Cook, may M (mx/3/20-

For CAMPBELL

# 1926

### Application for Pension Due Deceased Pensioner

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

W. S. McLarin, Ordinary

For Mrs. Mary M. Cook,

Date of Death Nov. 2, 192 E

Amount \$ 100.00

Approved and ordered paid

Join a black

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.

2

3.0

### 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)

unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, end no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 160.00 pc/

November.

of said County, who, after being sworn, on oath

of said County, and that said Pensioner

Dollars was due pensioner and

192 5 and that

County. Personally before me, the Ordinary of said County, comes Miss Idella Cook,

was on the Pension Roll of said County at the time of death, which occurred in ... Campbell

GEORGIA. Campbell

County, in this State, on the 2nd

a Pension of

says that he knew Mrs. Mary M. Cook,

sworn statements fully and completely. ITEMIZED hereto attached. they be to good subarribed before me , this

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ordinary of said County, do certify
, who is a resident
aracter, entitled to full faith and credit.
while in life and that this was
County, and
\$ 100.00 Dollar
nd that the instructions at the foot of
e bills which are attached hereto.
July, 1026.
(Cootine Ordinary
0 • 1 1
nts in fully itemized form, giving each item and
ot use the terms: "Just, true, due, unpaid," etc
expenses, as the case may be of
to pay this bill."
roperly sworn to, and all attached neatly to this
ment for approval and no money must be paid
himself and takes receipts.

### APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be

oscu by the v	ridow of a Disabled Soldier Pensioner.)
STATE OF GEORGIA,	
Campboll	COUNTY.
Personally before me comes	ira. Hary Cook, of said County,
who, after having been duly swo	rn, says that she is the widow of . D. Cook
to whom, in the County of Fa	yette, State of Gordin, she was married on
the day of	18 60, and that she remained his wife, and resided with him to
	14 1924 and that she has not since his death remarried; at
the time of his death he was a	resident of County, in said State
of Georgia, and he was on the	Scrulee" Pension Roll of the State and paid a pension
of \$ 100. in Campbell	County for 192 (per annum), on account of being a soldier in
Company "A"	Regiment 200. Thorasson (Volunteers or State Militia).
	resident citizen of said Ntate of State and she
has, continuously, resided there	since Other day of Apr., 40. in .
Sworn to and subscribed	
a day of My,	, 192 . 4 • . ]
malla day of My,	Ordinary Mory M. (Applicant) Cocoll
of Comphell	(Applicant)
(SEAL OF THE ORD	
3	
Affidavit of Witness to	Prove Marriage and Date of Death of Husband.
STATE OF GEORGIA.	*
Campbell	COUNTY.
Personally before me comes	rs. Susan M. Baler known to be
a responsible and truthful perso	n, residing in said County, who after having been duly sworn, says
that of deponent's own personal	knowledge, Mrs. Mary M. Cook , who made the foregoing
affidavit, is the lawful widow of	J. D. Cook who died in Complete
County in said State of	on the 14th day of Fabruary, . 19 -4,
and that she has not since remar	ried; that she became the wife of . D. Cook on
the day of nbout	, 18 $^{61}$ ; that she and he had resided together as husband
and wife, continuously, since	day of about 19 61, and that J. D. Cook
was the same man who was on th	ne pension roll of said State of Georgia, from Japh 11
County	when he died.
Sworn to and subscribed bef	
M. & Ul For	Ordinary Mon Don Deller

(SEAL OF ORDINARY)

of Campbell

HOLSOMBACK CASKET CO.

PROMPT SERVICE DAY OR NIGHT

To Timeral Expenses

Before me, the undersigned Ordinary, this day personally came Miss Idella Cook, of said county, who, after having been duly sworn, deposes and says, on oath, that the above and foregoing bill of \$160.00 was randered for Tunbral expenses of Mrs. Mary M. Cook, deosaed, a former pensioner of said pounty, who died without owning sufficient property up pay this

b111.

Sworn to and subscribed before me, this July 27, 1926. Ill Lower, ordinary,

Ordinary's Certificate

STATE OF GEORGIA, Campbell

APPLICATION

PHONE 40

I. W. S. MoLerin, know Mrs. Mary M. Cook,

COUNTY

, the applicant for pension; that she is the person she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know "rs. Susan ". Baker. , the witness as to

. 192 4 . .

Ordinary of said County, do certify that I

and credit.

marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith

Given under my hand and official seal of office this 22ndday of May, (SEAL OF ORDINARY)

Campbell

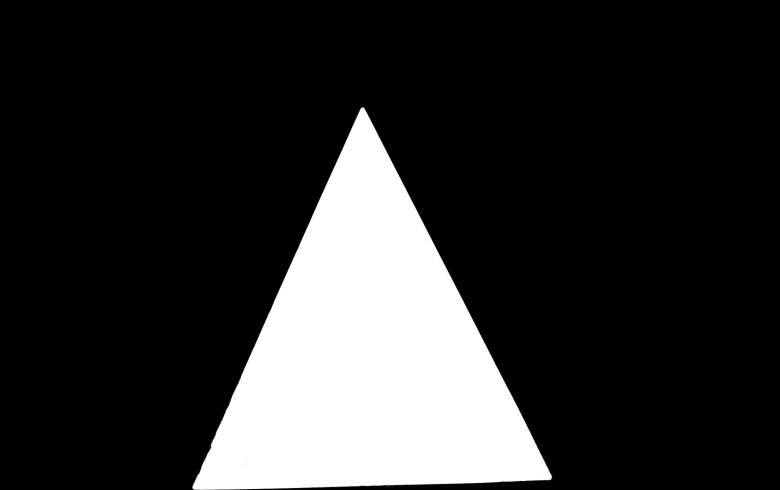
Instructions.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
"You selemnly swear that you will true answers make to each of the questions asked you and the evidence
you shall give will be the truth. So help you God."
2. Additional afficiavits may be attached if blank spaces are insufficient.
2. Additional afficiavits may be attached if blank spaces are insufficient.
3. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

eral reputation. Wilows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of hus-band's service—because Disabled Pensioners made no proof of service and were not required to do so.

FUNERAL DIRECTORS AND EMBALMERS

Georgia, Campbell County.



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	100					
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POWER OF ATTORNEY

STATE OF GEORGIA,

Cook, R.g. Camplels Co. Code Section 1250. OK 1914 INVALID SOLDIER'S PENSION, 190 13. Name R. J. Cook County Campbell Co. "E"- 1st da. Cav'y Regt. Disability Disease Amount, 8 JOHN W. LINDSEY, Commissioner of Pensions WARRANT HANDED TO

Ordinary will write Name of Applicant, Company and Regiment on back as indicated to the company.

10/29-1913

### POWER OF ATTORNEY.

	· ·
STATE OF GEORGIA,	1
	_County.
	hereby authorize
of(	to receive and receipt for the pension allowed and
	by .
al	,
IN WITNESS WHEREOF	, I have hereunto set my hand and seal, this
day of	190
Executed in the presence of	

WARRANT HANDED TO

JOHN W. LINDSEY,

SOLDIER'S PENSION

INVALID

# FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

	STATE OF GEORGIA,
	County!
	PERBONALLY appears to food of maid Campbell
_	County, State of Georgia, who being duly sworn, says on oath that he was born on the 2 4 to day of
ď	1// 1/2 10
Ď	that he is a borna full citizen and resident of Georgia, and has been
į	continuously since the 24 th day of 4107 that be enlisted
ŭ	in the military service of the Confederate States (or the State of 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
5	day of 40 y 186 2 , during the war between the States, and
U	"E" St. Come
Q	co harman
7	Brigade, and was hoporably discharged on the day of
to	Have the description of the whilst engaged in such military service, and in line of duty in
5	the State of 1'a on the day of 186/
Á	he was disabled or wounded as follows: 1 for 3 to A'-2134 to Payl in lung 1861;
A	
Ø	I look Fleumation while with soid to the and, on or count of
9	fly so col condition I was deschorged ( for mountly) from
0	Co 'A', and sent hours in October 1861. I meany of
Ή	
O	Love were soid Klemmaliane in try book male
Д	Jogon going to "6" - 1" Ya. Righ in May, 1 Pht
4	and I received with said "o" " he dispite and
þ	Generalian in the offered three 25, 1865.
11	
H	or showe plated. An occurrent of said desinan, I
б	were progressely would from but by my for-
	never during the work fleed wow, ou occounty
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O)	Early dis cost, to one failed, Jour procheally dimently
g	ond countrally mobbe to perform ordinary meni-
w	and total
q	Where was command surrendered? Level True cobors M. C
Н	
ij	Was applicant present? "d. of hand - when the otore If not, where
Ŋ	was het it and the diegon Court How come there? Cofficient
5	And by whose authority? State fully
붊	and the suppose of th
ď	The Charles of the State of the
Ĥ	
1000	Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Nota.—State fully nature of wound or the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the

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

NOTE.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

### AFFIDAVIT FOR THREE WITNESSES.

•				
STATE OF GE	ORGIA.	18		
Cam ple	"			
a are of de	County.			111
PERSONALLY ADD	ears before me, the unders	igned Ordinary in an	d for said County	I. L. Com
ne / 1/	vey	gues oranism, in an	County C	
			and	<del></del>
personally known to me t	o be trustworthy citizens, e	ach of whom, being	sul sworn according	to law, severally say
under oath, that they are	personally and well acqu	ainted with_/L.	1 -000/	2
whose application is here	swith presented for a pen		nded in this State of	continuously since the
day of		18 /-3 that	he served in Compan	y of the
1th ya Cong	Regiment of June			
	Regiment of		ide, and from our pe	reonal knowledge he,
when, where, and how	the injury happened, or	the disease was cont	racted, and to unha	extent applicant is
1/ /	direct result thereof. If			
te looth 1	Munale	an whi	in un il	e vii.
Lederate	Array. de	if desir	as book	Love Head
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not, where was he?	wand any i tw. s'	Harry	June 2	four boys &
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	was in it . depos		. 0	in f.
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ow do you know the fect	Myou state to be true?	anned wing	- of her would	Los ofout 2
107777	of his servere	1		b 0 74
W , , , , , , , , , , , , , , , , , , ,	This more in	bes mondo	more gols	IN S. Merry
	w above stated facts. W			
e was honorably discharg	ged or retired from the serv	vice on explane	day of to	or e
86 Applicant is per	manently disabled as stated	and has been so to o	ur certain knowledge	e ever since 18 6 2
e have no interest in the	recovery of a pension by	him.	L	
Sworn to and subse	ribed before me, this	12.4	anna	/
8 in day of Je ?	The 190 . 3	26/1	1/20	
	/	, 8,7	and	
It du a	Ordinary.	<i>x</i> , <i>x</i> , <i>y</i>	Jany	

Norm:.—The Ordinary will see that the full text of the affidevit is understood by the witnesses, and that they are a smallest to the same.

2. However, the statements full and explicit, tracing disability to its true cause.

3. All blank spaces was the filled when signed.

4. —Three witnesses are required.

### PHYSICIANS' AFFIDAVIT.

<del></del>
STATE OF GEORGIA,  County.
PERSONALLY comes before me Ordinary of said County.
1 DE O SIGNAL OF STATE OF STAT
and
examined and after such personal examination, say that the present
condition of applicant is as follows: He is Reffering with Chronic
Theumation Contracted during war for
The last four years hasbeen totally disabled to perform
any manual labor he is also Rioffering with
beart trouble Caused force Phenenalismen
Rostatie trouble
The second of th
and that such condition is permanent. Said condition arises from the following facts . Air Coudition
Mises from Chronic thermalism heart
trouble and prostate houble and
That it is permanent
We have treated applicant professionally for 20 years, and his condition, as above stated,
doesarise from hereditary or congenital causes, or from vicious or intemperate habits.
Sworn to and subscribed before me, this )
If I day of Toping,
NOTE 1-State fully the physical condition and especially the extent of disability. If disability results from cound or injury, taled till location, character and person modition. If from disease, give its nature and character, and its causes or origin, as understood by affinals.  NOTE 1-The physicians will be careful to fill every blank space in oath.
STATE OF GEORGIA.
Campbell 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 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 bona fide resident since theday of18 7
I also certify that the witnesses, to wit: Joh, County + M. S. Harvey
and are persons of respectability, that their statements are worthy of full
oredit and belief, and that the full text of the affidavit was read to and understood by them before they signed the same.
Given under my official signature and seal, this I the day of the Jorius
Lanu delle
Ordinary County.

All amending proofs must be executed with the same formality as original proofs, and the ordinary must so certif

### AFFIDAVIT FOR THREE WITNESSES.

STATE	OF	GEORGIA.
SIAIL	Or.	GEORGIA.

	and
personally known to me to be trustworth	hy citizens, each of whom, being duly sworn according to law, severally say
inder oath, that they are personally and	
	d for a pension, that he has resided in this State continuously since the
day of May	18 66 , that he served in Company "R" of the
while in line of duty, was injured by the when, where, and how the injury happ	Exercise Ga. Ray. Brigade, and from our personal knowledge be, exercise as follows: (give full statement, and tell in your own languaguened, or the disease was contracted, and to what extent applicant is discrete. If he does any lator or can do any, state what.)
That the said i. J. Cook	joined Co. "E"of the lat Ga.Cav. (Iverson's
rigade) in Hay,1862 ar	på served till april zeth, 1865, at vaich
time he the turrencered	d at are milere, I.C.; that he surfered with
raour the contrate	the in the corrider that he weemen show
er his incital comits	ion new last con of day that he is ease
	the h
	CHAPTER STATE OF THE STATE OF T
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iluchused	THE RESERVE OF THE PERSON OF T
	The state of the s
	The second secon
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Married (Int.) of	,
here was applicant's command surren	ndered ?
as he with it?	Were all of you present?
not, where was he?	
here were you all?	in its I have it took was captured
he was dicharged, the was	Apr. 25th to Apr. 26th, 18.5, at vice ti. 6 ar hay in (10sed ar-
ent i seif	
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 the service on day of ADII

Ordinary. Carroll County.

Ngst 1.—The Ord mary will see that the full text of the affidavit is understood by the witnessee, and that they are z.—Witnessee are asked to make their statements full and explicit, tracing disability to its true cause.

3.—All blank spaces most be filled when signed.

4.—Three witnesses are required.

WINE AND WINESE BORNS May 24, 1839, resident of Georgia since that date does not state where. ENI THE WIED AND WHERE? May 1861 1st enlistment. May 1362, Georgia. RAMI.: CONTANT AND REALIST CO. A, 21st Jeorgia Regt. Discharged and joined -- C. E, 1st Georgia Regt. Cavalry. NAME F WHAIM AND COLOURS Rheumatism in back while in service. d that, at the date April 25, 1865, near Anderson Court House, Discharged the next day. Discharged April 20, 1868. WHEN AND WILL BURE BUT HOT? Command surrendered; near Greensboro, North Carolina. IF NOT INDICAT AT PERSONER, WEER WIN YOUR Near Anderson Court DIED, WHE ALD WELE? PORTACL:

WITHEOURS: J. L. Camp - Served with applicant

W. S. Harvey - Personal knowledge. J. W. Burns - Co. E, 1st Regt. Ga. Cav.

Campbell

No data.

" . " Cook, R. J.

Swop to and subscribed before me, this

W. S. Harvey - Personal knowledge.

J. W. Burns - Co. E, 1st Regt. Ga. Cav.

Swop to and subscribed before me, this

Ordinary. Chrroll County.

Swop to an authorized before me, this

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Ordinary. Chrroll County.

# POWER OF ATTORNEY. STATE OF GEORGIA.

Know all Men by these Presents, That I. County, in said State, do hereby appoint

me and in my name, to receive and receipt for whatever amount of money I may be emidded to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregrains my true and lawful attorney in tact, for 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 I have hereinto WHEREOF. WITNESS

aforesaid. N Executed in the presence of us

[48]

and

my hand 189

set

day of

If allowed, send amount by

Widows' Pension

Mu Sarah Elever Campbell Court SLOO.DD.

1891

Warrant Issued

Mo.

AND HANDED TO

### POWER OF ATTORNEY.

### STATE OF GEORGIA.

County.

Know all Men by these Presents, That I

County, in said State, do hereby appoint

my true and lawful attorney in tact, 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

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

[L. S.]

Executed in the presence of us

DIRTONS

If allowed, send amount by

me at

, and oblige,



# Warrant Issued

### Affidavit for Three Witnesses.

STATE OF GEORGIA

In person came before me, the undersigned Ordinary

County of Campbell in and for said County, witnesses I I Surffing for (1) To County (each known to said Attesting

(each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge.

State of Georgia, is the widow of Company of the 2 th Regiment of Regiment of Company Company

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or

about the 30 th day of week 1860 That while in said service, or by

reason of said service in the Army, he lost his life as follows: In the collact on he was mor take wounder and and

on same and x

We further swear that Mrs. Lorach & 6007: was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in County of the State of Georgia

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

STATE OF GEORGIA.

R. b. Beaver

County of Campbell in and for said County of Campbell

State of Georgia, hereby certify that I am acquainted with Mrs. Carah & Gorofs 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 23d, 1800, 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 hand and affixed the seal of my office, this, the

\* \* day of . 4/ ...

R & Brance

Form No. 4.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

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

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

By order of the Governor,

W. H. HARRISON, Sec. Ex. Department.

# Affidavit to be Made by the Widow.

STATE OF GEORGIA. In person came before me, the undersigned Ordinary County of Campbel in and for the County of Campbel Mrs. Downh & Goots , who being sworn according to law, says under oath that she is the widow of & Tr Gools the service of the Confederate States, and served as a member of Company service on or about the Confac ? Army up to 80 to Army, he was on the 30 4 of proper 864 an ax to attact on toxx

transion in Tinginia

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 . 5 th day of Lecus free 1837, and that she has resided in Georgia continuously since the 28 4 day of 20X 1835; 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.

Sworn to and subscribed before me, this, the 4th day of Phil 1801. Varan Rla Bearers

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

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

STATE OF GEORGIA, County of Caraphur

I. R. C. Que Ordinary in and for said County of

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

Seroch & Courle the applicant for a pension in this case, and 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

County.

my true and lawful attorney in fact, for

December 23, 1850, and has not lived out of the State since that date. That she is the widow of 6 12 20016 deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, day of E. W. Biner Ordinary.

### POWER OF ATTORNEY.

STATE OF GEORGIA.

this, the

KNOW ALL MEN BY THESE PRESENTS, That I,

County in said State, do hereby appoint

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 amdavit; 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 bereunto set my hand and seal, this

day of 1894. L. S.

Executed in the presence of us

DIRECTIONS.

Send amount by me at

, and oblige

## For Widows' Heretofore Allowed Pensions.

# STATE OF GEORGIA,

Personally comes Mrs.

County of Campbell torok &

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

Regiment of

continuously ever since Och 28 75

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

the 2 year

Fa

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

life on the day of 18" (State here full particulars of the husband's death, when, where and from what cause.)

fort Horrison in the State of going

1864 The some day on which he was

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 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, 1893, and now apply for the

allowance provided by law for the year ending Pebruary 15th, 1894.

Sworu to and subscribed before me, this

26 day of lover 1894.

R. C. Benevist Ordinary.

Post-office

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

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

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the day of lowing R. & Gravery Ordinary.

### POWER OF ATTORNEY.

	-		
STATE OF G	EORGIA,	County,	
KNOW ALL M	MEN BY THESE PRESENTS	, That I,	
		of	
County in said St	ate, do hereby appoint		
of.		my true and lawful attorney in fac-	t, f
foregoing affidavit Warrant that may coming to me for	e State of Georgia as a wi t; hereby authorizing my y be issued by the Govern the reason aforesaid.	for whatever amount of money I may be dow of a Confederate Soldier, as stated it said Attorney to receipt in my name for nor, or for any sum of money which may to set my hand and seal, this	n tl
lay of	1895.	•	٠

Executed in the presence of us: DIRECTIONS

ARAI

Send amount by

me at

60

, and oblige

[L. S.]

# For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,	Dersonally comes Mrs
County of Com Lacce	Sorali E. Crok
	fide resident of said County of
continuously ever since Le - 2 F	18 39 That she is the Widow of
of the Regim	who was a Soldier in Company
Volunteers, that he enlisted in said Regiment on or abo	ut the month of
186 cd and served in the Army up to 186 cd and served in the Army up to 186 cd 28	
life on the day of Le	of a 1864 (State here
full particulars of the husband's death, when, where an	d from what cause) (
Hickard wille while	
For Hornison "	me and singer
30 tu / 804	

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 1837, that Georgia is her home and she resided in this State 23d day of December, 1890, and his not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this	in the same of the	
3/8/ day of street 1893.		
R. C. Beavers Ordinary.	Post-office Literate Lite	

# For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,	personally Comes Mrs.
County of Compbeel	Sorole 6. Cort
who being sworn, says on oath, that she is a bona	
continuously ever since (C. L 2 2 8	a, and that she has revided in said State  18 39 That she is the Widow of
6.11. Cool	who was a Soldier in Company
Volunteers, that he enlisted in said Regiment on o	
	\$ 1864 (State here
full particulars of the husband's death, when, where	and from what cause.) (
while in service	in State of Ta
at Fort Horriso	
Some day - Light .	To 186 W
- / - 7	, , , , , , , , , , , , , , , , , , , ,

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.

Swam to and a last to the same	a salena
Sworn to and subscribed before me, this	1.5 76 7 6
6 day of 1895.	South & Court
0 1 0 1 7 1893.	2
Ordinary.	Post-office Good Count
	,

STATE OF GEORGIA.
Comp ber COUNTY.

Soroh 6. IN WITHGRAS WHEREOF, I have hereunto set my hand and soal, this...../ Sorole 6. Cook My Mu Lorine Ordey

YEAR ENDING DECEMBER 31, 1904

PAID TO

THUS OFFICE CONT.

WIDOW'S PENSION

TO THOSE HERETOFORE PAID.

1904.

POWER OF ATTORNEY.

JOHN W. LINDSEY.

WARRANT ISSUED

# FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

TOW TIPO TO BENEFICIAND UP I DIV	oluno.
STATE OF GEORGIA, County of Complete Sand E. C.	ook
who, being sworn says on oath, that she is a bona fide resident of a	o in said State
continuously ever since / 8 J That she is	the Widow of
"E of the 26 " Regiment of	مر
Volunteers, that he enlisted in said regiment on or about the month of 186 2, and served in the Army up to when he had you	but he lost his
life on the day of obout Aug 14 6 3	(State ken
particulars of the humand's death, when, where and from what cause? He was that by a Ulicania	Doce
when in low ted dervice	7,863
	/
Deponent awears that she was the wife of said deceased soldier, during his service in	
soldier, and that she has never married since his death aforesaid, and that she beca the year 18 $\mathcal{F}$	me his wife in
	ounty for the
year ending December 31, 1903, and now apply for the pension provided by law for th December 31, 1904	
this 12 day of Jacry 1994 Post Office Lee out	- yu
State of Georgia.	

State of Georgia,

County ordinary of said County, certify that I am well acquainted with Mrs. North E. Cooll 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 with the facts.

herself to be, and that she has continuously resided in this State since the day of  ${}_{18}\ \ \ \ \mathcal{F}o$ 

Given under my official signature and seal, this the Aday of Joer y 1804

Ordinary of County being County

. Ge of gia, ) To any Minister of the Gospel, Judge, Justice of the Compbell County. ) Inferior Court, or Justice of the Peace:

You are neceby authorized and permitted to

Join in the honorable State of matrimony neuber J. Cook and Miss Sarah F. Stron; provides there be no lawful cause to obstruct the same, accompositing to the Constitution and have of this State, and for so doing this shall be your sufficient License.

tven under my hand and seal, this 9th day of November, 1867.

. C. Heavers, Ord'y (L. s.)

I become contify that Rechen 2. Sook and Mins South F. Strong were joina together in the tonce of matrimony on the 15th day of November, 1967,

5. c. Moor, . 1..

i ...... 'conhell ounty.

I, ... Methania, Ordinary of said county, do hereby certify that the above and fore-oin is a true and correct copy of the marriage Herman, and continuets of marriage of Reshaut. Cook and Wiss Serah W. Strong, as appears of record in this office, in metric a record, book "C", on the Hell.

singer of hand and seet of office, this June 17, 1915.

Ir, illi Laine, vocinery,

Campbell County, Ga..

5

NOTE.—All blank spaces must be filled. Voucher and Affidavit must bear date after January 1st, 1904. SNITERED ROSTER OFFICE

Widow's Pension

Cumpbell

UNDER ACT 1910

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

STATE OF GEORGIA,
County.
Personally before me comes Mrs. Sa.rah F., Cook of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of
1. What is your name, and where do you reside? SARAD S. COOK: In Campbell ounty Ga line when have you been a continuing resident of the State of Georgia?
55. Years, mines my hirth Oct. 7, 1849  5. When, where and to whom were you married? Nov. 12, 1867 in Compbell-
younty, Gas to Rauben a. Cook
4. When, where and in what Company and Regiment did your husband enlist as a soldier in
Confederate Army or Georgia Militia? (State the arms and class of Service) He first en-
Cav y. When and where did the Commands of your husband surrender or discharge from the army?
6. Was your husband personally present at the time of the surrender or discharge of this Com-
nand? Yes oir.
<ol> <li>If he was not present state clearly where he was? Pre-ent.</li> <li>Where was his command when he left? He never left it, His and Comp'v.</li> </ol>
a. For what cause did he leave his Command? Requires no answer.
b. By whose authority did he leave his Command? " "
c. For how long was he granted leave of absence: He was 'franted permanent leave of man let Co. On a co a lerkhest. But he re-enlisted to be.  What was his physical condition when he left his Command? He let it like the command of the leave to the leave to the command of the leave to the le
joined another Co. As above stated.  In what way was the prevented from going back to Command? Requires no ens.  b. Was he captured by the enemy at any time? No Mr.
i. If so, when and where captured and where held as a prisoner, and when and for what cause requires no anewer.
<ul> <li>When and where did your husband die?. Har. 2, 1915 in campbell co, di.,</li> <li>Were you residing together when he died? Yes. ir.</li> </ul>
9. What property of any description did you own, hold or control for your use and its cash
alue Nov. 4, 1908? (State same by items and where situated) Nothing.
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was re-
eived for it and what did you do with the proceeds thereof? (Give items and cash value.). None.
AND THE REAL PROPERTY OF THE P
the contract of the contract o
the state of the s
11. What property of any description of any value have you now?.  ive list and cash value a 11fe use in _08 acres of land; of uncertain val-  1e; worth possibly \( \frac{15}{15} \) \( \frac{15}{16} \) \( \f
1 Am to Ret 2 Paies of Cotton for rent this year, About 125.
13. Have you or your husband heretofore been paid a pension by the State? My decease ed (so, when and do what Easle were your of your husband placed on the following the bond on the pension of the following was placed on Die, rell in 1913, but never drew until Jan. 1915-worn to and subscribed before me this the
1915 worn to and subscribed before me this the Sth day September.

of Campbell County.

Questions for the Witnesses as to Service of Husband and Marriage.  STATE OF GEORGIA,
Camp bell County.
Personally before me comes W. S. Harvey: who after
being duly sworn true answers to make, to the following questions, answers as follows:
1. What is your name and where do you reside? Y. C. HARYSY. In Patriarn, Campbell Co. Ga. Harysy. In Patriarn, Mas. Sarah F. Cooka. applicant?  How long and since when has she continuously resided in this State? (Give date.)
about 47 years since 1866 to my knowledge to R. J. Gook.
4. When and to whom was she married? 11/13/1957 How do you know? I heard of the wedding the next day.  6. How long and since when did you know R. il Cook, her
husband? Alout 60 years or over since 1855 or before.
6. When and where did R. J. Cook,
the husband of Applicant die? March 2, 1215 at his home in Campbell Co, Ga,
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes 64g.
8. If not, how long did they live spart before his death? . PRQUAFAS . NO. S.RDANGE
Were they divorced? No SAP.
9. When, where and in what Company and Regiment did R. J. 200k enlist?
He first enlisted in June 1861 in Co. "A"-Let Ga Reg't Inf'y,
huving beet discharged from 1st Company.
huving beed discharged from 1st Company.  10. Were you a member of the same Company? Yes Sir. of Co. "A"-21st Ga. And Steer Delinged to same Regit as did H. J. Cook.  11. How long within your personal knowledge did he perform actual military service with his
Company and Regiment 13 months - 2 mo's in Co. "A", and 11 months in Co.  18. When and where did his Command surrender, and was discharged . ORT. 20. 1755.  Near Salisbury, N. C.
13. Were you personally present when it was surrendered? Yes Sir. If not where
P
were you Fresent. and how came you there? Requires no answer.
14. Was the husband of applicant personally present at surrender? Yes Ar
D = A
cause did he leave Command? (Give date.) Left lat Co. for sickness, but By whose re-enlisted in Co. Es as above stated.  subodiv did he leave his Command? Requires no shawer and how
long was he granted leave? Permanent, but he re-inlast do we stated.
I served in same Co. with hisband of applicant for 2 months, and in same regiment for 11 months, and until close of War. onew him be-
Tore War, and until hid death.  15. For what cause, if you know of your own knowledge, was he prevented from returning to
his Command? Requirse no answer,
16. What effort did he make to return to his Command and how do you know this? Of your
own knowledge or how? Requires no answer, explained above,
Sworn to and subscribed before me this the 23rd day of 1. Augusts 10.15.
of Campbell County

### AFFIDAVIT OF TWO FREEHOLDERS.

STATE	OF	CEO	DCIA

for

STATE OF GEORGIA,	1	
Campball County.		
Personally before me comes_ /. Ca	mp & E.L.Cochran wh	o on oath says that they
are freeholders of said County and that they of said County and know what property she	know Mrs. Sarah F. Co.	ash value to be as set out
by Schedule (A) as follows None.	•••••	
Personal property	•••••	<b>1</b>
Notes and accounts due		<b>8</b>
Total	•••••	•00.00
	Schedule (B).	
We know the property sold or given a		
no Personal property		
Money, Notes and Acco	ounts	\$
We stee to a second to the	Schedule (C).	
We also know what property she has restate in 205 Acres of land worth.	not neer possession, use and co	introl to-wit: A. 1119-
no		\$ 200 NO
H H H H H H H H H H H H H H H H H H H		6. no
Cows and Hogs	•••••	<b>1</b>
Other Property	n house	\$
Income and Earnings	a log t	\$ 125.00 \$ 650.00
Total Value of all pro	operty and effects	\$
Sworn and subscribed before me this	the to	x = /2
	Ordinary.	
ORDINARY	"S CERTIFICATE.	
STATE OF GEORGIA,		
Campbell County.		
, M. S. McLarin,	20.10	
that, I know Ars. Sarah E. Cook,	Ordinary of	said County do certify
is the person she represents herself to be and	she is a bona fide continuing	resident citizen of said
County and was on the 4th Nov., 1908		
That I also know W. S. Harvey	•	he witness who swears
to the service of husband, and _1 . Comp_ai freeholders. That all of them are now resider algning the foregoing affidavits and that they entitled to full faith and credit.	its of said County and were dul	y sworn by me before
That the Tax Returns. Show that.	Seman E. Cook	Returned for Tax 46 for
1908 \$ no for 1910 \$ no for 1911	\$ no	for 1913 \$ no
	ld \$ for 1917 \$	
Sworn under my hand and official seal of September, 19	, , , ,	
(SEAL.)	Photo in	Ordinary,
anna t	Cumpbell	County
(SEAL.)		

NOTES 1. Hefore any questions are answered the Ordinary shall swear applicant and the winess in the following words
"You do solemnly swear that you will true answers make to e on of the questions asked you and the evidence
you shall give set ill be the critic. So belop you till out to be a compared to the property of the compared to the compared to

own knowledge or how? Requires no answer, explained above, Campbell County Wed Harrey (SEAL.) Sworn to and subscribed before me this the NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence
you shall give some the the cruck as Schepp out lock."

You shall give some the two states of the property of the control of the property of the control of t 23Fd play of AUBUST. 18 15. ....Ordinary of Campbell County

(SEAL.)

Planty. Ordinary.

and it- proof Ex Dephallante 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 by "substantially and resembling useless."

It papers are returned for overeit or and amendments, are sold to any of the affidorits, the amendments must be made whole root before an officer, and the proofs must show that the amendments have been duly soon to.

Every application must be created by the Ordinary of the county of the residence of the application state be certified by the Ordinary of the county of the residence of the polycam. The certificate of any other will not be received in any case of the polycams and applications to these points.

No payments can be made for any past year.

WILLER FOR AND THE PROOF OF THE In order to avoid unnecessary dalays to applicants, and to enable all parties interested to indexts and the laws, granting allowances to disabled solders, 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 pain statement of facts showing the cross of the description. If applicant claims disabled by a pain statement of facts showing the cross of the description of the disease should be given, tracing the artists of the state of the disease. disability by positive proofs to the service.

2. The law makes no allowance for an arm or leg, unless the arm rendered substantially and escentially notices. Ner by Nereace The physicians are ask State full, un County, Campbell Heer lung Date of warrant, Olply absolutely H. HARRISON SECRETARY EXECUTIVE DECEMBERT. than he is de at & so of the able to do p

### NOTES.

In order to avoid unnecessary dalays to applicants, and to enable all parties interested to undetstand 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 earefully 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 necless

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.

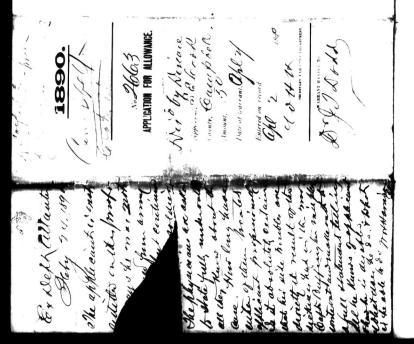
1. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under outh before an officer, and the proofs must show that the amendments have been duly sworn to

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

6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

No payments can be made for any past year.

W. H. HARRISON, Clink Fit Dest.



### 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 arms, 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 disable applicant, as stated by him; the said applicant is a bena tide citizen of this State, and resides county, and we are well satisfied that all the

statements in his affidavit are true.

Sworn to and subscribed before me, this day of

Note: Above allidavit most be underly three strens who possionly kn will the axis or it application to we state if maken alledge presents how he is disabled and what disables his. Note 2. The attenting officer roots one that each witness rands or his constant is disabled to the

### STATE OF GEORGIA, Lonnibball

PERSONALLY comes before me Jelistic Action Ordinary of said county, ). I Reneaped and () 13/1106ley both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined 18. En 1 6 of 1 and after such examination say that the applicant has been injured as follows:

Steen Starte and the month of the started with the started with the started of th Inventor live wenterway 1 is dince a Could Fre Joile Til 2 jak les and les douts Considering det so paris Such mile the detall, conquet, the de terre by Livery on the farme much in his blockers. gellos in sectiony a so vy

Sworn to and subscribed before me, this n'is Braces actionary 1890 | 13/12446

Note. The physicians will state fully the extent of the wound and thou give best videos the extent of the doublets resulting thereform.

Also seen a state for the doublets from discovering from the control of the doublets from the control of the doublets.

STATE OF GEORGIA,

Le Grands (county) 1

I. Ordinary of said county, the 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 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.

66. 6 Be overs/ I further certify that whom the foregoing affidavits were made and power of attorney was signed, is a l'ittecores of said county, and the said affidavits and

signatures thereto are genuine. Given under my official signature and seal, this day of

R. le Beaces

Ordinary Carefilett

County.

### Power of Attorney.

STATE OF GEORGIA

KNOW ALL MEN BY THESE PRESENTS, That I.

county, in said State, do hereby appoint

my true and lawful attorney in fact, for

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

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

Executed in the presence of us

If allowed, send amount by me at

and oblige,

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

STATE OF GEORGIA. Campbell

Personally appears F. do locok of Campbell 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

18 \$ 4; that he enlisted in the military service of the Con-

federate States (or of the State of ) during the war between the States, and served as a Privole in Company 6, of 27 the Regiment Volunteers leolquilly Brigade; that whilst engaged of on the 

an forted acidio and mode in the wellow in ing right side couring him mos oh outpering hoving at old and a acod per sorgealing of de obuesto, which disson eff, at his right lung to orid develore reasons deprement porontielly inashypertout to perform the or o'cerry manual a rocal one of life, deponent is a former another work regularly only motes a fait of a tore

Deponent desires to participate in the benefits of the Act, approved October 21, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder ending October 26, 1800

Sworn to and subscribed before me, this the I Wi Gook 7016 day of 116 ..... 18901

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

A 6 Buiers Ordinary

Can de sto cel country of Buffington of the country Court hele State of Georgin, who, being duly sworn, says they he was a commissioned officer in Company Volunteers, and that deponent knows & & loool , and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said

South las stated by him in said affidavit. Deponent further states that said is a bona fide citizen of this State and resides

in Carefoldell

Sworn to and subscribed before me this ) the torgoding affidavit, changed to suit the fact.

STATE OF GEORGIA. Campbell County. R. G. Branes

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

I forther certify that R. G Brains

before whom the foregoing attidavits were made and power of attorney was signed is a Ordinary. of said County, and the said affidavits and

signatures thereto are genuine

Given under my official signature and seal, this 6th day of Fe brucery 1891.

Ordinary Counfilell

County

STATE OF GEORGIA,

Ordinary of said county,

do certify that I am well acquainted with If 6. look applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 2 16 day of March 1892

R.G. Bruzzes

Ordinary - Campile 11

County

SOLDIER'S

For Applicants Heretofore Allowed Pensions.	
STATE OF GEORGIA	For Applicants Heretofore Allowed Pensions.
Circuit Co. County,	STATE OF GEORGIA.
	PERSONALLY appears & & Comty
Personally appears C C C of County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide sitizen and	Personally appears 8 6 6 200 1
resident of said State, and has resided therein continuously ever since the	of Callia 2 4442 County, State of Georgia, who, being duly sworn, says
day of 18, 5; that he enlisted in the military service of the Con-	on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
federate States (or of the State of	since the day of 3.2. 44 that he enlisted
States, and served as a in Company E, of 2 th Regiment	in the military service of the Confederate States (or of the State of
Volunteers ( V - 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	during the war between the States, and served as a Contract in Company S.
in such military service at the battle of the file of the file of the state	of 2.7 th Regiment of 1277 a Volunteers Colored to
in such military service at the battle of the state of th	Brigade; that whilst engaged in such military service at the baseline of the State of the service on the
wounded as follows: " / / } A > 1 County of the state	December 3 186 he was wounded as follows On Land 7 120 mg.
but written on the driver of some action	dermo 3, 2 sair decest per 24 areas de 1/20, 100
but weither on to proceed of which with	contest is a Cold recution in Recution
Section of its entre it along the	Pril 1100 14 0 1111 /10 10 A 11 11
of the he has conficted Dime Comme	thethe both and buch immedian
The first for my manual laboration	ranne , 2 Cough & Commeles white pain a suche of store
Deponent desires to participate in the benefits of the Act approved October 14, 1957	Deportent desires to participate in the benefits of the Act, approved October 24, 1887, and
and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of	the acts amendatory thereof, and makes application for the adownee to which he is entitled for
· M(n	the year ending October 26, 1892. Thave heretofore been allowed a pension of  ###################################
Sworn to and subscribed before me, this, the	
day of Arburny 1801	Sworn to and subscribed before me this the
R. 6. Bravert Ordinary	day of 1892 )
Nora - State fully nature of wound or character of disease which causes the disability, and explain protocolarly the extent of	7 C. Black St. Ordinary.  Note: State (ii) nature of would or chain ter of states which serves the disability and servine particularly the
The state of the s	**************************************
POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA,	STATE OF GEORGIA.
County.	leamfel 16 County
Know all Men by these Presents, That 1.	Know all Men by these Presents. That I W. C. Coul
of County, State of Georgia, do hereby appoint	of Camplell
	of County, in said State, do hereby appoint 16. B. Timesul
of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled	of Countificate Courte su
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 authoriz-	from the State of Georgia la reason of the injury resolution and a state of the state of Georgia la reason of the injury resolution and the state of the state of Georgia la reason of the injury resolution.
ing my said attorney to receipt in my name for any Warrant that may be issued by the Gover.	
nor, 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	my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any soon of money which may be coming to me for the reason aforesaid.
day of1891.	LV WITNESS WHEREOF, I have become set my hand at d seal this
[t. s.]	day of March
Executed in the presence of us	1 ( Corte [Ls]
	Executed in the presence of us  11. 16.11. Alice 6.54
DIRECTION.	R & Braver, Ordinary
Send money to me as follows, by	DIRECTION.
toP. O.	Send money to me as follows, by

County, Georgia.

County, Georgia.

P. O.

POWER OF ATTORNEY. STATE OF GEORGIA. County S Rnow all Men by these Presents, That I South Courty, State of Georgia, do hereby appoint my true and lawful arrows in the courty and lawful arrows in the court of the courty and lawful arrows in the court of the c 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. for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

Executed in the presence of us:

Send money to me as follows, by

County, Georgia.

For Applican . For the se Allowed Densions

J G. (600/2 [1.8]

P. O.

# For Applicants Heretofore Allowed Pensions.

Personally appears S. E. C 16	of Composer
unty, State of Georgia, who, being duly sworn, sa	ys on oath that he is a bona fide citizen and
dent of said State, and has resided therein continu	nously ever since the
of Lucy 1844; that he	nlisted in the military service of the Con-
erate States (or of the State of	Auden the con.
es, and served as a	In Company the war between the
Volunteers (account	in Company of th Regiment
	- 's Brigade ; that whilst engaged in
mintary service at the pattle of	day of 14 a 1864, he was
2/a , on the 8 2	day of 186, he was
ded as follows: I want on the	gret to yer 24 hours in
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er true home ble which	
in friend in and to planted	
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con - Amel Remove	The state of the s

STATE OF GEORGIA.

signatures thereto are genuine.

do certify that I am well acquainted with

Ordinary of said County,

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

said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-

dividual he represents himself to be, and that he resides in this County.

I further certify that

before whom the foregoing affidavits were made and power of attorney was signed is a

of said County, and the said affidavits and

Oftwen under my official signature and seal, this day of he had been under my official signature and seal, this

Ordinary County

# POWER OF ATTORNEY

			GILLIE I.	
STATE	OF GEORGI	A. )		
· · · · · · ·	caree c	OUNTY		
Know all M	en by these Presents	That I C C	P. c. 16	
		of C	am fore	Co
County State of	Georgia, do hereby a	appoint James	A. Cootl	
of ( B	- porce co		my true and lawful	attorney in fact, for
me and in my m	ime, to receive and re	ecipt for whatever amoun	t of mostey 1 may be	entitled to from the
State of Georgia	by reason of an inju- is. States, as stated	my received as aforesaid in in the foregoing affiday	the military service	of the Confederate
ney to receipt in	my name for any W:	arrant that may be issued b	ov the Governor, or for	any sum of money
which may be co	ming to me for the re	wison aforesaid.		7 5
day of .	SS WHEREOF, I	have hereunto set my ham	I and scal, this.	
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Execut	ed in the presence of	Un.		[ [ l., N. ]
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Send money	to me as follows, be	INTINE ( LICAIA)	٦,	
		to		P O.
		County, Georgia.		
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			-	

### POWER OF ATTORNEY.

STATE OF GEORGIA,

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

my true and lawful attorney in fact, for

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

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

day of. 1895.

Executed in presence of us

DIRECTIONS.

Send money to me as follows, by

SOLDIER'S PENSIO

County, Georgia.

[1 . 4.]

P. O.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA 1

Campbeel County.			
PERSONALLY appears S. E. C.	v16	. 0.	Z
County, State of Georgia, who, being duly		of Carry	acc
and resident of said State, and has resided	therein conti	nuously mar slave t	ha flac citizen
day of they in that	t he culisted in	the military service	or of the Con-
States and served as a Privale			
of Ja Volunteers Colysuch military service at the battle of	with .	Brigade; that whil	st engaged in
			in the State
of on the wounded as follows:	day of		186 , he was
wounded as follows:	The ?	work de	mung
a house from the stands	7	Jen 24 2	ivero
to a series and the	. 80	a tone for	rad - Con
a long bouble was for	-	1 11 or	me which
. ever sines , and drainy of		4 5 1	- from
Reach t and him of a fel			
Deponent desires to participate in the l	benefite of the	10.1	a pour a
and the acts amendatory thereof, and make	es application	for the allowers	er 24th, 1887,
cutified for the year ending October 26, 189	94. I have her	etofore been allowe	d a vension of
10 X 4	llare for the	vear 189	a a pension of
Sworn to and subscribed before me, the	is, the	101	/
2 8 day of Jeby	1894	0 (7	1.77
R.C. Pravers Ord	0		
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Note State fully the nature of wound or -haracter of did of the disability, resulting from the wound or disease	erace which causes the	s destablity and a place page	to also is the extent
STATE OF GEORGIA,			
Campbell worth			
1. R. C. Secono			
		Ordinary of	said County.
do certify that I am well acquainted with			the
applicant in the foregoing affidavit, and am	well satisfied t	hat the statements	made by him
in his said affidavit are true, and I know he	is the indivi-	lual he represents	himself to be
and that he resides in this County.	<i>m</i> · · · ·		28
Given under my of	meial signature	and seal, this	~ 0
day of the by	1894.		
) had	P.Po. A	Covers	
1.5%			
	Ordinary	Bang bell	County.
			,

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
personally appears 3. 6. Cook of Carrentiel
County, State of Georgia, who being duly sworn, says on oath that he is a bona hele citizen
and resident of said State, and has resided therein continuously ever since the
day of 1864; that he culisted in the military service of the Con-
federate States (or of the State of 1944) during the war between the
States, and served as a Grina to in Company E of 27 th Parising
of Ga Volunteers, Belginett 's Brigade; that whilst engaged in
such military service at the battle of
of the on the day of Atta 1864, he was wounded as follows:
wounded as follows: I was one the Morele during
a heavy Seem Storm for 24 hours in
state the due 8,1864, born footed; com hair
Pur war to lung bout to from the
Purmued & liney bouble from off the
of which I am suffered our sure for one
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension
of dollars, for the year 189 4
Sworn to and subscribed before me, this, the
2 3 to day of Je b'y 1895.
R. C. Beavers, Ordinary,
Note-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

# STATE OF GEORGIA, County.

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

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

Affix your arel here Pla Bearers Oumfor bell

County

# POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF GEORGIA, STATE OF GEORGIA, County. hereby authorize f. A. Brocere \_hereby authorize I.S. E. Cooll to receive and receipt for the pension paid hereon and request that he remit same to to receive and receipt for the pension paid hereon and request that he remit same to he and IN WITNESS WHEREOF, I have hereunto set my hand and seal, this IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Af day of - V & Erely [1. 8.] Executed in presence of us M.S. W. Loring SOLDIER'S PENSIO SOLDIER'S PENSION INVALID 1897

# For Applicants Heretofore Allowed Pensions

2 of hippinounce morocorors minosista i sublotto.
STATE OF GEORGIA.
Complete County.
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"4; that he culisted in the military service of the Con-
federate States (or of the State of States, and served as a States, and served
States, and served as a in Company , of 1/ th Regiment
of Volunteers, 's Brigade; that whilst engaged
in such military service in the State of , on the day
of the was wounded, injured or diseased as follows:
I wow an a long work (for 24 hourse)
during a know Line Stone while in amine
in Ital an pace 8. 1864 . was born fout.
the fixer of hora on the train and of
and livery in them, Displaces a second
This district of him and the Trans of the
are The perdend protectly unfet for aring toh
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1896. I have heretofore as a resident of
County been allowed a pension of Fix
dollars, for the year 189 4.
Sworn to and subscribed before me, this, the
Z 2 day of 72 7 1800.
2 2 day of Fre 6 7 1800.
Nore-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
of the disability, resulting from the wound or direase
STATE OF OFOROM
STATE OF GEORGIA,
County.
· Me & Me many
do certification for said County,
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit, are true and I have be in the facility to t
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 72 by 1806.
/
Ami (
Ordinary Complete County

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, Com phece County. personally appears S. E. Cook of Care place County, State of Georgia, who being duly sworn, says on oath that he is a bona hde citizen and resident of said State, and has resided therein continuously ever since the 17 1844; that he enlisted in the military service of the Cone State of ) during the war between the federate States (or of the State of ) during the war between the States, and served as a States of Company F, of 27th Regiment of St. Volunteers, Company F, of 27th Regiment of Strigade, that whilst engaged in such military service in the State of 186 %, he was wounded, injured or diseased of follows claror oce a record you su hours born frotes in a very School Viene in Ma where in seguine when I can be be I would moved ting in a serious Jung how ble good which I have purposend ever since found on an earnet of sing die was to antiocted I lave soupper and mendined we able to for form applicately in account lorbor Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Communication of Dollars, for the year 189 6

Sworn to and subscribed before me, this, the day of Holy For OFFICE Translating States of the Grant States

STATE OF GEORGIA,

County.

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

Given under my official signature and seal, this

de Brans,

Ordinary Care Sheer

County

### POWER OF ATTORNEY

*.	TOWER OF A	I I OKNEY.	
STATE OF GEOR	RGIA,	*	
<u> </u>	County.		
1, 1 6 6	.h	ereby authorize	יחודיונייי
	. of	a mighece se	o.c. 11
at to receive and receipt	for the pension paid he	reon and request that he	remit same to
IN WITNESS V	VHEREOF, I have hereu	nto set my hand and seal,	this
day of	1898.	1 6	[L. S.]
Executed in p	presence of		. ,
· 41.			

# POWER OF ATTORNEY.

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

All

by

Hand IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7: hundel V. 6. 60 06 1 9. Stephens ardinary

For Those Aiready Enrolled.

No. 25 26

SOLDIER'S PENSION INVALID 1899

Name

RICHARD JOHNSON,

SOLDIER'S PENSION For Those Already Enrolled.) INVALID No. 2344

1898.

Name

Disability

RICHARD JOHNSON,

For Applicants Heretofore Allowed Pensions.
*
STATE OF GEORGIA,
Carry here County.
personally appears S. E. & of ban pluce
County, State of Georgia, who being duly sworn, says on oath that he is a tona fide citizen and resident of said State, and has resided therein continuously ever since the
day of ce 6, that he enlisted in the military service of the Con-
federate States (or of the State of ' ) during the war between the
States, and served as a in Company F, of 2 th Regiment of States, and served as a in Company F, of 2 th Regiment
of Volunteers, Strigade; that whilst engaged in such military service in the State of Age of the State of State
of the state of th
and the same of the same of the same of the same of
many and the survey and the factor care
to cit i get resulting in the sum of the
there is said a lang to early in any one
not be a fire and it is.
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1898. I have heretofore under said law as a
resident of county been allowed an invalid pension of
Dollars, for the year 189
Sworn to and subscribed before me, this, the
day of 1808. POST-OFFICE Control St
Series State fully the nature of sound or character of display which causes the disability, and explain pur findarity the extent of the disability, reading from the wound of these
of the doability, resulting from the wound or disease.
STATE OF GEORGIA,
County.
I, Ordinary of said County,
Ordinary of said County, do certify that I am well acquainted with the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I 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 \_\_\_\_\_\_\_1898. 1.6 Brans Affix your meal here.

# For Anniegnts Heretofore Allowed Densions

tor upproduce trotocorore unomed Lensions.
STATE OF GEORGIA,
Lampbell County
personally appears & E. Goods of Lampbell
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 July 1844; that he enlisted in the military service of the Con.
federate States (or of the State of ) during the war between the
States, and served as a Tiwal in Company &, of 27th Regiment
of observata Volunteers, designates 's Brigade; that whilst engaged
in such military service in the State of that, on the 8 day
of December 1864, he was wounded, injured or diseased as follows:
December 8. 1864 I was on the march during a
heavy snow in wa for 24 hours being Barefooted
and contractions call resulting in bruge manie
all from whole lung tionette has been the we
16 1 Siller which renders me unable to de mana
labor the right side being affected having a co
I considerable pain in side I shoulder
Deponent makes application for the pension to which he is entitled for the year end-
ing October 20th, 1899. I have heretofore under said law as a resident of
Gounty been allowed an invalid pension of Dollars, for the year 1898.
Sworn to and subscribed before me, this, the
16 day of February 1889. POST OFFICE Timothy . ya
1. J. Stephens - of dmary
Nor x State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
County.
1. J. Stephens Ordinary of said County.
do certify that I am well acquainted with D. E. Good 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 said a latter of

Given under my official signature and seal, this

day of Jebruary 1850. Stephens Ordinary Clumpbell

### POWER OF ATTORNEY.

STATE OF	GEORGIA,	V E.	OF A.	LION	(14)5	1.	
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to regeive and	receipt for the	pensi	ion paid her	eon and	reques	t that he	remit same to
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day of		_1900	J.				
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(For Those Already Enrell No. 767	_ <u>_</u>		. Po	Disability Amount, \$	Warrant issued ??.	ř	2 3 3
			Name	Disability Amount, 3	/arrs		
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Souther D. E.

### POWER OF ATTORNEY

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Already	DISABLED	MER'S PE	60.60 % WHIN W	WARRANT HANDED TO
	IN WITH	IN WITNESS W	receive and receipt for the pen  Leave IN WITNESS WHEREOF, of Fig. 6-y  Executed in presence of	receive and receipt for the pension paid hereon and request that he by hereon in the pension paid hereon and request that he by hereon in the second in the

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Thampbell County.
personally appears & E. took of Lampbell
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State and County, and has resided therein continuously ever since the
the Confederate States (or of the State of . ) during the way be
tween the States, and served as a De Savet in Company & of 27th
Regiment of Jio 1410 Volunteers, Talquet 's Brigade; that whilst
engaged in such military service in the State of Ma, on the
day of Allembry 1864, he was wounded, injured or diseased as follows:
December 8-1844 was on The march during
a heavy snow in Na for set hours being bourgooted and con tracting cold resulting in
Thumony and from which a lung truble has
bun the result in science which renders
him unable to do manual labor the highest
dill a considerate horning a cough of considerate part
Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1900. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Highly \$50 CO Dollars, for the year 1809.
Sworn to and subscribed before me, this, the South of the glass of Mayer by 1900. Prost office Innerthy- My
1 J. Stephens & ranky
NoraState fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
Lampbell County.
I. J. Stephens Ordinary of said County.
I, Suppliers Ordinary of said County, do certify that I am well acquainted with I & Look 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 March 1900.
Ordinary Humbell County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Personally appears S. E. Could of Complete
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 1844; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a low in Company cof th Regiment
of Volunteers, 's Brigade; that whilst engaged
in such military service in the State of on the
of 186, he was wounded, injured or diseased as follows:
I contracted a seguer call while in service
State of Ta whice on a long much during a
know suns o torus; soil and nesults in Pour
servous ion of desitting lung four the 1 and from in to
though ind on one out y said dis now
contracted down much the to Sperform order
many lober
Deponent makes application for the pension to which he is entitled for year end-
ing October 20th, 1901. I have heretofore under said law as a resident of
Dollars, for the year 1900.
Sworn to and subscribed before me, this the
Mr. 2 1 a C 1901. Postoffice View orther
W.S. he foring Ordy
Norm.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the avent of the disability and explain particularly the avent of the disability.
ularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
Compbell County.
W fur form
I, Ordinary of said County, do certify that I am well acquired with S. E. Could 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 taby 1901.
my way
[ 101 ]
Ordinary Com plece County.

# POWER OF ATTORNEY. STATE OF GEORGIA, County. In hereby authorize M. County. In hereby auth

The state of the s

OHN W. LINDSEY.

WARRANT HANDED TO

DISABLED

FOR THOSE ALREADY EI

SOLDIER'S PER

# POWER OF ATTORNEY. STATE OF GEORGIA. County. hereby authorize M. T. Coull I. S. E. Cooll to receive and receipt for the pension paid hereon and request that he remit same to-IN WITNESS WHEREOF, I have hereunto set my hand and seal this.... Executed in presence of ( FOR THOSE ALREADY EXERLER.) SOLDIER'S PENS 1903. DISABLED K/9 .0N

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears J. E. Cooll of Complete
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of
federate States (or of the State of
States, and served as a Private in Company" E", of "Ith Regiment
of Volunteers Oreginett 's Belgrade: that whilst appeared
of
ofINIT , he was wounded, injured or diseased as follows:
daro von a feersch docking a broog be out
Com for 24 hours being bonderoted composts
some for sy hours, being bornforted, combosts
consequent Lang Franche found one of
carried of soil services I am I wantle
to de a form ordin ory Mound look
the same of the sa
Deponent makes application for the pension to which he is entitled for the year
ending October 20th, 1902. I have heretofore, under said law, as a resident of
county, occur anowed an invalid pension of
Dollars, for the year 1901.
Sword to and subscribed before me, this the day of 1902. Post-office
day of 1902. Post-office
Mr. S. Me Lorine, Ording
Norm.—State fully the nature of the wound or character of disease which causes the disability, and exploin particularly the extent of the disability resulting from the wound or disease.
STATE OF CHORDIA
STATE OF GEORGIA,
County.
I, the difference of the County, do certify that I am well acquainted with difference of the County,
do certify that I am well acquainted with J. E. Coost
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
Land of the Control o
Given under my official signature and seal, this
day of 2002.
Ani foul
Ordinary Come of bear County.
Nors.—Fill all blanks and of Company and Regiment. Nors.—All vouchers and affidavits must bear date after January 1, 1902.
LORNEY

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

1.10.000
STATE OF GEORGIA,
County.
Personally appears S. E. Cooll of Compbere
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 over size 1/2
day of
federate States (as of the States)
States, and served as a line State of the State of the Regiment of Volunteers, ("The Company of the Regiment of Itrigade; that whillst engaged
of Volunteers, Control is Hrigade: that whilst augusted
in such military service in the State of Par on the Say
of
Lead a control on the control
in dien of the state
on during on the
the walnut of over dicht of a series of
On a secure of part distore for on
builed I am a word worth to do
Builts of him to the to do
Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1903. I have heretofore, under said law, as a resident of
County have all all the
County, been allowed an invalid pension of Dollars, for the year 1902.
Sworn to and subscribed before me, this the
D. Sing come
Nors. State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA
Cam pare County
I. It Silve Land
( )
do certify that I am well acquainted with U. Co. Co-off
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
Given under my official signature and seal, this
day of 1903.

Affix your seal here

\_County.

# POWER OF ATTORNEY.

STATE OF GEORGIA, Court of Court of Court bere cof IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ S. 6. Cook (L8) Executed in presence of

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Complete Govern.

Corp.

hereby authorize

of. Complete Corp. 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 1 6 Gral 11.8.] Executed in the presence of

DISABLED IER'S PI

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.
•
County.
Personally appears S. E. Cook of Complete
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 lucy 184 %; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a drive to in Company E, of 27th Regiment
Volunteers Cocque & Brigade; that whilst engaged
in such military service in the State of , on the day
of the was wounded, injured or diseased as follows:
I was on a he wish in heavy brown ohome
for 24 hours, buy born footed. com.
hand sold mank him on June with
desired were to the for Ording
discose in fet him for arching
be amore lobor

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of \_ Dollars, for the year 1903

Sworn to and subscribed before me, this the

Norm.-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 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 und official signature and seal, this

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

STATE OF GEORGIA.

Course bleec county.

Personally appears & E. Cook of Compbeed

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 18 44; that he enlisted in the military service of the Con-) during the war between the federate States (or of the State of States, and served as a free ote in Company F , of 27 th Regiment Volunteers. 's Brigade; that whilst engaged in such military service in the State of of the c 184 / he was wounded, injured or diseased as follows: born for tid. I them controled a hour and counciling in Ducum on a loid disease to combot to un for b

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1995. I have heretofore, under said law, as a resident of au phil County, been allowed an invalid pension of \_Dollars, for the year 1904

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

Post-office let O err 1/4 R & V 1

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.

Today porce 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

County.

Nors -Filt all blanks and of Company and Regiment Nors - All vouchers and affidavits must bear date after January 1, 1906

# POWER OF ATTORNEY.

STATE OF GEORGIA,	)
Cour Steel COUNT	rv }
, S. & C.	roll
H. J. Cook	of Campbell Co 92
to receive and receipt for the pension	on paid hereon, and request that he remit same to
· ····	by Le au cl
. Lower	The same of the sa
IN WITNESS WHEREOF, I have	hereunto set my hand and seal, this / July
day of Jany 1906.	
ζ	S & Cook[L. s.]
Executed in the presence of	
1.7: le Love ?,.1	
	<del>-</del>

Regiment 27 in fa

County

Name

Disability of Groot

emissioner of Pension

JOHN W. LINDSEY.

WARRANT HANDED TO

11/60m

no halo

S. E. O 22 X

SOLDIER'S PENSION

DISABLED

1906.

FOR THOSE ALREADY EMPORIED.

Maryma

No. 57 3

## POWER OF ATTORNEY.

Ι,	2. 8.0	?ook	of_R_U		, hereby auth
24. 3	? Coop	4	of Roy	soll -	4 a
to receive			paid hereon, ar	d request th	at he remit say
at .	homa		by	- Cu	
	ITNESS WHERE	OF I have here	unto set my han	d and seal ti	124
			25. 6		
(	/		~, 0	C 7. 10	^
	Executed in pr	esence of			
. 0	11 Low	esence of			
mile					
mile					

# FOR THOSE ALREADY EMBLED NO. >6 & DISABLED SOLDIER'S PENSION

1907.

Disability A Let Comment of the Samuel Samue

WARRANT BANDED TO

GEO W BARRION, PEREPORTE, ATLASTA.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

LOW WILL DIOWNIO UPWEIGLAND WITHOUT HE MOIGHOW.
State of Georgia,
County.
Personally appears S. E. Cook of Count 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 17
day of 1844; that he enlisted in the military service of the Con-
federate States, (or of the State of) during the war between the
States, and served as a free of 27 th Regiment
of You Volunteers Coly with 's Brigade; that whilst engaged
in such military service in the State of the day, on the day
of Ne c 186 4, he was wounded, injured or diseased as follows:
I was an a morah during a knowy
serow a torus for 24 hours, born for tes.
from which I con how his a cond
nes al ling in Queen our cours my
Lung how ble from which I have suf.
fixed was some & from which I am
wow mederal wenter for any mound before
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1906. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1905.
Sworn to and subscribed before me, this the
Me day of Care 1906.  Post-Office Red Ook 9 a
Norm.—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, ordinary of said County
to 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
o be, and that he resides in this County.
Given under my official signature and seal, this
day of Jany 1908. Un Jonin
Alls   Ordinary Come & bell County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Compbell County.
_COUNTY.
Personally appears S. E. Cooll of County here
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 17 day of 1874. they be relied to the 17
that he entisted in the military service of the Com
States, and served as a free to the Company E, of 27 th Regiment
of Ya Volunteers of which the Regiment
in such military in the state of the state o
on the
of 186 4, he was wounded, injured or diseased as follows:
how on a bronch in a brong from a topu
for 24 hours, box footed, can to class a server cold ne ful ting in Presumaria
Ky consumer 2 2 to the contraction
Thus contracted ment from her, long discourt
for ordinary manual labor
The second second
Deponent makes application for the persons at 1.1
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore under said law
County, been allowed an invalid pension of
ending October 26th, 1997. 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 stall
day of day of 1907.
Fr. Luc Lorin, Ordy Postoffice Red Roll ya
Postoffice red total
Norm—State fully the nature of the wound or character of disease which causes the disability, and explain profitcularly the extent of the disability resulting from the wound or disease.
the would be displace.
State of Georgia,
Complete County. Ordinary of said County
1, Mr. 1, le County, Ordinary of said County,
do certify that I am well acquainted with S, E, Cooll
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by film in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal this
day of 1907.
Mr. G. le Care
ordinary Cours but County.
Notz.—Fill all blanks and of Company and Regiment. Notz.—All rouchers and affidavits must bear date after January 1st, 1037.
nuce bear date after January 1st, 1937.

J. W. LINDSEY,

27th Ga.

INP'Y.

Soldier's Application. UNDER ACT 1910. Confederate

# APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

# Questions for Applicants to Answer.

# STATE OF GEORGIA,

County.	
S. E. Cook, of said State and County, hereby applies	
for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions	
propounded, answers as follows, to wit:	
1. What is your name and where do you reside? (Give County and Post-office). S. E. Cook.	
In Campbell Co. Ga P. O. address: Riverdale, Ga. R. F. D.	
2. How long and since when have you been a continuous resident citizen of this State?	
6M years, or since my birth; July 17, 1844.	m.
3. Did you callst in the Army of the Confederate States or of the Organized Militia of this State	
from 1861 to 18657. In Army of the Confed. States.	
<ol><li>When and where, and in what Company and Regiment did you enlist? (Give the arm and class</li></ol>	
of Service) July 25, 1863 as in Fayatte Co. Ga. Co. "E"-27th Ga. Reg	Inf'y
5. How long did you remain in the school Milliary Beyon with and Company and Berimped.  (Give date of discharge) ARCHIVER WILD GOTT STATE WHEN THE STATE OF THE S	1465-
April 26, 1865, near Greensboro, N. C.	
7. Were you actually present with your Command when it was surrendered or discharged?X9.5	bir.
8. If you were not actually present, state specifically and clearly where you were	
a. Where was your Command when you left it? I never left it.	
The time to the second	
b. When did you leave the Command?	
c. For what cause did you leave?	
d. By whose authority did you leave?	
c. For how long was your leave granted? In what way?	
f. Why did you not return to your Command after leave expired?	
g. In what way were you prevented?	
h. What effort did you make to return?	
i. Were you captured during the war? No. S1r.	
j. If so, when, and where? In what prison were you held and when were you released?	-
9. What property of every description was owned, in the use, possession and control of yourself	
and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) None.	
2.52	
<ol> <li>What property of any kind have you or your wife disposed of and for what purpose since 4 Nov.,</li> </ol>	
1908. To whom and for what price? None.	
11. What property of any description of any kind and of any value are a second of a	
<ol> <li>What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list).</li> </ol>	
security to the security of th	
A. W.	
12. What annual or monthly income or earnings of yourself and wife and the source derived have	
you? None.	Ge .
13. Are you drawing a pension of any amount from this State or the United States? Xes \$50,000	from
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was	
not allowed? No Sir.	
Sworn to and subscribed before me, this the	
mah ( Trans	

.....Ordinary,

# QUESTIONS FOR WITNESS AS TO SERVICE.

Campbell County.	
W. S. Rwing	of said State and County is hereby presented
s a witness in support of the application of	S. E. Cook for the pension provided
	worn true answers to make to the questions propounded,
nswers as follows:	propounded,
1. What is your name and where do you	reside' W. S. Ewing In Campbell Co. Ge
2. How long and since when have you kno	
57 years, or since 1855, or befo	
	nen has he been a bona fide, continuing resident in this
	Co. Ga I have personally known him
since 1855, or before.	•
	Regiment did B. E. Cook enlist during
ar from 1861 to 1865? (Give date and place)	ia joined Co. "E- 27th Rag't Ga. Vol., ar 1863 this Service? I was a member of same Com
oans, and served with him from 1	863 to Apr. 26, 1865.
6. How long within your own personal kr	nowledge did he perform actual military service with
is Company and Regiment? (give date)OVOL	15 months, or from some time in 1863 endered or discharged (give date and place)
7. When and where was his Command surr	endered or discharged (give date and place)
pril 26, 1865, near Greensboro,	N. C.
8. Were you personally present at the Surre	nder? Yes Sir.
	u there?
10. Was the applicant personally present wi	th his Command at surrender? Yes Sir.
	ere?
12. When did he leave his Command? Nev	er left it. Where was his Command
	or what cause did he leave?
	and how
	How do you know
	nowledge (Tell clearly and specifically)
ome time in 1863 to Apr. 26, 181	sarved in same Company as did he from 55. ning to his Command?
14. What effort did he make to return to his C	ommand and how do you know?
15. Was applicant contured as a Ne	SIP K
	Sir. If so, when and where?and when released?
	and when released?
	no Ohio &
Sworn to and subscribed before me, this the	1 / W
14th Asy of Ogt. 191 2.	
W. S. W. Lopin	most !

# AFFIDAVIT OF TWO FREEHOLDERS

Campbell.	
County.	
Personally before me comes J.H.Allen & J.A.Vickery who	on oath
says that they are freeholders residing in said County and we know 8. E. Cook,	
the applicant for pension and we know the property that is now in the use, possession and control	of himself
and wife and of its cash value to wit: (Make List by items and value.) He ha no proper	
any kind	
1. What property, if any, has been sold or given away by the applicant or his wife since	e 4 Nov
19087 (State it fully by items.)None	
2. When and to whom was it sold or given to? . Raquires no answer.	
3. What was the price paid or stated to be paid?	
4. What relation is the party to applicant?	
5. What disposition was made of the proceeds of the sale? Requires no answer	r.
6. Was the disposition of this property made in good faith and full values?	
or was it made to obtain a pension? Requires no answer.	
Sworn to and subscribed before me, this the form of the subscribed before me, the subscribed before me, this the form of the subscribed before me, the subscribed	2
of	
ORDINARY'S CERTIFICATE.	
STATE OF GEORGIA,  County,  I. H. J. UL Zorea,  Ordinary of said County, certify tha	t I know
he applicant S. E. Cook for Pension is the person he represents himself to be and r	
aid County. That I also know the witness swearing the witness swearing	
ervice and bot Allen to & I be King who are trachalde	ne, that
hey are all residents of said County and were duly sworn by me before signing the foregoing affid	avit and
hey are all residents of said County and were duly sworn by me before signing the foresting affid hey are all truthful and trustworthy and their statements are entitled to by faith, and credit. I	hat the
they are all residents of said County and were duly sworn by me before signing the foregoing affild they are all truthful and trustworthy and their statements are entitled to full faith, and credit. The same of	
hey are all residents of said County and were duly sworn by me before signing the foregoing affld hey are all truthful and trustworthy and their statements are entitled to del faith and credit. To ax Results of Said Said Said Said Said Said Said Said	hat the

"You do solamnly awar that you will true answer make to each question asked you and the evidence shall be the whole truth; so help you God."

2. Additional affidavite may be attached if hink spaces are insufficient.

3. All affidavite must be made before the Ordinary and certified by him.

Sworn to and subscribed before me, this the 14th Any of Ogt. 1912. Ordinary, Campbell

County.

Cook SEN Campbell Co. 1923

Application for Pension Due Deceased Pensioner (UNDER ACT 1904)

(To pay expenses of last illness or funeral)

Example 2 W. S. McLarin, Ordinary For Sumplett S.E.Cook, deceased.

of Campbell Old or New Class? "Old"

Died Nov. 20th. 1922 Amount, \$ 100,00

Approved and ordered paid. Mu W. Carl 5-2 9- 1923.

JOHN W. CLARK, Commissioner of Pensions.

Ordinary: Fill out above in full and send Ordinary: Fill out above in full and sent this blank to Pension Office 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 Office with your receipted pay-rolls to be pemarnently filed with them. Do not keep this application is now office. in your office.

The waren Ordinary Court

NOTES 1. Before any questions are answared the Ordinary shall swear applicant and all witnesses in the following words
"You do selemnly swear that you will true answare make to each question asked you and the evidence you
shall give shall be the whole truth; so help you God".

2. Additional sindayins may be standed if blank spaces are insufficient.

3. All sindayins must be made before the Ordinary and certified by him.

4. If applicant has no property at all in his possession, use or control of self and wife, affidayins of freehelders
unnecessary.

Whis it to conting that I was a winder soul while in The ware in 194 pelle Guarance continued the morn which he down conduct to as with a mornie g'aon see williams of more long is not ling Middle and have been think cased her corners of the it light west Times of continued treating in

tate dataviels till 1871. He suffering

all The Time from The dame

# Application for Pension Due to a Deceased Pensioner

70	(Under the Act of	August 15, 1904)	w *
To Be Paid to the Ordin	nary for Funeral E	expenses and Expens	es of Last Illness.
GEORGIA Campbell	County		
Personally before me, the Ore	lmary of said Coun	ity, comes Y. A	. Brown, of Fulton
county, Ceorgia,			being sworn, on oath says
that he knew Mr. S. E. Co			ounty, and that said pensioner
was on the "Service"			County at the
time of death, which occurred in			County, in this
State, on the COth	day of Nove	ember,	192 2 , and that
. Pension of One Hundred	(100)	Do	llars was due pensioner and
repord at the time of pensioner's	death. That he b	fram widow anders	some expolation and surviving, and
over-tate of any value sufficient to			
or sweets statement fully and con-			
Swatte to and subscribed below	e me []		
Campbell	1923 . Ordinary	7 A.	Brown
Campbell	County	/'	
AFF	IDAVIT OF	ORDINARY	
Jukul Campbell	County		
S. McLarin,		ra- firm	ry of said tounty, descertify
Lat I personally know Y. A.		Craim	
of Fulton,	ol mrem u of on	material as the same	who is a resident
orb and credit	en because is of 2 f.	and trustwo	thy character, entitled to full
l also knew Mr. S. E. Co	nok		white a tree and a second
is the same person whose name a		90-11	while in life and that this
the same person whose name;	appears on the	201.0160	l'ension

Rand Cambell County, and was paid a Pension one Hundred (100) Dollars in said County for 1922 , and

I now believe said pen ioner to be dead.

leven under my hand and official seal, this 28th 1 SE M.1 Camubell

. 192 2.

Ordinary.

INSTRUCTIONS:

Is For use in all cases where personner their after January is this and to been out of Mate longer than twelve months, and the control of Mate longer than twelve months are these expenses. And most make wheth to my such expenses. The wholeve of a soldier, if she is living, has prior relain the control of the control for expenses of flat allows. In order to the control of the control for expenses of flat allows and expenses of function to make out their account to the flat through the control of t INSTRUCTIONS: the first three control of the contr

Course ( 13) lower lose of regard Swored to 4 Duck del place this the 2x of Mont 15.76 or's children, or children-in-law, must not sensus use the control of them.

of them. Pure Drugs, Chemicals, Purfumery, TOILET ARTICLES. ETC. Fairburn, Sa., S.E. Caak told ment Campbell Crunty 7 The time specified 1894. that the decreases Rengett & Bennally was Contracted whice Chine Pague one de in the dernice of 12/11 May in wath days the confederally during want fail is the the water wine & walled sto Freat Myseined hunum / saditions that The summe will be S.E. Cook, That he was a Luciald Mais apaiss Luftering home his right Time denil de .... I see of right want I . a lound silsonbed before the the stat do jef harch 1891 Ly dentey, daid didans Ra But Rav Calned S& Cook Januardetty & Exentials, weeles in Kentaning avacations of a Finne

Charles and go amount allorna is nough in for my thomas the Topping to the second of Array 15 1 de san per e An alice of the south su in a state of the first tel que concluse de la servicio del servicio del servicio de la servicio della se 4 To filian ' war a si si inga y read in your world his of the . he ; Allen of the properties of

1/04-20-22-

Bye For Yours Red of S.G. Cool Pilades Ba.

Holambary Cartel Co. Collage Part &c.

Carred John 125.00

Paha Johnson 125.00

White Change.

a. M. Halambary

Lary Carrier Co

Fairburn, Ga., March 2/ 1890 Georgia, Fulton County. Reserved of W. S. McLarin, Ordinary of Campbell county, Ga., the sum of One Bundred & no/100 (100) Dellars in part book was Exposed in by breams of not tring proppelly shoot, causing him to suffer payment of the above bill of funeral expenses incurred for Mr. S. E. Cook, a intimally in snow and sheet , It was heated deceased soldier possioner of Campbell co. a., - the same being paid as the Penin Comp by Dr Drain since the wondy Dro sion money due said deceased by the State of corgia, for the year 1927. This May 31, 1923. 2.6. Loda, Paul Faver Gnobley + others - and has producadok M.D Complained much of his time and water his Holamborn Craket Co brouble to that march assure of posine in The bring no Physician, o rely on the mis spelled testimony of their building as to his Condition Ga. and offers Consequent whow the exposure, j ... But is know he was present, Suffered much & has suffered nuch since, is now -1.1.7 not able to do himmel labor such is a Say with his af town a living & I Commot say with his af town what of cold and of in he star for a second he come do tolin & Buffington Swom to and subscribed before Heory of Co. E. John 16 Brooks No 20 gt &

State of Lungia & I. R. l. Beavers Ordinary of Said Campbell county county, do hereby certify that John II. Brooks who signature appears the within affidavit as NO. vor office J.D. is and was an acting Not Not and Exofficio Justice of the Roce in and for Land County duty commissioned and qualifield Given lender my hand and seal of office This March 21st 1890 R. C. Braver ) (G dunny 

4		
NAME, Cook, S. E. YEAR 1890 COUNTY Compbell		1.16, 28.
WHEN AND WHICH PORTY	i	
A September of the August A		1891.
RAIE. Private	~	Mainsed Soldiers.
COMPANY AND RESIMENTACO. E, 27th Regt. ga. Vols. Colquitt's Brigade.	Andited. 1891.	Voucher No.   S
NAME OF SAFFARING and POLONEL? Commissioned Officer J. J; Buffington	. COMPTROLLER OF SEA 1.	Amount & S. Co. Cork
NOUNCED? October 18th. 1864. his command was out during the heavy snyw in Virginia, contraced cold which settled in right side.		for direcy desides
ರುಚಿತ್ರಗಳು, ಪ್ರಾಕ್ಷ್ಣ ನಿರ್ವಹಿಸ		Deely y ison
NELEASEP.		
ALSO III DEL CLESIO		Included in warrant No. issued to Treasurer.
IF Data like of all talk forth, which was a fact		1891
Tile, died ATP delie?		WARRANT (LERK
MWICD.		ties. W. Harrison, State Printer, Atlanta.
WINLESEC. J. J. Buffington No data.		Chier.

	- 111
4.	
1891. No. 10 K	
STATE OF GEORGIA.  EXECUTIVE DEPARTMENT.  Allanda, Sa. Islay 1') 1891.	
Mr. S. E., Courty of Courty having filed his application in the Executive	
of Course & CC 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, 1885 and Nov. 11, 1886, and the same having been examined and allowed for He is entitled to receive the sum of Dollars for such disability, the same being the trowsate Aug. or the year ending October 24, 1861	
He is entitled to receive the som of (3 )	
for such disability, the same being the movascoductor three ear ending October 24, 1891	
The Treasurer will pay the same and the his receipt of this voucher and return same to	
Executive Department for warrant.	
By the Governor	
Dr. M. Manisco. Ser's Enfortive Decarment	;
· ·	

Dollars,

NAME - Took, S. E. YEAR 1913 COUNTY Campbell	
WHEN AND WHERE BORN? A resident of Georgia since birth July 17,1844. (68 yrs.)	10 % Comprised Co
ENLISTED WHEN AND WHERE? July 25, 1863 in Fayette Co., Ca.	Naimed Soldiers.
-RANK)	Vender N. 2663
COMPANY AND REGIMENT? Company E. 27th Georgia Regiment Inf.	Audited 18 America & 50
NAME OF CAPTAIN AND COLONEL?	Paid to & Clock  For Wester by  Resease
WOUNDED?	Acreace . (A pril 2 1890)
CAPTURED, WHEN AND WHERE?	21 pm 2 1890
RELEASED:	
WHEN AND WHERE SURRENDERED? Greensboro, N.C. April 26,1865.	Institute is a secondary No. 15 med at 5 mediater.
IF NOT PRESENT AT SURRENDER, WHERE YOU'S	
DIED, WHEN AND WYERE?	WARRANTOTEK

No data.

BURI LD:

SB.

WITNESSES:

H. S. Ewing -

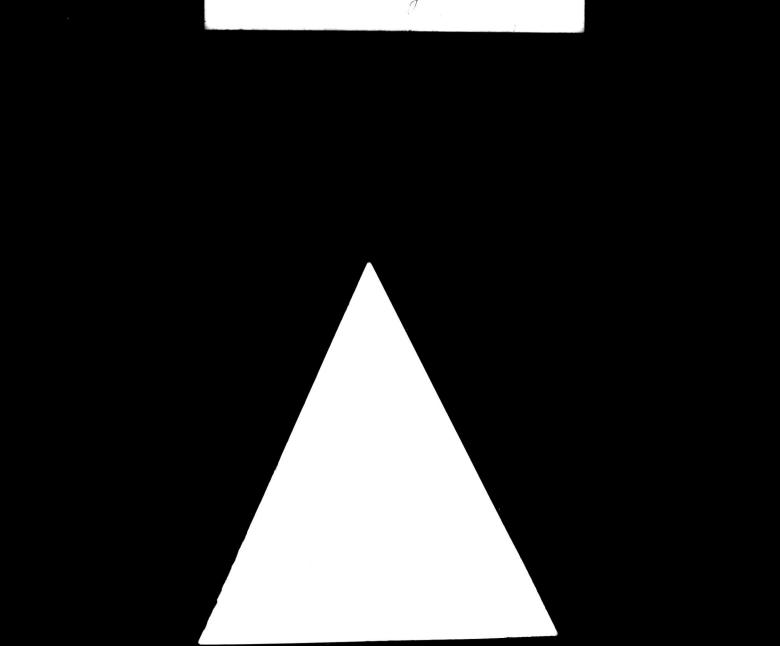
Mr. & Clark  of County of Countybell  having filed his application in the Executive	~
of Compbell having filed his application in the Executive	
Department for an allowance under the Act approved October 24, 1887, as amended by Act.	
approved. Dec 24, 1888, and the same having been examined and allowed for	
Desables by Deserve	
He is entitled to receive the sum of He if his Dollars	
for such disability, the same being the allowance due for the year ending October 24, 1890	
The Treasurer will pay the same and hold his receipt on this voncher, and return same	
By the Governor,  CLERK ENFOLTIVE DEPARTMENT.	
, UD,	
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,	
delli . Dollars.	
per above voucher, this a of april 1870	
J. D. Wodd	

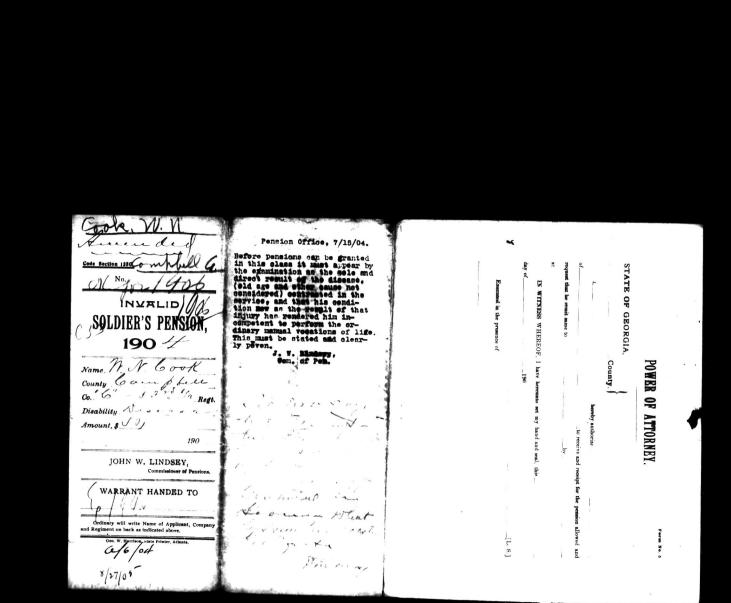
No. 2663

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Allanta, Ban April 2 1890





# POWER OF ATTORNEY

#### STATE OF GEORGIA

County.

hereby authorize

to receive and receipt for the pension allowed and

request that he remit same to

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

day of\_

[L. S.]

Executed in the presence of

LINDSEY HANDED ×. JOHN

# AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA.

County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County H. A Lock bas

personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say under oath, that they are personally and well acquainted with M. A. Cooll

whose application is herewith presented for a pension, that he has resided in this State continuously since the

18 4 J , that he served in Company 6 5- 3 25 Regiment of 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 taken or can do any, state what )

He was coplicated while we Confederate services during the bash fort of the year 1868 in the Make of Journe was correct by the testerols to Privace at Rose 1 Sucand where her look The Souver fox which discourse sended in him forth coursing lime to obmook interes Lose the use of his book and the fremaling live from doing any mound labor I any consequence Sout disease woo looking while in Cora fe 5 perones and how of feels live rough time a the from and want one croscoul of denis chancemen And Concertantlas lie is proclimate, begin moderity 4, i sometimes, woode to perform ordinary house

Was be with it to the word of the word of the word of the with the word of the

If not, where was he de I . de rol Priore

Where were you all I was in four Prison of Rock del, as were the of percant

surprise of in Arian in Company How do you know the facts you state to be time? V and was correct with opposional to some Orison

Applicant is permanently disabled as stated and has been so to our certain knowledge over since 18 6 4

Sworn to and subscribed before me, this turit late dragen 58 9 Migh.

there of lethylle it are unlines & a love to period to period for period preparability and his I talement on worth of full one bet and bely, and that the feel living the afficient of his before he region the said and understood of him before he region the said with the said of the sai

Ordinary Feller

May 2 7 12 1914.

County.

PRIBONALLY comes before me Mr. Su Mc Larin Ordinary of said County, GO, They had and Hadany sono MA both known to as reputable physicians and Cognity, who being severally sworn, say on coath, that they have carefully examined I'M, Cool examined IN 60010 fand after such perceptil examination, say that the present conditions of applicant is as follows. Im Oobth, Nas Kaid au abscress in the Lunchin region,

following he says an attack of I small ha while in prison le. There has him considerable delinicain of the muscular liesur and the muscle

and that such condition is permanent. Said condition arises from the following facts

We have treated applicant professionally for

we rendered worate.

\_ years, and his condition, as above stated.

Chy I Kand Sworn to and subscribed before me, this 20 th day of Lel ory 190 41

STATE OF GEORGIA. Course bell county.

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are

resches a this County and has been a bona file resident since the I was gride that the witnesses to wil It A God by C. B Floyd 14 A and I I was to be a surface to a court or a great and to a proportion to their statements are worthy at fall and before any or the application of the analysis of the statement of the application of the statement of the statemen

Given under my official signature and seal, this 20 day of May I Sui Lorin Ordinary Care plece County

All amending proofs must be executed with the same formality as original proofs, and the Ordinary

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN

STATE OF GEORGIA.

PRIBONALLY APPEARS H. J. Cooll of said Come place

County, State of Georgia, who being duly sworn, says on oath that he was born on the 18 3/ , that he is a bona fide citizen and resident of Georgia, and has been

\_day of Oe / in the military service of the Confederate States (or the State of

188 Z during the war between the States, and served in Company

Simo' Brigade, and was honorably discharged on the ...

; that whilst engaged in such military service, and in line of duty in the State of Illinous, on she obout day of the by or luck 188 # he was disabled or wounded as follows: I come too to I See nee por while in

Privare at "Rock Island" See (hoving bene copter on S which in Confederate service at Fort Sound are Jen

on lov 29, 1963), and sond denon field 5 in the unocho ymy book conoung sommy some

and my viring soil arms to be ofered my whorly for mostly two years, and the muscles y my

book personed or in some way be came work and olin out walles this offlection los from this

un vous since I took the Survey ox in 1860 in Federal Prison and word, an oreand

y found drawou so contracted I am fractionery and from armedy 4 resentances unode to do any windered

Where was command surrendered? A on I Know - I was in pricon Was applicant present, to Sir

was he? In Federal Prison How come there? Cophers by your Kees

And by whome nuthority? State fully I was Coplingers by youll 5 or oboon atolas

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, 140 -Sworp to and subscribed before me, this the

20 " day of 11100

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

# = fun dun h =

STATE OF GEORGIA.

County.

PERSONALLY comes before me \_ W. S. he Larui, Ordinary of said County,

C.B. Ploy Mand At Carry woo and County, who, wing severally sworn, buy on oath, that they have carefully

examined W. N. 6 roll and after such personal examination, say that the present

condition of applicant is as follows: There has been considerable destruction of the much cular traser

in the lumbar region, and the sour Cles are rendered weall. We consider

him un able to perform manual labor and is Thereto in unalle to lare aliving

at his vocation, that of Farming, and that such condition is permanent. Said condition arises from the following facts:

Ne days, he had somewhat lookiling prison, and it Carried him to have an wholes in the lumber region, which in our opinion producted the above Constition

We have treated applicant professionally for years, and his condition, as above stated.

UBFRAY Mi Sworn to and subscribed before me, this Is Langino me O

25 play of Aug 190 5 1. M.B. U - Loren

Note: 1. State fails the physical condition and expecting the extent of daubitity. If daubitity results from wound or yet state is because therefore and primate condition. If your daman, give the tortion and character, and its causes or to as understood by refliance.

NOTE x — The physicanes will be careful to fill every blank space in oath.

STATE OF GEORGIA.

Court Sile Loring

do certify that I am well acquainted with . T. A. Coofe. 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

Take gettir, that the witnesses, to wit: M. A. Holdber C. D. Lloy of UL S.

and Lodowy wo le Nare persons of respectability, that their statements are worthy of full credit and beliet, and that the full text of the afidavit was read to and understood by them before they signed

Given under my official signature and seal, this 21 day of Mr. & Me Lonin

Ordinary Com four County.

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

# PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA. County.

PRESCRALLY compare before me. W. S. M. CAULLE. Ordinary of said County.

(13. H. Joyd M.N., and J. J. J. J. L. M. Both known to me as reputable physicians of said County, who, begg severally sworn, say on oath, that they have carefully

examined W. N., Cooll and after such personal examination, say that the present condition of applicant is as follows: There has been Competerate destruction of the nucleilar teesen furthe Luntear region and the

Muscles are produced weath furface. Viament Salian

and that such condition is permanent. Said condition arises from the following facts:

H. Roys. H- had small for while in Prixare, and it coursed him to have any abscess in the lumban region We have treated applicant professionally for years, and his condition, as above stated.

doce\_ 71 ... arise from hereditary or congenital causes; or from vicious Sworn to and subsgribed before me, this ) CAFROND M It the Source Is Longino m. No.

NOTE 1 - State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as underby affants Notz 2.—The physicians will be careful to fill every blank space in oath.

# POWER OF ATTORNEY.

STATE OF GEORGIA,	POWER OF ATTORNEY.
17 July Sories of Land hereby authorise	STATE OF GEORGIA, COUNTY.
to receive and receipt for the pension paid hereon, and request that he remit same to	Mr. 8, un Comme of Land authorise
IN WITHESS WHEREOF, I have hereunto set my hand and seal, this day of 1908.  1908.  Executed in the presence of	at. LOWIENERS WHEREOF, I have hereunto set my hand and seal, this
Executed in the presence of	Executed in presence of
Coas Section 1200  No. 5.2  DISABLED  SOLDIER'S PENSION  1906.  County County County Disability Amount, \$  JAN 24 1906.  JAN 24	SOLDIER'S PENSION  SOLDIER'S PENSION  1907.  Same from a sum of trained.  WARRANT HANDED TO  Com a Barmon strategiers attained.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Nors.—Fill all blanks and of Company and Regiment.
Nors.—All voushers and affidavits must bear date after January 1st, 1909.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.	FOR APPLICANTS HERETOFORE ALLOWED PENSIONS
State of Coords	State of Georgia,
State of Georgia,	Campbell County
Coanty.	Personally appears Ir. 1. 10 worth of Come sheet
Personally appears It A Good of Complete	
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
the Land to entire d in the military service of the Con-	that he emission in the military service of the Con-
believe Minten, (or of the Minte of	federate States (or of the State of ) during the war between the states, and served as a first in Company of the Regiment
States, and served as a In Company in Regiment	Volunteers The Strive of the White ground
of You Volunteers Chino 's Brigade; that whilst engaged	of Volunteers The largade; that whilst engaged in such military service in the State of the Will, on the day
in such military service in the State of dec. on the day	of 1864, he was wounded, injured or diseased as follows:
I took Survey fox, some deeles in the	I look hence for while in our fed water
Illing of sees book; it how how bligh	service, soil disease secul in my house
la fine, one of ware course -	injuring the unoch your holde
" your of clay to day your fun-	refreting my 16 days - Some wo nowher
I have been did new outlier by the	me and purisand how on you found
1 de la secreta la la fet topica organi	I am me fit for around by lutamore
very le house & ofer &	lodor
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 26th, 1906. I have heretofore, under said law, as a resident of	ending October 20th, 1987. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of	County, been allowed an invalid pension of Dollars, for the year 1906.
Dollars, for the year 1906	Sworn to and subspribed before me, this the
Sworn to and subscribed before me, this the	day of 1907.
Dost-Office A. J. Committee Post-Office A. J. Committee Po	The Me forme Fre Postoffice Cad Cale
Norm-State fully the mature of the wood or character of disease which exuses the disability, and explain particularly the extent of the disability resulting from the wound or disease.	Nora—State fully the nature of the wound or character of disease which causes the disability, and explain positivals by the extent of the disability resulting from the wound or disease.
State of Georgia,	State of Georgia,
Care pose County.	Tour ober County.
1 /2 Sice for a Ordinary of said County	The I'm County. I
do certify that I am well acquainted with M. A. Cooff	no 1 Country of said Country,
do certify that I am well acquainted with 22.1 C.7. the applicant in the foregoing affidavit, and am well satisfied that the statements made	do certify that I am well acquainted with 74, 74
the applicant in the foregoing amount, and am were satisfied that the satisfied by him in his said affidavit are true, and I know he is the individual he represents himself	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.
to be, and that he resides in this County.  Given under 199 official signature and seal, this	Given under proy official signature and seal this
day of Jacq - 2 1906.	day of 1907.
of the form	Mr. i. le donn
Ordinary Commy County	Ordinary Jan of the County.
here	NoteFill all blanks and of Company and Regiment.

Nots.—Fill all blanks and of Company and Regiment. Nots.—All youthers and affidavits must bear date after January 1st, 1957.

# CERTIFICATE OF ORDINARY

		AID U	r Older	INAIL	
	STATE OF GEORGIA, Campbe-11	c	ounty.		
¥	I, W. S. McLarin,	<b>-</b>	,	Ordinary of said Count	y, do certify
	that I personally know Mrs. Luci	nda Coök	<b>.</b>	, the applicant,	and that she
	is the lawful widow of W. N. Co	ok	commence of the		who was on
	the Pension Roll of said. Campbe-	11		County, s	and was paid
	a Pension from Campbel!			County for 192 7 , and	
۵,	of his death on the 3rd day of	May,		192 8 ther	e was due to
	him and unpaid his Pension of \$15	0.00 for	2n, 5rd,	, & 4th/ Dollars fro	om the State
	of Georgia, and I know H. C. Dod	son,			, the within
	witness, and he is of a truthful and trus	tworthy cha	racter and er	ntitled to full credit.	
	Given under my hand and seal this	14th of	May,		, 192 B.
	(Seal of Ordinary)		1 11	Mi Jaine,	
			17 1,1	Comme,	, Ordinary
			Campbell	1	, County
					•••
	<u>                                    </u>			र्ग विज	AWA II
1928	Due		32.8	261 Series	4 4 5 7
13	.5 %		Widow of W. N. Cook. Date of Marriage March 2, 1882. Institute of Death May 3rd.	and ordered paid. (-)  CHALK. 19  JOHN W. CLARK. Commissioner of Pens out above in full and	la fore
ER	I 92 B. L. L I 92 B. E. L. L ication for Pension Deceased Soldier (UNDER ACT 1891) (To be paid to his Widow)		∞.	Approved and ordered paid.  "Unformation of the Control of the Con	Depa 2
QUARTER	Sol Pe	,	ok.	rder rder	on Depa ay out the your part of the your
	192 a. L ion for Pens seeased Soldii when and to his wise	BY Lucinda Cook,	Widow of W. N. Cook.  Date of Marriage March Date of Death May 3rd.	S S S S S S S S S S S S S S S S S S S	
SECOND	On On NOE NOE Paris	ى و	N. N.	E S S S S S S S S S S S S S S S S S S S	Pensi the the
3EC	P E E	1nd	irria	5 2 Pe	3 5 2 3
0,2	plic I	Luc	w of Warria	4 9 % V.	Paris Peris
K.	0 5	Mrs	Widow Date o	\$ 5 E	bhis bla broval   ben re nament
		×	* 4 4	211 6.	BESE
	Georgia, ) To All v	Vhom 1+ M	ay Conce		
C					
h	ereby certify that the recor	de to the	in, orai	nary of said co	unty, do
A.	ereby certafy that the record	de in th	ls offic	e show that wm.	N. Cook,
ית	nd Miss Lucinda Barkwell wer odson, M. G.	e marrie	d on Mar	ch 2, 1882, by I	Rev. H.C.
٧.	tness my hand and seal of o	ffice, t	his May	14, 1928.	
		2	r. S. M	Loria,	ordinary,
			nhell cou		

Campbell county, Georgia.

Coole, W.N

# Application for Pension Due Deceased Soldier

(To Be Paid to His Widow)

(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, Campbell ----- County.

Personally before me, the Ordinary of said County, comes Mrs. Mrs. Lucanda Cook of said County, who after being duly sworn, on oath says that she is the widow of W. N. Cook, late of said county, deceased,

and that said Pensioner was on the Pension Roll of Campbell ----County and was paid a Pension of \*\*\* TRANSASSA Fift-y (\$5 0.00) (FREEXES) Dollars

from said County for 1st Quarter, 192 9 ..., and that the said Pensioner died in Osmpbell County on the 3rd day of May,

Applicant further swears that she married the said W. N. Cook on the 2nd day of March, 18 82 in Campbell

County and , and resided with him from the date of marriage to his death as his

lawful wife, and is now his dependent widow, and she asks that the Qr. Pension, 192 8, due and unpaid be paid to her. , 192

Swarp to gnd subjectibed before me this 14th day of May,

ANNIEL For Law Cordinary | Lucindux & Cavott (L. S.)

Campbell ----(Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA. Campbell County

Personally before me comes II. C. Dodson on oath says that he knew ... N. Cook while in life and that he knows Mrs. Mrs. Lucinda Cook,

above applicant; and knows that the said ". N. Cook and Mrs. Lucinda Cook were in due form of law married in the County

of Campbell in the State of Georgia, the 2nd day of March , 18 82 , and that they were residing

together as husband and wife at the time of his death on the. 3rd . 19 28, and that she is his dependent widow.

Sworp/to and subscribed before me this 14th day of ..... Ma, Ul Love, Ordinary Campbell

., County (Seal of Ordinary)

INSTRUCTIONS.

ist. Proof of marriage must be made.

The De not use the entermously large form of marriage certificate in common voque throughout the State, suitable only for framing.

The De not use the entermously large form of marriage certificate in common voque throughout the State, suitable only for framing mes is the proper thing.

The Confidence of the proper thing, the solidy for as in any pension application. A plain certificate written on the back of the copy of marriage for the proper thing, the solidy form of the proper thing, the solidy form of the copy of the copy

#### CERTIFICATE OF ORDINARY

I, that I pe is the law the Pensi a Pension	w. S. rsonally ful wide on Roll of	MoLari know Mr w of " of said Two Run	mpbell n, a. Luci . N. Co Campbel dred day of	nda (	Cook		*	ounty f	Cou	nty, and	that showas columns was paid the time	ne on id
of Georgia	a, and I	know R	of One  • v · H ·  ful and trund and the	C. Do	thy ch	n,			to full cre	dit.		In
(Se	al of Ord	(Inary)				C.	mpbel	uc 1	for.		Ord par	
CAMPBELL , County	192 в.	Application for Pension Due Deceased Soldier	(UNDER ACT 1891) (To be paid to his Widow)	ВҮ	Mrs. Lucinda Cook,	Widow of #. N. Cook, deceased,	Date of Marriage March 2, 1862.  Date of Death May 3, 192 8	Approved and ordered paid.	olu W. Clark 192 8	Ordinary: Fill out above in full and send this blank to Pension Department for ap-	proven a neture you pay out use money, and then return it with your pay-rolls for per- nament filing in the Pension Department.	

Campbell county, Georgia. mon Line

Coole. W. N

Witness my hand and seel of office, this July 18, 1988. Georgia, Campbell County.

I. W. S. Molarin, Ordinary of said county, do hareby certify that the marriage records in this effice show that Wm. N. Gook and Miss Instinger records in this effice show that Wm. N. Gook and Miss Instinger records in this married on March S. 1868, by H. C. Dedson,

## CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Campbell County	y.
I, W. S. McLarin,	Ordinary of said County do certif
that I personally know Mrs. Lucinda Cook,	
W N Cook	, who was o
the Pension Roll of said Campbell	County, and was pai
a Pension from Campbell	County for 192 7 , and at the tim
of his death on the 32d day of May.	192 8 , there was due t
him and unpaid his Pension of \$150.00	Dollars from the Stat
of Georgia, and I know Row. H. C. Dodson,	, the within
witness, and he is of a truthful and trustworthy charac	ter and entitled to full credit.
Given under my hand and seal this 12th of	October, 192 8
(Beal of Ordinary)	r Nill Loren , Ordinar
Can	npbell , Count
<b>~</b>	

TAPLE 3. FCURTE Cook

192 CAMPBELL

Application for Pension Due Deceased Soldier

(To be paid to his Widow)

(UNDER ACT 1891)

March 2, 1882. W. N. Cook Cook, Lucinda Widow of

of Marriage

Date

3, 1928. 192 Approved and ordered paid 13 May 13 of Death

Ordinary: Fill out above in full and stris blank to Pension Department for proval before you pay out the money, then return it with your pay-rolls for manent filing in the Pension Department JOHN W. CLARK, Commissioner

Campbell county, deorgia.

ordinary,

and Miss Lighting Barkwall were duly joined in matrimony on the End and Miss Lighting on the Snd day of Meroh, 1888, by the C. Dodson, M. G.
Witnessemy hand and seal of office, bils oot, 18, 1988.

Witnessemy hand and seal of office, bils oot, 18, 1988. Georgia, Campbell County.
I certify that the records in this office show that wm. N. Cook,

# CERTIFICATE OF ORDINARY

(			4.	1		
Approved and ordered paid.  Approved Box. CLARK.  JOHN W. CLARK.  Ordinary: Fill out above in full and send this blank to Pension Department for approval before you pay out the measey, and then return it with your par-gells for per-manner filing in the Pension Department.	Mrs. Lucinda Cook, Widow of A. N. Cook, deceased, Date of Marriage March 2, 1862.	ВУ	(To be paid to his Widow)	Application for Pension Due Deceased Soldier (UNDER ACT 1891)	192 .	TEIRD QUARTE 1928  CAMPBELL County
ordinas	dure o				ibīO lo ſa	) (26
8 261 , LUL	Jo 772	81	นา เธอร	bna bnad y		
and entitled to full credit.	4.					
the with		attraction of the				
		C. Do				igroso to
aub aaw eredt , 6 981	ALLE A De	t form				
County for the tin		. veM		b bas		
Logonity, and was pa		T	mppe j	D blas or		the Penalon
saw odw ,		700	DO .N	· M Jo	wobiw lub	wal edt ai
em setistied.	, ¥00	O abr	Loni	· sam wou	rsonally	eq I tadt
Ordinary of said County, do certi				MoLarin,	.8 .W	· 'I
	County.			CIA, Gamp		STATE

Georgia, Campbell County.

I, W. S. McLarin, Ordinary of said county, do hereby certify that the marriage records in this effice show that Wm. N. Gook and Miss LucindaBarkwell wase duly married on March 2, 1862, by H. G. Dedson,

Cook.

۶

witness my hand and seal of office, this July 18, 1928.

W. J. W. Farmer
Compbell county, Georgia.

Georgia, Campbell County.

I certify that the records in this office show that wm. N. Cook, and Miss Lucinda Barkwell were duly joined in matrimony on the 2nd day of March, 1882, by H. C. Dedson, M. G. Witnessmy hand and seal of office, this Oct. 12, 1928.

Cook

1918

Campbell county, Georgia.

Application for Pen Approved and ord (To be paid to his Window) Deceased Sold (UNDER ACT 1891) 192 May S, N. Cool JOHN W. CLARK, County, Osmpbell (Seal of Ordinary) . 8 261 , Given under my hand and seal this 18th 10 totober, witness, and he is of a truthful and trustworthy character and entitled to full credit. of Georgia, and I know Rev. H. C. Dodson, Dollars from the State OO.OGIS to noisned aid biagau bas mid of oub anw eredt , 8 get of his death on the bad day of County for 192 7, and at the time Liedqme unort nolaned a - - - - LiedqmaD blas to lioR noises of is the lawful widow of ". N. Cook, am satisfied that she the applicant, and that she that I personally know Mrs . Lucinda Cook,

Ordinary of said County, do certify I, W. S. MoLarin, STATE OF GEORGIA, Campbell

CERTIFICATE OF ORDINARY

# Application for Pension Due Deceased Soldier

(To Be Paid to His Widow) (UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, Campbell County,
Personally before me, the Ordinary of said County, comes Mrs. Lucinda Ceck,
of said County, who after being duly sworn, on oath says that she is the widow of W. N. Cook, a deceased Pensioner, labe of said county,
and that said Pensioner was on the Pension Roll of Campbell County
and was paid a Pension of Fifty (\$ 50.00 ) Dellare
from said County for Quarter, 192 8, and that the said Pensioner died in Campbell
County on the 3rd day of May, 192 8
Applicant further swears that she married the said W. N. Cook
on the 2nd day of March, , 1882, in Campbell County and
State of Ga. , and resided with him from the date of marriage to his death as his
lawful wife, and is now his dependent widow, and she asks that the 3rd Qr. Pension, 192
Sworn to and subscribed before me this 19 day of July 192 F
Sworn to and subscribed before me this / 9 " day of July 192 7  M. S.W. Torus Ordinary Campbell County (Seal of Ordinary)  Campbell County
AFFIDAVIT OF WITNESS STATE OF GEORGIA, Campbell County.
H C2 Dodson
on oath flave that he know W. N. Cook
and that he knows Mrs. Lucinda Cook
above applicant; and knows that the said W. N. Cook
. Was TandadaCash
were in due form of law married in the County
of Campbell in the State of Georgia,  the Snd day of March, 18 / and that they were residing
together as husband and wife at the time of his death on the series of May,  19 28, and that she is his dependent, widow.
New York Ordinary Campbell (Seal of Ordinary)
(Seal of Ordinary)
INSTRUCTIONS;

# Application for Pension Due Deceased Soldier

(To Be Paid to His Widow) (UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, Campbell County.
Personally before me, the Ordinary of said County, comes Mrs. Lucinda Cook,
of said County, who after being duly sworn, on oath says that she is the widow of
W. N. Cook
and that said Pensioner was on the Pension Ball of Comphell
and was paid a Pension of fifty (\$ 50.00 ) Dollar
from said County for 1st Quarter, 192 8, and that the said Pensioner died in Campbel
County or 1) 3md
Applicant further swears that she married the said W. N. Cook
on the 2nd day of March, 1882 in Campbell County an
State of Ga. , and resided with him from the date of marriage to his death as hi
lawful wife, and is now his dependent widow, and she asks that the 4th Qr. Pension, 192
due and unpaid be paid to her.
Sworn to and subscribed before me this 12th day of October,
Molleton Ordinary Lucindax Cooth
Campbell (Seal of Ordinary), County (L. S.
(Seal of Ordinary)
AFFIDAVIT OF WITNESS
STATE OF GEORGIA, Campbell County.
Personally before me comes / H. C. Dodg on
on ooth coun that he know W. N. Gook
and that he knows Mrs. Lucinda Cook
above applicant; and knows that the said W. N. Cook
were in due form of law married in the Count
of CAMPBELL in the State of Georgia by affiant,
the day of maron , 18 82 4 and that they were residin
together as husband and wife at the time of his death on the 3rd day of
May, 19 28, and that she is his dependent widow.
Sworn to and subscribed before me this 12th day of October, 192
Fralling Ordinary N. R. Dodson
Campbell (Seal of Ordinary)
INSTRUCTIONS.

(Seal of Ordinary)

#### INSTRUCTIONS

The first of marriage must be made.

The proof of marriage must be made.

The most of marriage must be made to marriage agrillariate in compoun recogn throughout the diagno, edicible only the marriage in the proof of the proof

...., County

(Seal of Ordinary)

Therefore marriage must be made.

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The proof of marriage entities and the marriage marriage must be made on the marriage materials.

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The proof of marriage must be made on the marriage materials and the marriage materials.

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The marriage materials are properties and the materials are properties.

The marriage materials are properties and the materials are properties.

The marriage materials are

STATE OF GEORGIA ATTORNEY

# INDIGENT PENSION. 1908.

Name N. S. Cooper

Approved .....

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.

0 16 03

# POWER OF ATTORNEY.

STATE OF G		l		
	County.	S		
L.			and the second second second	hereby authorize
		of		
to receive and receip	for the pension allowed and rec	quest that he remit san	by	
	and and seal, this	dny of	.,	_190A.
(		1,		(1. H.)
Executed in th	e presence of			

#### **OUESTIONS FOR APPLICANT**

QUESTIONS FOR ATTERANT.
STATE OF GEORGIA.
Campbell
County State and County, desiring
A COOR A
to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn
true answers to make to the following questions, deposes and answers as follows:
1. What is your name and where do you reside? (give State, County and post-office)
What is your name and where do you reside? (give State, County and post-office)
2. How long and since when have you been a resident of this State? 12 6 / 10 / 4 / 4 / 4
ferile, Survey 16. 1847
3. When and where were you born? for y & G. 1847
4. When and where and in what company and regiment did you enlist or serve?
Mech 1864 we Claylow Co da Co. 1 1/21/2
Y 1
, , , , , ,
5. How long did you remain to such company and regiment? " 6 17 (1)
plant der J. Ship were let the post on chall
6. When and where was your company and regiment surrendered and discharged?
positionaly ou I woo not freated being off
ore leave dobserve
the state of the s
7. Were you present with your company and regiment when it was surrendered?
8. If not present, state specifically and clearly where you were, when you left your command for what saves
and by whose authority?
Comment 1000 18, 1864 by accessor by y only Caplain of Death Cl.
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 penalon, viz : first, " age and poverty,"
second, "infirmity and poverty," or third, "blindness and poverty"?
12. If upon the first ground, state how long you have been in such condition that you could not earn your
support? If upon the second, give a full and complete history of the infirmity and its extent? It upon the third
state whether you are totally billed and when and where you lost your sight? It were It or he deare
Then be core a despoort for thought y core I want
11.
Midney If wat your nous houtle 4. d. , and himan
are of area the Brigger a areal of the say arelay grant and it from he
El What property, real and personal, or income, do you pushess and the gross value?
to property we be title HAIR fragietiers notice thank
<ol> <li>What property, real of personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and</li> </ol>
1902, and what disposition, if any, by sale or gift, have you range of same ? O bout Little do care
average a little of the fugue time and
hove forme wand obout 1 2500 worth
15. In what County did you reside during those years, and what property did you then return for taxation?
See day it of Conference con the of tout 15 to in Foyute
16. How were you supported during the years 1899, 1900, 1901 and 1902? Gy y
worthing a Porton like
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? \$600 - 1970 = country to the thirt stouch /1 by cost to uny form
your own labor or income:
18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
was not relie to war flow there but track to court for my obed rea = len buy
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? I have to force the
level very the later towning we ormed and day
un for hoping ben divid 18 years
20. Are you receiving any pension? If so, what amount and for what disability? W.O. &
21
21. Have you ever made an application for pension before?

NDIGENT PENSION 1903.

Name H. S. 600

JOHN W. LINDSEY,

WARRANT HANDED TO

1903.

Ocionery villy write Mones of Applicant, Company

Bugginess on back as indexed above.

was R. Barrines, Base France, Albana.

Sworn to and superibed before me this the day of 1903.

22. How many applications have you ever made and under what class?

of H. of Ct. reface

1000

County.

#### AFFIDAVIT OF PHYSICIANS

STATE OF GEORGIA,	
County.	
Personally came before me J. 7. 7	upon mit
25 Kongrus MK	and both known to me as reputable physicians
of said County, who, being severally sworn, say on oal	
a) ( / / /	
	, applicant for pension under Section 1254, Code, and after
such personal examination say that his precise physical	
my confin sulpers it is	The filling of probate.
Calini, to transle	in water lang aftern.
	leving the heart frenching
	and house very think
Which the distant of the trade	fire the property was the say
and that we have no interest in said pension being allot	F. J. onsigner or
Sworn to and subscribed before me, this the	1 JX any mo mix
day of 2 1903	2 1 4
	Ordinary
ODDINADVIC	CERTIFICATE
ORDINAR I S	CERTIFICATE.
STATE OF GEORGIA,	
Course force County.	
. " " " ( " A A	Ordinary, in and for said County, hereby certify
that the applicant . V Cook	• .4 resides in said County, and has
been a bone fide resident of this Minte singe the	day of and 180 %
ned that the witnesses, viz.	· golan
and that the witherest vir. I come y	etica U.A.
are of trustworthy character and that their statements i	
I buther certify that before answering the foreg	oing questions the applicant and each witness took the oath
	was read to the applicant and witness before same was signed.
I further certify that the tax digest of	County show that applicant
returned for taxation in his name in 1899	2. co Dollars of
property, and in 1900	Dollars of property, in 1901
The Printy and the Santa	Dollars of property, in 1901
	Dollars of property
In my opinion the foregoing claim is	made in good faith.
Witness my hand and seal of office, this	1 cu I
72 . /	day of 22-1903
	Ordinary,
	of County.

# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
COUNTY.
As a witness in support of the application of the special design o
as a witness in suppost of the application of the first of the specific of the
and the following questions, deposes and
1. What is your name and where do you reside? Hit dangelow. It
2. Are you acquainted with
long have you known him! I'v = Your live a vie have fine yy in you
3. Where does he reside, and how long and since when has he been a resident of this State?
4. When, where and in what company and regiment did he collist, and how do you know?
Nout He count
A CONTRACTOR OF THE CONTRACTOR
5. Were you a member of the same company and regiment's 100 2 16  How long did he perform regular military duty? Nov. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. When and where was his command surrendered?
,
8. Were you present when it surrendered?
The state of the s
10. If he was not present, where was he
When did he leave his command?
By what authority he left ' How do you know all of this?
11 What reports of the state of
11. What property, effects or income has the applicant? Give your means of knowledge.
12. What property, effects or income did the applicant present in 1808, 1807, 1808, 1809, 1900, 1901 and 1002.
the first on the 1849 41 to a south and in the hand of the sell the state of
100 L. A
14. What is the applicant's occupation and physical condition of to a confection of the first to work for the control of the c
cept i by to cool for her decine who wantle.
in collect foretory the days in sound
15. Is the applicant unable to support himself by labor of any sort, if so, why 1/co de f = 8 cc
occount a glay or cit in file the
F = 1
16. How was he supported during the years 1898, 1809, 1900, 1901 and 1902.
worth are to along feer a 1899 A. d. l
17. What portion of his support for these four years was derived from his own labor or income?
oborch 1/1- by coopling the
18. Give a full and complete statement of the applicant's physical condition that entitles him to
Section 1254, Coile?
and the grown inding & of mot how the to but he in heem in
What property have they? Children's age and their earning capacity?
who here no family wo chief and here
territy in organis on the fire
20. What interest have you in the recovery of a pension by this applicant?
2
Noorn to and subscribed before me, this the
A Succession

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

# AFFIDAVIT OF PHYSICIANS.

Personally came before me				
		, bot	th known to me as r	eputable physicians
of said County, who, being severally	sworn, say on oath t	hat they have exa	mined carefully	
	, aj	oplicant for pensio	n under Section 12	54, Code, and after
such personal examination say that h	is precise physical cor	dition is as follows		
. /			v	
(				
				4.1111111111111111111111111111111111111
	4.00	,		
P. C. Carlotte on Control Control Management		( Land 100 )		
and that we have no interest in said	pension being allowed			
Sworn to and subscribed before	re me, this the			
day of	1903			
	c	ordinary.		
		-	100 100 100 100 11	
ORDI	NARY'S C	ERTIFIC	CATE.	
STATE OF GEORGIA,	}			
ETATE OF GEORGIA, Chaples 1	· COUNTY. }	Ordinary, i	n and for said Cour	nty, hereby certify
Chapter 1 247	· COUNTY. }	Ordinary, i		nty, hereby certify d County, and has
I		Ordinary, i		
I				d County, and has
int the applicant occur a boun figle resident of this State and that the witnesses, viz.	x Srink	day of	resides in said	d County, and has
int the applicant occur a boun figle resident of this State and that the witnesses, viz.	M. Szeith	day of	resides in said	d County, and has
at the applicant een a boun figle resident of this State of that the witnesses, viz.  I further certify that before a	their statements are	day of entitled to full fair great the app	resides in sainth and credit.	d County, and has
at the applicant een a boun figle resident of this State of that the witnesses, viz.  I further certify that before a	their statements are massering the foregoin, at of the affidavite was	day of entitled to full fair great the app	resides in sai th and credit, dicaut and each wit nt and witness befor	d County, and has
int the applicant  een a boun fide resident of this State and that the witnesses viz.  I further certify that before a  creon prescribed, and that the full te  I further certify that the tax de-	their statements are makering the foregoing at of the affidavits was ligest of	day of entitled to full fair great the app	resides in sai th and credit, dicaut and each wit nt and witness befor	d County, and has 189 ness took the oath
in the applicant  een a boun fide resident of this State and that the witnesses, viz.  I further certify that before a  recon prescribed, and that the full te  I further certify that the tax d  turned for taxation in his name in	their statements are makering the foregoing at of the affidavits was ligest of	day of entitled to full fair great the app	resides in said th and credit. dicant and each wit and witness befor 	d County, and has 189  ness took the oath e same was signed, now that applicant Dollars of
in the applicant  een a boun fide resident of this State and that the witnesses, viz.  I further certify that before a  recon prescribed, and that the full te  I further certify that the tax d  turned for taxation in his name in	their statements are makering the foregoing at of the affidavits was ligest of	day of entitled to full fair great the app	resides in sai th and credit, blicant and each wit and witness befor —County sh	d County, and has 189  ness took the oath c same was signed.
in the applicant  een a boun fide resident of this State and that the witnesses, viz.  I further certify that before a  recon prescribed, and that the full te  I further certify that the tax d  turned for taxation in his name in	their statements are makering the foregoing at of the affidavits was ligest of	day of entitled to full fair great the app	resides in sai th and credit, blicant and each wit and witness befor —County sh	189  ness took the oath e-same was signed, ow that applicant Dollars of property, in 1901
in the applicant  een a boun fide resident of this State and that the witnesses, viz.  I further certify that before a  recon prescribed, and that the full te  I further certify that the tax d  turned for taxation in his name in	Szeink their statements are newering the foregoin at of the affidavits was ligest of	day of entitled to full fair guestions the applica	resides in said th and credit. th and credit. th and witness befor —County st  Dollars of 1	189  ness took the oath e-same was signed, ow that applicant Dollars of property, in 1901
int the applicant  recu a bona fide resident of this State and that the witnesses, viz.  I further certify that before a  recon prescribed, and that the full te  I further certify that the tax d  turned for taxation in his name in 3  operty, and in 1900	Struck their statements are newering the foregoin at of the affidavits was ligest of	day of entitled to full fair guestions the applica	resides in said th and credit.  olicant and each with the and witness before  County si  Dollars of policans of policans of policans of proper de in good faith.	ness took the oath seame was signed. Low that applicant Dollars of property, in 1902 ty. 1903.
hat the applicant een a bona fide resident of this State end that the witnesses, viz.  Tre of transworthy character, and that I further certify that before a recon prescribed, and that the full te I further certify that the tax d eturned for taxation in his name in it roperty, and in 1900  In my opinion the foregoing cla	Struck their statements are newering the foregoin at of the affidavits was ligest of	day of entitled to full fair guestions the applica	resides in said th and credit.  olicant and each with the and witness before  County si  Dollars of policans of policans of policans of proper de in good faith.	nees took the oath same was signed.  Dollars of property, in 1902 ty.  1903. Ordinary,
reon prescribed, and that the full te  I further certify that the tax d cturned for taxation in his name in a roperty, and in 1900  In my opinion the foregoing cla	Struck their statements are newering the foregoin at of the affidavits was ligest of	day of entitled to full fair guestions the applica	resides in said th and credit.  olicant and each with the and witness before  County si  Dollars of policans of policans of policans of proper de in good faith.	nees took the oath e same was signed. Dollars of property, in 1901 property, in 1902 ty. 1903.

QUESTIONS FOR WITNESS.

	I MP OF GROUPS
$\mathbf{s}\mathbf{r}$	ATE OF GEORGIA,
	Clayla County.
	1 1 A C . Y
	witness in support of the application of 16.5 Cookers for pension rescaled 1284, Code, and after being duly sworn true answers to make to the following questions, deposes and
M A	witness in support of the application of
inde	r section 1204, Code, and after being duly sworn true aniwers to make to the following questions, deposes and
1.	what is your name and where do you reside? Holling . I main't . I main't m
0	Mayber anut En
9	1 12 6 11 4
one	have you known him? I have flamer him Erth struck 1564
3.	Where does he reside, and how long and since when has he been a resident of this State?
	When, where and in what company and regiment did he enlist, and how do you know?
•	
	upril 1064 at Amestoro ta Bruspay 8. 2 ta nama
5.	Were you a member of the same company and regiment?
6.	How long did he perform regular military duty? 7 or light mouths,
7.	When and where was his command surrendered? Thuy is 1865 - Allowy Ja
8.	Were you present when it surrendered?
9.	Was applicant present? 240
0.	If he was not present, where was he don't Krun
Vhe	n did be leave his command? For what cause ? Tone delaited
	that authority he left? Coffice in Grand How do you know all of this?
1	was there of the fine
-	row of many
1	What property, effects or income has the applicant? (Give your means of knowledge.)
(50)	& don't Kron
2.	What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902,
nd	what disposition, if any, did he make of same? Kry Kry W
	and the same of same .
3.	Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
	dent Thran
4.	What is the applicant's occupation and physical condition?
	don't know
	THE PERIOD
	· ·
٥.	Is the applicant unable to support himself by labor of any sort, if so, why?
	derd thene
6.	How was he supported during the years 1898, 1899, 1900, 1901 and 1902? Down There is
7.	What portion of his support for these four years was derived from his own labor or income?
	Front Krisin
8.	Give a full and complete statement of the applicant's physical condition that entitles him to a pension under
	on 1254, Code? Der Kriss
9.	Who composes family? What property have they? Children's age and their earning capacity?
	Don't Kun
	The second section of the second section of the second section of the second section is a section of the second section of the section of t
0.	What have been been been been been been been be
v.	What interest have you in the recovery of a pension by this applicant!
	Sworn to and subscribed before me, this the
1	day of type 1903.) Witness.
	24 Maurin Ordinary.

#### POWER OF ATTORNEY.

I,	Can	EEORGIA,	cy, e e	_of.							stick
by	Ga.	receipt for	, to	at.	day of	1 (1)	( (, 1	, r 1	(0	(211	•
	,	in presence	.5							*	ų
(FOR THOSE ALREADY EMPOLLED.)	1 2 1 m	INDIGENT SOLDIER'S PENSION	1904.	Name H Cooper	Co. Regiment 2	WARRANT ISSUED	JAN 28 J 1904.	JOHN W. LINDSEY. ("Immunomer of Presons	H. K. AREANT HANDED TO	Con W (Merrican State Fr nive achiera	in sutte

Ampbell Bun

Boper, 9/00

## POWER OF ATTORNEY.

STATE	of Georgia,	.County.		
811	Louy	S C . + 0	Jolevill	hereby authorize
to receive	and receipt for the	pension allowed,	and request that	
Witt	NESS my hand and seal	, this	day of Co	/ J905,
Even	outed in the prevence of	N y		



ne hate

WARRANT BANDED TO

JOHN W. LINDSEY.

WARRANT ISSUED

Regiment

Name ...

County

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears Allander of Care files
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide critizen
and resident of said County and State, and has resided in said State continuously ever since the 6 day of 1 18/1; that he is 1 years old and
by occupation a that he enlisted in the military service of the Con-
followed a States (on of the State )
by occupation a that he enlisted in the military service of the Confederate States (or of the State of States, and served for the term of in Company of th Regiment that his physical condition is as follows:
states, and served or the term of / in Company , of 2 th Regiment
of that his physical condition is as
follows:
are any seemont
that his property consists of the following items ? " for for for for
<b>*</b>
of the value of // o
Tanking Tanking
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 henefits 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
11.611.
1) day of Jan Don Ordhary.
STATE OF GEORGIA, County
STATE OF GEORGIA, County
STATE OF GEORGIA,  County,  I,  Ordinary of said County,  do certify that I am well acquainted with
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
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
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.
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

Nork.— The blank spaces must be filled Nork.—Affidavit should not be attested before January 1st, 1805.

Affin your heat here

#### POWER OF ATTORNEY.

STATE OF GEORGIA.  L. J. Court  to receive and receipt for the per	of. was	into,	y authorize
by. WITNESS my hand and scal, t		, iny	1906.
Executed in the presence of	7	**************************************	[L. S.]
			. ,
			91
SION	3 1 N	× 194.	
CONTRACTOR EMPORTANCE AND A SERVICE AND IGENT LEDGE.	Regiment	JOHN W. LANDSEY.  Formassimer of P.  AMERICAN HANDED TO	
	WARRAN	JOHN W WAKRANT	
	Selection of the select		12.

#### POWER OF ATTORNEY.

	E. Fr. to receive by	e and U	de bene	the seal,	of pension allcat		aud re	quest	to	Ja ne remi	t same	to
bet A.B	Constitution 134.	No. 2054	INDIGENT ILDIER'S PENSION	1907.		Regiment	WARRANT ISSUED	43 \ 1901.	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO	Gam, W. HARRION, CT. TT PAINTY, ATLANTA.	

TOTAL
State of Georgia,
Personally appears of Sooper and Coundbur
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever since the 25 day of 1847; that he is years old and
by occupation a that he enlisted in the military service of the Con-
by occupation a , that he culisted in the military service of the Con-
States and around for the state of during the war between the
States, and served for the term of the Company of the Regiment
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 ) the Company of the Regiment of ; that his physical condition is as follows:
suproved arealy ou & some ore
that his property consists of the following items: les pro bear ty
A
of the value of Doilars. I am now earning
by my labor,
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, 1864, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1906. I have heretofore, as a resident of
County, been allowed a pension for the year 1905.
Sworn to and subscribed before me, this the
Aday of _ 200 1906. Ordinary.
Tr. Elect form Ordinary.
Ordinary.
State of Georgia,
State of Georgia, County.
Me I ful for
do certify that I am well acquainted with 2
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 Lacy To look we for in
Ordinary County.
Nors.—The blank spaces must be filled.  Nors.—A fildavit should not be attested before January 1st, 1906.
the state of the s

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State o	f Georgia,	1	
Gam	был Сон	tv.	
Personal	ly appears . F. C.	? ooken	of Jamobe
			oath that he is a long fide or re-
		and has resided in	said State continuously eve
since the	day of	1868	that he is v=2
and by occupation	on at 7	, that he enlisted i	n the military service of the sion
lederate States	for of the State of	-	Adverse the weekler
States, and serv	ed for the term of 9 22	in Compe	of 2 th Kronner
of equ. 1	200 mous		hat his physical construences
wy of a	in hear , s	autu +'	nathis physica constitution is a
that his project	y consexts of the follows	ing items. 34	m fu j
of the value of	26 4		
		15.31	Dollars. I am now earning
by my labor,	7	5.45	month. That by reason of his uself by his own exertion on
	ie receives no pension bi		
			e Act approved December 153.
1894, and the No	ts amendatory there o	on's also son icat	ion for the neusion of a local.
is entitled for th	e sem 1907 - Uhase he	retofore as a rusid	ent of four show
County, been all	owed a pension for the	vear 1906	
	and subscribed before in	ie, this the	16
day	and	1907.	/
1/1.1	!u imi	Ordinary	
		_ Oranian y	•
	f Georgia,	}	
	Coun	r.v.	
		/	Ordinary of said County
	an well acquainted w		*
			ned that the statements made
			ndividual he represents hansel
	e resides in this County		
	liven under my official		1619
	m, 2,	· · · · · · · · · · · · · · · · · · ·	ev i i i
		1 1	
5 - M		Ordinary	County
	and the second s		

Note: -The blank spaces must be filled. Note: Affidavit should not be aftested before January (st. 1907)

The only u de fore ma h. S la Loren Ordi. Complete County COOPER HS wary y sond, personally came Campbell &. Loyd hash who one out dois H.S. Coops whose of fle calion for an 1921 Lediguet I wo love is between for -Application for Pension Due and to form to less he were in Aroung Deceased Pensioner Under Act 1904 ber 1864 au a le ove of observer, chop (To pay expenses of last illness or Tuneral) he booth the Chies & fever and Rhen-Mr. & Ul Forin For A. O. Coopers mation, and that on account your or Campbell discours be wood more offer to peters of co. I - 2 4 9a & the Wor. Died Words 14, 1921 Say 11 X to rot Lavrelok subscribed Amount \$ / 2 5 before you have Approved and ordered paid. Degl 15, 140 3 J. W. LINDSEY. Is witoren. Commissioner of Pensions State of La, Campbeace county i. M. S. fu down (romony Complete to Fa certify that Loyd fresh is y trustworthy character and Ordinary: Fill out above in full and send this blank to Pension Office for approval be-fore you pay out the money. his eld leverent untitled to full faith and Atlanta Printing Co., Atlanta, Go. ereal and that full tixt of officariet was 100. pl. May 12,1921. read to him before down woo digued Theres my hand and sol of office this 15 and ory of Light 1903 mo uce Larin, Column Campbell Carrety La

Horpia-leampbell Commaj-Personally appeared before ne Di F. J. Neixon who on outle days that he is one of the Examing physicians in the pension clause of H.S. Cooper and that said N.S. Cooper suffers Sevenly from umbilical hernia, and a statement of this was by oversightleft- out of the physicians Blatimen! in the papers. This trouble, with the others mentioned, all of which are servers rendet him unable to do manual labor. Swon to & Subsended ( 4. I. migare, 012.D. before me Sahh 17 =1903 le Steid 124

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

Under the Act of August 15, 1904

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

GEORGIA. County.
Personally before me, the Ordinary of said County, comes 20 Coopers &
Lus low Co 4 a. of said County, who, after being sworn, on oath says
that he knew It of Cosper (he fortiers) of said County and that he was on
that how knew of a Cother (Lee forther) of said County, and that he was on the our degree Lee Pension Roll Courty at the
time of his death, which occurred in Luc Lou County, in this
State, on the 14 in day of Worth 1921, and that
time of his death, which occurred in 2 certain County, in this State, on the 14 cm day of Ul orch 1921, and that a Pension of Occur to the day of Ul orch Dollars was due him and
unpaid at the time of his death. That he left no widow or dependent children surviving him, and
no estate of any value sufficient to pay his funeral expenses, which amounted to the sum of 1746
Dollars, as per sworn statement, itemized, hereto attached.
Sworn to and subscribed before me this full day 192/ Country Country Country Country
AFFIDAVIT OF ORDINARY
GEORGIA, Caul but County.
GEORGIA, Campbell County.  1. M. M. Lu Lorin Ordinary of said County, do certify
GEORGIA, Carry fell County.  1. 1. 1 (1) Foreign Ordinary of said County, do certify that I personally know of Coopers of Just to G, ga former a resident
GEORGIA, Carry fell County.  1. Ordinary of a aid County, do certify that I personally know of the Cooper of Science C, ga the a resident citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith
1. Ordinary of said County, do certify that I personally know A D. Cooper of Pure for G., year moved a resident citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.
1. Ordinary of said County, do certify that I personally know A D. Cooper of Pure for G., year moved a resident citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.
1. Ordinary of said County, do certify that I personally know of the same of a truthful and trustworthy character, entitled to full faith and credit.  I also knew of the county of the same appears on the lucuy of the same person whose name appears of the same person whose name appears of the same person whose name appears of the same person whose name person whose name person whose name person whose name person
that I personally know it is a resident of file of a truthful and trustworthy character, entitled to full faith and credit.  I also know it is a faith and credit.  Roll of Caure file.  County, and was paid a Pension  County, and was paid a Pension
In that I personally know while in the is of a truthful and trustworthy character, entitled to full faith and credit.  I also knew while in the is of a truthful and trustworthy character, entitled to full faith and credit.  I also knew while in the interest of the country of the country and was paid a Pension of the country of the country and was paid a Pension Dollars in said County for 10-20, and I now believe him to be dead.
that I personally know it I cooper from 6, 9 a which a resident citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and credit.  I also knew it is cooper whose name appears on the was the same person whose name appears on the County, and was paid a Pension of County, and was paid a Pension Dollars in said County for 19-2, and

Parties who pay such bills must see to it that they are itemised and seven to us above directed inferer presenting them for payment by the State.

The Ordinary must see that an affident has been made on the face or back of each bill unbushited for payment, and must then attack

with life to the worder and and to the Penalus Office as that his account may be given credit for the money thus paid out. If you such life to the worder and and to the Penalus Office for intervalents. Do not pay out say money in these cases until the completed worder this black and the bills attached hereto have first been used to the Penalus Office and approved and norm has to prove a part of the meany.

NOTE.—For use in all cases where presinent died direr Jan. It; had not been out of State longer than twelve months and died without couring sufficient preservity to any country sufficient preservity to any country arguments. In the country of the

NAME Cooper, H. S. YEAR 1903 COUNTY Campbell

Jan. 26, 1847, Henry County, Georgia

Co. I, 2nd Georgia Reserves

WHEN AND WHERE BORN?

PALISTED WILLY ALL WHERE? March/1884, Clayton County, Georgia

KANK.

WOUNDED?

. RELEASED.

FURIED.

58

WITNESSES.

COMPANY AND ! EGILT NT?

NAME OF CAL ALA ALD SCHOOLS

CAPTURED, WHEN ALD DEFENT

WHEN AND MARRE BURINGS, CLD?

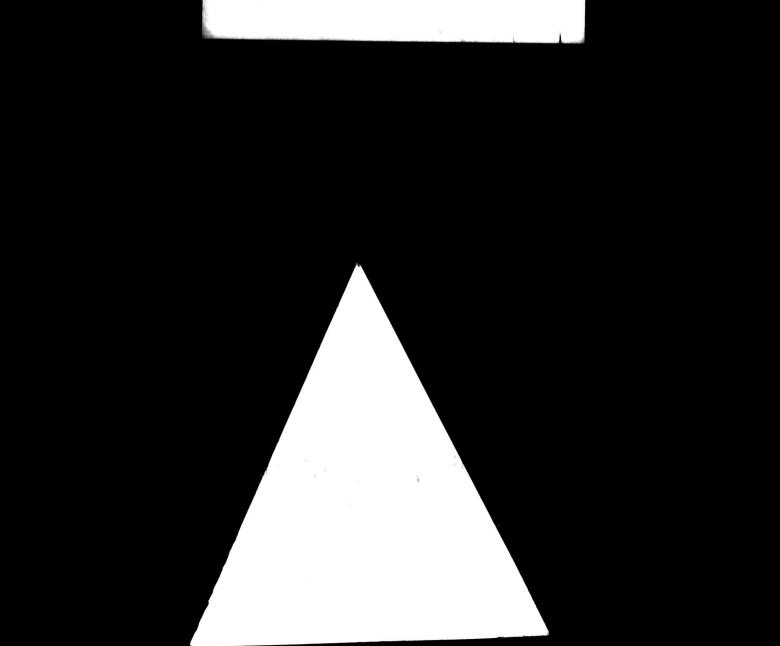
DIED, WIN AT MERST

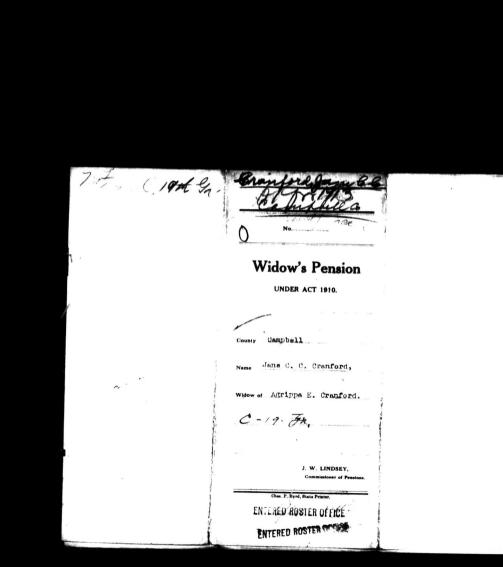
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

At home absent. Left command Nov. 15, 1864, by order of Capt. Clay.

A. D. Smith - same co. mond -

No data





ENTERED ROSTEN CONTRACTOR

Widow's Pension

UNDER ACT 1910.

UNDER ACT 1910.

Jane C. Crenford,

Man of Affine E. Crenford.

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

STATE OF GEORGIA, Campbell County.
Personally before me comes. Jane C. C. Cranford of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act
of
1. What is your name, and where do you reside? Jane C. C. Cranford- In Campbel County, Ga. 2. How long and sake when have you been a continuing resident in the State of Georgia?
56 years-all my life- or since May 23, 1846.
3. When, where and to whom were you married? Sep. 7, 1865 to Agrippa E. Reight and When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
renerate Army or veerga Minital State the arms and class of Service) "The Lt, FSOI in Service, "Though a left time," and shout 15th of duly 1960 at Lynchburs, Va. in Service, 15th Ga. Regito-Infantry-the 2nd time.  6. When and where did the Commands of your bushand surrender or decharge from the army."
April 1865 near Breanthoro, N. C., Co. "C" was discharged.  6. Was your husband personally present at the time of the surrender or discharge of this Command?  You Sir.
7. If he was not present state clearly where he was? In Bouth deorgia buying oatti for the Confed. Dovormont S. Where was his Command when he left? Near dichmond, Va.
a For what cause did he leave his command? Ounded
b. By whose authority did he leave his Command? Regimental dur jeons.
c. For now long was he granted leave of absence. 81xty days
e. What was his physical condition when he left his Command? Shot in hip & hand.
crontou an Indefinite detail.  2 in what way was be prevented from going back to Command. Wounded.
b. Was he captured by the enemy at any time? No Str. i. If so, when and where captured and where held as a prisoner, and when and for what cause released: Revision on uniwer.
j. When and where did your husband die? Dec. 22, 1910 in Coweta Co. Ga.
k. Were you residing together when he died? Yes Sir.
1. If not, how long had you resided apart? Requies no answer.
9. What property of any description did you own, hold or control for your use and its cash value,
Nov. 4, 1908. (State same by items.) None
N. N. N. D. Della C. C. Company and C. C. Company and C. C. C. Company and C.
N. W.
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.)
the first state of the control of th
of the contract of the contract of
II. What property of any design of the control of t
11. What property of any description of any value have you now? Notes for \$1250.00.  Give list and cash value? She for 700.00; 1 for 400.00; I for 150.00
12. What are your annual earnings or income and their value? about ?100.00
13. Have you heretofore been paid a pension by the State?
If so, when and for what cause were you struck from the Roll? Regulires no answer.
with the same of t
Sworn to and subscribed before me this the Same & & Espessifo 10

Sworn to and subscribed before me this the Saru & Erranfo'd Office of June 1912. Saru & Erranfo'd Ordinary.

Ordinary.

Of County.

marria

STATE OF GEORGIA,
County.
Personally before me comes A. B. Smith, who after
being duly sworn true answers to make, to the following questions, answers as follows:
1. What is your name and where do you reside? A. B. Smith- In Campbell Co. Ga.
2. How long and since when have you known Jane C.C. Cranford, applicant?  () Ver 57 years, or alnoe shout 1875.  3. How long and since when has she continuously resided in this State? (Give date.)
57 years, or since 1855 to my knowledge.
4. When his Hate white the marries of the days know, or invited to the wadding on 9/1465; and there can be named to about the each like wind since when did you know attribute. It have been a flow long and since when did you know attribute. It have been a flow long and since when did you know attribute. It have been a flow long and since when did you know attribute. It have been a flow long and since when the property of the state
husbandy about 53 years, or from 1057 to his dasth in 1910.
6. When and where did Agrippe F. Cranford,
the husband of Applicant die: 1000, 22, 1910, in Coweta county, Ca.
<ol> <li>Where the Aphrant and her husband living together as husband and wife at the date of his death*</li> <li>Yes 1r.</li> </ol>
8. If not how long did they live apart before his death? Requires no answer.
Were they divorced. Noir.
9. When where and in what Company and Regiment did Agrippa E. Cranfordenlist?
He was mustered into service June 11, 1861, 1st time; in State Troops, & about July 15, 1861 at Lynchburg, Va., he was mustered into the regular Confed. service, in Company 1, 19th 9a. Ref. t.
10. Were you a member of the same Company? Yes ir.
11. How long within your personal knowledge did he perform actual military service with his Com-
pany and Regiment Over 11 months, or from July 1861 to June 26, 1862 in anid company "C".  12 When and where did his Command surrender, and was discharged. Prom April 23th
tu April 26th 1865.
13 Were you personally present when it was surrendered? You . 1r. If not where
were you "resent and how came you there" Duty
<ol> <li>Was the husband of applicant personally present at surrender? No. 51r</li> </ol> If not
where was he? I do not know positively when, where and for what
cause did he leave Command* (Gave date.) Was wounded June 26, 1852 By whose
authority did he leave his Command. Sent to Hospital by Doctors and how
long was he granted leave: 60 days, I think How do you know all this? I was wer
mustered into Confed. service at same time as husband (Atrippa E. Cran-
ford) of applicant, and served with him until he was wounded on June 26, 1862 at on lat day of the battle "seven days" before Richmond, Va.  15. For what cause, if you know of your own knowledge was he prevented from returning to his
command: ounded so badly that he could not travel; and was never after able for resular service, a never fully recovered from effect of wound.  16. What effort did he make to return to his Command and how do you know this? Of your
own knowledge or how? Was not able to return to regular service. I saw him there times, or more, after he was wounded.  Sworn to and subscribed before me this the
14 116 day of June 10121
of Comphell

AFFIDAVIT OF TWO FRE	EHOLDERS.
STATE OF GEORGIA, Campbell County.	
, , , , , , , , , , , , , , , , , , , ,	
Personally before me comes J. H. Reeves and J.	H, McClure who on oath says that they
are freeholders of said County and that they know Ars. Jar	ne C. C. Cranford
of said County and know what property she owned on 4th Nov. 196	08, and its cash value to be as set out by
Schedule (A) as follows	
None Personal property	\$ no
Notes and accounts due	s "
Total	s "
Schedule (B).	
We know the property sold or given away since Nov. 4th 196	ON, its cash value to be as follows
None Personal property	, no
Money, Notes and accounts	s "
Schedule (C).	
We also know what property she has now in her possession,	use and control to mit
No Acres of land worth	<b>s</b> 110
Horses and Mules	. "
" Cows and Hogs	s "
Other property 3 Notos	\$ 1,250,00
income and earnings abo	ut 100.00
Total Value of all property and effect	, 1250.nn
Sworn and subscribed before me this the	( NP)
It Still Force Ordinary	J. H. mclure
of Carry sill	County.
ORDINARY'S CERTIFI	CATE.
STATE OF GEORGIA.	
County.	
I . S. McLarin,	Ordinary of said County do certify
The first of a second of	the applicant for pension. She
is the person she represents herself to be and she is a bona	fide continuing resident citizen of said
County and was #XKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
That I also know A. B. Smith	the witness who swears
to the service of husband, and J.H.R.RSOVSS & J.H.M. freeholders. That all of them are now residents of said County ang the foregoing affiliavits and that they all, are truthful, trustworth full faith and credit.	were duly sworn by me before signing
That the Tax Returns Campbell	
1908 \$110	The state of the s
	th day of June
SEAL OF SUL FO	Acce Ordinary,
Ce	mpbellCounty
(SEAL.)	

NOTES 1. Before any questions are answered the Ordinary shall awar applicant and the witness in the following words:

"You do selemily swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the twist. So being you don't."

You shall give will be the twist. So being you don't."

All affidevite must be made before the Ordinary.

All affidevite must be made before the Ordinary.

Only wildows who married prior to first Jaquety 1870, are smittled.

Attacks estilled supples of marriage licence if obtainable. If not, prove marriage, by some person, or by general reputations.

George Complete Careta I for me, the under any wed Ordinary, this day Cranford Dano (c. Kurs) per owilly come 6. In Brow ford, wies, our once, says the books to today any account - (hout allocaid) Campbell Co \$\$174 " 84 \$25-00 ohe xindered for services in the 1921 lost illus & for fundat ax purses of lless James 6.6 bran ford, who died without owning du/-Application for Pension Due ficient too pay to day were hells, Deceased Pensioner Under Act 1904 (To pay expenses of last illness or funeral) il I townshind Sworn to 4 suds enited before very ite. May 11. 1921 For Jane 6.6 brown ford or Co. County MA Minaria Died + 1921 Amount \* /40 (125.00) Approved and ordered paid. May 12 1. W. LINDSEY. PALMETTO, GA. Wiles -9- 1814 Commissioner of Pensions. Mrs same, Tempored tetat. tainine, all re line BOUGHT OF DR. I. E. C. W. SMITH the were are money DRUGGIST Ordinary: Fill out above in full and send this blank to Pension Office for approval be-FINE STATIONERY, PERFUME, TOILET ARTICLES fore you pay out the money. AND JEWELRY TERMS. 30 DAYS Atlanta Printing Co. Atlanta, Ga. 2 00 200 1 ... 11 cled-100 Wwi1 ant 200 2400 Received feagrant in full Coll seath 46

Steorgia Complete Caret. perously come to m Brown ford, wie, our valle, says the Horrer + forey away account - (hout alloward) \$ 174 " 81 42 5-00 ohe xindered for services in the last illues to for fure Aat expuses of less Laur 6.6 Bran ford, was deep without swing sufficeret too hat to day were hills, 1. I townstand Goodon to 4 subscribed he fore vie, the May 11, 1921

> PALMETTO, GA. Voleca -9- 1914 Mrs same Comford Estat

Tralle morine

#### DR. I. E. C. W. SMITH DRUGGIST

TERMS.	NIC NTATI		игими, Топлет Антісіл Івмінану	KN
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17	5 1	11	200	
11	4 1	1.4	2 .0	
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/1	10	1	200	
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#### Application for Pension Due to a Deceased Pensioner

Under the Act of August 15, 1904

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

GEORGIA Coam their County Personally before me, the Ordinary of said County, comes JM. Welfillow

of said County, who, after being sworn, on oath says that he knew Mrs Jame C C Crow ford

of said County, and that he was on 

State, on the 14 11 day of January a Pension of Our Hundry of 100

unpaid at the time of bis death. That he left so widow or dependent children surviving him, and no estate of any value sufficient to pay his funeral expenses, which amounted to the sum of 199

Dollars, as per sworn statement, itemized, hereto attached Sworp to and subscribed before me thin day of 1124

Came die

#### AFFIDAVIT OF ORDINARY

GEORGIA County. Ordinary of said County, do certify that I personally know I me michigueta.

citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith

I also knew less face C C. Crow for 4 was the same person whose name appears on the "fet 1910"

Roll of Caurphell County, and was paid a Pension of Our Lundred

Dollars in said County for 19 20, and

Given under my hand and official seal, this // // Ordinary.

owning sufficient property to pay such expenses. Require those claiming accounts for expenses of last illness and for funeral expenses out the account in itemised form, giving value for each item and for what. Kunning accounts, other than those connected we liness before death, cannot be paid. All acounts must be made out and sworn to before the Ordinary, in the following form

County

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of who died without owning sufficient property to pay this bill

The Ordinary must see that an arrivant has once made on too tace or hace or each his securities or pursued, any must the that states with hills take neutral and the ordinary that paid out. If you had not not the property of the paid out, If you had not not provided the property that paid out. If you had not not provided about a riskin, write to this Office for instruction. Do not pay only my more in these cases will the completed weather that had not been about the provided and the provided about the property of the hada and the lifts attached where have for the search to the Provided Office and approved and next back to you as

``	Faithfully Od. mily http://www.	192	-
· ·:	r Cranford, for Ers June Granford.		4
	Falmetto.Ca.		
	BOUGHT OF		
	C. B. MOSELEY & CO.		
	Dry Goods, Groceries, Furniture, Etc.		

C. B. MOSEL EY

Jon of To 1 Carlet.

" I Central Vault | Troyang Cros Bevien. 50.41. " "lech for Learne. 15.01. 174.41. ------

100.00.

### Application for Pension Due to a Deceased Pensioner

Under the Act of August 15, 1904

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

GEORGIA Com their County Personally before me, the Ordinary of said County, comes J. W. Welliel ou of said County, who, after being sworn, on oath says that he knew More face C Cross ford of said County, and that he was on the He I 1910 " Daniel Day Court & Lee Pension Roll Care & Lie time of his death, which occurred in Sauce to vell State, on the 14 h day of January a Pension of Our Kunder of 1000 unpaid at the time of his death. That he left no widow or dependent children surviving him, and no estate of any value sufficient to pay his funeral expenses, which amounted to the sum of 199 Dollars, as per sworn statement, itemized, hereto attached. mall day of May Cam ile AFFIDAVIT OF ORDINARY GEORGIA Complete County. Ordinary of said County, do certify that I personally know I me Mull acco citizen of said County, and that he is of a truthful and trustworthy character, entitled to full faith I also knew let face C & Crow for 4

was the same person whose name appears on the Ket 1910 " while in life; that he Roll of Care-place of due Lundred -

County, and was paid a Pension

Dollars in said County for 19 20, and

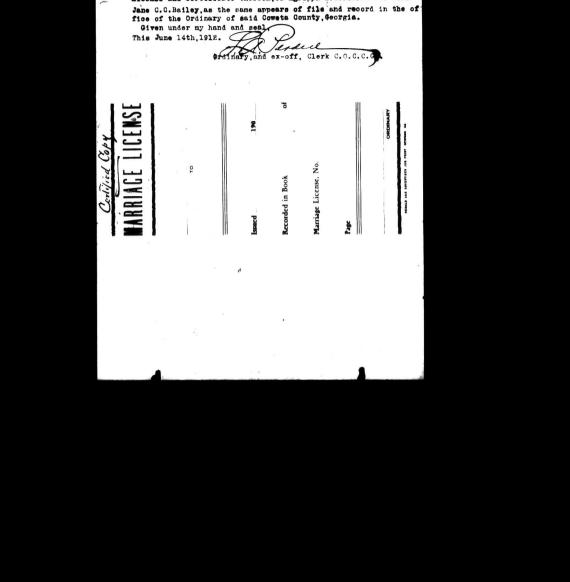
Given under my hand and official seal, this Ordinary County

NOTE,-For use in all cases where pensioner died after Jan. ist, had not been out of State longer than twelve months and died without "More of use in all case water personner died after zan ich, had ned been out of Blate longer than twelve months and died without months and first without months and first without months are first water and first without months are first water for a first water for far farner's representation are sometimental for a first water for farner's representation are sometimental for farner's representation are sometimental for farner's representation are sometimental for a first with far farner's representation are sometimental for a farner far farner far farner far farner far farner far farner far "The above and foregoing arount is rendered for services in the last illness for for foreral expenses, as the case may bell of

, who died without owning sufficient property to pay this bill." Parties who pay such bills must see to it that they are itemised and sworn to as above directed before presenting them for payment

the State. The Ordinary must see that an affidavit has been made on the face or back of each bill submitted for payment, and must then attach The Ordinary must see that an affisivit has been made on the face or hack of each bill inhultitate for parsent, and must then altarbush bills to this woulse and end to the Parsian Offices on that has account may be given receil for the mounty than pull out. I have very doubt about a riskin, write to this Office for instruction. Do not may only in these cases until the completed weather than the contract of the particular of the state of the particular of the

3. Georgia, Coweta @Ounty. Court of Ordinary, I.L.A.Perdue, Ordinary in and for said County, do hereby Certify that the printing and writing on the reverse side of this sheet of paper contains a true, full and complete copy of the marriage License and Certificate thereon of Agrippa E. Cranford and Miss Jane C.C.Bailey, as the same appears of file and record in the of fice of the Ordinary of said Coweta County, Georgia. Given under my hand and seal This June 14th, 1912. Ordinary, and ex-off, Clerk C.O.C.C. ţ;



STATE OF GEORGIA, COUNTY OF COWETA

To Any Judge, Justice of the Peace, or Minister of the Gospel:

YOU ARE HEREBY AUTHORIZED TO JOIN

of the fact and date of the Marriage.

In the Holy State of Matrimony, according to the Constitution and Laws of this State, and for so doing this shall be your License. And you are hereby required to return this License to me, with your Certificate hereon

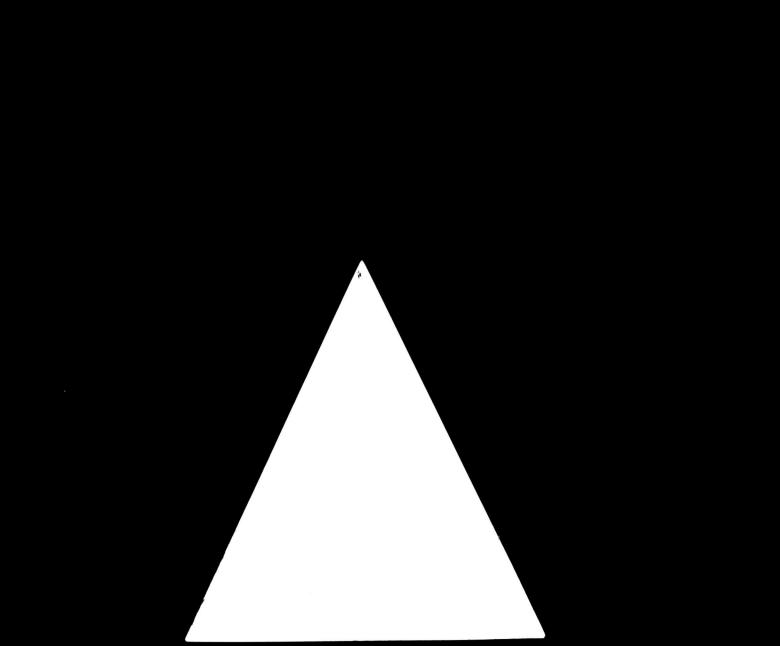
ORDINARY (L. S.)

were joined in Matrimony by me, this was

CERTIFICATE

certificate outs)

Given under my hand and seal, this family day of Sept



Canifold a			,				
INDIGENT PENSION,			*	Execu	to receive and receipt for the Witness my hand and		STATE OF
1900.	Control of the contro	:		Executed in procence of	3 3		Po
County Phillip, Spin	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9				P.	County.	Power of Attorney.
JOHN W. LINDSEY,	And the second s			ž	be result same to		rney.
WARRANT HANDED TO	C. Print Laborate and Company		A .	z z	1900	bereby au	

#### AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Occupable COUNTY Smith and
JOIX 0 12 2 12 10 , both known to me as reputable physicians
of seth county, who, being severally sworn, say on oath that they have examined carefully
Ar Chewood. Occurring a supplicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:
and st form subjected to white in services
regiders him unable to lare a support.
for himself at any Kind of work thathe
They hertier say on with that the placed of polition of applicant renters him unable to falor at
any work or calling sufficient to earn a support for himself, and that we have no interest in said pension
being allowed.
Sworn to and subscribed before me, this the j
Ordinary.

#### ORDINARY'S CERTIFICATE

COUNTY. Ordinary in and for said County, hereby certify that the applicant for a soul former, and has been a bona fide resident of this State since the day of Q. E. C. Ir Surie Met & and I driver y eno 141 x

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

I further certify that the tay digests of County show that applicant returned for taxation in his name in 1898 of property, and in 1800 / . . . .

In my opinion the foregoing claim is

STATE OF GEORGIA.

In my opinion the foregoing claim is

Wirness my hand and seal of office, this day of the Continuous Cordinary,

 Refere any positions 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 ovidence you shall give will be the whole truth, so help Additional affiliavits may be attached if blank spaces are insufficient.

In every case the Orlinary must certify to the character of the witness, and as to the execution of the proof as above

### Questions for Applicant.

STATE	OF	GEORGIA,	

Con- & ber County, (Cost / State and County, desiring to avail himself of the Pension Act (Section 1254, Code, burely submits his proces, and after being duly women from answers to make to the following questions, deposes and answers as follows.

1. What is your mane and where day you regles give State, Counts and post office.

- 2. How long and since when have you been a resident of this State " o h . . . k . ! o y . ers = J. .. C. L. K. 19. 1811
- 3. When and where were you born 2160 y to / Y Ja ... Herry of the and the
- 4. When and where and in what company and regiment shit you entite or serve of the by 1862 of Receiver on See to Co. I had be so regime.
- 5. How long sild you remain in such company and regiment the set of your or restler
- 6. When and where was your company and regiment sorrendered and discharged to the set of in Prison where Here day buttered
  - 7. Were you present with your company and regiment when it was surrendered? Co. S. C.
  - 8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose nuthority? see I right a somery from a placed & me are covered in Saly, his
- 9. How much can you carn gross per amount by your own exertions or labor 20 hour 1 5 y and
- 10. What has been your occupation since 1866; Secondly Miscon at Joseph Second
- 11. Upon which of the following grounds do you base your application for pension, viz: first, "age and 12. If upon the first ground, state how long you have been in such condition that you could not earn 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 who a and where you lost your sight the second heart to second heart for 2 'n years I have the
- marism, Caland, toyo pe foil to Himolyin with it where were very oge account in months to some a supplicate 13 What property, real or personal, or meome, do you possess, and its gross value 2 Comman Ve yearling and for love solve stand 19,100. Hours or en .
- 14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, it may, by sale or gift, have you made of same " " " " " You do to come mariles . if how when the sense to west
- 15. In what County did you reside during those years, and what property did you then return for taxation!
- 16. How were you supported during the years 1898 and 1899; By well at 1 . Till .
- 17. How were you supporter ouring the years one and the second of the second of the second of the second of those years, and what portion did you contribute thereto by your own labor or income.
- 18. What was your employment during 1898 and 1899. What pay did you receive in each year."
- Sind 6 word some at a mile some sty with high work as in 19. Have you a family " If so, who composes such family " Give their means of support " Have they . . . L from a homestend" Howa care of recely
- 20. Are you receiving any pension? If so, what amount and for what disability? 📝 🖰 🦸 🕹 🕹
- 21. Have you ever made an application for person Letter 200 8 . 1
- 22. How many applications have you ever node and under what above. To access

The state of the s

Campbell a

# INDIGENT PENSION,

County Shilly Lyon
Appears' 1500.

TOHN W. LINDSEY,

WALLAND HANDED TO

9/1 1004

#### QUESTIONS FOR WITNESS.

#### STATE OF GEORGIA. Co. . , fbook county) JECA Secrete of said State and County, having been presented as a witness in support of the application of Receiver of Comments for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside " CC ? It Securities -2. Are you acquainted with Court of Comment of the applicant; if so, how long have you known him " Years Here to here He yours of the ore 3. Where does he reside, and how long and since when has he been a resident of this State? Policiteo Gai 40 y .... a. 1860, le ... y 11. .... 4. When, where and in what company and regiment did be callst, and how do you know? Some A 6. Were you a member of the same company and regiment 7. When and where was his command surrendered the of here. I have a former To annihing Commenced before the a visualies of 8. Were you present when it surrendered? 200 5 - A 9. Was applicant present? Some I die was keel hours of see When did he leave his command Area I He and For what cause there was he will be a few and the leave his command and the le By what authority he left " Cof love & 2. I fore a. How do you know all of this? 11. What property, effects or income has the applicant ! (live your means of knowledge) 12. 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" Secus to a of a 16 Ye fort land ..... suarka datter . Man about Dune .... 13. Has be conveyed away any of his property in the last four years, it so, what was it, and to whom? propries on a come in my and he wife be & 15. Is the applicant unable to support himself by labor of any sort, if so, why " - Y . v . O . . . . second y end age and al account 16. How was be supported during the years 1898 and 1899 . Ty . . . L . L . . . . L . .... att to price a service of her frances 17. What portion of his support for these two years was derived from his own labor or income? obout our half - the nouse come 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254. Code "Ha how to leave the Colorest togopo from y second you to and without wo a gir der tome one the la some in se phone 19. What interest have you in the recovery of a pension by this applicant. 2000 - - -Sworn to and subscribed before me, this) the 16 % day of 1 14 1900 1

Chamary.

72 8 100 Cur.

#### POWER OF ATTORNEY

o receive an	I receipt for th	e pension allo	7	uest that h		- -
У	2		it. 7	, , , ,	, - , - , - , - , - , - , - , - , - , -	
Witnes	s my hand and se	eal, this	day of ,	8	1902.	
1		Lie	· librool c	illumi	[1. s.	J
	in presence of				,	
is fyrite						
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0.	N	* :	10	1905		
BOLLE	SI		, j	, i	o/ Press	
	Z E	a F	Regiment NARRANT ISSUED	JOHN W. LINDSEY	CHARLESTY HANDED TO	1
E	- O		2 %	Z		
E AMEADY ENROLLED	GE S		1 18 1	(1) 3	THE STATE OF	

### QUESTIONS FOR WITNESS.

STATE OF GEORGIA,  County County
as a witness in support of the application of the state and County, having been presented
under Section 1254, Code, and after being duly sworn true answers to make to the following questions,
1. What is your name and where do you reside
2. Are you acquainted with
how long have you known him 22 v - 16
Where does he reside, and how long and since when his he been a resident of this State?
4. When, where and in what company and regiment did he entist, and how do you know '
5. Were you a member of the same company and regiment."
6. How long did be perform regular military duty
7. When and where was his command surrendered so a real year.
8. Were you present when it surrendered? 2000 min
9. Was applicant present?
10. If he was not present, where was he? "
When did he leave his command. O
By what authority he left " How 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 and 1899, and what disposition, it any, did he make of same $f = f + f + f + f + f + f + f + f + f + $
13. Has he conveyed away any of his property in the last four years, it so, what was it, and to whom?
11. What is the applicant's corrupation and physical condition
To be the applicant unable to support himself by labor of any work at way, who is the support by
16. How was be supported during the years 1898 and 1890; Add A the transfer to 1
17. What portion of his support for these two years was derived from his own labor or income?
18. Give a full and complete statement of the applicant's playeral condition that entitles him to a pension
under Section 1251 Code " Jack And Blood the King of the Annual World Work
well alle to mark to Boat her here for her and greater
went all to mare to the and have here for her and decided
19. What interest have you in the recovery of a pension by this applicant
Sworn to and subscribed before me, this
the // day of 1904 Onlineary.

STATE OF GEORGIA.
Com Shee County.
Personally appears Rockwood Commung of Compbell
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 17 day of 2 61 1857; that he is 71 years old and
by occupation a de cole that he collisted 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 for the term of, in Company, of th Regiment
of Cool Both Phecips Lyca ; that his physical condition is as follows:
follows: I have Dyo de porce, I here a liam
fenrolyin & Colooch
State 1 To the State State 1 To the State
that his property consists of the following items / could 4 her for

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 Kore I wood Canunings

#### STATE OF GEORGIA. Com phece County.

I. Ordinary of said County, do certify that I am well acquainted with Rock would be considered. 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 1002.

Ordinary County.

Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January ist, 1902

th

STATE OF GEORGÍA,
Comber County.
Personally appears No o Kwood Comming of Com free
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 over
since the 19 day of de 1857; that he is 71 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 the term of the Company of the Regiment
follows: I that his physical condition is as
Jennovyia 91 Colourh
· · · · · · · · · · · · · · · · · · ·
that his property consists of the following items I could be like for
*
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,
1864, 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 Monday of 1902
(1) Ordinary
STATE OF GEORGIA,
1. Ordinary of said County, do certify that I am well acquainted with Rock War 4
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 Jones 1902,
(here)
Ordinary. County.

POWER	OF A	4110	KNI	SY.			
STATE OF GEORGIA,	}						
I,	unty.∫ of.	hereby au	thorize			= 10	
to receive and receipt for the per		wed and	reques	st that he	remit	same to	
	at						
hy							
Witness my hand and seal, this		day of				1903,	
						L. S.	
Executed in presence of		,					
							H
* produced one	Va.						
	1			m		. 12	
		- 1		1903.			
NS S	: /		٥	1		1	
ER'S PENSIO	: 4	Ħ	WARRANT ISSUED	LINDSEY,	DED		
G S G KEN		Regiment	1	LIN	HAN	R	
MDIC O	( ;	R	RAN	=	ANT	311	
THOSE ALREADY ENFOLLED  No. Mag 3  INDIGENT  DIER'S PENSIO  1903.	7:10		WAR	JOHN W. LINDSEN	WARRANT HANDED TO	1.2	
_	6	~		_	=	3	

#### POWER OF ATTORNEY.

STATE OF GEORGIA, Complete OUNTY. to receive and receipt for the pension allowed and request that he remit same to Witness my hand and seal, this  $\nearrow$   $\nearrow$ Executed in presence of

SOLDIER'S PENSION (FOR THOSE ALREADY ENROLLED.) INDIGENT 1904. × 369

WARRANT ISSUED

JOHN W. LINDSEY.

(FOR THOSE ALREADY EN

SOLDIER'S PER

Name R. C.

STATE OF GEORGIA,
County)
Personally appears & Commencings or Comments
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 de the 1857 that he is 72
by occupation a free A, that he enlisted in the military service of the Confederate/States (or of the State of ) during the war begyeen the
federate States (or of the State of ) during the war between the
States, and served for the term of y in Company
of Marcial dy ion - Court that his physical condition is as
follows:
that his property consists of the following items: he pro for 5
that his property consists of the following items: he property
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 Comment of here
county been allowed a pension for the year 1
Sworn to and subscribed before me, this the
1903. 611 Carried and Carried
Ar. H. He Larie Ordinary.
STATE OF GEORGIA.
Care ghe ic County
STATE OF GEORGIA,  County County Ordinary of said County
do certify that I am well acquainted with R. Course
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 2009, 1908
Nors.—The blank spaces must be filled.
Nors.—Affidavit should not be attested before January 1st, 1909.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Game & Lee County.
Personally appears A, Commences of Dolumby
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 Me b - 18 57; that he is 13 years old and
by occupation a _ccoe CeA , that he enlisted in the military service of the Con
federate States (or of the State of Law ) during the warbetween the
States, and served for the term of the State of in Company of the Regiment of the
that his physical condition is as
did to the survey of general
debet by
that his property consists of the following items 200 110 per 5
of the velocity 2111
Dollars that by reason of head and
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,
1804, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1004. I have heretofore as a resident of
County been allowed a pension for the year 1 40 3
Sworn to and subscriped before me, this the Aday of Joseph 1904.
Ordinary.
STATE OF GEORGIA, County, I, Jr. County, Ordinary of said County,
I. It. V. 100 Lorenty, Ordinary of said County,
do certify that I am well acquainted with R. G. C. C. C. G. G.
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 force y 1904.
day of force y 1904.
Ordinary Co y be a County
Norw - The blank array and he did d

Nors.—The blank spaces must be filled

Nors.—Affidavit should not be attheted before January is:

#### POWER OF ATTORNEY.

STATE OF GEORGIA,	ī					
	COUNTY.					
1,		-			hereby	authoriz
	of.					
to receive and receipt for the pe	ension allowed,	and re	quest	hat h	e remit	same to
	at.		¥		*	
by						
WITNESS my hand and seal,	this	day	r			1905.
						. L. S.
Executed in the presence of						
	Ĭ					
	c .*					
	21 3.		٠.			
<u> </u>	1		190	NOTES.		4
DIGENT  POST  DOS.			1	W. LINDSEY.	2	
	: 6 5	UED	. 3	SEY	ED	1
À P	Regiment	155	1.	UNI	IANE	
INDIGENTAL	્ં : જે	WARRANT ISSUED		JOHN W. LINDSEN	WARRANT HANDED TO	14
	16. 6	VAR		HN	RRA	* 1
	60	1		ñ	WA	HARBISON.
FOR THOSE NO. IN. IN.	a H					
	Name County Co.					

### POWER OF ATTORNEY.

			COUNTY.	)			
	1						hereby a
to receiv	un and	receipt for	the neuglou	of	und regue	mt that h	
	, and	receipt for	the pension	at.	ina reque		
by							
W	ITNESS	my band an	l seal, this		day of		1
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Coor Section 12%. FOR THOSE ALREADY EMROLLED.		$\mathbf{z}$		. 1	•	Pennons	
1	12:		<b>*</b>	6	49 5		WARRANT HANDED TO
CODE SECTION 1234	, t	EN		Regiment	WARRANT ISSUEL	JOHN W. LINDSEY.	AND
A L.R.E.	1	2 S		Reg	SANT	C.H.	E NA
38E	No.	N E	₩ €	5	VAR	JOH	RRA
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TOR MIT DIOMNIO MEMBEO	TORE REBORED LERSIONS.
STATE OF GEORGIA,	1
Court free County.	}
County.	
Personally appears d, Comment	of Complete
	worn, says on outh that he is a bona fide citizen
and resident of said County and State, an since the	d has resided in said State continuously ever
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
of Consession the form	d has resided in said State continuously ever  it that he is years old and he enlisted in the military service of the Con- during the war between the in Company of th Regiment  That his physical condition is as
that his property consists or the toboving a	
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 t	he one herein applied for.
	benefits of the Act approved December 15th,
	makes application for the pension to which he
is entitled for the year 1905. I have hereto	fore as a resident of
County been allowed a pension for the year	
Sworn to and subscribed before me, the	is the M. Camming
My day of e forter	Ordinary.
STATE OF GEORGIA,	
County Sell County	
1 1/2 /110000	Ordinary of said County
do certify that I am well accurainted with	Continue of said County,
the applicant in the foregoing affidavit and	I am well satisfied that the statements made
	now he is the individual he represents himself
to be, and that he resides in this County.	2
Given under my official sign	nature and seal, this
	7) 1006.
(v	11 1111 1 21
Arts   Arts   Ord	inary County.
Norn The blank spaces my Norn Affidavit should not	ist be filled. be attested before January 1st, 1905.

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

TOW WILD HOW TOLONG WOOD IN TO LEWOLUND.
State of Georgia,
Personally appears A. Guerry of Comphere
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 1, that he is years old and
by occupation a service of the State of
States, and served for the term of year in Company of the Regiment
federate States (or of the State of ) during the war between the States, and served for the term of states, and served fo
· ·
that his property consists of the following items 210 de steel for
of the value of // ADollars. I am now earning
by my labor, 4 Dollars per month. That by reason of his
physical condition and poverty 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 be
is entitled for the year 1006. I have heretofore, as a resident of
County, been allowed a pension for the year 1905.
Sworn to and subscribed before me, this the 11 (12121111-1119)
Ordinary.
State of Georgia,  County.)  I. M. 1112
do certify that I am well acquainted with 16 Comments
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
TAMES STATE OF THE
Ordinary County.

Nors.—The blank spaces must be filled.

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

Cummings, Rockwood YEAR 1901 COUNTY Campbell

WHEN AND WHERE BORN? May 14th. 1830 Morgan, Orleans Co. Vt. Resident of Ga. since Sept. 19th. 1851.

February 1862 at Newman, Ga.

Co. D, Phillips Legion

CAPTURED, WHEN AND WHERE? Captured in Feb. or March 1865, carried to Point Lookout, Md.

RELEASED. After surrender.

WHEN AND WHERE SURRENDER LD?

IF NOT PRESENT AT JURRENDER, WHERE WERE YOU? In prison.

DIED, WHEN AND WHERE?

WITNESSES. I.E.C.W. Smith, same command -- No data.

JWI

NAME

RAJK

WOUNDED?

BURIED.

ENLISTED WHEN AND MERE?

COMPANY AND REGIMENT?

NAME OF CAPTAIN AND CLIONEL?