear date after January 1st, 1905.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Camp here Language Cossey
who, being aworn, 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 / 8 4 That she is the Widow of O a w " O Sey who was a soldier in Company " f" of the 1-6 " Regiment of 4
Volunteers, that he enlisted in said regiment on or about the month of
186 4 and served in the Army up to Usery 3/57 186 4 That he lost his
State here
purificulars of the husband's death when where and from pohat gause)  If a work we to the facile wor flings for  Ya, and woo would been on being if the  was of the those lives vig wood \$1/76 ×  and I count day wheelest the wire fling  To of himself
Management of the second of th
Deponent awears that she was the wife of said deceased soldier, during his service in the Army as a
I have been paid a pension as a resident of
Sworn to and subjectived before me this No day of dairy 1908.  M. M. Le Lorie, Ordinary.  Post Office Policette y u.
State of Georgia,  Carry Sille Sorine  County. Ordinary of said County, certify that I am well  sequainted with Mrs. Suguelius Cossey, who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
erself to be, and that she has continuously resided in this State since the
18 77
Given under my official signature and seal, this the day of day of 1906
Official Boal
WOTE.—All blank spaces must be filled.  Voucher and Affidavits must bear date after January 181, 1906.

#### POWER OF

	THE OF ALTORIVET.	
STATE OF GEORGI Camp but I, lurs he	gilium Codey hereby authorize	
correceive and receipt for	r the pension paid hereon, and request that he remit same to	
ny of Jan	y 1907.  Augulary Lange (E. S.)	
Executed in p	presence of	
/	·	
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		* - 14
	South State of State	
1907.	S S S S S S S S S S S S S S S S S S S	
1		
0 3	A Commission NAPPANT ISSUE	

For CAMPBELL ----

County

1929.

#### Application for Pension **Due Deceased Pensioner**

(UNDER ACT 1919) (To pay expenses of last illness and funeral)

W. S. MoL rin,

Ordinary

For Mrs. Angeline Casey,

192 9.

Date of Death June 2, Amount \$ 100.00

Approved and ordered paid

Commissioner of Pensions.

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

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Campbell Anyeline Cody
who, being sworn says on oath, that she is a bona fide resident of said County of Court of Georgia, and that she has RESIDED in said State
continuously ever since
continuously, ever since That she is the Widow of
That she is the Widow of  A, Cody who was a soldier in Company """  of the """  Regiment of ""  Regiment of ""
Viliania de la Carta de la Car
186 7 and served in the Army up to 186 7. That he lost his
, , , , , , , , , , , , , , , , , , , ,
parting are on the hadmant's death, when, where and from what cause.)  The course have to be to talk the way there of the year of the land the parting of the year of arms of the parting
as Island or believe
AND IN THE COMMENT
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 H
I have been paid a pension as a resident of Gaundhur County, for the
year ending December 31, 1906, and now apply for the pension provided by law for the year ending
December 31, 1907.
Sworn to and subscribed before me this for day of day of Jacques 1907 . How the first thing the day of Jacques Ordinary Post Office River Jacques 1907
State of Georgia, M.S. un Louis
County. Ordinary of said County, certify that I am well
acquainted with Mrs. Lugilina Corey who made the above affdavit, 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 day of 1907.
The till Horas
Ordinary of Care of Lee County
NOTE - All blanks must be filled

Vouchers and Affidavits must bear date after January let, 1907.

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

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)

(Under Act Approved August 15, 1904)

GEORGIA, Cumpbell County.	
Personally before me, the Ordinary of said County, comes H. C. Blisnett, of Col	loge
Purk, Fulton Co, Gu., xxxxxxxxxx, who, after being sworn, or	oath
says that he knew Mrs. Angeline Casey of said County, and that said Pen	sioner
was on the Pension Roll of said County at the time of death, which occurred in Compbell	
County, in this State, on the 2nd day of June,	9,
and that pensioner left no widow surviving, and no estate of any value sufficient to pay these for	uneral
expenses, which amounted to the sum of \$125.75 , per sworn statements fully and comp	detely
ITEMIZED hereto attached.	
Swprn to and subscribed before me, Chils plane, 15, 1829. Ordinary Compbell County	
(Seal of Ordinary)	

CERTIFICAT	E OF ORDINARY	
GEORGIA, Compbell	County.	
I, W. S. McLarin,	. Ordinary of	said County, do certify
that I personally know H. C. Blissettellton Ga., citizen of said County, and that said person is o		, who is a resident acter, entitled to ful
faith and credit; that I also knew Mrs. Ang	coline Casey while	n life and that this was
he same person whose name appears on the Per	nsion Roll of Campbell	County, and
was paid a Pension of Two Hundred		(\$00 . ) Dollars
	aid pensioner to be dead; and that	
out of this voucher have been carefully observe	ed in making up this voucher and	the bills which are at-
ached hereto.  Given under my hand and official seal, this (Seal of Ordinary)	13th day of Jun	10, 192 9
	Cumpbel1	County

giving each liem and the value of it, and each date.

And. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," stc.)

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Return this application, and attached bills, with your final settlement, to the Pension Department.

6th. Ordinary should see that the back of this blank, when folded, is filled out.

Leorgia bampbell bounty the unduriqued ordinary in and I for soid County, Briefrey De-Froncy W. H. Januar & D. C. Eidom Eoch Recown to said officer as metful and reliable a reputable citizens who severally day under ooth in answer to additional groof gequired by the Executive deporter ment on the board of the application of mis Augeline Casey, widow by D) basty, who woo a solding in the confederate States to that soid d. I bosey, was in our opinion wither coplined or Killed while in the service we do not believe that he deserted we think he was Killed in the seconde, at the time and place mentioned in the within y II . Y. Januar application Ed . VICINILLET some to a puboriled 306% bidson before me this July 22,44 18913 R. C. Beavers Ordinary.

### M. W. HOLSOMBACK

METALIC CASKET \$180. AND UP. SOLID COPPER \$300, AND UP

AMBULANCE SERVICE

LADY ATTENDANT

**FURNITURE** AND

FUNERAL DIRECTOR

HOUSE FURNISHINGS

Batate of Mrs. Angeline Casey, To M. W. Holsomb ck, ----

For Mrs. Angel ine Casey :-

Embal ming ------ \$1 5.00

Casket & Box -----100.00 Satin Dress ----- 10.00

One Pr. Hose ----- .75

FAIRBURN, GA., June13, 1929.

Total Bill ----- 125.75

Georgia. Campbell County. Before me, this day personally came M. W. Holsomback, who, on oath, says "The bove and foregoing account is rendered for services funeral expenses" of Mrs. Angeline Casey, who died without owning sufficient

property to may this bill. - M WHOLSomball Sworn to & subscribed before me, this June 13, 1929.

Modell Lonce

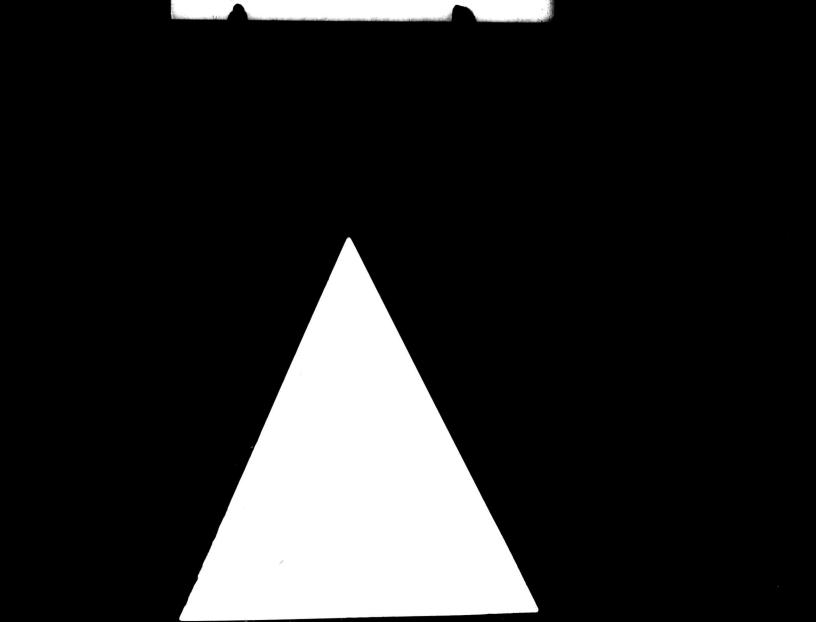
Ordin ry.

Georgia, Campbell County,
Before me, the undersigned Ordinary, this day personally came
M. W. Holsomback, who, on cath, says that the estate of Mrs. Angeline Casey is still due him the sum of \$100.00 on the foregoing bill
for funeral expenses of said Mrs. Casey, and that he (affiant) has,
this day, receive of W. S. McLarin, Ord'y of said county, the sum of
One Hundred Dollars (\$100.00) in full of the amount furnished by the
State of Georgia for paying such bills of decessed pensioners.

MWHolsomback

Sworn to & subscribed before me, this Mar. 15, 1930.

, Ord'y.



In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts in the service, a full and carefully stated history of the disability from disease contracted in the service.

2. The far makes no allowance for an arm or leg, unless the arm or leg has been rendered assistantials and essentially unders.

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

4. If the papers are returned for correction and amendments are added to any of the affidarits, the amendments must be made under ant before an officer, and the proofs must show that the amendments have been duly sworn to

5. Every application must be certified by the Ordinary of the county of the residence of the physicians and applicants to these points.

7. No payments can be made for any past year.

W. H. HARD PGON. NOTES.

H. HARRISON,

December Orcharden Language Applicant, FIX. Catheut Can phell County, Amount, 30 Date of Warrant, Will 1800

Tree of the latest

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been

rendered substantially and essentially useless.

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

4. If the 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

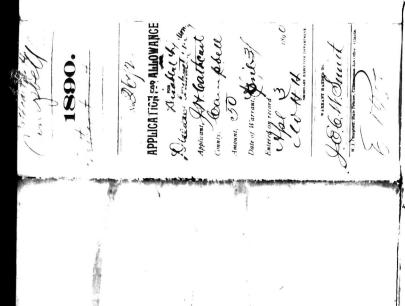
show that the amendments have been duly sworn to.

No payments can be made for any past year

5. 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. The Ordinaries of the several counties are specially requested to call the attention

of the physicians and applicants to these points.

W. H. HARRISON, Clerk Ex. Dept



## For Use of Applicants Who Have not Heretofore Drawn.

#### STATE OF GEORGIA.

Campbell

Personally appears Jor Courtheart of Courth bell 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 been continuously since the 1886; that he enlisted in the military service of the Confederate States (or of the State of Seorgice ) during the war between the States, and served as a /2 h vacto in Company 10, of 41 th Regiment of Georfin Volunteers Stove (C) Brigade; that whilst engaged in such military service at the battle of

Chattamorfe demonstrate to the form to the

and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26, 1890

Sworn to and subscribed before me this the

#### COMMISSIONED OFFICER'S AFFIDAVIT.

#### STATE OF GEORGIA.

Compbell

PERSONALLY came before me Wear 111. Recluirs of the county State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company 10, of 41. Regiment of Prest, Volunteers, and that deponent knows Lot Cartheurh , and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavitant that and that wounds (or disease) permanently disables the said the theory of the contraction of the co

as stated by him in said affidavit. Deponent further states that said

de Leutheurh is a bona fide citizen of this State and resides in lemer / well

Sworn to and subscribed before me this?

news as suit the facts, should is made by a commissioned officer of Company or Regiment. If the obtainable, the following affidavit of three responsible citizens should be furnished.

Rle Beavers

Ordinary of said county, do certify that I am well acquainted with & H. Cathout applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as 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 are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that Jas . 1. Hoft Kies whom the foregoing affidavits were made and power of attorney was signed, is a Justice of the Peace of said county, and the said affidavits and signature thereto are genuine.

Given under my official signature and seal, this 29 day of March 1800.

R. la Bravers

Ordinary Campbell

#### POWER OF ATTORNEY.

STATE OF GEORGIA,

Cunsbell

Know all Men by these Presents, That I, Jot Coutheart

county, in said State, do hereby appoint & & b. W. Br. Ale

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 seceived as aforesaid in the military service of the Confederate States (or of this State), is stated in the foregoing affidavit; hereby authorizing say 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 3/st. day of Bourch.

Jet Calhert 1. 8.]

If allowed, send amount by

, and oblige,

\*\*\*\*LIGHT PRINT AND, OR PAD COPY \*\*\*\*

#### STATE OF GEORGIA

PERSONALLY came

citizens of county, in said State, who being duly sworn, say that they are well acquainted with

and know, from having been with him in the army, that

he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disabled applicant, as stated by him; the said applicant is a bona fide citizen of this State, and resides in county, and we are well satisfied that all the

statements in his affidavit are true.

Sworn to and aubscribed before me, this

day of

STATE OF GEORGIA,

Carretice County.

PERSONALLY comes before me R.G. Blavers

and & E. & W. Smith Ordinary of said county, me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined of H. Guttleart and after such

de in healfrent hazara and freg

examination say that the applicant has been injured as follows: it is to welliky that late continued by the

dhe kandalfered side a complete it. recorded to have a wer hum beatment Hat he heart fire one the brings some he dale

to fee fur mand way role and the Sworn to and subscribed before mg/this |

R. G. Beavers

166 Minute N. F.

NOTE .- The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability result-

Application

POWER OF ATTORNEY.

STATE OF GEORGIA. | County )

KNOW ALL MEN BY THESE PRESENTS. That I.

County, in said. State, do hereby appoint

of facel plate & Carelle ( 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 Aac

Executed in the presence of us

L'Unanin. If allowed, send amount by

ner burry

Vinnes Heather

Yama Hallow

For	<b>Applicants</b>	Heretofore	Allowed	Pensions
TE O	FOFOROIA	Y		

CTATE OF				
STATE OF	GEORGIA,	l		
Wally		County.	1	/
PERSONALLY 8	ppears /	0, 76. Oa	hoort of	Composee
County, State of	Georgia, who, be	eing duly sworn,	says on oath that	he is a bona fide citizen and
resident of said St	ate, and has resi	ded therein conti	nuovaly over aloce	the 1914
day of tel	341.041	. 1834 ; that he	enlisted in the n	nilitary service of the Con-
federate States (or	of the State of	FW		during the war between the
States and served	26 2	111111	1- C	10 . (11
of derig	Volun	iteers Sto	vole 's Br	gade; that whilst engaged
in such military se	rvice at the bat	tle of		:- A C
of ·	, on the		day of HA	186 2 the was
	9	cotal	itti, attac	186 Zihe was 286 Z
or the year ending	October 26, 18	dollars, for	ation for the allowed ofore been allowed	proved October 24, 1887, ance to which he is entitled a pension of
	ubscribed before	1891.	James	H GRET CONT
NOTE - State fully no	NETS Ord	1111/12	h causes the disability, ar	d explain particularly the extent of
or disability, resulting fro				
or disability, resulting fo			TT05	
	POWE		TTORNE	Υ.
	POWE		TTORNE	Y.
	POWE BEORGIA,	R OF A	TTORNE	Υ.
STATE OF G	POWE GEORGIA,	R OF A		Υ.
Know all M	POWE GEORGIA,	OF A	ut I,	
STATE OF G	POWE GEORGIA,	OF A	ut I,	Y.
Know all Me and in my name from the State of the Confederate g my said attorner, or for any sum	POWE GEORGIA, 	Presents, The Count receipt for whannon of the injur a State), as state up name for any name for any name for any	nt I, y, State of Geo my true and tever amount of yere din the foregoing Warrant that may to me for the rea ereunto set, my	rgia, do hereby appoint lawful attorney in fact, for money I may be entitled said in the military service affidavit; hereby authoris- be issued by the Gover- son aforesaid.
Know all Me and in my name from the State of the Confederate g my said attorner, or for any sum	POWE GEORGIA,  Content by these  is, to receive and f Georgia by res.  States (or of this y to receipt in m of money when the second	Presents, The Count receipt for whannon of the injur a State), as state up name for any name for any name for any	nt I, y, State of Geo my true and tever amount of y received as afore d in the foregoing Warrant that may to me for the rea	rgia, do hereby appoint lawful attorney in fact, for money I may be entitled said in the military service affidiavit; hereby authoris- be issued by the Gover- son aforesaid, hand and seal, this
Know all Manager of the and in my name of from the State of the Confederate gmy said attorneor, or for any sum IN WITNE	POWE GEORGIA,  Content by these  is, to receive and f Georgia by res.  States (or of this y to receipt in m of money when the second	Presents, The Count receipt for wha aaon of the light a State), as state y name for any h may be coming OF, I have h	nt I, y, State of Geo my true and tever amount of yere din the foregoing Warrant that may to me for the rea ereunto set, my	rgia, do hereby appoint lawful attorney in fact, for money I may be entitled said in the military service affidavit; hereby authoris- be issued by the Gover- son aforesaid.
Know all Manager of the and in my name of from the State of the Confederate gmy said attorneor, or for any sum IN WITNE	POWE SEORGIA,  to receive and Georgia by receive for the form of money which SSS WHEREGO day of	Presents, The Count receipt for wha aaon of the light a State), as state y name for any h may be coming OF, I have h	nt I, y, State of Geo my true and tever amount of yere din the foregoing Warrant that may to me for the rea ereunto set, my	rgia, do hereby appoint lawful attorney in fact, for money I may be entitled said in the military service affidiavit; hereby authoris- be issued by the Gover- son aforesaid, hand and seal, this
Know all Manager of the and in my name of from the State of the Confederate gmy said attorneor, or for any sum IN WITNE	POWE SEORGIA,  to receive and Georgia by receive for the form of money which SSS WHEREGO day of	Presents, The Count receipt for wha aaon of the light a State), as state y name for any h may be coming OF, I have h	nt I, y, State of Geo my true and tever amount of yere din the foregoing Warrant that may to me for the rea ereunto set, my	rgia, do hereby appoint lawful attorney in fact, for money I may be entitled said in the military service affidiavit; hereby authoris- be issued by the Gover- son aforesaid, hand and seal, this
Know all Manager of the confederate or, or for any sum IN WITNE.	POWE SEORGIA,  to receive and Georgia by receive for the form of money which SSS WHEREGO day of	Presents, The Count receipt for wha ason of the injure state; name for any h may be coming OF. I have h	nt I, y, State of Geo my true and tever amount of yere din the foregoing Warrant that may to me for the rea ereunto set, my	rgia, do hereby appoint lawful attorney in fact, for money I may be entitled said in the military service affidiavit; hereby authoris- be issued by the Gover- son aforesaid, hand and seal, this
Know all Most of the Confederate or, or for any sum IN WITNE.	POWE SEORGIA, Conclude the second of the sec	Presents, The Count receipt for wha ason of the injure state; name for any h may be coming OF. I have h	nt I, y, State of Geo my true and tever amount of yere din the foregoing Warrant that may to me for the rea ereunto set, my	rgia, do hereby appoint lawful attorney in fact, for money I may be entitled said in the military service affidiavit; hereby authoris- be issued by the Gover- son aforesaid, hand and seal, this

#### PHYSICIAN'S AFFIDAVIT.

CTATE	CIT	CEODELA
SIMIE	OF	GEORGIA.

Gambersi County

PERMONALIA comen before me 12 Cos comen

Ordinary of said County,

1 / Manufact

, both known to

me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined & Hellath cat and after such personal examination. say that the applicant has been injure Las follows:

- in water buttend it can being living for years Blade Hole Calandy South toker, he was Do forey from a derion of colone of the language da . have Montes, and halle reega & challed the hour bear bear ince a constant sugar the region is returned. the history . man have the lade the mand shaller

here is a second Marity Marie St. W. C. S. Comp. J. M. We have treated applicant professionally for 1 ...

Sworn to and subscribed before me, this ; " illumetered of it.

The saw day of Morely word from Chericalor Miss

R to Branes

Section II chains to be disability resulting from disease state & . The disease to be set a testifiction of the crisic section.

l'arm t.

STATE OF GEORGIA, 1 bampbell 1 mily

R.to Brauen

Ordinary of said County

docertity that I am well acquainted with L. A. Gasheart applicant in the foregoing afficiavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County. Lake vertily that the foregoing witnesses are turnens of respectability, and that their statements are worthy of full credit and belief

Given under my official signature and seal, this 38 day of March R. G. Brauer

Ordinary bam fel ell

County

### FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN,

STATE OF GEORGIA. Campbell

7. Vt. Couchent Personal ex appears

of Count tell

County State of Georgia, who, being duly sworn, says on oath that he is a bona tide citizen and resident of Georgia and has been continuously since the

Felomiery 1836 that he enlisted in the military service of the Contederate States for of the State of I during the war between the

States and served as a /. /// .. la in Company 10 , of 41 th Regiment Volunteers Stovally Brigade, that whilst engaged

in such military service, at the battle of Muttanooy of New reases on the Michelle day of

disabled as follows the long dense about of menters and beaute to the to transfer to the following a work on the menter of the partial and transmissed the a sing in the flower all the time for severy week, he to the commend and quettifiely performed for his country make a ringer as he could be ringer as he could be sugged at the country of the coun has some affected in the hand some of the sound of the model or hand to be found to be town the some of the sound to be the sound of the sound to be the sound one the same tell a pero your as but the of his trops were modeing of his telephone make a day of his transfer has been started to your course with he may have in the week to you would need to he may have in the work of the form the work of the to what is the work of th treather to labor. The does not know touch have to rome of the activated there since I there to the treatment occasionally from different to the plane in lower to 1 Complete to anyer account therefore and has brouble continued to and

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, one the sets amend dory thereof, and makes application for the allowance to which he is entitled the year thereunder, ending October 26, 1892

28" day at Monate 1892. R. 6 Braver Ordina: v

Note: State findy nature of wound or character of disease which causes the charbility, and expose probability the extent of salmity. He aim is based on disease, give hid and consisted before of disease, tracing fit directly to the service. Note: - Do not trouble to mention wounds which do not disable.

Palerello 1/2

#### POWER OF ATTORNEY.

STATE OF GEORGIA, ((cuffed county.)

KNOW ALL MEN BY THESE PRESENTS, That I.

Of Cothean

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 Azzer 1893.

Lances H Galbeart

Executed in the presence of us to areid

A Gammens

DIRECTION.

If allowed, send amount by me at . The fire 42 Sa . Il Comino and oblige.

HARRISON

#### Affidavit for Witnesses.

STATE (	OF GE	OFGIA		į
Cam	ute of	Congs	dettax	- 1

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since  $\frac{\partial F_{n,n}}{\partial F_{n,n}}$ . We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this followed, there is a lay of mosel (802).

11 January January 11. H. H. H. Ory so

Note. The Ordinary will see that the full text of the Affidavit is understood by the nelsectors, and that they are legal to the same.

. Witnesses are asked to make their statements full and explicit.

#### PHYSICIAN'S AFFIDAVIT.

STATE OF GEOF	RGIA,
Compreel	County.

	· pa	eec wa	ounty.					
Person	NALLY COM	s before me	C'C'	10	ellin	Ordinary بالمرار ر	of said	County,
me as repu	table physic	cians of said	County, wh	o being se	verally swo	rn, say on	oath th	at they
say that the	e applicant	has been inju	red as follow	vs:				
								1 / ,
× 2							<i>;</i> .	
190 319	c. 20 11	April 10 40	1. 1834			4 9 1	111	. , .
in them?	2,1	Cexco	, e	te de la	, , , , , , , , , , , , , , , , , , ,		110	
· dof		we the	m	1 1111	9 8 4 7 10	1265	·	

We have treated applicant professionally for	stru.	years.	1
Sworn to and subscribed before me this  day of the 1893.	1. 5	Ha cof of	. ( to

Ordinary.

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

Nora 2.—If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier. Also state how long physicians have known and treated applicant.

Parm A

#### STATE OF GEORGIA

County.

I. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as 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 are persons of respectability, and that their statements are worthy of full credit and belief.

Given under my official signature and seal this \_\_\_\_day of \_\_\_\_ 1893.

Ordinary

County.

POWE	ER OF ATTORNEY.	
STATE OF GEORGE		À
Know all Men by these Present	The Their the Cock corr	
ITIE II I	ADDONE Same m Long	
County, State of Georgia, do hereby	appoint Same W. Long	10.00
of Campbea c	my true and lawful attorney in fact	
	receipt for whatever amount of money I may be entitled to from only received as aforesaid in the military service of the Confede	
States (or of this State), as stated	d in the foregoing affidavit; hereby authorizing my said At	ttor-
ney to receipt in my name for any W which may be coming to me for the r	Varrant that may be issued by the Governor, or for any sum of mo	oney
IN WITNESS WHEREOF, 1	I have hereunto set my hand and seal, this.	
day of March	-1894. BYIP T	
, P = 12.3	J. H Catheart [1.	. s.]
Executed in the presence of	l us	
Mr Stu Line		
A. C. Beavers	Only)	
and the	DIRECTIONS	
Send money to me as follows, I		
	to .P	. O.
	County, Georgia.	
6	X94.	
Emaline.	the contract of	
. 2	1 2 2 E E O I	1.
	MA A STA	4
	17 0 4 0 4 8 4 8 8	Ē
		12

#### Affidavit for Witnesses.

CT	AT	OF	OF	ORGIA	

County of.

Personally appears before me, the undersigned, Ordinary in and for said County,

each of whom, being duly sworn according to law. severally say, under oath, that they are personally well acquainted with whose application is herewith presented for a pension. and that they served with him in the army, and from our personal knowledge he was injured by the service as follows: (give full statement, and tell in your own language how badly applicant is disabled from work. If he does any labor, or can do any, state what ) Y to demine it is to be not alice as the Al device ment allerted at in it at mankally anabient & to assist afrika other aformers is been as the water as On you what the mental second owner to a su time the was and I won he was a stort man we was with it is Commence of the Commence of th reduce " . " begt managed. " . . . It is to region made and a same . . . May . Committee to the state of the total the tota Landan to the detack of the second Lance contains

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18 We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this

day of

1893.

NOTE.-The Ordinary will see that the full text of the Affidavit is understood by the retinages, and that they are legality

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA. Complete county.

PERSONALLY appears IN Carle ort of Court beer 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 19 day of Jaky 183 8; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served as a Private in Company D, of 41 th Regiment Volunteers Stonall 's Brigade; that whilst engaged in · Hu such military service at the battle of in the State wounded as follows: I can have tot the coales while in Service at Charen woog a Jum in 1862. on account of which I was sunt to the Empire Hospital at Actanta In Soil disease seeled on my Lungs cousing a severe cough of an accordance homorphay's, Thus mudining me practically weath to do manual labor

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 dollars, for the year 189

Sworn to and subscribed before me, this, the 1 st day of Worth R. b. Bianos Ones

STATE OF GEORGIA. Complete County

1. R.C. Beavers do certify that I am well acquainted with & W. Coch cork applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this

day of March 1864.

R. G. Bravers Ordinary Compbege

#### FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN,

STATE OF GEORGIA, County.

PERSONALLY appears J. H. Critorort of Completiese

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been continuously since the I comon 18 3 4 that he enlisted in the military service of the Con-

federate States (or the State of. Georgia during the war between the States, and served as a Privale, in Company of 4 th Regiment

of Georgia Volunteers Stovoll Brigade; that whilst engaged In such military service, at the battle of to the floring or

of December, on the 15 day of April, disabled as follows to woo laker week monter of likellasion Demuch low in section

The secondaria Comp to les dags of the was boundered to the hospital in adoute to, wo when sin interfer pressepti der not obe to return adelig unter foll of 2 telen to some not do my receive long at a lime the with good weather ruffering a ova your the meades which solled on his lung. Hot he to suffered with his lung, can a wine the work, how join

to orielian here och oge of our che lange that he was should the letter mon before he count to the work . It at is woo oblite as being mound labor before he had it meades of now be an not to any kind of macured toback amount to any thing that to, enforced our prime chewor this suffers made prome soit states of risk ments of flat to the distance of the proportion of a contract of the proportion o

· said discove while in the pervious of how been officialed with the Apoli of it was since official onew fifty dollars or purious for each of zions 1890 1891

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 thereunder, ending October 26th, 1893.

Sworn to and subscribed before me this the ) day of A Beel 1893.

Nors.—Niste fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. It claim is based on disease, give full and connected history of disease, tracing it directly to the service.

Nors.—Do not trouble to mention wounds which do not disable.

#### 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, J have hereunto set my hand and seal, this [1. 8.] Executed in presence of us DIRECTIONS. Send money to me as follows, by P. O. - to County, Georgia.

SOLDIER'S PENSION.

SOLDIER'S PENSION.

1895.

Soundy
County
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Amount, 8

Secretary Executive Department.

WARRANT RANDED TO

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It it miders, and members of The Good Jung for The Februs an, Zen 1892 of Ducherion be orent of Daid County - corling That the Afridant, and foroger Intruited for 274 Catheort in out. forh of his xiplication for yearing as a distled confederate soldier There not fixore our rend we kans no opportunity of or amine sauce and That is paid official and porgished her Dutrinded to me, me would not have recommend end That his nacon to later of The Lección sou and we know recommend & pelling This he to reinstated + allowed his hearing y no wation had her liften To paid board from I a Holerhald Call ins & M. licens Settles & Q. Can 11125

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

personally appears to Courp bear

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 180 c; that he culisted in the military service of the Confederate States (or of the State of States and served as a 100 c; the same served as a 100 c; the sam

States, and served as a first in Company P, of 44th Regiment of Volunteers, State of 's Brigade; that whilst engaged in the battle of in the State.

of Volunteers, Ozovace s Brigade; that whilst engaged in such military service at the battle of in the State of , on the daypf 186, he was

wounded as follows: I sont to the sold wood from the sold to the s

sected one both lungs, consing on

The ponent desires to participate in the benefits of the Act, approved October 24th, 1887 who 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 dollars, for the year 1897

Sworn to and subscribed before me, this, the day of 1895.

R. b. Bearing Ordinary

STATE OF GEORGIA,

1. 2. Ordinary of said County, do certify that I am well acquainted with I am well acquainted with I 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 MC C C 17805.

R. C. Brances

Ordinary. Com por County.

Design Constant Constants

This is to certify that It Caltaint shall be me for seamen there to the freshout of the year 18 ff and I formand the season is been formand the forman

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R lo Bravers Gron

aring were this Afri 90. R & Bravers 1891. STAle of Georges In. N. Trooddall Mained Soldiers. Camp fell County ( Blaste of The Duposin Voucher No 1601 Count y paid County do herely certify 1704 Amount & S The organitions attached to "the und in feed NO alkeres freyoung certification the to Afterna Dignatures of Free Les y The Garand Jury for The Fol Jen 1892 7 said bound at which born The Rand Grand lung 14. cornended that the manne Included in warrant No of Det Catheon to laton of issued to Treasurer The pension soll as a disabled dorfederate Ordier + that he to disallowed his persion. This Aug-16. 1843 M Any and dall Colors Super Cont

	1891.	
	No. 161	
STATE OF GEORGIA.	Atlanta, Da Feely 6. 1891.	
EXECUTIVE DEPARTMENT.	Allanta, Sa. Chy . 1891.	
	(	

Mr. James H Cathourt

(Ciccia 6606) having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for the is entitled to receive the sum of the isential disability, the same being the allowance the for the year that the control of the same and hold the receipt in this fourth and return same to

COVERNOR By the Governor.

( It IX HUTTS Ch.)
SEC'S ENFOTTSE DETACTMENT

Dollars,

\*150 RECENTED OF R. U. HARDEMAN, Treasurer of the State of Georgia

per above voucher, this 6 of Nel

Executive Department for warrant.

James H Gullow

Catheart, J. H. Campbell Comstill Will Album Al 1087 hesident of Ge. since Feb. 19, 1836. 2, Caimed Zoldiers. . Vender No 2612. Audited Amount & 050 land. irivate. was ing A Cathoarh ORTHOLIUS INFRAL TOWN ANY AND ME WHATT? Co. D. 41st hert. Ga. Vols. Stovall's Erigade. L'escare Chattanooga, Tenn., april 15, 1862. ..ad measles, sent to atlanta Lospital, leaving a weakened condition of the lungs which hemorrhage from time to time, permanently disabling applicant from ordinary manual lator. Jarmah, and . . . . . helicality. AND DO FI DE Electric Committee Comm y 6 6 M. Juit. John S. Moore, J. W. Jenkins and W. H. H. Hayes- No Lata.

NAME, Cathcart, J. H. 1890 COUNTY Campbell WHEN AND WHERE BORDS ENLISTED With NO WILLS? HAJR. Private COMTANY AND R. HIMANT? Co . D. 41st . Regt. Go. Vols Stovall's Brigade. MALE OF SAPINITY ALL SOLDHEL? Commissioned officer William M. Redwine. YOUNDED? He took measles in chattanooga, Tenn. April 1862, was set to hospital in Atlanta, Ga. he relapsed in his lungs. CMITTER, 1.1 in i has en a April 10 at 10 2 at 12 2 at 2 IF E. I have a state to the country of a country of MINIST.

JTTNASSES. William M Redwine. No data

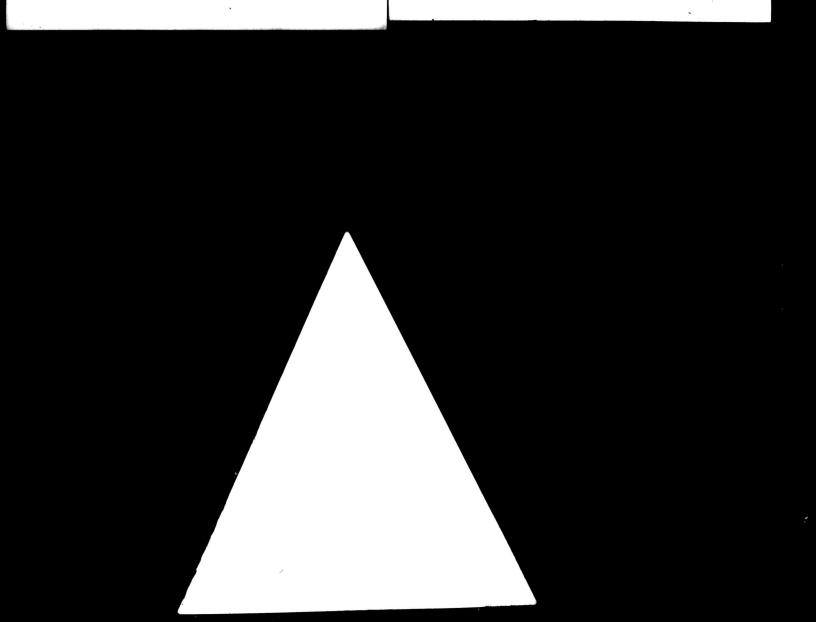
A. Man Company of the Company of the

PRECEIVED OF STATE TREASURER, R. P. HARDEMAN,

Dollars,
per above voucher, this

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	U	No	1

Widow's Application To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910.

> Name Elizabeth Cavender WHow of J. H. Cavender

Company "I"- 10th Ga. Reg't-Vol

County Campbell

Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

		?	 and the same of th	-	ware - 1960			Married Towns		
CHAS P. BY	/		Company "I"	Widow of J.	Name Fliza	County_ Cam	To Be Put on Roll Husband Was of Put on Under	Widow	C	( ) To
TRD, State Printer.	Commission		- 10th Ga.	. Cavender	1zabeth Cavende	Campbell	Roll in Her Own Was on the Indige bader Act of July 1	's Appl	No.	1637
A tlanta	INDSEY,		Reg't-Vol		der		ent Roll or 11, 1910.	ication		7 793

#### WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,	
Campbell County.	
. ,	
Personally before me comes. Ellzabeth Cavender	of said County
who, after being duly sworn, on oath says, that she is the widow of	J.H. Cavender to whom
in the County of Payette State of Ga.	she was married on the 21st
day of Sep. 18 65 and that she remained his wife, and reside	ed with him to the date of his death
in Oct. 28. 19 12. and that she has not since his death	remarried. At the time of his death
he was a resident of Campbell County, in 861d	said State of Georgia, and he
was on the Indigent Pension Roll of the St	tate and paids pension of \$60.00
	count of being a soldier in Company
Regiment	(Volunteers of State Militia.)
the second secon	
	use and possession of the following
propertyl. horse, l. buggy, 2 cows, H. & K. furn	iture
of the cash value of \$.200.00.	1000000 000000 10000000 1000000 1000000 100000 1000000
What property of any kind and of any value have you in your	use, control and possession now, and
the cash value, (State fully.)	
-no Acres land	• • • • • • • • • • • • • • • • • • • •
1 Horses a AFRA	\$ 100.00
Hogs, Cows, etc	\$ 100.00.
	\$ 200,00.
That she is now a bona fide resident citizen of said County of	
has so continuously resided since day of	xx 1896
Sworn to and subscribed before me, this the	in Commende
has so continuously resided since. day of Sworn to and subscribed before me, this the Slay of Say of 1912.	200 0 0 7
of Campbell	County
	.county
Affidavit of Witnesses to Prove Marriage a	nd to Whom Date of
Death of Husband.	
STATE OF GEORGIA,	
Campbell County,	
Personally before me come J. W. Rivers,	known to be responsible
and truthful persons, residing in said County, who after having duly	sworn on oath 'say: that of their
wn personal knowledge Mrs. Elizabeth Cavender	made the formation may be
he lawful widow of J. H. Cavender, who died in	Campbell County in
aid State of day of Oot.	19 12, and that also
as not since remarried. That she became the wife of	on the day
f 1800 a and that she and he had resided together as man and wif	le continuously since
day of 18 65 and that the J.H. Caveno	ier
ame man who was on the pension roll of said State (Ga.) fro	m Campbell Committee
when he died.	
Sworn to and subscribed before me, this the	- K) .
1 day of 10t. 191 2.	verkers
Ordinary,	4

tate of Georgia, Campbell County.
Before me, the undersigned Ordinary, this day personally came 22
habit and, both
of said county, who are known to me to be citizens of said county, and
whose statements are entitled to full faith and credit, who, after being
duly sworn as witnesses in support of the application herewith presented
of Mrs. Elizabeth Cavender for a pension, say that they have been person-
conally acquainted with $J$ . H. Cavender, a deceased Indigent Pensioner of
said county, and his wife ( now widow) for 200 years; that said
J. H. Cavender and wife have lived together as husband and wife for
years to our knowledge; that the people among whom they lived always re-
cognized them as hushand and wife; that such relationship was never, so
far as we, or either of us, know, questioned; that they raised a family
as such husband and wife.
Lib.ol.
& Diancel
V
Nevern to and subscribed before me, this Oct. 31, 1912.
Mrs. 1112 Exico,
$\mathcal{A}_{A}}}}}}}}}}$

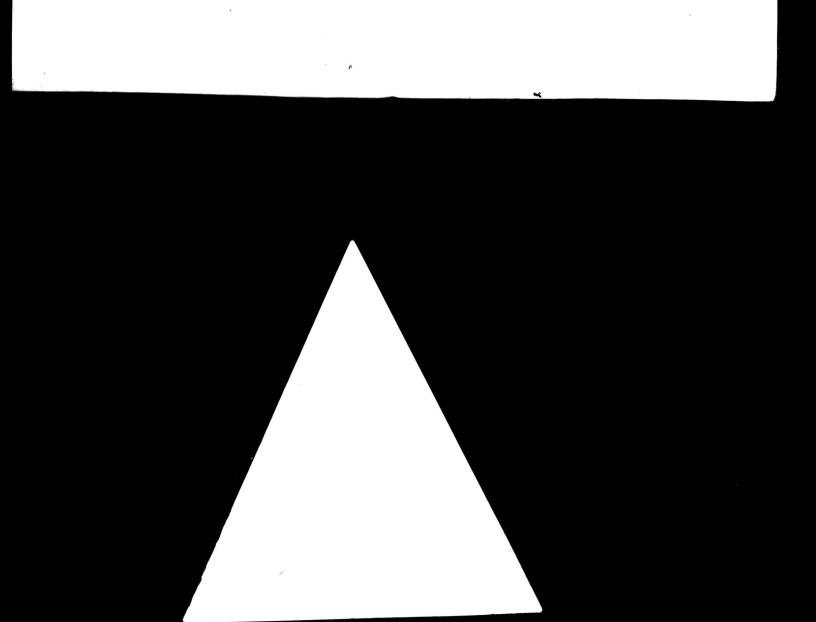
#### AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,	1
Campball	County.
Personally before me come oath says, that they are freeholded said County and knew her said hust day of 00t 191 25 that property at his death to with 1 of the value of \$ 200.00	**M.T.RQberts & J.L.Brassellwho after being sworn on Mof said County, and that they know Elizabeth Cavender, and J. H. Cavender at his death on the 25th it she and he were in the use, possession and control of the following horse, 1 buddy, M gows, H. & K. Aurniture  That she is now in the use, possession and control of the following powe state sd-, to wit: \$200,00 worth of person-
	fore me, this the 1/1 1 12 5 16 16 1912.  Ordinary. I Brassell
of	County.
	***
ORL	DINARY'S CERTIFICATE.
STATE OF GEORGIA,	1 .
Campbell	County.
I, W. S. McLarin,	Ordinary of said County, do certify, that, I
know Mrs. Elizabeth Caven	der, the applicant for this pension and that she is the person
	at she is a bona fide continuing resident of said County and was on the
101 2	
That I also know. J. W.	Rivers, witness as to marriage and I also know
	11who I know to be a resident free holder of said County
that all of the foregoing were duly truthful and trustworthy and their. Camp That the tax Books of amount of for 1908	sworn by me before signing the respective affidavits and that they are statements are entitled to full sath and valler & wife returned property to the county shows that returned property to the \$103.00 for 1900 \$103.00 for 1910 \$777.00 for 1900 \$103.00 for 1910 \$777.00 day of Oot.  Stifficial seal of office title 318t day of Oot.  Camphell County.
Notice 1 lights any questions are an "You do submitly swear the you shall give will be the Additional affidavite may be and all affidavite must be made	we red, the Ordinary shall swear applicant and the witness in the Indiuwing world to you bill you nevers make it each of the questions asked you and the syldence of the light space are insufficient.  Attached It blanks upware are insufficient.

All amilytis must be made before the Ordinary.

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

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



Complete County		and the second			2		
INDIGENT PENSION,  1900.	c-1 72,		Witness my hand and seal  Executed in presence of	to receive and receipt for the pen		PO STATE OF GEORGIA.	**************************************
Name & H Hawnder  County Learn phill  Approved July 3 _1900.	63	1	al thin day of	sion allowed, and request that	.county. J	POWER OF ATTORNEY	
JOHN W. LINDSEY,  Commissioner of Pensions.  WARRANT HANDED TO  Geo. W. Herrison, State Printer, Atlanta.	, 4 <b>,</b>		1900. (L S.)	it mane to	, hereby authorize	NEY.	b
2/32/-1917	•						

AFFIDAVIT OF PHYSICIANS.
STATE OF GEORGIA,
Carreflet County.
Peragnally came before me the St. Milike is 112 32 and both known to me as reputable physicians
and
of said County, who, being severally sworn, say on oath that they have examined carefully
4. Ho Carter and Care and after applicant for pension under Section 1254, Code, and after
such personal examination say that his precise physical condition is as follows:
the there is decree Care of chemous hoils
send has been trankled to the them deline
light her in a to a Con have much territor
Solve and rever reading or speed a record
*** 2 * 2
They further say on oath that the physical condition of applicant renders him unable to labor at
any work or calling sufficient to earn a support for himself, and that we have no interest in said pension
Sworn to and subscribed before me this the start of the s
23 day of Selection by 1900) July Ling in 1911.0.
, u
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
tumblet county.
1. L. J. Stephens , Ordinary in and for said County, hereby certify that the applicant L. H. Guencles resides in said County, and has
that the applicant L. H. Gaven (le) resides in said County, and has
been a bong fide resident of this State since the
and that the witnesses, viz: 4.7 1440
A T nither, mather than the statements are entitled to full faith and credit.
are of trustworthy character, and that their statements are entitled to full faith and credit.
I further certify that before answering the foregoing questions the applicant and each witness took
the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness
I further certify that the tax digests of Sum ble County show that applicant
I further certify that the tax digests of Jeff County show that applicant
returned for taxation in his name in 1898 302 19 Thirty \$ 1+3 Cl Dollars of property, and in 1899 \$ 100(1) 19 11111 \$ 3400 Dollars of property.
In my animing the formation obtains
Witness my hand and seal of office, this 2, 3 day of Thele 2110 71/1 1900
L. J. al Cepheris Ordinary,
for the herrs Ordinary, County.
NOTE.
<ol> <li>Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall rue answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help out food,"</li> </ol>
2. Additional affidavits may be attached if blank spaces are insufficient.

Questions for Applicant. STATE OF GEORGIA. damphelf County. Hosph H. Havender of said State and County, desiring to avail bisself 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 Ma reside? July State, County and post office. Lose her A Town der - Compbell county = Palmetto, ga 2. How long and since when have you been a resident of this State all my like 3. When and where were you born " 19 day of November 1940 Hayette Mounty Tyre 4. When and where and in what company and regiment did you entist or serve " 4. May of Jum, 1641 Fayette will Ju Lo. J. 10 Juorgan . Cament 5. How long did you remain in such company and regiment? If Illa to the charge . "LA . . . 121. 6. For how long a period did you discharge regular military duty? // 1/10 20 7. When, where and under what circumstances were, you discharged from service? I had at appersonattox court house in the state of ora when General be surrendered news got no regular discharge 8. What is your present occupation? Andmitte 9. How much can you care (gross) per annum by your own exertions or labor? Live ) ty ( lollary 10. What has been your occuration in 1982. 10. What has been your occupation since 1865? Habning 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" all to Truette " in third 12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight restart 11171 54 Mars Aldel I have the piles will a most have the piles will a mill have the piles will a mill have the piles and a mill have the piles and a mill have the more all him to be that I can't do but the work 13. What property, effects or income do you possess, and its gryss value? My horas + 31, tites, Lusin 1167 = 1 Cow all worth the this top 120 dollars 14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, it any, did you make of pame" MILED my mory than and have not have any strokerty to dispose off in there Hings 15. In what County fid you reside during those years, and what property did you then return for taxation?

I will 1) How were you supported during the years 1898 and 1899. By what little work the I consil do with my children to help me 17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Fix ty dollars a years Twenty fine dollars 18. What was your employment during 1898 and 1899? What pay did you receive in each year? Trying to farm. I news received none did not make amongs to 19. Have you a family? It so, who compasses such family? Give their means of support? Have they a homestend? Held my hold in the family have no form stand 20. Are you receiving any pension? If so, what amount, and for what disability : Jam not receivend no hinding

Sworn to and subscribed before me this the 20 day of hybrille 1/ 1900.} J.J. Stephens Ordi

STATE OF GEORGIA,	ounty.			
I,				, hereby authorize
		of		
to receive and receipt for the pensis	on allowed, and	request that he	remit same to	
3	nt		by	
Witness my hand and seal t	his	day of		.1900,
Executed in presence of	}	-		(L. S.)
/				

INDIGENT PENSION,

1900.

Name & Hammella

County LEADY , And

JOHN W. LINDSEY,

WARRANT BANDED TO

2/22

Consular Joseph Jours

#### QUESTIONS FOR WITNESS.

STATE OF THE STATE
STATE OF GEORGIA,
Gamphell COUNTY.
1 1 2 12 1
of said State and County, having been presented 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? & M. Ruust Camplel
2. Are you acquainted with fifth Carundles the applicant; it so
2. Are you acquainted with for the applicant; if so how long have you known him? I am I have known him soil scener
3. Where does he reside, and how long and since when has he been a resident of this State?
In tambell county far Ever Science 1841
1. When, where and is what company and regiment did be entire, and bow do you know the day of June 154/2 Transfer Star South 10 squares high ment) ur
5. Were you a member of the same company and regiment? 19 1170
6. How long did he perform regular nulltary duty, and what do you know of his service as a Confederate
soldier, and the time and electronistances of his elisaberge from the service: It fla 1807 nearly 14 years he merch a good soldier he surembered
with lus asmy in The state of the at appermattion
7. What property, effects or income has the applicant? (Give your means of knowledge.)
I have been browing him two society 154'
he has hun a united & Trying to kinn
8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did be make of same? He had need need to the home
Hearts. To dis from our attany. Line
3. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
As had hove to commend a wall
10. What is the applicant's occupation and physical condition? He is trying to his dishes.
form = M - May My the think home 133. My asmis
11. Is the applicant make to suggest bimed by labor of any sort, if so, why? He is 200 taken for he has the strength of the history of the history of the history of the has the strength of the suggest of the has the strength of the supported during the years 1808 and 1800 of the has the history of the supported during the years 1808 and 1800 of the has the supported during the years 1808 and 1800 of the has the supported during the years 1808 and 1800 of the hast little he could be supported during the years 1808 and 1800 of the hast little he could be supported during the years 1808 and 1800 of the hast little he could be supported.
to petert him self by laboraly course he has the
A herematism so blot for his less torms hi cant work
12. How was be supported during the years 1898 and 1898 By what I The he could
a work and wonly a on a critical and could not pay fer it
13. What portion of his support for these two years was derived from his own labor or theome?  About 18 Mollow 1548 last 1403 Augus 10 to ble To ny har.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under Section 1254. Code of Al is aut The Inhumation in his last
and arms so, bad that he cant work but very little of most of the time none heals has the files
4. most of the line none, healso has the pily
15. What interest have you in the recovery of a pension by this applicant? 2007
Sworn to and subscribed before me, this & Walvey
the Ind day of Heleman 1900.

STATE OF GEORGIA Com bleec-Lit. H. Commended

of Chalunites Ha

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

Ve .... 4

Witness my hand and seal, this day of day of

Executed in presence of

SOLDIER'S PENSION

INDIGENT

Justyle TV Carde 1. s.

#### POWER OF ATTORNEY

STATE OF GEORGIA.

Sourcel

hereby authorize

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

hand

Witness my hand and seal, this

Ho I Pariet

1902.

Executed in presence of 11.1111 Kenn Joseph 14 Garnete

OHN W. LINDSEY,

FOR THOSE ALREADY ENROLLED.

DIER'S PEN

INDIGENT

OHN W. LINDSEY,

For Those Already Enrolled.

# For Applicants Heretofore Allowed Pensions.

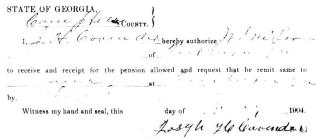
STATE OF GEORGIA,  County  Dersonally appears  County, State of Georgia, who being duly sworn, says on eath that he is a hand resident of said County and State, and has resided in said State comes since the law of law o	ona ude citizen tinuously ever years old and ice of the Con- ar between the th Regiment
that his or near consists of the following terms. To everly any	
of the value of Dollars, that by reason of condition and poverty he is unable to support himself by his own exertion that he receives no pension, but the one herein applied for.  Deponent desires to participate in the benefits of the Act, approved D 1890, and the Acts amendatory thereof, and makes application for the pensions entitled for the year 1901. I have hereforce as a resident of county been allowed a pension for the year 1.  Sworn to and subscribed before me, this the day of the year 1901.  Ordinary	or labor, and ecember 15th or to which he
STATE OF GEORGIA,  County.  1.  Ordinary of applicant in the foregoing affidavit, and am well satisfied that the statements in his said affidavit are true, and I know he is the individual he represents he and that he resides in this County.	the made by him
Gaven under my official signature and scal, this day of feet of 1901.  17. 5. 166 Acc.  Ordered Section 1905 and 1905 an	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Management (A)
STATE OF GEORGIA,
Complete County.
County.)
Personally appears It Covered to of Comphete
County, State of Geoogia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the / I day of least 1840; that he is 6/ years old and
by occupation a Lote that he enlisted in the military service of the Con-
federate States (or of the State of Let ) during the war between the
States, and served for the term of 490000 in Company Z of 10 th Regiment
of that his physical condition is as
federate States (or of the State of ) during the war between the States, and served for the term of // '' in Company Z'', of /' th Regiment of '' that his physical condition is as follows:
that his property consists of the following items
that his property consists of the following items
ann an 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 1902. I have heretofore as a resident of
county been allowed a pension for the year 1
Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the day of 1002,
A file & Carrier
STATE OF GEORGIA, County.
Comb beck County.
1. 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
nim 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.
21/1
Given under my official signature and seal, this
day of
Am four four field for the fie
Ordinary County

STATE OF GEORGIA,	)
Carrio bleek am	hereby authorize M. S. Un Low
Cour	ity.)
I V. I Governder	hereby authorize It S. Ou Lovin
.,77	neredy authorize 27
	of Fair burn Te
	*
to receive and receipt for the pensi	on allowed and request that he remit same to
zul	at Fair burn In
	at
by Land	
-	
Witness my hand and seal, this	Joseph He Carend 2 [1. 8.]
,,,,	
	Bosch Mc lowend strat
Executed in presence of	
- in presence of	
J. A. Ill Pluce	CC.
A DE TO TO THE TELLE	a C. C.
g e e e e e e e e e e e e e e e e e e e	

#### POWER OF ATTORNEY.



Executed in presence of

SOLDIER'S PENSI

INDIGENT

# CODE SECTION 1254. (FOR THOSE ALREADY ENROLLED.) 1200

JOHN W. LINDSEY, Commissioner of 12 Name

WARRANT HANDED TO

CODE SECTION 1354 V (FOR THOSE ALREADY ENROLLED.) SOLDIER'S PENSIO INDIGENT No. 1029

WARRANT HANDED TO JOHN W. LINDSEY,

WARRANT ISSUED

1903,

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Manufacture of the control of the co
STATE OF GEORGIA,
Care plece County.
Personally appears & H. Coven der of Coin place
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 19 day of 2 cov 2 18 40; that he is 62 years old and
by occupation a Zeneral, that he enlisted in the military service of the Con.
federate States ( or of the State of ) during the war between the
States, and served for the term of 4 7 " in Company "I" of 10th Regiment
States, and served for the term of 4 7 on Company", of 10 th Regiment of the follows:  I have the follows:
follows: I know the the A Dies
that his property consists of the following items: 200 for forty
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1903. I have heretofore as a resident of
county been allowed a pension for the year 1 907
Sworn to and subscribed before me, this the former of 1903. To seph 46 loavende
//1 / 1. E. T
It. S. Me of onic Ordinary.
STATE OF GEORGIA,
Complice County
h ( lu - T
do certify that I am well acquainted with Joy Court day
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 15-4.
day of Jones Tome
I July 1 Pr. S. Me Lore
Ordinary County County.
Nors.—The blank spaces must be filled.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears It Commended of Com of being
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 19 day of 100 1840, that he is 69 years old and
by occupation a few that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served for the term of 4. 4. or in Company L, of 10 th Regiment
States, and served for the term of " 4" " in Company , of " the Regiment of that, his physical condition is as follows:
that his property consists of the following items: Ite from fig.
/
A District Control of the Control of
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 feet of the form of day of feet of the feet of
Ordinary.
STATE OF GEORGIA, County
do certify that I am well acquainted with 1 24 Come contact
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
Ans John Ordinary.

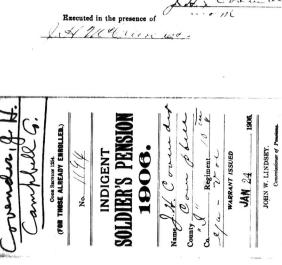
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		in the pres			Cosy	h ?	16	lear	ind	<b>2</b> [L. 8.
FOR THOSE ALREADY ENROLLED.)	No.160	NDIGENT RRY DRNGION	10 1 ENDION 900 00 00 00 00 00 00 00 00 00 00 00 00	1600 d. 1	Regiment	WARRANT ISSUED	N 25 1505.	JOHN W. LINDSEY,	WARRANT HANDED TO	MARRIEDA, MANAGER, FOR STATE PRINTER, ATLASTA.

Campbell

#### POWER OF ATTORNEY.

STATE OF GEORGIA,	
Complete COUNTY.	
I, H. Coon det hereby authoriz	,,
Moles Form of Four huma	
to receive and receipt for the pension allowed, and request that he remit same t	10
_ in home	
by be and	_
WITNESS my hand and seal, this day of 1908.	
	.]
Executed in the presence of	
JA Melier un	



no Lot

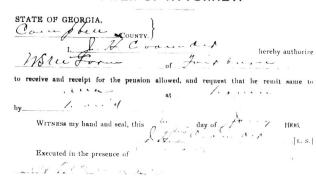
WARRANT HANDED TO

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no data

STATE	OF GEORGIA,	1	
(	Court of Con	VTV.	
12.	1711 3 100	of. 20.16.	hereby authorize
		of. t	,
to receiv	e and receipt for the pension	on allowed, and request that	he remit same to
	7.4	at	
by	3		
		day of ,	
Wi	TNESS my hand and seal, this	day of ./	1905.
,	/	Spory he 76 lee	1.016/1 [t. s.]
Exe	ecuted in the presence of	/ /	

### POWER OF ATTORNEY.



CODE SECTION 1254. FOR THOSE ALREADY EMPOLLED. SOLDIER'S PENS 19061 INDIGENT

JOHN W. LINDSEY. WARRANT HANDED TO

SOLDIER'S PENSION

Name /

INDIGENT

JOHN W LINDSEY.

WARRANT HANDED TO

4

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

-
STATE OF GEORGIA,
County.
Personally appears & Hoomer det of Come phone
County. State of Georgia, who, being duly sworn, says on oath that he is a bona jude citizen
and resident of said Connay and State, and has resided in said State continuously ever
since the / day of // 18 18 that he is 6 1 years old and
by occupation activities that he enlisted in the military service of the Con-
federate States for of the State of federate States for other states for ot
States and served for the term of y in Company of the Regiment
since the day of that he is years old and by occupation a that he enlisted in the military service of the Confederate States for of the States of during the war between the in Company of the Regiment of that his physical condition is as follows
follows of the state of the sta
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10 1 1-
that his property consists of the following reconstitute for the first first for
of the value of Dollars. I am now earning,
by my labor, '' Dohars per mouth. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1905. I have heretofore as a resident of
County been allowed a pension for the year 1904.
·
Sworn to and subscribed before me, this the Jesselle 96 Groves
A de de de de Ordinary.
STATE OF GEORGIA,   County,   County,   Ordinary of said County,
County,
1. It Ordinary of said County,
do certify that I am well acquainted with J. Plouver of said County,
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affi-lavit 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 1, 1905.

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Personally appears A. J. Course A. A of Complete
County, State of Georgia, who, being duly sworn, says on oath that he is a face of
and resident of said County and State and to the state of
since the day of 18 that he is 65
by occupation a formal that he culisted in the military service of the Con-
federate States (or of the State of Ya ) during the war between the
federate States (or of the State of States, and served for the term of 447 in Company of the Regiment of Recurrence Recur
of ya- Vre
follows: I hove the unalege + View
that life property consists of the following frems ? " (6) (6) o for of
), -
of the value of
by my labor, Dollars per month. That he may also
physical condition and poverty he is unable to support himself by his own actual
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 1999. I have heretofore, as a resident of
County, been allowed a pension for the year 1905
Sworn to and subscribed before me, this the 1
Sworn to and subscribed before me, this the
12 Cecci, to
Ordinary.
State of Georgia
State of Georgia,  County.
12 / 200 County.)
do certify that I am well acquainted with Ir. Correction 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
Affit pour Ordinary Ordinary
Note - The blank spaces must be filled

Nors — Affidavit should not be attested before January 1st, 1906.

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STATE OF GEORGIA,  County,  I, John County,  And John Hereby aut  Of Jan Surve ya	<b>₩</b> horize
to receive and receipt for the pension allowed, and request that he remit sa	me to
hu // and	
WITNESS my hand and seal, this day of day of day of day	907.
Executed in presence of	,
TOR THEE ALEUT EROLLED  NA. Le C  INDIGENT  SOLDIRR'S PRINSION  1907  County C  County C  County C  County C  County C  Segment  NARRAYT SSAIED  1907  1907  NARRAYT SSAIED  1907  NARRAYT RANDED TO	of or

Sevender H.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

County.	
Personally appears L. It. Concelled of Camp due	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fine citizen	4
and resident of said County and State, and has resided in said State continuously ever	
since the day of the 18#1; that he is vears old	
and by occupation a that he enlisted in the military service of the Con-	
federate States (or of the State of	
States, and served for the term of 7970 in Company of the Regiment	
ollows: I have piece & R here a tree	
hat his property consists of the following items: Le bro but	
of the value of U	
Dollars. I am now earning	
y my labor, '' Dollars per month. That by reason of his	
hysical condition and poverty he is unable to support himself by his own exertion or	
thor, and that he receives no pension but the one herein applied for.	
Deponent desires to participate in the benefits of the Act approved Decomber 15th.	
804, and the Acts amendatory thereo, and makes application for the pension to which h.	
sentified for the year 1907. I have heretofore, as a resident of	
Sworn to and subscribed before me, this the	
day of 1907.	
Ordinary	
State of Georgia,	
Can be County.	
1, M. & Lu & Loure Ordinary of said County,	
o certify that I am well acquainted with I W Coon des	
e applicant in the foregoing affidavit, and am well satisfied that the statements made	
him in his said affidavit are true, and I know he is the individual he represents himself	
be, and that he resides in this County.	
Oren and ing omeiar signature and sear this	
day of _ Jany 1907.	
***	
Ordinary Ordinary County	
Nors - The blank spaces must be filled  Nors - Affidavit should not be attested before January 1st, 1907	

NAME Cavender, J H (Joseph H.) YEAR 1900 County Campbell WHEN AND WHERE BORN? Movember 19, 1840 - Payette Co., Georgia ENLISTED WHEN AND WHERE? June 4, 1861 - Fayetteville, Georgia

RANK.

COMPANY AND REGIMENT? Co I 10th Georgia Regt.

NAME OF CAPTAIN AND CCLONEL?

Carrier C. T. T. ND ALERE?

MOUNDED?

W. I. .. L. L. LUTTOCING TRED?

D ... ... ... ... WD WHERE?

EJ/IIL.

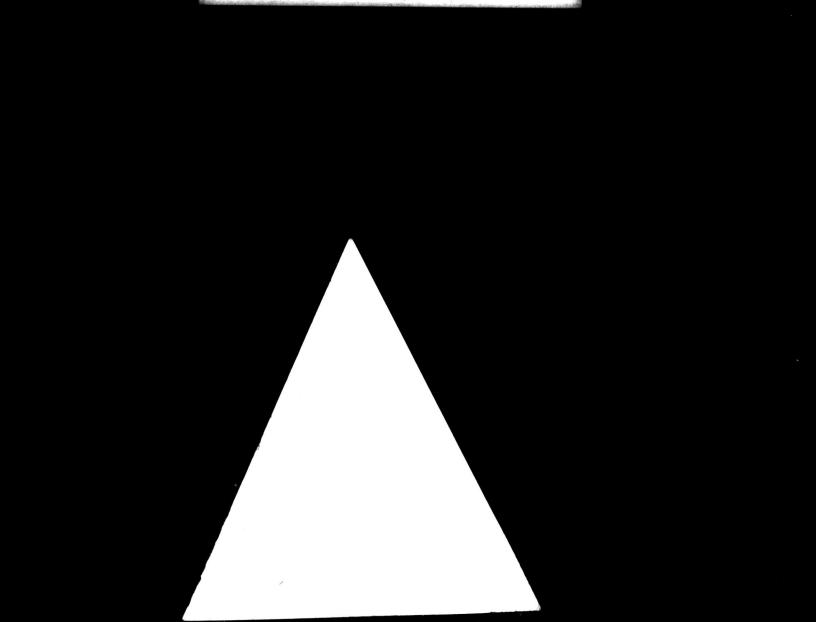
WITNESSES.

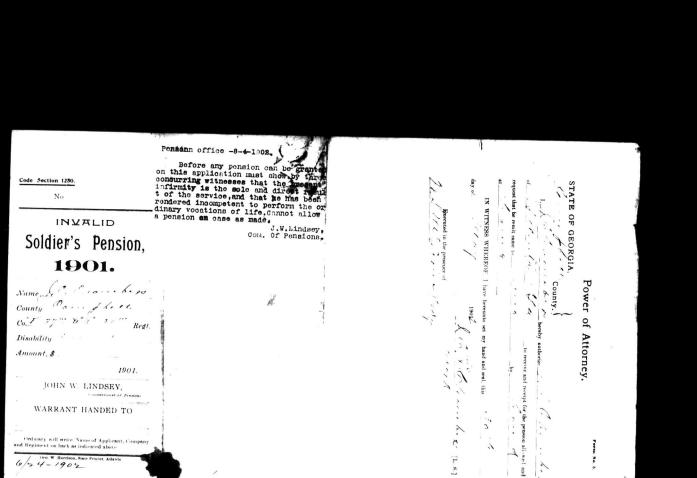
IT . . . THE ALL SULKENDER, WHERE WERE YOU?

J W Rivers - same command -

WHEN AND WHERE SURRENDERED: Appose tox 0. H., Va. (Lee's surrender)

No data





WARRANT HANDED TO

LINDSEY,

#### Power of Attorney

STATE OF GEORGIA,	
County.	
, Cinchester by M.	to receive and receipt for the pension allowed and
The state of the s	reby authorize
or the contract of the contrac	to receive and receipt for the pension allowed and
	by
at	
IN WITNESS WHEREOF, I have become a	et my hand and soal this
19012.	
~ X	(in A to leave be x [L8]
Executed in the presence of	· · · · · · · · · ·
Langue Eine Com	
77 74	

Soldier's Pension,

INVALID

No

## For Use of Applicants Who Have Not Heretofore Drawn

County.  County, State of Georgia, who being fully sworn, says on oath that he was born on the day of 18 of that he is a hong file citizen and resident of Georgia, and has been continuously since the day of 18 during the war between the States on the in the military service of the Confederate States (or the State of 18 during the war between the States, and served in Company of the Regiment of States, and was honorably discharged on the Brigade, and was honorably discharged on the day of 186 2, that whilst engaged in such military service, and in line of daty in the State of 186 2, that whilst engaged in such military service, and in line of daty in the State of 186 2, that whilst engaged in such military service, and in line of daty in the State of 186 2, that whilst engaged in such military service, and in line of daty in the State of 186 2. The was disabled or wounded as follows:  Where was command surrendered? Of 186 2 during the war the word of the Arts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1902.  Sworn to and subscribed before me, this the day of 180 Office 1 during the war he day of 180 Office 1		A. T.
County. State of Georgia, who being thely sworn, says on oath that he was born on the day of 18.76, that he is a bonn file citizen and resident of Georgia, and has been day of 18.77, that he enlisted in the military service of the Confederate States (or the State of ) on the day of 18.66, during the war between the States, and we reveal in Company of 18.67, that whilet engaged in such military service, and in line of duty in the State of 18.62, that whilet engaged in such military service, and in line of duty in the State of 18.66, and the was disabled or wounded as follows:    Where was disabled or wounded as follows:   Where was command surrendered?   Where was command surrendered?		STATE OF GEORGIA
Personally appears.  County, State of Georgia, who being thely swore, says on eath that he was born on the day of 18.16, that he is a bone fibre critizen and resident of Georgia, and has been day of 18.25, that he enlisted in the military service of the Confederate States (or the State of ) on the day of 18.65, during the war between the States, and was honorably discharged on the 3.00 during the war between the States, and 4.00 during the war between the States, and 3.00 during the war between the States, and 3.00 during the war between the States, and 3.00 during the war between the States, and 4.00 during the war between the States, and 3.00 during the war between the St		
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that he is a bona file citizen and resident of Georgia, and has been continuously since the day of 18 that he enlisted in the military service of the Confederate States (or the State of ) on the day of 186 during the war between the States, and served in Company of the Regiment of Nolunteers Ministers and Maring the war between the States, and war between the States, and was honorably discharged on the 26 that the State of 186 2; that whilst engaged in such military service, and in line of duty in the State of 186 2; that whilst engaged in such military service, and in line of duty in the State of 186 2; that whilst engaged in such military service, and in line of duty in the State of 186 2; that whilst engaged in such military service, and in line of duty in the State of 186 2; that whilst engaged in such military service, and in line of duty in the State of 186 2; that whilst engaged in such military service, and in line of duty in the was disabled or wounded as follows:  Where was command surrondered? Of the war disabled or wounded as follows:  Where was command surrondered? Of the war disabled to the cole, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 28th, 1902.  Sworn to and subscribed before me, this the day of 1904.	ದ್ದ	PERSONALLY appears. L. C. Che be 10 of said Com pour
that he is a bona file citizen and resident of Georgia, and has been continuously since the day of 18 that he enlisted in the military service of the Confederate States (or the State of ) on the day of 186 during the war between the States, and served in Company of the Regiment of Nolunteers Ministers and Maring the war between the States, and war between the States, and was honorably discharged on the 26 that the State of 186 2; that whilst engaged in such military service, and in line of duty in the State of 186 2; that whilst engaged in such military service, and in line of duty in the State of 186 2; that whilst engaged in such military service, and in line of duty in the State of 186 2; that whilst engaged in such military service, and in line of duty in the State of 186 2; that whilst engaged in such military service, and in line of duty in the State of 186 2; that whilst engaged in such military service, and in line of duty in the was disabled or wounded as follows:  Where was command surrondered? Of the war disabled or wounded as follows:  Where was command surrondered? Of the war disabled to the cole, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 28th, 1902.  Sworn to and subscribed before me, this the day of 1904.	K	County, State of Georgia, who being only sworn says on oath that he was been on the
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day of served in Company of the Regiment of Volunteers brigade, and was honorably discharged on the day of 186 2; that whilst engaged in such military service, and in line of duty in the State of any of the State of the service and in line of duty in the State of the was disabled or wounded as follows:  Where was command surrendered? Of the Code, and the Acts amendatory thereof, and hy whose authority? State fully  Deponent deeres to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1902.  Sworn to and subscribed before me, this the day of 1900.	ရှိ	continuously since the day of A
day of the Regiment of Volunteers and Street of the States, and served in Company of the Regiment of Volunteers and the State of the St	U	in the military service of the Confederate States (or the State of
Brigude, and was honorably discharged on the day of day of 186 2, that shilst engaged in such military service, and in line of duty in the State of 186 4 and the Was disabled or wounded as follows:	0	
Brigude, and was honorably discharged on the day of day of 186 2, that shilst engaged in such military service, and in line of duty in the State of 186 4 and the Was disabled or wounded as follows:	Ď	during the war between the States, and
Brigade, and was honorably discharged on the day of 186 2; that whilst engaged in such military service, and in line of duty in the State of an the day of 186 4 1		served in Company of th Regiment of Volunteers
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Where was command surrendered? Of the was the state of the surface	Z	Commended by to an and the and some of and come
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Where was command surrendered?   Was applicant present?   How come there?  How come there?  And by whose authority? State fully  Deponent desures to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1902.  Sworn to and subscribed before me, this the  day of 1905	+	and the second and my text board of so at low your
Where was command surrendered?  Was applicant present?  How come there?  How come there?  Deponed desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1902.  Sworn to and subscribed before me, this the	d	1 des cherry colored 1st y ff. 1862 There I carre
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Where was command surrendered? A	t)	Charles and S. C. About bour 1864 I man hat I
Where was command surrendered? A life not. where was he? How come there? If not. where was he? And by whose authority? State fully  Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1992.  Sworn to and subscribed before me, this the day of 1901.	0	
Where was command surrendered? A	0)	
Where was command surrendered? A	(I)	Lee ubout de by 1865, where I wan sout house and
Where was command surrendered? Was applicant present? How come there? How come there?  How come there?  And by whose authority? State fully  Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1902.  Sworn to and subscribed before me, this the day of 1901.	Ø	
Was applicant present?  How come there?  How come there?  And by whose authority? State fully  Deponent desures to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1902.  Sworn to and subscribed before me, this the day of 1901.	m	
And by whose authority? State fully  And by whose authority? State fully  Deponent desures to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1902.  Sworn to and subscribed before me, this the day of 1901.	ď	Where was command surrendered? Doct seed to west the was at heart a cit
And by whose authority? State fully  And by whose authority? State fully  Deponent desures to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1902.  Sworn to and subscribed before me, this the day of 1901.	Ö	Was applicant present? 100 dr
And by whose authority? State fully  Deponed descree to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1902.  Sworn to and subscribed before me, this the	Ĭ	If not, where
Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1902.  Sworn to and subscribed before me, this the	O	How come there? _ cret well seell for floring
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Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1902.  Sworn to and subscribed before me, this the day of	ŭ	Luckersch be a Calif
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and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1902.  Sworn to and subscribed before me, this the day of	-	Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory there of
Sworm to and subscribed before me, this the day of 1900 by 190	0	and makes application for the pension to which he is entitled for the year thereunder, and in a October 1801. 1900.
2 / day of 100k	þ	
21 / 2	H	
Norm-State fully nature of wound or character of disease which county the distance of the county		, , , , , , , , , , , , , , , , , , ,
Note.—State fully nature of wound or character of disease which course the discharge.		not he die de me
Note State fully nature of wound or character of disease which causes the distance.		Ordinary.
the extent of the disability. If claim is based on disease give full and the disability, and explain particularly		Note. State fully nature of wound or character of disease which causes the disability, and explain particularly

service.
Nore —Do not trouble to mention wounds which do not disable.
Nore —The Ordinary will see that all blank spaces are filled when the affidavits are signed.

#### Physicians' Affidavit.

STATE OF GEORGIA,	
Citicalel County.	
Generality comes before me. All S. Mc Laces Ordinary of said Coun	IV. A
D. S. is Sichand Johan genation, both known	to
me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefu	lly
examined for L. Lizzacleco and after such personal examination, say that the pres	ent
condition of applicant is as follows: He here! Hederey Transle	
- Luffering down friend and region of	
Midling Hulsohus Chronic Diarrhale	
that hall we you were the iso suffers	
feat lead with frien in chest Expertories	my.
The that could him sury since was	
and that such pondition is permanent. Said condition across from the following force:	-
and that such condition is permanent. Said condition arises from the following facts:	
Africant had murste intime of "	
of the render exposure is responds	
for most in his travelle	4
We have treated applicant professionally for years, and his condition, as above state	ed.
does / 1. 0 A arise from hereditary or concepital causes or from victors or interpoperts believe	
the state of the s	
Soon to and subscribed before me, this	
Soon to and subscribed before me, this	
Soforn to and subscribed before me, this ]	
Severn to and subscribed before me, this 1 10/2 And of the 1902 All Large subscribed before me, this 1902 All Larg	5
Storn to and subscribed before me, this fill or given the subscribed before me, this fill or given the	5
Ordinary.  Ordinary.  Ordinary.  Ordinary.  Ordinary.  I state fully the physical condition and represently the extent of disability. It disability results from wound in the state of the physical condition. It from discuse, you do not not not and character, and the causes are all the physicians will be careful to fill every blank space in oath.	5
Jay of 19021  Joseph Jo	5
In any of 1902   All of the physical condition and especially the extent of doubling. It standards results from wound income and character and present condition. It from disease, give its nature and character, and its causes. The physicians will be careful to fill every blank space in each.  STATE OF GEORGIA.  County.	or pr
Any of 1902   All of the physical condition and expecutity the extent of doubling. It disability resides from wound in the physical will be careful to fill every blank space in oath  STATE OF GEORGIA.  County.  Ordinary of said Comp.	or pr
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Agy of 19021  Jay of 19021  Jordinary  Ordinary  Manual Action of the physical condition and expectally the extent of dendality. It disability resides from account and the action of the physical and the control of the contro	ty.
In this County and has been a bona flight resident sines; the stage the stage of th	ty.
Agy of 19021  Any of 19021  Ordinary.  Ordinary.  STATE OF GEORGIA.  County.  1. Ordinary of said County.	ty.
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Second to and subscribed before me, this   19024   190	or o
Second to and subscribed before me, this   19024   190	or o
Storm to and subscribed before me, this 1902.  Jay of 1902.  Ordinary.  Ordinary.  Ordinary.  It 1 - Note fully the physical condition and repressible the cried of disability. It disability results from second and the concess of the physicians will be careful to fill every blank space in oath.  STATE OF GEORGIA.  County.  Ordinary of said County and the county and an well satisfied that the statements made by him in his said affidavit, and the cairing and I know the is the individual he represents binaself to be, and that the statements made by him in his said affidavit, and he cities, and I know the is the individual he represents binaself to be, and that the statements are dentified, as he cities, and I know the is the individual he represents binaself to be, and that the statements are worthy of and the county and the statements are worthy of greatly and that the statements are worthy of greatly and the statements are worthy of greatly and that the statements are worthy of greatly and the statements are worthy of great	or o

#### Affidavit for Three Witnesses.

STATE	OF	GEORGIA,	
Care	-	for.	Count

county.)
PRHOMALLY appears before me, the undersigned Ordinary in and for said County
son It & Business and Loyd in
personally known to me to be trustworthy objects, each of whom, being duly sworn according to law, severally say.
under oath, that they are personally and well acquainted with
whose application is herewith presented for a pension, that he has resided in this State continuously since the
day of 184 , that he served in Company of the
Regiment of Colque. It Brigade, and from our personal knowledge, he
while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicant is dis-
abled from work as a direct result thereof. If he does any labor, or can do any, state what.)
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Friffin Som all the offer on account you !
discove to go on well no Come going at that have it
duly ground dema to al Managera benetion
in Hear 1861 heef were not oble for as how service " for
and were town on bly and long of obout April 1862 but
again rejoined some Company in dumines
of 860 wer Charleston S.C. when have the re is
turained inter chant fory 1864 when he
was to one formed to much to company in
order to accommedate a brocker francy !
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Lawrence W X. Lin would be oble to do word!
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effection some
Where was applicant's command surrendered? Heart Jan Land Hill Co.
Was he with it? 100 0. A Were all of you present? I was sery o, 27.5, Emerica
If not, where was het dand I would we have belonged at the time to
Where were you all? I wood for said within a comme and account
Ley o J. & for and our I was have a ch boys Light hash
How do you know the facts you state to be true? How do you know the facts you state to be true?
Co It High week oppleanet
We personally know above stated facts. We were with him in the Army and have known him ever since.
He was honorably discharged or retired from one service on day of bear I form y
186 4/ . Applicant is permanently disabled as stated and has been so to our certain knowledge ever lines 18 ( // We have no interest in the recovery of a pension by him.
Moorn to and subscribed before me, this Lot B. Incaston
1) feel in 100k
Ordinary.
committy.

Nore 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.

2.—All blank spaces must be filled when signed.

4.—Three witnesses are required.

STATE OF GEORGIA,	1	-		
County	<i>(</i> .)			
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request that he remit same to		by.	or the pension	
AL		,		
IN WITNESS WHEREOF, I have it	ercunto set my hand	and seed this		
day of190		and sear, tale		
Executed in the presence of				[F 8 ]
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No articular anno mano manor manor against	ages of deposits of the	Charles or comme		MI-HIGH COLORS

JOHN W. LINDSEY,

SOLDIER'S PENSION

£ 061

INVALID

### AFFIDAVIT FOR THREE WITNESSES.

armin dine, F

STATE OF GEORGIA,
Courty.
PERSONALLY appears before me, the undersigned Ordinary in and for said County  and  and  personally known to me to be trustworthy elitsens, seeds of whom, being duly sworn according to law, severally say under oath, that they are personally and well apqualated with  and any of the day of the served in Company of the day of the service as follows: (give rull statement, and tell in your own language soles, where and hough the plury happened or the disease was contracted, and to what aregular applicant is dis-  while in line of duty, was injured by the service as follows: (give rull statement, and tell in your own language soles, where and hough the plury happened or the disease was contracted, and to what aregular applicant is dis-
total from bork as a direct result thereof. If he does any tabor, or can do any, state what.)
26 th 1902 ou desid
The coupling of the land of the sound of the
Was he with it?. Were all of you present?
If not, where was he'
Where were you all?
•••• (Mark 1) (Mark 1
How do you know the facts you state to be true?  Jan Hallian Lift Je by 26 1907 for and it are to have fund you of We personally know above stated facts. We were with him to be army and have known him ever since.
He was honorably discharged or retired from the service on day of though A. A.
186 . Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18. 6. / We have no interest in the recovery of a pension by him.
Sworn to and subscribed before me, this, fould the first form

Nors. 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.

8.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.

8.—Three witnesses are required.

STATE OF GEORGIA.

To Suc Loren

Form 4.

do certify that I am well acquainted with I to the accent betty applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he

resides in this County and has been a bone fide resident since the day of 18 8. I also certify that the witnesses, to with day of Mrsh. The R. Cook

and It & Colored y are persons of respectability, that their statements are worthy of full cred a and belief, and that the full text of the affidavit was read to and understood by them before they signed me.
Given under my official vignature and seal, this 3/5t day of Accepted 100 3

n Sui Lann

Ordinary Courp bell County

All amending proofs must be executed with the same formality as original proofs, said the Ordinary must so certify.

amendmen 7

# FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN

	STATE OF GEORGIA,
	County,
1	PARMONALLY Appears 16 to le care b. to of mild loan phone
B	County, State of Georgia, who being duly sworn, says on oath that he was born on the
P	obout day of
ĕ	that he is a bona fide citizen and resident of Georgia, and has been continuously since the day of day of
ğ	to that he enlisted
0	in the military service of the Confederate States (or the State of) on the
8	day of 18d , during the war between the States, and the Regiment of Volunteers
þ	
2	day of
Ă	the State of the day of the day of the
Ø	he was disabled or wounded as follows to get a language have here have here
ote	oppingation with the by 26,1902) and
ž	1 Partie Marie
н	E. & Chiamber day attendenced
ď	end etalinent of the by 26 1402, steel
Ŧ	ford do hours to 2 hoy 26 1402 state
þ	thist is a great dias worker that
	ford in fixual is The lote and a mind
ğ	result of the sermich and that are as
O	count good in franchis
et et	and the county that to prodome the
U)	Ordinary wor allows of life
g	The state of the s
70	* · · · · · · · · · · · · · · · · · · ·
ď	
ö	Where was command surrendered? Let auswerto to these Levelous
ŏ	Was applicant present? " The of the state of
2	was he? How come there?
(S)	And by whose authority? State fully:
4	Enclosed,
7	The state of the s
	Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 20th, 180 5
i	Sworn to and subscribed before me, this the
	The play of they 190.3 11.011
	De Note: Latine Post Office Red Ook Va
	Note-State fully nature of wound or character of disease which causes the disability and or character of disease which causes the disability and or character of disease which causes the disability and or character of disease which causes the disability and or character of disease which causes the disability and or character of disease which causes the disability and or character of disease which causes the disability and or character of disease which causes the disability and or character of disease which causes the disability and or character of disease which causes the disability and or character of disease which causes the disability and or character of disease which causes the disability and or character of disease which causes the disability and or character of disease which causes the disability and or character of disease which causes the disability and or character of disease which causes the disability and or character of disease which causes the disability and or character of disease which causes the disability and

based on disease, give full and connected history of disease, tracing it directly to the service. service. Norz – Do not trouble to mention wounds which do not disable. Norz – The Ordinary will see that all blank spaces are filled when the affidavits are signed.

to received	S. W.	on the state of the state of	have he1904.	orotby	and request	shat he re	omit samu to	'n
(FOR THOSE ALREADY EMBOLLED.)	DISABLED	SOLDIER'S PENSION	1904.	Name Co 6 home by	Disability of the Amount, \$ 5000 Colors	JOHN W. LINDSRY. Conmissioner of Prasions	WARRANT HAY BED TO	<i>k</i>

JOHN W. LINDSEY. 86.64° J.N 27 Regiment

### POWER OF ATTORNEY.

STATE	OF GEORGIA,	COUNTY.	b ·- v-	,hereb <b>y</b>	authorize
2	Vin F.	of.	1	6	· · -
to receiv	e and receipt for the			iest that he remi	t same to
	7	hy	1 .	( d	
at.	· C			,	
In '	WITNESS WHEREOF, I h	ave hereunto set	my hand and	l seal, this.	1
day of	10 1	1905.			
		,		1 - 10	_[ L. 8.]
I	Executed in the prese	nce of			

SOLDIER'S PENSION DISABLED 1905.

(FOR THOSE ALREADY ENBOLLED

125 ON

C. mnissiemer of P. WARRANT HANDED TO JOHN W. LINDSEY,

no duta

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, On K. 35th Begt. Sa.
Com plece County.
Personally appears of loke our less of lower of bear
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 obour 1818; that he enlisted in the military service of the Con-
lederate States (or of the State of
States, and served as a Priva 4 in Company E, of 27th Regiment
Volunteers Coequeth's Brigade; that whilst engaged
in such military and that Out of
and the unit
he was wounded, injured or diseased as follows:
Confed dermine - don't de vous
and and and
grand and grand han de
from which I have property
var suce - and on account
of down I am a ter to down
Town on Manual lower
Deponent makes application for the pension to which he is entitled for the year
ending October 26th 1904 I have benefit for a water and a sentitled for the year
ending October 26th, 1004. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1909.
Sworn to and subscribed before me, this the

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.

Given under my official aignature and seal, this
day of 1804.

Ordinary County bull County

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

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

STATE OF GEORGIA, Co. K. 30th Right. Mu.
County.)
Personally appears of Chamber of Comphere
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 F 6; that he enlisted in the military service of the Con-
federate States (or of the State of ) during the war between the
federate States (or of the State of ) during the war between the States, and served as a fraction in Company "H", of 27 th Regimentary
of Ya Volunteers Company to Brigade; that whilst engaged
in such military service in the State of fue, on the day
Illiver les ortes at friftee ya, house
freeled one may lungs and one on a week
y soid die some I have be plant vous
I five out in everywhere of tour
form and in commence of tour
Deponent makes application for the pension to which he is entitled for the year

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 100%. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1004.

Sworn to and subscribed before me, this the Garage Aday of 1905.

He for the form of the Post-office.

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

# STATE OF GEORGIA, COUNTY.

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

Given under my official signature and seal, this

Ordinary Complete

Note —Fill all blanks and of Company and Regiment.

Note —All vouchers and affidavits must bear date after January 1, 1905

Affix your Neat bere.

STATE OF GEOR	Lice COUNT	v.) Le acu le	and buy	ereby authorize
to receive and recei	nt for the pensio	n naid bereon an	d manuant that ha	
4.0	a prisition		La request that he	remit same to
The		by		7
at				2
IN WITNESS W	Инквог, I have h	ereunto set my ha	nd and seal, this_	
day of Jour	21906. <i>(</i>	4.4		
0		Ch	6-,	
/				[L. S.]
Executed in th				
+14 11Col	· ' "	6		
		. (		
	3	113.		
1		3/35	/	1.01
2	6	6 1	/	11.
	25		17.00	
Ĭ . O		18	***   ** *	2 11
LEI %		1 2	DSE DSE	35 1. D.
M AN		1 1 4 0	<b>5</b> N	NA CAR
A B B B	<b>∞</b> 👌 🔎	Regiment	S A L	E . C
FOR THOSE ALREADY ERROLLED No. 6-20 DISABLED	<b>€</b> 0 ∴	- 1 - 6	JAN 24 JOHN W. LINDSEY Commissions of	WARRANT HANDED TO
No. No.		P 11 8	o o	KR
		L LL E		¥ \
/ E		ounty outly stabili	mount	11 1
	$\simeq$	0 0	Ă	1 1

#### POWER OF ATTORNEY.

STATE CO.	of GEORGIA.	COUNTY.	hereby	authorize
to receive		pension paid hereon,	and request that he rem	it same to
	TITNESS WHEREOF, I h	1007	hand and seal, this 7	> [L. 8.]
	Executed in presence	ot	A F '	

SOLDIER'S PENSION CODE SECTION 1550.
(FOR THOSE ALREADY ENROLLED DISABLED 1907. No Yest

L'amparon L

WARRANT HANDED TO

JOHN W. LINDSEY,

#### FOR APPLICANTS HERETOFORE ALLOWED PE FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. Cont. 30th Righ Cark 3 oth Right State of Georgia. Campbell couply. State of Georgia. Codell pleic County. Personally appears, lo lokam are or Court ber Personally appears & C. Chambert of Campbell County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen 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 and resident of said State, and has resided therein continuously ever since the 18#6; that he enlisted in the military service of the Con-\_\_18 '; that he enlisted in the military service of the Confederate States (or of the State of\_\_ ) during the war between the federate States, (or of the State of ) during the war between the States, and served as a line of in Company 1, of 2, the Regiment States, and served as a frica to in Company F of 27 th Regiment Volunteers Comment L's Brigade; that whilst engaged of \_ Volunteers Coly .. Lh 's Brigade; that whilst engaged in such military service in the State of \_ in such military service in the State of " a \_\_\_\_, on the \_ \_\_\_ day \_\_186 , he was wounded, injured or diseased as follows: I took Ulunder while in buff, sex. 186 / , he was wounded, injured or diseased as follows I Loop aucoster, donne decides were view in La, The down suited on my my longs + I still duffer from Lung , 4 Hid way 5, and on one and 2 doing tou of down I count of soid chiososis I am undit forfere and pleasure I obor for ordinary leaund lobor Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1917. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Depouent makes application for the pension to which he is entitled for the year ending Actober 26th, 1966., I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1906. Sworn to and subscribed before me, this the day of July 1907. Dollars, for the year 1905. Sworn to and subscribed before me, this the Postoffice Red Ook 14 darly 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. State of Georgia, County. an price County in the Luc forme Ordinary of said County, Charles of said County do certify that I am well acquainted with & le, ble au dies do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made 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 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. to be, and that he resides in this County. Given under my official signature and seal this. Given under my official signature and seal, this

Nors.—Fill all blanks and of Company and Regiment.
Nors.—All vouchers and affidavits must bear date after January 1st, 1937.

Ordinary

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

Norm.—All vouchers and affidavits must bear data siter January list, 1906

AME Chambers, J. C. YEAR 1903 COUNTY Campbell

WHEN AND WHERE BORN? 1836, (Resident of Georgia continuously since 1838)

ENLISTED WHEN .ND WHERE? Aug. 28, 1861, Georgia

COMPANY AND RESIDENT? Go. E, 27th Regt. Georgia

and Co. K, Soth Regt. Georgia

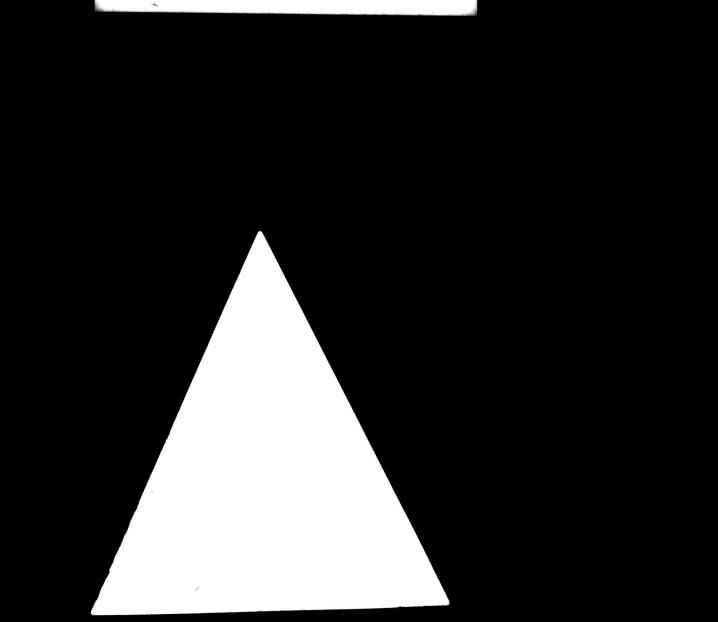
4

KANK.

Sept. 1861, Georgia, Took measles while in camp near Griffin, Ga. Discharged about April 1, 1862, on account of not being fully recovered from said disease. Atout J.n. 1864, joined another company but was not able to continue service and was sent home.

as a Till Tholk, A. H.S. WERE YOU? At home on sick furlough

WELLERSES, Loyd West, William R. Cook, W. S. Ewing, Thomas B. Swanson - same command - No data



STATE OF GEORGIA, INDIGENT PENSION 1903. Nume E. D. Cole opening. Co.E' que Ja Bat Arty Rogs. Approved \_\_\_\_ JOHN W. LINDSEY, Commissioner of Pensions. WARRANT HANDED TO Ordinary will write Name of Applicant, Company and Regiment on back as indicated above. Geo, W Harrison, State Printer, Atlanta

AFFIDAVIT	OF	PHYSICIANS
EORGIA,	l	

STATE OF GEORGIA,
Completel comment
le H Daverefert both known to me as reputable physicians
of said Countys who, being severally sworn, say on oath that they have examined carefully
6.13. Chapuan, applicant for pension under Section 1284, Code, and after
such personal examination say that his precise physical condition is as follows:
Mr. Chapman is les gean ald Han
double herrie. Suffers with dyspes.
on ales hav Rhenmeters all of
which recider him physics of muchle
to do marind labor
and that we have no interest in said pension being allowed.
Swort to and subscribed before me, this the
22 day of Sept 1903 le NDanierfork V.
Ordinary

#### ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, County.)  1. 12. Successful County.)  Ordinary, in and for sald County, hereby certify
1. It Suc Laying Orlinary, in and for said County, hereby certify that the applicant 6. 13. 6 to open one resides in said County, and has
not that the witnesses viz. I facure, for Lougiero We N
are of trustworthy character, and that their statements are entitled to full faith and credit.
I further certify that before answering the foregoing questions the applicant and each witness took the oath

hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed. I further certify that the tax digest of Con . . . . . . . . . . . . . . . . County show that applicant

Dollars of property, and in 1900 Dollars of property, in 1901 Dollars of property, in 1902 Dollars of property.

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

Witness my hand and seal of office, this 22 " day of Sept 1903.

The Secretary Ordinary.

of Course & Secretary.

#### MOTE

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following
words: You shall rue asswers make to each of the questions saked of you, and the evidence you shall give will be
the same of the property of the control of the property of the property

#### CHESTIONS FOR APPLICANT

	QUESTIONS FOR APPLICANT.
	STATE OF GEORGIA.
	Coam pheel
	COUNTY.
	to avail himself of the Pension Act (Service 108) (C. 1) and of said State and County, desiring
	true answers to make to the following questions, deposes and answers as follows:
	and post-office)
	6, v. con openous - un sant being the Campber & lotar
	2. How long and since when have you been a resident of this State? how those 60
	years - anne Fe by 21,1838
	8. When and where were you born? Is by 21, 1838 in herofice to La
	4. When and where and in what company and regiment did you enlist or serve? I was to Jive Spring
	\$1862 of Allanta Fa in & "F", gin La Boh . Ir lilling
	5. How long did you remain in such company and regiment ? obout I years, or free
	Spiny of 1862 until the surrender of Guel
닒	
X	dui hu April 1865
ቖ	6. When and where was your company and regiment surrendered and discharged? Aft 9 m 1865
Ø	at Appointed of the obout of free wa
Ь	way discharges
Ρ	
Ŋ	7. Were you present with your company and regiment when it was surrendered? Yes a
d	o. If not present, state specifically and clearly where you were, when you left your command for the
ï	and by whose authority? I was free and
¥	
	9 11-00
0	now much can you earn (gross) per annum by your own exertions or labor?
Ω	10. What has been your occupation since 1865? Rail Rooding + Faguring
	9. How much can you earn (gross) per annum by your own exertions or labor?   10. What has been your occupation since 1865?   11. Upon which of the following grounds do you base your application for pension, vis: [ipst, "age and poverty," occond, "infirmity and poverty," or third, "blindness and poverty," the first ground, state how long you have home.
Ή	second, "infirmity and poverty," or third, "blindness and poverty"? 1 4 2 4 7 0 do
'n	12. If upon the first ground, state how long you have been in such condition that you could not earn your
"	12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third,
J	state whether you are totally blind and when and where you lost your sight? Noway bears are be a
ď	Comme in ampfort for yor by soro : I hove throwing Rlun-
4	mationer, con booksting con fed, promise at hors miding
•	- I have been a second as a se
ď	
7	13. What property, real and personal, or income, do you possess, and its gross value?
ĕ	have no property of all
'n	14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and
1)	1902, and what disposition, if any, by sale or gift, have you made of same? Louis, and
7	of course disposed of man.
,	7
9	16. In what County dut you walls to be a
	16. In what County did you reside during those years, and what property did you then return for taxation?
ን	Complee County ta Reliques hour
1	10. How were you supported during the years 1899, 1900, 1901 and 1902 1 de what liceta
,	I could worth voses to be use least in us lant
2	17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income! "Fort 1/60" = "Gereal /4 by "obor - Hrd vo in " out.
ı	your own labor or income? of our 1 1/60 0 = observe 1/4 6, labora 1/-1
•	18. What was your employment during 1898, 1899, 1991 and 1902? What now did you receip in each
	18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
	19. Have you a family? If so, who composes such family? Give their means of support? Have they a
	homestead, or other property? Their ages and how employed? You hir = Composit
	A to the first was to away from
	Edour : Sufferty by they own worst
	20. Are you receiving any pension? If so, what amount and for what disability? Le
	T. T
	21. Have you ever made an application for pension before ?
	22. How many applications have you ever made and under what class?
	Supern to and superribed before me this the)
	112t . July COW COM Adversers
	Applicant.
	Ordinary,
	Locus h here

## QUESTIONS FOR WITNESS.

County,	
A 2 (	
as a witness in support of the application of 6. 3. 6 hope and County	y, having been presented
under section 1254, Code, and after being duly sworn true answers to make to the following answers as follows:	
1. What is your name and where do you reside? It I access	- Lu «
Comptell too Ta ()	
2. Are you acquainted with 6 3 to be open on	the applicant; if so, how
long have you known him? Yes hit " Hour Keever 3?	ATO ADDIONAL! IL NO' HOA
B. Where does he reside, and how long and since when has he been a resident of this Nu	Ato 7
de dait beaper Dun S Pyro & every Kee as	we a style
4. When, where and in what company and regiment did he culist, and how do you know	w ?
Doct Ku out	
5. Were you a member of the same company and regiment? 200 Set	
6. How long did he perform regular military duty? Nout / luco	
7. When and where was his command surrendered?	
	· four
8. Were you present when it surrendered? Nout / Kur our	J. a. L'war al
9. Was applicant present? Dout the and	The state of the s
10. If he was not present, where was he?	
When did he leave his command? Y For what cause y	out the out
He what authority by I-A 9	
Regues up aus week	do you know all of this?
11. What property, effects or income has the applicant? (Give your means of knowledge	
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899	WW
and what disposition, if any, did he make of same? Localing our	, 1900, 1901 and 1902,
Course disposed y voiling	<i>y</i> –
13. Has he conveyed away any of his property in the last four years, if so, what was it, a	and to whom?
lo det	mu to whom r
14. What is the applicant's occupation and physical condition?	Luly
where he care - this play sie a	
ailion is very bod	
	7
15. Is the applicant unable to support himself by labor of any sort, if so, why? Ye	sur ou
discoses and oge	
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? Dy	whoh lung
a could work with ossistones of! ?	110.1.
what portion of his support for these four years was derived from his own labor or inc	come ?
front / the lotor - ) for my care	41141
18. Give a full and complete statement of the applicant's physical condition that applicant	NI
Section 1204, Code? The way to hear a Canara and a	XX a de de
to bod that it and we have much to	L
what property have they? Children's age and their earning	capacity ?
del, we fa out our yrown to	u who
is in theming ton dal and worth of	or house
20. What interest have you in the recovery of a pension by this applicant?	~
Sworn to and subecribed before me, this the	er.
	Witness.
M. S. we Love Ordinary.	

81	ATE OF GEORGIA,
9	COUNTY.
	W S Excelled and State and County, having been presented witness in support of the application of \$13 Bhapman for sension
A 4 A	witness in support of the application of OVI Onafrmuic for pension
ADEV	or section 1254, Code, and after being duly sworn true answers to make to bowing questions, deposes and
1.	What is your name and where do you reside? All Secces
1.00	attach Fulton Co leorgia
	Are you acquainted with & B. Chapman, the applicant, if so, how
long	have you known him? Live 1861
3.	Where does he reside, and how long and since when has he been a resident of this State?

N. Were you present when it surrendered?

Was applicant present?

Do not - Know

15. Is the applicant unable to support himself by labor of any sort, if so, why? do not know

19. Who composes family? What property have they? Children's age and their earning capacity? do seat know

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

Sworn to and subscribed before me, this the )

232d day of SE/27 1903. John VI Willingon Ordinary.

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. Company of the August August

A critique that the above witness is if good character and his training is writted to full faith and credit John Wilkinson.

MS Everett

Ordinary

By what authority he left "

**OUESTIONS FOR WITNESS.** STATE OF OPODOLA

When, where and in what company and regiment did be culist, and how do you know

Course & Rickfatick Bekah Colhenger Co & 9 tha Rot achter

5. Were you a member of the same company and regiment? Held

6. How long did he perform regular military duty? These years

7. When and where was his command surrendered? Applicates to LCH ver

Chick 9 18 1865

When did he leave his command?

What property, effects or lineouse did the applicant possess in 1800, 1802, 1808, 1809, 1800, 1801 and 1802, and what disposition, if any, did he make of same? 13. Has be conveyed away any of his property in the last four years, if so, what was it, and to whom? de not Kure 14. What is the applicant's occupation and physical condition?

OLC ALC K Kilott

I was freunt the dine and in Command in What property, effects or income has the applicant? ((live your means of knowledge.)

How do you know all of this !

STATE OF GEORGIA.	Y. }hereby	authorize 7	Puit.	
to receive and receipt for the pension	ı allowed a	nd request that	he remit	same to
Witness my hand and seal, this	day o	,	7	1904.
Executed in presence of				[1. 8]
}				

60... 6 Care

County

WARRANT ISSUED

WARRANT HANDED TO

13

of or

JOHN W LINDSEY.

Name & Brolle

SOLDIER'S PENSION

INDIGENT

1904.

(FOR THOSE ALREADY ENBOLLED.)

## POWER OF ATTORNEY

STATE OF GEORGIA, COUNTY	of Joseph	hereby authoriz
to receive and receipt for the pension	a allowed, and request that I	ne remit same to
by		
WITNESS my hand and seal, this	day of	√ 1905.
Executed in the presence of		lie S.

SOLDIER'S PENSION (FOR THOSE ALREADY ENBOLLED.) INDIGENT No. / C C 7

Name & B. Ch. Ober of 1905.

60.... Regiment County

WARRANT ISSUED JOHN W. LINDSEY. WARRANT HANDED TO

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.
STATE OF GEORGIA.
Comistic County
Personally appears & Comment of C
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 years old and by occupation a that he enlisted in the military service of the Confederate States (or of the State of the States) to the term of that he is that he is the military service of the Confederate States (or of the State of the Stat
by occupation a deriver that he enlisted in the military service of the Con-
federate States (or of the State of ) during the war between the
States, and served for the term of Learn in Company Lof 9 th Regiment
tollons that his physical condition is as
and the same of th
,
that his property consists of the following items
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 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
day of 1904.
Aday of 1904. Ordinary.
STATE OF GEORGIA,
Comment to be county.
7 × 1/11 2/ 00000
STATE OF GEORGIA, County.  I. Ordinary of said County.  do certify that I am well acquainted with County and I have been said to the statements made.
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 1904.
Affix your
ber Ordinary. County.

Nors. - The blank spaces must be filled Nors.-Affidavit should not be attested before January 1st, 1994

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Com for County.
Personally appears & A Colombian of Comment Comment
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 18 18; that he is 6 6 years old and
since the day of 18 18; that he is 6 years old and
by occupation a comment of the Con-
federate States (or of the State of 1 " ) during the war between the
federate States (or of the State of ) during the war between the States, and served for the term of 47 " in Company of the Regiment of 14 fry ; that his physical condition is as
of 12 this physical condition is as follows:
that his property consists of the following items les property
of the value of C 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 1995. I have heretofore as a resident of
County been allowed a pension for the year 1904.
Sworn to and subscribed before me, this the day of 1905.  Ordinary.
1) pday of 2 1 1905.
7) Ordinary.
CTATE OF CEOPCIA
STATE OF GEORGIA,
County,
do certify that I am well acquainted with
do certify that I am well acquainted with
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of A 7 2 21905.
Ordinary County.

Nork.—The blank spaces must be filled.

Nork.—Affidavit should not be attested before January 1st , 1805.

STATE OF GEORGIA,		
Campbell Down		
E 19081	1	
I, (C) /2 07	herel	by authorize
White form	Jour King w	
to receive and receipt for the pension allo		
	· Louis	
, +		
by	ζ,	
WITNESS my hand and seal, this	_day of_ 10 - 2	1906
2"	. 1	
Çr		_ [L. S.]
Executed in the presence of		
1 106.00		

WARRANT HANDRO TO

,

JOHN #. LINDSEY.

HAN S.

WARRANT ISSUED

SOLDIER'S PENSION

INDIGENT

1906.

Nаше ( County

E. 28.

Marian.

Cour Section 12%.
(FOR THOSE ALBEAGY ENROLLED.)

## POWER OF ATTORNEY.

The control of the co
STATE OF GEORGIA,
Campbell County.
Mr. Me Loren of fact described
to receive and receipt for the pension allowed, and request that he remit same to
lece at linea
by_ hand
WITNESS my hand and seal, this day of
[L. S.]
Executed in presence of

d in presence of

SOLDIER'S PENSION Const Sharms 1284.
(FOR THOSE ALREADY ENROLLED) No. 12 C 3 INDIGENT

1907. Name (2)

County

JOHN T LINDSEY, WARRANT HANDED TO

1907

LAW WILLIAWIS UPWEINLAWE WPPAMEN LEUZIAW?
State of Georgia,
Personally appears 6, Oh of won of Complete
Personally appears & O. The opening of Come & here
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 18 8; that he is years old and by occupation a that he enlisted in the military service of the Con
federate States (or of the State of) during the war between the
States, and served for the term of 4 9 20in Company, of th Regiment
States, and served for the term of 49 20 in Company L, of L th Regiment of 12 that his physical condition is as follows:
Bro de para
that his property consists of the following items:
of the value ofDollars. 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. If have heretofore, as a resident of $\frac{G_{p_1,\dots,p_n}}{G_{p_1,\dots,p_n}}$ , $\frac{G_{p_1,\dots,p_n}}{G_{p_1,\dots,p_n}}$
County, been allowed a pension for the year 1905.
Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the Gray of 1906.  Ordinary
State of Georgia,  County.  1. Ordinary of said County.  do certify that I am well acquainted with & O Ch.
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 _ 1 - 1 - 1 - 1003.
Ordinary On County.

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

EUD YDDIICYMAC ALDDEAUCHDD 11 IVANDU DENGIONG

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS State of Georgia. Campbell County. Personally appears 6. C. Chokeron of Janes Suy County, State of Georgia, who, being only sweet says on eath that he is a fond pare in reand resident of said County and State, and has resided in said State continuously ever 1837; that he is 6 8 cars of and by occupation a former , that he enlisted in the military service of the Con-States, and served for the fem of 4 4 20 in Company and of 4 th Remarks. of you to the living that his physical condition is as tollows: I have there a have by a one of a find may bound to the many that may be some of the first may be some of t that his property consists of the following trains: Up no mes 4 of the value of Dollars. I am now earning by my labor. Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or abor, and that he receives no pension but the one herein applied for Deponent desires to participate in the benefits of the Act approved D comber 15th 1894, and the Acts amendatory there exists a discomparation for the pensor according to is entitled for the year 1907. I have heretotore, as a resident of Face of their County, been allowed a pension for the year 1906. Sworn to and subscribed before ane, this the day of 1907.

State of Georgia,

do certify that I am well acquainted with B. E. 322 There are the application the foregoing abdivir and on well satisfied that the statements made by him in his said affidavit are time, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under My official signature and seal this.

7 1907, u Long

Ordinary True & Lett Commis

NOIR - The blank spaces must be filled Noix - Affidavit should not be attested before January ist. 180.

## NAME YEAR 1903 COUNTY Campbell

ENLISTED WHEN AND MIRE? Spring of 1862, Atlanta, Georgia

COMPANY AND REGIMENT? Co. E, 9th Ga. Bat. Artillery

WHEN AND WHENE BORNY Feb. 21, 1838, Cherokee County, Georgia

NAME OF CAPTAIN AND A LOTEL?

WHILE A COLOREST RESULERED? April 9, 1865, Appointtox Court House, Va.

Chronic " TIFE? Chromix Rheumatism while in the war.

IF IC . PART JUNESIDER, WELL WINE YOU?

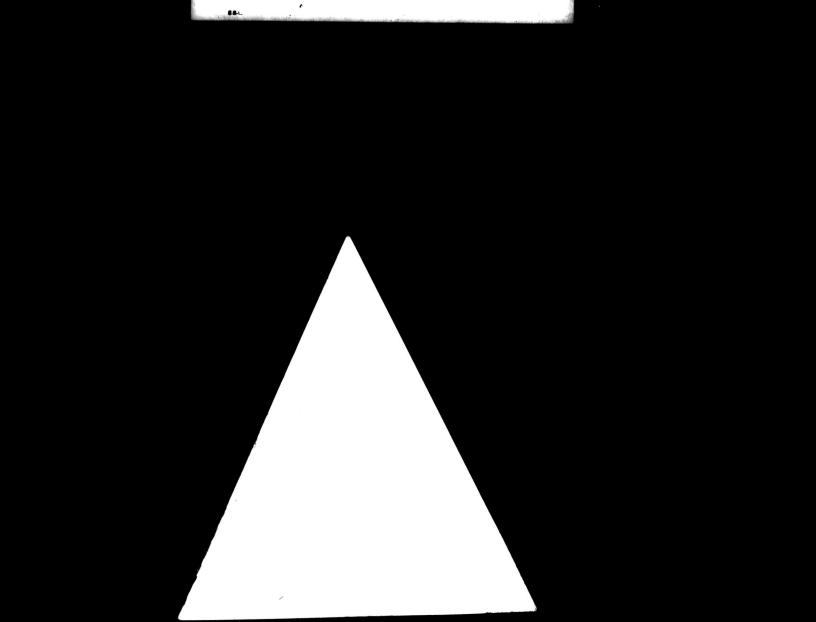
RAHK

Bull . D.

DIAM, A I WO WEEKE?

WITNESSES. W. S. Everett - same command -

No data



STATE OF GEORGIA.

hereby authorize

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

Witness my hand and seal this

1895

Executed in presence of

## DUESTIONS FOR APPLICANT.

STATE OF GEORGIA, Care Street County.

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:

What is your name and where do you reside give State, County and post office the county of the de cut of the county state of t 2. Where did you reside an Japuary 1st, 1894, and how long have you been a resident of this State?

3. When and where were you born : Fory 5, 813 - Putague to 42

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

  5. When and where did you culist?

  6. In what company and regiment did you culist?
- 7. How long did you remain in that company and regiment of out 20 Mount.
- 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? I come new h
- 9. For how long a period did you discharge regular military duty; offort 20 20 auch,
- 10. When, where and under what circumstances were you discharged from service ! Toiled to "Poor to up" a trong line
- 11. What is your present occupation? 12. How much can you carn per annum by your own exertions or labor? Wary Court
- 13. What has been your occupation since 1865? To ......
- 11. 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?
- yanto y graduary quelling work of the same of the same
- 16. Upon which of the following grounds do you have your application for pension, size: first, "age and poverty," second "infirmity and poverty" or third "bilindness and poverty" and poverty " and poverty" and poverty 17. If upon the first ground, state how long you have been in such condition that you could not carn
- To the property of the property of the first property of the infrarity and the service of the property of the infrarity and the service of the property of the infrarity and the service of the property of the infrarity and the service of the property of the infrarity and the service of the property of the infrarity of the property of the
- 18. What property, effects or income do you possess flores
- 19. What property, effects or ingome did you possess in 1893 and in 1891 and what disposition, if any, did you make of same?

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

21. How were you supported during the years 1893 and 1894 by very worth, assisted by very daughter in 1893

22. How much did your support cost for each of those years and what portion did you contribute the return by your own labor or income?

23. What was your employment during 1893 and 1894. What pay did you require in each year? Machine

24. Are you married and have you a family! If so, is your wife living and how many children have you?

(live age and sey of children and their means of suppose; fee, feel, good of the feel of the fe by 26; Fire 20! Leap first of by This ware labor.

## AFFIDAVIT OF PHYSICIANS

STATE OF GEORGIA. ( acceptiff County) C. Hennington Mid (A) Laure & O. A. 31 / N., both known to me as reputable physicians & of said county, who being severally sworn, say on oath that they have examined carefully Delinis Clark applicant for pension under the Act of 1894, and after

such personal examination, say that his precise physical condition is as follows:

Mr. Clark has ders, v herrie are left pede which Carrel as relained on place by trust all so he has Delgute Severe of the Reach causing theolines of hunghete, He also had Chronic Copelities Semering The condite to haif the cooler for any length of live Win and

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

Sworn to and subscribed before me, this the 12 die of Copiel 1815.1 CH & accompany 11124, Och Blavers cone.

## ORD!NARY'S CERTIFICATE

STATE OF GEORGIA, County.

2. C. Centre . Ordinary in and for said County, hereby certify that

the applicant to a control of the resides in said County, and was a join the resoluted this State on the first day of January 1801, and the the witnesses, xiv.

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

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

of property, and in 1894,

Witness my hand and scal of office, this 2 day of . There R.le. Bravers ordinary

dollars of property.

26. Are you receiving a penaion under any law of this State, if so what amount and for what disability "

Sworn to and subscribed before me this the 15 day of Africe 1800. Applicant. a le Beauts

of Commobbeck County.

## QUESTIONS FOR WITNESS

## STATE OF GEORGIA,

, of said State and County, having been presented an a withman in support of the application of Virgore - Winke under the Act approved December 15th, 1864, and after being duly sworn true answers to make to the

- following quasilons, deposes and answers as follows:

  1. What is your name and where do you white? Mulician Com
- 2. Are you acquainted with horres solerite the applicant, if so how long have you known him the the control of the solerite the solerit
  - Where does he reside, and how long has he been a resident of this State "
- 4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this you, te was in it will the the viene
- Company dial de ne b. Whole suppore bod in what company and regiment that he entire Che yout 1863 at Pacon Sa in wit ala Shi reg -
- 6. Were you a member of the same company and regiment?
- 7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service L Cocief. 2 Jens, milif the Rice of the war, he was il good faithful ?! stilii.
- 8. What property effects or income has the applicant? (Give your means of knowledge) Cornel tion, White property, effects or income did the applicant primers in 1884 and 1894, gold what disposition, if any, did he make of same?
  - 10. What is the applicant's occupation and physical condition?
  - 11. Is the applicant unable to support himself by labor of any sort, if so, why?
  - 12. How was he supported during the years 1893 and 1894 "
  - 18. What portion of his support for these two years was derived from his own labor or become?
  - 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894?
  - What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this Hoth day of Spiel 1805. dersone fx Namay Tolum. Com

				V					
Can	- la l	EORGIA	County.	}				1 A	
C 1	Lar	no c	Lark	herehere	by autho	p bu	1 E	J. Su.	
to rece		in	the pension	n paid hered	on and r	equest that		mit same to	
at								12-	
	WITNE	SS WHE	REOF, I h	ave hereunto				1	
day of	7.	1		1897.	1011	l la	no	I	
	Execute	l in preser	urn of				(i	[ 1 8. ]	
j.	1 1	1.16		)					
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√ <u>⊊</u>			<u> </u>	2.			Į.		
ACT OF IS DEC. 1844 For Those Aiready Enrolled		ENT		1.		JOHNSON,	Profession of	10 10	
TOT IS DEC. 189	32	INDIGENT	i M			OHY	Commis	MARRANT HANDED TO	
Alre	3	INDIG				2		E S	
For Those	No. 5'	N.			<	SICHAR!		ARRA ARRA	
F	Z	_ :5		1		) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-	
		5	3	Name					
				1. 2. 0		1			- 4

## For Applicants Heretofore Allowed Pensions.

101	Applicants	neretorore
STATE	OF GEOR	GIA,
Con	- prece	County.
personal	lly appears	
County, State	of Georgia, who b	eing duly sworn, sa
and resident o	f said County and	State, and has resid
he 1	day of	26 4 11

King Compleed ays on oath that he is a bona fide citizen ded in said State continously ever since 823; that he is 7.2 years old and by occupation a that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States. and served for the term of . Co. L 22 Mor in Company P, of 6th Regiment of

that his property consists of the following items

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of county been allowed a pension for the year 189.

Sworn to and subscribed before me, this, the 1 June 1 day of ... 1807. CG. Asilears Ordinary

STATE OF GEORGIA.

County. Ec R. ....

do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and 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

Ale Burry

Note-The blanks spaces must be filled

STATE OF GEORGIA, I seemed Co Corter hereby authorize It I we Lorie to receive and receipt for the pension allowed and request that he remit same to Witness my hand and seal, this Executed in presence of

## POWER OF ATTORNEY.

STATE OF GEORGIA, hereby authorize to receive and receipt for the pension allowed, and request that he remit same to WITNESS my hand and seal, this 13 ac day of Journal of the seal of Executed in the presence of Le Vacabline lese

LDIER'S PENS

INDIGENT

OHN W. LINDSEY.

VARRANT HANDED TO

JOHN W. LINDSEY

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

STATE	OF	GEORGIA,
		Lee County.

Personally annears Lewis Colorte of Compbell 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 Jeby 1823, that he is 80 years old and by occupation a dorect that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served for the term of 2. Z. Mars in Company of 6th Regiment of 2. The company of 6th Regiment of since that his physical condition is as follows:

that his property consists of the following items: 200 pro for la

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 Communication County been allowed a pension for the year 1 &

Sworn to and subscribed before me, this the

STATE OF GEORGIA Come of Liste County.

I, It. I continued with Local Condinary of said County, do certify that I am well acquainted with Local Confiction 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

( her Low Ordinary Com ple ce County

> Nors.—The blank spaces must be filled Nors. - Affidavit should not be attended before Jaruary 1st, 1904.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

STATE OF GEORGIA. County.

Personally annears Lewis Clorke Com plece

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 Jay of July 1823; that he is Y years old and that he enlisted in the military service of the Confederate States (or of the State of... during the war between the States, and served for the term of // levi in Company 2 , of 6 6 th Regiment follows: I am plusical condition is as

that his property consists of the following items: le fre for fine by

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

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

Sworn to and subscribed before me, this the M. Suc Lone

STATE OF GEORGIA, County,

I, 17. S. U. C. Lorum

Ordinary of said County,
do certify that I am well acquainted with Lune Closefice

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

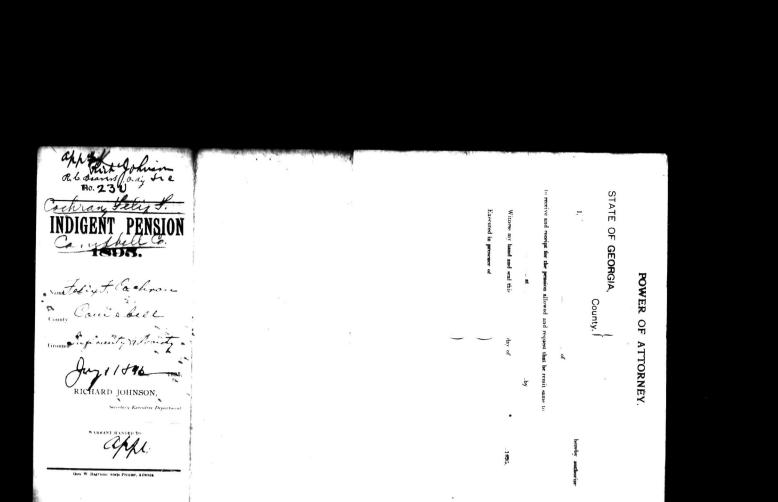
h fue Low Ordinary Com plece

Nors.-The blank spaces must be filled. Norg. - Affidavit should not be attested before January 1st. 1905.

h Sue Lone Ordinary Com ple ce Affix your Beal bere Ordinary Com of beer County. Nors.-The blank spaces must be filled. Nors.-The blank spaces must be filled Norm.-Affidavit should not be attended before January 1st, 1904. Note.-Affidavit should not be attested before January 1st, 1905. Paliamola de Coffine for Mesning mound for Seil Comily Sindy serly Mint The walnut I'm Affaire, sicides in sund George , Mint - he is of Sinelantly Thursday and that In Claterent Medein Tuckfliculos Lities Counte our entitled to Jul Juith and Condil Vilius in hughand rac The Sith along

Questions for Witness a At ite orgine Campbell County " howing been presented and witness in support of the toppe cation of Leivia (Marke for pension Linder the uch up ploved Dec. 12, 1844, and after being duly sworn true anxwers to che gollowing quettiona deparendend answers an fallound: to. 1. 3. E. Wilkerson = Camptiel Co. 24, -ts. 2. Jua - whanh 12 years. As 3. Campbell Co. Ny = about 12 years to my knowly . to. 8. Playlittle of any I live close to him. Wery little about the same as now no In come. 10,9. Je 2 - On account of his flyware condition 110.10. to. 11. No. 12. By the help of his son & the little work he rands. to. 13. May little. A s. 14. Kor dia respectived wery hadly and of times he suffered very much from same so much so that he is unable from this and his age to make a support for himself. A. Is. Stone. ," Wilnes . devor w to and subscribed before media hov. 15, 1895 | R. le Bravers by Georgia - Campbell County of B. Coravara, Ordinary un and for said county hereby certify that ( & E. Wilkerson is of trustworthy character and that his statement are entitled to full gaith and oredit, natures my hand and seal of Height Nov. 15,1895. [ R.C. Beavers, Only.

entitled to full gaith and oredit, Fritness my hand and seal of office this Nov. 15,1895. (R.b. Beavers, Only,



## AFFIDAVIT OF PHYSICIANS

## STATE OF GEORGIA.

County.

Personally came before me-

(154 Varampert mand

All Carry Mis. both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully.

Will I Gillian applicant for pension under the Act of 1894, and after

such personal examination, say that his precise physical condition is as follows:

inv 40 Chedy a Uffer willy Willy William bouile Mil has channe buflamation of oradder are her wend troublettaining of voice

headache is weather to ust in my position anyloge of time it wight weef for with gourne debility We further say on oath that the physical condition of applicant renders him unable to labor at

are work organiling sufficient to earn a support for himself, and that we have no interest in said pension Sweet to and subscribed informing this

the in the share of Specific paints of the Control of the state of th

R.B. Beavery Ordy

## ORDINARY'S CERTIFICATE.

## STATE OF GEORGIA.

Chair diece County.

1. 2 C. Decours Ordinary in and for said County, hereby certify that the applicant teles of Coeler or resides in said County, and was a larger

fide resident of this State on the first day of January, 1894, and that the witnesses, viz. Miles of CAN one to the & to for any lux.

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

I further certify that the tax digests of County show that applicant dollars

returned for taxation in his name in 1893, "Roll Joy Duly of property, and in 1891, Pall Lay andy

Witness my hand and seal of office, this 12 day of office d. le Bearins

of Cam pheal

s any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "Y rs make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help y

## QUESTIONS FOR APPLICANT.

STATE OF GEORGIA.

Coursbell County.

Felix F. Cachrace 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:

What is your name and where do you good of (give State, County and post office) taling to Coalman, and for the coal full coalman,

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 \$ 84.72,7767 - J. State & 8.0 4. Did you volunteer in the Confederate Army or in the Georgia Militia ?

5. When and where did you enlist? The standard of the standard

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?

9. For how long a period did you discharge regular military duty? of creek 35 Moretas

10. When, where and under what circumstances were you discharged from service of the of formalled at an record of process of the ory s Wan wer human and

(i. What is your present occupation?

11. What is your present necepation?

12. How much can you care per annum by your own prortions or inhor?

13. What has been your occupation since 1805.

14. What sum would be necessary for your support for this remdoy 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?

Tary far ble, I sorrelly while to do very work Hoove been suffering four in bould fine 1862.

I hove go decally governe worse out dece

10. 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" which the first the property of the first power of the first power of the power of the first power o 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 lest your sight? Descended in con claw they from from no book, core and I thenell to the least I had charged some secured to settle in book to hip - 1.600 king of Blookly houble to Piles - to a recomment of these own whole to some to the

18. What property, effects or income do you possess."

19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same " House = House

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

- Complie Co = Hour 21. How were you supported during the years 1893 and 1894" By my children

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? should 85-0 - I sufficiely 15- 420- flod we are come

23. What was your employment during 1883 and 1894? What pay did you receive in each year?

24. Are you married and have you a family "If so, is your wife living and how many children have you? Give age and sex of children and their means of support " for for the Children and their means of support " for for the Children to wife, but I for the Sex of the form of the form

Felix, J. Cochean Applicant Sworn to and subscribed before me this the 12 a day of the ie al & Gravers of Com Sheek County. QUESTIONS FOR WITNESS. STATE OF GEORGIA. Com spice County Lus & Miles , of said State and County, having been presented as a witness in support of the application of teling of Continous 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 do your side for the filler = 2. Are you acquainted with Tely I Cora have the applicant, if no 1895. how long have you known him? Les; Known him of out 28 years 3. Where does be reside, and how long has be been a resident of this State " Coursel & ya -· Sometedist to china. 4. Do you know of his having served in the Confederate army or the Georgia million? How do you know this? Here is because I we confederate army or the Georgia million? I belong if to Down to to the Regit Come a deil h. When, where and in what company and reginger did be entire? May 1862 = allow to Fa = 6. Were you a member of the same company and regiment? 7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Thout 31- Would = Tras as good scalded or could be y always awdy for Jun 1/896 luty I wow at home on account of wound melt in RICHARD JOHNSON, What property effects or income has the applicant " (tive your means of knowledge) the hand street and track of the hand the hand of the hand the hand of the hand B. What property, effects or Income fild the applicant process in 1893 and 1894, and what disposition, If any, did he make of same to force the forces of 10. What is the appliquate monumation and physical modition or by y her y to y or care 44 has him tern W. Haartoon, state Printer Atlanta. 11. Is the applicant unable to support bimself by labor of any sort, if so, why ? I of hoursel Dog That he is = Que account of different! deserve resulting in general debieis-12. How was he supported during the years 1893 and 1894 of down know to salitate but I click by assistance of his wife of Children 13. What portion of his subsect for these two years 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 pension under the Act of December 15th, 1894? The Level Messales 1762 which Diroca | Some Ruched in his book & hips; also suffers How Piles: Thus you driving him mobile to some a kuffort 16. What interest have you in the recovery of a pension by this applicant? Howe, Who Cour Sworn to and subscribed before me, this the 14 day of Africa 1895.) william for Applicant. R. C. Deavers

25. Are you receiving a pension ander and law of this State, if so what amount and for what disability?

STATE	OF	GEORGIA.
SIAIE	Or	GEORGIA.

- 7. Cose for ... hereby authorize

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

IN WITNESS WHEREOF, Phave heremute set my hand and seal, this

The Goch sair

POWER OF ATTORNEY.

## State of Georgia,

County. I. de Cherry

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 /

Letin & Gochean [L. S.]

Executed in presence of

St Brans, dody

SOLDIER'S PENSION

INDIGENT

RICHARD JOHNSON,

Soldier's Pension

INDIGENT

## For Applicants Heretofore Allowed Pensions.

representations and remaining.
County.  Dersonally appears  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 1806; that he is 1 years old and by occupation a 1806 that he is 1 years old and crate States (or of the State of 1806) during the war between the States, and served for the term of 1808 in Company of 1808 in Company of 1808 in Company of 1808 in the physical condition is as follows:
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, 1801, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1807. Thave heretofore as a resident of county been allowed a pension for the year 180 Sworn to and subscribed before me, this, the May of 1807.  A. C. Harris 1 Ordinary.
STATE OF GEORGIA, County.  I. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.  Given under my official signature and seal, this day of 1897.  R. G. Sgill v 2, 5
Ordinary Comp & County.

For Applicants Heretofore Allowed Pensions

101 Hebriograph Hologololo William da Lenvioli2.
STATE OF GEORGIA,
County.
,
Personally appears the first of the state of Georgia, who being duly sworn, says on oath that he is a bonn fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of the state of the state of the confederate States (or of the State of the States, and served for the term of the state o
that his property consists of the following items
time inspired consists of the following items
, /
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor and
that he receives no pension but the one herein applied for,
Deponent desires to participate in the benefits of the Act, approved December 15th,
and the acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1898. I have heretofore as a resident of
Sworn to and subscribed before me, this, the
Sworn to and subscribed before me, this, the  b day of percent 1898.  Black of percent 1898.  Ordinary.
Ordinary,
State of Georgia,
State of Georgia,
County.
I, 17 Ordinary of said County,
lo certify that I am well acquainted with selix I Goelina,
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said amdavit 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 section 1898.
The bearing

NAME, Cochran, Felix F. THEN AND THERE BORN? Feb. 12th. 1837 South Carolina.

ENLISTED ... MEN AND MERE? May 1862 Atlanta, Ga.

COMPANY AND REGIMENT? Co. C, 35th. Ga. Regt.

WOUNDED? Contracted measles during war, settled in back and hips.

NAME OF CAPTAIN AND COLUMEL?

CAPTURED, MUN AND JERES

RELEASED, Near Apportuntion Court House, Va. 1865.

WHEN AND PLAN STREAM MADE

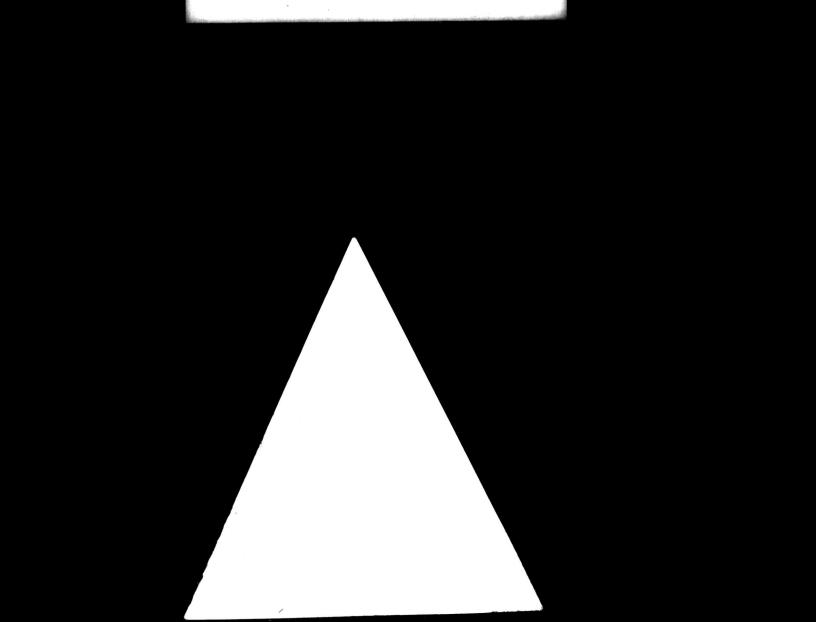
IF NOT PRESENT AT SUCKEYDER, MILE SERE NOW

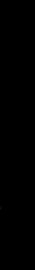
MITMESSES, John J. Miles. No data.

COUNTY. Campbell County. P.O. 1896 JWT

BURIED.

DIED, JOEN AND JOER ?





STATE OF GEORGIA.

PCWER OF

ATTORNEY.

# INDIGENT PENSION

Name James, Edochsun tam plet

1899.

Approved

RICHARD JOHNSON,

WARRANT HANDED TO

STATE OF GEORGIA.

COUNTY.

1. James & Joelsan hereby authorize

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

Mittees my hard and seal this

Executed in presence of

L. Stephens

James & James

RICHARD JOHNSON,

## Questions for Applicant.

	STATE OF GEORGIA
	County.
	Lynnis E. Goth 2911
	to avail himself of the Pension Act (Section 1254, Code), hereby submits his proof, and after the
	sword true answers to make to the following questions, denouses and answers as follows
	1. What is your name and where do you reside? (give State, County and post office.) & Lechan
	Complee Co state Georgian Jairbiah ya
	2. How long and since when have you been a resident of this Maie 9 day of January (635-41) When and where were you born? Covering love San 9 day of forman 18
	il. When and where were you born? Cooking love Gar, & day of lornaly 18
	1. When and where and in what company and regiment did you enlist or served 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	in the comment of the
	5. How long did you remain in such company and regiment : Jose yet out and livere
	477
	5. For how long a period did you discharge regular military duty? Three. years.
	7. When, where and under what circumstances were you discharged from service? I Captilled
	Lord of Releis Sury April 23 , 866 - Carried to point
	Sorter Meditana & Thousaightings in 1865
	8. What is your present occupation? Farmers 9.  9. How much can you carn (gross) per annum by your own exertions or labor. \$ 1000.
	11. Upon which of the following grounds do you base your application for putsion you first them and
	poverty," second, "infirmity and poverty," or third, "blindness and poverty" age & infumity.
	12. If upon the first ground, state how long you have been in such condition that you could not early 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 a the
	Lan. Monde of at agree of at the thing
	give diving can't stand on them but
	limited at a time
	13. What property, effects or income do you possess, and its gross value." Vorce.
	14. What property, effects or income did you possess in 1894, 1895, 1895, 1897 and 1898, and what dis-
0	position, if any, did you make of same " Oro, u - Noru
	16. In what County did you would desire at
	15. In what County did you reside during those years, and what property did you then return for taxation?
	10. How were you supported during the years 1807 and 1808; dy any Some and
	what with I could do could do but with coul the willy.
	17. How much did your support cost for each of those years, and what portion did you contribute thereto.
	by your own labor or income? Sit & five bollary Sweet college
	18. What was your employment during 1897 and 1898? What pay did you receive in each year?
	arming what little I could be for a with my love
	19. Have you a family? If so why compages such tamily? (1)
	a homestead? " If is 2 I Irife & Son " Sanstance by my Sons
	" Tande
	20. Are you receiving any pension? If so, what amount, and for what disability?
	0201
	Merorn to and subscribed before me this the fames & the Goch as a Applicant.
	17 day of march 1800. James 6 X GOERRASIL
	My Although me 24 Applicant.

or dumphell

AFFIDAVIT OF PHYSICIANS.							
STATE OF GEORGIA,							
Campbell county.							
Parsonally some before me Do, In accompany mond							
County On, being severally even, say on oath that they have examined enrefully							
applicant for pension under Section 1264, Code, and after							
All has a Dustine on my that his precise physical condition is as follows:							
Thigh, respective rains himseny							
much, and he low reat stand							
We further say on oath that the physical condition of applicant renders him anable to labor at any							
work or calling sufficient to earn a support for himself, and that we have no interest in said pension being							
Storn to and subspilled before graphis the less Darsuport mis							
18 day of Med INDEL INDEL INDER							
J. Alton bens Ordinary.							
ORDINARY'S CERTIFICATE.							
STATE OF GEORGIA,							
Campball COUNTY							
1. L. M. of the hond of Ordinary in and for said County, hereby certify							
that the applicant panico, 6. 600 7411 resides in said County, and has							
been a bona fide resident of this State since the							
and that the winesses vie Jest Staten, and of H. Dlawingost							

are of trustworthy character, and that their statements are entitled to full faith and credit I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digests of Journ plet County show that applicant returned for taxation in his name in 1897 of property, and in 1898 - Dollars of property. In my opinion the foregoing claim is. \_\_\_made in good faith.

Witness my hand and seal of office, this \_ / 8

day of Masch Lit Atephines

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

Additional affidants 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.

## QUESTIONS FOR WITNESS.

CTATE	OF	GEORGIA
SIAIE	UF	(+P()R(+)A

teamp bell \_\_\_COUNTY.

..., of said State and County, having been presented no a witness in support of the application of Jam S. E. Stoch sand for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions deposes and answers as follows:

1. What is your name and whose do you reside " I. Stato) - learn p hell Mounty Morgia

2. Are you acquainted with Janes & Goethage , the applicant , it so how long have you known him? Ifts Sir, Firt ty Two Hears #2 410 14

3. Where does he reside, and how long and since when has he then a resident of this State? 137 Cample. Comity with some some hay have knowed him 112 years

4. When, where and in what company and regiment did be enlist, and how do you know? in May 1842 Campbell countrate, Co. to. 35 regment you not inters I was to The

5. Were you a member of the same company and regiment? WWW

6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? 3 1/10 rs. HE maile used soldier. He was out tured on The 2 day of April 1845 in front of is ton be given two carried to haint whent

7. What property, effects or income has the applicant? (Give your means of knowledge.) . ?? (1) 14 no hickory nor nod normy I have been browing him ines Strine The was cloud & he has sto had no property to some

8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did be make of same" He half none in those years

9. Has be conveyed away any of his property in the last three years, if so, what was it, and to whom?

He had nothing to verivey away

10. What is the applicant's occupation and physical condition? He is a losses he is mer of it and is rup tiered & not while to do but very will most

11. Is the applicant unable to support himself by labor of any sort, if so, why? he is notally form he is all and alliete and not able to work

12. How was he supported during the years 1897 and 1898 . He lives - Support hely very his logs thy what littly he could de

13. What portion of his support for those two years was derived from his own labor or income?

about \$20,00 dollars each years

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is old and afflicted with he is ruptured and from enuse of ald wound in the grand he is not able to stance long at ating in his feet and legs

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

Sworn to and subscribed before me, this ) the 17 day of 11 Ma Jele 1800.

List Stephers

Ordinary.

Witness.

TOWER OF ATTORNEY.					
STATE OF GEORGIA,					
Teamphel County.					
1. La tach ran	hereby authorize				
The State of Hairbusse	11/2 "				
to receive and receipt for the pension allowed, and request that h	remit same to				
by Hand					
Witness my hand and seal, this & day of Janua 11	_1900.				
Witness my hand and seal, this & day of January	[L. S.]				
Executed in presence of					
y ty take to any					

Lange George

Juny 18 1500

WARRANT ISSUED

JOHN. W. LINDSEY,

## POWER OF ATTORNEY

STATE OF GEORGIA. to receive and receipt for the pension allowed and request that he remit same to by Leand Witness my hand and seal, this

Executed in presence of

For Those Already Enrolled INDIGENT 2. 196 3

Gach am

SOLDIER'S PENSION

JOHN W. LINDSEY, WARRANT ISSUED 13.

NATES

Ger These Aiready Enr

SOLDIER'S PENSION

1900.

INDIGENT

NO. 729

Cochern James &

WARRANT HANDED TO

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Campbell County.
personally appears & & Lechran of Gampfull
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 I day of famule by 1836, that he is 64 years old and
by occupation a Janning. : that he enlisted in the military service of the Confed-
erate States (or of the State of) during the war between the States,
that he enlisted in the military service of the Confederate States (or of the State of
Alungua And military that his physical condition is as
Strongen that in large it that his physical condition is as follows: I am let wars ald and fust worecute I have the Thumatism in my lags not able to work but if y little was worn let in the grind and it bother me
that his property consists of the following items
of the value of 21/11/ Dollars, that by reason of his physical
Donars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1900. I have heretofore as a resident of Court full apprendication county been allowed a pension for the year 180
Sworn to and subscribed before me, this, the
K.J. Stephents Ordinary.
State of Georgia,
Flamphell County.
1. L. J. of te plants Ordinary of said County,
d d d d d d d d d d d d d d d d d d d
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
Given under my official signature and seal, this
4
day of [4111111 21] 1900.
L'Intephone
Ordinary Janis County.
Norm —The blank spaces must be filled.

# For Applicants Heretofore Allowed Pensions.

	_			
STATE OF	GEORGIA.	)		
Co p	Sheer	County		
	opears J. E. Co.	/	0	/
personally at	opears /	.,	of Come to	
and resident of	of Georgia, who being du	ly sworn, says	on oath that he is a bor	na tide citizen
since the	said County and State,	and has resi	ded in said State conti	nuously ever
1			that he is 6,2	
foderate States	for of the State of seed for the term of keeps	that he enliste	ed in the military service	e of the Con-
Pederate States	(or of the State of		) during the war	r between the
States, and serv	ed for the term of Karre	y by in	Company ( , of 35	th Regiment
1	- Vol -		; that his physical co	ondition is as
follows	, en come in day	oy " s	tiere in par	en . a 34
on the to	me it yet - (1.	··· r. d	lund - How	Rhan-
rece lisen	w, our or green	1 9	rec cl. Kila	9
that his propert	v consists of the following	ig items 2		
of the value of	140	11	llara that language	
	overty he is unable to su	nnort himself	llars, that by reason of	his physical
that he receives	no pension but the one	herein applie	d for	or labor, and
	esires to participate in			combar 15th
1894, and the Ac	ets amendatory thereof, a	nd makes app	olication for the pension	to which he
is entitled for th	ie year 1901. I have her	etofore as a r	esident of C	66
	wed a pension for the ver		2	
Sworn to an	id subscribed before me,	this the	×	
day	r of	1901.	S. 4	
-2n + i	. ,	/ \- E-		
		Ordin	iary.	
STATE OF	GEORGIA,	l		
Carrison.	County.	(		
1, 17	County.	7	Ordinary of s	aid County
do certify that I	am well acquinted with	1 €	Continue	- the
applicant in the	foregoing affidavit, and a	m well satisfie	d that the statements o	rade by him
	vit are true, and I know			
	les in this County			,
,	Caven under my offic	tal signature	and seal this	-
	day of Se 6			
	usy or	45	901. S. 102 " = "c.	
your   test   bere				
····	(	udmary ( '		County
Note the blan	k spaces must be filled should not be attested before Ja	profess let 1901		