1,	R. b. Be	oou	or to the	Ordina	ry of said County	
certify that I a	m well acquainted	d with	E, S. D	avis	the	
olicant in the	foregoing affiday	vit, and am we	ell satisfied the	at the stateme	nts made by him	
nis said affidav	it are true, and th	at he is disabl	ed, to the exten	nt he claims,	and I know he is	8
individual he	represents himself					
I further cer	tify that	or. b	. 1200	our_		
	e foregoing affid	avits were m			was signed, is a	141
natures thereto	and morning.	5	of said Co	ounty, and the	said affidavits and	l
latures thereto	are genuine.		91	t 2.	a /	
Given under	my official signat	ure and seal,	this	day of	1891	
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STATE OF GEORGIA,

Camplicate County,

I. R. R. County,

I. R. R. County,

I. R. R. County,

I. County of said county,

do certify that I am well acquainted with

B. R. R. R. County

the,

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

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

individual he repeacents himself to be, and that he resides in this county.

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

R. C. Bravers

Ordinary County.

Savie ges 8.

SOLDIER'S PENSION

OF ELPRINGIA,

STATE OF GEORGIA,

For Applicants Heretofore Allowed Pensions

# For Applicants Heretofore Allowed Pensions.

PRESONALLY appears & S. & Quio of Couldbook County, State of Georgia, who, being duly sworn, says on oath that he is a bona flat citizen and resident of said State, and has resided therein continuously ever since the day of faculty 1838; that he enlisted in the military service of the Confederate States (or of the State of States, and served as a friends in Company of the Regiment of Georgia Volunteers since in Company of the Regiment of Georgia Volunteers since in Company of the Regiment of Georgia On the State of Winguist of the State of Winguist of the State of Winguist of States, which will be suited to the state of Winguist of States on States of States of States on States of States on States of States of States on States of S	TATE OF GEORGIA,
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fig citizen and resident of said State, and has resided therein continuously ever since the day of fall in the said State, and has resided therein continuously ever since the day of fall in the state of during the war between the States, and served as a friends in Company of the Regiment of the States of Volunteers with the state of States, and served as a friends in Company of the Regiment of States, and served as a follows:  Volunteers with a state of States of States, and served as a follows:  On the 28 day of fall 1884, while the state of Virguisto on the 28 day of fall 1884, he was wounded as follows:  On the 28 day of fall 1884, while the state of Virguisto of the State on 1884 and the State of States on 1884 and the state of Virguisto of the State of States on 1884 and the state of Virguisto of the State of States on 1884 and the state of Virguisto of of Vir	
day of April 1838; that he enlisted in the military service of the Confederate States (or of the State of 1838; that he enlisted in the military service of the Confederate States, and served as a friends in Company of the Regiment of Georgie Volunteers in Company of the Regiment in Company of the Regiment of Georgie Volunteers which the State of Georgie that whilst engaged in such military service at the battle of 1800 or 1869; that whilst engaged in such military service at the battle of 1800 or 1869; that whilst engaged in such military service at the battle of 1800 or 1869; the was wounded as follows: the state of Georgia that the state of Georgia did the the state of Georgia that t	PERSONALLY appears Co. D. Davis of Compbell
day of April 1838; that he enlisted in the military service of the Confederate States (or of the State of 1838; that he enlisted in the military service of the Confederate States, and served as a friends in Company of the Regiment of Georgie Volunteers in Company of the Regiment in Company of the Regiment of Georgie Volunteers which the State of Georgie that whilst engaged in such military service at the battle of 1800 or 1869; that whilst engaged in such military service at the battle of 1800 or 1869; that whilst engaged in such military service at the battle of 1800 or 1869; the was wounded as follows: the state of Georgia that the state of Georgia did the the state of Georgia that t	unty, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
States, and served as a Gringle in Company J., of John Regiment of States, and served as a Gringle in Company J., of John Regiment of Joseph Volunteers Size in Company J., of John Regiment of Joseph Volunteers Size in the State of Joseph John State of Joseph Jo	ident of said State, and has resided therein continuously ever since the 1322
States, and served as a volunteers series in Company of the Regiment of State of Volunteers series as Brigade; that whilst engaged in such military service at the battle of blook in the State of Vinguisto, on the 28 day of filly 1864, he was wounded as follows: 6, the vigiliary service of the service of t	of 1838; that he enlisted in the military service of the Con
States, and served as a volunteers series in Company of the Regiment of State of Volunteers series as Brigade; that whilst engaged in such military service at the battle of blook in the State of Vinguisto, on the 28 day of filly 1864, he was wounded as follows: 6, the vigiliary service of the service of t	erate States (or of the State of Herrain ) during the war between the
in such military service at the battle of Door State in the State of Virginia on the 28 day of State or Life and the acts amendatory thereof, and makes application for the glowers. Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of disability, resulting from the wound or dheese.  POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  Know all Men by these Presents, That 1, County State of Georgia, do hereby appoint of the County State of Georgia do hereby appoint of the County said 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 attorics ing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1891.	ites, and served as a Trivole in Company , of 10 th Regimen
in such military service at the battle of Dobot Break in the State of Vergeneith on the 28 day of July 1864, he was wounded as follows: 6., the including the state of July 1864, which would be suited to be a state of July 1864, which would be suited to for the year ending October 26, 1891. I have heretofore been allowed a pension of dollars, for 1891.  Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of dollars, for 1891.  Sworn to and subscribed before me, this, the 1891.  R. B. Bowers, Ordinary, 1891.  Nove State fully nature of vound or character of disease which causes the disability, and explais particularly the extent of the disability, resulting from the wound or character of disease which causes the disability, and explais particularly the extent of the disability, resulting from the wound or character of disease which causes the disability, and explais particularly the extent of the disability, resulting from the wound or character of disease which causes the disability, and explais particularly the extent of the disability, resulting from the wound or character of disease which causes the disability, and explais particularly the extent of the disability, resulting from the wound or character of disease which causes the disability, and explais particularly the extent of the disability, resulting from the wound or character of disease which causes the disability, and explais particularly the extent of the disability, resulting from the wound or character of disease which causes the disability, and explais particularly the extent of the disability, resulting from the wound or character of disease which causes the disability, and explain the extent of the disability, resulting from the wound or character of disease which causes the disability, and explain the extent of the disability, and explai	Storgio Volunteers Sieres 's Brigade: that whilst engage
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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 dollars, for several process of the control of the control of the disability, and explain particularly the evient of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the evient of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the evient of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the evient of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the evient of the disability, resulting from the wound or character of the confederate States (or of this State,) as stated in the foregoing afficially; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of	competent to perform the ording avoca
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Sworn to and subscribed before me, this, the  Aday of Charty 1801.  R. B. Bewert, Ordinary,  Nora. State fully nature of wound or character of disease which causes the disability, and replain particularly the extent of the disability, resulting from the wound or character of disease.  POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  Know all Men by these Presents, That 1,  of	Deponent desires to participate in the benefits of the Act, approved October 24, 1887
dollars, for Sworn to and subscribed before me, this, the Control 1891.  R. G. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.  POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  Know all Men by these Presents, That I,  of ny true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State,) as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1891.	the acts amendatory thereof, and makes application for the allowance to which he is entitled the year ending October 26, 1801. I have heretofore been allowed a pension of
Sworn to and subscribed before me, this, the day of Pebria 1891.  R. G. Bewert, Ordinary,  Norz. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or character of disease.  POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  Know all Men by these Presents, That I,  of	
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Nora_State fully nature of wound or character of disease which causes the disability, and exploits posticularly the extent of the disability, resulting from the wound or disease.  POWER OF ATTORNEY.  STATE OF GEORGIA,	D day of 1891.)
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County.  Know all Men by these Presents, That I,  County, State of Georgia, do hereby appoint  of	POWER OF ATTORNEY.
Know all Men by these Presents, That I,  County, State of Georgia, do hereby appoint  of	ATE OF GEORGIA,
Know all Men by these Presents, That I,  County, State of Georgia, do hereby appoint  of	County.
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of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of1891.	County, State of Georgia, do hereby appoint
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of1891.	my true and lawful attorney in fact for
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of1891.	and in my name, to receive and receipt for whatever amount of money I may be entitled
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of1891.	om the State of Georgia by reason of the injury received as aforesaid in the military service
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  day of	my said attorney to receipt in my name for any Warrant that may be issued by the Court
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of1891.	or for any sum of money which may be coming to me for the reason aforesaid
day of1891.	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
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Executed in the presence of us:	
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DIRECTION.	
Send money to me as follows, by	Send money to me as follows, by
P. O.	
County, Georgia.	

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,
Campbeel County.
Personally appears & S. S. Jacon  of Court been County, State of Georgia, who, being duly sworn, says
of County, State of Georgia, who, being duly sworn, says
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
since the 15 tax day of Africe 1838; that he enlisted
in the military service of the Confederate States (or of the State of George 4)
during the war between the States, and served as a Ariva ta in Company I.
of 10 th Regiment of Laryin Volunteers Sino 's
Brigade; that whilst engaged in such military service at the battle of Cadon Craul
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leely 1864, he was wounded as follows: At a to about
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lety 1864, he was wounded as follows: It of ADDEN to the country fire a formation to the country to the grant of the country and the country a
Deponent desires to participate in the benefits of the Act. approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of
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Sworn to and subscribed before me this the 6 SX
day of /// 1892.)
R. G. Beevers Ordinary.
Nors.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
POWER OF ATTORNEY.
STATE OF GEORGIA,
County
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of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled, to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

County, in said State, do hereby appoint

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Executed in th	e presence of us:	ì				
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W. W						
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Send money to	me as follows, by			٠		
		to			P. C	).

# POWER OF ATTORNEY. Know all Men by these Presents, That!-County, State of Georgia, do hereby appoint of 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 fluiry received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorising my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF. I have because the same that may be the coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and Executed in the presence of us: Application fo STALL OF VERNORAL For Applicants Herstefore Allowed Pensions.

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STATE OF GEORGIA	. )											
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Know all Men by these Presents,												<u> </u>
County, State of Georgia, do hereby app												
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Soldier's Pension.

Soldier's Pension.

1894.

Name & Savere & Comment.

Name & Comment.

Name

# For Applicants Heretofore Allowed Pensions, STATE OF GEORGIA.

For Applicants Herotofore Allowed Pensions.

Propositive propose & D. Davis of Caeubbell
appear and a second a second and a second an
County, State of Georgia, who, being duly sworn, says on oath that he is a bond fide citizen and
resident of said State, and has resided thesein continuously ever since the day of 1808; that he enlisted in the military service of the Con-
federate States (or of the State of Sergin ) during the war between the
States, and served as a Private in Company of 10 th Regiment
of Scouper Volunteers Sim 's Brigade; that whilst engaged in
such military service at the battle of love loves in the State
of Virginia, on the 28 day of July 186 & he was
wounded as follows: That with a price of a sheet in
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Deponent desires to praticipate in the benefits of the Act, approved October 2 this 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for
the year ending October 26, 1893. I have heretofore been allowed a pension of Jeffur dollars, for
Sworn to and subscribed before me, this, the
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R & Bravers Ord's  Norse-State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the
Norn—State fully nature of wound or character of disease which causes the disability, and enplain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
Campbell County.
I, Ordinary of said County,
do certify that I am well acquainted with 6. 5, Davis the
The state of the s
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
by demonstration of and the said affidavits and
signatures thereto are gennine ason of the found receive NS afor a sufficient to the military and with the Con-decare. Luces of the States as stored in the Eregolog athlica in derelog and without the Con-decare.
Given under my official signature and seal, this Jay of mount 1893.
R 6, Bearen
County, State of Georgas do Orrex appoint
Ywork all Men of these bless Ordinary, To authorise County.
County )
STATE OF GEORGIA.)
POWER OF ATTORNEY.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, )	
Campbee County.	
PERSONALLY appears & S. Dovis of Campbell	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen	
and resident of said State, and has resided therein continuously ever since the	
day of Aprice 1838; 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 formal ale in Company I of 10 th Regiment	
Volunteers Same 's Brigade: that whilst engaged in	
such military service at the battle of Certain crack in the State	
of day of July 1864, he was	
wounded as follows: I was that showell by a piece of	
a bounds shew while in service in Na int	
seen 1864, soid fire of bourb entiring in side	
of left leg just above auth joint, from which	•
ound I have an formed over since, and an	•
rdinery manual lober	٠
,	
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,	
and the acts amendatory thereof, and makes application for the allowance to which he is	
entitled for the year ending October 20, 1804. I have heretofore been allowed a pension of	
Sworn to and subscribed before me, this, the	
16 day of March 1894. Swort	
R. C. Bravery Ordy	
Note-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent	
f the disability resulting from the wound or disease.	
STATE OF GEORGIA, )	
Camp Lee County.	
, Re Burney	
lo certify that I am well acquainted with	
pplicant in the foregoing affidavit, and am well satisfied that the statements made by him	
n his said affidavit are true, and I know he is the individual he represents himself to be nd that he resides in this County.	
Given under my official signature and seal, this	
day of March 1894.	
day of 1894.	
P. C. Graven	
Ordinary Countiel County.	

-	, MEN BY THESE PI	RESENTS, That ,I,	· · · · · · · · · · · · · · · · · · ·	
County, State of	Georgia, do hereby app	,		
of			my true and lawful a	ttorney in fact, for
State of Georgia l States (or of this s in my name for a be coming to me f	by reason of an injury ratate) as stated in the fo	eceived as aforesaid pregoing affidavit; her be issued by the Gov	nt of money I may be er in the military service of eby authorizing my said ernor, or for any sum of	of the Confederate
		1895.		
Execute	d in presence of us			[In H.]
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Sand sussess		DIRECTIONS.		
Send money	to me as follows, by			n.c.
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	NO.		.1895. parlment.	.
rolled.)	NSION.	15	N, e Department.	
r Enrolled.)	ENSION.	ani	NSON, reutire Department.	TO TO
eady Enrolled.)	PENSION.	Bani	1895. IOHNSON,	ANDED TO
Aiready Enrolled.)	'S PENSION.	Sans	1895.  1D JOHNSON,  rdary Executive Department.	Tr HANDED TO
1900 Already Enrolled.)	SR'S PENSION.	S. Dan's	1895. HARD JOHNSON, Secretary Executive Department.	PANAT HANDED TO
Those Aiready Enrolled.)	ISOS.	E.S. Dan's	2)   1895. RICHARD JOHNSON, Secretary Executive Department.	WARRANT HANDED TO
(For Those Already Eurolled.)	LDIER'S PENSION. 1895.	Name 6.5. Dan's County Curry Feel Distribility of G	RICHARD JOHNSON, Secretary Executive Department.	WARLANT HANDED TO
For Those Already Eurollod.)	DIER'S PENSION.	Const Feel	Sel Big	WARRANT HANDED TO

### POWER OF ATTORNEY.

	hereby authorize	
	of	
to receive and receipt for the pension	on paid hereon and request that	
at	3 (Sec. 1997) (Sec. 1997) (Sec. 1997)	
IN WITNESS WHEREOF, I h	ave hereunto set my hand and see	l +lulu
	min men	,
day of		, this
	1896,	
day of	1896,	
day ofExecuted in presence of us	)	
Executed in presence of us	)	

SOLDIER'S PENSION.

1886.

No. 275

No. 275

No. 275

Name G. M. Maries

County Greened Rect.

Disability of Mr.

Amount, \$-20''

At 6 1898

RICHARD JOHNSON,

Uco. W. Hartison, State Printer, At

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Campbell County.
Personally appears 6. 8. Downs of Complex
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 13
day of 180 ; 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 , of /oth Regiment of Volunteers, Survey 's Brigade; that whilst engaged in
such military service at the battle of Carlor Crack in the State
of 2 a , on the 28 day of 2 cally 186 Khe was .
wounded as follows: a as any short whole in derve an
in state of da, in year 1864, by a
sur of other which sheet struck
there our tryp tay not ovor the
wound have the total our die as
ter consequence of which I our mobble
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, was and
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
Sworn to and subscribed before me, this, the )
Rlo Asyler My (Both)
Norz.—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.
Couper County.
10. C. De our
do certify that I am well acquainted with G. S. Ordinary of said County,
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given upder my official signature and seal, this
day of
R. le Beavers
· Am
Ordinary County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
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 the confederate States (or of the State of Lerry to during the war between the States, and served as a Crivett in Company, of the Regiment of Lerry to during the war between the states in the state of th
The Charle to free in the left legal the State of the State of the dead of the State of the dead of the State
extitled for the year ending October 26th, 1800. I have heretafore as a resident of October 1800. I have heretafore as a resident of October 1800.  Sworn to and subscribed before me, this, the day of the disability and explain particularly the estent of the disability, resulting from the wound or classactor of disability, resulting from the wound or disasses.
STATE OF GEORGIA,  County.  I. C. Decerves Ordinary of said County, do certify that I am well acquainted with E. S. Davis the applicant in the foregoing affidivit, 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 Leb many. 1896.
Anti- Just Just Just Just Just Just Just Just

STATE OF GE	DROIA,			
Ab.,	County.			
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to receive and receip	t for the pension	paid hereon and	request that h	e remit same to
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at		-,		
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	WHEREOF, I hav		ny hand and sea	, this
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	5   1	County C Disability Amount		1, %
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### POWER OF ATTORNEY.

STAT	E OF	GEORGIA,	ounty.	}				
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40 recei	ve and	receipt for th	ie pens	sion paid	hereon by_	and requ	est that h	ne remit same
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					cunto s	ct my na	, and sea	i, this
,								[L.
	Exect	nted in presence	ce of	}	G			
(For Those Already Envilled.)	No. 2 561	INVALID SOLDIER'S PERSION.	1868.	Name & S. XGO-10	Disability L. 7 44 1	Amount, \$ 50 c.	RICHARD JOHNSON, Commissioners of Pressions.	WARLY EXPED TO

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Care place County	1.
	1
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	1
day of 18.7 8; that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the	1
States, and served as a direct of the in Company I, of to the Regiment	i
of Volunteers, Sie 's Brigade; that whilst engaged	
in such military service in the State of , on the 2 & day	
of 1865, he was wounded, injured or diseased of follows:	
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fount by a proce of shore well the in	
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Parante of the control of "C. and creek"	
manie to disabled and on decount	
of spid wound I am proctionly & resulting	1
infectele to perform ordinary mount lober	
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,	1
and the acts amendatory thereof, and makes application for the pension to which he is	l
entitled for the year ending October 20th, 1807. I have heretofore under said law as a	
resident of county been allowed an invalid pension of	
Sworn to and subscribed before me, this, the	
A.Co. Bravero Ondinory	
Norm-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.	
Courty.	
County.)	
do certify that I am well acquainted with & 3. Xours the	
applicant in the foregoing affidavit, and am well satisfied that the statements made by him	
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.	
Given under my official signature and seal, this	
day of 1897.	
( C. C. Benver	
Ordinary Comments County.	
County.	

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Comp bece County.
Personally appears & S. Noves of Course being
County State of Georgia who below data
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 Abrie 1928 that he will be the //
day of 1818; that he enlisted in the military service of the Confederate States (or of the States of
federate States (or of the State of States, and served as a Or of the States, and served as a Or of the Regiment
of Set Volunteers, S
in such military service in the State of
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of the property where we detucie
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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
the year ending October 26th 1898 I have been to
county bear all and a second
Dollars, for the year 189 7
Sworn to and subscribed before me, this, the
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NOTE-State fully the nature of wound of character of disease which causes the disability, and explain particularly the extent
TATE OF GEORGIA,
1 R. E. Le ovivo
o certify that I am well acquainted with E. S. Now
oplicant in the foregoing affidavit, and an mell and find the
plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be
ad that he resides in this County.
Given under my official signature and seal, this
day of Jeby 1898.
Ante pour mail A. Co. Beargy

STATE OF		unty.			
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to receive and	receipt for the	pension paid here	on and request	that he rem	it same to
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at	1,	•			
IN WITH	ESS WHERE	OF, I have hereunto	set my hand on	d seal this	
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Execu	ted in presence of	of-	* .		
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CODE SECTION 12A.  (For Those Aircady Enrolled.  No. 2563	ラ苗	2 3	6.0	KICHARD JOHNSON, Commissioner of WARRANT HANDED TO	appet
5 [		- 03 1	÷ t	KIC W.	1
Ē	=	Name	Disability Amount,		, oeo
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### POWER OF ATTORNEY.

I,			hereby	authorize			
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receive and	receipt for the	pension	paid hereon	and reque	st that he	remit	same to
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y 01	OMERIC CONTRACTOR CONT	1800,					[L. S.
Execut	ed in presence o	f	,				[L. S.
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S En	7 円	$\mathbf{Q}$	2 3 6	1 2	JOHN W. LINDSEY	WARRANT HANDED TO	Haler,
For Those Arready	A S		3 2 2	ma	7. LJ	T BA	Ī
	≥ ==	0	\$ 6.7	Amount, \$	Z	RRAN	7
No.			Name County A		H H	12 .	

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
tumphell county.
personally appears & Davis of Campbell
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the 16
day of Ahard 1836; 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 Wwate in Company of of the Regiment
of Therefore Volunteers, Amis 's Brigade; that whilst engaged
in such military service in the State of , on the 28 day
of July 1864, he was wounded, injured or diseased as follows:
I in the Battle of cedor creek news straws
- buty Nra I was shot just about the lettantel
fint with a here of shel- which said wound
has never chief up it is now runing t
to to bad That I can't stand on it but a
little while at atmy
they may the same
Deponent makes application for the pension to which he is entitled for the year end-
ing October 20th, 1800. I have heretofore under said law as a resident of
to 1/1 The Table 1
Sworn to and subscribed before me, this, the
It day of Jubruany 1899. POST OFFICE NING ON BY
L. J. of tep herry - ordinary
Note. State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability condition from this 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,
Gumpheli County.
do certify that I am well acquainted with 5.5. 2 new 5 the applicant in the foregoing affidavit, and am well satisfied that the statements made by him
1. Ordinary of said County,
do certify that I am well acquainted with. 8. 8. 2 a cuts 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 February 1890.
day of June 1890.
J. Stephens
Ordinary Teampolell County.
County
~

# For Applicants Heretofore Allowed Pensions.

TATE OF GEORGIA,
County.
personally appears & S. Davis of Jumphell
ounty, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
Id resident of said State and County, and has resided therein continuously ever since the
e Confederate States (or of the State of) during the war be-
reen the States, and served as a Prarate, in Company I, of 10 th
egiment of Jury Wolunteers, Jims, 's Brigade; that whilst
ngaged in such military service in the State of Nymmen, on the 26
ay of 1864, he was wounded, injured or diseased as follows:
that about the until fromt of left lig und
it never has cured up was hit with a pury
of about shelf it hurts my so I can hardly
walk on it can't walk but very little can't
do but very little work
ding October 28th, 1900. I have heretofore under said law as a resident of County been allowed an invalid pension of High Mill Dollars, for the year 1809.  Sworn to and subscribed before me, this, the Sworn to an advantage of the Sworn to a sworn to
TATE OF GEORGIA,
dump hell county.
I, Ordinary of said County,
certify that I am well acquainted with 6.0, Sait 15 the
plicant in the foregoing affidavit, and am well satisfied that the statements made by him
his said affidavit are true; and I know he is the individual he represents himself to be
d that he resides in this County.
Given under my official signature and seal, this
day of January 1900.
Ordinary Melling Mell County.

I,	County	hereby authorize		
	4	of		
o receive and		on paid hereon and reque	est that he remi	it same to
t				
IN WIT	NESS WHEREOF, I	have hereunto set my han	d and seal this	
ay of		1901.		
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8	DISABLEI IER'S PE 1901	5. 6 3 6	OHN W. LINDSH Commissions WARRANT HANDED TO	A Townson
No.		60 A 1	WAB	1   2
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For Those Already	- =	Name County Disabilit	1 11 11	

### POWER OF ATTORNEY.

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-to rece	eive and rece	ipt for the pension	paid hereon a	ud request	that he remit	
at			continue			
IN	WITNESS	WHEREOF, I ha	ve hereunto set	my hand and	d seal this	
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T ENROLLED. )	732	PENSION 2.	John Control	2/1902.	DSEY, tations of Pration. ED TO	7
ENDY 154.	732	PENSION D.2.	No or C	1/2/ 1902.	JINDSEY, Commissions of Fraction. ANDED TO	84.
DE SECTION 124. ALREADY ENROLLED.)	733	Y'S PENSION FO2.	A o o o o o o o o o o o o o o o o o o o	//2/ 1902.	W. LINDSEY, Commission of Prasies. ST HANDED TO	B.L.
CODE SECTION 134 SSE ALREADY ENROLLED.)	733 733	ER'S PENSION 1902.	Source of Gold	1/2/ 1902.	IN W. LINDSEY, Commission of Protest. RRANT HANDED TO	Between
COME SECTION 124 THOSE ALREADY ENROLLED.)	No. 7432	DIER'S PENSION 1902.	Cover place	. 12.1 1902.	JOHN W. LINDSEY, Commission of Protest. WARRANT HANDED TO	B.L.
CODE SECTION 194. FOR THOSE ALREADY ENBOLLED.)	No. 7432	LDIER'S PENSION 1902.	Name Court Court of C	Amount, \$ 1/2.1 1902.	JOHN W. LINDSEY, Committeer of Practice. WARRANT HANDED TO	Beh.

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# For Applicants Heretofore Allowed Pensions.

STATE OF GEO	RGIA,			
Compbeel	County.			
Personally appears	6. S. Down	· b · or	Com	blue
ounty, State of Georgia, wh				
id resident of said State, an	d has resided therein	ays on outh the	ne is a com	nae citizen
y of	d has resided therein	continuously ev	er since the	
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derate States (or of the Sta		) dur	ing the war	between the
ates, and served as a	vo er	in Company"	-, of /0	h Regiment
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such military service in th			, on the	
- Luy	866 %, he was woun	ded, injured or	diseased as f	ollows:
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pround -	labor	,		
		4		
Deponent makes applica	tion for the pension	to which he is	entitled for	r year end-
g October 26th, 1901.	I have heretofore	under said la	w as a r	esident of
Compose	Cou	nty been allowe	d an invalid	pension of
- 249	Dollars, fo	r the year 1900.		
Sworn to and subscribed			do	- Lin
9 day of Fa	_	mottomic of predictions		11
hr s lie	1901.)	Postoffice /	400	170
11. 0. Me 200	un, andy			
NoteState fully the nature of the	ne wound or character of dis	ease which causes th	e disability, and	explain partic-
y the extent of the disability result	ing from the wound or disea	se.		
ATE OF GEORGIA	, 1			
Som face	County.			
· nsu	Z			
		Ord	inary of sa	id County,
certify that I am well acqu			<del></del>	the
licant in the foregoing affid	avit, and am well sati	sfied that the st	atements me	de by him
is said affidavit are true, a	ad I know he is the i	ndividual he res	resents him	solf to be
that he resides in this Cou	ntv.	marriadar no rej	oresents intil	sett to be
			20	_
Given un	der my official signat	ure and seal, thi	s 7 1	
day of Fr	190	1.		
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# }		4.0.7		
<b>1</b>	Ordinary	Comp	her	County.
	. 17	0		

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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STATE OF GEORGIA,
Compbell County.
Personally appears & Sover 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 18 18; 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 lo in Company I'm, of oth Regiment
of 's Brigade; that whilst engaged
in such military service in the State of, on the day
of 180 %, he was wounded, injured or diseased as follows:
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fr a frian of she set of bosile of cader grast
Que on entry ord wound rest in
Confit from a doing a miles of me
The to some a support for my suy
The second section of the second section of the second section of the second section s
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1902. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1901.
Sworn to and subscribed before me, this the   &.
day of 1902. Post-office
It She Line Chory
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,
Complete County.
I, She She County,
do certify that I am well acquainted with 6. f. down
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 le represents himself to
be and that he resides in this County.
Given under my official signature and seal, this
day of 1902.
All TON Since
Ordinary Com fo be County
Nors.—Fill all blanks and of Company and Regiment.

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STATE OF	,	}	
I,	County.	hereby authorize	
to receive and	receipt for the pens	ion paid hereon and request that he re	mit same
at		by	
		have hereunto set my hand and seal this	<u> </u>
day of	0		[r.
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ROLLE	SISI.	EX,	. 0.
DV EN		Daniel Acoustic	WARRANT HANDED TO
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No.		Si Co L	WARE.
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### POWER OF ATTORNEY.

	STATE OF		}	
	I,			
	to receive and	receipt for the	ofof	st that he remit same
	IN WITHE	SS WHEREOF, I he	we hereunto set my hand and seal.	this
	Executed	in presence of	**************************************	
	Description of the second		7.1	
0	LED.)	NOI	1 3 30	maions.
1	DY ENROL	PENS		LINDSEY. Commissioner of P
	FOR THOSE ALREADY ENROLLED  No. 60 6	DISABI IER'S	Regiment A P P P P P P P P P P P P P P P P P P	JOHN W. LINDSEY. Commissioner KARRANT HANDED TO
	(FOR THO		Name County Co. L. Disability & Amount, \$	JC NAW

Gro. W. Harrison, State Printer, Atlanta.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Complete County
Personally appears & S. Aodin of Complete
County State of Georgia who halve date
County, State of Georgia, who being duly aworn, says on eath that he is a bone fide citizen and resident of said State, and has resided therein continuously ever since the
day of 18 77; that he enlisted in the military service of the Con-
States, and served as a firm in Company
Of Voluntoon Dates
in such military, service in the State of
of 186 , he was wounded, injured or diseased as follows:
I was hit just tobare light authe joint
by a process of street while in the this warming
of bartly of carlot Charlet 1 or coop out
of boild wound I am the to do or
loinger, in accord lotor
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1903. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the day of 1903.  Post-office
NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
Carre place County.
I, It. S Uc Larin Ordinary of said County,
do certify that I am well acquainted with 6. 5. 2 ov.
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 Jan 1903.
Ordinary Courage best County.
Nore.—Fill all blanks and of Company and Regiment. Nore.—All vouchers and affidavits must bear date after January 1, 1903.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Complete County
Personally appears 6. S. Down
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 189 % that he colleted in the military service of the Con-
federate States (or of the State of ) during the war between the
States, and served as a One o to in Company L', of Oth Regiment
of Ju Volunteers Suu 's Brigade; that whilst engaged
in such military service in the State of va , on the 2 8 day
of they 186 , he was wounded, injured or diseased as follows:
I was that through lift leg just
oboos on Ker goint at houter
y color have 10 - one one much
of find women of a one were been
16 from today he owned
Constitution of the consti
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
g day of Lacy 1904. 6. S. X 20 000
A Sun Lowing Ordi Post-office Pay door La
· Carlon and a second
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 CROMOTA
STATE OF GEORGIA,
County.
I, M. S. W. Jordinary of said County.
do certify that I am well acquainted with 6. S. Doors
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 1984.
( In I we Lowing
Four Beat
Ordinary County.
Nors.—Fill all blanks and of Company and Regiment.
Nork.—All vouchers and affidavits must bear date after January 1, 1984.

	STAT	E OF	GEORGIA,	c	COUNTY.				
			I,		of		he	reby a	uthorize
	to rece	eive and	l receipt for t	he p	ension paid hereon,	and reques	t that he	remit	same to
1			· · · · · · · · · · · · · · · · · · ·		by		e i a protección discultor co		
	nt.								
	I	WITN	KSS WHEREOF,	I hav	ve hereunto set my l	nand and s	cal, this.		
	day of		.,		1905.				
			7		gardener 1	*			_[L. 8.]
		Execu	ted in the pro	esenc	ce of				
					7		4	)	
		1.					1		
						4			
1			v						
Campbell County	(FOR THOSE ALREADY ENROLLED.)	No. 75-	SOLDIER'S PENSION	1905.	County Come & but	Amount, 5_5° 0° 5	JOHN W. LINDSEY,  O mmissioner of Pensions	WARRANT HANDED TO	Taring mental on their series
	#MANUTE - 1			-				7 7 7 8 h - 18 h	

### POWER OF ATTORNEY.

					by autho
to receive and	receipt for the p	pension paid here	on, and reques	t that he re	
at	-	•			
		nave hereunto set	my hand and s	seal, this	
	1908		- 12.01.000 10.000		
					[L
Executed	in the presence of	ď			
***************************************					
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1			1 9	ıı ì	1.1
â	$\equiv$	3 13:	2 81	sions.	
LIBEADY ENROLLED	~ <b>≥</b> •	1335	1 3	7. Y.	
EABY EN	日間の	A P P P P P P P P P P P P P P P P P P P	1.16	OHN W. LINDSEY, Commissioner of P.	8
		6	6	1 2 4 7	1 6

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Complete COUNTY.)
Personally appears & & Loving of Campbell
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 180 ; that he enlisted in the military service of the Con-
federate States (or of the State of /a ) during the war between the
States, and served as a driver in Company , of 10 th Regiment
federate States (or of the State of ) during the war between the States, and served as a bright in Company of the Regiment of Volunteers 's Brigade; that whilst engaged
in such military service in the State of, on the day
of fiely 186 he was wounded, injured or diseased as follows:  I was don't by a duck of there in a to othere  the left auffle fount at bottery di don Ruy  which in Complet berneue. I all out would
the left aufflingount at botter of Die don Run
which in Compet servece - oh ore much
yours wared I am mutit for order
Tenory acominal lover
Deponent makes application for the pension to which he is entitled for the year
ending Ootober 28th, 1905. I have heretofore, under said law, as a resident of  County, been allowed an invalid pension of
Dollars, for the year 1904.
Sworn to and subscribed before me, this the
// day of 1905.
Sworn to and subscribed before me, this the day of 1905.  Post-office Post-office
Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
STATE OF GEORGIA,  COUNTY.  Ordinary of said County,
1 It & the Lower Ordinary of soid Commen
do certify that I am well acquainted with. G. S. Down well existed that the statement and
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 By official signature and seal, this
day of
(AME) 2. S. Eu Louis
Ordinary Come & County.
Norg.—Fill all blanks and of Company and Regiment.
Nora.—All vouchers and affidavits must bear date after January 1, 1900.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
race flec County.
Personally appears & A. Soois of Count buc
ounty, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen-
nd resident of said State, and has resided therein continuously ever since the
ty of 1808; that he enlisted in the military service of the Con-
derate States, (or of the State of) during the war between the
tates, and served as a frivo ty in Company of 10 th Regiment
Volunteers Jay 's Brigade; that whilst engaged a such military service in the State of Va on the 27 day
186 %, he was wounded, injured or diseased as follows:
know shot in left by just store outher
wint by free of there of house of Color
Crash. And wound council evous
for ey which has boutled in east
full one at the full of
for mounty are nearly and nearly are
Deponent makes application for the pension to which he is entitled for the year
nding 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
1 R
Me Luc former Order Post-Office Red Oash ya
Norm.—State fully the nature of the wound or character of disease which causes the disability, and explain
rricularly the extent of the disability resulting from the wound or disease.
State of Georgia,
Complete County.
1 M. S. Lee Form Ordinary of said County
o certify that I am well acquainted with 6. S. S owns
he applicant in the foregoing affidavit, and am well satisfied that the statements made
y him in his said affidavit are true, and I know he is the individual he represents himself
be, and that he resides in this County.
Given under my official signature and seal, this
day of 1998.
n. I we forin
Ordinary County County.
Nove - Pill all blanks and of Company and Resiment.

STATE OF GEORGIA,		
I, hereby authorize		
to receive and receipt for the pension paid hereon, and request that he remit same to	Line	
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of1807.	Spainted Zold	
Executed in presence of	Audited 18 TAmount 2 10	9
COMMINGE OF STREET STRE	in Sig disar	
	· Applean	

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS State of Georgia. County but county. Personally appears 6. S. Novis or Com & 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 \_\_\_\_\_/5day of 18.18; that he enlisted in the military service of the Con-of Ya Volunteers Sie 's Brigade; that whilst engaged in such military service in the State of \_\_\_\_ Ta \_\_\_, on the 28 day any 186 #, he was wounded, injured or diseased as follows: I was hit instobase the lest outle faint by a piece of there at the true The course some and to remain dance must suice, and now one ofe y said would need in bu fet. Remain I our me the to or ordinary mound whom Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1907, I have heretofore, under said law, as a resident of County, been allowed an invalid pension of County, been allowed an invalid pension of Dollars, for the year 1906. Sworn to and subseribed before me, this the S. S. S. Sorrio Postoffice Red Don 16 16 Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. State of Georgia. lambber county. Ordinary of said County, do certify that I am well acquainted with E. S. Now the applicant in the foregoing affidavit, and am well satisfied that the statements made

AMX your seal here

to be, and that he resides in this County.

Norz.—Fill all blanks and of Company and Regiment. Norz.—All vouchers and affidavits must bear date after January 1st, 1917.

Ordinary County bell County

by him in his said affidavit are true, and I know he is the individual he represents himself

Given under myofficial signature and seal this

	by mim in his said amdavit are true, a	and I know he is the individual he represents hims	elf
	to be, and that he resides in this Cou	nty.	
	day of	al signature and seal this	-
		m. Sue Lonin	
	Affix your seal -	0. 11	!
		County	·
	NornAll vouchers	ts and of Company and Regiment.  and affidavits must bear date after January 1st, 1937.	
	the state of the s		
	Control of the Contro		
A. C.	Travia. I		
	Campbell		
	· Compace		de shell
	7		Campbell
	1001		Maimed Soldiers.
	1891.		Sycamica Dolaters.
	Maimed Soldiers.		Voucher No. 2738.
Audited1891.	· · · · · · · · · · · · · · · · · · ·		
Audited1891.	Voucher No. 293	Audited 18	Amount \$ 50.
COMPTROLLER GENERAL	Amount \$ 50	And the second s	Paid to Q. D. Davis
AVACT BYMBE YES BRA G		COMPTROLLER GENERAL.	
	Paid to S. Saves	~	The district of
	For Leg did		rox eguisaves,
	ror oxy un		
	- 0		For Ligitisabled,
	Hely 1, 1891.		April 12 1890
	1		
	Included in warrant No.		Included in warrant No.
	issued to Treasurer.		issued to Treasurer.
	C		
	1891.		. 18
	-		
	WARRANT-CLERK.	1 %	WARRANT CLERK.
			W. J. Campbell, State Printer, Constitution Job Office.
4	Geo. W. Harrison, State Printer, Atlanta.		Shipping
	applicant		appleaned
	cycleaus)		
The state of the s	. ,		

WHEN AND WHERE BORN?

ENLISTED WHEN AND WIENER?

RANK. Private

COMPANY AND REGIMENT? Co I; 10th. Regt. Ga. Vols. Sims Brigade

NAME OF CAPTAIN AND COLONEL? Captoin T'. H. Jenkins.

WOUNDED? Cedar Creek, Va. Shot in left ankle. July 28th. 1864.

CAPTURED, WILL AND WHERL?

RELEASED.

WHEN AND WHEEL SUITE NOTE ED?

IF NOT IRESENT AT SURREDDER, WHERE WELL YOU?

DIED / WHEN AND WALRE?

BURIED.

WITNESSES. T. H. Jenkins Captain No data.

No. 2738

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Allanta, Sa., April 12 1090

of the County

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

Ing disabled

He is entitled to receive the sum of for such disability, the same being the allowance due for the year ending October 24, 1840.

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

12 part don GOVERNOR.

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE 1 REAL STATE 1 REPORT OF CAPTURE OF STATE 1 REAL STA

m

STATE OF GEORGIA. EXECUTIVE DEPARTMENT. having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for He is entitled to receive the sum of.... for such disability, the same being the appeared dee for the year ending October 24, 1891.

The Treasurer will pay the same and old happening the this voucher and return same to Evecutive Department for warrants. Executive Department for warrant OF GEORGY By the Governor. 10 GOVERNOR.

SEC'Y EXECUTIVE DEPARTMENT. .50

.00 RECEIPED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

Pension Office 10/35th.1910, that prove 6 meaths actual military service. Thusband was on Disable reli and received pension for the injury the enty served one day, ander the few day, applicant must preve band served 6 mes actual military service.

M.W.Lindsey, Com. of Pensions

Car.	mpbell	County
<u>w///c</u>	No	week.
Wid	ow's Appli	ication
	it on Roll in Her Own band Was on Roll a	
County	Cempbell	
NemeR	abacca F. Davis	
Widow of	E. S. Davis.	
*********	morning control of the second	

J. W. LINDSEY
Commissioner of Pensions

Pension Office 10/25th.1910 Must prove 6 menths actual military service. Rusband was on Disable rell and received pension for the injury if he only served one day under the new law, applicant must prove husband served 6 mes actual military service.

E.V. Lindsey, Com, Of Pensions

Can P. Brid. 81	0 E. S. J	C. Campbell Name Rebecca F.		Widow's	76	amp amp
J. W. LINDSEY Commissioner of Penhaga State Printer, Atlanta	Davis.	. Davis.	7	Application		bell county

### WIDOW'S AFFIDAVIT.

STATE OF GEORGIA, Campbell County.	
Personally before me comes. Mrs. Rebecca F.	Davis
who, after being duly sworn, on oath says, that she is the win the County of Payette State of Gady of Dec 18 <sup>66</sup> and that she remained his wife, as	dow of to whom
in.May.2,19.09,and that she has not since his	death remarried. At the time of his death
he was a resident ofCampbellCounty, in	the said State of Georgia and he
was on the Disabled Pension Roll	of the State and paid a pension of \$50.00
in Comphaill County for 10 09 per annu	m, on account of being a soldier in Company
At the death of E. S. Dayle he w	as in the use and possession of the following
propertyNone	The state of the s
of the eash value of \$QQ. What property of any kind and of any value have you	
the cash value (State fully.) H. &. K. Furniture	Value. \$50.00
None Acres land	
Horses and Mules	
Horses and stutes Hogs, Cows, etc.	
Total Cash value of all property	<b>=</b> 0.00
That she is now a bonafide resident citizen of said Cou	***************************************
that see is now a bonance resident crizen of said Cot has so continuously resided since	and she
Sworn to and subscribed before me, this the	1 .6 - ~ 1
17th Jay of Sept. 1919.	cakes of Danis
of	County.
ounpour.	
	100 T.
Affidavit of Witnesses to Prove Marri	age and to Whom-Date of
Death of Husbe	
Seath of Husbi	ina.
STATE OF GEORGIA.	
County.	
Personally before me come	known to be reserved.
and truthful persons, residing in said County, who after hav	
own personal knowledge Mrs	and the second of the second o
he lawful widow ofwi	
aid State of	
as not since remarried. That she became the wife of	on the day
f 18nnd that she and he had resided together as ma	n and wife continuously since
day of	was the
ame man who was on the pension roll of said State	from County

....Ordinary.

......County.

when he died.

Sworn to and subscribed before me, this the

9000

Managan & Property.

State of Georgia ( To any minister of the Kooper, Mayale County ) Justice of the inferior Count Justice of the place or any other person authorized to celebrate these are to authorize and permit you to form in the Honorable state of matimony Clicka of Davis and Reberea of Govern according to to Constitute, and laws of this state; and this shall be your authority for so doing. Diven under my hand as ordinary for the country aforesaid. This 1st day of seconder Come ordinary I hereby certify that Glisha & Davig and Rebecca & Garon were joined together in the Holy Bonds of matimony by me on the 11th of December 1866. D.C. minor J.P. Recorded December 26 1/8 66 Colu d'Conner Ox offices alex

Sale of Georgia Hayette Country

3. 5 B. Servis Ordinary of Or officio Clerk of the

Court of Ordinary of said Country do Lucky

Certify that I have Compared to founding a Rebelea

The Gason with the original relord thereof, how

rebusping in this office and the same is a

so center translated therefrom, and of the whole of Such

brighted set my hand of affixed the sail of the Count of

Ordinary this the 12 days september 1910

5 B Service Selinary

and Of office C. C. O.

### AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA, County,	
oath says, that they are freeholders of said Cours said County and knew her said husband	kery & W.D.Eason who after being sworn on the control of the following states at his death on the control of the following smiture, worth about \$50.00.
of the value of \$ 50.00 That she property to wit: only name furnituse	is now in the use, possession and control of the following
of the value of \$.5000	
Sworn to and subscribed before me, this the 17th day of Sept. 191	Ordinary. County.
	The state of the s
STATE OF GEORGIA, Campbell County.	S CERTIFICATE.
	Ordinary of said County, do certify, that, I
know MrsRebecca F. Davis th	e applicant for this pension and that she is the person
she represents herself to be, and that she is a bone	a fide continuing resident of said County and was on the
	with the section and the section of
-A.Viokery & W.D. Eason	who I know to be a resident free holder of said County
That the tax Books of Campbell County	shows thathe & she returned property to the
amount of for 1908 \$	for 1909 8 for 1910 8
Sworn under my hand and official sent of a	mg this 17th day of Williams.
NOTES 1. Before any questions are answered, the Ordin "You do solemnly swear that you will true an you shall give will be the truth. So help 2. Additional shidavits may be attached if blan 3. All shidavits must be matried pression for Janu 4. Only widows who married pression first Janu 5. gament reputation.	

		13620; 94520; 94526;	
1946 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Nume Mrs. Heber	Wido	to E.S.
1. W. LINDSEY.  Commissions of Features.  Opp. A. J. Special (91)  Payd. State Frame.	Compbell  Es. Rebecca P. Davis  Es. S. Davis	Widow's Pension W	Campbell Pt. "Le

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

STATE OF GEORGIA,
County.
Personally before me comes. Hebacoca P. Davis
of
1. What is your name, and where do you reside? Rebecca F. Davis- In Campbell Co.G.
2. How long and since when have you been a continuing resident in the State of Georgia?
65years- since my birth, Feb. 3, 1846
Nevi 5 3. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
federate Army or Georgia Militia? (State the arms and class of Service.) During 1862 in the Sta
of Yas, he was transferred to Co. "1" - 10th Gas, Reg't, Confec. service- 5. When and where did the Commands of your husband surrender or discharge from the army?
April 9, 1865 at Apponentox C. H. Va.
6. Was your husband personally prosected the time of the surrender or discharge of this Command? No. 13F
If he was not present state clearly where he was: 10 MAS III I I Bolt &S & ove B
8. Where was his Command when he left? In State of Va.
a. For what cause did he leave his command? / Captured by Yunkees.
b. By whose authority did he leave his Command? Captors.
c. For how long was he granted leave of absence? Requires no answer.
e. What was his physical condition when he left his Command? Requires no answer.
f. What effort did he make to return to his command? None. He was in Prison.
g. In what way was he prevented from going back to Command? In Prison.
Was he captured by the enemy at any time? X98. SA.C.     I. If so, when and where captured and where held as a prisoner, and when and for what cause re-
leased? April 6, 1865, near Appomattox- In Pt. "Look Out"- Released af-
j. When and where did your husband die? May 2, 1909 in Camphell Cu. Ga.
k. Were you residing together when he died? XAB SIR.
1. If not, how long had you resided apart? REQUITED NO. GREWEL.
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 Hems.). Home Household. A. Kitchen. Mirritture, worth about \$250.00.
<ol> <li>What property of any kind have you sold or given away since Nov. 4, 1908? What was received or it and what did you do with the proceeds thereof? (Give items and cash value)</li></ol>
or it and what did you do with the proceeds thereof? (Give items and cash value.) NOTE.
A
11. What property of any description of any value have you now?
live list and cash value?
12. What are your annual earnings or income and their value? None At Glia
18. Have you heretofore been paid a pension by the State?
f so, when and for what cause were you struck from the Rell!ituquires
Sworn to and subscribed before me this the   Rebeck & Davis
John day of Manch 19 11
Ordinary.
ofCounty.

uestions for the Witnesses as to Service of Husband and Marriage.	AFFIDAVIT OF TWO FREE	IOLDERS.
TATE OF GEORGIA,	STATE OF GEORGIA.	
Campbell County.	County.	*
Personally before me comes. J. W. Rivers who after	- 1	
sing duly sworn true answers to make, to the following questions, answers as follows:	Personally before me comes	who on oath says that th
1. What is your name and where do you reside? J.W.Rivers- In Fairburn, Ga.	are freeholders of said County and that they know. Hrs. Rebecc	ea F. Davis
2. How long and since when have you known Rebecca F. Davis	of said County and know what property she owned on 4th Nov. 1908,	nd its cash value to be as set out
3. How long Mad Miles when has she continuously resided in this State? (Give date.)	Schedule (A) as follows. Little H.& K.Fur. Personal property.	Fo #6
t least 40 years, since about 1865 or 1870.	No	\$50.00
4. When and to whom was she married? E.E.B.Dayin How do you know? I. Know. they rd. a hyayr og hald fred the historia e will be the common the home mar- historia and the when did you know. The bayin to the home mar-	Total.	
band? 46 yours, or from 1863 to his death in 1909.	Nehedule (B).	
6. When and where did E. S. Davis	We know the property sold or given away since Nov. 4th 1908, i	ts cash value to be as follows:
husband of Applicant die? May 2, 1909 in Campbell Co. Ga.	None Personal property	s no
7. Where the Aplicant and her husband living together as husband and wife at the date of his		8.!!
ath? Yes Sir.	Schedule (C).	
8. If not, how long did they live apart before his death? Requires no answer.	We also know what property she has now in her possession, use	and control to wit:
re they divorced No. SLR.	No Acres of land worth	s no
9. When, where and in what Company and Regiment did E. S. Davis, enlist?	Horses and Mules	\$ HO
don't know exactly when he enlisted, but I found him a member of Co.	Cows and Hogs	\$ TIO
"-10th Ga. Reg't, Infantry, Confed. Service, in April 1863.		\$59.00
	Total Value of all property and effects	\$50.00
10. Were you a member of the same Company? Yes Sir.	Sworn and subscribed before me this the	D. Eason
11 How long within your personal knowledge did he perform actual military service with his Com-	29th day of March 19 11.	· D. Caser
y and Regiment? TREERINGS years, or from April 1863 to April 1865.	49th Jay of March 19 11.	A Dochon
12. When, and where did his Command surrender, and was discharged? "he husband of ap-	ofVanpbell	
cent and I were captured Apr. 6, 1865, and suppose our Co. surren- ed Apr. 9, 1865 at Appointtox, Va.  13. Were you personally present when it was surrendered? No. Sir	ORDINARY'S CERTIFICA	
you En route to prison and how came you there? I was captured	STATE OF GEORGIA.	IE.
	Campbell County,	
cil. 6, 1865 as above stated, and near Appomattox C. H., Va. just 78 before the surrender of Gen'l Lee.  14. Was the husband of applicant personally present at surrender? No. Sir		
re was he? With me en route to Federal Prison when, where and for what	I S. McLarin, that, I know Rabecca F. Davis	Ordinary of said County do certif
se did he leave Command? (Give date.) Captured as stated Bunkers	is the person she represents herself to be and she is a bona fide	the applicant for pension. She
Dy wilde	County and was in the 4th Nov., 1908	
hority did he leave his Command? Captors and how	That I also know. J. W. Rivers,	the witness who swear
was he granted leave? Requires no Ans	to the service of husband, and NaDa Eagon & J. A. Dodger	
served in same Company as did husband, (E. S. Davis) of applicant	freeholders. That all of them are now residents of said County and we	a duly amora by me heteles de le
om April 1863 to April 6, 1865.	the foregoing affidavite and that they all, are truthful, trustworthy, a full faith and credit.	
15. For what cause, if you know of your own knowledge was he prevented from returning to his	That the Tax Returns Campbell	Returned for Tax is fo
mand? In Prison at Pt. Look Out, Md.	1908 \$.no	
16. What effort did he make to return to his Command and how do you know this? Of your	Sworn under my hand and official seal of office this29th	day of March
knowledge or how? Gould not make any. Was in risun.	SEAL. WS UL LOS	Ordinary,
	Campba	
Sworn to and subscribed before me this the	(SEAL.)	- Councy
hi live c	NOTES 1. Before any questions are answered the Ordinary shall swear applicant "You do scientify swear hasy jour lift tree answ year law for the you shall give will be the truth. So bely you fold, "like to each of the you shall give will be the truth. So bely you fold," like to each of the Additional siffsative many be satisable of bank sposes are insufficient.  4. All siffsatives must be made before the Ordinary.  4. All siffsatives must be made before the Ordinary.  5. Attach certified copies of marriage liters if Sobianables, I found to the contribution of marriage liters if Sobianables, I found to the contribution of marriage liters if Sobianables, I found to the contribution of marriage liters if Sobianables, I found to the contribution of marriage liters if Sobianables, I found to the contribution of marriage liters in the solution of the contribution of marriage liters in the solution of the contribution of marriage liters in the solution of the contribution of the	and the witness in the following words
A. J. M. Joria Ordinary,	you shall man will be start you wan true answers make to each of the	questions asked you and the evidence

authority did he leave his Command? Captors and how long was he granted leave? Requires no Ans. How do you know all this?	That I also know J. V. Rivers, the witness who swears to the service of husband, and M.A.D. Banon. E. J. A. Doctson
15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? In Prison at Pt. Look Out, Md.	That the Tax Returns Camphell Returned for Tax is for 1908 \$.no. for 1910 \$.no. Sworn under my hand and official seal of office this 29th day of March
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Could not make any. Was in rison.	191 1.  SEAL.  WS W Zorier Ordinary,
Sworn to and subscribed before me this the St.	(SEAL.)  ROTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the value. So help you God."?  Additional anidavis may be attached if blank spaces are insufficient.  All affidies in must be much before the Ordinary 1870, are satisfied.  Attach certified copies of marriage items if Osignable, If not, prove marriage, by some person, or by general results of the contraction of the contracti

STATE OF GEORGIA, Songlas Co.

County.)

in Alacio hereby authorize

of Dorylamile Georgia

the

o verive and verify for the pension allowed and request that he remit same to Hele

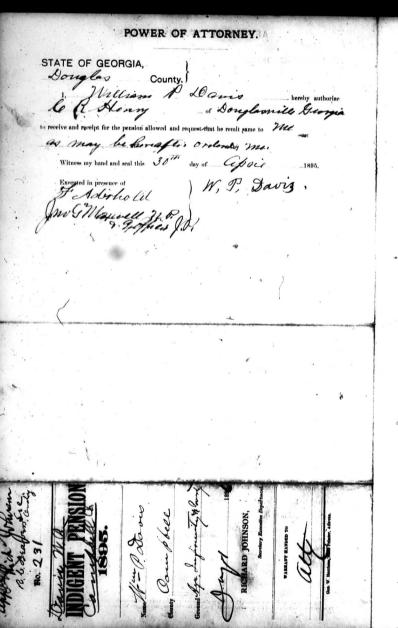
Witness my hand and seal this 30 144

day of apoci

W. P. Davis.

Advice of

10 de de la france	
INDIGENT PENSION	-
Name Pau P Davis	
Ground Aye, Layrenty & Park	SALES ASSESSED.
Necretary Executive Department, WARRANT HANDED TO  Over W. Harrison, Shar Trinier, Albena.	Maria Santa Sa



QUESTIONS FOR APPLICANT.
STATE OF GEORGIA,
County.
to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after
and answers to make to the following questions, deposes and answers as follows:
1. What is your name and where do you reside g (give State, County and Jost office)  2. Where did you reside of the state of the least of give Rice See
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
2. Where did you redde on January 1st, 1894, and how long have you been a resident of this State?
3. When and where were you born? hery 40, 1899 & beach Co the.  4. Did you volunteer in the Confederate Army or in the Georgia Militia? County of Arming
The When and where did you enlist? Any or in the Georgia Militia? The Coleman Sur.
6. In what company and regiment did you milit? Co 12 16 3 Ya Vol _
7. How long did you remain in that company and regiment? There to be a civilia.  8. If you were discharged from same and joined another, or if you were transferred to another, give an
account of such discharge or transfer?
9. For how long a period did you discharge regular military duty? / 7 - 1 World to 10. When, where and under what elroumatances were you discharged from service? I would at the control of the control o
that and a fill fintered areas
the 1000, want did surrendered
11. What is your present occupation? Moute  12. How much can you carn per annum by your own exertions or labor? Mouting.
13. What has been your occupation since 1865? Forming until of bould of ween 060
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income?
15. What is your present physical condition and how long have you been in such condition?
and the graties on all alunch in diese
obach fine years
1d. Upon which of the following grounds do you base your application for popsion, viz.; Arst, "ago and
poverty," second "infirmity and poverty" or third "blindness and poverty" after from the
your support? If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If
upon the third state whether you are totally blind and when and where you lost your sight ? Towar barre
will sever paint in book 4 haps fromber and by the So 4.60
me bago, also poiss in ormo to shoulding of in conservent how for look of years
18. What property, effects or income do you possess? I seek HAM furture
19. What property, effects or neome did you possess in 1893 and in 1894 and what discussion 1893
did you make of some some the the HAIR framework to the to
of some to my children
20. In what County did you reside during those years and what property did you then return for taxation?
21. How were you supported during the years 1893 and 1894? They may elication
22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
23. What was your employment during 1893 and 1894? What pay did you receive in such your?
24. Are you married and have you a family? If so, is your wife living and how many children have you?
Give age and sex of children and their many of the sex of the

you receiving a pension under any law of this State, if so what amount and for what disability? worn to and subscribed before me this the W.P. Javis R & Beavers of Com flee QUESTIONS FOR WITNESS. STATE OF GEORGIA, Haralson County. witness in support of the application of M. F. Daves for pension Ander the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside Mas & Brate Tallapousa Haralson to his 2. Are you acquainted with M & Duries ..., the applicant, if so 3. Where does he reside, and how long has he been a resident of this State.

1. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? 6. When, where and in what company and regiment did he collet? At Palacelle hear the Secretary of 1863, in Go to to Stay in the 7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Le researce a member of said to water The close of the 8. What property, effects or income has the applicant? (Give your means of knowledge.) I know of see us 9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, If any, did he make of same? More that at Anne of 10. What is the applicant's occupation and physical condition? he is not all to do any thing of languageme, and is a physical 11. Is the applicant unable to support himself by labor of any sort, if so, why? In is slot infirm and as already stated a physicial work 12. How was he supported during the years 1803 and 1894? dowl facebee 13. What/portion of his support for these two years was derived from his own labor or income? Proof Heat of Broom at 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? I have stated all I know 15. What interest have you in the recovery of a pension by this applicant?

# AFFIDAVIT OF PHYSICIANS.

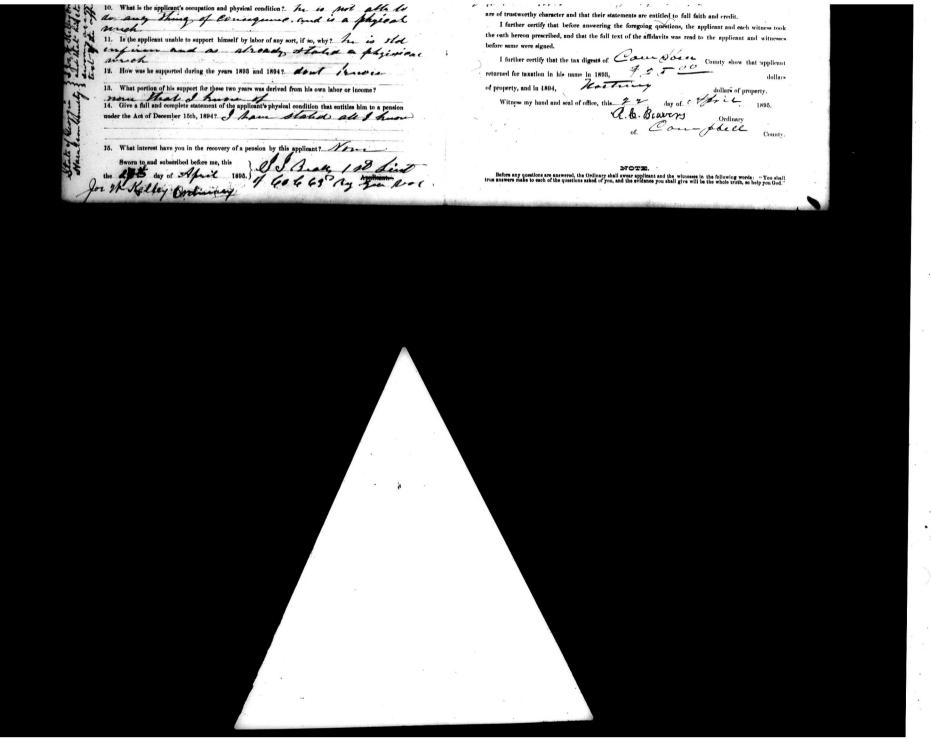
Doy 36, Doy 33, = Su pported of third were loting

become reasonable or reasonabl
STATE OF GEORGIA,
Benefice County.
Personally came before me a Lacke ce fiest Mu and
of maid county, who being severally aworn, say on oath that they have examined carefully Millians
I de la company
such personal examination, say that his precise physical condition is as follows:
for mong seare duffer with points in the curin
of no ternes for the coast beach Tower the and
here personnel accepted with Je undays and this
in dermote 12th has getting 76 5 wo de) he to look able
We further say on oath that the physical condition of applicant renders him unable to labor at
any work or calling sufficient to carn a support for himself, and that we have no interest in said pension being allowed.
Sworn to and subscribed before me, this the 12 day of while 1800. Cry Dance port 110.
the 22 day of will 1800, CAD accepted 21 A
are oriented oray.
A STATE OF THE STA

### ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,	) -		
Comprece	County		
. R. C. Brow	Ordinary in and		
12-0	Ordinary in and	for said County, hereby certif	y that
the apparents	resid	des in said County, and ways	i bona
Just the Endent of this State on the first	day of January, 1894, and that the	he witnesses, viz	Dooruge
are of trustworthy character and that	their statements are entitled to fu	all faith and credit.	
	swering the foregoing questions,		
the oath hereon prescribed, and that	the full text of the affidavits was a	read to the applicant and wit	nesses
before same were signed.			
I further certify that the tax dig	gests of Coursoe	County snow that app	liennt
returned for taxation in his name in	1800, 72,70	-	lollars
of property, and in 1894,	Carting	dollars of property.	
Witness my hand and seal of off		ctfrie 1895	
	a. l. Bewers	Ordinary	
	of Con	- plece .	ounty.
No.			ounty.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall rue answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so halp you God!



Dean	Thomas A
No	amptell G
INDIGE	NT PENSION,
	900.
Name Thomas	us F. Dean
Approved	
јони у	W. LINDSEY,  Commissioner of Pensions.
WARR	ANT HANDED TO

Power of Attorney.

STATE OF GEORGIA,

County.

to receive and receipt for the pension allowed, and request that he remit same to Witness my hand and seal, this - vd

· (J

[L 8.]

Executed in presence of

# Power of Attorney.

	I,		Cou	of			hereby	authorise
to rece	ive and receipt fo							
-	Witness my hand	l and soal	nt	to the state of the state of	don to	by		
1	Withese my nam	t and seat,	this		dny or		19	00. [L. 8.]
	Executed	in presence	e of					[]
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No	2		18 74	13		Ħ	100	
No.	DIG		12	B	· g	JOHN W. LINDSEY, Commissioner of P	F	1

# Questions for Applicant.

	Campbell County.	
	avail bluest of the Bonda S. Dean of said State and County, desiring	
to	avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly orn true snawers to make to the following questions, deposes and answers as follows:  What is your name and where do you reside? (give State, County and post office).	
- 1	. What is your name and where do you reside? (give State, County and post office)	
	Thomas S. Dean deampbell county to - Dagnetto	d.
2	How long and since when have you been a raddent of this State? all my life	.0
Ŀ	Mound	
8	. When and where were you born ? 31 december 1832 in newton cons	
4	When and where and in what company and regiment did you called an army & Man 1863	0
	When and where and in what conjugary and regiment this you entire or serve v May 1842-	•
*		
5	How long did you remain in such company and regiment? Thru years	
6	When and where we want and the last	
·	When and where was your company and regiment surrendered and discharged? in the Lather Surley Not we surrende	
-	white less army we disbanded a few day after	4
7	Were you present with your company and regiment when it was afterendered? I was	
8	If not present, state specifically and clearly where you were, when you left your command, for what	
411	se and by whose authority?	
•	University of the second secon	
D.	the many of the party of the pa	R.
10.		
	grands do you have your application for pension, viz: first, "age and	
101	erty," second, "infirmity and poverty," or third, "blindness and poverty"?	
01	If upon the first ground, state how long you have been in such condition that you could not earn r support? If upon the second, give a full and complete history of the infirmity and its extent? If	
111	on the third, state whether you are totally blind and all a beauty of the innemity and its extent? If	
-	and where you lost your sight?	
	and harrens, Nest Um & harris use of A	
	on the third, state whether you are totally blind and when and where you lost your sight?  And Apoutty also Infirmity and pourty & your  And Apoutty also Infirmity	d
	nave the hieren so vad that I am mont ablots	d
-	inutaine	d
8,	What property, real or personal, or income, do you possess, and its gross value? 20014	d
8.	What property, real or personal, or income, do you possess, and its gross value? 270719.  What property, real or personal, did you possess in 1804, 1805, 1806, 1807, 1808 and 1800, and	d
8.	What property, real or personal, or income, do you possess, and its gross value? 270719.  What property, real or personal, did you possess in 1804, 1805, 1806, 1807, 1808 and 1800, and	d
8.	What property, real or personal, or income, do you possess, and its gross value? 20014	d
3. 4.	What property real or personal, or income, do you possess, and its gross value? 270714  What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and it disposition, if any, by sale or gift, have you made of same?  Had North	d
3. 4.	What property, real or personal, or income, do you possess, and its gross value? 276714.  What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and it disposition, if any, by sale or glift, have you made of same? That more	d
8. 4. vhu	What property, real or personal, or income, do you possess, and its gross value? 200714  What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and it disposition, if any, by sule or glift, have you made of same? That norm.  In what County did you reside during those years, and what property did you then return for taxation? Teamphalf County you made of same?	d
8. 4. vhu	What property, real or personal, or income, do you possess, and its gross value? 200714  What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and it disposition, if any, by sule or glift, have you made of same? That norm.  In what County did you reside during those years, and what property did you then return for taxation? Teamphalf County you made of same?	d
8. 4. 4. 5.	What property, real or personal, or income, do you possess, and its gross value? 200114.  What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and it disposition, if any, by sale or glift, have you made of same? That none.  In what County did you reside during those years, and what property did you then return for taxation? Thamphalf county of your sale during the years 1898 and 1899? My my obsolutern	9
8. 4. vhi	What property, real or personal, or income, do you possess, and its gross value? 200114.  What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and it disposition, if any, by sale or glift, have you made of same? That none.  In what County did you reside during those years, and what property did you then return for taxation? Thamphalf county of your sale during the years 1898 and 1899? My my obsolutern	9
8. 4. 4. 7. 9.	What property real or personal, or income, do you possess, and its gross value? 200714  What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and it disposition, if any, by sale or gift, have you made of same? Had North  In what County did you reside during those years, and what property did you then return for taxation?  Teamphile County May 2002  How were you supported during the years 1898 and 1899? My outside the years 1898 and 1899? What you wanted they wanted the your wanted by your support coast for each, of those years, and what portion did you consistent thereto your own labor or income?	
8. 4. 4. 7. 9.	What property real or personal, or income, do you possess, and its gross value? 200714  What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and it disposition, if any, by sale or gift, have you made of same? Had North  In what County did you reside during those years, and what property did you then return for taxation?  Teamphile County May 2002  How were you supported during the years 1898 and 1899? My outside the years 1898 and 1899? What you wanted they wanted the your wanted by your support coast for each, of those years, and what portion did you consistent thereto your own labor or income?	
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8. 4. 4. 7. 8. 9.	What property real or personal, did you possess and its gross value? 20074  What property, real or personal, did you possess in 1894, 1896, 1896, 1897, 1898 and 1899, and at disposition, if any, by sale or gift, have you made of same? 2007 2007  In what County did you reside during those years, and what property did you then return for taxation? 2007  How were you supported during the years 1898 and 1899? May May outside therefore your own labor or income? 2007  What was your employment during 1898 and 1899? What pay did you reside therefore your own labor or income? 2007  What was your employment during 1898 and 1899? What pay did you receive is such year? 2007  Have you a family? I say, who composes such jamily? Give their results of support? Have they mestend? 2007  Many Many Many Many Many Many Many Many	
8. 4. 4. 7. 8. 9.	What property real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and it disposition, if any, by sale or glift, have you made of same? Had More In what County did you reside during those years, and what property did you then return for taxation? SCAMPLE COUNTY SEE NOTE WAS AND A WAY OF THE WAY	
8. 4. 4. 5. 6. 7. y 8. hc	What property, real or personal, old you possess, and its gross value? 20074  What property, real or personal, did you possess in 1894, 1896, 1896, 1897, 1898 and 1899, and it disposition, if any, by sale or glift, have you made of same? 20074  In what County did you reside during those years, and what property did you then return for taxation? Teamphold Comby 1898 and 1899? Any my scholdren  How much did your support cost for each of those years, and what perjon did you contribute thereto our own labor or income? The same property of the same years and what perjon did you contribute thereto our own labor or income? The same years what you go the same year? What was your employment during 1898 and 1899? What pay did you receive is said year? Have you a family? If so, who composes such jamily? Give their metals of support? Have they mestend? The same years and years all years and year	
5. 6. 7. y . 8. he	What property, real or personal, or income, do you possess, and its gross value? 27714  What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and it disposition, if any, by sale or glift, have you made of same? That More  In what County did you reside during those years, and what property did you then return for taxation?  Output of the years 1898 and 1899? May my almidation?  How were you supported during the years 1898 and 1899? My my almidation?  How much did your support cost for each of those years, and what portion did you contribute thereto your own labor or income?  What was your employment during 1898 and 1899? What pay did you feecive in each year?  What was your employment during 1898 and 1899? What pay did you feecive in each year?  Have you a family? If so, who composes such lamily? Give their means a support? Have they meetend?  Many Many My	
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8. 4. 4. 5. 6. 7. y 8. hc	What property real or personal, or income, do you possess, and its gross value? 270714  What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and it disposition, if any, by sale or gift, have you made of same? Had North  In what County did you reside during those years, and what property did you then return for taxation?  THAN THE COUNTY SHOWS AND THE STANDARD OF THE STANDAR	
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QUESTIONS FOR WITNESS.
STATE OF GEORGIA,
dampbell county.
Thomas & Barefuld , of said State and County, having been presented
as a witness in support of the application of Thomas 9: Dean 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? Thomas & Barefield &
2. Are you acquainted with Thomas S. Dean, the applicant; if so,
how long have you known him? I am - I have known him 40 years.
3. Where does he reside, and how long and since when has he bean a resident of this State?  In olean full County sylve - all his life I have known him 40 years
1. When, where and in what company and regiment did he enlist, and how do you know? I may, 1862 = Big Shanty- m Cobb Commy age, Co J. 2 question calvery
5. Were you a member of the same company and regiment? U was
6. How long did he perform regular military duty? Thru Mars
7. When and where was his command surrendered? In appril 1845 man Saulshing
8. Were you present when it surroundered? I was present when it surrendy of
9. Was applicant present? Hews he was present
10. It he was not present, where was he?
When did he leave his command?For what cause?
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.) THEM
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? As had north.
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
more to convey away
14. What is the applicant's occupation and physical condition?
So had that his not able to workent was estel
15. Is the applicant unable to support himself by labor of any sort, if so, why? A to not all
he is to see or ald and is runtited to he is able to the nuthing
To suffert from self by labor ut any sort the course by S 4 to years and and it suffered to by is and to be nuthing 16. How was he supported during the years 1898 and 1899? By his children
17. What portion of his support for these two years was derived from his own labor or income?
48. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
suder Section 1254, Code? If I & Mars = and by is supture of
19. What interest have you in the recovery of a pension by this applicant? They what was
Smarry and advantage of the state of the sta
11 Languero
// AV - 1-7 1 A
Ordinary.

J. J. Suprins Ordinary, County.

AFFIDAVIT OF PHYSICIANS.
STATE OF GEORGIA.
Carefull COUNTY.
Personally came before me It S/Williams M. S
CADane of Research known to me as reputable physicians
f mid County, who, being severally aworn, say on oath that they have examined carefully. It ormened house of Several papers of the property of
uch personal examination say that his precise physical condition is as follows:
It as Herniss on right disk, with thronis inlangement of module gland, Hoppicont is sixty light gives old
of modett dead Alle To Dit and
from our com worky light from our
to the parameter which makes the control of the con
They further say on oath that the physical condition of applicant renders him unable to labor at
ny work or calling sufficient to carn a support for himself, and that we have no interest in said pension
eing allowed. It Sallows ma
8 worn to and subscribed before me, this the Chibacoeuport nuch.
J. Stephens Ordinary.
ORDINARY'S CERTIFICATE.
TATE OF GEORGIA,
1 1.11
The artist
, Ordinary in and for said County hereby certify
at the applicant Morney, 9. Dean resides in said County, and has
en a bona fide resident of this State since the 3/ day of Jy Cambre 1892
d that the witnesses, viz: It Barefuld - W. A. B. Olland M
and of A. Deavenport m.D.
e of trustworthy character, and that their statements are entitled to full faith and credit.
I further certify that before answering the foregoing questions the applicant and each witness took
e oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness
fore same was signed.
I further certify that the tax digests of acumpbell County show that applicant
turned for taxation in his name in 1898 Mathing Dollars
property, and in 1899 Nathing Dollars of property.
In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 10, day of DeCember 1900.
4 offers
of Jeamphell County.
County.
1. Hefore any questions are answered, the Ordinary shall swear applicant and the witnesses in the following
<ol> <li>Hefore any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You lives answer mike to each of the questions asked of you, and the widness you shall give will the whole truth, so help (I or a shall give will the whole truth, so help 2. Additional affidavits may be attached if blank spaces are insufficient.</li> </ol>
and the state of t

### POWER OF ATTORNEY. STATE OF GEORGIA, hereby authorize WSM Joning of Jury burn you to receive and receipt for the pension allowed and request that he remit same to houd Witness my hand and seal, this '4' day of Executed in presence of 1. S. My foris SOLDIER'S PENSION. ( FOR THOSE ALREADY EMBOLLED. ) For Those Aiready Enrolle 1901. Name ( ) A 4. JOHN W. LINDSEY, WARRANT HASDED TO WARRANT ISSUED INDIGENT No. 2971 INDIGENT No. 760

POWER O	F AT	TORN	IEY.	
CATE OF GEORGIA,			•	
Jeours J. Dec	·1	ereby auth	orize H.	4
receive and receipt for the pension			uest that he	
He accel	· ·	day of	larry	1902,
Executed in presence of		Y		[ I S
She forie Ordy	1			
	-1			

SOLDIĘR'S PENSIO 1902. JOHN W. LINDSEY, WARRANT ISSUED WARRANT HANDED TO 1/20

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
personally appears I. A Near of Com p beer	
County, State of Georgia, who being duly sworn, mys on oath that he is a bona fide citize and resident of said County and State, and has resided in said State continuously eve	n
since the day of 1880; that he is vears old an by occupation a that he enlisted in the military service of the Con	
that he enlisted in the military service of the Con	1-
federate States (or of the State of January I and Juring the war between the States, and served for the term of Juring in Company I, of the Regimen of Juring that his physical condition is a	t
follows: I have to elmina 9, sinke to	
	-
that his property consists of the following items & county	
of the value of Dollars that by reason of his physica	
of the value of Dollars, that by reason of his physica condition and poverty he is unable to support himself by his own exertion or labor, and	1
that he receives no pension but the one herein applied for.  Deponent desires to participate in the benefits of the Act, approved December 15th	
1894, and the Acts amendatory thereof, and makes application for the pension to which he	
is entitled for the year 1901. I have heretofore as a resident of the pension to which he	
county been allowed a pension for the year 1_ if P checo.	
Sworn to and subscribed before me, this the	
}	
Jr. S. M. Sor Ordinary.	į
STATE OF GEORGIA, County.  I. Word Ordinary of said County.	
I, Warr Jon Ordinary of said County,	
do certify that I am well acquinted with I ? A & or 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 1901.	
Ordinary Complete County.	
Note — The blank spaces must be filled.	

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE	OF GEORGIA,
	file County.
	appears Hours O. Dean of Compbeel
	of Geoogia, who being duly sworn, says on oath that he is a bona fide citizen
and resident o	of said County and State, and has resided in said State continuously ever
since the	day of
by occupation	a James that he enlisted in the military service of the Con-
federate States	(or of the State of) during the war between the
States, and ser	ved for the term of 13 y 1 070 in Company 7, of 2 th Regiment
of - Ju	COUL NOC ; that his physical condition is as
follows: 9	leve Hapien
***************************************	•
that his proper	ty consists of the following items he pro perly
of the value of	Dollars, that by reason of his physical
	poverty he is unable to support himself by his own exertion or labor, and
	s no pension but the one herein applied for.
	desires to participate in the benefits of the Act, approved December 15th,
	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 Court file
county been all	lowed a pension for the year 1 901
Sworn to a	and subscribed before me, this the
19	day of 1902.
21.1	he eforie Ordinary.
- 1, N.	Ordinary.
STATE OF	GEORGIA (
Carry	blece County
	1. 6 2
I,/	Ordinary of said County,
	I am well acquainted with Heacers C. De ace
	n the foregoing affidavit, and am well satisfied that the statements made by
	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
CAME?	1. S. Mc Lorice
here }	
	Ordinary Court Stell County.
	Note.—The blank spaces must be filled.  Note.—Affidavit should not be attested before January 1st, 1902.

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The same of to receive and receipt for the pension allowed and request that he remit same to at the same and seal, this and seal, this and seal, this and seal, this are sealing to the same of the sa	STATE OF	GEORGIA.					
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to receive and receipt for the pension allowed and request that he remit same to at the same at the same to at the same at the	1				1/0	2 2	
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AREADY ESSUIRON 134  Regiment And Training Train		to and			. ,	0	_
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R'S PENSION 154.  R'S PENSION  N. LINDER, Commission of Protein.  N' LINDER, Commission of Protein.	Witness	ny hand and seal,	this	day of	for /	1903,	
R'S PENSION 184.  R'S PENSION  N. LINDER, Commission of Protein.  N' LINDER, Commission of Protein.		× ,	17	P Qua	., . /	· ·	1
ALREADY ENBOLLED.)  (1456  OIGENT  POB.  Regiment  N. LINDSEY, Committee of Protest, Committee of Protest, AT ANDED TO  H. P. Manuale  On the protest of Protest, Committee of P	Executed	in presence of		V.447		L. 8	.) .
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#### POWER OF ATTORNEY.

STATE OF GEORGIA,	hereby authorize A Source of Government of Personal State of Source pension allowed and request that he remit same to
by	
Witness my hand and seal, thi	is day of 1904.
Executed in presence of	
	i.
FOR THOSE ALREADY EMBLIED, No. 1910 INDIGENT SOLDIER'S PENSION 1904	Name County Co. Regiment NARRANT ISSUED WARRANT ISSUED  WARRANT HANDERY Commission of Prusion. WARRANT HANDER TO Co. W. Burness, Stee France, Liberton.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

OTATE O	
STATE O	F GEORGIA,
Come	County.
Personally a	of O
County, State of	Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
nd resident of s	aid County and State, and has resided in said State continuously ever
ince the	day of VE e 2 18 3 2; that he is 70 years old and
by occupation a	for , that he enlisted in the military service of the Con.
	or of the State of) during the war between the
States, and served	for the term of 4 free in Company I, of 2th Regiment
ollows :	hove It you a
	a construction of the cons
hat his property	consists of the following items: 200 pro pro 5
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f the value of	120
	Dollars, that by reason of his physical
ondition and po	verty he is unable to support himself by his own exertion or labor, and
	o pension but the one herein applied for
	sires to participate in the benefits of the Act, approved December 15th,
	s amendatory thereof, and makes application for the pension to which he
	year 1903. I have heretofore as a resident of Complete
ounty been allow	ed a pension for the year 1 90
Sworn to and	subscribed before me, this the 17 P chear
day	of1903. \
11. J.	Lee Latin Ordinary.
	Ordinary.
STATE OF	
STATE OF	F GEORGIA.
STATE OF	
I, M	GEORGIA,  County.  Ordinary of said County,
I, That I a	GEORGIA,  County.  Ordinary of said County,  m well acquainted with
I, Do certify that I a	GEORGIA, County.  Ordinary of said County, un well acquainted with Deforegoing affidavit, and am well satisfied that the statements made by
I, Jo certify that I are applicant in this in his said affi	Ordinary of said County, um well acquainted with  ordinary of said County, the foregoing affidavit, and am well satisfied that the statements made by idavit are true, and I know he is the individual he represents himself to
I, Jones of certify that I as the applicant in the im in his said affi	GEORGIA, County.  Ordinary of said County, un well acquainted with Deforegoing affidavit, and am well satisfied that the statements made by
I, Jones of certify that I as the applicant in the im in his said affi	Ordinary of said County, um well acquainted with  ordinary of said County, the foregoing affidavit, and am well satisfied that the statements made by idavit are true, and I know he is the individual he represents himself to
I, Jo o certify that I a he applicant in th im in his said aff	Ordinary of said County,  ordinary ordina
I, Jo o certify that I a he applicant in th im in his said aff	T GEORGIA,  County.  Ordinary of said County,  well acquainted with  ordinary of said County,  the foregoing affidavit, and am well satisfied that the statements made by idavit are true, and I know he is the individual he represents himself to ides in this County.  Given under my official signature and seal, this
I, Jo certify that I are applicant in this in his said affi	Ordinary of said County,  ordinary ordina

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Concephice County.
Personally appears I. O. De our of loans of here
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the day of the 18 32; that he is 7/ years old and
by occupation a day that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served for the term of 44 in Company of th Regiment
of. that his physical condition is as.
follows: I are from hard were the there a
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w Manager and the Color of the
that his property consists of the following items: I would to I Cons
A second
of the value of Dollars that by record of his physical
Donars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1904. I have heretofore as a resident of
County been allowed a pension for the year 1
Sworn to and subscribed before me, this the
p day of 7 2 1904.
Ordinary.
STATE OF GEORGIA.)
Con the County.
County.
I, It I have to the Qrdinary of said County,
do certify that I am well acquainted with _ J. O. De acc
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of 1904.
CAME)
Ordinary County
County.
Nors.—The blank spaces must be filled.  Nors.—Affidavit should not be attessed before January 1st, 1904.

#### POWER OF ATTORNEY.

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by	1	0	1						
WI	TNESS ms	hand and	seal this	16	day	of_2_7	b		905.
		Dana ana	~ ~	27	PU	a.		,	[r.s.]
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SOLL		<b>S</b>		7 7 :	1		N. LINDSEY, Commissioner of Pensions	21	W. HARRISON, MANAGER, F. D. STATE PRINTER, ATLAN
. E	13		10	. "	at .	13	JOHN W. LINDSEY,	WARRANT HANDED TO	114 PR
* §	7	IER'S PE	ð 🛧	. B	Regiment of		LINI	LENN	25.00
F W			<b>a</b>		REAN		N W	TNA	NA A GER
ALRE		7 [7]	•	2000	3		HO.	IRR	803.
CODE SECTION 134.	No.			100	1				

#### POWER OF ATTORNEY.

	STATE	OF C	EORGIA,		)					
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	v	VITNESS	s my hand an	d seal, t	his_/u	day	y of	au	71	906.
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3	FOR THOSE ALREADY	(2)	<u> </u>	Ă	1	Regiment 70 C.	1	JOHN W. LINDSEY.	WARRANT HANDED TO	8
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3	<b>08 ™</b>	No.		0	6 8	APR		OHN	RAN	1 2
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#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
County.	
. (/	0 11
Personally appears	of Can-phere
County, State of Georgia, who, being duly sworn, says on oat	h that he is a bona fide citizen
and resident of said County and State, and has resided in	
since the day of the e 1807; th	at he is 72 years old and
by occupation a factor that he enlisted in the	e military service of the Con-
States, and served for the term of yyru in Company of yru in Company of yru in Company in the follows:	) during the war between the
States and served for the term of 4 470 in Company	of 2 th Pariment
of Ma- Cray- Not	t his physical condition is an
College & hove Horas	it ins physical condition is as
lollows: U	2000
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that his property consists of the following items: !! b	abeat -
that his property consists of the following items:	
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of the value of 16A	December 11 Income 12
of the value of	Dollars. I am now earning,
	onth. That by reason of his
physical condition and poverty he is unable to support him	
labor and that he receives no pension but the one herein ap Reponent desires to participate in the benefits of the A	
1894, and the Acts amendatory thereof, and makes application	
is entitled for the year 1905. I have heretofore as a resident	a for the pension to which he
	. 01
County been allowed a pension for the year 1904.	
Sworn to and subscribed before me, this the	D. C. Land
At file for an Ordinary.	
	. %
STATE OF GEORGIA,	
County.	
	make make and a synta has a series
701	Ordinary of said County,
the applicant in the foregoing affidavit, and am well satisfic	
by him in his said affidavit are true, and I know he is the inc	lividual he represents himself
to be, and that he resides in this County.  Given under my official signature and seal, the	16.
day of 1908.	'w Lo , in
Seal Seal Ordinary Ordinary	office county.
Nors.—The blank spaces must be filled.	
Note.—Affidavit should not be attested before Janu	nary 1st, 1905.

#### APPLICANTS HERETOFORE ALLOWED PENSIONS.

ate o	
are o	f Georgia,
oam,	County.
Personalli	y appears I. P. Deau
and resident of	Georgia, who, being duly sworn, says on oath that he is a bona fide citizen said County and State, and has resided in said State continuously ever
since the J/	day of 1811; that he is years old and
by occupation a	years old and
	G a mintary service of the Con-
	of for the term of $\frac{1}{2}$ in Company of $\frac{1}{2}$ th Regiment
follows: I h	that his physical condition is as
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that his property	consists of the following items: us for first
of the value of	Dollars. I am now earning
by my labor,	Dollars per month. That by reason of his
physical condition	on and poverty he is unable to support himself by his own exertion or
s entitled for the	as amendatory thereof, and makes application for the pension to which he be year 1906. I have heretofore, as a resident of the year 1905.
	nd subscribed before me, this the) OP Ocan
day	
n	11/201
	Ordinary.
State of	Georgia.
State	
nt	Sounty.
ı, 25	S. County. Ordinary of said County,
o certify that I	J. County. Ordinary of said County, am well acquainted with D. O. Deour
o certify that I	am well acquainted with
o certify that I is he applicant in t y him in his said	am well acquainted with
o certify that I a he applicant in t y him in his said o be, and that he	am well acquainted with Ordinary of said County, the foregoing affidavit, and am well satisfied that the statements made affidavit are true, and I know he is the individual he represents himself resides in this County.
lo certify that I a he applicant in t by him in his said to be, and that he	am well acquainted with
lo certify that I is the applicant in to by him in his said to be, and that he is	am well acquainted with Ordinary of said County, the foregoing affidavit, and am well satisfied that the statements made affidavit are true, and I know he is the individual he represents himself resides in this County.
lo certify that I is the applicant in to by him in his said to be, and that he is	am well acquainted with Ordinary of said County, am well acquainted with Ordinary of said County, the foregoing affidavit, and am well satisfied that the statements made affidavit are true, and I know he is the individual he represents himself resides in this County, when under myofficial signature and seal, this Ordinary of Saury 1909;
o certify that I and applicant in the specific property of the	am well acquainted with

#### POWER OF ATTORNEY.

Can Mr. S. to receive	GEORGIA, O. O. C.		owed, and rec	quest that he	remit same to
byWith	ham)	seal, this	and the second section of the sectio	of fac	1907.
	xecuted in present	e of	la de la Part 3	<u> </u>	[L, S.]
Sando P.	RISION	1,00	2 5/2	EY, mer of Pensions.	ID TO
AL MIRENOV	INDIGENTINE PE	1907 70.00	Regiment 'A WARRANT ISSUED	JOHN W. LINDSEY Commissions	WARRANT HANDED TO

# FOR APPLICANTS HERETOFORE ALLOWED PROGONS

TAN WILDIAMID HEVETALAND WITHAMEN LEUSIANS
State of Georgia,
County.
Personally appears J. P. Deou of Com pluce
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 Tec 1832; that he is 7 4 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 Hyrr in Company ", of 2 th Regiment of Her way between the term of Hyrr in Company ", of 2 th Regiment of Her way of that his physical condition is as
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follows: I have Negeria
THE RESIDENCE OF THE PROPERTY
And the state of t
that his property consists of the following items: Us for fit
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of the value of Dollars. I am now earning
by my labor, Dollars per month. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1907. I have heretofore, as a resident of Cauch of but
County, been allowed a pension for the year 1906.
Sworn to and subscribed before me, this the el of Big.
May de 1907.
My les Cytes _Ordinary.
State of Georgia,
Care of her county. Ordinary of said County
County.
do certify that I am well acquainted with J. P. De occ
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 Jacky 1907
m. d. llie-
Ordinary Compty.
Normal Country.

Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January 1st, 1907.

Georgia, Campbell County.

Estate of T. P. Dean, late of said county, deceased Pensionar,

By cash, per T. Z. Dean- - - \$40.00

1919. To M. M. Holsomback

Pr.

Jan. 13. To Casket - - -

\$50.00

Balance due - - - - - -

\$40.00

Georgia, Campbell County.

Before me, the undersigned Ordinary, this day personally came M. W. Holsomback, of the firm of M. Helsomback, Undertakers, who, on oath says the above bill of \$40.00 against the estate of T. P. Dean, deceased, is just due, and unpaid.

M. Sw. Hoporulach

Sworn to & subscribed before me, as Feb. 1, 1919.

M. D. M. Jonin, Ordy (Over.)

Georgia, Campbell County.

Estate of Tros. P. Dean, a deceased Indigent Soldier, late of Campbell county, Georgia,

To T. Z. Bean,

Dr.

Jan. 13. To cash paid Mr. Holsomback, Undertaker, as part of the Funeral expenses of said Thos. P. Dean, deceased - - - - \$40.00.

Georgia, Campbell County.

Before me, the undersigned Ordinary, this day personally came T.S. Dean, of said county, who, on oath, says the above account of \$40.00 against estate of Thos. P. Dean, is just, due & unpaid.

T. J. Dun -

Sworn to and subscribed before me, this Feb. 24, 1989. (1919)

(over) Mesue Lovine, Ordy

Mr Thus PDecen Campbell be DR. T. D. LONGINO

SI PARK ST., CORNER LEE

FOR PROPESSIONAL SERVICES RENDERED DIN 14.35, 2617.2; 00 mills 1919 \$3000

her W.S. Meforen

from aquicke le

Send this bete le you

Reft.

Yohangeme

(ouis)

Sworn to and subscribed before me, this Feb. 24, 1999. (1919)

Long While Love , Ordy

Georgia, Campbell County.

This March 11, 1919.

Received of W. S. McDarin, Ordinary of said county, the sum of Twenty and no/100 (20.00) beliars in part payment and in full satisfaction of the foregoing claim against the estate of said Thos. P. Dean, deceased, and in full of the balance in his hands belonging to said deceased, and coming to deceased as his Pension from said State for the year 1919, the balance of the \$90.00 due deceased having been paid as follows: \$40.00 to M. M. Holsomback, Undertaker, and \$30.00 to Dr. T. D. Longino, for medical attention to said deceased during his last illness.

(81 med.) 1/2 Lacon

Received of W. S. Molarin, Ordinary of Campbell Co., Ga., the sum of Forty & no/100 (40.00) Dollars in full payment of the above and fore coing account of same amount against the estate of Thos. P. Dean, a deceased Pensioner of said county, for funeral expenses of said seceased. This March, 1919.

(Signer.) M. M. Holzomback.

Georgia Hullon Comes

Proposedly affering before

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out says the within allowed

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Severe & Duly cold gathergeness of

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on Cotheffor M Colones.

Georgia, Campbell County.

Ge. Chapter H Octamby.
Georgia, Campbell County.
Georgia, Campbell County.
Reo'd of W.S.McDarin, Ord'y, Campbell Co. Ga.,
the sum of \$50.00 in hill payment of the foreging bill for medical attention to Thos. P.
Denn, a deceased Pensioner of said county, during last illness of said deceased.
This Merch 1., 1919

By Jethongin

NAME Dean, Thomas

YEAR 1900 COUNTY Campbell

WHEN AND WHERE BORN? December 31, 1832 - Newton Co., Georgia

ENLISTED WHEN AND WHERE? May, 1862 - Big Shanty, Cobb Co., Georgia

RANK.

COMPANY AND REGIMENT? Co I 2nd Georgia Regt - Cavalry

NAME OF CAPTAIN AND COLONEL?

HOUNDED?

CARTO DIETI NO MIERE?

RELE STOP

WHEN AND WHERE SURRENDERED: Letter part of April, 1865 -

IT FOR THE THE AT CURRENDER, WHERE WERE YOU?

DITTO WALLY AND WHERE?

BJWIDD.

WITNESSES. T. J. Barfield - same command -

No date

DETS VALLES AND WHERE?

BJVIDD.

WITHFSSES. T. J. Berfield - seme command -

No data

Ex Deph Allauta Sa Meky 58. The physicians were requested a 44 No. 802 1888 to write out in a supple. Application for Allowance mental afficavit a full description of the injury to Right Sig disables applicatedo leg. If it is suchealthy from nearly Cause state it & how it Applicant Wallace & Daniek County Cauchbell Amount 21 Dr N Hamon Date of Warrant Mich 14/58 Clare Entered on Record, meh 14 1888 Moretary Macoulive Department.

Mundle, al

#### STATE OF GEORGIA. bampbell

A. le. Bravers Ordinary of said county, do certify that I am well acquainted with Wallace & Derick 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. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this

day of March 1888 R. C. Bravers

Ordinary Campbell County

#### POWER OF ATTORNEY

STATE OF GEORGIA. County. county, in said Syste, do hereby appoint Lohn I Solve Solves

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 Confeds. erate 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 wines whereof I have hereunto set my hand and seal, this. I the day of there L 1888 W. J Device C. [L. 8.]

MHanison

STATE OF GEORGIA. Camboill County

PERSONALLY appears Wallace Leriot of amplice State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the 22 day of Abril 184#; that he enlisted in the military service of the Confederate States (or of the State of during the war between the States, and served as a in Company of , of the Regiment of Learner Volunteers Achter 's Brigade ; that whilst engaged in such military service, at the battle of the State of Many and , on the 17 day of Desture 1862 , he was wounded as follows: with a versionice free which should the the all Que about her inches stress the Should wond incessation, the third was the arm and looging in the bone, findering saurie, wise of seeing line and made mad should by a mine take in the buck fresh of the right thigh about they inches to me the sich would, which went entires though the link - acting the big lander about they with, and breaking the bonic, said would

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes

application for the allowance to which he is entitled thereunder.

Sworn to and subscribed before me, this the 7ª day of Merch

. OR. C. Bravers ordinars.

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

#### COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA. County.

Personally came before me of the county

State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company Regiment of

Volunteers, and that deponent knows , 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 , as stated by him in said

affidavit. Deponent further states that said

is a bona fide

citizen of this State, and resides in Sworn to and subscribed before me, this

county

The foregoing affidavit, changed to suit the facts, should be made by a commissioned officer of the Co-If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be

Ex Deph Allanta Sa Mehg/ss. The physicians un requested to write out in a supple. mental afficacit a full description of the region to applications leg. If it is suchealthy from accept as suchealthy from accept and all the how it Application for Allowance Right Seg disables Applicant Wallace & Denek County Cauchbell Ment Geral Dr H Harrison Amount 25 (Cle.11 Date of Warrant Mich 14/58 Entered on Record, Meh 14

	STATE OF GEORGIA,
	Campbell County.
	PHRHONALLY CAME & a Roam, 11 D Derick and
	10 o'clean
	citizens of County, in said State,
	who, being duly sworn, say that they are acquainted with Malian in the state of
	and know 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 disables applicant, as stated by him; that said applicant is a bona fide citizen
	of this State, and resides in County: County, and we are well satisfied that all the state-
	ments in his affidavit are true.
	Sworn to and subscribed before me, this
•	Re Beaver B. S. Kran
	STATE OF GEORGIA,
	carefall County.
	Personally comes before me al. C. Deavers Ordinary of said county,
	J.W. Moster and J. J. Dorris M. S. , both known to
	me as reputable physicians of said County, who, being severally sworn, say on oath that they have
	carefully examined difference for real and after such examination say that the
	applicant has been injured as follows: were that thing I the night are mer night thing h
	described to the first of the f
۵.	is or say the statement made by him in our offenit as to his wounds and
then	in Cir Diturn and the effect of auttoined upon his lumb, his arm out his lay are
esen	Swin to and subscribed before me, this
	day of March 1885
	R.C. Braves

NOTE. The physicians will state fully the extent of the wound and the disability resulting therefrom

ORDINARY

STATE OF GEORGIA. SIV : 01 GP ... Campbell PERSONALLY appears Wallice & Denikof 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 such continuously siffee the Abril 1824 that he enlisted in the military service of the Confederate States (or of the State of Georgia " ) during the war between the States, and served as a Britate in Company , of sty th Regiment of . Volunteers Refler s's Brigade; that whilst engaged in such military service, at the battle of the better in the State of Maryland, on the 17 day of Softender 1862, he was wounded as follows: That with a Marmine tall though the synce though stracking and thigh our grown formy stright thing & Comme out about two works liles the hip found to aling the thigh tome Growing the same to lap our and thes confy making the orght lay about there we be sta Then the left suir back in the prorage though anis as Cultury the by leader about paff auto terming the landones o muscles of anis thing I but by protects prolying and by retigl, renting and by substantially & executably, week as Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved Dec. 24, 1888, and makes application for the allowance to which he is entitled for the year ending Oct. 26, 1889. Sworn to and subscribed before me, this the day of Believers, Ordinary. NOTE. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. STATE OF GEORGIA. Campine County PERSONALLY comes before me R. C. Weavers county, 1 & Dameport and of 9. Doring me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Wallace & Benck and after such examination say that the applicant has been injured as follows: thigh with a wir at the think to the Matine obout for inches beton the attendention with Vac here printeren green, servery when a plan the commen

Sworn to and subscribed before me, this

R. G. Bravers

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

19 day of Juhrman J. 1887 34 J. C. 11

It the sond sente I sere True were a pour priche the examp The leg to about the in the suite shorter, indurating the in find to the Brust ration of the Missour die Susting, in beaute

Ordinary of said

, both known to

ī,	R. C. Bea	verd	Ordinary of	said county.
do certify that I ar	n well acquainted	with Wallace	Speriek	the
applicant in the fo	regoing affidavit, a	nd am well satisfied	that the statements r	nade by him
in his said affidavit	are true, and that	he is disabled to the e	xtent he claims, and	know he is
the individual he r	epresents himself t	o be, and that he resi	ides in this county.	also certify
that the foregoing	witnesses, to-wit:		,	W
Albert Comment	47.4	86	. 3	100
are persons of resp	ectability, and tha	their statements are	e worthy of full credi	t and belief.
I further certi	fy that R.G.	Beavers	before whom th	
		orney was signed, is		7
			thereto are genuine.	
Given under n	y official signature	and seal, this 19	day of Februa	
• •			18.le. d	eaven
		Ordinary	Campbel	County
			4	County.
	,		,	
	POWE	OF ATTORN	EV	
		OF ATTORN	B1	
STATE OF G	EORGIA,	. 1		
	a	nunty.		
KNOW ALL MR	N BY THESE PRE	SENTS, That I.	4	
And the second	,	of		
county, in said Stat	e, do hereby appo	int		
of .	10.00	my true	and lawful attorney	in fact, for
me and in my name	, to receive and rec	eipt for whatever am	ount of money I may	be entitled
to from the State of	Georgia by reason	of the injury received	d as aforesaid in the n	ilitary ser-
vice of the Confeder	ate States (or of the	iis State), as stated ii	the foregoing affida	vit; hereby
authorizing my said	attorney to receip	t in my name for any	Warrant that may b	e issued by
the Governor, or for	any sum of money	which may be comin	ig to me for the reason	a aforesaid.
In witness when	reof I have hereun	to set my hand and	seal, this	
day of		188		
				(L. S.)
Executed in the	presence of us:			(14. 5.)
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		IRECTION:		
		THE TAUM!		

County, Georgia.

P.O.

STATE OF GEORGIA,

Send money to me as follows, by

#### MOTES.

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered subtantially and essentially usseless.

3. It will not answer to say that an arm is "substantially usseless 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 usseless."

4. If the application is for a wounded leg, it wouls seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that 'the leg is not "substantially and essentially usseless."

5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where ampitated.

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments have been duly sworz to.

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

STATE OF GEORGIA. Campbell R. l. Beavers do certify that I am well acquainted with W. J. Serick the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. Rlo Beavers I further certify that whom the foregoing affidavits 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 10th day of February 1890. R. 6 Bravers Ordinary Caruplell County.

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

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

STATE OF GEORGIA,

STATE OF GEORGIA,	
Courphele County.	
PERSONALLY appears W. J. devices of leauphell	counts
State of Georgia, who, being duly sworn, says on oath that he is a bona fide ci	tizen and
resident of said State, and has been such continually since the	day of
1844; that he enligted in the military service of	the Con-
federate States (or of the State of ) during the war be	tween the
States, and served as a in Company A of XX th 1	Regiment
during the war be States, and served as a  Of  Volunteers  Volunteers  States, and served as a  Volunteers  States, and served as a  Volunteers  States, and served as a  in Company  States, and served as a  in Company  States, and served as a  in Company  States, and served as a  states and served as a  in Company  States and served as a  states and served as a  in Company  States and served as a  states and served as a  in Company  States and served as a  s	t engaged
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it oder thou his left	
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44 1 2 1	
Deponent desires to participate in the benefits of the Act, approved October and the acts amendatory thereof, and makes application for the allowance to whether the acts are the second of the second	24, 1887,
the year ending October 20, 1800. I have heretofore been allowed	ich he is pension
Sworn to and subscribed before me, this the dollars.  day of 186 189 W. fry McC	
18th formale	
Norm State fully nature of many days and a state of the	
the disability.	un neum or
POWER OF ATTORNEY,	
STATE OF GEORGIA	
16.7	
County.	. 4
KNOW ALL MEN BY THESE PRESENTS, That I,	
of of	
county, in said State, do hereby appoint	
of my true and lawful attorney. In me and in my name, to receive and receipt for what ever amount of money i may be approun the State of Georgia by reason of the injury received as foresaid in the	fact, for
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 a hereby authorizing my said attorney to receipt in my name for any Warrant that sayed by the Covernor of the contract of the covernor of the	mdavit;
aforesaid	e reason
IN WITNESS WHEREOF I have been	al, this
day of	pr 100 -
in the reality of the state of	[L. S.]
Executed in the presence of us:	
SIVIE OF FERHON	
DIRECTION.	
Send money to me as follows, by	
to.	P.O.
Country Country	

For App	plicants	Heretofore	<b>Allowed</b>	Pensions.
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STATE OF GEORGIA,	•
County.	
PERSONALLY appears Wallows ) derical of	auf.
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	23
day of 1844; that he enlisted in the milita	ry service of the Con-
federate States (or of the State of June ) during States, and served as a provider in Comment of the States and served as a provider in Comment of	g the war between the
States, and served as a in Company A	of YYth Regiment
of Viorgia Volunteers Niplay 's Brigad	e: that whilst engaged
in such military service at the battle of the police, g	in the State
States (or of the State of ) during States, and served as a in Company. A of States of Volunteers in States, and served as a in Company. A of States of Stat	186 2 he was
wounded as follows: that chrough the night the	eigh, breattine
wounded as follows: that through the right the the bone, borgonaus, thou thought most beg I wales shades than it by	they ling!
modeles his lay, sub-loveilly ocashite	el wat, woure
+ avoleting	in and
the ordinary avvactions of life	. Domina
3.0	
Deponent desires to participate in the benefits of the Act, appro	ved October 24, 1887
and the acts amendatory thereof, and makes application for the allowance for the year ending October 26, 1891. I have heretofore been allowed a p	
dollars, for 1888, 188	7 t- 1 x 30
Sworn to and subscribed before me, this, the	1.00
11th day of 9 81 1891. 1891.	iot ·
R & Received (Part)	ref-
R. b. Beavers, Ordinary	
Nors Niste fully nature of wound or character of disease which causes the disability, and ex-	inin particularly the extent of
POWER OF ATTORNEY	
STATE OF GEORGIA.	•
}	
County.)	
Know all Men by these Presents, That I,	
of County, State of Georgia	, do hereby appoint
	6.1 - 4 6 - 6
me and in my name, to receive and receipt for whatever amount of more	ful attorney in fact, for ney I may be entitled
of the Confederate States (or of this State), as stated in the foregoing afficing 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 IN WITNESS WHEREOF, I have hereunto set my h	
day of1891.	and and seal, this
1891.	f1
Executed in the presence of us:	[L. S.]
minimum and a second se	
	•
Send money to me as follows, by	
to	P. O.
County, Georgia.	1.0.
- Sunty, deorgia	3

Campbeel County. i.R. C. Reavery do certify that I am well acquainted with Maclace & Acreek 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 day of Merch R. b. Bearers Ordinary Prime & bell SOLDIER'S PENSION

STATE OF GEORGIA.

my trite and lawful attorney in fact for superior appears and receipt for whatever amount of money I may be entitled to fororing by reason of the injury received as aforesaid in the military service of States (or of this State), as stated in the foregoing affidavity, hereby authorising to receipt in my ame for any Warrant that may be issued by the Governor, or notice which may be conting to me for the reason afforesaid. County, Georgia. STATE OF GEORGIA, For Applicants Heretofore Allowed Pensions.

POWER OF ATTORNEY.

Know all Men by these Presents, That I\_

For Applicants Heretofore All	owed Pensions.
STATE OF GEORGIA,	, chickens,
Campbeel County.	
Personally appears Wellace	Derreck
of Cours hell County, State of Geor	gia, who, being duly eworn save
on oath that he is a bona fide citizen and resident of Georgia	and has been such continuously
since the 23 day of April	1844: that he enlisted
in the military service of the Confederate States (or of the Sta	te of Levryca
during the war between the States, and served as a form of 44 th Regiment of forging Volunt	in Company E
of 44 th Regiment of Deorge Volunt	eers Cipley 's
Brigade; that whilst engaged in such military service at the bal	ile of thorstong
in the State of Mory land, on the	day of
Light 1862 he was wounded anythe thingto breaking the	s follows: What en
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0 / 1	The same of
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Deponent desires to participate in the benefits of the Act, the acts amendatory thereof, and makes application for the all the year ending October 26, 1892. I have heretofore been all the year ending October 26, 1892.	
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A to Bravest Ordinary.	, f genicle
Nors.—State fully nature of wound or character of disease which causes-	he disability, and explain particularly the
POWER OF ATTO	RNEY.
STATE OF GEORGIA,	1
County.	
Know all Men by these Presents, That I,	
of	
County, in said State, do hereby appoint	
me and in my name, to receive and receipt for whatever amount from the State of Georgia by reason of the injury received as a the Confederate States (or of this State), as stated in the foregmy said attorney to receipt in my name for any Warrant that or for any, sum of money which may be coming to me for the reason of the results of the state	foresaid in the military service of oing affidavit; hereby authorizing may be issued by the Governor, eason aforesaid
day of1892.	d and sear this
1092.	fr a1
Executed in the presence of us:	[L. S.]
14. Or other particular and the second secon	
DIRECTION.	
Send money to me as follows, by	NOTE THE RESERVE THE PROPERTY OF THE PROPERTY
to to	P. O.
County	Caordia

For Applicants Heretofore Allowed Pension	
STATE OF GEORGIA, )	ц8.
STATE OF GEORGIA,	2.7
Carinforce country)	11
PERSONALLY appears De me Col Caux	chee
County, State of Georgia, who, being duly sworn, says on oath that he is a bone fide	citisen and
resident of said State, and has resided therein continuously ever since the	Mi
Control of the military service of	
A - 10-	etween the
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much millioner associate at the beautiful	
of Maland, on the 17th day of September 86	n the State
wounded as follows: an The Wrigh Thicht with	he was
miney ball sprote Said This he al	0 15
peaces which Matter it about The	in ela
Charter there other Lead, which would	Course
almost leter loss of the use of his right less of	ook van
Then used to program the ording mount acount	tous of
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Deponent desires to praticipate in the benefits of the Act, approved October 24th	1887, and
Deponent desiris to prating ate in the benefits of the Act, approved October 24th the acts amendatory thereof, and makes application for the allowance to which he is the year ending October 26, 183. I have heretofore been allowed a pension of	ntitled for
dollars for	
Sworn to and subscribed to bre me, this, the	ok
2 1 M day of Marin 1893.	
A Juli B. P.	
Mora-State fully fature of wound or character of disease which causes ity, and enplain particularly the disability, resulting treat the wound or disease.	extent of the
V P. D. A. A. A. A.	onesit of the
STATE OF GEORGIA,	
Carry Bull Bounty	
I, Ordinary of sai	d County
demertify that I am well acquainted with n. &. Merrian	the
75 1	
applicant in the foregoing affidavit, and am well satisfied that the statements made by	him in his
said affidavit are true, and that hais 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.	
Martin centify that	444 444
before which the friends with the war made and power of attorney was all	ned, is a
of said County and the said affi	vernor,
signatures thereto are genuine.	Service or
Given under my official signature and seal, this 20 day of moroh	n lact hir indication
R la Real	As . The
	appoint
Promise of these to Ordinary Campbell	County.
STATE OF GEORGE	
STATE OF GEORGIA, )	100
POWER OF ATTORNEY.	
A CONTRACTOR OF THE PROPERTY O	100

# POWER OF ATTORNEY.

6.	F GEORGIA				
Know all Men	by these Presents,	That I, W & point A & L	(Dervie	K.	
		of 0	Campbell	ee .	
of Fac , le	icorgia, do hereby ap	point If y De	my true and la	ıwful attorney i	n fact, for
State of Georgia b States (or of this ney to receipt in a which may be com IN WITNES	by reason of an injury State), as stated in ity name for any War- ting to me for the rea	pipt for whatever amore vereceived as aforesaid in the foregoing affiderant that may be issued son aforesaid, ave hereunto set my he	in the military se avit; hereby auth I by the Governor, and and seal, this.	or for any sum	onfederate id Attor-
day of		1804.	41. 8.9	ench	[L. S.]
Executed	l in the presence of t	ıs \	11. 9 0		, ,
	oddall 1	1			
P. b. Bian		)	*		
	Y	DIRECTION	IS.	,	
Send money t	to me as follows, by				
		County, Georgia.		- /	P. O.
		County, viewigin.		ĺ	
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POWI	ER OF ATTORNEY.	
STATE OF GEORGIA,	1	
Can Stell Coun	ty. 5	1 32
KNOW ALL MEN BY THESE	PRESENTS, That I, I Come appoint of Lucil my true and lawful	Will C
County State of Georgia do horoby	annoint of Luck	4
of Fairburn	Ta my true and lawful	l attorney in fact, for
me and in my name, to receive and re	eccipt for whatever amount of money I may be	entitled to from the
State of Georgia by reason of an injur	y received as aforesaid in the military service to foregoing affidavit; hereby authorizing my sai	of the Confederate
in my name for any Warrrant that me	ly be issued by the Governor, or for any sum	of money which may
IN WITNESS WHEREOR I	have hereunto set my hand and seal, this	4
7 /	TOTAL CONTROL OF THE	/
Executed in presence of us	1895. W.f.ghick	_ [t., H.]
Executed in presence of us	)	
	1	
R. le Bravers Or	ody )	
	DIRECTIONS.	
Send money to me as follows, by.		
	County County	P. O.
	County, Georgia.	
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/v= #   <b>3</b>	Name Name Nousty Namount, 8 34.	2
	Nar Cou Am	

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA. I

	Care place County
1	PHANONALLY Appears A. & S. Sterner 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 Critale in Company A of the th Designant
	of Su Volunteers Riplay 's Brigade; that whilst engaged in
	such military service at the battle of Shorts Lung in the State
	of leed on the 17 day of de the he was
	wounded as follows: I was show through the right
	Thigh by a summer ball while in ferrie
	in this state of Med in the year 1862
	from the effect of which wound I have
	suffered contributionally ever since of
	hove time to are now per manuely disable
	I procheory weath to do mainer labor
	Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
	and the acts amendatory thereof, and makes application for the allowance to which be in
	entitled for the year ending October 26, 1804. I have heretofore been allowed a pension of
	dollars, for the year 180
	Sworn to and subscribed before me, this, the
	and subscribed before the, this, the complete of the family and the day of Morel 1894.
	A. C. Biavers Ordy
	Notz-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.
	The state of the s
,	STATE OF GEORGIA, )
	Campbel County
	R. C. Be overs
	do certify that I am well acquainted with M. L. Derrick the
	and certify that I am wen acquainted with
	applicant in the foregoing affidavit, and am well satisfied that the statements made by him
	in his said affidavit are true, and I know he is the individual he represents himself to be
	and that he resides in this County.
	Given under my official signature and seal, this
	day of March 1814.
	R. C. Brauny
	Ordinary Count becc County.
	County.

#### For Applicants Heretofore Allowed Pensions.

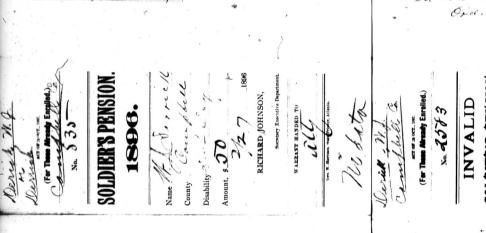
SIATE OF GEORGIA,
personally appears to form that Care files
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of Alace 1844; that he enlisted in the military service of the Con-
federate States (or of the State of July ) during the war between the
States, and served as a driver in Company A, of 44th Regiment
of Volunteers, 's Brigade; that whilst engaged in
such military service at the battle of Sacrato de me
of the on the 17 day of the 1862, he was
wounded as follows: I was intelle un derise en by
a letourne but when h & in the below
the right his found, to in convey were
if soid would my right by oboth &
makes shorter, of from affect of found
wound I have aller on less rom suce of
on account of which wound I am tracticery unfit for
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, Junior
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
Sworn to and subscribed before me, this, the
day of Jee any 1895.
R. B. Biwers, Orly
Norz-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.
the distance, residency, residency,
STATE OF GEORGIA.

do certify that I am well acquainted with the start of the 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.



R. G. Beavens
Ordinary Campbell County.

# POWER OF ATTORNEY. STATE OF GEORGIA, County. I. M. D. Friell hereby authorize of Least of Formula geo to receive and receipt for the pension paid hereon and request that he remit same to Toy at Formula IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Te by 1890. Executed in presence of us M. S. M. C. Lorine A & Gravero Colly



POWER OF ATTORNEY.
STATE OF GEORGIA,  County.  I, M. J. De vriel hereby authorize A. J. Luck  of Fair base to  to receive and receipt for the pension paid hereon and request that he remit same to
at dain be me de
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of. 212. J. J. Wick [1. 8.]
Executed in presence of  N. S. M. & Loria  R. C. Snavers  Ord
The Areay Enrilled.)  NV A LID  IER'S PENSION.  1889.7

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
personally appears Midderrick of Court beck
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 2
day of April 18 that he enlisted in the military service of the Cou-
federate States (or of the State of Jet) during the war between the
States, and served as a Production in Company , of 44th Regiment
of Younteers, R. Alay 's Brigade; that whilst engaged in such military service in the State of Rey on the 17 day
of frept 1862 he was wounded injured or diseased as follows:
I was shot through the right things by a
minice, while in pervise of boute of Short bury
Hed, in left 17. 1862, so stove state; Sdid would
The state of the s
coursed my right to be obout I in this shorter
thou my le the one . On account y soul
covered, to precioned, I have suffered not since &
am proctionaly une fix for Ordine ony Manual Cobon
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
Complete county been allowed a pension of Fixty
dollars, for the year 189 .
Sworn to and subscribed before me, this, the ) And I I I I I I I
25 day of the 62 1896.
Ale Gravers Orce
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.
CT 1 TO 1
STATE OF GEORGIA,
Complete County.
A. C. Be war
do certify that I am well acquainted with the
applicant in the foresting off daily and an all of 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
R. C. Cravers
herr.
Ordinary Com of bell county
Ordinary County.

STATE OF GEORGIA,
County.
Dersonally appears Mr. J. Derrick of Compbeel
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 collisted in the military service of the Con-
federate States (or of the State of ) during the war between the
States and served as a fre do the in Comment of the course
of Volunteers, Right y 's Brigade; that whilst engaged
in such military service in the State of M. J., on the 17 day
of 1862, he was wounded, injured or diseased of follows:
of Left of 1862, he was wounded, injured or diseased of follows:
below hip joint by a minum home
while in service at boute of sharps-
bury, and on a cauch of saily warmy
my night bey is odout it in ches short
Thou the left, there purdering un un-
fit for ordinary would lobor
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1897. I have heretofore under said law as a *
resident of County been allowed an invalid pension of
Dollars, for the year 1806. O Think
Sworn to and subscribed before me, this, the
10 day of Juby 1897, POST OFFICE Vill Lig
Al Burn Out 1
NOTE—State fully the nature of wound or character of disease which causes the disability, and ceptain particularly the extent
of the disability, resulting from the wound or character of disability, resulting from the wound or disease.
STATE OF GEORGIA,
Come down County.
Re Bearing
Ordinary of said County,
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
Given under my official signature and seal, this
Za R
1001.
(AMIX) al C Gravers

# POWER OF ATTORNEY. STATE OF GEORGIA. I. Mr. J. D. errick hereby authorize M. J. Derrick of Care pour eo La to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal, this /2 1. 6. grof guick Pr S. Ul Londo SOLDIER'S PENSION INVALID RICHARD JOHNSON, 1898. No. 2778

Descor, OW.9

POWER OF ATTORNEY.
STATE OF GEORGIA,
county.
I, W.J. Derick hereby authorize M.J.
Delick of Stampfell county
to receive and receipt for the pension paid hereon and request that he remit same to
me by Hand
at Home
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22
and Market and
day of franch wif guick [L. s.]
Executed in presence of  J. Stylins-ordinary
J. S. Ophens-17 umary
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A Mready Enviled Solution as A Mready Enviled Solution as Solution
PENS PENSON, NATIONAL CONTROL OF THE PROPERTY
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HOLLE ORGENISTION TO A STREET PEN NO. 3259 PEN ER'S PEN E
INVALITEDOS.  INVALITEDOS.  INVALITEDOS.  INVALITEDOS.  INVALITEDOS.  INVALIDADOS.  IN

SOLDIER'S

#### For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. Complete County. Dersonally appears M. J. Derseck of Course be ex County, State of Georgia, who being duly sword, says on oath that he is a tona fide citizen, and resident of said State, and has resided therein continuously ever since the 23 rd day of April 1844; that he enlisted in the military service of the Confederate States (or of the State of Ja ) during the war between the States, and served as a Orival in Company's of ## th Regiment of Volunteers, Right y's Brigade; that whilst engaged in such military service in the State of 244 , on the 17 day of Le 61 1862, he was wounded, injured or diseased as follows: I was that it toreigh the right him be shout I the inches he court the joint by a little which in a wine at the barrer of Shorpoberry Med, me Seft 17.1862, That read pring our fractioner, said by heary shortimed by said wound obout I welve 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 court for the year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Sworn to and subscribed before me, this, the post-oppier Level 1991 A. 6. Againers. O, No. Note-Misse fully the nature of wound or chefecter of disease which causes the disability, resulting from the wound or disease. STATE OF GEORGIA. Comptee County. I, Ordinary of said County, do certify that I am well acquainted with It I at a rick 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 12 in

A. C. Gravers Ordinary Complete

STATE OF GEORGIA,
Campbell County,
Dersonally appears WI Derick of Campbell
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the 25 day of Capul 1844; that he enlisted in the military service of the Con-
federate States for of the State of
States, and served as a Private in Company of of 44th Regiment of Afletical Volunteers, righting 's Brigade; that whilst engaged in such military service in the State of Man
of September 1802, he was wounded, injured or diseased as follows: on the 17 day of September 1864 in the Bat. of Shops buy med was shot on the right
They about it in ches below the hip laint came ing the lig to be a bout three works shorten
man mioney leg
EMPLICATION OF PROPERTY AND ADDRESS OF A STATE OF A STA
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of County been alloyed an invalid pension of High BS DO Dollars, for the year 189 8.  Sworn to and subscribed before me, this, the John County been alloyed an invalid pension of Dollars, for the year 189 8.  Sworn to and subscribed before me, this, the John County been alloyed an invalid pension of Dollars, for the year 189 8.  Sworn to and subscribed before me, this, the John County
STATE OF GEORGIA, Scampfullcounty.
I. J. Stephens Ordinary of said County, the certify that I am well acquainted with the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
Given under my official signature and seal, this. 22
day of The many 1899

# POWER OF ATTORNEY. STATE OF GEORGIA, Champbell Co Derrick \_hereby authorize M. J. Dellies of Leampbell Lementy 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 3 day of March 1900. Wo garrick Executed in presence of SOLDIER'S PENSION 1900. JOHN W. LINDSEY

	POWE	R OF A	TORNE	V.	
	OF GEORGIA.	at Decaporation	٠	••	
	fill Cou	nty.		2 0 1	A
I, C	ng Lamo	her_her	eby authorize	m & f	Persola Co Sa
AND THE RESERVE					
	and receipt for the p				
The second secon	denganc-	1 1 by 1	ww	200	111
	ome.				210
IN W	TITNESS WHEREO	F, I have hereu	nto set my hand	and seal this	19 m
day of	H80-)	1901.			
STATE	OF GEORGIA.	***	20. f. J	suge	[L. S.]
R	xecuted in presence of	•			
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Z Bloke in	3	Name	.gj		0

STATE OF GLORGLY.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Lampbell County.	
Dersonally appears W. J. Derrick of Lam	1.1.00
personally appears My Devuch of Jeann County, State of Georgia, who being duly sworn, says on oath that he as	
and resident of said State and County, and has resided therein continuous	
23 day of Africa 1844; that he enlisted in the	military service of
D11.7	uring the war be-
	y Cof, of Hoth
engaged in such military service in the State of Ma	on the
day of September 186 2 he was wounded, injured or disease	d as follows:
At the battle of shorpsburg on	hy 17 day
A september 1842 was shot in the	wright
	wing my
the right leg to be 3 is the Shorter	Than the
left lig stating said lea mable	to bestorm
emanal behow of any find to make a	Chirles
	1
Deponent makes application for the pension to which he is en	
ending October 26th, 1900. I have heretofore under said law	
County been allowed an in	
Milty \$5027 Dollars, for the year 189 4.	ivalid pension of
Sworn to and subscribed before me, this, the W. L. AM	ick
3 day of March 1900. POST OFFICE Tel	10 dec.
// 44 (-1	1000
J. J. Stephens Ordinary	
Nors.—State fully the nature of wound or character of disease which causes the disability, and extent of the disability resulting from the wound or disease.	explain particularly the
STATE OF GEORGIA.	
	·
Tampobell County.	
I I I Stephens	y of said County,
do certify that I am well acquainted with W. J. Derkiels	y or said County,
applicant in the foregoing affidavit, and am well satisfied that the statem	
in his said affidavit are true, and I know he is the individual he represe	nts himself to be
and that he resides in this County.	ats aimself to be
Given under my official signature and seal, thi	. 3
	s
day of March 1900	
1. J. Stephens	
Ordinary Jean Jobel	County.
	- Jonaty.

STATE OF GEORGIA,  Cannot County,
Personally appears 9. J. Lynnik of Cambell
County, State of Georgia, who being duly sworn, says on oath that he is a bonh fide citizen
and resident of said State, and has resided therein continuously ever since the 23 Nd
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 ain Company, of 44 th Regiment
of Volunteers, Wy 's Brigade; that whilst engaged in such military service in the State of Wal, on the 17 mday
of 1862/, he was wounded, injured or diseased as follows:
that through the night thingh
by a monney tall, grilly me
the most fall self de amounts
sara sia cansina it to be about
three shores shorter than I'w
other deg thus undermane malle
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
County been allowed an invalid pension of
Dollars, for the year 1900.
Sworn to and subscribed before me, this the
19 day of the 1901. Postoffice
Mr. S. M. Lorin, Oneing
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 Of of the Land
Ordinary of said County,
do certify that I am well acquinted 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 19 th.
day of Fish 1901.
m. S. Mc Lanin
Ordinary Cour po beer County.

#### POWER OF ATTORNEY. STATE OF GEORGIA, I. D. L. Berrick hereby authorize 1. & 111 farice to receive and receipt for the pension paid hereon and request that he remit same to at Frisherter La IN WITNESS WHEREOF, I have hereunto set my hand and seal this 110 f giriok [L. s.], Executed in presence of

I, M. J. Der	County. } hereby authorize 27.87	Tu For-
at Fairbur	the pension paid hereon and request that heby	(1)
Executed in presence o		
FOR THOSE ALREADY ENROLLED.)  No. 60/  DISABLED  ALDIRR'S PRINGIO	1903.  IPOS.  IREGIMENT  REGIMENT  MOUNT, \$1.  JOHN W. LINDSEY,	WARRANT HANDED TO

SOLDIER'S

POWER OF ATTORNEY.

SOLDIER'S PENSION JOHN W. LINDSEY, 1902.

( FOR THOSE ALREADY ENROLLED.)

Maidue

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears I to it 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 2 3
day of 18/14; that he en Miled in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a y in Company A", of 44 th Regiment
of Volunteers, 's Brigade; that whilst engaged in such military service in the State of , on the // day
in such military service in the State of 1111. , on the 17 day
of 186 2 he was wounded injured or diseased as follows:
I was stirt the Nough right they by a literary
that while is day in on at bouten of their potenty
med in secound you'd warmy 20 800
I am que a bla to perform andinory
received nove a liver of top corre a deep-
Milyana Col. M. S. Anny Say Conserved Co.
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1902. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1901.
Sworn to and subscribed before me, this the \ Maf Jail
day of 1902. Post-office
11. S. 14 Levice, Ordy
Nore.—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.
particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
Complete County
I, 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 1902.
hern (
Ordinary Compliance County.
Note.—Fill all blanks and of Company and Regiment. Note.—All vouchers and affidavits must bear date after January 1, 1902.
and the perfect of the state of

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears D. J. Derick of Compbee
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 Aprice 18 44; 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 fin Company of the Regiment
of Volunteers, A. S. 's Brigade; that whilst engaged
in such military service in the State of on the /7 day
of 180 2, he was wounded, injured or diseased as follows:
Surar shot in right thingh by
Municip Love while in Comp. I a.
sight by to be obout 3 in the officer
sight ling to be obout I in el of
Thou the other ley - are was winh
y pois a comment I amind a comment windles
16 for fine Or die up horas de l'oben
Deponent makes application for the pension to which he is entitled for the year
have heretolore, under said law, as a resident of
ending October 20th, 1903. I have heretofore, under said law, as a resident of  County, been allowed an invalid pension of  Dollars, for the year 1902.
Sworn to and subscribed before me, this the
day of 1903. Post-office
Mr. S. lu Loning, Ordy
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,
County:
I, M. She Some Ordinary of said County,
do certify that I am well acquainted with the factories of
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this
day of
Affix   1/2 // 2/10 - 1 - 1
here Ordinary County.
Nors.—Fill all blanks and of Company and Regiment.

#### POWER OF ATTORNEY.

	M. S. m	EORGIA,	COUNTY. }	- K.	he	reby authorize	
	at	WHEREOF, I have	hereunto set my ha	Lo	8	· u	
	Executed in	presence of	V	*		[L. S.]	
ampoin	(FOR THOSE ALREADY EMPOLLED.) No. STA	SOLDIER'S PENSION 1904.	Name M. D. Truell. Courty Commissioners 44 cm	Disability Fouly - Mr.	JOHN W. LINDSEX. Commissions of Pensions	WARRAST HASPED TO	à

#### POWER OF ATTORNEY.

	hou	GEORGIA,	f. A.	of 20.	. 16			
	at. In Wit	Low NESS WHEREOF,	1 I have hereu	by	and and sea	l, this.	9 00.	-
		euted in the profession		Ci,		٠		
complete county	(FOR THOSE ALREADY EMBOLLER)	DISABLED SOLDIER'S PENSION	1905.	County County bell	Атопи, 5.0° / 1905.	JOHN W. LINDSEY, Commissioner of Parions.	WARRANT HANDER, TO	The Property Presting and Publishme Co. Strasts

in date

Personally appears  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 lay of 18 %, that he entested in the military service of the Confederate States (or of the State of 10 during the war between the States, and served as a 10 company 10 of 10 that whilat engaged in such milliary service in the State of 10 company 10 on the 10 day 10 continuously service in the State of 10 company 10 on the 10 day 10 continuously service in the State of 10 company 10 continuously service in the State of 10 continuously service in the State of 10 continuously service in the State of 10 county, been allowed an invalid pension of 10 county, 1	of corgia, who being duly sworn, says on oath that he is a bona side citizen state, and has resided therein continuously ever since the 18 % that he envisted in the military service of the Conformation of the State of during the war between the is a long of x the Regiment volunteers in Company of x the Regiment volunteers in Company on the day like that whilst engaged vice in the State of day he was wounded, injured or disanged as follows:    String of the was wounded, injured or disanged as follows:   String of the was wounded, injured or disanged as follows:   String of the was wounded, injured or disanged as follows:   County, been allowed an invalid pension of Dollars, for the year 19(8), subscribed before me, this the post-office of the wound or character of disease which causes the disability resulting from the wound or disease.    CEORGIA   County   Cordinary of said County, well acquainted with   C	STATE OF GEORGIA,		
County, State of Georgia, who being duly sworn, says on oath that he is a bona fac citizen and resident of said State, and has resided therein continuously ever since the lay of 18 that he entested in the military service of the Confederate States (or of the State of during the war between the States, and served as a County of Yeth Regiment of Volunteers Brigade; that whilst engaged in such milliary service in the State of not the State of on the day of left of the year noting October 20th, 1984. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1963.  Sworn to and subscribed before me, this the day of 1904. Post-office County of State fully the nature of the wound or character of disease which causes the disability, and explain voluntering the steen of the disability resulting from the wound or disease.  STATE OF GEORGIA,  I, M. County.  Ordinary of said County, or certify that I am well acquainted with County.  Ordinary of said County, or certify that I am well acquainted with County.  Given under my official signature and seal, this	State, and has resided therein continuously ever since the  18 18 that he entisted in the military service of the Conductive of the State of during the war between the as a 27 th Regiment of the State of on the State of on the State of on the day ladd, he was wounded, injured or diagnost as follows:  18 18 18 18 18 18 18 18 18 18 18 18 18 1	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 lay of 18 % that he entested in the military service of the Conederate States (or of the State of 19 % that he entested in the military service of the Conederate States (or of the State of 19 % that he entested in the military service in the State of 19 % that he entested in States and served as a 20 % that he entested in Company 19 % the Regiment 19 % that he makes application for the pension to which he is, entitled for the year noting October 20th, 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 19 % the state fully the nature of the wound or character of disease which causes the disability, and explain properties the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA, 1904. I am well acquainted with 19 % that I am well acquainted with 19 % the properties of 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	State, and has resided therein continuously ever since the  18 18 that he entisted in the military service of the Conductive of the State of during the war between the as a long fide state of during the war between the as a long fide state of during the war between the as a long fide state of during the war between the as a long fide state of during the war between the as a long fide state of during the war between the as a long fide state of during the war between the as a long fide state of during the war between the day like in the State of during the war wounded, injured or diagnost as follows:    1801	Personally annears It & Strange II leave	-66	
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Deponent makes application for the pension to which he is entitled for the year ading October 20th, 1004. 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 day of 1904.  Norn-State fully the nature of the wound or character of disease which causes the disability. and explain retireday the extent of the disability resulting from the wound or disease which causes the disability. and explain or certify that I am well acquainted with County.  1. Ordinary of said County, of certify that I am well acquainted with County of said County, or certify that I am well acquainted with County.  2. Ordinary of said County, or certify that I am well acquainted with County of said County, or certify that I am well acquainted with County.  3. Ordinary of said County, or certify that I am well acquainted with County of said County, or certify that I am well acquainted with County.  3. Ordinary of said County, or certify that I am well acquainted with County.  4. Ordinary of said County.  4. Ordinary of said County.  5. Ordinary of said County.  6. Ordinary of said County.  6. Ordinary of said County.  7. Ordinary of said County.  8. Ordinary of said County.  8. Ordinary of said County.  8. Ordinary of said County.  9. Ordinary of said County.	kes application for the pension to which he is entitled for the year of the June 1 have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1903.  Subscribed before me, this the Post-office Scourage of the wound or character of disease which causes the disability, and explain he disability resulting from the wound or disease.  GEORGIA,  County.  Ordinary of said County, well acquainted with Double of the statements made findavit are true, and I know he is the individual he represents himself sides in this County.  n under my official signature and seal, this	7 0	han-	
Sworn to and subscribed before me, this the day of 1904.  Nove—State fully the nature of the wound or character of disease which causes the disability, and explain friendry the extent of the disability resulting from the wound or disease.  TATE OF GEORGIA,  I, Ordinary of said County, e certify that I am well acquainted with the capture of the disability and explain with said affidavit, and am well satisfied that the statements made thim in his said affidavit are true, and I know he is the individual he represents himself be, and that he resides in this County.  Given under my official signature and seal, this	Subscribed before me, this the Dollars, for the year 1903.  Subscribed before me, this the Post-office of Louise the disability resulting from the wound or character of disease which causes the disability resulting from the wound or disease.  GEORGIA, County.  Well acquainted with A. County, well acquainted with A. County, and well satisfied that the statements made fidavit are true, and I know he is the individual he represents himself sides in this County.  In under my official signature and seal, this	un ober to be from the family warmen	5	
Sworn to and subscribed before me, this the day of 1904.  Nove—State fully the nature of the wound or character of disease which causes the disability, and explain friendry the extent of the disability resulting from the wound or disease.  TATE OF GEORGIA,  I, Ordinary of said County, e certify that I am well acquainted with the capture of the disability and explain with said affidavit, and am well satisfied that the statements made thim in his said affidavit are true, and I know he is the individual he represents himself be, and that he resides in this County.  Given under my official signature and seal, this	Subscribed before me, this the Dollars, for the year 1903.  Subscribed before me, this the Post-office of Louise the disability resulting from the wound or character of disease which causes the disability resulting from the wound or disease.  GEORGIA, County.  Well acquainted with A. County, well acquainted with A. County, and well satisfied that the statements made fidavit are true, and I know he is the individual he represents himself sides in this County.  In under my official signature and seal, this	of four order of warm of	~000	•
County, been allowed an invalid pension of Dollars, for the year 196(3).  Sworn to and subscribed before me, this the day of 1904.  Note-State fully the nature of the wound or character of disease which causes the disability, and explain of the disability resulting from the wound or disease which causes the disability, and explain or disease.  TATE OF GEORGIA,  County.  I, M. County.  I, M. Ordinary of said County, or earlier that I am well acquainted with M. County of said county, or earlier that I am well acquainted with M. County of said County, or earlier that I am well acquainted with M. County of said County, or earlier that I am well acquainted with M. County of said County, or earlier that I am well acquainted with M. County or said county, or earlier that I am well acquainted with M. County or said fidavit are true, and I know he is the individual he represents himself be, and that he resides in this County.  Given under my official signature and seal, this	County, been allowed an invalid pension of Dollars, for the year 1903.  subscribed before me, this the 1904.  Post-office of the wound or character of disease which causes the disability and explain he disability resulting from the wound or disease.  GEORGIA,  County.  Ordinary of said County, well acquainted with the statements made findavit are true, and I know he is the individual he represents himself sides in this County.  n under my official signature and seal, this	Deponent makes application for the pension to which he is entitled for	or the year	
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Aday of 1904.  Note:—State fully the nature of the wound or character of disease which causes the disability, and explain tribularly the extent of the disability resulting from the wound or disease.  TATE OF GEORGIA,  County.  I, 72.  Certify that I am well acquainted with 12.  The explain and explain and well acquainted with 13.  The explain and the foregoing affidavit, and am well satisfied that the statements made thim in his said affidavit are true, and I know he is the individual he represents himself be, and that he resides in this County.  Given under my official signature and seal, this	subscribed before me, this the 1904.  1904.  Post-office Stown one St.  the nature of the wound or character of disease which causes the disability, and explain he disability resulting from the wound or disease.  CEORGIA,  Well acquainted with A. Ordinary of said County, well acquainted with A. Ordinary of said County, foregoing affidavit, and am well satisfied that the statements made fidavit are true, and I know he is the individual he represents himself sides in this County.  In under my official signature and seal, this		pension of	
And a day of 1904. Post-office of the wound or character of disease which causes the disability, and explain retirularly the extent of the disability resulting from the wound or disease.  TATE OF GEORGIA,  County.  I. 77. Ordinary of said County, or early that I am well acquainted with T. County of the extension of the disability and explain to the disease.  Ordinary of said County, or early that I am well acquainted with T. County of the extension of the exten	Post-office Scourage of the wound or character of disease which causes the disability, and explain he disability resulting from the wound or disease.  GEORGIA,  Well acquainted with A Cordinary of said County, well acquainted with A	Share to said with the last of	0	
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TATE OF GEORGIA,  County,  certify that I am well acquainted with M. J.	GEORGIA,  County.  Well acquainted with   Cordinary of said County,  foregoing affidavit, and am well satisfied that the statements made  fidavit are true, and I know he is the individual he represents himself  sides in this County.	It I we down and Post-office I lower	noce	Lu
TATE OF GEORGIA,  County.  I, M. J. L. Ordinary of said County, certify that I am well acquainted with M. J. J. L. Ordinary of said County, certify that I am well acquainted with M. J. J. L. C. L. C	GEORGIA,  County.  Well acquainted with   Cordinary of said County,  well acquainted with   Coregoing affidavit, and am well satisfied that the statements made  fidavit are true, and I know he is the individual he represents himself  sides in this County.	Note. State fully the nature of the wound or character of disease which causes the disability	t. and erulain	
I, M. Sure County.  I, M. Sure Town Ordinary of said County, certify that I am well acquainted with M. Sure County.  The applicant in the foregoing affidavit, and am well satisfied that the statements made him in his said affidavit are true, and I know he is the individual he represents himself be, and that he resides in this County.  Given under my official signature and seal, this	well acquainted with A Ordinary of said County, well acquainted with A Ordinary of said County, foregoing affidavit, and am well satisfied that the statements made ffidavit are true, and I know he is the individual he represents himself sides in this County.  n under my official signature and seal, this	recutarty the extent of the disability resulting from the wound or disease.		
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certify that I am well acquainted with August Clark Cl	well acquainted with A.	County.		ž .
certify that I am well acquainted with August Country	well acquainted with A.	1, M. S. un Larry Ordinary of sa	id County	
e applicant in the foregoing affidavit, and am well satisfied that the statements made him in his said affidavit are true, and I know he is the individual he represents himself be, and that he resides in this County.  Given under my official signature and seal, this	foregoing affidavit, and am well satisfied that the statements made fidavit are true, and I know he is the individual he represents himself sides in this County.  n under my official signature and seal, this	certify that I am well acquainted with T. & Darre	-16	
him in his said affidavit are true, and I know he is the individual he represents himself be, and that he resides in this County.  Given under my official signature and seal, this	fidavit are true, and I know he is the individual he represents himself sides in this County.  n under my official signature and seal, this	e applicant in the foregoing affidavit, and am well satisfied that the statem	ents made	
Given under my official signature and seal, this	n under my official signature and seal, this	him in his said affidavit are true, and I know he is the individual he represen	its himself	
//	//	·		
	n. Sur Lorin	(/ '	-	
n line	11. 1. ac of office	any of n		

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
(sampline county.)
Personally appears to f. Derell of Campbell
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 18 4, that he enlisted in the military service of the Confederate States (or of the States of
during the war between the
States, and served as a free or in Company , of the Regiment
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:
fore while in Con fel de mine of fail.
I that for bury "Med. ford women to come
Levy right leg to be ofour 1 21/2 min
shorted There the deft out in file
une for ordin org in amore dolor
Deponent makes application for the pension to which he is entitled for the year
ending October 20th, 1895. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1904.
Sworn to and subscribed before me, this the
que 1 2120 march
day of 1905.
A sile Love Ordy Post-office Lance all fa
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.
provided the distance of the distance of the wound or disease.
STATE OF GEORGIA,
COUNTY.
I. A. Slee fore a continue of soil and
do certify that I am well acquire ted with A 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.
7 (12
Given under my official signature and seal, this
Given under my official signature and seal, this day of
day of 1005.

# POWER OF ATTORNEY.

Come of been county.)  1. M. Song M. hereby authorize	STATE OF GEORGIA.
to receive and receipt for the pension paid hereon, and request that he remit same to	Mole Come of Land be see 42
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Jacry 1906.	to receive and receipt for the pension paid hereon, and request that he remit same to by to could be the country to the countr
Executed in the presence of	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of any 1907.  Rescuted in presence of
	Executed in presence of
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
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B & III A A A A A A A A A A A A A A A A A	Cons Escape Ave DISAE DISAE LIBER'S TOOK THOSE ALVE AVE DISAE DISAE DISAE LIBER'S TOOK TOOK TOOK TOOK TOOK TOOK TOOK TOO
Name County O. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	Name County

#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State	of Georgia,
Cam	phill County.
Person	ally appears 72 Sterre K of Com deer
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 44; that he enlisted in the military service of the Con-
federate State	es, (or of the State of) during the war between the
States, and se	erved as a free in Company of 4th Regiment
of yo	Volunteers / Brigade; that whilst engaged
in such milj	tary service in the State of, on the // day
of L	1862, he was wounded, injured or diseased as follows:
Survo	, shot there my he duy to by U were
Loce	of force of thorn buy, song would
camo	my soid by to be 2 or I much
Hour L	is thou other by one also
nu d	ering we wer fit for ordy
ana	we lobor
	4
Depor	ent makes application for the pension to which he is entitled for the year
	ber 26th, 1906. I have heretofore, under said law, as a resident of
( 0	County, been allowed an invalid pension of
7	Dollars, for the year 1905.
Sworn	to and subscribed before me, this the 1 ffs . 19 11 916
2.14	day of 1906. Post-Office Lois burn /a
Norn.—S	tate fully the nature of the wound or character of disease which causes the disability, and explain a stent of the disability resulting from the wound or disease.
State	of Georgia,
Can	County.
	In Suc Louis Ordinary of said County
1,	nat I am well acquainted with M. J. Durrick
do certify th	t in the foregoing affidavit, and am well satisfied that the statements made
the applican	is said affidavit are true, and I know he is the individual he represents himself
to be, and th	at he resides in this County.  Given under myofficial signature and seal, this/6
//	
	day of the free former
AME	Court beel
your   here	Ordinary County.
~~~	Nors.—Fill all blanks and of Company and Regiment. Nors.—All vonchers and affidavits must bear date after January Jat, 1906.

#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

Personally appears M. Auto-/L of Courty bell.
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen 

18##; that he enlisted in the military service of the Con-State of Ju during the war between the

State of Georgia,

federate States (or of the State of 94 ) during the war between the
States, and served as a free in Company of ## th Regiment
of Ya Volunteers Ripley 's Brigade; that whilst engaged
in such military service in the State of und , on the / day
of
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fall of facile of shorology le d. Loid would
coursed we shift les & be obout 211
7.6 7.4 24 2 2 4 14 2 4 14
actamet of does would it our ru-
and in which for oracle ory an arm of
2 - Ron
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1907. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1906.
Sworn to and subscribed before me, this the
day of 1907.
Mr. Luc Losine, Dredy Postoffice - and hurce 19
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.
0. 1/11
County.
1, Ordinary of said County,
do certify that I am well acquainted with M. J. Durack
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
M. I. Il Comme
Ordinary Parce Sur County.
Nors.—Fill all blaffs and of Company and Regiment. Nors.—All vouchers and affidavits must bear date after January 1st, 1937.

by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal this / 4 tu to be, and that he resides in this County. Given under myofficial signature and seal, this 16 Ordinary Dance but County. Jany of Sur form Affix your seal here Nove.—Fill all blaffks and of Company and Regiment.
Nove.—All vouchers and affidavits must bear date after January 1st, 1937. Nors.—Fill all blanks and of Company and Regiment.
Nors.—All vouchers and affidavits must bear date after January Jat, 1906. Campbell : Gamphell Maimed Soldiers Voucher No. 1392 Maimed Soldiers. Audited Amount \$ 50 Voucher No. 0/16, Paid to M. J. Derick. COMPTROLLER-GENERAL COMPTROLLER GENERAL. Paid wolf & Smick For Lay diso Included in warrant No. Included in warrant No. issued to Treasurer. issued to Treasurer, 18 1891. WARRANT-CLERK. applicant appleand

the loregoing amount, 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

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

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

Audited Feb. 26 1889.

UMP AMPLE SOLDIERAL.

Paid to Hallace Name For Yeight leg Acocolect

Seeky, 26, 1889.

Included in Warrans No.

1889.

1889.

WARRANT CLARK.

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

No. 1392 Allanta, Sa., Hely 18 1890. STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Mr. M. J. Derick having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, approyed, Dec. 24, 1888, and the same having been examined and allowed for Leg disabled. He is entitled to receive the sum of Alfly Loof for such disability, the same being the allowance die the year ending October 24, 1890 The Treasurer will pay the same and hold his receiption this voucher, and return same to Executive Department for warrant. Class, Hamson
CLERK EXECUTIVE DEPARTMENT.

Surgionen of lagued before the ender signed camball County of of Dans ma and & 18 Molley me who trung duly duran deposes and Days I the would in Mr Orf Deriotes night things is a Compound fraction of the night thingh bois fact blow the soft port of the fint from which would the mustio, and legamente of said thigh have sluffed off and the thigh bone where it now broken, has lajed the solut whood and sound which and fee the him this inches thinter, the main citing of the thigh has shaffed off to its branches to the Auce, and the muscle with it, which leans said link mithent any support the bounder gover the some orders, have biles with price which slope the general Cerchela tion in said linet, there war were tame which are yourd on and in the land or ander it dead to folling a look the applicant is sugret, to Chemisterin and delamis it any tume - the land new has no mon feeling in it there a Cort-legait mound to little for frein to have a Cork leg it weres to work one A to him than the line of this long to dead one medlein to Mr 19, south I & Normal M. W. Sugar to and on house Its mobiley sup

of a Seaver dinary

STATE OF GEORGIA, EXECUTIVE DEPARTMENT.

No. GOS

STATE OF GEORGIA, EXECUTIVE DEPARTMENT.

No. GOS

Mr. Claude Control of the County of Cauchy of the Same and of the Act approved October 24, 1887, as amended by Act.

Dec. 24, 1888, and the same having been allowed for Capital Seguence of the same having been allowed for the same than the same of the Same of Capital Seguence of Capital Seguen

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RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

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NAME, Derick, Wallace J YEAR 1888 COUNTY Campbell
YEAR ADDED TO ROLL: 1888
WHEN AND WHERE FORM Resident of Ga. since April 23, 1844

RANK. Private

COMPANY AND RUBINETY? Co A 44th Regt. Ga. Vols Ripley's Brigade

NAME OF CAPTAIN AND COLONELS

ENLISTED WHEN ATT WIELE?

WOUNDED? Sharpsburg, Maryland, 17th day of September, 1862 Shot in right arm, also right thigh.

CALTURED, MILEN AND LOUISE?

RELEASED.

WHEN AND MIERE SCHOOL REED?

IF NOT TRESENT AT SURRELLER, WHILE WERE YOU?

DIED, WHEN AND WILLE?

BURIED.

WITNESSES. L S Roan, Wm. D.Derick, B S Roan

No data

DIED, WHEN AND WILLER BURIED. WITNESSES. L S Roan, Wm. D.Derick, B S Roan No data INMALID
SOLDIBR'S PENSION,

1906

Name A. Alexander Series Pensions.

County Co

# POWER OF ATTORNEY.

to receive and receipt for the persons allowed and by

by

SS WHEREOF. I have becreased set my hand and seal, this

" Cundly

Form No.

#### POWER OF ATTORNEY.

1,	County. )	4 County Strody	10 mup
Legister Connect to 30		_to receive and receipt for t	e pension allowed and
equest that he remit same to	***************************************	by	1 8 CF
Leaven and the second	Constitution of the Consti	C	114/1
	EOF, I have hereunto set my h	and and seal, this	4-4-1
ay of	190	Х	The court
	-		[L 8.]
Executed in the presence	of		883. "AS -
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		tribated area area.	, , , , , , , , , , , , , , , , , , , ,
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		tribined ones were a	-
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	^-	Charles are	20 AIV \$
	Λ.	Colored men week	31V *
		Colored men week	#1V 4
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	Se Pare	Ali Ma	417
	the Res	A La Maria	
LID PRINCIPLE AND A SECOND A S	Algeria de Ray	MDED TO	of Lympus Community and the Community of Lympus Community of Lympu
THOSE S. PRINSON,	di Arguelle 14 to 1 t	LANDSEN Y	and the same of th
SYMILID SYMINON, PRINCIPLE STATES PRINCI	44 to Pare	W. LANDERY,	

#### POR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

-	- CONTROL OF THE PROPERTY OF T
	STATE OF GEORGIA,
	Campbell County.
	nous it is
꿡	3) " 1 ( " )
Б	County, State of Georgia, who being duly sworn, says on oath that he was born on the
H	that he is a bong file citizen and resident of Georgia, and has been
ğ	continuously since the 12 am day of Ock 1837, that he enlisted
ដ	The second with the control
U	in the military service of the Confederate States (or the Sinte of
8	day of 186 2, during the war between the States, and
_	served in Company of 44 th Regiment of Volunteers,
Ħ	Ripley S Brigade, and was honorably discharged on the 29 " day of
Я	4
Z	25
***	the conte of
-8	the madelabled or mounded as follows were the ty a blemen ball,
8	in the right Kaw at hath of the chance Koville
Z	June 26,1862. Sould have out Kine cop loose
۷.	Lacor legal lower and of cop conoung King Cop"
À	asi bone to how linders and nice there it
4	the last dead or one of a country and it is the state of the
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н	Keel and de wills livery out feel I bour
t	in lay I was also body she chief by uplosion
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4	woods which edadined my unio, and "
b	died I am to be find designed windows way
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Q	y servell Jam & home her her had
Ø	supplied from anciety, from a contra excelence.
q	owner and y party hours with the total
Ä	Where was command surrendered?
Ĭ,	Was applicant present ? 26 20
Ç	was he, a to thouse in ya How come there! New changed
_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ħ	And by whose authority? State fully:
Instr	are cook in cale of die a bale to me thomas was even
HP0	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, 190
H	Sworn to and subscribed before me, this the
	1/54 day of July 1006 worth
	In Suc of or por Officer Consend all ya
	Ordinary. R. J. D. Co.
	Norm.—Hate fully nature of wound or character of disease, which causes the disability, and explaint particularly the anient of the disability. If claim is used on disease, give real and connected although of disease, tracing it directly to the service.

## AFFIDAVIT FOR THREE WITNESSES.

	STATE OF GEORGIA,
	Mury County
	(())
	PERSONALLY appears before me, the undersigned Ordinary in and for said County 1. 10 . Norte
	file Gendly and
(	personally known to me to be trust forthy citizens, each of whom, being duly syorn according to law, severally say
	under oath, that they are personally and well acquainted with We World
	whose application is herewith presented for a pension, that he has resided in this State continuously since the
	day of
	Hegiment of Ciplings Brigade, and from our personal knowledge he,
	while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language
	when, where, and how the injury happened, or the disease was contracted, and to what extent applicant is dis- abled from work as a direct result thereof. If he does any labor or can do any, state what.)
. 7.	to the state what the state the state and th
1 11 1	We were in the Balth of what is Thrown as the Bally
of me	Chaucoville in the state of va near the lit of Richmond
ow ite	o 26. day of how 1862 & that won A Derick was there also & that
1	
11 7	wood gin what would a would in right Three in sair batte that
Madon	Alle bruse in said leg & a very serious Extent dislocating
ita Coy	of the Ruse . vall entered leg & rouged down arting leaders
Muse	be which renders want les then usher + that saw how onen
10174	man he in consthet performing Thing of later
100	
Mean	too Kuges that he had a very serine shook from burster bund
, met	in salue Battle that had & hallers his whole narrying dysters and
he is 7	can a real aut hear to be out in the sure from the effects of
the sho	on from the shell the is gring work all the line
7	This Eye sight is any much impained can see but will from offerts of shook
	Phys. 74 /1 14
	2
	Was he with it? Were all of you present? We Alexall Cresum
	If not, where was he? We was dischorged by reason of the sering to reals,
	Where were you all? M. Lendly was dis obersed from Afocts of winds
C	
ŧ .	1. 1. 2
	How do you know the facts you state to be true? We wath was present in the Batter
	- Raw the applicant at the time & aptrooner
	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 onday of
	1862. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18 45.  We have no interest in the recovery of a pension by him.
	1.400
	Sworn to and subscribed before me, this
	10 dayor allyust 1906 of M Tundey
	My seems
	Ordinary. Mery Cola.
	Note 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.
	logary quanties to me same. 2. Witnesses are asked to make their statements full and explicit, tracing disability to its true cause. 3.—All blank spaces must be filled when signed. 4.—Three witnesses are required.

PHYSICIAN'S AFFIDAVIT.

Intolomy Millowill.	. >
STATE OF GEORGIA	B
Campbell County	1
112 200	1
Job Struct	Ž
me as reputable physicians of said Spunty, who, being severally sworn, say on oath, that they have carefully	1
examined the ft. All sices and after such personal examination, say that the present	
condition of applicant is as follows:	: 8
mr. Derricel suffers from	3
frequent alteres of ruply atis	ě
inflamation of middle lor, Cousing	1
deduced. The Surgetion of Pin sills	4
leg is impaired to a long extent	,
	1
and that such condition is permanent. Said condition arises from the following facts: Early were	æ
jured by explosion of shell injuring drum munbrane	4/
If was and through tendences allalement belong	, -
Ostroum Patella & tibia couring displacement of Fatell	ı
PRODUCTION OF THE PRODUCTION O	•
We have treated applicant professionally for	. •
doesarise from heredity or congenital causes, on from vicious or Atemperate halfits.	0
Sworn to and subscribed before me, this	
22 day of Accy 1906 Ste Ahaueup his	,
Mr. J. 116 Form	
Ordinary.  Noth 1,-State fully the physical condition and especially the extent of disability. If disability results from wound or	`
Nors 1.—State fully the physical condition and especially the extent of disability. If disability results from wound or nigr, state its location, character and present condition. If from disease, give its nature and character, and its causes or nigr, as understood by affants.  Nors 2.—The physicians will be careful to fill every blank space in oath.	
STATE OF GEORGIA,	
County.	
m fill come	
o certify that I am well acquainted with Trim N. Nexcell	
pplicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are	
rue, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he	
esides in this County and has been a bona fide resident since theday ofday of	L
n such	400
are persons of respectability, that their statements are worthy of full redit and belief, and that the full text of the affidavit was read to and understood by them before they signed	90
Given under my official signature and seal, this 27 day of Acry 100 1906	7
M & Gue Loren	3
Combacco been	4
County.	. 3
ll amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.	à

Gran

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,
Courty.
PERSONALLY appears before me, the undersigned Ordinary in and for said County
D. L. + i C. K
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 the A. Virginia K.
whose application is herewith presented for a pansion, that he has resided in this State continuously since the
that he served in Company of the
Hy cu Regiment of Ripley 5 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 wook go oblived result thereof. If he does any labor or can do any, state what.)
tace at boule of lechame Ker ile food wound
council aim to be sund to How pital and one as-
count of soid would her was dis chapsed from
the service & was in such bad shope from
ford a much that the your Kees would wantour
copling liver at some boils be was hadle
shocked by explavious of their day recount of pois
would be to figurationers unfil for other.
way Enaund labor, He has not here oble
to pear any for a good survey years. He can
do a colling wow in field . He down weeking
at one but here for tothe in wood of excist in
for day stocks I duck line things
Where was applicant's command surrendered? Dout Knows - I was at home wounded
Was be with it? Ues Riv Were all of you present? les Riv
If not, where was he? at however - die charged on ofe wagendo
Where were you all? I was have warm and, having
here that there right trigh
low do you know the facts you state to be true? I was an forma es, as was
toplicant tofond line foon ofter her was that
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 29 day of day of
86 2. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18 6 2
We have no interest in the recovery of a pension by him.
Sworn to and subscribed before me, this

Ordinary.

Note 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are 2. The ordinary will reason are asked to make their statements full and explicit, tracing disability to its true cause.

3.—All bank spaces mad be filled when signed.

4.—Three witnesses are required.

Campbell Co. Ok 1913

Campbell Co. Ok 1913

Compbell County.

Compbell County.

Application to be Allowed Pension for Total Blindness Under Act of General Assembly of August 19, 1912

NAME W. D. Derlak

Company "A" Complete

REGIMENT 44th Ga.

ENTERED ROSTER OFFICE

POWER	OF	ATT	ORI	NEY
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2		receipt for th	20	ell		et that I		R	
atday c	IN WITHERS	S WHEREOF, I	1907.	nto set my 1	/	al, this.	9 4	_[L. •.]	·
- C		nted in present		- 3	*		,		
Mella,	ALREADY EMPOLLED)	DISABLED IER'S PENSION	J. Lyne K	Regiment of the C	1 0 00 1 1907.	JOHN W. LINDSEY, Commissioner of Pensions.	FARRANT HANDED TO	OS, STATE PRINTER, ATLANTA.	43
	FOR THISE	SOLDIR.	Name // //	Co. II.	Amount, \$ 6	NHOC	WARRA		, 1

# Application for Pension for Total Blindness Under Act August 19, 1912

The state of the s	
STATE OF GEORGIA,	
CampbellCOUNTY.	
· ·	Ordinary of said County, comes W. D. Derigk
	t he is on the Disabled Pension of
the State of Georgia as a member of Company	
	blind by reason of Cataracts in both syss
And that he makes this application that blindness.  Sworn to and subscribed before me	le may be allowed an increase in his pension for total
this. 36 day of . 9.99 101. 24	
MAM Lotte Ordinary.  Campbell County.	Hot Derell
	· worth.
STATE OF GEORGIA,	4 3
CampbellCOUNTY.	
Personally before me, the undersigned O	Ordinary of said County, comes. Dr. J. Lee Camp
years, and that he knows. Ws. Ds. Der19k and has been for the past. 3, 1/2	the is a practicing physician, and has been for 15
STATE OF GEORGIA,	1
	ORDINARY'S OFFICE,
I W. S. McLerin.	
W. D. Davide	being the Ordinary of said County,
o certify that	is on the D18901ed Pension Roll of
e is a bona fide resident of said County, and	aid a pension of $\$.50.00$ for 191.2., and that that he has become totally blind. That he knows Dr.
J. Lac Campbell	is a resident practicing physician of said County, and ng, and what he says is worthy of belief and credit.  M. S. W. Zoriu (46.8)
(and)	It s M Lorue (de s

Ordinary...County.

YEAR 1907 COUNTY Campbell

WHEN AND MHERE BORNS October 18th, 1937.

ENLISTED WHEN AND WEEKE? About Peb. 1st, 1862, Georgia.

RAUK.

COMPANY AND RESIDENTS

Co. A. 44th Regt. Ga. Vols. (Ripkeyse Brigade.)

NAME OF CAPTAIN AND COLONELS

MOUNDED? June 26,1862, in Va., shot by a Minnie Ball, in the right knee, at Battle of Machanicsville, bell cut knee cap loose, from leg at lewer end of cap, causing knee cap to separate from leaders, came out of leg between knee and ankle, tearing out pieces of CAPTURAD, When and Makkey bone of leg. Also shocked by explosion of a bomb, reviously impairing eyesight and hearing.

RELEASED.

WHEN AND WHERE SURRENDERED? Appoint tox Court House, Va., (Witness States)

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home in Georgia. Discharged on certificate of disability. Dec. 1862.

DTED, WHEN AND WHERE?

BURIED.

WITNESSES. J.W. Derick, J.M. Pendly, W.J. Derick, - Same Command- No data

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

107.00	of Georgia,
Pers	en fe bell county. I of Come p bel
County, St	ate of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and residen	at of said State, and has resided therein continuously ever since the /2
day of	18.37; that he enlisted in the military service of the Con-
federate Sta	ates (or of the State of 42 ) during the war between the
States, and	served as a in Company", of ## th Regiment
of g	Volunteers Ripley 's Brigade; that whilst engaged
in such mil	nra a
of	// · · · · · · · · · · · · · · · · · ·
0.1	186 2, he was wounded, injured or diseased as follows:
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yeu	is foll at the boule ofron I of
Rie	humand, toid ball with love in
Kun	cof 4 week they land port of
les 6	one - ou ofe of said wound me "
-11	Com feel dervice I am ment
nus	per per residence and the second
	ment makes application for the pension to which he is entitled for the year
ending Oct	tober 26th, 1907. I have heretofore, under said law as a resident of
***************************************	County, been allowed an invalid pension of
	Dollars, for the year 1906.
Swor	n to and subscribed before me, this the
- 9	day of larry 1907. (Mr. X Denell
n' n	morr.
Dolle	Postoffice Stanewall ya
, ,	
Nota.—	State fully the nature of the wound or character of disease which causes the disability, and explain extent of the disability resulting from the wound or disease.
4 , 41	
State	of Georgia,
low	up bell County.
	ho County.
Ι,	Ordinary of said County,
do certify th	nat I am well acquainted with M. A. Migrie /
the applican	t in the foregoing affidavit, and am well satisfied that the statements made
by him in h	is said affidavit are true, and I know he is the individual he represents himself
	nat he resides in this County.
	Given under my official signature and seal this
	day of Sair 1907
	To Ille Fraise
Amx	71.200 0 0000
your	Ordinary Carry bull County

DIED, MEN ALD MAKE?

DIED, MEN ALD MAKE?

BURIED.

WITNESSES, J.W. Derick, J.M. Pendly, W.J. Derick, Same Command- No data

The Mark of Command of Command

Diggs, H. M. For Those Heretofore Pa	26 <b>4</b> 9
No. 2963	G 1899)
For year ending February 15th, 1	
/	į. County,
RICHARD JOHNSON,	Pensione.
WARRANT ISSUED	1898.

# POWER OF ATTORNEY.

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### POWER OF ATTORNEY.

State of	Georgia, 6	bluce.	County.	- 5. <sup>1</sup> 1,
1,26	Mis Diggs	hereby authorize	21 Dig	90
or Cau	exhill Go. La	o receive and receipt for t	the pension paid here	on and request
that he remit sam	ne to 2111/		iny.	more seen and more
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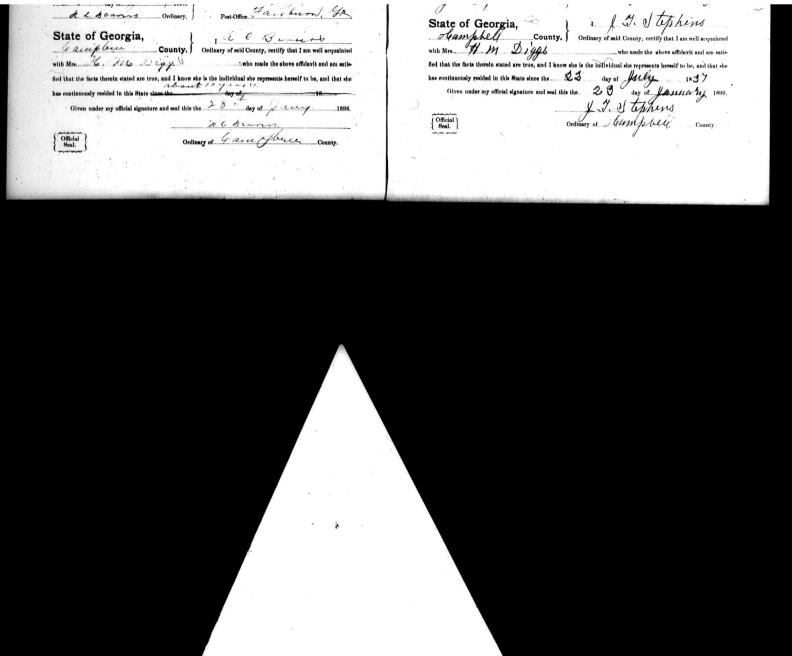
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# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA	Personally Comes Mrs.
County of 6 amplice	H. M. Diggs
	rn, says on oath, that she is a bona fide resident of said county of
Campline	State of Georgia, and that she has RESIDED in said State
continuously ever since	State of Georgia, and that she has RESIDED in said State
more in the section of the section o	who was a Boldler in Company
of the 3 if	Regiment of
	about the month of Programme That be lost his
186/ and served in the Army up to 13	76 of 186/ That he lost his
life on the 13 day	of Arem land 186/ (State here
full particulars of the husband's death, when, w.	here and from what cause.) - of Mea-
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and with the	y struck have total
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	4
Deponent aways that she was the wife of said decease	ed soldier, during his service in the army as a soldier, and that
he has never married since his death aforesaid, and	
I have been allowed a pendon as a resident of	County for the year ending
	provided by law for the year ending February 15th, 1808.
Sworn to and subscribed before me, this	
28 h day of , wy 1898.	Clb ello Jiggi
d. L. boams Ordinary.	Post-Office Fair burn, Ga
State of Georgia,	1 il Count
Gamplem County.	Ordinary of said County, certify that I am well acquainted
11h Min 6. 126 - 1945	who made the above affidavit and am satis-
ed that the facts therein stated are true, and I know	who is the individual she represents herself to be, and that she
as continuously resided in this State since the	the day of
	s the 28 day of cary 1898.
/	Al Brans
Official Seal.	dinary of Gamphine County.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Comes Mrs.
County of deamfabell	1 Am Diggs
0	
da a 1 1 10	oath, that she is a bona fide resident of said county o
o campala Bia	te of Georgia, and that she has RESIDED in said Stat
continuously ever since. 22 day of fully	1837 That she is the Widow
ogeorge Diggs	who was a soldler in Compan
of the 35	Regiment of Thersan
Volunteers, that he enlisted in said regiment on or about the	month of 25 Hay at angua
186 _ and served in the Army up to 13 days of	1 .0 .
	Vovember 18.61 (State her
full particulars of the husband's death, when, where and	41 11 11
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Street Hospital at In	ch mond Sva on
13 day at november 15	41
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THE RESERVE OF THE PARTY OF THE	
Deponent swears that she was the wife of said deceased soldi	or, during his service in the army as a soldier, and that
the has never married since his death aforesaid, and that she but I have been allowed a pension as a resident of 4 certainly 15th, 1898, and now apply for the pension provider 8 worn to and subscribed before mo, this 3 day of famality 1899.	pecame his wife in the year 18 5 G.  MMS bellCounty for the year ending by the year ending by law for the year ending February 15th, 1800.  MMS . H. M. L.D. 1995.
the has never married since his death aforesaid, and that she be I have been allowed a pension as a resident of Gordinary 15th, 1808, and now apply for the pension provided 8worn to and subscribed before me, this 3 day of January 1800.	pecame his wife in the year 18 5 G.  "Amphable" County for the year ending by law for the year ending February 15th, 1800.  "" H. M. L.D. 1998  Post-Office Harodus The
the has never married since his death aforesaid, and that she be I have been allowed a pension as a resident of Gebruary 10th, 1808, and now apply for the pension provider Hworn to and subscribed before me, this 3 day of January 1800, J. J. January Ordinary.	recame his wife in the year 18 5 6.  My bell County for the year ending to have for the year ending February 15th, 1800.  Mrs. H. M. L. D. 1998.  Post-Office Harrhum . Hu
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The bas never married since his death aforesaid, and that she is I have been allowed a pension as a resident of A rebruary 15th, 1808, and now apply for the pension provider 8 worn to and subscribed before me, this 3 day of January 1800, 4 day of January Ordinary.  State of Georgia, County, Ordinary	recame his wife in the year 18 5 6.  My bell County for the year ending to have for the year ending February 15th, 1800.  Mrs. H. M. L. D. 1998.  Post-Office Harrhum . Hu
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The has never married since his death aforesaid, and that she is I have been allowed a pension as a resident of Archivary 15th, 1808, and now apply for the pension provider Bworn to and subscribed before me, this 23 day of January 1800, I was a subscribed before me, this 25 day of January Ordinary.  State of Georgia, County, Ordinary, I was a subscribed before the first state of Georgia, I was a subscribed before the first state of Georgia, I was a subscribed before the first state of Georgia, I was a subscribed before the first state of t	commo his wife in the year 18 5 6  MMS bell County for the year ending by law for the year ending February 15th, 1800.  Mrs. H. M. L. J. 1998  Post-Office Harshurm July  I. J. J. Liphens  linary of said County, certify that I am well acquainte  who made the above affidavit and am satis the individual she represents herself to bis, and that she
Thave been allowed a pension as a resident of Archiver to and subscribed before mo, this 3.3 day of January 1899, J. J.	pecame his wife in the year 18 5 6  MMS bell County for the year ending lay law for the year ending February 15th, 1800.  Mrs. H. M. L. J. 1996.  Post-Office Harshurm Au  I J. J. Liphens  linary of said County, certify that I am well acquainte  who made the above affidavit and am satis the individual she represents herself to be, and that she iday of July 1837
The has never married since his death aforesaid, and that she be I have been allowed a pension as a resident of A February 15th, 1808, and now apply for the pension provider 8 worn to and subscribed before me, this 23 day of Annaly 1800, A Supplement Ordinary.  State of Georgia, County, Ordinary, Aumy Abell County, Ordinary, Allow Allow Both Mrs. A Mary Day & County, Ordinary at the facts therein stated are true, and I know she is the latter of the true of the facts therein stated are true, and I know she is the facts therein stated are true, and I know she is the state of the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, and I know she is the stated are true, an	commo his wife in the year 18 5 6  MMS bell County for the year ending by law for the year ending February 15th, 1800.  Mrs. H. M. L. J. 1998  Post-Office Harshurm July  I. J. J. Liphens  linary of said County, certify that I am well acquainte  who made the above affidavit and am satis the individual she represents herself to bis, and that she
State of Georgia,  State of Georgia,  County.  Ordinary.	pecame his wife in the year 18 5 6  MMS bell County for the year ending lay law for the year ending February 15th, 1800.  Mrs. H. M. L. J. 1996.  Post-Office Harshurm Au  I J. J. Liphens  linary of said County, certify that I am well acquainte  who made the above affidavit and am satis the individual she represents herself to be, and that she iday of July 1837



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POWER OF ATTORNEY.

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request that he	remit same to	41.			the pension allowe	
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#### For Use of Applicants Who have Not Heretofore Drawn.

The national Diamit.	
STATE OF GEORGIA,	-
Composed County.	
PERBONALLY appears John D. Not & or Campbell	
County, State of Georgia, who being duly sworn says on oath that he was born on the	
has been continuously since the 134 day of February 1844	E.
that he enlisted in the military service of the Confederate States (or the State of.	
during the war between the States, and served as a	
of Georgin Volunteers Colquetts Brigade; that whilst engaged in	
such military service, and in line of duty in the State of Varquito , on the	
day of July 186 4, he was disabled or wounded as follows:	
He was stringen wiel desirbors who his chronica seves seen	* 4
Comp Winder, hospital at Richamont Va, from mon atende	
I whise to sensime the Aug 1864, when he was rent home on a few	7
I de la de la	. ~
longhy when it remined butile Febry 1865 - o clim he returned to his	
Company in N. C, two in mosah returned both hospital at	7
Albertate t. le, for healment for lood disease tremined at shortate	hospital
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The state of the s	
A series and the series and the series are the series and the series are the series and the series are the seri	
Power delices and the second s	
Deponent desires to participate in the benefits of the Act approved October 24th, 1887, and the	
Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26th ,1896.	
Sworn to and subscribed before me, this the	1
1890.)	
a. b. Svarers Orely	7

Norm.—Basis fully nature of wound or character of disease which causes the disability, and explain particularly the extent of Horn.—Do not recold to disease, give full and connected distory of disease, tracing it directly to the service.

Norm.—Do not recolds to mention of the distortion of the dist

Given under my official signature and seal this & was day of Copril

Ordinary Campbell

County.

a. b. Blavers,

\*\*\*\*LIGHT PRINT AND. OR HAD COPY \*\*\*\* AFFIDAVIT FOR WITNESSES. STATE OF GEORGIA. County. PERSONALLY appears before me, the undersigned, Ordinary in and for said County, levery of farmer done Too and Lough of Noveita According say, under eath, that they are personally well acquainted with Sukur of the 27 Regiment of Colquids that lie served in Company Brigade, and from our personal knowledge he was injured by the service as follows: (give full statement, and tell in your own language when and how the injury happened, and how badly applicant is disabled from work. If he does any labor, or can do any, state what,) we all seeved with opposition thewor In Jaly 1864 in Virginia Theor Retribung white the second officient was strate with dionless was out to hapital in august 1864, But metal for sois disease, J. D.E. Cook swar elst from the offerts grown discove applicable is emoble to pertframmone blood, that he care mot perform the worker and coloren former, formost, He can feel stock or of land. I have Known him your stone to wor Wrighten & D &. 6. blook there and has suffered exit soil direct from single he core sempley I have been with him rader thing every mynut organ siney = it lovered Lossiter Know the obove Alabanent of SE Both to be True - I, love ih A. Love tex also sweet The oboon stolements of S. E. Coot to the bun 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 1865 Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1864. We have no interest in the recovery of a pension by him. Sworn to and subscribed before me, this day of Mel. rela 1800. Al Branes

Nove 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnessee, and that they are legally 2. Witnesses are asked to make their statements full and explicit.

3. All blank spaces must be filled when signed.

stole of Georgia Decrously approis lamphase bount & before me, the much Deinet, Ordinam in ofor soil County 6. Cook who bring duly swom according to low, my under ooth, in addition to his oppidovit tomin and that owing to the desione sontrotes in the service, applicant is prochably mainflach to perform the Ordinam mound avosolious of life, Infunta owners that soir Dotos is perfectly desolled by nom ograit disease do doutrocled & suffers all the Time ; con sleep very title, almost a continual discharge from the bowels & hos been po for his zears, Devoce to Acceptached before me this 15 day 3-4, 1892, Ale Bravers, Orderion

POWER OF ATTORNEY. John o Dodd hereby authorize T. E. Dodd Campbell Co of State of Georgice me I. D. Dodd by Express 11 lattanter Lix IN WITNESS WHEREOF, I have hereunto set my hand and seal, this & day of March John D. Sodel [L. S.] Executed in presence of 4. J. Hamilton

SOLDIER'S PENSION INVALIE 1 No. 3313

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Boar Ala Africa ejat 1896

This is to certify that I have been personal, acquainted with John Dodd of beinghold Sount; in all his life.

and that when he didited in the military dervice of the affections of tates of feory a driving the war between the state and which the state has well as a private, an homepany & of 277 regiment of surgest Nother military bervice he contracted Insthuse, was hent home on furlough, while at home of treated him as his Physician for District, we came back to amy and that him as his Physician more or bas very year from 1845 till 1892 for themic District. he gradually grew worse your year for help me Box.

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# For Applicants Heretofore Allowed Pensions.

SIAIR UF MEDICIA,	
/willer County	
personally appears & Sodd	of Compbell co Ga
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 conti	nuously ever since the 13
day of Heby 184 that he enlisted in	the military service of the Con-
federate States (or of the State of Carryia	during the war between the
States, and served as a Private in (	Company 6, of 27th Regiment
	's Brigade; that whilst engaged
in analy milliands and the state of the stat	ned, on the day
" "	red or diseased as follows:
1. / / / /	near Petersburgh
	war / Langoungs
Comprise was streken	with grandota
which he came Chronic,	and Said sistant
Renders me Wholy unable to h	form. The Ordinar
avocations of the	0
	/
Sword to and subscribed before me, this, the  Eight day of March 1898. Post	ten allowed an invalid pension of 1889 7. Sodaf  Lother, Sodaf  Opprice Flactburn Gar  The Ca. Art
STATE OF GEORGIA,	
Carefatere County.	
ROB.	
	Ordinary of said County,
do certify that I am well acquainted with	, Dodd 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 individ	nal he represents himself to be
and that he resides in this County.	-
Given under my official signature as	nd seal, this 10 "
day of Mech 1898.	
(Affix)	R
your seal seal seal seal seal seal seal seal	navino
~~	. /

State of Evorgia Campbell county } Personally appears before me, the under-- signed Ordinary in and for said county A. l. Kite. who being duly swomaca ding to law, says ander oath. that he is Personally well acquanted with John & Dodd whos application is here with fresented for a freezew, that he served in co 6 of the 27th Regiment of Colquetto Brigade, and from my personal Knowledge he was infuned by the Service as follows; I served with applicant in the wore between the States, in same Company, in the Lummer of 1864 he was Stricken with Chronic Scarhoea was sent to the los pital at Richmond from the works hear Retensburg. to be treated for said disease, and in august 1864 was sent home on furlough. I also was sent home and wasted ou T visited said sodd for months he suffered greatly, but went back to his command in Tely 1865 and remained until Surrender, he came home, and has suffered with Said disease every since

your }

OT.10. Oravers

Ordinary Com phece County.

Haid Disease every Dince I have Known him every since and Slinow he has suffered with Said disease every since fand Know that own to said disease Contracted in the Service applicant is practicall in competen to perfor the ordinary manuel Nocations of life he is anable to do any labor, whatever that been for Knowledge, and is bradually Growing words Each year Do help me God. I have no Interest in the recovery of a pension by him. and he is presumently disabled as has been stated to my certain Knowledge A.J.X Kite Sworn to and subscribed before me This Fell the 15- 1897 Ordy,

NTATE OF ARKANNAN.

COUNTY OF MILLER.

Whose growine signature is subscribed to the longuing certificate, is and was at the date of said certificate, the duly qualified and acting Judge of the County, Arkansas, and his official acts as such Judge are entitled to full faith and credit; and that his said certificate above is in due form.

In testimony whereof I have noted of the hand and the seal of pid.

Court this day of D. Polytonia.

Clerk.

Miller Co., Ark

NAME Dodd, John D.

YEAR- 1897 COUNTY Campbell

WHEN AND WHERE BORN? February 13th. 1846.

ENLISTED WHEN AND THERE?

hank. Private

GOMPANY AND WEGILENT? Co. E, 27th. Regt. Ga. Vols. Colquitt's Brigade.

NAME OF CAPTAIN AND COLORER

WOUNDED? Contracted diarrhoes was sent to hospital at Richmond, Va.
near Petersburg where he remained until august 1864 sent home on furlough
until Feb. 1865; returned to his company in N.C. March returned to hospital
at Charlotte, N.C. where he remained until surrender.

CAPTURED, WHEN AD ALLEST

RELEASED.

WHEN AND WHERE SURREMDERED?

IF NOT IRESING AT MURICIPAR, WHERE WIRK YOUR Hospital in Charlotte, N.C.

DIED, WHEN AND MIERLEY

BURIED.

J. A. Kite. A
WITNESSAS. S.E. Cook, James Lassiter, Joseph/Lassiter, served in army
with applicant. -- No data.

# NOTATION.

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

submitted:

1. If an applicant has been wounded, the description of the wound should be carefally and fully set forth by applicant and physician, and followed by a plain statement of faces showing the extent of the disability. If applicant chains 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 key unless the arm or leg has been rendered substantially and estentially neckes.

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

4. If the application is for a wounded leg; it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially neckes."

5. It was a returned for correction, and amendments are added to any of the show that the amendments must be made under and before an officer, and the proofs most show that the amendments have been duly sworn to the country of the residence of the applicant. The certificate of thy other will not be received in any case.

The Ordinaries of the several countries are specially requested to call the attention of the observations and annihilation to several countries are specially requested to call the attention of the behaviorans and annihilation to the several countries are specially requested to call the attention of the observation and the proofs and the proofs and the proofs and annihilation to the several countries are specially requested to call the attention of the observation and the proofs and the proofs and the proofs and the proofs and annihilation and the proofs and annihilation and the proofs and annihilation and the proofs and an

O.K. \$50. No. 2643

APPLICATION FOR ALLOWANCE.

JE Doda Camplete "

, 'N, 's

Amount Det 1/89 Entered on record

LOHA A

applicant

#### NOTHS.

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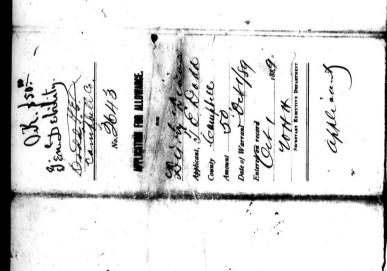
5. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under auth before an officer, and the proofs must show that the amendments have been day more addy.

show that the amendments have been duly sworn to.

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

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

the physicians and applicants to these points.



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

STATE OF GEORGIA,
- campbell County.
PERSONALLY appears J. E. Sodel of Campbell county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has been since the 23 to day of
- September 1884; that he enlisted in the military service of the Con-
federate States (or of the State of Georgice ) during the war between the
States, and served as a Bornalt in Company D, of 44 th Regiment of Georgea Volunteers Sola 's Brigade; that whilst engaged
in such military service, at the battle of Chancella will in the State
of hisginia, on the 2 day of May 1863, he was
"wounded as follows: dight in right side. But claims in disability from said wien
Contracted Cotarrh of the head and threat in 1562 and
There in 1864 had Inquiroal Fernia to det up which
which has rendered me very uncomfortable and mable
to do marrial labor, was not diseased as above
named when entering the army.
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the Act amendatory thereof, approved December 24, 1888, and makes application for
the allowance to which he is entitled for the year thereunder ending October 26, 1889.
Sworn to and subscribed before me, this the  2 day of August 1889  (1. Le Vie avery Dainary
Note: State fully insture of wound or character of disease which causes the disability, and explain particularly "

#### Commissioned Officer's Affidavit

Commissioned Officer's Amdavit.
STATE OF GEORGIA,  County County Personal IS. Daniel of the county
Claylow County.
PERSONALLY came before me Mornad B. Daniel of the county
of Changles State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company Lot 44th Regiment of Change and Company Lot 44th Regiment of Change and Company Lot 44th Regiment of Change and Company Lot 4th Company Change and Ch
Volunteers, and that deponent knows J. E. Do LL , 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
as stated by him in said affidavit. Deponent further states that said
is a bona fide citizen of this State and resides in County.
Sworn to and subscribed before me this J. R. Dariel
The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:
Oran, 6.6.

STATE OF GEORGIA		1
bampbell	County.	Ì

1. R.C. Beavers

Ordinary of said county,

do certify that I am well acquainted with J. 6 Dodd, 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. I also certify that the foregoing witnesses, are persons of respectability, and that their statements are worthy of full credit and belief.

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

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

Ordinary Campbell County.

Power of Attorney.

STATE OF GEORGIA,

beautifice county.

Know all Men by these Presents, That I,

county, in said State, do hereby appoint

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

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

day of

Executed in the presence of us:

(L. S.)

STATE OF GEORGIA.

County.

PERSONALLY came

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

and know 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 disables applicant, as stated by him; that said applicant is a hona fide citizen of this State, and resides in county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

day of 188

MOTE, Above all lands when he hade by the Astilzens of the county of applicant's residence.

STATE OF GEORGIA,

PENSONALLY comes before me R. Le. Braver 1 Ordinary of said county, I Netter for the and J. C. 111. Lee g. both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined. J. E. D. C. C.

a se who enter a to are .

examination say that the applicant has been injured as follows:

Staghtly commended in right side Cantacted Cutions of the head and threat in 1862 which have can trium to the head of the head of the wind the word set in which has undered applicant very incomfortable. These diseases have rendered applicant applicant wholey in able to do incurred later required in the ordinary avocations

Sworn to and subscribed before me, this from the day of electric der 1889 from the first of the Beauty of R. General Sword of the Beauty of the Search of the Beauty of the Search of the Beauty of th

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

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