t at much For spring western strong a norther weiter one. STATE OF GEORGIA, County of Camplier know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1850, and has not lived out of the State since that date. That she is the widow of Francis Fofawry decessed, and as such has heretofore been allowed a pension for the year ending February 15th, 1893. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, day of Jany 1894. POWER OF ATTORNEY. STATE OF GEORGIA. County. KNOW ALL MEN BY THESE PRESENTS, That I, County in said State, do hereby appoint, my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be enforegoing amount; hereby enteresting my and 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 WITHERS WHEREOF, I have hereunto set my hand and seal, this day of\_ [L. s.] Executed in the presence of us: DIRECTIONS. me at any and oblige a rather than the state of the state his wife in the year to gether there out is been home and she resided in this State and day

STATE OF GEORGIA. Dersonally comes Mrs. Ma & Lozamon County of Campbee who being sworn, says on oath, that she is a bona fide resident of said County of Came & Les State of Georgia, and that she has resided in said State continuously ever since Many 154 18.52 That she is the Widow of Francis Joyaway who was a Soldier in Company Regiment of Volunteers, that he enlisted in said Regiment on or about the month of Salah 186 / and served in the Army up to any 186 Z That he lost his life on the day of Charge 18 62 (State here full particulars of the husband's death, when, where and from what cause.) ( The was shot through the next while in service in the State of Va at the 2 mm Route of Manage and died from the offect of soil would alway melancey on Angust 30 my 862 De fourt has forgother the the of her husband's Required, but Knows he intested winder Copt Ir - might of Deloch Co Ja, Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 00; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

I day of Joney 1894.

R. G. Berry Ordinary.

Post-office Red Ook Fa

| ROUND State of Ge  | orgia, hereby certify that I am acquaint<br>the applicant for a pension in t<br>itive proof presented to me by reputably<br>resided in the State of Georgia on D<br>that date. That she is the widow of | this case, and<br>le witnesses),<br>December 23, |
|--|---|--|
| I rousis Foroway de  | ceased, and as such has heretofore be-  | en allowed a                                     |
| sension for the year ending February 15th 18   | 392.  | 3 77 3   |
| In Witness Whereof, I have hereunto se   | my hand and affixed the seal of my of   | fice, this, the                                  |
| 31 day of )  | 2. 6. Braners   | 9  |
| 1  | & to Brance   | Ordinami   |
|  |   | Ordinary.  |
| POWER O  | F ATTORNEY.   | Form No. 8.                                      |
| TATE OF GEORGIA,   | County,   |  |
| KNOW ALL MEN BY THESE PRESENTS, Tha  |   |  |
|  | _of   |  |
| ounty, in said State, do hereby appoint  |   |  |
|  | my true and lawful attorne  |  |
| sued by the Governor, or for any sum of mo   |   | that may be                                      |
| IN WITNESS WHEREOF, I have hereunto se   | or receipt in my name for any Warrant<br>ney which may be coming to me for<br>t my hand and seal, this  | that may be<br>the reason                        |
| oresaid.   | ney which may be coming to me for   | that may be<br>the reason                        |
| IN WITNESS WHEREOF, I have hereunto se asy of  | ney which may be coming to me for   | the reason                                       |
| IN WITNESS WHEREOF, I have hereunto se   | ney which may be coming to me for   | the reason                                       |
| IN WITNESS WHEREOF, I have hereunto se asy of  | ney which may be coming to me for   | the reason                                       |
| Oresaid.  IN WITNESS WHEREOF, I have hereunto se ay of   | ney which may be coming to me for   | the reason                                       |
| OFESSION TO SEE THE PROPERTY OF THE PROPERTY O | t my hand and seal, this  | the reason                                       |
| OFESIGN.  IN WITNESS WHEREOF, I have hereunto see ay of  | t my hand and seal, this  | the reason                                       |
| OFESIGN.  IN WITNESS WHEREOF, I have hereunto see ay of  | t my hand and seal, this  | the reason                                       |
| OFESIGN.  IN WITNESS WHEREOF, I have hereunto see ay of  | t my hand and seal, this  | the reason                                       |
| OFESIGN.  IN WITNESS WHEREOF, I have hereunto see ay of  | t my hand and seal, this  | the reason                                       |
| OFESIGN.  IN WITNESS WHEREOF, I have hereunto see ay of  | t my hand and seal, this  | the reason                                       |
| OFESIGN.  IN WITNESS WHEREOF, I have hereunto see ay of  | t my hand and seal, this  | the reason                                       |
| OFESIGN.  IN WITNESS WHEREOF, I have hereunto see ay of  | t my hand and seal, this  | the reason                                       |
| OFESIGN.  IN WITNESS WHEREOF, I have hereunto see ay of  | t my hand and seal, this  | the reason                                       |
| OFESIGN.  IN WITNESS WHEREOF, I have hereunto see ay of  | t my hand and seal, this  | the reason                                       |
| OFESIGN.  IN WITNESS WHEREOF, I have hereunto see ay of  | t my hand and seal, this  | the reason                                       |
| OFESIGN.  IN WITNESS WHEREOF, I have hereunto see ay of  | t my hand and seal, this  | the reason                                       |

Certificate of Ordinary of the County of Applicant's Residence. STATE OF GEORGIA, County of Ordinary in and for said County of State of Georgia, hareby, certify that I am acquainted with Mrs. the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by sepurable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23.1890, and has not lived out of the State since that date. That she is the widow of from eis to deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, R. B. Bearer Ordinary. ...Ordinary. POWER OF ATTORNEY. STATE OF GEORGIA. County. KNOW ALL MEN BY THESE PRESENTS, That I, County in said State, do hereby appoint my true and lawful attorney in fact, for

me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Executed in the presence of us: INO DIRECTIONS. Send amount by , and oblige

#### STATE OF GEORGIA, Dersonally comes Mrs. M. A. E. Goroway County of Campball who being sworn, says on oath, that she is a bona fide resident of said County of Campbull State of Georgia, and that she has resided in said State continuously ever since May 1, 1832 That she is the Widow of Francis Goroway, who was a Soldier in Company N of the Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of September 186/ and served in the Army up to August 186 2 That he lost his 30, day of August 1862 (State hors full particulars of the husband's death, when, where and from what cause.) ( He woo shot of Rilled at the second bottle of monoison on 30, day of August 1862,

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 J/: that Georgia is her home and she resided in this State 23d day of December, 1890, and his not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

30 day of January 1893.

R. G. Brovery Ordinary.

Post-office Red Ook

# For Widows' Heretofore Allowed Pensions.

| STATE OF GEORGIA,                                       | Personally Comes Mrs.                 |
|---|---------------------------------------|
| County of Complete To                                   | long t. E. Foroway                    |
|   |                                       |
| who being sworn, says on oath, that she is a bona fide  | resident of said county of            |
|   | nd that she has resided in said State |
| continuously ever since                                 | 1832 That she is the Widow of         |
| Trancis Togard or                                       | who was a Soldier in Company          |
| of the Regis  | nent of                               |
| Volunteers, that he culisted in said Regiment on or al  | •                                     |
| 186 / and served in the Army up to                      | 30 186 2 That he lost his             |
| life on the 30 day of                                   | Luy 18 6 2 Sinte here                 |
| full particulars of the husband's death, when, where an | d from what cause.) (                 |
| How was shot in   | hrough the                            |
| me of while in  | Seales at                             |
| Joeth of Buch   | Russ' from                            |
| eggich Od soid  | would he                              |
| Die of one some   | duy ye                                |
| storily = of obv  | or planted                            |
| on Aug OU, 1  | 862                                   |
|   |                                       |

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

Sworn to and subscribed before me, this allowing a let Gargerius day of 1895.

Rlo Di Wirt Ordinary. Post-office Red Ook Light

rm 1.

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

STATE OF GEORGIA, County of

Ordinary in and for said County of

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

the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnessee.) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of the state of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of the state of the State since that date. That she is the widow of the state of the State since that date. That she is the widow of the state of

(REAL) Ale haves Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA, Combined States County, hereby authorize County, of Combined States of The receive and receipt for the pension paid hereon and request that he remit same to

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1897.

A Co Sanger

Ording

No. 3539.

Willow's PENSION

for your carling February 18th, 1897.

A. M. A. E. Gargan

Commandate Commandate

STATE OF GEORGIA

| 0                                      | 11.4   | 111                     | 25 20                | .00                             |
|--|--|-------------------------|----------------------|---------------------------------|
| County of Ca.                          | u poel   | Mory                    | E. Loga              | Too                             |
|  |  |                         | 0.                   | 9                               |
|  |  | onth, that she is a bon | a fide resident of s | aid county of                   |
| continuously ever since A              | State  | of Georgia, and that    | she has RESIDED      | in said State                   |
|  | las 1  |                         |                      |                                 |
| continuously ever since                | las  | 180 2                   | That she is t        | he Widow of                     |
| Trances                                | 30   | 188                     | who was a Soldier    | in Company                      |
| "K" as the                             | 38   | Regiment of             | 1                    |                                 |
| or the                                 | and the same of th |                         |                      | (100m) to 100 miles             |
| Volunteers, that he enlisted in s      | said regiment on or al   | out the month of        | the be               | () NO Account of the second     |
| 186 and served in the Army             | up to sting  | 30 7                    | 186 2 The            | nt he lost his                  |
| life on the Jo The                     | - 7  | Auc                     |                      |                                 |
| life on the                            | dny of   |                         | 18 6.2               | (State here                     |
| full particulars of the husband's d    | leath, when, where and   | from what cause.) (     | Hon w                | so shot                         |
| hough the                              | nerell   | while i                 | - 0                  |                                 |
|  |  |                         |                      | manicipal control of the second |
| the facter.                            | 7 Such   | Kun, is.                | and from             | in the                          |
| some day,                              | vid woo  | mid he                  | diad                 | الملكان                         |
| 81                                     | . //   | , , ,                   | '                    | /                               |
| some day,                              | sugue.   | 40 11/8                 | 62,00                | obove                           |
| stated.                                | -  |                         | ,                    |                                 |
| ************************************** |  |                         |                      |                                 |
| -                                      |  |                         |                      |                                 |
|  |  |                         |                      |                                 |
|  |  |                         |                      |                                 |
|  |  |                         |                      |                                 |
| Deponent swears that she was the       | wife_of said deceased  | soldier, during his se  | rvice in the army    | as a soldier.                   |
|  |  | ,                       | -                    |                                 |
| nd that she has never married a        | since his death afores   | aid, that she became    | his wife in the yes  | ır 18 – ,                       |
| at Georgia is her home and             | she resided in this  | State 23d day of I      | December, 1890, s    | and has not                     |
| ved in any other State or loc          | cality since that date   | T have been allow       | ad a nameten ee e    |                                 |
|  |  |                         | 1.5                  |                                 |
| Complee                                | County for the ye  | ar ending February 18   | 5th, 1895, and no    | w apply for                     |
| e pension provided by law for t        | he year ending Febru   | nry 15th, 1896.         |                      | ¥.                              |
|  |  | 1                       |                      | 46,                             |
|  |  | A                       |                      | 0.1                             |

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Con She as County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

| Sworn to and subscribed before me, this day of 1897. | Post-office R. Grego | wen |
|--|----------------------|-----|
| Ordinary.  | Post-office.         |     |

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Con- place M.A. G. Forsonally Comes Mrs. who being sworn, says on oath, that she is a bona fide resident of said county of Con . . . State of Georgia, and that she has RESIDED in said State State of Georgia, and that she has RESIDED in said State continuously ever since 1832. That she is the Widow of Trace of Google who was Soldier in Company Who was Soldier in Company Regiment of Volunteers, that enlisted in said regiment on or about the month of de St= 186 and served in the Army up to August 30 186 2 That he lost his life on the 30 day of Accycot 1862 (State here full particulars of the husband's death, when, where and from what cause, I Gre was about the host of the war of the by a section in the board of th Bette of Buse Run and on died oberock in a loudy

| of_                        | i, 2/6 or be remi | t same to | EREOF, I have    | o g                                  | day be            | ereby authorize           | ceipt for the                               | pension pension | a and                       | and requ | est                                     |
|----------------------------|-------------------|-----------|------------------|--------------------------------------|-------------------|---------------------------|---|-----------------|-----------------------------|----------|---|
|                            |                   |           | no an is         |                                      | ely.              | \\                        |   |                 |                             |          |   |
| For Those Heretofore Paid. | 1898.             | NO. 3334  | WIDOW'S PENSION, | For year eading February 15th, 1898. | Men Ma & Gy wordy | Widowol Iran be Ing a cay | RICHARD JOHNSON, Commissioner of Practions. | WARRANT ISSUED  | 27 7 1-98.<br>AND HANDED TO | apper    | GEG. W. MARKSON, STATE PRINTER, ATLANTA |

#### POWER OF ATTORNEY.

| State o    | of Geor | @our          |              | hereby au    |                 |              |                  |
|------------|---------|---------------|--------------|--------------|-----------------|--------------|------------------|
| to receive | and rec | eipt for the  | pension      | paid hereon  |                 | st that he   | remit same t     |
| IN         |         | SS WHERE      | OF, I ha     |              | set my ha       | nd and sea   | , this           |
| •          |         | l in presence | ************ | 9            | ~~              | 4            | [L. S            |
| )          |         |               |              | -            |                 |              |                  |
|            |         |               |              |              |                 |              | ~                |
|            |         |               |              |              |                 |              |                  |
|            |         | <b>*</b>      | *            | Sounty 11.21 | ensions.        |              | 1899             |
|            |         | DOW'S PENSIO  | naux         | C change     | OHNSON,         | URD          | 2 ;              |
| Ö          | 164     | 5 PE          | 6. 14 P      | hely         | RICHARD JOHNSON | RRANT ISSURI | RANDED<br>KANDED |
|            | NO.     | 0W"           | m.a.         | dring.       | исная           | WARR!        | AND HANDED TO    |
| 5          | 141     |               | "            | dow of       | <b>A</b>        |              |                  |

| STATE OF GEORGIA,  | Personally Comes Mrs.  |
|--|--|
| County of & am pluce   | M. A. E. Gayaway   |
| who, being sworn,  | , says on oath, that she is a bona fide resident of said county of   |
| Gain blue  | State of Georgia, and that she has RESUDED in said State   |
| continuously ever since  | 18.3.2. That she is the Widow of   |
| Francis Jan was  |  |
| 1/3" of the 30% the  | who was a Soldler in Company Regiment of   |
|  |  |
|  | bout the month of wife 1-  |
| and served in the Army up to   | of Strage 1862 That he lost his  |
| life on the day  | of 186 (State here   |
| full particulars of the husband's death, when, when  | re and from what cause.) He was what   |
| This rught the met   | while in service of Kinge  |
| splace live to   | in the offert specie   |
| ground ne dies in  | e un day ao chore states   |
| and the second of the second o | The second secon |
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| •  | 1  |
|  |  |
| the has never married since his death aforesaid, and the  I have been allowed a pension as a resident of  February 15th, 1897, and now apply for the pension pr  | soldier, during his service in the army as a soldier, and that at she became his wife in the year 180 ?  County for the year ending February 15th, 1898.  Clarry Cl. E. Jacquerry  Post-Office R. J. O. P.   |
|  |  |
| State of Georgia,  | 1. h. e 13 c   |
| County.)   | Ordinary of said County, certify that I am well acquainted   |
| with Mrs.  | who made the above affidavit and am satis-   |
| ed that the facts therein stated are true, and I know sh   | he is the individual she represents herself to be, and that she  |
| as continuously resided in this State since the  | unjul 19   |
| Given under my official signature and seal this th   | 10 24 day of Jan 1898.   |
|  | & l & sams   |
|  |  |
| Senl. Ordin  | ary of It amp and County.  |
| 1  | * *  |

# For Widows Heretofore Allowed Pensions.

| Telsonally Comes Mrs.  |
|--|
| County of Teampbell M. a. E. oganaway  |
| who, being sworn, says on oath, that she is a bona fide resident of said county of   |
| Champbell State of Georgia, and that she has RESIDED in said State   |
|  |
| That she is the Widow of   |
| Francis Syagaway who was a soldler in Company  |
| Regiment of Georgia  |
|  |
|  |
| That he lost his   |
| life on the 30 day of Augt 1862 (State here  |
| full particulars of the husband's death, when, where and from what cause.) He was that   |
| through the nich while in service at the Battle  |
| ad Blish of the State of the Sante   |
| of Bull run of from the effect of said wound   |
| he did on the same day he was that 30 day  |
| of august 1862   |
|  |
| E  |
|  |
| Commence of the control of the contr |
|  |
| Depopent aways that she was the wife of wild developing  |
| Deponent awars that she was the wife of said deceased soldier, during his service in the army as a soldier, and that<br>she has never married since his death aforesaid, and that she became his wife in the year 18 6 0.  |
|  |
| I have been allowed a pension as a resident of the state County for the year ending  |
| February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.  |
| Sworn to and subscribed before me, this  |
| day of 1899. Many ell Sourcesy   |
|  |
| Ordinary. Post-Office Red outs of a  |
| Dist. 50   |
| State of Georgia, 1 1 & It theres  |
| Hearnfull County. Ordinary of said County, certify that I am well acquainted   |
| with Mrs. M. A. E. Han away  |
| who made the above affidavit and am satis-   |
| ied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she  |
| as continuously resided in this State since the Asserting any of Asserting 18 32   |
|  |
| Given under my official signature and seal this the 18 day of Junuary 1899.  |
| - It thens   |
|  |
| (Official)   |
| Official   Ordinary of teamphell county.   |

| STATE OF G | welf Count                       | y.}             |                | 2   |
|------------|----------------------------------|-----------------|----------------|---|
| 1, m 9     | E. Jazaway<br>Yayaway            | hereby aut      | mples          | b county  |
|            |                                  | on paid hereon  |                | st that he remit same t   |
| IN WITHE   | ss whereof, i                    | have hereunto s | et my hand     | and seal, this 23   |
|            | in presence of                   |                 | 16             | George L. S.  |
| J.J. Suj   | Thens= asc                       | dinasy .        |                |   |
|            |                                  |                 |                |   |
|            |                                  | •               |                |   |
|            | <b>*</b>                         | ounty,          |                | 1900,   |
| fore Pal   | NSI0                             | Spenge C        | SEY,           | SUED TO   |
| 1900.      | W'S PENS<br>ending February 18th | esta unes       | NO. W. LINDSEY | WARRANT ISSUE  AND 19 AND BANDED TO  AND BANDED TO |
|            | <b>→</b> #                       | 2 22            | <b>F</b> ,     | 2 2 9 1   |

#### POWER OF ATTORNEY.

|        | TATE OF  |             | Coun        | Lange                 | of Co      | y<br>u = 14 | l              | nereby a                              | uthoriz           |
|--------|--|-------------|-------------|-----------------------|------------|-------------|----------------|---------------------------------------|-------------------|
| to     | receive and  | receipt fo  | or the pe   | ension pa             | d hereon   | and reque   | st that h      | e remit                               | same to           |
| de     | IN WI  | TNESS V     |             | 1001                  | e hereunte | 1           |                |                                       | [L. S.            |
|        |  | ed in prese | nce of      |                       |            | ~           | 7              | angeneriten in der jaguagen der ander | [L. S             |
| ٥      | )  | a           | ling        |                       |            |             |                |                                       |                   |
|        |  |             | ×           |                       |            |             |                | ,                                     |                   |
| )      | a Para California de Albando en California de California d |             |             | 1                     | aty.       | 1           | l a            | į į                                   |                   |
| j      | re Paid.   | 66          | ISIO        | 15th, 1901            | County     | LINDSEY,    | EB .           | 102 1                                 | Atlanta, Ga.      |
| ?<br>} | ose Heretofore Pai   | 36          | 'S PE       | paid Tebruary 15th, 1 | blice      | W. LINI     | WARRANT ISSUED | HANDED                                | n. state Printer. |
|        | Those  | No          | <b>M</b> 00 | year end              | 3/6        | JOHN        | WAR            | AND                                   | W Harriso         |

| STATE OF GEORGIA,  | Personally Comes Mrs.  |
|--|--|
| County of Jamphell   | mcA. & oganaway  |
| who, being aworn, says of  | oath, that she is a bona fide resident of said county of   |
| de and hell  | te of Georgia, and that she has RESIDED in said State  |
| continuously ever since may                                      | 18 8 5 That she is the William C   |
| Francis Samawa   | who was a soldier in Company   |
| 35 of the 36   | Regiment of Ofter gra  |
| Volunteers, that he enlisted in said regiment on or about ti     |  |
| 186 and served in the Army up to Aught                           |  |
| life on the 30 day of A  |  |
| northways of the harden 25 doubt - hard - de                     | We was Shot the  |
| particulars of the husband's death, when, where and from         | at Battle at hull be   |
| and from the effect of   | down warmed he shirt   |
| 131 30 day of Aust 1842  | and mand in and  |
| - 11 So day of way 1541  |  |
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|  |  |
| **************************************                           | The second secon |
| Deponent swears that she was the wife of said deceased soldie    |  |
| she has never married since his death aforesaid, and that she    |  |
| I have been allowed a pension as a resident of John              |  |
| February 15th, 1894 , and now apply for the pension pro          | vided by law for the year ending February 15th, 1900.  |
| Sworn to and subscribed before me, this                          | 41 mg / 4 4 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| 2 3 day of Junuary 1900.   | Bud out the  |
| J. Stiphens Ordinary.  | Post Office During Office  |
| , , , ,  | 1 N Of   |
| State of Georgia,  | 1 La Stephers  |
|  | inary of said County, certify that I am well acquainted  |
| with Mrs. M. A. E. ogayaway                                      | , who made the above affidavit and am satis-   |
| ed that the facts therein stated are true, and I know she is the | ne individual she represents herself to be, and that she   |
| as continuously resided in this State since the                  | day of franchis  |
| Given under my official signature and seal, this the             | 23 day of Linuary 1900.  |
| ~~~~ /   | " at Al  |
| (Official )<br>Seal.   | J. Slephens  |
| Ordinary   | of Qumpovely County.   |
|  |  |

# For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA,  | Personally Comes Mrs.   |
|--|---|
| ,  | 7   |
| State of   | that she is a bona fide resident of said County of<br>Georgia, and that she has RESIDED in said State                               |
| Francis Logoway  | That she is the Widow of who was a soldier in Company   |
|  |   |
| Volunteers, that he enlisted in said regiment on or about the n  | onth of deal  |
| 186 and served in the Army up to. Acry   | 186 2 That he lost his  |
| particulars of the husband's death, when, where and fro  | m what cause)   |
| in service of boils  | - y Bull Ruic y   |
| one occount y soid   | who we of he died   |
| ou some day veg  | august 30, 1862   |
| PRODUCTION OF THE PRODUCTION O |   |
| Ordinary, Post   | ame his wife in the year 18 TO  County for the year ending ed by law for the year ending February 15th, 1901.  Leany LL & Guarcacco |
| (0,0)  |   |
| State of Georgia,  | MING Lovin  |
| With Mrs. H. A. & Log away   | y or said County, certify that I am well acquainted  , who made the above affidavit and am satisfied                                |
| that the facts therein stated are true, and I know she is the ind  | ividual she represents herself to be and that the   |
| has continuously resided in this State since thed  |   |
| Given under my official signature and seal, this the   |   |
| ( Official )   | White Form County.  |

|                                | · p        | bee          |           |              |                              |                |           |
|--------------------------------|------------|--------------|-----------|--------------|------------------------------|----------------|-----------|
| g'é                            | 4.1        | 6. g         | 7         | of Con       | u phe                        | , hereby       | authorize |
| to receive a                   | nd receip  | t for the p  | ension pa | id hereon, a | and request t                | ee             |           |
| In Win                         | lace       |              | hereunte  | set my han   | d and seal, th               | is/6           | tu .      |
|                                | uted in pr |              | 16.       | 11,1.8       | <b>Kes</b> we                | ry             | [L. S.]   |
| Ir Su                          | for        | in Ope       | 7         |              |                              |                |           |
|                                |            |              |           |              |                              | 8              |           |
|                                |            |              |           |              |                              |                |           |
|                                |            | Z.           | 3         | uty.         |                              | 206            |           |
| e Paid.                        | 1          | NSIO         | 100       | County       | 3 8 to<br>EY,<br>mer of Peau | UED 1          | 5         |
| To Those Heretofore Paid 1902. | 417        | DOW'S PENSIC | S So      | i te o       | Regiment J                   | WARRANT ISSUEI | ANDED 10  |
| Those F                        | No.        | OW'S         | 1.4.6     | the the      | Regiment<br>OHN W. LI        | ARRAI          | W.        |
| 10                             |            | WID          | much      | Widow of Th  | X                            | 3              | an        |

|                                | PO             | WER O                        | F ATT     | ORNEY.            | e e                           |                               |
|--------------------------------|----------------|------------------------------|-----------|-------------------|-------------------------------|-------------------------------|
| STATE OF                       | e A. E.        | Coura                        | J. C      | and request       | Luc                           | oby authorize                 |
| day of                         | in presence of |                              | 401.6     | d and seal, this. |                               | [L. s.]                       |
| ORB PAID.                      | ENSION         | BER 31, 1904                 | County,   | SEY.              | UED 1904,                     | , source, state of the source |
| TO THOSE HERETOPORE PAID 1904. | TIDOW'S PENSI  | YEAR ENDING DECEMBER PAID TO | County of | JOHN W. LINDSEY   | WARRANT ISSUED  AND HANDED TO | Ge. W. Hartison, State Prater |

mu 14, 6 5

WIDOW'S |

| STATE OF GEORGIA. PERSONALLY COMES MRS.  |
|--|
| STATE OF GEORGIA,  County of Complete. M. S. Stoy and ony  |
| who, being sworn, says on oath, that she is a bona fide resident of said County of   |
|  |
| Francis Kajaway who was a soldier in Company   |
| continuously ever since May . That she is the Widow of   |
| Thankers, that he charact in said regiment on or about the month of  |
| 186 /, and served in the Army up to fully 30, 186 2. That he lost his  |
| life on the 20 day of Any 1862 (State here   |
| particulars of the husband's death, when where and from what cause). The wor she at the ough the well while in   |
| service at botter of Bue Run, and from   |
| the effect of soil wound he dies or some   |
| day - Any 20th 1862  |
|  |
|  |
| and the second s |
| Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a  |
| soldier, and that she has never married since his death aforesaid, and that she became his wife in   |
| the year 18 5 0  |
| I have been paid a pension as a resident of Cour & been County for the   |
| year ending December 31, 1901, and now apply for the pension provided by law for the year ending   |
| December 31, 1909.   |
| Nworn to and subscribed before me.   |
| this 16 day of Jany 1002 clerk, & Chesciony  |
| this 16 day of Joseph 1802 Click, E. Christierry M. Sue Lorin Ordinary.) Post-Office Rid con egg   |
| Sur & Comin  |
|  |
| Court beer County. Ordinary of said County, certify that I am well   |
| acquainted with Mrs. M. A. E. Logoway , who made the above affidavit and   |
| am satisfied that the facts therein stated are true, and I know she is the individual she represents   |
| hereself to be, and that she has continuously resided in this State since the  |
| day of 18 %  |
| Given under my official signature and seal, this the 16 day of day of  |
| (Official) - W.S. We Lanin   |
| Seal. Ordinary of County feel County.  |
| NOTE.—All blank spaces must be filled.   |
| Voucher and affidavit must bear date after January 1st, 1902.  |
|  |

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

| TON MIDOMS HENETURORE ALLOWED PENSIONS.  |
|--|
| STATE OF GEORGIA. ) PERSONALLY COMES MRS.  |
| County of Com place U. A. E. Los our   |
| who, being sworn says on oath, that she is a bona fide resident of said County of  |
|  |
| State of Georgia, and that she has RESIDED in said State continuously ever since 110 or 1 That she is the Wilson   |
| Francis y  |
| "It' of the grant who was a soldier in Company   |
| Volunteers, that he enlisted in said regiment on or about the month of   |
| 100 1  |
| life on the 30   |
| particulars of the husband's death, when, where and from what cause.)  |
| He was of the number of the all the work the stand of the |
| while in control derrice a   |
| toccer of Que Reme" out from   |
| the extent of sons wound he  |
| 20. 1862 or obver - Olalist  |
| al, 1862 or our out  |
| Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a  |
| soldier, and that she has never married since his death aforesaid, and that she became his wife in   |
| the year 18 50   |
| I have been paid a pension as a resident of Court of Le County for the   |
| year ending December 81, 1908, and now apply for the pension provided by law for the year ending   |
| December 81, 1904.   |
| Nworn to and subscribed before me,   |
| this 16 day of 1004 CTECLY Suscerey  |
| Dr. Suc form Ordinary Post Office Kee of Ooth - Efa  |
| 2/10   |
| State of Georgia   |
| County Ordinary of said County, certify that I am well   |
| acquainted with Mrs. Me. A. G. Loy ow oy, who made the above affidavit and   |
| am satisfied that the facts therein stated are true, and I know she is the individual she represents   |
| herself to be, and that she has continuously resided in this State since the   |
| day of 18 8 0  |
| Given under my official signature and seal, this the day of day of 1904.   |
| Sometal . A. S. rue Loren  |
| Ordinary of Cour b here Comment  |
| county,  |

Voucher and Affidavit must bear date after January 1st, 1904

| Games          | her o                 | COUNTY.    |       |           |         |
|----------------|-----------------------|------------|-------|-----------|---------|
| 26.4           | 4. A. E. G            | 01 6       | 7 pb  | ,hereby a | thorize |
| to receive and | l receipt for the pen |            |       |           |         |
| Service .      | ness Whereof, I ha    |            |       |           |         |
| day of         |                       | 1903 ecces | ycl E | Gergana   | [L. B.] |
|                | ed in presence of     |            |       |           |         |
| 1,70           |                       |            |       |           |         |
|                |                       | *.         |       |           |         |
|                |                       |            |       |           |         |
|                |                       | 3          |       | , .       |         |

#### POWER OF ATTORNEY.

| STATE OF GEORGIA,                | ,                 |                  |                    |
|----------------------------------|-------------------|------------------|--------------------|
| Campbeel                         | COUNTY.           |                  |                    |
| 1. U. A. G.                      | you aw            | oy               | hereby author      |
| Il y og away                     | · 0 of C.         | and beer         | eo ya              |
| to receive and receipt for the p |                   |                  |                    |
| o receive and receipt for the p  | bension paid nero | on, and request  | that he remit same |
| m maannaan 16 - manna minana     |                   | · ·              | . :                |
| In Witness Whereof, I            | have hereunto se  | t my hand and se | al, this ~         |
| 1 . //                           | 1005              | 101              |                    |
| lay of                           | 19000000          | CA Y CO          |                    |
| lay of Jany                      | 1900              | ca. E. Ga        | yeury [1.          |
|                                  | 1900              | ce. E. Ga        | guily [L.          |
| Executed in presence of          | (1900)            | ~ E. G.          | query [1.          |



The U. A. G. of one of

JOHN W. LINDSEY,
Commissioner of Prassos
WARRANT ISSUED
AND HANDED TO
AND HANDED TO
AND HANDED TO

For Midows Heretofore Allowed Pensions

W. A. C. Loyan

JOHN W. LINDSEY,

WARRANT ISSUED

or year ending Dec. 31, 1903.

**DOW'S PENSION** 

1903.

| STATE OF GEORGIA, PERRONALLY COMES MRS.  |
|--|
| County of Complete \ M.A. 6. Logarry   |
| who, being sworn says on oath, that she is a bona fide resident of said County of  |
| State of Georgia, and that she has RESIDED in said State continuously ever since heavy 1, 1 5 32 That she is the Widow of  |
| The same of the water of   |
| "K" of the 38 m" Regiment of Jac   |
| Volunteers, that he enlisted in said regiment on or about the month of feet  |
| 180 1, and served in the Army up to Aug 20 180 2. That he lost his   |
| life on the day of Aug 18 62 (State here   |
| particulars of the husband's death, when, where and from what cause.)  |
| He was shoot the rough the will where  |
| Rive" and from al fact of Bouter of Buch   |
| he dust on some  |
| Mater Any 20, 1862   |
| Exercise on a sense of the real real real real real real real rea  |
| Margaret de la company de la c |
| Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a  |
| soldier, and that she has never married since his death aforesaid, and that she became his wife in   |
| the year 18 0  |
| I have been paid a pension as a resident of Cour flow County for the   |
| year ending December 31, 1902, and now apply for the pension provided by law for the year ending   |
| December 81, 1008.   |
| Sworn to and subscribed before me,   |
| The Lorin Ordinary Post Office R of Or 1 Sta   |
| In Suc Lovin months of Red Or 12 es  |
| PORt-Office  |
| State of Georgia, M. & Mu Loris  |
| ( 17   |
| County.   Ordinary of said County, certify that I am well  |
| , who made the above affidavit and   |
| am satisfied that the facts therein stated are true, and I know she is the individual she represents   |
| herself to be, and that she has continuously resided in this State since the   |
| day of 18 90   |
| Given under my official signature and seal, this the day of 1908.  |
| 10 Mcial) M. S. M. Lorin   |
| Seal.  |
| NOTE:—All blank secons must be slied.  |
| Youcher and Amdavit must bear date after January zet, 190g.  |
|  |

# For Widows Heretofore Allowed Pensions.

|  |  |  |  | ••   |
|--|--|--|--|--|
| STATE OF GEO   | ORGIA.   | PE   | RSONALLY COME  | MRS.   |
| County of Go   | in force   | · W.A  | 6.400  | oway   |
| County of  |  | J  | 7  |  |
| who, be  | ing sworn says on os   | th, that she is a b  | ons fide residen   | of said County of  |
| Camp &   |  |  |  | DED in said State  |
| continuously ever since  | May 1.   | 1832   | . That she   | s is the Widow of  |
| Francis-   | y og ow  | oy   | who was a so   | dier in Company  |
| "K" of the   |  |  |  | dier in Company  |
| Volunteers, that he enlisted   | in said regiment on  | or about the mon   | th of Les  |  |
| 186, and served in the   |  |  |  | That he lost his   |
| life on the 30   | day o  | Lug  | 18   | 2 . (State-here  |
| particulars of the husband's d   |  | - /  |  | . (mate neve   |
| He woo so  | leach, when, where and   | from what cause.   | 4.5.011  | where  |
|  | hed. Rem   |  |  |  |
| a Bue R  | Lew, a   |  |  |  |
| To said ev   | our 4  | as the   | el U.s.  | 2  |
|  | 230186   |  |  | Latis  |
| 1 101  | 7  |  |  |  |
| The second section of the second seco | THE R. LEWIS CO., LANSING MICHIGAN CO., LANS |  | CONTRACTOR  |  |
| soldier, and that she has nev  | 1  |  |  |  |
| soldier, and that she has nev<br>the year 18 <u>f</u> 0<br>I have been paid a pen  | er married since his   | death aforesaid,   | and that she be  | county for the   |
| soldier, and that she has nev<br>the year 18 <u>F</u> O<br>I have been paid a pen<br>year ending December 81, 19   | er married since his   | death aforesaid,   | and that she be  | county for the   |
| soldier, and that she has nev<br>the year 18 <u>F</u> O<br>I have been paid a pen<br>year ending December 81, 19   | rer matried since his<br>usion as a resident of<br>904, and now apply  | death aforesaid,   | and that she be  | County for the   |
| soldier, and that she has nev<br>the year 18 <u>F</u> O<br>I have been paid a pen<br>year ending December 81, 19   | rer matried since his<br>usion as a resident of<br>904, and now apply  | death aforesaid,   | and that she be  | County for the   |
| soldier, and that she has nev<br>the year 18 O I have been paid a pen<br>year ending December 31, 19<br>December 31, 1905.  Sworn to and subser  | rer married since his usion as a resident of 104, and now apply the  | death aforesaid,   | f Lee  ovided by law for   | County for the   |
| soldier, and that she has nev<br>the year 18 O I have been paid a pen<br>year ending December 31, 19<br>December 31, 1905.  Sworn to and subser  | rer married since his usion as a resident of 104, and now apply the  | death aforesaid,   | f Lee  ovided by law for   | County for the   |
| soldier, and that she has nev<br>the year 18 O I have been paid a pen<br>year ending December 31, 19<br>December 31, 1905.  Sworn to and subser  | rer married since his usion as a resident of 104, and now apply the  | death aforesaid,   | and that she be be been ovided by law for  E. Gerg Red Out 16  | County for the   |
| soldier, and that she has nev<br>the year 18 O I have been paid a pen<br>year ending December 31, 19<br>December 31, 1905.  Sworn to and subser<br>this 2 day of   | rer married since his usion as a resident of 104, and now apply the  | death aforesaid,   | and that she be be been ovided by law for  E. Gerg Red Out 16  | County for the   |
| I have been paid a pen year ending December 31, 1905.  Sworn to and subser this 2 day of this 2 day of Catagoria,  | rer married since his sion as a resident of 1004, and now apply sibled before me, 1005,  | death aforesaid,  Comments for the pension pr  M. S.  Post-Office  I, M.   | and that she be  be the convided by law for  Converted to the converted to | County for the r the year ending   |
| soldier, and that she has never the year 18 5 0  I have been paid a pen year ending December 31, 1905.  Sworn to and subser this 2 day of the year of Georgia.   | estor married since his asion as a resident of 204, and now apply stilled before me, 1905.  Ordinary.  | death aforesaid,   | and that she be  be the convided by law for  Convident Out of the convidence of the  | County for the r the year ending   |
| the year 18 6 0  I have been paid a pen year ending December 81, 19 December 81, 1908.  Sworn to and subsar this 2 day of 1  Clear Const.  State of Georgia  Court for the state of Georgia  | estor married since his asion as a resident of 204, and now apply stilled before me, 1905.  Ordinary.  | death aforesaid,   | and that she be  be the convided by law for  Convident Out of the convidence of the  | County for the r the year ending   |
| soldier, and that she has nev the year 18 6 7 7  I have been paid a pen year ending December 81, 1905.  Bworn to and subsorthis 2 9 day of 1905.  State of Georgia, acquainted with Mrall A.   | rer married since his sion as a resident of 1004, and now apply to the before me, 10050, 1005, 1005, 1005, 1005, 1005, 1005, 1005, 1005, 1005, 1005, 1 | death aforesaid,  Comments  Or the pension pr  LL, CL  Post-Office  I, M.  Ordinary of s   | and that she be  be the covided by law for  else of Original County, cert  Who, made the a   | County for the r the year ending   |
| soldier, and that she has nev the year 18 6 6  I have been paid a pen year ending December 31, 19 December 31, 1905.  Sworn to and subsar this 2 day of  | rer married since his sion as a resident of 1004, and now apply to the before me, 1005, 10 | death aforesaid,  Common or the pension pr  Control or the pension pr  Light Control  Ordinary of s  A cy  and I know sho  | and that she be  be the covided by law for  co | County for the r the year ending   |
| soldier, and that she has nev the year 18 6 0  I have been paid a pen year ending December 31, 19 December 31, 1905.  Sworn to and subsar this 2 day of Augustus 2 day State of Georgia acquainted with Mrall Au am satisfied that the facts the horself to be, and that she ha day of   | rer married since his usion as a resident of 204, and now apply stribed before me, 1908.  County, County, County or one at a continuously resident are true as continuously resident.  | Control of same of the pension provided in the pension provided in this State signal of the pension provided in | and that she be  E. Schall  Red Orde  June 2  aid County, cert  Who, made the a  is the individual  upoe the.  | County for the representation of the year ending the county for the representation of the county for the representation of the county for the |
| soldier, and that she has never the year 18 10 1 I have been paid a pen year ending December 31, 19 December 31, 1905.  Sworn to and subsarthis 2 day of the year of Georgia 1 Court of  | rer married since his usion as a resident of 204, and now apply stribed before me, 1908.  County, County, County or one at a continuously resident are true as continuously resident.  | Control of same of the pension provided in the pension provided in this State signal of the pension provided in | and that she be  E. Schall  Red Orde  June 2  aid County, cert  Who, made the a  is the individual  upoe the.  | County for the representation of the year ending the county for the representation of the county for the representation of the county for the |
| soldier, and that she has never the year 18  | eston as a resident of 204, and now apply stribed before me, 1905.  County.  County.  County.  County are corolin stated are true as continuously residents.   | death aforesaid,  Control the pension pr  Control the pension pr  Post-Office  I, M.  Ordinary of a  A ay  , and I know she ed in this State si  this the 2/5-   | and that she be  be the convided by law for  Convided by law for  Convident of the convidence of the c | County for the reference of the results of the results of the reference of |
| soldier, and that she has nev the year 18  I have been paid a pen year ending December 31, 19 December 31, 1905.  Sworn to and subsor this 2  day of  Cur Correlation State of Georgia acquainted with Mrs M.A. am satisfied that the facts the herself to be, and that she ha day of  Given under my official  [Official]   | eston as a resident of 204, and now apply stribed before me, 1905.  County, Co | death aforesaid,  Control the pension pr  Control the pension pr  Post-Office  I, M.  Ordinary of s  A ay  and I know she ad in this State si  this the 2, 5   | and that she be  blue  ovided by law for  Congression  Luc Congression  aid County, cert  Who made the a  is the individual  ingo the  day of Ja   | County for the reference of the results of the representation of |
| soldier, and that she has never the year 18 10 1 I have been paid a pen year ending December 31, 190 December 31, 190 B.  Sworn to and subsarthis 2 day of the second of Georgia Court for the second of Georgia and that the facts the horself to be, and that she haday of Given under my official   | eston as a resident of 204, and now apply stribed before me, 1905.  County, Co | death aforesaid,  Control the pension pr  Control the pension pr  Post-Office  I, M.  Ordinary of a  A ay  , and I know she ed in this State si  this the 2/5-   | and that she be  blue  ovided by law for  Congression  Luc Congression  aid County, cert  Who made the a  is the individual  ingo the  day of Ja   | County for the reference of the results of the representation of |

| Civid Limit 2.         |                               | (2)40  |
|------------------------|-------------------------------|--|
| COUNTY.                | , hereby aut                  | horiz  |
| pension paid hereon, a | and request that he remit say | me to  |
| ve hereunto set my har | nd and seal, this             |  |
| 1908.                  | Tex Gagaine                   | 14s.   |
| nce of                 | .,                            | 7  |
| 1                      | ve hereunto set my has        | pension paid hereon, and request that he remit sate the second of the se |

For year ending Dec. 31, 1906.

For year ending Dec. 31, 1906.

FALL A. G. For owner of the country,

Comm. for the country,

JOHN W. LINDSER,

JOHN W. LIND

STATE OF GEORGIA,

ma. 8 (m

To Those Heretofore P.

1906.

For Widows Heretofore Allowed Pensions.

#### POWER OF ATTORNEY

| Can           | GEORGIA,            | COUNTY.           |                  |       |        |
|---------------|---------------------|-------------------|------------------|-------|--------|
| 1.6           | y or aw             | on 150            | Red of           | y Ly  | y anti |
| tofreceive an | d receipt for the p | pension paid here | on, and request  |       |        |
| In Witne      | ss Whereof, I hav   | e hereunto set my | hand and seal, t | hia F | in .   |
| day of        | Laury               | 1907.             | 1                |       |        |
| C             |                     | M                 | kery cx &        | . Guy | cal    |
| M CE          | xecuted in presence | e of              |                  | ,     | 7      |
| 17.0,00       | v orace             | , vray            |                  |       |        |
| )             |                     |                   |                  |       |        |
|               |                     |                   |                  |       |        |
|               |                     |                   |                  |       |        |

TDOW'S PENSION

For Year ending Dec. 31, 1907.

For Year Engineers of Pensions.

WARRANT ISSUED

AND HANDED TO

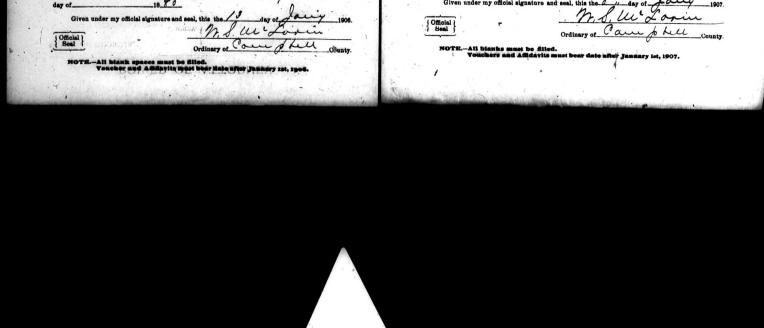
Control Band C

a All wed Pensions.

| County of Campbell 41. A. 8.   | RECHALLY COMES MRS.            |
|--|--------------------------------|
| County of the fact | 7                              |
| who, being sworn, says on oath that she is a bona fi   | de resident of said County of  |
| 10 1411  | she has RESIDED in said State  |
| ontinuously ever since Uco-y 1, 1832   |                                |
| frau is you away   | That she is the Widow of       |
| "11"   | who was a soldier in Company   |
| of the Regiment o  | , 4a                           |
| olunteers, that he enlisted in said regiment on or about the month of  | Dept 151                       |
| 86 / and served in the Army up to Aug us h 20.   |                                |
| 1 m  |                                |
| usy or   | 18 6 2 (State here             |
| articulars of the husband's death, when, where and from what cause.)   |                                |
| He was shot this ile u   | cell while                     |
| 2  | rule of "Dull                  |
| Kim" and from Doig we  | and de lea                     |
| died the some day on   | duy 30, 1862                   |
|  |                                |
|  |                                |
|  |                                |
| eponent swears that she was the wife of said deceased soldier, durin   |                                |
| oldier, and that she has never married since his death aforesaid, and<br>se year 18. — O  I have been paid a pension as a resident of  |                                |
|  |                                |
| ear ending December 31, 1905, and now apply for the pension provide  | ed by law for the year ending  |
| December 31, 1906.   |                                |
| delen  | L Gazana                       |
|  | ce gagain,                     |
| his day of 1906.   | /                              |
| 7. S. Cue Lorius, Ordinary. Post Office  | ed doll ga .                   |
|  |                                |
| State of Georgia.  | Su form                        |
| Chu Aliti  |                                |
| County.   Ordinary of said   | County, certify that I am well |
| quainted with Mrs. Ul. a. E. Yog away, who   | made the above affidavit, and  |
| n satisfied that the facts therein stated are true, and I know she is t  |                                |
|  |                                |
| resiff to be, and that she has continuously resided in this State since  | e the                          |
| y of18   | 0                              |
| Given under my official signature and seal, this the   | lay of Jaciy 1906              |
| - hand he I we   | 1900.                          |
| Official )   | John                           |
|  | 777                            |
| Seal ( Ordinary of Cou   | i Shell County.                |

# For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA, PERSONALLY COMES MRS.  |
|--|
| County of law pall \ Ul, a, 8, yog away  |
|  |
| who, being sworn says on oath, that she is a bona fide resident of said County of                    |
| 11.6.1.1.1.7.1.0   |
| continuously ever since way / 1832 That she is the Widow of  |
| "Il" of the 38 m Regiment of 4 a   |
| Volcunteers, that he colleted in said regiment on or about the month of Quality                      |
| 186 / , and served in the Army up to Quy 30 186 2. That he lost his                                  |
| life on the 20 day of any 18.6 2 (State here   |
| particulars of the husband's death, when, where and from what cause.)                                |
| The was that clips' cle week while   |
| in con fed service at any bould  |
| of "Quel Run" and from soil  |
| Livourd his died the down day  |
| to wit; any 30, 1862   |
|  |
|  |
| Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a  |
| soldier, and that she has enever married since his death aforesaid, and that she became his wife in  |
| the year 18. 5.0   |
| the year 18.   |
| I have been paid a pension as a resident of Caure & here County, for the                             |
| year ending December 31, 1906, and now apply for the pension provided by law for the year ending     |
| December 31, 1907.   |
| Sworn to and subscribed before me  |
|  |
|  |
| Mr. S. Ule Foriu, Ordinary. Post Office Rayl Oryl ya   |
| 201111   |
| State of Georgia, M. S. Un Lonin.  |
| County. Ordinary of said County, certify that I am well  |
| THE CLEAN COLOR  |
| , who made the soove amakylt, and  |
| am satisfied that the facts therein stated are true, and I know she is the individual she represents |
| herself to be, and that she has continuously resided in this State since the                         |
| day of   |
| Given under my official signature and seal, this the 2 " day of 1907.                                |
| m. f. lu Lanin   |
| Official Seal  |
| Ordinary of Cau to All County.   |
| NOTE.—All blanks must be filled.   |



Witness my hand and seal, this \_Regiment\_ 100

POWER OF ATTORNEY

OODE SECTION 1254. ( FOR THOSE ALREADY ENROLLED. ) No. 250 From Jayette 1907 SOLDIER'S PENSION 1902. County Com place WARRANT ISSUED JOHN W. LINDSEY, WARRANT HANDED TO

nodata

| -,,  | Giles        | hereby au                               | thorize M. S.  | ya Lovi           | -   |
|--|--------------|---|----------------|-------------------|-----|
| receive and receipt  | for the pens |   |                | remit same to     | · · |
|  | in it        | at J                                    |                | - Ju              |     |
|  |              | day of                                  | lany           | 1902,             |     |
|  | ,            | 150                                     | 6.             | [L. S.]           |     |
| Executed in presen   | ce of        | · · · · · · · · · · · · · · · · · · ·   | (              |                   |     |
| 7. Slugar  | Ordy         |   |                |                   |     |
|  |              | \                                       |                |                   |     |
|  |              |   |                |                   |     |
|  |              |   |                |                   |     |
|  |              |   |                |                   |     |
|  |              |   | *-             |                   |     |
| . EB.  | <b>8</b>     | 0 4 0                                   | 1902.          |                   |     |
| FOR THOSE ALREADY ENROLLED.  No. 260  No. 400  No. 190  N | <b>S</b>     | 335                                     | 4, Park        |                   | 10  |
| NI RE  | S A          | 7 8 1 5                                 | OHN W. LINDSEY | ED 10             | 3   |
| SE ALREADY  SE ALREADY  SE ALREADY  SE ALREADY  DIGEN  |              | Regiment Regiment                       | V I            | WARRANT HANDED TO | 9   |
| N PA   |              | 2 2 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | `   ≱          | EANT.             | 7   |
|  |              | 2013                                    | OH             | WARR.             | 376 |
| H 2  | $\equiv$     | Name County Co.                         |                | 0 3               |     |
|  |              | 1 a 10 %                                |                |                   | 3   |
| F     =  | <b>~</b>     |   | 111            | 1 11              |     |
|  |              |   | 1 11           |                   | -   |

hell B

140

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA,  |          |  |  |  |  |
|--|----------|--|--|--|--|
| Complete County.   |          |  |  |  |  |
| Personally appears In T. Gille of Court &  | Li       |  |  |  |  |
| County, State of Geoogia, who being duly sworn, says on oath that he is a bone fide cit  | tizer    |  |  |  |  |
| and resident of said County and State, and has resided in said State continuously ever   |          |  |  |  |  |
| since the 10 day of de bt 1843; that he is 5 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 Jyears in Company of the Regin                        | men      |  |  |  |  |
| of the total ; that his physical condition is follows: I have you'll out of work out     | is a     |  |  |  |  |
| of fire tion of Piles  |          |  |  |  |  |
|  |          |  |  |  |  |
|  |          |  |  |  |  |
| that his property consists of the following items 200 from                               |          |  |  |  |  |
|  |          |  |  |  |  |
|  |          |  |  |  |  |
| of the value of Dollars, that by reason of his phys                                      | sical    |  |  |  |  |
| 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 10         | 5th,     |  |  |  |  |
| 1894, and the Acts amendatory thereof, and makes application for the pension to which    | he he    |  |  |  |  |
| s entitled for the year 1902. I have heretofore as a resident of toy rela                |          |  |  |  |  |
| county been allowed a pension for the year 1 20/   |          |  |  |  |  |
| Sworn to and subscribed before me, this the  |          |  |  |  |  |
|  |          |  |  |  |  |
| M.S. Me Sorie Ordinary.  |          |  |  |  |  |
| Ordinary.  |          |  |  |  |  |
| STATE OF GEORGIA,  |          |  |  |  |  |
| County.  |          |  |  |  |  |
| 1, It I we Land Ordinary of said Coun  |          |  |  |  |  |
| lo certify that I am well acquainted with . J. Tien                                      | ity,     |  |  |  |  |
| he applicant in the foregoing affidavit, and am well satisfied that the statements made  | hu       |  |  |  |  |
| im in his said affidavit are true, and I know he is the individual he represents himself | by<br>to |  |  |  |  |
| e and that he resides in this County.'   | ιο       |  |  |  |  |
| Given under my official signature and seal, this   |          |  |  |  |  |
|  |          |  |  |  |  |
| day of 1909.   |          |  |  |  |  |
| lead here  |          |  |  |  |  |
| Ordinary Cour place Count  | tv.      |  |  |  |  |
| Nora.—The blank spaces must be filled.   | ٠,٠      |  |  |  |  |

# POWER OF ATTORNEY. STATE OF GEORGIA, County.) In the feet of the pension allowed and request that he remit same to at the receive and receive in the pension allowed and request that he remit same to at the receive in the pension allowed and request that he remit same to at the receive in the receive in the pension allowed and request that he remit same to at the receive in th

IOHN W. LINDSEY,

SOLDIER'S PEN

INDIGENT

# POWER OF ATTORNEY. STATE OF GEORGIA. J. G. See hereby authorize to Sur Larun to receive and receipt for the pension allowed and request that he remit same to Witness my hand and seal, this \_1904. Executed in presence of INDIGENT OHN W. LINDSEY.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE (  |  |  |   |
|--|--|--|---|
|  | OF GEORGIA,  | )  |   |
| Cane   | plece Count  | V.   |   |
|  | · (/ A . C.  |  | of Compbies   |
| Personally   | appears  |  | _of Carry or  |
|  | Georgia, who, being duly sw  |  |   |
| and resident of  | said County and State, and   | has resided in sai   | d State continuously ever   |
| since the _/U  | day of light   | 18.7.7; that   | he is 6 years old and   |
| by occupation a  | Former, that   | he enlisted in the   | military service of the Con.  |
| federate States (  | or of the State of   | <u> </u>   | during the war between the  |
| States, and serve  | ed for the term of   | in Company   | , of 6th Regiment   |
| follows: 9 1   | ed for the term of Jyeur Dole -  | J // ithat   | his physical condition is as  |
|  |  |  |   |
|  |  |  |   |
| that his property  | y consists of the following it   | ama. leo p   | ro porty ex   |
| cept 1   | Coul   | Cina .   |   |
|  | The state of the s |  |   |
|  | 1 . //-  |  |   |
| of the value of_   | Fifteen  | Dollars, tha   | by reason of his physical   |
|  | overty he is unable to suppor  |  | own exertion or labor, and  |
| that he receives   | no pension but the one here  | n applied for.   |   |
| Deponent d   | lesires to participate in the  | benefits of the Act  | , approved December 15th,   |
| 1894, and the Ac   | te amendatory thereof and m  | alean annilastian (  |   |
|  |  |  | or the pension to which he  |
|  | e year 1908. I have hereto   |  |   |
| is entitled for the  | e year 1908. I have hereto   | fore as a resident   | of Campbeer   |
| is entitled for the  | e year 1908. I have hereto   | fore as a resident   | of Campbeer   |
| is entitled for the  | e year 1903. I have hereto<br>wed a pension for the year 1<br>d subscribed before me, this t   | fore as a resident   | of Campbeer   |
| Sworn to and   | wed a pension for the year 1 d subscribed before me, this t  | fore as a resident   | of Campbeer   |
| Sworn to and day   | e year 1908. I have hereto<br>wed a pension for the year 1<br>d subscribed before me, this t   | fore as a resident   | of Campbeel   |
| Sworn to and day   | e year 1908. I have hereto<br>wed a pension for the year 1<br>d subscribed before me, this t<br>of 190   | fore as a resident   | of Campbeer   |
| s entitled for the county been allow Sworn to an day Mr. S. U.C. STATE O | e year 1908. I have hereto wed a pension for the year 1 d subscribed before me, this t of 190  F GEORGIA, County   | fore as a resident   | of Campbeer   |
| s entitled for the county been allow Sworn to an day Mr. S. U.C. STATE O | e year 1908. I have hereto wed a pension for the year 1 d subscribed before me, this t of 190  F GEORGIA, County   | fore as a resident   | of Campbeer   |
| s entitled for the county been allow Sworn to an day Mr. S. Luc STATE O  | e year 1908. I have hereto wed a pension for the year 1 d subscribed before me, this t y of 190  F GEORGIA, F GEORGIA, County.  J. LUE Lower   | fore as a resident   | of Campbeer   |
| STATE O  I, It. do certify that I,                                       | e year 1903. I have hereto wed a pension for the year 1 d subscribed before me, this t y of 190 F GEORGIA, County, LUC Lower am well acquainted with   | fore as a resident   | Ordinary of said County,  |
| s entitled for the county been allow Sworn to an day Mr. J. U.C. STATE O | e year 1908. I have hereto wed a pension for the year 1 d subscribed before me, this t t of 190 F GEORGIA,  County,  Luc Lorum  am well acquainted with the foregoing affidavit, and a   | fore as a resident  10                                     | Ordinary of said County,  |
| STATE O  I, M. do certify that I the applicant in him in his said a      | e year 1908. I have hereto wed a pension for the year 1 d subscribed before me, this t y of 190  F GEORGIA, F GEORGIA, County.  Am well acquainted with the foregoing affidavit, and a ffidavit are true, and I know   | fore as a resident  10                                     | Ordinary of said County,  |
| STATE O  I, M. do certify that I the applicant in him in his said a      | e year 1903. I have hereto wed a pension for the year 1 d subscribed before me, this to the year 1 d. 1907. I want to the year 1 d. 1909. I want to the year 1 d. 1909. I want to the foregoing affidavit, and a ffidavit are true, and I know seides in this County.  | ordinary.  Ordinary.  m well satisfied the is the individu | Ordinary of said County, at the statements made by all he represents himself to |
| STATE O  I, M. do certify that I the applicant in him in his said a      | e year 1908. I have hereto wed a pension for the year 1 d subscribed before me, this to form 1909. The GEORGIA, County, am well acquainted with the foregoing affidavit, and a ffidavit are true, and I know sides in this County.  Given under my official s  | ordinary.  Ordinary.  m well satisfied the is the individu | Ordinary of said County, at the statements made by all he represents himself to |
| STATE O  I, M. do certify that I the applicant in him in his said a      | e year 1903. I have hereto wed a pension for the year 1 d subscribed before me, this to the year 1 d. 1907. I want to the year 1 d. 1909. I want to the year 1 d. 1909. I want to the foregoing affidavit, and a ffidavit are true, and I know seides in this County.  | ordinary.  Ordinary.  m well satisfied the is the individu | Ordinary of said County, at the statements made by all he represents himself to |
| STATE O  I, M. do certify that I the applicant in him in his said a      | e year 1908. I have hereto wed a pension for the year 1 d subscribed before me, this to form 1909. The GEORGIA, County, am well acquainted with the foregoing affidavit, and a ffidavit are true, and I know sides in this County.  Given under my official s  | ordinary.  Ordinary.  m well satisfied the is the individu | Ordinary of said County, at the statements made by all he represents himself to |
| STATE O  I, M. do certify that I the applicant in him in his said a      | e year 1908. I have hereto wed a pension for the year 1 d subscribed before me, this to form 1909. The GEORGIA, County, am well acquainted with the foregoing affidavit, and a ffidavit are true, and I know sides in this County.  Given under my official s  | ordinary.  Ordinary.  m well satisfied the is the individu | Ordinary of said County, at the statements made by al he represents himself to  |

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

| STATE OF GEORGIA,  |
|--|
| Complete County.   |
| Personally appears J. Geles of Compbee   |
| 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 Left 18/2; that he is 6/ years old and  |
| by occupation a Lorent that he enlisted in the military cornice of the Con   |
| federate States (or of the State of) during the war between the  |
| States, and served for the term of 2 years in Company 1, of Th Regiment  |
|  |
| of that his physical condition is as follows: I have free or the   |
| Mark the control of t |
| The second secon |
| that his property consists of the following items: ko dro for  |
|  |
| School Section 1 and 1 a |
| of the value of Dollars, that by reason of his physical  |
| condition and poverty he is unable to support himself by his own exertion or labor, and  |
| that he receives no pension but the one herein applied for.  |
| Deponent desires to participate in the benefits of the Act, approved December 15th,  |
| 1894, and the Acts amendatory thereof, and makes application for the pension to which he   |
| is entitled for the year 1904. I have heretofore as a resident of Coace phase  |
| County been allowed a pension for the year 1   |
| Sworn to and subscribed before me, this the  |
| day of 1904 J. Lelus   |
|  |
| Mr. Sur Toster Ordinary. M. Ordinary.  |
| STATE OF GEORGIA, )  |
| Campbell County.   |
| b luce Control   |
| I, Pr. D. County,  |
| do certify that I am well acquainted with  |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made   |
| by him in his said affidavit are true, and I know he is the individual he represents himself   |
| to be, and that he resides in this County.   |
| Given under my official signature and seal, this   |
|  |
| day of Lacing 1804   |
|  |
| day of Lacing 1804   |

77

Ordinary Compbece \_County. Nors.—The blank spaces must be filled.

Nors.—Affidavit should not be attested before January 1st, 1908.

Ordinary County.

Norn.—The blank spaces must be filled.
Norn.—Affidavit'should not be attended before January 1st, 1904.

STATE OF GEORGIA. Sunt & hund

Know all Men by these Presents, That I.

County, in said State, do hereby appoint. Herether, ( 1) carred the of the court 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 as a widow of a Confederate Sobier, 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 ree for the reason Renden. (61:

AN WITNESS WHEREOF, I have bereunto set 10 day of 6 feel, 175

aforesaid.

and

send amount by

Blown, Eeizaheth

2710. 1454. AV Pension

Campbell COUNTY.

\$100.00.

Warrant Issued

1891 AND HANDED TO

#### STATE OF GEORGIA.

Juni & how

Know all Men by these Presents. That I. Of Carry Hell per intry in said State, do hereby appoint. Reuben C Beaver Underly

County, in said State, do hereby appoint.... of the County of Campbell . my true and lawful attorney in lact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit: hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this local day of Grace 1891

DIRECTIONS

If allowed, send amount by

me at

and oblige,



# Warrant Issued

#### Affidavit to be Made by the Widow.

|   | STATE OF GEORGIA   |
|---|--|
|   | County of Learny him In person come before me, the undersigned Ordinary in and for the County of Jeanny him. |
|   | Mrs. , who being sworn according to law, says under oath that she is the widow of                            |
|   | the service of the Confederate States, and served as a member of Company of the                              |
|   | service on or about the day of feere 1861, and was in the  |
|   | Army up to Jan 1864 That while in the Army, he was on the 1 day of 1864, (See Note No. 1)                    |
|   | a un not wound till house  |
|   | of m, if he 1, ofthe 1864 in the   |
|   | present of his int bull and miss rule  |
|   | un le Stanewall ( confederale Come leng)   |
| 1 | I was the  |

Deponent further swears that she was the wife of said deceised soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the Z5° th 18 5 1, and that she has resided in Georgia continuously since the 18 4 ; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality, Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the | Elizalett & Slove | 10 Th day of Amelie 1891.

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

1. R. C. Beavers

County of Campbell

in and for said County of Campbell

State of Georgia, hereby certify that I am acquainted with Mrs. Elizabeth of Glover the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1800, and has not lived out of the State since that date, I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

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

21 day of April

R. C. Braven

Ordinary.

Form No. 4.

The pension is only payable to certain classes of widows

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

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

Fill out the "directions" below Power of Attorney, so that your Agent will know where and how to send the money.3

By order of the Governor.

W. H. HARRISON.

Sec. Ex. Department.

#### Affidavit for Three Witnesses.

STATE OF GEORGIA.

County of Composer in and for said County, witnesses B. I four to the County of Composer

In person came before me, the undersigned Ordinary

Form No. 2.

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

Mrs. Elizobet S. Glover , of the County of Coursbell State of Georgia, is the wildow of A Thomas G. Stone S. I who was a soldier in

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

186 / That while in said service, or by reason of said service in the Army, he lost his life as follows: Nilled at the bottle of Thinohoten Va, fought on the 19th day of September 1864 the said poldier woo shot during said bottle on the 14th day of september 1864 of rom ite effects of ooid that, seceived while in the service vin soil bottle on the 19th deplember he died 've were in the army together merubus of the some Company & in the some mess & we know he was killed in the Dervice

We further swear that Mrs. Elizabet S. Glover soldier during the service, and that she has not intermarried since his death, and that she resides in Campbeel County of the State of Georgia.

R. b. Beavers

Ordinary.

Ordinary.

| STATE OF GEORGIA,  |  |
|--|--|
| Campbell County. 5 0 5   | ~  |
| The Signe Glever   | hereby authorize   |
|  | e co Ba  |
|  |  |
| to receive and receipt for the pension paid hereon and reque   |  |
| me at Jacob  |  |
| IN WITNESS WHEREOF, I have hereunto set my ha  | and and seal, this   |
| day of January 1901.   |  |
| day of January 1901. Mrs Lyge  | Stever [L. S.]   |
| Executed in presence of  | .4   |
|  |  |
| fy bacup   | 40   |
| In suc Some  |  |
| Joffee Love  |  |
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| PENSION PAR CONTRACTOR PAR CONTRACTOR PAR CONTRACTOR CO | 7 1  |
| PHNS   | WARRANT ISSUÉT  AND HANDED TO  THE MARIET MARIET AND MA |
| 5 4 1 2 1 2 N 3 N N N N N N N N N N N N N N N N N  | SS / B 3   |
|  | E 5 3 2  |
|  | A A  |
| Mo. No. No. No. No. No. No. No. No. No. N  | N A ST   |
|  |  |
| idow For   |  |

#### POWER OF ATTORNEY.

|        |              |            |             |                               |              | Ĭ           |                 |  |
|--------|--------------|------------|-------------|-------------------------------|--------------|-------------|-----------------|--|
|        |              | OF GEO     |             | •                             | k-           |             |                 | ×:   |
|        | C.           | and        | beer        | County.                       |              |             |                 |  |
|        | 1.           | Mer        | 3 8         | 8 3                           | lever        | . ,         |                 |  |
|        |              | 1. 1.0     | 1           | · /                           |              |             | . , '           | hereby authorize   |
|        |              | 0          |             |                               |              |             |                 |  |
|        | to receiv    |            |             | e pension p                   | aid hereon,  |             |                 | he remit same to   |
|        | -            | ···        |             |                               | at.          |             | ue e            |  |
|        | In           | Witness W  | hereof, I 1 | ave hereunt                   | o set my har | nd and sea  | l, this         | 24 ch  |
|        | day of       | 110        | 4           | 1902.                         |              |             |                 | ,  |
|        |              |            | /           |                               | G. B         | Seer Seer   | ron             | [L. S.]  |
|        | F            | xecuted in | presence o  | of                            |              |             |                 |  |
|        | 21           | u-Lo       |             | 0.1                           | ~            |             | 4               |  |
|        | 0.7.2.1      | n Jo       | year,       | Tuy                           |              |             |                 |  |
|        |              |            |             |                               |              |             |                 |  |
|        |              |            |             |                               |              |             |                 | •  |
|        |              |            |             |                               |              |             |                 |  |
|        |              |            |             |                               |              |             |                 |  |
|        |              |            |             |                               |              |             |                 | \$   |
|        | +            |            |             |                               | *            |             |                 |  |
| 3      | 3            | ľ          | <b>Z</b>    | · • ₹                         | \$ h         | · p         | 10ms            | 206  |
| 0      | g ig         | 1          | 2           | 3                             | County       | D           | Pen             | 7 )  |
| 03     | القال        | . 0        | 2           | 6 7                           | 1 3          | 31 25       | in a            | The Contract of the Contract o |
| 1      | )   <u>[</u> | 1 3        | PE          | 200                           | 1            | 7           | Commissioner of | 6 3  |
| w.     | 시            | 322        | P           | d F N                         | # 3 b.       | giment 21 5 |                 | £3   |
| .#.    | 215          | 3          | 5           | ding De                       | 24.6         | Regiment    | 0               | 1 1  |
| 1 3 12 | 7 7          |            |             |                               |              |             |                 |  |
| 3      |              | Ď Š.       | )           | r en                          | 113          | Reg         | V               | N. D.  |
| aner.  |              | Š.         | )M          | year en                       | 1 1/2        | Reg         | X               | ANDHANGED TO A   |
| Lover  | To Those     | , § .      | ID0W        | For year ending Dec. 31, 1902 | Cae          | Reg         | 7               | OSEMBER S. CO.   |

| County of                      | BEORGIA,   | Personally Com   | es Mrs.  |
|--------------------------------|--|--|--|
|                                |  |  |  |
|                                | who, being sworn, says on oath, the  | hat aho is a huma data   |  |
| Cam                            | plee State of (  | dat site is a bona fide resident of  | of said County of                                |
| 3                              | Dec 3 12 19 3 3 3  | reorgia, and that she has RESI   | DED in said State                                |
| CAT C 6 1                      | C 6(   |  | is the Widow of                                  |
|                                | C , Scere  | who was a sold   | ier in Company                                   |
| Q of the                       | (Dec 25 1834)<br>C, 5(come )   | Regiment of Sa   | vil.   |
| Volunteers, that he enlisted i | in said regiment on or about the mo  | oth of June  |  |
| 186.7 and served in the .      | Army up to Scot 19   | _186_4 _   | That he lost his                                 |
| life on the                    | 19 day of 50)  | rlemba 100   | 1  |
| particulars of the husband's   | death when when a lo   | 10.7   | 1. (State here                                   |
| - ha - fi                      | Street and from  | waar cause) . QA   | 1.   |
| in III                         | gun shot us<br>stone wall<br>her va - in   | cura us  | time   |
| 200                            | I was  | To lettery   | 91   |
| . Teches                       | les va - in  | she sa s   | gruere.  |
| nis g                          | lace well in   | ar hed.  |  |
|                                | -  |  |  |
|                                |  |  |  |
| i have been allowed a          | death aforesaid, and that she becau  | County for   | the year ending                                  |
| State of George                | Ded before me, this 1901. Ordinary. Post Of  | Mrs Reine Source of Source | lever lempo                                      |
| A State of George              | ia, County, Ordinary   | The Reine Sone  To Suc of original Country, certify that I am  | ever le mple                                     |
| State of George                | ia, County. Ordinary Ordinary  | Mice River Source affidavis , who made the above affidavis .   | well acquainted                                  |
| State of Georgic ith Mrs.      | ia,  County.  County. | Mice Rever force  Jr. S. Mc J.  Of said County, certify that I am , who made the above affidavit.  Idual she represents hereoff to be  | well acquainted and am satisfied e, and that she |
| State of Georgicith Mrs.       | ia, County. Ordinary  true, and I know she is the indiv State since the 25 day   | Mice River Some  Jr. S. Mic of  of said County, certify that I am  , who made the above affidavis  idual she represents herself to b  of Pecambu   | well acquainted and am satisfied e, and that she |
| State of Georgicith Mrs.       | ia, County. Ordinary  true, and I know she is the indiv State since the 25 day   | Mice River Some  Jr. S. Mic of  of said County, certify that I am  , who made the above affidavis  idual she represents herself to b  of Pecambu   | well acquainted and am satisfied e, and that she |
| State of Georgicith Mrs.       | ia, Incompany Post Of Ordinary Post Of Ordinary Post Of Ordinary Post Of Ordinary Science the 25 day signature and seal, this the  | Mice River Some  Jr. S. Mic of  of said County, certify that I am  , who made the above affidavis  idual she represents herself to b  of Pecambu   | well acquainted and am satisfied o, and that she |

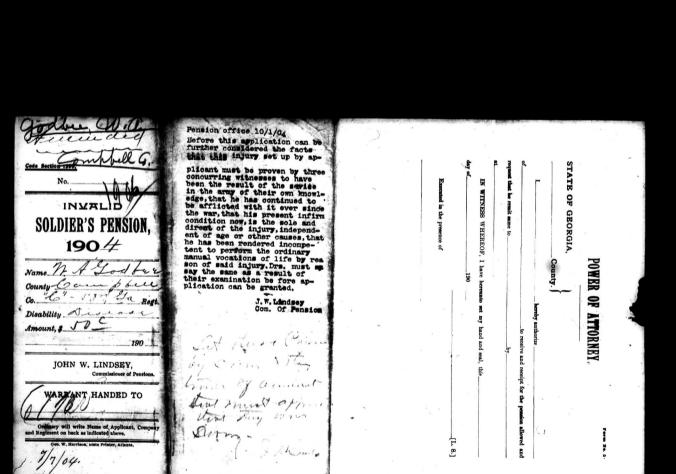
# For Widows Heretofore Allowed Pensions.

| - of middle finitelion mindle of the finite in the finite  |   |
|--|---|
| STATE OF GEORGIA. PERBONALLY COMES MIR.  |   |
| County of Complier Mrs E. S. Gloves  |   |
| who, being sworn, says on oath, that she is a bona fide resident of said County of   |   |
| continuously ever since C. George Who was a soldier in Company  "of the 2/61 Regiment of Tax   |   |
| Volunteers, that he enlisted in said regiment on or about the month of   |   |
| 180 / , and served in the Army up to Le bt 19 180 4. That he lost his  |   |
| they of State here   |   |
| particulars of the husband's death, when, where and from what engire   |   |
| at facile y trainchester Va  |   |
| Left 19am 1864 and our recount   |   |
| I said would so received be  |   |
| Ploted   |   |
| Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a  |   |
| soldier, and that she has never married since his death aforesaid, and that she became his wife in   |   |
| the year 18 5 2  |   |
| I have been paid a pension as a resident of County been County for the   |   |
| year ending December 31, 1901, and now apply for the pension provided by law for the year ending   |   |
| December 31, 1902.   |   |
| Sworn to and subscribed before me. this 24 day of livey 1902.  |   |
| Mr. S. lee forme, Ordinary. ) Post Office River Town it.   | 1 |
| The state of the s |   |
| State of Georgia, M. Sue Lorie.  |   |
| Carry bell County. Ordinary of said County, certify that I am well   |   |
| acquainted with Mrs  |   |
| am satisfied that the facts therein stated are true, and I know she is the individual she represents   |   |
| hereself to be, and that she has continuously resided in this State since the  |   |
| day of 1x 90   |   |
| Given under my official signature and seal, this the 24 th day of May 1992.  |   |
| 1 Official 1 Pr. S. Mc Lorice  |   |
| Ordinary of Cace fe bell County  |   |

# POWER OF ATTORNEY. STATE OF GEORGIA. Courplie County. 1, 1coro E. S. Grove A hereby authorise 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 E. S. S. Cover [L. 8.] Executed in presence of J. A. Milling

| STATE OF GEORGIA. ) PERSONALLY COMES MRS.  |
|--|
| County of Campbean & Fersonally Comes Mrs.   |
| who, being sworn says on oath, that she is a bona tide resident of said County of  |
| State of Georgia, and that she has RESIDED in said State ontinuously ever since 25, /8 / That she is the Widow of the Company who was a soldier in Company |
| of the 21 - Regiment of La   |
| olunteers, that he enlisted in said regiment on or about the month of  |
| 6 / and served in the Army up to Left / 9 th 180 4. That he lost his to on the / 9 th day of Left 186 4 (State here  |
| The was shoot by a ly when where and from what cause.)   |
| they by Va, on Left 19, 186 4, our our   |
| lied the sour day  |
|  |
| eponent swears that she was the wife of said deceased soldier, during his service in the Army as a   |
| dier, and that she has never married since his death aforesaid, and that she became his wife in  |
| e year 18 J  |
| I have been paid a pension as a resident of Cau & beer County for the  |
| ar ending December 31, 1902, and now apply for the pension provided by law for the year ending   |
| comber 81, 1908.   |
| Sworn to and subscribed before me, S.  |
| 7. S. Ice Lot Ordinary. Post Office River town of  |
| ate of Georgia, h. S. W. Larin   |
| Courty Ordinary of said County, certify that I am well   |
| uainted with Mrs. & S. Glover, who made the above affidavit and  |
| satisfied that the facts therein stated are true, and I know she is the individual she represents  |
| self to be, and that she has continuously resided in this State since the  |
| 18 50  |
| Given under my official signature and seal, this the day of facing 1908.  17. S. W. Lorium Soal.   |
| ordinary of Course beer County   |
| Ordinary of Court bell County.   |
| NOTE.—All blank spaces must be filled.   |

herself to be, and that she has continuously resided in this State since the..... Given under my official signature and seal, this the 3" day of Joury 1908. 18 80 day of\_\_\_\_ Mr. S. We Lorin Official } Ordinary of Comp beec .....County. NOTE.—All blank spaces must be filled. Vencher and Affidavit must Bear date after January zat, 1903.



94 No. 1

OF.

GEORGIA

POWER OF

ATTORNEY

\*\*\*\*LIGHT PRINT AND. OR BAD COPY \*\*\*\*

| SOLDIER'S PENSION,   | Pension office 10/1/02  Hefore this application can be further considered the facts that this injury set up by applications must be proven by three concurring witnesses to have been the result of the saries in the army of their own knowledge, that he has continued to be afflicted with it ever since the war, that his present infirm condition new, is the sole and direct of the injury, independent of age or other causes, that he has been rendered incompe- |
|--|--|
| Name N. A. Godfer 2 County Comp bene Co. "E" 137, Sa Regt. Disability Disabil | manual vocations of life by reason of said injury. Drs. must as say the same as a result of their examination be fore application can be granted.  J. W. Lindsey Com. Of Pension   |
| JOHN W. LINDSEY,<br>Commissioner of Pensions.  | by Sion of audust  |
| WARNANT HANDED TO  | that must affine   |
| Others will write Name of Applicats, Company and Regiment on back as indicated above.  One. W. Harrison, base Printer, Atlanta.  9/7/04.  8/37/15  | Derm - Duchung   |

STATE OF GEORGIA,

request that he remit same to

to receive and receipt for the pension allowed and

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

ated in the presence of

[18.1]

## PHYSICIANS' AFFIDAVIT.

|      | STATE OF GEORGIA.  |
|------|--|
|      |  |
|      | County.  |
|      |  |
|      | PERSONALLY comes before me M. S. Dic Laria Ordinary of said County,  |
|      |  |
|      | ela. Hoyd M. and Hoory woo had the worn, say on oath, that they have carefully   |
|      | me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully   |
|      | examined M. A. Godden and after such personal examination, say that the present  |
|      |  |
|      | condition of applicant is as follows: Mr House has Hernis  |
|      | The right in a fe also has   |
|      | T. P   |
| _ <  | garacy as agilions.  |
| 1    | E By reason of Said Diregres Roymod  |
| 4    |  |
| -    | Eponsider him able to perform the  |
| 0    | Tordering assection 1811   |
|      | Coramany avocations of tipe,   |
|      |  |
|      |  |
|      | and that such condition is permanent. Said condition arises from the following facts:  |
|      | Himier was caused from continued   |
|      | Constitation + other trouble from act  |
| 1    |  |
| 3    | age of Arbility. His age is 6 4= eve are satis   |
| 1 4  | hed from all estiden a libare us That Herming  |
| -3   | 10 thas coursed during the   |
| = 7  | We have treated applicant professionally for years, and his condition, as above stated,  |
| 0    |  |
| ~    | does arise from hereditary or congenital causes, or from vicious or intemperate habits.  |
|      | Sworn to and subscribed before me, this  |
|      |  |
|      | 20 day of Way 1904 It Long in mile.  |
|      | It I we fare 12 . I  |
|      |  |
|      | NOTE 1.—State fully the physical condition and especially the atom of probling, I distribute results from search or injury, state its heating, character and present condition. If from disease, god its button had character and present condition. If from disease, god its button had character, and its causes or origin, or understood by affinite. |
|      | injury, state its location, character and present condition. If from disease, said its witting that discussion is successful to the character and present condition. If from disease, said its witting that character and present condition.   |
|      | origin, as understood by officials.  Note 2.—The physicians will be careful to fill every blank space in offic.  |
|      |  |
|      | STATE OF GEORGIA.  |
|      |  |
|      | County.  |
|      | h / 1 /  |
|      | 1. D. W. Comty   |
|      |  |
|      | do certify that I am well acquainted with  |
| 1.   | rene, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he   |
| . 1. |  |
|      | resides in this County and has been a bone fide resident since theday of   |
|      | I also certify that the witnesses, to-wit: M. A. Goot C. D. Floy of U. N.  |
|      |  |
|      | and I of account the first for the statements are worthy of full   |
|      | series, the third the juit text by the agraduit was read to and understood by them before they signed  |
|      | the same.  |
|      | Given under my official signature and seal, this 20 day of ly ag 190   |
|      | M. S. Un Loque   |
|      |  |
|      | Ordinary Caux & bell County.   |
|      | All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.   |
|      | , , , , , , , , , , , , , , , , , , ,  |

#### AFFIDAVIT FOR THREE WITNESSES.

| STATE OF GEORGIA,  | - }   | 4                         |  |
|--|---|---------------------------|--|
|  | - County, )                                 | 1.0                       |  |
| PERSONALLY appears before n  | ne, the undersigned Ord                     | inary in and for said O   | ounty  |
| JN. Wood   | )   | and                       |  |
| personally known to me to be trustwo   | orthy citizens, each of w                   | hom, being duly worn      | according to law, severally as   |
| under outh that they are nemonally a   | and mall name to to do and to the           | 101 20a                   | her  |
| whose application is herewith present  | ted for a pension, that                     | he has resided in this    | State continuously since t   |
| day of   |   | , that he served in C     |  |
| -51-1  | ////  |                           |  |
| while in line of duty, was injured by when, where and how the injury has abled from work as a direct result is   |   |                           |  |
| Lave Kunn A  | him all he                                  | life an                   | I neva Kreu  |
| when of his ha   | ming any a                                  | deseare a                 | util after   |
| J. marca a a   | is any                                      | wan s                     | caro of aus.   |
| saug ryaned,   | maecin                                      | ut of cok                 | d the  |
| applicant is of  | Grunnen                                     | ty, fractica              | ey and   |
| esservery disa   | bled and                                    | this preve.               | the from   |
| doring or Living   | manus                                       | e who                     |  |
| Jr 1 2 7 1.  |   | n_1                       | 7  |
| o whom well  | an afoll                                    | m, 1,00                   | Dodha, M   |
| member 2   | 6. 6. 38.                                   | Da Ky                     | and my   |
| motoring in  | The Ails                                    | die n                     | Ly   |
| * *  |   |                           |  |
| a firm.  |   | 1 // -                    |  |
|  |   | Kuni                      |  |
|  | 9 70 7                                      | me. 38                    | 6. 4 B. V  |
| The state of the s | The second                                  | 7                         | , my han ,   |
| Where was applicant's command surrer   | ndered? SOU                                 | Kunix                     | Low not there  |
| Vas he with it?  | Wass  | all of you present?       | No   |
| 671  | , B   | or you present            | . 1 0000   |
| f not, where was he? M Lead  | an prusano                                  | Much                      | can sen  |
| Vhere were you all?  |   | er =                      | ` 7  |
|  |   | <del>,,</del>             |  |
| Iow do you know the facts you state t  | a ha true? I Wa                             | o there                   |  |
| tow do you allow the men you make t  |   |                           | The second secon |
| W  |   | interest                  |  |
| We personally know above sta   | ited facts. We were w                       | th him in the army and    | have known him ever since  |
| Ie was honorably discharged or retire  | d from the service on =                     | day                       | -  |
| 86 A. Applicant is permanently of<br>Ve have no interest in the recovery of  | disabled as stated and he a pension by him. | as been so to our certain | kgowledge over since 186   |
| Sworn to and subscribed before   | e me, this                                  | UV WIL                    | ous  |
| day allay  | 190 4                                       | c '                       |  |
| ( b) 441 1/-   |   | *                         |  |
| Shuk arekinson   | dinary.                                     | 1                         |  |

### AFFIDAVIT FOR THREE WITNESSES.

| STATE OF GEORGIA  |
|---|
|   |
| County.)  |
| PERSONALLY appears before me, the undersigned Ordinary in and for said County   |
| Mr. St. Cook and  |
| 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 . W. Jock but whose application is herewith presented for a pension, that he has resided in this State continuously since the   |
| day of 18 7 2 that he served in Company 6 of the  |
| . Regiment of   |
| I belonged to some Com four on ond the  |
| of percant M. A. God bar, was explans   |
| and corried to the some Francise Original   |
| vig: "Rock Loloud" Are. I hove Ki own his   |
| all his life and were heard of his my fline   |
| until he would to the man where he I am   |
| solis fied, was miglimed today for I heart  |
| lim be what the Doctor told him to do for   |
| said me plure, and also I hard copple coul  |
| complain y his mother during an war   |
| On occount of soul disease to comboneted  |
| opper cant is, I am solin find, demanning   |
| proclinally & resultancy dis about and thus   |
| forwarded from change orchinory wound lobus   |
| Where was applicant's command surrendered? Nou L Mu ou  |
| Was he with it? We Were all of you present? We der  |
| If not, where was be? In One on   |
| Where were you all? In I where Prison on al "lock fel and" Lee  |
|   |
| How do you know the facts you state to be true? I will the facts you state to be true?  |
| We personally know above stated facts. We were with him in the army and have known him ever since.  |
| He was honorably discharged or retired from the service on day of   |
| 186 — . Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18 6  |
| Sworn to and subscribed before me, this   |
| M. Suchanne Joseph  |
| Ordinary.   |
| Nove 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.  3.—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.  |

fine ded on the of Physicianis and lighterly FOR USE OF APPLICANTS WHO HAVE NOT HERETOPORE DRAWN. STATE OF GEORGIA. Courffee County. PRINSONALLY ADDRAGE M. A. God te & of mile Campbeer County, State of Georgia, who being duly sworn, says on oath that he was born on the 18 40, that he is a bona Ade citizen and resident of Georgia, and has been 18 72 , that he enlisted continuously since the in the military service of the Confederate States (or the State of day of ly org. \_186. 2 , during the war between the States, and served in Company "Co \_th Regiment of\_\_\_ Secris Brigade, and was honorably discharged on the \_\_\_\_186 .......; that whilst engaged in such military service, and in line of duty in day of Jany or Fa 6 180 3 he was disabled or wounded as follows: I was me flines while in Confederate proces, was later copling and corried to Rock Leland Prison and there con find until the surrounder of was coftend Dac 5, 1763 - soil disease your worse while in Prison and how y sower worse you way consung un to hore to wor a trues and run diging win we oble to do ordinary in annot lobor. Sais disease was contracted in confederate proces and on occount y an some I from anul procheous & issurious disoble out from doing any fly and lobor of only consequence Where was command surrendered ? Doul / Lu out Was applicant present? We dir was be ? In Federal Prison How come there, Was explused by your K 6 and by whose authority? State fully By and only of my copears. Rock Solomi" See, 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, eading October 28th, 190.-d Sworn to and subscribed before me, this the W. A. Godber 200 day of leavy Mr Sur Lanu Ool La Nora.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly

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

#### PHYSICIANS' AFFIDAVIT.

| TATE OF GEORGIA,   |  |
|--|--|
| <b>V</b>   |  |
| PERSONALLY comes before me   | Ordinary of said County,   |
| and and  | , both known to  |
|  | ly sworn, say on oath, that they have carefully  |
| xamined and after  | er such personal examination, say that the present   |
| ondition of applicant is as follows:   |  |
|  |  |
| \  | <u> </u>   |
| 1 No. 1  |  |
| Property of the second  |  |
|  |  |
|  | 7,000  |
|  |  |
| nd that such condition is permanent. Said condition arises from  | the following facts:   |
| _  | 6  |
| 4  |  |
| The state of the s | A CONTROL OF THE PARTY OF THE P |
| the contract of the contract o | The second secon |
|  | expenses the common of the com |
| Sworn to and subscribed before me, this  | 1  |
| •  | 1  |
| Ordinary   | •  |
| Note 1 - State fully the physical condition and especially the extent of the location, character and present condition. It from disease, give its boot by affiants.  Note 2.—The physicians will be careful to fill every blank space.   |  |
|  | Parm 4   |
| STATE OF GEORGIA,  | 201.11   |
| fulling Of County  | 3  |
| Jan Villaison  | Ordinary of said County,   |
|  | , Ordinary or said county,   |
| that I am well acquainted with   | statements made by him is his said affidents are   |
| Count he indicately, and the and I know he in the la   | disidual be represents himself to be, and that he  |
| trides in 18th County and has been a form firle resident since the   | 16 18  |
| also certify that the witnesses to wit: 7 a. World   | do & Shutt   |
|  | tability, 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   |
| Given under my official signature and seal, this 270   | the day lay 1900   |
| Orien under my omeint signature and seat, this   |  |
|  | O Milrollinian   |
| 1  | hit William  |
|  | distribution County.   |
| On Il amending proofs must be executed with the same formality as o  |  |

#### PHYSICIANS' AFFIDAVIT.

| STATE OF GEORGIA,   |
|---|
| County.   |
| PERSONALLY comes before me W. S. Me Lus Cordinary of said County,   |
| less, Floyd Mil and It Langing, both known to   |
| me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully  |
| examined Wit Att Godling and after such personal examination, say that the present  |
| condition of applicant is as follows: Mr Godline has Werning  |
| agitain. By reason of said sirens   |
|   |
| perform the ordinary avacations of Cit  |
| Me do not consider him able to same a   |
| living at his vocation thin of Farmen   |
| and that such condition is permanent. Said condition arises from the following facts:   |
| Hernia Was Court of from Contin   |
| Constitation and his other would  |
| from ald and Delily, hingunde   |
| that them a with course of man his sow in interest and  |
| We have treated applicant professionally for years, and his condition; as above stated,   |
| does. Mot arise from hereditary or congenital causes, or from vicious or intemperate habits.  |
| Sworn to and subscribed before me, this   |
| My day of 190 5 1 Songine May   |
| Ordinary.   |
| Norm 1.—State fully the physical condition and reprintly the crives of disability. If disability results from wound are to specific to be color, described in the color, described in disable, give its nature and character, and its causes or origin, as understood by affinite.  Norm 2.—The physicians will be careful to fill every blank space in oath. |
|   |
| STATE OF GEORGIA.   |
| County.   |
| 1. 1. S. 2 w Jorna , Ordinary of said County,   |
| do certify that I am well acquainted with   |
| true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he  |
| resides in this County and has been a bona fide resident since the day of   |
| I also cartify that the witnesses, to wit: 1-1. Court Co. V. Floyd W. A   |
| and the their statements are worthy of full credit and belief, and that the jull text of the affidavit was read to and understood by them before they signed  |
| the same, Given under my official signature and seal, this 21 day of day of   |
| In I luc forming  |
| (1)   |

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

|                   | FOWE               | A OF A          | TORN         | EI.                                       |             |      |
|-------------------|--------------------|-----------------|--------------|---|-------------|------|
| STATE OF          | GEORGIA.           | 1               |              |   |             |      |
| Cam               | Sheer a            | }               | \            |   |             |      |
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#### POWER OF ATTORNEY.

|       | OF GEORG    |             |             |              |                |               |                 |
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| Co    | up          | leu         | COUNTY.     | •            |                |               |                 |
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| In Wi | TNESS WHE   | REOF, I hav | e hereunto  | set my han   | d and seal, th | nis           |                 |
| ay of | Serie       | ·<br>•1     | 907.        | 1            |                |               |                 |
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#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

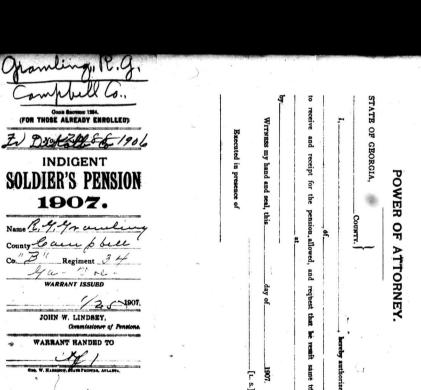
| State of Georgia,  |
|--|
| Campber County.  |
| Personally appears Mr. A. You ber of Complete  |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen   |
| and resident of said State, and has resided therein continuously ever since the  |
| day of 1872; that he enlisted in the military service of the Con-  |
| federate States, (or of the State of) during the war between the   |
| States, and served as a free in Company" C", of the Regiment   |
| of Volunteers Size 's Brigade; that whilst engaged   |
| in such military service in the State of the day   |
| of   |
| I list here while in Con fes. derver   |
| in State of Va in good - down has howberd  |
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| mound lobor.   |
| The state of the s |
| Deponent makes application for the prension to which he is entitled for the year   |
| ending October 26th, 1906. I have heretofore, under said law, as a resident of   |
| County, been allowed an invalid pension of   |
| Dollars, for the year 19080  |
| Sworn to and subseribed before me, this the  |
| 100  |
| 1906. Post-Office Red O. 11 /4   |
| A Selectoria, ordy   |
| 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,  |
| M. VI. C.  |
| I, Ordinary of said County   |
| do certify that I am well acquainted with M. J. Joobur   |
| 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 1906.   |
| IT. N. ac Join   |
| / / / /  |
| ordinary County.   |

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| run | WILDIOWNID    | HERETOFORE ALLOWED PENSIONS |

| TOW WILL DIGHT OF HEAD LOUDING WHEN LEWOINN  |
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| State of Georgia,  |
| Campbell County.   |
| Personally appears Mr. a, You be a low shew  |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citize  |
| and resident of said State, and has resided therein continuously ever since the  |
| day of 18/2; 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 private in Company" C" - 1 17 1 18   |
| of Ta Volunteers Live 's Brigade that whilst engage  |
| of Ya Volunteers 's Brigade; that whilst engage in such military service in the State of Cut, on the da  |
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| 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 o  |
| County, been allowed an invalid pension of   |
| Dollars, for the year 1906.  |
| Sworn to and subscribed before me, this the  |
| 1 day of 1907. A and Stock Detore me, this the   |
| Moderation Onds Postoffice Red Note  |
|  |
| 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,  |
|  |
| our flu county.  |
| 1, Ordinary of said County   |
| do certify that I am well acquainted with M. A. Yord have  |
| 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 Joney 1907.   |
| 1. E. al com   |
| Amar Pour Fordingry Pour Leu County.   |
| nere County.   |

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

Ordinary Pour phere Affix your seal here \_County. Ordinary Complete County. Affix your seal here Notz.—Fill all blanks and of Company and Regiment. Notz.—All vouchers and affidavits must bear date after January 1st, 1937. Norz.—Fill all blanks and of Company and Regiment, Norz.—All vouchers and affidavits must bear date after January fet, 1906.



| I,       | the control of the control of the control to the co |             |             | or maintained bear | , hereby | authorize |
|----------|--|-------------|-------------|--------------------|----------|-----------|
| eive and | receipt for th   | e pension.a | llowed, and |                    |          |           |
|          | 2  |             |             |                    |          |           |
|          | ny hand and s  |             |             | day of             |          |           |
| Execu    | ed in presence   | of .        |             |                    |          |           |
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A PASK MACAN ESSOLEN

INDIGENT

SOLDIER'S PENSION

1907.

Courty Court & belle Co. B. Regiment of the WARRANT ISSUED

V. Ramnor, Man Perera, Artabe

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

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#### FOR APPLICANTS HERETOFORE ALLOWED State of Georgia, Campbell County. Personally appears R. y, you area ling of Come beer 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 18##; that he is 6 # years old and by occupation a format, that he enlisted in the military service of the Confederate States (or of the State of 40 during the war between the States, and served for the term of 1 4 70 in Company 3 of the Regiment of of Tu- 7h il is it that his physical condition is are follows: I have Rhuma a tip in the arm years that his property consists of the following items: 4 for party of the value of ... Dollars. I am now earning Dollars per month. That by reason of his by my labor, physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15th, 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 the late County, been allowed a pension for the year 1906. Sworn to and subscribed before me, this the 2 M. Liera Lane Ordinary. State of Georgia, our bell county. do certify that I am well acquainted with R, Y, Y, anding the applicant in the foregoing affidavit, and am well satisfied that the statements matter

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.

B. S. Mc Larie

Ordinary Camp Lee County

Nork.—The blank spaces must be filled. Nork.—Affidavit should not be attested before January 1st, 1907.

Ordinary Campbell County. Nors.—The blank spaces must be filled.

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

Parsin Dept 3/10 1017 It appears that applicants husband hira 25 grans after my true and lawful attorney in fact, for at of money I may be entitled to from the the mar and -Fination part is organiza for ni huses who are familiar mit the owner of the miner the time same was first Kaa until death - setting Widow's Pension me and in my mane, to receive and reveipt for winnersy amount of money State of feedings as a whole of a Confederate Schler, as whele in the force into any and Attorney to receipt in my name for any Warment that may be required by the coming to me for the warment that may be a transfer and the coming to me for the warment that may be a transfer and the coming to me for the warment that may be a transfer and the coming to me for the warment that may be a transfer and the coming to me for the warment that may be a transfer and the coming to me for the warment that may be a supported by the coming to me for the warment that may be a supported by the coming to me for the warment that may be a supported by the coming to me for the warment that may be a supported by the coming to me for the warment that may be a supported by the coming to me for the warment that may be a supported by the coming to me for the warment that may be a supported by the coming to me for the warment that may be a supported by the coming to me for the warment that may be a supported by the coming to me for the warment that may be a supported by the coming to me for the warment that may be a supported by the coming to me for the warment that may be a supported by the coming to me for the warment that may be a supported by the coming to me for the warment that may be a supported by the coming to the out the patto in connection there with so that it may be IN WITNESS WHEREOF, I have beregato set my hand and For year ending February 15, 1899 actionined here what was the PAID TO nat cause of arack -Statements and unaw outh Rich fauen Know all Aen by These Presents, That I. GEORGIA, TALL COUNTY Com y Busini -POWER County, in said State, do hereby appoint Tension office 6/9/898 Warrant Issued, It can not be concludid from the facts state that death was the dinot result of the sirrice -Rich Inhusm Com & Harsino

#### Affidavit for Three Witnesses.

STATE OF GEORGIA, In person came before me, the undersigned Ordinary in and County of Pulaski for said County, witnesses See & Marlin a harles a Martin and Ino & barton

teach known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, FROM THEIR OWN PERSONAL KNOWLlink. 1h EDGE, Mrs. , of the County of State of Georgia, is the widow of Lan of the L. Regiment of Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or 186 . That while in said service or by day of Hay reason of said service in the Army, he lost his life as follows:

from the sama & Peromally Come before me I Staskers- 6th Amarlin + O Mi Martin who on Outh Logs that they Knew Hat to Green that they line o hem him Their knowledge and belief that the sait of

begin thattax and there they bear that opinion of fact that they were near highbors of fel in frequetty de

6. A. Martin

Our opportunity for knowing the facts stated in reference to death of applicant's husband were we saw to all forme with at the time

- We further swear that Mrs. They atoth soldier during the service, and that she has not intermarried since his death, and that she resides in - Carnabell County of the State of Georgia.

We further swear that we have no personal interest in the pension asked for.

Sworn to and subscribed before me, this, the )

4

Mid Charlin \_ day of Murch 1895.} JMCGAG

NOTE. Witnesses must not testify about things they may believe, but confine their statements to such fac

165m Buf mony in and gon Bais free well to you it with met it is my in to find the

| Certificate | 0f | Ordinary | 0f | the | County | 0f | Applicant's | Residence. |
|-------------|----|----------|----|-----|--------|----|-------------|------------|
| STATE O     |    |          |    |     |        |    | C. O.       |            |

County of Complete in and for said County of Complete

State of Georgia, hereby certify that I am acquainted with Mrs. 66. the applicant for a pension in this case, and know from my own Cowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not fived out of the State since that date. Inless certify that the witnesses More Cestimous the presents to enstain her olaim are known to the to be truthful witnesses entitled to full fath and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign,

In Witngss Whereof, I have becomes set my hand and affixed the seal of my office, this, the 6 the day of a con the 1894

SEAL.

R. C. Bearer

Ordinary.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

No pension can be paid for previous years,

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

No widow is entitled unless she was the wife of the soldier during the war, and has never remarried. The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.

The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death. If the husband died since the war testimony by physicians must be produced.

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

There is no need of employing a lawyer or other agent to attend to these claims. The Department

will furnish full and specific instructions, and give ample opportunity to every claimant. If witnesses live in another County from that wherein applicant resides, they must go before the

Ordinary of their County and testify. The attestation of a Justice of the Peace or Notary will not answer,

If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under Seal, and the witnesses must be certified to as reliable, and that their signitures are genuine. Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.

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

Widows whose husbands enlisted from another State or served in other Commands than Georgia Commands are not entitled to pensions unless they were born in Georgia and can make proof of that fact, By order of the Governor. RICH'D JOHNSON.

Sec. Ex. Department.

|       | STATE OF GEORGIA, -                               | 1  |  |
|-------|---|--|--|
| 41    |   | In person came before me, the undersigned Ordinary |  |
| 3 3   | Mrs. Elizabet Toy                                 | in and for the County of Chee                      |  |
| . 4 1 | Mrs Elizabeth From                                | , who being sworn according to law, says under     |  |
| 7     | onth that she is the widow of J.                  | 4  |  |
| 31    |   |  |  |
| 14    | the service of the Confederate States, and served | d as a member of Company" 67, , of the             |  |
| 13'   | Regiment of                                       | Volunteers; that he enlisted in said               |  |
| 3 2 ! | y service on or about the da                      | ay of 700 and was in the                           |  |
| 71    | Army up to  | Fe 67 1865 That while in the                       |  |
| 4 1 3 | Army, he was on the day                           | of 186 , (See Note No. 1)                          |  |
| 1 4   | You combacts me                                   | Linsels werlies di un                              |  |

Furlows to to in and deserve he died 160- 15 1896 Seen, and perscribed for H. W. may at diferent times for last seven years, and was any feeble at all times are ing the fort of seat Lungs, deafuess, and blindness

my related will soit diseas con

a speel of measales. Contracted while in The army as he never required his health from the offere soid! sichness but grow more intil his deather.

Mosterian a raine Som W Allers. M.D. 110 5 Ablott Street Alberta, Doponent Turtler towars that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the / 6 18 5 6, and that she has resided in Georgia continuously since the

day of Ace = 1874; that Georgia is her home, and was such on the 23d day of December, 1890, and since said dute she has not lived in any other State or locality.

Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1895, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this the 28 day of Feb; 1895. Elizabeth Cyra, R. C. Beavers Post OFFICE, Timothy

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

IN RE

F. W. Gray. Applicant for pension.

GEORGIA. Fayette County.

In person appeared before me the undersigned. Ordinary of Fayette County. WR Cook, personally known to me to be a reputable citizen and worthy of belief, and who resides in said County, who on oath says that he was acquainted with Franklin W. Gray, late of Campbell County, deceased; that deponent saw him in the fall of 1865 and at that time he was suffering from sickness caused by the relapse of measles, which he contracted in the Confederate service, and deponent knows that the se d Gray was afflicted from trouble from his lungs at the time deponent first saw him just at the close of the war, and deponent saw him frequently from that time on up to the date of his death and the said Gray never recovered from said affliction of his lungs, and was never able after said date to perform hard menual labor on account of said affliction, and these facts deponent knows of his ow knowledge, and the affliction grew worse, and as deponent be lioues the relapse of the measles, bringing on said trouble with his lungs, was the cause of the death of the sold F. W. Gray. Deponent further swears that he has no interest in this pension and is not related to the parties.

Sworn to and subscribed )
before me this 4 day )
of January. 1899.

In Re } application of F. 18 gay for severe

GEORGIA. In person appeared before the undersigned S. B.
Fayette County. Clewis Ordinary of said County, Thomas West, known
to me to be a reputable citizen worthy of belief, who on oath says that
he was well acquainted with F. W. Gray, and has known him since the
Surrender, to-wit: In the Spring of 1865, and that at the time deponont first knew the said Gray, he was suffering with trouble from
his lungs and a cough, and continued to suffer as long as he the said
Gray lived with the said trouble, and gradually grew worse untilthe
said Gray died.

Deponent did not see him when he had measles in the army but saw him a short time after he came home; from deponent's knowledge the suffering and cough the said Gray had, was caused from said measles, and these facts deponent knows of his own knowledge, as he had known Gray intimately since said day. Deponent has no interest in this pension. Deponent knows that the said cough and lung trouble coursed his death.

Sworn to and subscribed before me, this the 25 day of February 1809.

SB Lewis ordinary

of Bolewis ordinary

In Ref Offertin for herein & personally special Georgia Fayette Caunty before the undersegued &B Livis ordinary of State of Gunging Said Carenty of Nortan Known to me to be a repetable citizen worth Vulaski Comby 1 of Belief, who are anth on anth says Desomally appeared tufore That he was well acquainted with I'M me Amegreff Ordinery in and Gray and has Known him line for Daid Centy of Sularki John 1862 in Sept and at-that time he Re martin and broken A meeting was in good health. and both of Said Comby and both personally I Law again and he had had the Known to me who being duly measels in the year 1864 and Swam Days that - they were bath relates from their, and was Sufferpersonally acquainted with Franklin ing very much with his lungs W. Grey late of talton County diecene caused from the effects of measels That they Know the Said Franklin W Energ and I daw him frequently from during the war that in the year 1864 1845 up to his heath in 1893 and he wagen the war- That while he he caretimed to Suffer with his was servey as a Soldier in 1864 he lungs and grew worse until his was taken with musels and Bent beath and fram my own home to this Pulasti Ceruly on Julough Krowledge of the said gray from Of the the expendion of his furlingh 1862 and after he had misselv he returned to the war-deferently well in 1865 the meacels can maded swhile in Service Cauce his beath but after a Shirt time he relaposed I have no intrest whatever in and again dent home - whine he applicant getting hersian remained until the Close of the swon to and Rubscribed War in 1865- JR. Mostin before me This 28th fish 1899 6. A. Martin ordinary Flaguete les ? S. Norton Survey to and Suls anded before me This the 18th Day of October 1889 some briff Crowning of 6

State of yeargin, obampbell county In pirson came before me Manta In May 9 1 1898 the undersign ordinary in and for said county Witness. S. E. Sevok Brown to said attesting This is to certify that of was acquainted officer as truthful rehable and reputable citizen from the year 18 87 fell his death. Shear who severally says under oath that from his between the States he belonged to Co. I with own personal sinowledge, man I W. dyray Required Georgia Volunteers. Said Fray had of the county of campbell state of georgia, was Many deater of also breated him at diseased as fallows I known It I gray from 1872 different lance from 1877 lill 1812. Said no to his death which was in December 1892 F. W. Tray die Affron Lung designer brought and he told me the relates of meales rumed on from relapse of meadle while in the his heal to while in the war, and I know that Confederale service 1 J Dade M.D he was afflicted as he said from the effect the SHam lo V subscribed to disease had on him from the time I became Man 1894 apquainted with him up to his death, which May 18918 Char Ellaur disease contra Caused his death I know of IN. Holary lublic Fulla Co. Sa deray was a truthful reliable and honest in all his dealings, his willow has never re Succeet and succeed married and is worthy of the pension she dien in Tim her 10 -1868 asks for and I recamend that she be allowed ninn hand a pension for she has no means for a support Cegani 2 and being very much afflicted I have no interest in the recovery of the pension asked 4. 6. Cook Sworn to and subscribed before me This 6ct 29, 1898 J. Jophens. os amany.

Sworn to and subscribed 8. 6. Cook before me this Get 29, 1998

NAME Gray, T. J. COUNTY Comptell WHEN AND WHERE BORN? 1888 Compbell County, Ala.(or Ga.)

ENLICTED WHEN AND WHERE? 1862 Rendolph County, Alabams

· RANK.

COMPANY AND REGIMENT? Co. K. 46th ale. Regt. (Pellas Brigade) NAME OF CAPTAIN AND COLONEL? W. P. McMufray, let Lieut.

WUUNDED? In the spring of 1864 - on account of disability was discharged from field service, went into detached service and remained until the close of war.

WHEN AND WHERE SURRENDERED?

DIED, WHEN AND THERE?

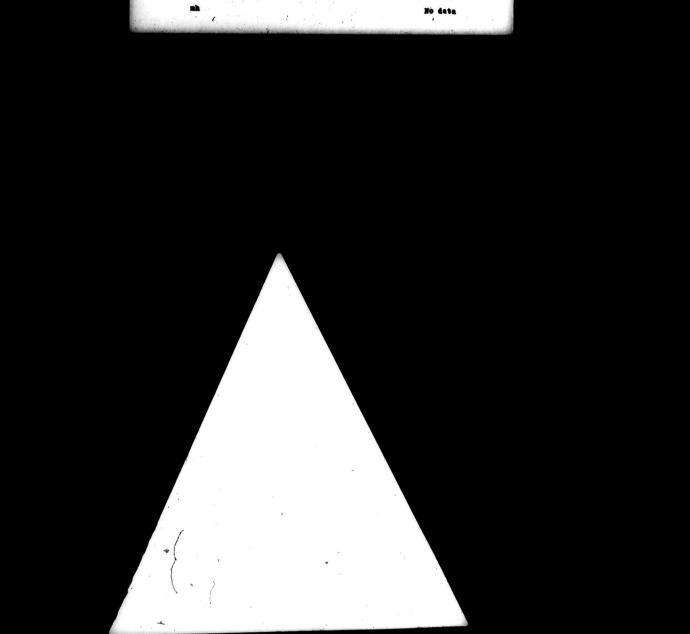
CAPTURED, WHEN AND WHERE?

RELEASED?

BURIED.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

WITNESSES. M. R. Gay; W. F. McMurray, let Lieut. - same command



STATE OF GEORGIA. |

Conn. State Const. |

Know all Men by these Presents, That I. In land . The

County, is said Signe, do hereby appoint the control of the contro

day of Apart 1894

Presence of us:

Children 10

hereunto set my hand

WHEREOF,

WITNESS

Mo. J. 115

idows' Pension

mu Many L Geffice Caughbell CHINTY.

Warrant Issued

- 1891

AND HANDED TO

STATE OF GEORGIA. Campbell County

County, in said State, do hereby appoint to the form

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

WHINESS WHEREOF, I have hereunto set my hand and seal, this

Executed in the presence of us:

B.M. Hailey Ja ... D.

If allowed, send amount by

, and oblige.

#### Affidavit for Three Witnesses.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary

County of Goroefu in and for said County, witnesses

John Shampsin A a Mileful The State Officer as truthful,

reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. May Suffer of the County of Campbell, State of Georgia, is the widow of Burnell State of Georgia, who was a soldier in Regiment of Su Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or day of Chril 186 Z That while in said service, or by

reason of said service in the Army, he lost his life as follows:
He was Killed at Fishers Will in State of No belong to the Same Compay + roos there

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

Sworn to and subscribed before me, this, the

day of Chrick 1891.

WH Persons

Ordinary.

Film Dunkary

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

|  |  | SEO |  |
|--|--|-----|--|
|  |  |     |  |
|  |  |     |  |
|  |  |     |  |

ATE OF GEORGIA,

County of Campbell in and for said County of Compbell

State of Georgia, hereby certify that I am acquainted with Mrs. Many L. Guiffin. the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1800, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. - I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

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

SEAL

R. C. Bravers

Form No. 4

#### NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

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

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

By order of the Governot.

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

#### Affidavit to be Made by the Widow

| Amain 60 pc h  | lade by the middw.  |
|--|---|
| STATE OF GEORGIA.  | <b>1</b>  |
| , ,, . ,   | In person came before me, the undersigned Ordinary  |
| Mrs. Mory L. Griffin                                       | in and for the County of Ooutpbale  |
|  | , who being sworn according to law, says under  |
| oath that she is the widow of                              | Suffin , who was a soldier in   |
| the service of the Confederate States, and serve           |   |
| Xegment of   | Volunteers; that he enlisted in said  |
| service on or about the 141                                | day of April 186 2, and was in the  |
| o a Brook  | Sept 22 186 4 That while in the   |
| Army, ne was on the  | of Saptrember 186 4, (See Note No. 1)   |
| and was at the bo  | the of Fishers Keillor  |
| Celor Ruw in the 6   | lote of Virginia, while   |
| engaged in soid bottle                                     | Le was shot & Milled on   |
| soid bottle files  | 1   |
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| en e                   |   |
| MAR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                  | x 193 a   |
| Market American Control of Association of the State of the |   |
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|  | CONTRACTOR OF THE STATE OF THE |
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|  |   |
| Deponent further swears that she was the wife of           | of said deceased soldier during his term of service in  |
| the Army, and that she has never married since             | his death; that she became his wife on the 22 th  |
| day of October 1852, and                                   | that she has resided in Georgia continuously since the  |
| 12/ day of July  | 18 5 8; that Georgia is her home, and was such  |
|  | , that Georgia is her nome, and was such  |

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

Sworn to and subscribed before me, this, the Many L+ Gueffin 1891. R. G. Bearers

and not from any other cause.

NOTE 1. State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is anothe positively to have resulted from the service of the soldier in the Artico

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

| STATE | OF GEORGIA, | 1, 08 |
|-------|-------------|-------|
|       |             |       |

R. C. Beovers Ordinary

County of Composel in and for said County of Composel

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

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

9 day of April

.80.

SRAL

R. C. Beavers

Form No. 4

#### NOTES

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

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

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

By order of the Governor.

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

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

| STATE OF GEORGIA   |                        |                         |
|--|------------------------|-------------------------|
| County of Campbell Suffer  |                        | oupbre                  |
| oath that she is the widow of the service of the Confederate States, and service States, and service of the Confederate States, and service Sta | who being sworn accord | , who was a soldier in  |
| 12 1 G Botollion Regiment of service on or about the 14 7  | Volunteers; t          | hat he enlisted in said |
| Army he was on the 23 back da  | Sept 22 186            | That while in the       |
| and was at the bolow in the  | otte of Fishers        | Keill or                |
| soid bottle field  | Le was shot            | & Relles on             |
|  | ***                    |                         |
| The state of the s |                        |                         |
| A P Committee of the Agency  |                        |                         |

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 2 th day of 18 2, and that she has resided in Georgia continuously since the day of 18 3 5; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality, Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the day of April 1891. Many L+ Gueffin morn.

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

| Continue of Continue of the Co | 10000                   |
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| DEFAUCATE OF APPLICATE OF TOUR PROPERTY OF A ROMORRY'S PROPERTY  |                         |
| For soppling a transfort le gigest of la frechine to specified one.  | - 4                     |
| ATE OF GEORGIA, County of Complete  A 1 Ording in and for said County  Complete State of Georgie history contile the said County   | ar*                     |
| State of Georgia, hereby certify that I am acquainted with M   | ad.                     |
| w, from my own knowledge (or from positive proof presented to me by reputable wes), that she resides in this County, and that she resided in the State of Georgia amber 23, 1850, and has not lived out of the State since that date. That she is a deceased, and as such has heretoft   | it-<br>on<br>h <b>e</b> |
| allowed a pension for the year ending February 15th, 1803.   |                         |
| In Witness Whereof, I have hereunto set my hand and affixed the seal of my offi the 22 day of 1894.  | e,                      |
| R. le. Beavers Ordina  | y.                      |
| POWER OF ATTORNEY.   | B.                      |
| TE OF GEORGIA, Can flee County.  |                         |
| KNOW ALL MEN BY THESE PRESENTS, That I, He my d. In form of Came there to get the in said State, do hereby appoint & Louis   |                         |
| of Cam place to Gerety appoint of Jones of Course  |                         |
| my true and lawful attorney in fact, it  |                         |
| to from the State of Georgia as a widow of a Confederate Soldier, as stated in the confidence of the confederate Soldier, as stated in the confede | y                       |
| Executed in the presence of us:  | .]                      |
| 77 S. M. C. S. Orange  |                         |
| R. G. Beavers Ordy   |                         |
| DIRECTIONS. Bend amount by   |                         |
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| 1894.  OWS' PENS  Transition  WARRANT ISSUED  AND INCHESION  AND I |                         |
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#### 67

#### For Widows Heretofore Allowed Pensions.

|  | to the state of th | _ |
|--|--|---|
| STATE OF GEORGIA,                            | Dersonally comes Mrs.  |   |
| County of Complex                            | Mary L. Friffin  |   |
| who being sworn, says on oath, that she is a | bona fide resident of said County of   |   |
| Campbell State of G                          | Seorgia, and that she has resided in said State  |   |
|  | 185 That she is the Widow of   |   |
| B. St. Graffin                               | who was a Soldier in Company   |   |
| of the /2.                                   | Regiment of Ya   |   |
| Volunteers, that he enlisted in said Regimen | nt on or about the month of April  |   |
| 186 2 and served in the Army up to           | LL 22 186 H That he lost his   |   |
| life on the 22 day of                        | Se ft 1864 (State here   |   |
| full particulars of the husband's death when | where and from what cause) ( He  |   |

was shot through the Least while on Diestert duty at a small near Showsbury Va and from the effect of soin shot he died immediately

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18.72; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

2 day of Low 1894.

1894.

Post-office Columnia Jan

|  | or my or an order or replacement a mondane   |
|--|--|
| STATE OF GEORGIA, County of Care Cour  |  |
|  | STATE OF GEORGIA, County of  |
| Ordinary in and for said County of   | GIALE OF GEORGIA, County of  |
| State of Georgia, hereby certify that I am acquainted with Mrs.  | C I, L. C. Acounty of Ordinary in and for said County of   |
| the applicant for a pension in this case and   | State of Georgia, hereby certify that I am acquainted with Mrs.  |
| know, from my own knowledge, (or from positive proof presented to me by reputable witnesses),  | Lung L. Loof Gome the applicant for a pension in this case, and  |
| that she resides in this County, and that she resided in the State of Georgia on December 23,  | know from my own knowledge (or from positive proof presented to me by reputable wit-   |
| 1800 and has not lived out of the Court of t | and from my own knowledge (of from positive proof presented to me by reputable with  |
| 1890, and has not lived out of the State since that date. That she is the widow of   | nesses), that she resides in this County, and that she resided in the State of Georgia on  |
| deceased, and as such has heretofore been allowed a  | December 23, 1890, and has not lived out of the State since that date. That she is the   |
| pension for the year ending February 15th 1892.  | widow of 2 1. 2 f 6 deceased, and as such has heretofore   |
| In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the   | been allowed a pension for the year ending February 15th, 1894.  |
| day of   | In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,   |
|  |  |
| R 6 Bearing Ordinary   | this, the day of 1895.   |
|  | ( R & Reavers Ordinary.  |
| Porm No. 8.  |  |
| POWER OF ATTORNEY.   | Value V. a   |
|  | POWER OF ATTORNEY.   |
| STATE OF STATE   |  |
| STATE OF GEORGIA, Campara County.  | () (1) if  |
| KNOW ALL MEN BY THESE PRESENTS, That I, Many Z. Inthe  | STATE OF GEORGIA, Come place County.   |
| of Complue Co La   | KNOW ALL MEN BY THESE PRESENTS, That I, Wary   |
| County, in said State do hereby appoint  | of Combail Co  |
| of Acarda Transcar my true and lawful attorney in fact, for  | County in said State, do hereby appoint Ho. Lace-  |
| my true and lawful attorney in fact, for   |  |
| me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidatic hereby authorising an anidaw of a confederate Soldier, as stated in the foregoing affidatic hereby authorising an anidaw of a Confederate Soldier, as stated in the foregoing affidatic hereby authorising and animal state of the soldier and | 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 en-   |
| stated by the Governor, or for any sum or money which may be coming to me for the reason   | titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any   |
| noresaid.  | warrant that may be issued by the Governor, or for any sum of money which may be   |
| IN WITNESS WHEREOF, I have hereunto set my hand and seal, this   | coming to me for the reason aloresaid  |
| lay of lawy 189 3  | IN WITHES WHEREOF, I have hereunto set my hand and seal, this  |
| Ming L. X reffin [1  | day of 2019 1895. Many X Inffra [L. 8.]  |
| Executed in the presence of us:  | [I. 8.]  |
| wo zu Z  | Executed in the presence of us:  |
| R. C. Bravery Ordy   | 1. S. Ma C. Lor we   |
| , , , ,  | R. Concern Only DIRECTIONS.  |
| DIRECTIONS.  | Ot. Collawory Ordy   |
| Send amount byto   | DIRECTIONS.  |
| ne at, and oblige  | Send amount by   |
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1893

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ear ending Febuary 15th, 1895 THOSE HERETOFORE PAID. 1895. PENSION

#### For Widows' Heretofore Allowed Pensions.

| STATE OF GEORGIA,   | Dersonally comes Mrs.                  |
|---|--|
| County of Carra 1   | Herry Z. Griffin                       |
| who being sworn, says on oath, that she is a bona fide      | resident of said County of             |
| Camponice State of Georgia,                                 | and that she has resided in said State |
|   | 185 That she is the Widow of           |
|   | who was a Soldier in Company           |
| of the 2 Regiment   | of Layen Ant .                         |
| Volunteers, that he enlisted in said Regiment on or about t |  |
| 186 2 and served in the Army up to 2 d 1 22                 | 186 That he lost his                   |
| life on the 222 day of Cox                                  | 1864. (State here                      |
| full particulars of the husband's death, when, where and f  | from what cause.) ( to was             |
| Riceid in Court of wind                                     | heater or Cadon Grack                  |
| - Atal of Dorginia, Sigh.                                   |  |
| exactly the somewhor south                                  |  |
| at the breeze of chan chick                                 | 7                                      |
|   | and the same of the same of            |
|   |  |

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 32; that Georgia is her home and she resided in this State 23d day of December, 1890, and his not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

30 day of Juny 1893.

R. b. Bravers Ordinary.

Post-office Salmace Ja

### For Widows' Heretofore Allowed Pensions.

|   | County of Georgian Grand Men State Of George Mrs.   |
|---|---|
|   | who being sworn, says on oath, that she is a bona fide resident of said county of  State of Georgia, and that she has resided in said State continuously ever since  18 That she is the Widow of who was a Soldier in Company of the  Regiment of |
|   | Volunteers, that he enlisted in said Regiment on or about the month of 18662 and served in the Army up to Self 2 to 1867. That he lost his life on the Self 2 to day of 1864 (State here  |
|   | full particulars of the husband's death, when, where and from what cause.) ( Lee wo I show it to The flow Re- white in ancies on State of Va  |
| C | he hid to some dog  |
|   |   |

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18<sup>5</sup>, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

| Sworn to and subscribed before me, this | Many X. X tich | fi. |
|---|----------------|-----|
| A. C. Beuns Ordinary.                   | Post-office    | 1   |

# Miller of Pansion, 1880. A le trans Gridy MIDON'S PENSION, The year coding Patricing 18th, 1880. MIDON'S PENSION, MIDON'S PENSION,

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

STATE OF GEORGIA, County of

Ordinary in and for said County of

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

the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesser.) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of

Ordinary in and for said County of the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesser.) that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of

Ordinary in and for said County of

A. lo, Bravers Ordinary.

#### POWER OF ATTORNEY.

Ordinary

SEAL.

Window of WARRANT ISSUED

WARRANT ISSUED

On MANDED TO

1897.

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#### For Widows Heretofore Allowed Pensions

| STATE OF GEORGIA,   | Dersonally Comes Mrs.  |
|---|--|
| County of Campbell  | Mary a, Infor  |
| Campbell State of   | th, that she is a bone fide resident of said county, of<br>Georgia, and that she has a marpup in said-fitate   |
| 9 M Graffin   | That she is the Widow of who was a Soldier in Company  |
| Volunteers, that he enlisted in said regiment on or about   | at the month of April  |
| 1862 and served in the Army up to                           | 2 2 186 4 That he lost his   |
| life on the 22 day of                                       |  |
| full particulars of the husband's death, when, where and fi | om what cause.)  |
| through the heart &   | of Journ of B.C.   |
| Recei' in Va and  | on account to  |
| sowied wound he   | The same of the sa |
| on de ph 22 nd /  | 864  |
|   | and the second s |
|   | and the same of th |
|   |  |
| Deponent swears that she was the wife of said deceased so   |  |
| and that she has never married since his death aforesaid    |  |
| that Georgia is her home and she resided in this 8          |  |
| lived in any other State or locality since that date.       | A have been allowed a pension as a resident of<br>ending February 15th, 1895, and now apply for  |
| the pension provided by law for the year ending Februar     |  |
| Sworn to and subscribed before me, this                     | ter lo   |
| 27 day of Josep 1896.                                       | ory X & Treffin  |
| A. 6. Gravers Ordinary. Pos                                 | t-office Leveles 000   |

# For Widows Heretofore Allowed Pensions.

|   | STATE OF GEORGIA, County of Complete for the County of C |
|---|--|
|   |  |
|   | who being aworn, says on eath, that she is a bons fide resident of said county of  Niate of Georgia, and that she has RESIDED in said State  |
|   | State of Georgia, and that she has RESIDED in said State continuously ever since  185 That she is the Widow of who was a Soldier in Company  |
|   | "A" of the 12 See Ook Regiment of Set  |
|   | Volunteers, that collisted in said regiment on or about the month of   |
|   | 186 2 and served in the Army up to day of 186 4 That he lost his life on the 17 2 day of 186 4 (State here   |
|   | life on the 1864 (State here full particulars of the husband's death, where and from what cause.)  |
|   | The non-yel The heart by a comme   |
|   | face while in process of "Critor   |
|   | Rent Dirgina jourd on occount  |
|   | fair Juft 12, 1864 an obrice   |
|   | 210.101  |
|   |  |
|   |  |
|   | Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,   |
|   | and that she has never married since his death aforesaid, that she became his wife in the year 18.5-2.   |
|   | that Georgia is her home and she resided in this State 23d day of December, 1890, and has not  |
|   | lived in any other State or locality since that date. I have been allowed a pension as a resident of   |
|   | County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.   |
|   |  |
|   | Sworn to and subscripted before me, this  Lo. Lanver 1 Ordinary,  Post-office London  Post-office London   |
| 1 | Lo Servers Ordinary Post-office Lordes   |

| of Fee | n. L.    |                  | lin<br>Ga          | to receive    | authorize e and rece at | 42(u             | u Tu           | paid he | ereon and     | reque                                   |
|--------|----------|------------------|--------------------|---------------|-------------------------|------------------|----------------|---------|---------------|---|
|        | 70       | a the presence   | eree.              | . }           | 2.7                     | 1,1              | 71             |         |               | [î. 8.                                  |
|        |          |                  |                    | 6             |                         | 4 1              | , ,            | a a     |               | 1.11                                    |
| 1898.  | NO. 3/37 | CLIDOW'S PENSION | Ma 111. L. 41, 24m | Gampben Count | Widowol 18 . W. Types   | RICHARD JOHNSON, | WARRANT ISSUED | -5/2    | AND HANDED TO | OCO. W. MARRACON STATE PRINTER, ATLANTA |

|                | POW             | ER OF A        | TIORNE       | Υ.                |            |
|----------------|-----------------|----------------|--------------|-------------------|------------|
| State of Ge    | eou             |                | 1            |                   |            |
| I,M.           | Logsiff<br>nes  | here of        | by authorize | H. S.             | nty        |
| to receive and | receipt for the | pension paid 1 | 2 /1         | est that he rem   | it same to |
| day of Jan     | enary           |                | -            | and and seal, the |            |
| J. J.          | of tephi        | of<br>ordinar  | y. ~         | ,                 |            |
| )              |                 |                |              |                   |            |
|                |                 |                |              | -                 |            |

1899.

NO. 2614

WIDOW'S PENSION,

RICHARD JOHNSON,
Commissioner of Pensions

WARRANT ISSUED

# For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA,  | Personally Comes Mrs.   |
|--|---|
| County of Campo him  | n. L. Grippin   |
| who, being sworn, says on oath,  | that she is a bona fide resident of said county o   |
| Ganklen State of   | Georgia, and that she has RESIDED in said State   |
| continuously ever since Lucy   |   |
| B W. Gris  | That she is the whow of   |
| B. W. Grippin Regime   | who was a Soldier in Company  |
| of the Regime  | ent of Za   |
| Jolunteers, that he enlisted in said regiment on or about the mon  | th of   |
| Volunteers, that he enlisted in said regiment on or about the mon  | 186 4 That he lost his  |
| ife on the 2 day of t  | 186 7 (State here   |
| ull particulars of the husband's death, when, where and from   | what cause.) 26 , as what   |
| Trough the heart by  |   |
| in service at Celon R.   | 7/1   |
|  | ,   |
| action to Do vied no   | und budul on  |
| Late whom shuley.  |   |
|  |   |
| •  |   |
|  |   |
| eponent swears that she was the wife of said deceased soldier, duri  |   |
| reponent swears that she was the wife of said deceased soldier, during the has never married since his death aforesaid, and that she became  |   |
| I have been allowed a pension as a resident of 6   | receives a receive and the receiver and |
| t have been allowed a pension as a resident of   |   |
|  |   |
|  | L. Virabin  |
| Sworn to and subscribed before me, this  |   |
| Sworn to and subscribed before me, this day of lawy 1898.  | 1.2.4   |
| Sworn to and subscribed before me, this  day of 1898.  Company Ordinary.  For  | coffee 4 Todas 414  |
| Ordinary. ) Pos  | t-Office 7 50 dr. dr.   |
| State of Georgia,  | f sold County, certify that I am well acquainted  |
| State of Georgia,  | f sold County, certify that I am well acquainted  |
| State of Georgia,  6 ampain County. Ordinary of  | Coffice. 13 Lawret  f said County, certify that I am well acquainted who made the above affidavit and an satis-   |
| State of Georgia,  6 ampain County. Ordinary of  | Coffice. 13 Lawret  f said County, certify that I am well acquainted who made the above affidavit and an satis-   |
| State of Georgia,  Grilliary of County.  Ordinary of the Mrs.  H. L. J. J. J. County.  Ith Mrs. Mrs. L. L. J. J. County.  Ith Mrs. Mrs. L. L. J. J. County.  State of Georgia,  I L. County.  Ordinary of County.  Ordinary of County. | f said County, certify that I am well acquainted who made the above affidavit and an satis- vidual she represents herself to he, and that she   |
| State of Georgia,  Gampain County. Ordinary of   | f said County, certify that I am well acquainted who made the above affidavit and an satis- vidual she represents herself to he, and that she   |
| State of Georgia,  Grand County.  Ordinary of that the facts therein stated are true, and I know she is the indicate of the continuously resided in this State since the Given under my official signature and seal this the 2 G       | f said County, certify that I am well acquainted  who made the above affidavit and am satis- vidual she represents herself to be, and that she  |

## For Widows Heretofore Allowed Pensions.

|   |                     | ý                           |  |
|---|---------------------|-----------------------------|--|
| STATE OF GEORGIA,   | , )                 | Personally C                | Comes Mrs.   |
| County of Campbell  |                     | m. L. gr                    | iffin  |
| who, being sworn  | n, says on oath, th | hat she is a bona fide resi | dent of said county of   |
| dampled   |                     | Peorgia, and that she ha    | RESIDED in said Stat   |
| continuously ever since   | VI                  |                             | she is the Widow o   |
| A of the 12   | iffin               |                             | a soldier in Company   |
| Volunteers, that he enlisted in said regiment on or   | about the month     | . 1 1                       | if   |
|   |                     | September 86.               | That he lost his   |
| life on the 22day   | or sep              | timber 1                    | 8.44 (State her  |
| full particulars of the husband's death, when, wi   |                     | ~                           | was shot   |
| service at the Battle   | di :                | rung bal                    | while in   |
| died instantly on   | The bats            | the Lild                    | gima ny  |
|   | 9                   | 9900                        |  |
|   |                     |                             | And the second s |
|   |                     |                             |  |
|   |                     |                             |  |
| Deponent swears that she was the wife of said decer   |                     |                             |  |
| she has never married since his death aforesaid, and  | 0                   | 11.000                      |  |
| I have been allowed a pension as a resident<br>February 15th, 1898, and now apply for the pension | /                   | ( .                         | ty for the year ending   |
| Sworn to and subscribed before me, this   | 1                   | Phe                         | 6 . 1.1 !  |
| 26 day of January 1899.   |                     | marsh                       | ruffen   |
| J. Highing Ordinary.  | Post                | Office Tyoods               | oga  |
| State of Georgia,   | )· I.               | 1.4.80                      | Thens  |
| deamphell County.   | Ordinary o          | f said County, certify the  | at I am well acquainted  |
| with Mrs. M. L. ogriffe   | 'n                  |                             | affidavit and am satis   |
| fied that the facts therein stated are true, and I kno  |                     | 1                           | elf to be, and that she  |
| has continuously resided in this State since the  | 4                   | y of July                   | 1832<br>Mary 1899.   |
| orren under my omeiat signature and seal th   | In the 24           | y State has                 | May 1899.  |
| (Official)  | Ordinary of         | Toumb hell                  |  |

| STATE C                 | FORO       | 0014           |             | · · · · · · · · · · · · · · · · · · · |                              |               |              | 3     |
|-------------------------|------------|----------------|-------------|---------------------------------------|------------------------------|---------------|--------------|-------|
|                         | shelf      |                | }           |                                       |                              |               |              |       |
|                         |            |                |             |                                       |                              |               |              |       |
| I,M                     | m.         | S of ri        | yan 1       | ereby auth                            | orize                        | ,             |              |       |
| - 74.                   | L. Je      | mis.           |             | of                                    | tlant                        | a o           | ga           |       |
| to receive a            | nd receipt | for the pe     | ension pai  | d hereon                              | and reque                    | st that h     | e remit same | to    |
| n                       | nj         |                |             | at my                                 | Hom                          | in de         | amphill c    | 0.094 |
| IN W                    | ITNESS     | WHEREO         | F. I have h | ereunto se                            | t my hand                    | l and seal    | , this 16    |       |
| day of                  |            |                | 2.000       |                                       |                              |               |              |       |
|                         | ma i       | ×              | 12          | al m                                  | Corre                        | 18.11.        | lin [L.      | •     |
|                         |            |                | _//-        | 0 ///                                 | moss                         | Luff          | m [L.        | 8.]   |
|                         |            | resence of     |             |                                       |                              |               |              |       |
| 12                      | sup        | tins-          | odin        | ary                                   |                              |               |              |       |
| . 9:                    | . (:       |                | *2          |                                       |                              |               |              |       |
|                         |            |                |             |                                       |                              |               |              |       |
|                         |            |                |             |                                       |                              |               |              |       |
|                         |            |                |             |                                       |                              |               |              |       |
|                         |            |                |             |                                       |                              |               |              |       |
|                         |            |                |             |                                       |                              |               |              |       |
| ii ii                   | 11 11      |                | 7           | *                                     |                              |               |              |       |
| L.                      |            | <b>z</b> .     |             | County,                               | ion.                         | 1 8           |              |       |
| aid                     |            | 2              | - 2         | 3 3                                   | Par                          |               | 7 11         |       |
| 9 .                     |            | S &            | 2           | -3                                    | EY,                          | 8             | ] ]          | · .   |
|                         | 0          | <b>II</b>      | 3           | 2                                     | JNO. W. LINDSEY Commissioner | ARRANT ISSUED | 5 4          |       |
| I O                     |            |                | of of       | 26                                    | Z, l                         | F 7           | 9 7          |       |
| #                       | 0          | S              | ¥ 000       | 38                                    | . <b>X</b>                   | Y Y           | 130/         |       |
| 8                       | Š.         | 3 19           | 2           | 32                                    | 0.                           | RR /          |              |       |
| To These Heretofore Pal | ~          | IDOW'S PENSION | M           | 2 2                                   | Ν̈́                          | 301           | 18           |       |
| 2                       |            | <b>=</b>       | 30          | Office<br>idow of                     | ,                            |               | 10.          |       |
| )                       | 1 1        | 3              | 13          | D is                                  |                              |               | 1            |       |

| STATE OF GEORGIA,  County:  I, May L, Son fine hereby auth  Low Low of Attornation  to receive and receipt for the pension paid hereon and request that he remit san  at Trong a  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this lay of Jones and the seal of  | OWER OF ATTORNEY.  |
|--|--|
| I. Mon d. Son frim hereby auth  L. Journ of Artonia  to receive and receipt for the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the pension paid hereon and request that he remit san  at the second of the seco | ,  |
| IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1801.  Recuted in presence of  | L. For fin hereby authorize  |
| Beecuted in presence of  | or the pension paid hereon and request that he remit same to   |
|  | HEREOF, I have hereunto set my hand and seal, this 19 1901.  Many J. X 3. L. L. C. S. L. C. S. L. S. L. C. S. L. S |
|  |  |
|  |  |
| THOOSE Heretofore Paid.  1901.  No. 3222  OW'S PENSION, out caling February 18th, 1991.  FALL County.  OHN W. LINDSEY, Committee of Preserv.  WARRANT ISSUED  3//9  AND HANDED TO  AND HAN | PENSON PARENT 18th,  PARENT 18th,  W. LINDSEY  W. LINDSEY  PARENT 18SUED  3///  PARENT 18SUED  14. Comment  To Com |

JOHN W.

Widow of

WIDOW'S

Mu. Mory

# For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA  | A, Personally Comes Mrs.  M. L. Griffin  |
|---|--|
| continuously ever since July  | rorn, says on oath, that she is a bona fide resident of said county of State of Georgia, and that she has RESIDED in said State185 \mathbb{S} That she is the Widow of |
| Of of the 12 Bas  | who was a soldier in Company  Thalion Regiment of Glorynic on or about the month of Ahrif  |
| 1862 and served in the Army up to life on the 22  | September 22 1864 That he lost his ayor September 1844 (State here   |
| at cedar hun Mi   | my ball while in bering  |
| said wound he died  | instantly on sept 22. 1864   |
|   |  |
|   | and that she became his wife in the year 1867.  County for the year ending   |
|   | e pension provided by law for the year ending February 15th, 1900.  this  Mrs. M. Kriffer ffire  On.   |
| State of Georgia,  Sampbell County  M. C. M. W.   | 1.   |
| fied that the facts therein stated are true, and I has continuously resided in this State since the | who made the above affidavit and am satis- know she is the individual she represents herself to be, and that she  _day of  |
| Given under my official signature and a   | eal, this the 15 day of Junnary 1900.  |
| ( Bonl. )   | Ordinary of The using bell County.   |

# For Widows Heretofore Allowed Pensions.

| STATE OF GEORGI.                                   | A, }                                    | May d              | nally Comes Mrs.                                      |
|--|---|--------------------|---|
| who, being aworn                                   | says on oath,                           | that she is a bons | fide resident of said County o                        |
|  | State of                                | Georgia, and that  | she has RESIDED in said State                         |
| O. W. Fref   | Li                                      | w                  | That she is the Widow of the was a soldier in Company |
|  | Bul                                     | Regiment of        | 2ac   |
| Volunteers, that he enlisted in said regiment of   | n or about the m                        |                    | 7   |
| life on the 12 da                                  | yor Le                                  | pr                 | 186 % That he lost his                                |
| particulars of the husband's death, when,          | where and from                          | what cause)        | work while  |
| force of Caro                                      | a hu                                    | -                  | buse of   |
| touce of Calde                                     | T P.                                    | <del></del> -      | 542   |
| y to med on  |   | me + y             | good unin   |
| m Sept 22,1  | P. 4                                    |                    |   |
| Deponent awears that she was the wife of said de   | and that she bees                       | me his wife in the | Year 18 1 2   |
| I have been allowed a pension as a resi            | dent of Co                              | p he               | County for the year ending                            |
| February 15th, 1900, and now apply for the         |   |                    |   |
| day of Jan 9 Ordina                                | o1. Post O                              | man Swed           | 250   |
| State of Georgia,                                  | ) 1                                     | MS                 | ortify that I am well acquainted                      |
| with Mrs. May S. Graf                              | fin                                     | , who made the a   | bove affidavit and am satisfied                       |
| that the facts therein stated are true, and I know | s she is the indiv                      | idual she represer | ats herself to be, and that she                       |
| nas continuously resided in this State since the   | day                                     | / of               | 18.50   |
| Official   Real                                    | *************************************** | m.S.               | luc soni  |
|  | Ordinary of                             | Com                | for County.   |

|  | ior the pension p                                    | at             | d request that                                | t he remit same to   |
|--|--|----------------|---|--|
| In Witness Where                       | of, I have hereun                                    | to set my hand | and seal, this_                               |  |
| y of                                   | 1902,  | -              |   |  |
|  |  |                |   | [L. S.]  |
| Executed in pres                       | sence of   |                |   | Ä  |
|  |  |                |   |  |
|  |  |                | •   |  |
|  |  |                |   |  |
|  |  |                |   |  |
|  |  |                |   |  |
| \" " " " " " " " " " " " " " " " " " " |  |                |   |  |
| 3                                      | 8 . 3  | ounty          | Pheion  | 1905   |
| 1902.                                  | DOW'S PENSIC For year ending Dec. 31, 1902. World A. | 0              | Z Z Z   | eD s   |
| A                                      |  | 7 1            | Regiment / A JOHN W. LINDSEY, Commissioner of | WARRANT ISSUEL  (12. U  AND HANDED TO  WHA  TO IN LORMED WITH THE ALPHAN CA. |
|  |  |                |   |  |

#### POWER OF ATTORNEY.

|          | FATEO    | - 66      | ue                                      | County                                   |                 | Į .             |                               | ~       |
|----------|----------|-----------|---|--|-----------------|-----------------|-------------------------------|---------|
| 1        | L. S.    | we        | y d                                     | in                                       | 1 fin           | here            | hereby a                      |         |
| •        |          | and recei |   | e pension p                              | aid hereon, and | i request t     | hat he remit                  | same to |
|          | 2n 1     |           | *************************************** | I have here                              | ounto set my h  | and and se      | al, this                      | y un    |
| đa       | y of     | for       | 7                                       | 1905                                     |                 | re.             |                               |         |
|          |          |           |   | 4  | yory L.         | 4,11            | ffice                         | [L. B.] |
|          |          |           | presence                                | 01                                       |                 | 1               |                               |         |
| 4        | . SY.    | M. C.     | me                                      | 0,44                                     |                 |                 |                               |         |
| 0        |          |           |   |  | $\sim$          |                 |                               |         |
|          |          |           |   |  |                 |                 |                               |         |
|          |          |           |   |  |                 |                 |                               |         |
|          |          |           |   |  |                 |                 |                               | ,       |
|          |          |           |   |  |                 |                 | -                             |         |
| 1        |          | 11 1      |   | . 31                                     |                 |                 | . س                           | 1.0     |
| st.      | ,        |           | 3                                       | e 1                                      | unty.           | Pensio          | 1900                          |         |
| 23   2   |          | ,         | 2                                       | For year ending Dec. 31, 1900<br>PAID TO | 8               | Y,              | Q:                            |         |
| hell Co  | <b>M</b> | 10        | 3                                       | £ 47                                     | 1217            | JOHN W. LINDSEY | AARRANT ISSUED  AND HANDED TO | 3       |
|          |          | 8-0       | Р                                       | g 20                                     | 3 31            | CIN             | RRANT IS                      | 2 1     |
| <u> </u> | X        | 3         | Š                                       | eding D                                  | O. D. Regiment  | ×.              | 34                            | S       |
| 3        | <u> </u> | No.       |   | 10                                       | B.C. S.         | N.              | 1 4 A                         |         |
| 3/       |          |           | 2                                       | 1 3                                      | 3 8             | <u>o</u>        | 3                             | 8       |
| 1 5      | •        |           |   | F. F.                                    | dow             | 1               |                               |         |

Par Widows Age also A Just & Dugan in

# For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA,  County of Come of here hung L. Griffin  |
|--|
| County of Come of here   Many L. Griffin   |
| who, being sworn, says on oath, that she is a bona fide resident of said County of   |
| continuously ever since deep 1858. That she is the Widow of who was a soldier in Company   |
| of the 12 to Regiment of the   |
| Volunteers, that he enlisted in said regiment on or about the month of   |
| 186 2, and served in the Army up to A 61 2 2 - 186 4. That he lost his   |
| life on the 22 - day of de ft 1864 (State here   |
| particulars of the husband's death, when where and from what cover)  |
| However the when in process of the   |
| would be received by died instance,  |
| on left 22, 186 4 co store olots.  |
|  |
|  |
| Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a  |
| soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18   |
| year ending December 31, 1901, and now apply for the pension provided by law for the year ending   |
| December 31, 1902.   |
| Sworn to and subscribed before me, this / 1 and day of Jan y 1902 Mony L. A free of him this / 1 thing day of Jan y 1902 Mony L. A free of him this / 1902 Mony L. A free of him |
| And the second s |
| State of Georgia, Compty County Ordinary of said County contify that I am well   |
| Compliance County. Ordinary of said County, certify that I am well acquainted with Mrs. Mary L. Frie who made the above affidavit and  |
|  |
| am satisfied that the facts therein stated are true, and I know she is the individual she represents   |
| hereself to be, and that she has continuously resided in this State since the  |
| day of   |
| Given under my official signature and seal, this the Thinday of July of July 1902.   |
| Ordinary of Couraffeet County.   |
| NOTE All blank apages must be filled.  |
| Voucher and affidavit must bear date after January 1st, 1902.  |
|  |

For Widows Heretofore Allowed Pensions.

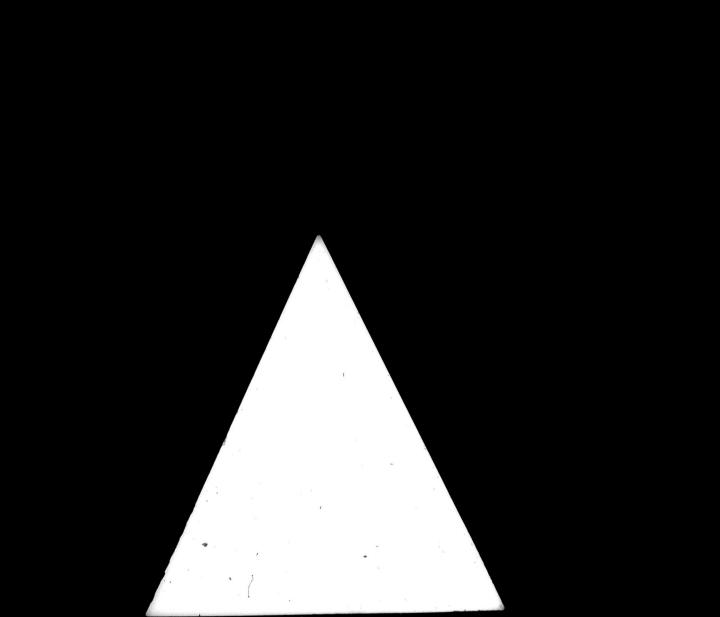
| STATE OF GEORGIA, County of Games beil Wory & Griff  | لائد     |
|--|----------|
| who, being sworn says on oath, that she is a bonn fide resident of said Count  | y of     |
| continuously ever since fully 181-7. That she is the Wido  | w of     |
| O, W. Shi ffire who was a soldier in Comp  | any      |
| Volunteers, that he enlisted in said regiment on or about the month of   |          |
| 186 2, and served in the Army up to Lift 22 186 4. That he los life on the 22 day of Lift 864 (State   | here     |
| particulars of the husband's death, when, where and from what course.) He wood block the doneyle the he ork by a life wind the force of the death  | ~A       |
| he died instancy Left 22, 1864   |          |
|  |          |
| Deponent swears that she was the wife of said deceased soldier, during his service in the Army   | as a     |
| soldier, and that she has never married since his death aforesaid, and that she became his wife the year $18 \frac{J-2}{2}$  | in       |
| I have been paid a pension as a resident of tour flee County for   | the      |
| year ending December 31, 1902, and now apply for the pension provided by law for the year end  | ing      |
| December 81, 1908.   |          |
| this I day of 1908.  14. S. 100 Large Ordinary.  Post-Office Foundation  | <u>.</u> |
| State of Georgia, 1. 1t. S. UC - L'arice   |          |
| County of said County, certify that I am y   | roll     |
| acquainted with Mrs. Allory L. Frieffice , who made the above affidavite   | nd '     |
| am satisfied that the facts therein stated are true, and I know she is the individual she represe  |          |
| herself to be, and that she has continuously resided in this State since the   |          |
| day of 1880  |          |
| Given under my official signature and seal, this the Time day of Joseph 10   | 08.      |
| Official Beal. Ordinary of Constitution of Con |          |
| NOTE.—All blank source great be stied.   | у.       |

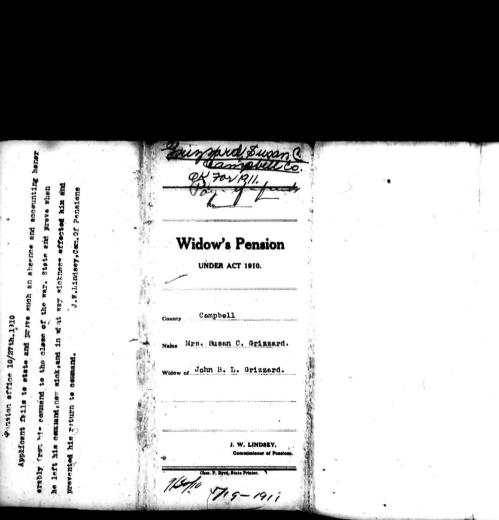
| STATE OF       | GEORGIA,        | County.  | }                 |  |                 |    |
|----------------|-----------------|--|-------------------|--|-----------------|----|
| holu           | ero lu          | County.)   | 4-11              | <u></u>                                      | hereby authoriz | e  |
| to receive and | d receipt for t | he pension paid  | hereon, and re    | guest that h                                 | e remit same t  | 0. |
| In With        | WHEREOF, I      | have hereunto  | set my hand and s |  | ,, au           | -  |
| Executed       | in presence of  | . 4  | 1. Lay            | fre f  | / L. 8.         | 1  |
| Ixtai.         | recein          |  |                   |  |                 |    |
| •              |                 |  |                   |  |                 |    |
|                |                 |  |                   |  |                 |    |
| -              |                 | , }  | 10                |  |                 |    |
| PAID.          | NOIS            | 31, 1904   | County,           | Pensions.                                    | 1904,           |    |
| 1904.          | PEN.            | YEAR ENDING DECEMBER 31, 1904 PAID TO PAID TO THE CASE OF THE CASE | 3 2 3             | LINDSEY, Commissioner of T ISSUED            | HANDED TO       |    |
| 900            | W'S PEN         | POR DING DECE PAID TO  | A B               | JOHN W. LINDSEY, Commissioner WARRANT ISSUED | AMN 2           |    |
| O THOS         |                 | EAR END  | * O . A           | lot is                                       | A A Mark        |    |
| F              | A               | i M  | Widow of          |  |                 |    |
|                |                 |  | 1                 |  | . 1             |    |

# FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

| The state of the s |
|--|
| STATE OF GEORGIA PERSONALLY COMES MRS.   |
| County of Courpell U. L. Griffin   |
| who, being sworn says on oath, that she is a bona fide resident of said County of  |
| Court State of Georgia, and that she has RESIDED in said State continuously ever since   |
| Oh Golding who was a soldier in Company  |
| "So of the 12 in ya dal Regiment of La   |
| Volunteers, that he enlisted in said regiment on or about the month of   |
| 186 2, and served in the Army up to Left 22 186 7. That he lost his  |
| life on the 2 day of State here  |
| particulars of the husband's death, when, where and trom what cause.)  |
| by a ly muse bose where we   |
| service of Gega Run West-  |
| the aird my low us   |
|  |
|  |
| Deponent swears that she was the wife of said deceased soldier, during his service in the Anny as a  |
| soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18.  |
| I have been paid, a pension as a resident of Cauce of Lee County for the   |
| year ending December 31, 1903, and now apply for the pension provided by law for the year ending   |
| Docember 81, 1904.   |
| Sworn to and subscribed before me, this 4 and of fary 1904 M. I. I for the   |
| 1 1  |
| M.S. UCE Not Ordinary. Post Office. Gooder S.  |
| State of Georgia,  |
| County, Ordinary of said County, certify that I am well  |
| acquainted with Mrs. Lee. N. Gourffier, who made the above affidavit and   |
| am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the  |
| day of   |
| Given under my official signature and seal, this the // day of   |
| Someta 19 - A Sun Joseph   |
| Ordinary of Garagher County.   |
| NOTE.—All blank spaces must be filled.  Voucher and Affidavit must bear date after January 1st, 1904.  |

Given under my official signature and seal, this the n. Suc Ton Ordinary of Campbell County. NOTE.—All blank spaces must be filled. Youther and Affidavitemust bear date after January 1st, 1904. Georgin Covela County. J W. St. Persons Or dinary in and for Cowela County do herety Certify that I am well acquainted with the Hitnesse whose testerning turn Many & Greffen presents to Sustain for claim are Known To me to be trulffull wetnessentelled to full furth and buglitas such It Witnes I Trave hereunto Sat my hand and appreced the Seal of my office this the The day of afreis Ordenay





Ponsion effice 10/87th. 1910 Applicant feils to state and prive such an absence and accounting hener 1. What is your name and where do you reside? I. S. Support. Clehente Co ala.
2. How long and singe when have you known by the continuously resided in this State? (Give date.)
3. How long and since when has she continuously resided in this State? (Give date.) erably from his command to the close of the war. State and Breve when 3. How long and since when has she continuously resident in this state: tuve date.

4. When and to whom was she married? How do you know the flow of the state of the house of he left his command, new sick, and in what way sickness affected him and prevented his return to command. J.W.Lindsey, Com. Of Pensions 6. When, where and in what Company and Regiment dis Jest of Juggard entire! Showing the Thing year 1863 in Atlanta for any So Thompson availly after leaving obvious the work transferred to 27 to Battallin 7. Were you a member of the same Company? 8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? 9. When, and where did his Command surrender, and was discharged? Who The Spring \$4.1865 at Truss hero A. C. 10. Were you personally present when it was surrendered? I was If not where and how came you there?.... Vidow's 11. Was the husband of applicant personally present at surrenders no If not where was he? At Arme on beck Justingsh when, where and for what Scause did he leave Command? (Give date.) About Jun Trouth before Aurust By whose and how and how and how and how And how do you know all this? 400 How do you know all this? 400 you know tale if of your own personal knowledge 400 (State all you know fully, and how you know it.)

12. For what cause, if you know of your own knowledge was be prevented from returning to his Command?

13. What effort did he make to return his Command and how do you know this? Of you how knowledge or how? How do you know all this? I was present Sworn to and subscribed before me this the alabama AFFIDAVIT OF TWO FREEHOLDERS. STATE OF GEORGIA. Com phe Personally before me comes L.W. Healthook & D. Vickery
who on only says that they are freeholders of said County and shat they know Mess. Surson C. Jones L. T. of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows Personal property. Notes and accounts due Total Schedule (B). We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows: Hour Personal property ..... Money, Notes and accounts Schedule (C). We also know what property she has now in her possession, use and control to wit: Acres of land ... worth ... Horses and Mules Other property..... income and earnings Total Value of all property and effects ...

| STA                | ORDINARY'S CERTIFICATE.   |   |   |
|--------------------|---|---|---|
|                    | ATE OF GEORGIA, Campbell County.  |   |   |
|                    | W. S. Mclarin.  |   | 3 |
| that,              | I know Mrs. Susan C. Grizzard   |   |   |
| Coun               | ity and was in the 4th Nov. 1008  |   |   |
| *****              | applicate of conn B. H. Grizzers, the deceased hishand.   |   |   |
| the fe             | That I also know bm. II. Walker & Viney Stacks the witness who swear applicant & John B. L. Grizzered the decased husband.  A MANIAR WALKER WAS A BOOK A BL. L. GRIZZERED THE GEORGES AND AND A WALKER WAS A BOOK A BL. L. WIOKERY. who are colders. That all of them are now residents of said County and were duly sworn by me before signing oregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to that the decay of the said and credit.  That the Tax Returns (Comphell Counts) | 5 |   |
| the fe             | oregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to that the Tax Returns (Campbell odunty)   |   |   |
| the fo             | oregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to that the Tax Returns (Campbell odunty)   |   |   |
| the for<br>full fr | oregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to aith and credit.  That the Tax Returns (Campbell odunty) Returned for Tax is fo s. 10 for 1910 \$10.2  Sworn under my hand and official seal of office this 13th day of Sept.  |   |   |
| the for<br>full fr | oregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to atth and credit.  That the Tax Returns (Campbell odunty) Returned for Tax is fo s. 10 for 1910 \$ 10.2  Sworn under my hand and official seal of office this 13th day of Sept.   |   |   |
| the for<br>full fr | oregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to atth and credit.  That the Tax Returns (Campbell odunty) Returned for Tax is fo s. NO for 1910 \$DQ.  Sworn under my hand and official seal of office this 13th day of Sept.   |   |   |
| the for<br>full fr | oregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to at the Tax Returns (Campbell county) Returned for Tax is fo s. No. for 1910 \$DO.  Sworn under my hand and official seal of office this 13th day of Sept.  SEAL. Ordinary.  Campbell County  County  County  County  County  | • |   |

marria

## Application for Pension by a Widow Under Act of 1910 .-- Questions · for Applicant. STATE OF GEORGIA. Personally before me comes lity Sans an C. 7 20rd of said State and County and after being duly sworn, on oath says that she desires to applifor a pension allowed under the Act 2. How long and since when have you been a continuing resident in the State of Georgia? loder O. L. 13. When, where and to whom were you married? May 11, 1865, on langthere Co. Ya -14. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) 5. When and where did the Commands of your husband surrender or discharge from the army? I four to keep the the total week there bord file. The the, 1865. 6. Was your husband personally present at the time of the surrender or discharge of this Command? 7. If he was not present state clearly where he was? At home 8. Where was his Command when he left? Dour L Record a. For what cause did he leave his command? He cause hower our well forlough b. By whose authority did he leave his Command? Nou'h Kinoul For how long was he granted leave of absence? What was his physical condition when he left his Command? He was seel when he grocked hower 1. What effort did he make to return to his command? He was not ofte & return g. In what way was he prevented from going back to Command? Siell uses h. Was he captured by the enemy at any time? Hot so for or I Know 1. If so, when and where captured and where held as a prisoner, and when and for what cause re-1. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? Och / 81/18/ in Campbell Co. /a - - / 10 Sin 9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) Clour. 10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) (Joles! My decrease hereof? (Give items and cash value.) for our warming her form her would be work out when he he will be go on our warming her form her would be work out when he he will be go on our warming her form her would be the work of the religious of the work of th 12. What are your annual earnings or income and their value? If so, when and for what cause were you struck from the Roll? of County. Questions for the Witnesses as to Service of Husband and Marriage. STATE OF WORDS Claberne

Pondion effice 10/87th. 1910

Applicant rails to state and prive such an absence and accounting hener crably from his command to the close of the war. State and prove when he left his command, new sick, and in what way sickness affected him and prevented his return to command.

J.W. Lindsey, Com. Of Ponsione

Widow's Pension

UNDER ACT 1910.

Campbell

Les. Susan C. Grizzard.

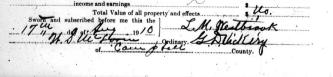
John B. L. Grizzard.

1. W. LINDSEY.

L. W. LINDSEY.

1. W. LINDSEY.

1. W. LINDSEY.



Krizzard Susan Charo.)

For CAMPBELL

County

## 1926

### Application for Pension Due Deceased Pensioner

(UNDER ACT 1919) (To pay expenses of last illness and funeral) 200 de 200

For Lrs. Susan C. Grizzard.

Date of Death July 9th.

Amount 10000

Approved and ordered paid

When w. Colack JOHN W. CLARK, May 2 5 Commissioner of Pensions

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

COUNTY.

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

NAME . rs. Susan C. Grizzard,

llo. of John . L. Griz ard,

COMPANY .

Goorgin inttory of Arti ry.

REGIMENT approved Jolen W. Clark

## Application for Pension Due to a Deceased Pensioner

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

(Under Act Approved August 15, 1904)

| GEORGIA, Campbell. County.   |   |
|--|---|
| Personally before me, the Ordinary of said Cour  | nty, comes D. Vickery,  |
|  | of said County, who, after being sworn, on oatl   |
|  | of said County, and that said Pensione  |
|  | leath, which occurred in Campbell   |
|  | July, 192.3 and tha   |
|  | 8 00.00 ) Dollars was due pensioner and   |
|  | ioner left no widow or dependent children surviving, and  |
|  | xpenses, which amounted to the sum of \$.37.7.200., per   |
| worn statements fully and completely ITEMIZED he   |   |
| Sworn to and subscribed before me  |   |
| hfs June 11, 1926.   | L.D. Vickery  |
| The same of the sa | In Victory  |
| Campbell County  |   |
| (Seal of Ordinary)   |   |
| and the second of the second of the second of the second   |   |
|  |   |
|  | OF ORDINARY   |
| GEORGIA, Campbell County.  |   |
| I McLarin.   |   |
| i b. holarin,  | . Ordinary of said County, do certify   |
|  |   |
| nat I personally know G. D. Vickery  | , who is a resident   |
| nat I personally know. G. D. Vickery<br>tizen of said County, and that said person is of truthful a  | , who is a resident   |
| hat I personally know. G. D. Vickery<br>itizen of said County, and that said person is of truthful a<br>hat I also knew. Ers. Susan C. Grizzard<br>he same person whose name appears on the Pension R  | while in life and that this was   |
| hat I personally know G. D. Vickery itizen of said County, and that said person is of truthful a hat I also knew Lirs. Susan C. Grizzard he same person whose name appears on the Pension R as paid a Pension of One Hundred & Seven   | who is a resident and trustworthy character, entitled to full faith and credit; while in life and that this was toll of Campbell  |
| hat I personally know. G. D. Vickery itizen of said County, and that said person is of truthful a hat I also knew. Mrs. Susan C. Grizzard he same person whose name appears on the Pension R ras paid a Pension of One Hundred & Seven being totally blind, a said County for 1923/., and I now believe said pensi   | who is a resident and trustworthy character, entitled to full faith and credit; while in life and that this was kell of Campbell  |
| nat I personally know G. D. Vickery titien of said County, and that said person is of truthful a nat I also knew Mrs. Susan C. Grizzard ne same person whose name appears on the Pension R as paid a Pension of One Hundred & Seven betan totally blind, betan totally blind, said County for 1925/., and I now believe said pensi   | who is a resident and trustworthy character, entitled to full faith and credit; while in life and that this was toll of Campbell  |
| hat I personally know. G. D. Vickery itizen of said County, and that said person is of truthful a hat I also knew. Ers. Susan C. Grizzard he same person whose name appears on the Pension R has paid a Pension of One Hundred & Seven being totally blind, said County for 1925./. and I now believe said pensi his voucher have been carefully observed in making up t   | who is a resident and trustworthy character, entitled to full faith and credit; while in life and that this was toll of Campbell  |
| nat I personally know G. D. Vickery tizen of said County, and that said person is of truthful a nat I also knew Brs. Susan C. Grizzard ne same person whose name appears on the Pension R nas paid a Pension of One Hundred & Seven being totally blind, said County for 1925/., and I now believe said pensi is voucher have been carefully observed in making up to Given under my hand and official seal, this  | who is a resident and trustworthy character, entitled to full faith and credit; while in life and that this was toll of Campbell  |
| nat I personally know G. D. Vickery tizen of said County, and that said person is of truthful a nat I also knew Brs. Susan C. Grizzard ne same person whose name appears on the Pension R nas paid a Pension of One Hundred & Seven being totally blind, said County for 1925/., and I now believe said pensi is voucher have been carefully observed in making up to Given under my hand and official seal, this  | who is a resident with the instructions at the foot of his voucher and that bills which are attached hereto.  the day of June, Ordinary   |
| nat I personally know G. D. Vickery titien of said County, and that said person is of truthful a nat I also knew Mrs. Susan C. Grizzard ne same person whose name appears on the Pension R as paid a Pension of One Hundred & Seven being totally blind, said County for 1925, and I now believe said pensi nis voucher have been carefully observed in making up to Given under my hand and official seal, this (Seal or Ordinary)  | who is a resident while in life and that this was kell of Campbell  |
| titizen of said County, and that said person is of truthful a hat I also knew Lirs. Susan C. Grizzard he same person whose name appears on the Pension R cas paid a Pension of One Hundred & Seven being totally blind, a said County for 1923/. and I now believe said pension is voucher have been carefully observed in making up to Given under my hand and official seal, this 111 (Seal or Ordinary)   | who is a resident with the instructions at the foot of his voucher and that the bills which are attached hereto.  the day of June, 1926.  Campbell Campbell (County and the foot of his voucher and the bills which are attached hereto.  The day of June, 1926.  Campbell (County County and the foot of his voucher and the bills which are attached hereto.) |
| titien of said County, and that said person is of truthful a said I also knew. Mrs. Susan C. Grizzard are same person whose name appears on the Pension R as paid a Pension of One Hundred & Seven being totally blind, said County for 1925/. and I now believe said pension is voucher have been carefully observed in making up to Given under my hand and official seal, this 11: (Seal or Ordinary)  1377  1387  148. Sequits those staining supeness of last liliness and funeral, the said of the said to the said that said that said that said the said that said the said that said the said that said the said that said the said that said th | who is a resident while in life and that this was kell of Campbell  |

## Application for Pension for Total Blindness

Under Act August 19, 1912

| 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1  |
|---|
| STATE OF GEORGIA,   |
| CompbellCOUNTY.   |
| Personally before me, the undersigned Ordinary of said County, comes IPS . Sugan Ca. Apts                   |
| who after being duly sworn on oath says, That he is on the "Act. 1910."                                     |
| paid in 1922 That he has become totally blind by reason of .448988.00 the enue that produced blindness.)    |
| And that the makes this application that He may be allowed an increase in his pension for total bilindness. |
| Sworn to and subscribed before me   |
| this other of Octobary of 1920,   |
| In I le Lorie Ordinary.   |
| Compboll County. Sugar 6 x Str 1 God  |
| STATE OF GEORGIA,   |
| County.   |
| Personally before me, the undersigned Ordinary of said County, comes. Dr. W. P. Camp,                       |
|   |
| , who, after being duly sworn, on oath says: That he is a resident of                                       |
| said Campbell County, and that he is a practicing physician, and has been for                               |
| years, and that he knows. Frs. Sugan C. Grizzard, of said County. That Koris NOW                            |
| and has been for the past. $\frac{1}{2}$  |
| Glaucoma.   |
| Sworn to and subscribed before me   |
| this 210 day of October 101202 .  Not the Journal Ordinary.  Common 12                                      |
| CumpbellCounty.   |
| STATE OF GEORGIA,   |
| Campbell COUNTY.  |
| ORDINARY'S OFFICE.  |
| October 21, 1922.   |
| I, S. Malaran, being the Ordinary of said County,   |
| do certify that Pro. Sugan C. Orizzard is on the "Act 1010" Pension Roll of                                 |
| Compbell County, and has been paid a pension of \$.10   |
| Bhe is a bona fide resident of said County, and that he has become totally blind. That he knows Dr.         |
| R, Camp, who is a resident practicing physician of said County, and   |
| is a truthful man and physician of high standing, and what he says is worthy of belief and credit.          |

above stated.

Given under my hand and official seal, and signed this the day and year

Ordinary....Campbell......County.

State of Georgia, Campbell County.

Before me, the undersigned Ordinary, this day personally came G. D. Vickery, of said county, known to me to be trustworthy, and whose statements are entitled to full faith and credit; and who being duly sworn, says that he is personally acquainted with both of the witnesses to enclos ed application of Mrs. Susan C. Grizzard for Pension. to wit: Simeon S. Grizzard, Cleburne County, Ala, and Seaborn S. Grizzard, of Fulton County, Ga.: that both of said witnesses sign their names "S. S. Grizzard", but that they two different men, distantly related, living in different States and entirely trustworthy.

4 Dickery Sworn to and subscribed before me, this May 17, 1911.

W.S.W. Lafer Ordinary,

Campbell Co. Ga.

Georgia, Campbell County.

1, W. .. MCLarin, Ordinary of said county, hereby certify that the wit ness, G. D. Vickery, to enclosed application of Mrs. Susan C. Grizzard for pension, is entirely trustworthy, and his statements worthy of belief. Witness my hand and seal of Office, this May 17, 1911.

If Ill Loren ordinary,

Campbell county, Ga.

GEORGIA. Campbell County.

Received of .W. S. McLarin, Ordinary of said county, the sum of One Hundred and no/100 (100.00) Dollars in full of the amount due by the State of Georgia, as part payment of the funeral expenses of Mrs. Susan C. Grizzard, deceased, former pensioner of sa-id county. This July 22, 1926.

GD Viellery

State of Georgia, Fulton County.

Before me, the undersigned Ordinary of said county, this day personally came Seaborn S. Grizzard, of said county of Fulton. known to me to be entitled to full faith and bredit, and who having been presented as a witness in support of the application herewith presented, of Mrs. Susan C. Grizzard of the county of Campbell, for a pension, who after being duly sworn, says that he (deponent) was well and intimately acquainted with John B. L. Grizzard, the deceased husband of the applicant, and that he personally knows that the said John B. L. Grizzard came home from the War about one month before the close of the same; and that said John B. I. Grizzard was suffering with diarrhoes, or some kind of bowel trouble when he reached home from the service in the Confederate Army; that he was never able, on account of said disease, hezraturnxhezzanidxaerxian contracted in or during his said service, to return to the war: that deponent saw the said John B. L. Grizzard every day during the time between his return from the service as above sated and the close of the wer. and personally knows that said John B. D. Grizzard was at no time after his return from said service, able to again enter the said service; and further that the said disease finally caused the death of the aforesaid John B. L. Grizzard on the 18th day of October 1567.

Sworn to and muberibed before me, this 15th day of Afful 1911.

Macellus M. Anderson

Georgia, Fulton County.

I certify that the witness, Seaborn S. Grizzard, was duly sworn, and that he is of trustworthy character, andhis statements entitled to full faith and credit.

Litness my hand and seal of office, this /Stay or Afril 1911.

havelly a the Chalism

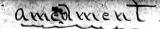
Charles and Chalism

State of Georgia, Campbell County.

Before the undersigned personally came Mrs. Viney Stacks of said county, personally known to me to be trustworthy, who en eath, says that she has been well and intimately acquainted with Mrs. Susan C. Grizzard, whose application for pension is herewith presented, since the days of her girlheed; that depenent was also well acquainted with the husband (Jehn B. L. Grizzard) of said applicant from his beyhood to the time of his death in the year 1867; furthet, that depenent, with William H. Walker, of said county, and others, saw and heard the ceremony performed that, im en May 31, 1865, united in matrimeny said Jehn B. L. Grizzard and the applicant, Susan C. Grizzrad, fermerly Susan C. Cook; that applicant and her deceased husband, John B. L. Grizzand, lived tegether as husband and wife, and were well, faverably and universally recegnized as such, frem the date of their marriage until the date of the death of John B. L. Grizzard in 1867, and that there was never any question as to this their havin been legally married; that for some reason, unknown to depenent, the marriage license seems net to have been returned to the Ordinary's office for record.

(Signed.) Vincy + Stocks

W. S. W. Some



State of Georgia, Campbell County.

Before me, the undersigned Ordinary, this day personally came Mrs. Susan C. Grizzard of said county, widow of John B. L. Grizzard, deceased, and who is personally known to me to be trustworthy and whose statements are entitled to full faith and credit, who being duly sworn, says, as an amendment to her application for a pension made in 1910, that she knows of her own personal knowledge that her said husband, John B. I. Grizzard, did come to his home in Campbell county, Ga. from the service in the Confeder-Army ate about one month before the close of the War, and that he was at that time too sick for service in the War; that he continued sick with some kind of bowel trouble, and that he was never after his said return from said service in said War, physically able to for any further service in War on account of said disease; and further that said disease centinued to grow worse, and that on account of the aforesaid disease contracted while in the said service, he, said deceased husband, died October 14th 1867 in Campbell county, Georgia; further that said deceased husband was a thoroughly sound man, physically, when he left home for the service in the War and that, after his said return on account of sickness, he was never again completely cured of the said bowel disease, which finally caused his death | Further, I know that the witnesses to my application, S.S. as above stated. Grizzard, Of Cleburne Co. Ala. and S.S.Grizzard, of Ful-

(Signed.) San So yrazza.

Sworn to & subscribed before me, this / day of May 1911.

A. M. Lorenton, Ordinary, Ocampbell county, Ga.

Georgia, Campbell County.

I, W. S. Molarin, Ordinary of said county, do hereby certify that the applicant, Mrs. Susan C. Grizzard, is personally known to me to be entirely trustworthy, and that her statements are entitled to full faith and creit.

Witness my hand and seed of office, this / 7 day of May 1911.

M. M. Lopiu Ordinary,-

Campbell county, Ga.

State of Georgia, Campbell County.

Before me the undersigned efficer personally came William H. Walker of said county, who en eath, says that he is personally and well acof said county quainted with Mrs. Susan C. Grizzard, whese application is herewith presented for a Pension; that he has known her ever since she was a girl: that he was also well and familiarly acquainted with her husband. John B. I. Grizzard, from the time of his boyhood to the date of his death in 1867; that he (depenent) saw and heard depenent's father (Harry Walker) Minister, and also Justice of the Peage, perform the ceremony uniting in in marriage John B. L. Grizzard and Susan C. Cook (new Susan C. Grizzard) the applicant, on the 31st day of May 1865; that applicant and her deceased husband, John B. L.Grizzerd, lived as, and were recomized as husband and wife, by everybedy with whem they were acquainted and that there was never at any time any question as to their having been legally married; that Mrs. Viney Stacks, of said county, was also present at the time John B. I. Grizzard and Susan C. Took were united in matrimony by said Harry Walker; that for some reason, doubtless the unsettled conditien of things immediately after the War, the marriage License for said John B. L. Grizzard and Susan C. Cook seems not to lave been returned to the Ordinary's Office for record.

(Signed.) William H Walker

Swern to and subscribed before me, this The day or May 1909.

Mr. S. Ul Soine

State of Georgia, Campbell County.

final surrender of said Confederate Army.

Susan C. Grizzard, personally known to me to be entirely trustworthy, and whose statements ar wholly worthy of belief, whose application for pension is herewith presented, who, after being duly sworn, say that her deceased husband John B. L. Grizzard, bought their marraige License in the year 1863; that finding he was going to the War, they postponed their wedding; that applicant carried or kept in her possession said marriage License during all the service of her said husband; that she and her said husband was were finally married after his return from the Confederate service; that their marriage occurred on the 31st day of May 1865; that by reason of the

above stated facts, she was in position to feel and manifest a decided in-

terest in her husband's whereabouts and condition; and that she personal-

ly knows that he reached home only about one month before the surrender,

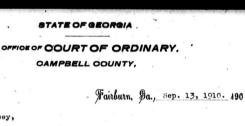
and further that he was never well enough to return to the Army before the

Before me, the undersigned Ordinary, this day personally came Mrs.

(Stimed.) Susan la Grigard Sworn to and subscribed before me, this September 13, 1910.

It She form ordinary,

Campbell County, Ga.



Atlanta, Ga.,

MOTA DIN OPPLY OF

Dear Sir:-

Col. J. W. Lindsey,

You will notice that the 2 enclosed affidavits as to the marriage of Mrs. Susan C. Grizzard, the applicant, were made last

year. The reason for this is that the application was intended to be for first to the presented sconer, (or that said witnesses might die) but, as ap licent awas not married until after War, she could not draw. And as the

fact, I thought new affidavits unnecessary. This by way of explanation of date of said affidavits.

Yours truly

H. J.W. Lopic,

witnesses live quite a distance from my office, I decided to send the

affidavits made last year, as they only go to prove an established

Enclosed is an ord forok which of plicant prigra higher, but thinks you might wout to our it in course East Point, Ga., 511y 10 1923 ~ 192

Mr. G. D. Vickery.

Office Phone E. P. 95

Canket.

Dress.

dloves.

Vault.

Mearne.

Embalming.

Paper notice

Fairburn Ga.

In Account With

A. C. HEMPERLEY

EMBALMER AND FUNERAL DIRECTOR

223 South Main Street

Res. Phone E. P. 708

\*250.00 15.00 35.00 2.00

\$377.00

15,00 35,00 2,00 55,00 5,00 15,00



OFFICE OF COURT OF ORDINARY. CAMPBELL COUNTY.

S. McLARIN, ORDINARY.

Col. J. W. Lindsey,

Atlanta, Ga.,

Dear Sir:-

You will notice that the 2 enclosed affidavits as to the

- Fairburn, Ja., Sep. 13, 1910. 190

marriage of Mrs. Susan C. Grizzard, the applicant, were made last year. The reason for this is that the application was intended to be

for feat presented sooner, (or that said witnesses might die) but, as ap li-

cant aws not married until after War, she could not draw. And as the witnesses live quite a distance from my office, I decided to send the

affidavits made last year, as they only go to prove an established fact, I thought new affidaxits unnecessary. This by way of explana-

tion of date of said affidavits. It & M. Lorin.

PS

Ge-orgia, Campbell County.

who, on oath, says the above and foregoing account is rendered for funeral expenses of Lrs. Susan C. Grizzawrd, deceased, formerly and up to her death, on the Pension Roll of said county, who died without sufficient property to pay this bill.

Sworn to & subscribed before me, this June

Before me, the undersigned Ordinary, this day personally came G. D. Vickery,

, Ordinary.

11th, 1926.

2. H.S.lle

# POWER OF ATTORNEY.

STATE OF GEORGIA,

my true and lawful attorney in fact, for a amount of money I may be entitled me and in my name, to receive and receipe for whatever annount of money! may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing afficient; hereby authorizing my said attorney to receipt in my name for any Warrant that may be reached by the Governor, or for any sum of money which may be coming to me for the reason adversarid. 4. Fammond Campbell IN WITNESS WHEREOF, I had Know all Men by these Presents, That I, County, in said State, do hereby appoint Fairbum

Executed in the presence of us. Oak Beavers

hand and

set my 180

I have hereunto

If allowed, send amount by

and oblige

ammond, marcha

1891.

Mus Marthe & Hanner

Warrant Issued

1891

AND HANDED TO

4

# POWER OF ATTORNEY.

| STATE OF | GEORGIA,    |
|----------|-------------|
| STATE OF | ell county. |

Know all Men by these Presents, That I. Martha E. Hammond of bampbell

County, in said State, do hereby appoint &. G. Sammonel

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25th day of May Me Hammond [L. s.]

Executed in the presence of us:

7. Golighity R. C. Beavers, Ordinary

If allowed, send amount by



## Affidavit to be Made by the Widow.

STATE OF GEORGIA.

In person came before me, the undersigned Ordinary County of Campbell In and for the County of to ampule Mrs. Merina & Cam ... who being sworn according to law, says under outh that she is the widow of George 11. Comment

the service of the Confederate States, and served as a member of Company Regiment of Georgia Volunteers; that he enlisted in said service on or about the 15th day of august 186/ , and was in the Confederate Army up to Judde 1865 That while in the Army, he was on the 3/34 and day of 1862 (See Noie No. 1)

taken sick with acute recurrhace wine win a acome chrisic which disease was nut is sente not be ourse

That he had to be dishorded from soil army while destrose took place in is obard the 1st of price 1863 After the disheras he was sent home in Soid county and the deresi continued To prey upon him and gradually gnew worse till The 26 th day of Library 100g when he did from the effects of said chronic Marchaed so contracted during

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the \_ 28 th 1851, and that she has resided in Georgia continuously since the day of angust 18.27; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the M.E. Hammond 25 day of May R. B. Beavers

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

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

State of Georgia,

1. R. le Beavers

Ordinar

Enumy of County of the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 24d, 1890, and has not lived out of the State since that date. I also certify that the winnesses whose testimony she presents to sustain her claim are known to me to be rembful witnesses, untitled to full high and credit as such. I am fully satisfied that this claim its made in good faith, and that I have caused the applicant and the winnesses to read or hear read the proofs they sign.

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

15th day of June

1891.

SBAL.

R. C. Browers

Form No 4

## NOTES

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary of their County and testify. The attestation of a Justice of the Peace or No:ary will not answer.

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

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

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

By order of the Governor.

W. H. HARRISON.

Sec. Ex. Department.

#### Affidavit for Three Witnesses.

State of Georgia, In person came before me, the undersigned Ordinary The Thorsas . W. Brakenshi (each known to said Attesting Officer as truthful, reliable and reputable citizeps), who severally say under oath, that, from their own personal knowledge. Mrs. Murshe & Hammond , of the County of Coursphell State of Georgia is the widow of George W Hammerd , who was a soldier in Jour Regiment of Georgia That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or day of august 186# That while in said service, or by reason of said service in the Army, he lost his life as follows: Ja Kend Sie ho with oregite Dearhia which desease became chronic which desian was grof or could not be aired and gradually gun worse until finally of Afrance So Bever that he had the distahand from Said gung which lisaharge took felher on or about the ! June 1863, After ins discharge theresas The disurse continued to pray afoon hitw and gradully green worse till The 26th day of February 186% when he died from the effect of saile Livier

Me and lack of us belonged to lev, 2 35 th Ry included to levil and splicant's husband, were the and lack of us belonged to levil 35 th Ry included of Georgial Volunteer ford over for sonally and vanished so the sonal throw the son and throw the son statement of to be true

We further swear that Mrs/Mathaa W. Mannind was the wife of sald solding during the service and that she has not intermarried since his death, and that she resides in County of the State of Georgia.

Sworth and subscribed before me, this, the 30 - they of Mary 1891. It Bouthight

Norr, Witnesses must not testify about things they may believe, but coufine their statements to such facts as they personally know.

been allowed a pension for the year ending February 15th, 1893. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, day of Joring this, the R.C. Bravers

#### POWER OF ATTORNEY.

STATE OF GEORGIA, County, Know All MRN BY THESE PRESENTS, That I, Hearth a 6. Hammand of County in said State, do hereby appoint 6. G. Hammand Complee to In my true and lawful attorney in fact, for

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

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

. . . . . . . . . . . . . [L. 8.] Executed in the presence of us: 1rsme Som

A. C. Beavers Or of

BRAL

Send amount by

me at

DIRECTIONS.

, and oblige

DOWS' PENSI

# For Widows' Heretofore Allowed Pensions.

# STATE OF GEORGIA.

Dersonally comes Mrs. Marthu & Hacumond

County of Campbell

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

Complex State of Georgia, and that she has resided in said State

continuously ever since August Y 18.87 That she is the Widow of SMAaumond

who was a Soldier in Company

Regiment of

Volunteers, that he enlisted in said Regiment on or about the month of August 186 / and served in the Army up to Many or June 186 3 That he lost his

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

contracted cracile diorrhoea while in

service in State of Ta ) was die changed on account of voice disease, come home and died from the offect of oforesid diverse faty 21th 1869

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 of that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the

Sworn to and subscribed before me, this 29 day of Jany 1894.

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

ME Formone R. C. Beavers Ordinary. ) Post-office Fairburn Su

## Certificate of Ordinary of the County of Applicant's Residence. STATE OF GEORGIA, County of Campbone 1 R. C. Zen Ordinary in and for said County of Campber State of Georgia, hereby certify that I am acquainted with Mrs. Meritin & Haurana the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Gro Karren and deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the day of Jacuny R. E. Braves SEAL! POWER OF ATTORNEY. STATE OF GEORGIA. County Lece County KNOW ALL MEN BY THESE PRESENTS, That I. Marthe Change County, in said State, do hereby appoint & Istaurunoud of Complete County on my true and lawful attorney in fact, for me and in my name to receive and receipt for whatever emount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affifrom the State of Georgia as a whole of a Confederate Souther, as stated in the longoing and davit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Il & thenmond Executed in the presence of us: R. G. Beaves Ordy DIRECTIONS. Send amount by , and oblige

#### Certificate of Ordinary of the County of Applicant's Residence STATE OF GEORGIA, County of I al Seover Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. Mouth 6. Noumons the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of G. M. Houmond deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1864. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 15, day of & security 1895. POWER OF ATTORNEY. STATE OF GEORGIA. Complete KNOW ALL MEN BY THESE PRESENTS, That I, Mortha & How Mould of Comprehele of County in said State, do hereby appoint Edward & Houmon County in said State, do hereby appoint of lamphree les Georgin my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Laurony Executed in the presence of us: Tunus Laction 6. Ocavers, Ord DIRECTIONS Send amount by

895

, and oblige

me at

## For Widows' Heretofore Allowed Pensions.

| STATE OF GEORGIA,   | Mortea & Haum on a                        |
|---|---|
| County of Camptall  | Mortha O. Haum on a                       |
| who being sworn, says on oath, that she is a bona f       | ide resident of said County of            |
| Camp bice State of George                                 | a, and that she has resided in said State |
| continuously ever since Arry us 1 8th                     |   |
| Get Hammond   | who was a Soldier in Company              |
| F of the 35-44 Regim                                      | ent of Forgea.                            |
| Volunteers, that he enlisted in said Regiment on or about | it the month of Angerest                  |
| 186 / and served in the Army up to four & lo              | That he lost his                          |
| life on the day of  | 18 (State here                            |
| full particulars of the husband's death, when, where an   | 1863                                      |
| the lost of may or first of                               | ,   |
| changed from the Army +                                   |   |
| with Durchua, from  |   |
| he died on Feby 26 th                                     |   |
| hoving born enhalts                                       | in the freezy thin                        |
| while in a mer.   |   |

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 £; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

| Sword to and subscribed history me this                    | . 7/        |
|--|-------------|
| Sworn to and subscribed before me, this day of Jacop 1893. | ME Hummond  |
| B B B  |             |
| Ordinary.  | Post-office |

# For Widows' Heretofore Allowed Pensions.

STATE OF CEODOLA

| STATE OF GEORGIA,   | personally comes Mrs.                       |
|---|---|
| County of County by   | monta & Houmon                              |
| who being sworn, says on oath, that she is a bor              | na fide resident of said county of          |
| State of Geor   | gia, and that she has resided in said State |
| continuously ever since # 8 August  S. N. Houmsond  of the 35 | who was a Soldier in Company                |
| 6 of the 33)  | Regiment of Georgin                         |
| volunteers, that he enlisted in said Regiment or              | or about the month of                       |
| 186 and served in the Army up to Mos                          | 186 That he lost his ebuon 1869 (Sigle here |
| full particulars of the husband's death, when, who            | ere and from what cause.) ( he woo          |
| in 1862, forten erait wir<br>wich state of Virginia           | and was offlicted                           |
| with poid direve up a   | his devologe in                             |
| 1863 in may or fu   | ue. He suffered with                        |
| soid disease every zea  | of afterwood up to                          |
| the line of his dear  | t which occured                             |
| on Febry 26,1869, his de                                      |   |

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

| Sworn to and subscribed before me, this                       | 11 8 21                 |
|---|-------------------------|
| Sworn to and subscribed before me, this  day of Journey 1895. | UN E Hanoma             |
| a. B. Beavery Ordinary.                                       | Post-office Daughung J. |

STATE OF GEORGIA, County of Con flee

A OH Orithme in and for said County of Cour phell State of Georgia, hereby certify that I am equal to with Mrs. Morcha & Stammond the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of the Macuno

deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this

al de deurens \_Ordinary.

#### POWER OF ATTORNEY.

STATE OF GEORGIA, Complete County. of County Leve & to receive and receipt for the pension paid hereon and request IN WITNESS WHEREOF, I have hereunto set my hand and seal, this

Al & Hannond

Executed in the presence of MSULanin A. C. Francis Orily

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

Orenfb. .. STATE OF GEORGIA, County of\_\_\_\_ R. C. S. O ... blace of Georgia, hereby certify that I am acquainted with Mrs. M. E. Hours and the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia, on December 23, 1890, and has not lived out of the State since that date. That she is the widow of The State since that date. deceased, and as such has heretofore been allowed a ponsion for the year ending February 15th, 1896.

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

Al braven

Ordinary.

### POWER OF ATTORNEY.

STATE OF GEORGIA, Cocce phece County. 1. M. & More than the hereby authorize & J. However and request to receive and receipt for the pension paid hereon and request

( C. E. Harrond [1. 4. Executed in the presence of

Mrs me La rie A. Co. Brown

Ordina,

DOUT'S PENS

No. 2807

# For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA,  | Dersonally Comes Mrs.                         |
|--|---|
| County of Compbeel   | Moretin & Naminous                            |
| and the state of t |   |
|  | she is a bona fide resident of said county of |
| Care place State of Goorgi   | n, and that she has RESIDED in said State     |
| continuously ever since August 8   | 18 That she is the Widow of                   |
| Lo. W. Hannond.  | who was a Soldier in Company                  |
| "E" of the 35-ca Regin   | ment of                                       |
| Volunteers, that he enlisted in said regiment on or about the  | stery ust                                     |
| Volunteers, that he enlisted in said regiment on or about the  | Time 3  |
| 186 and served in the Army up to May or  | 186 That he lost his                          |
| life on the 26 day of 7  |   |
| full particulars of the husband's death, when, where and from wha  | t cause.) ( The word topen                    |
| siell with Chronie &   | worthouse in 1863                             |
| while in service in st   | The of Va. now or                             |
| court of said disease  | he cours Liones                               |
| ou sist Forlough in  | May or June 1860                              |
|  |   |
| Har suffered with soil   | 2: 1 7  |
| garward until time of  | The devel out                                 |
| in consequence of soil   | discose he didd oo                            |
| Love stoled on Faby 26   | 1869  |
| Deponent swears that she was the wife of said deceased soldier,  | during his service in the army as a soldier.  |
| and that she has never married since his death aforesaid, that   |   |
|  |   |
| hat Georgia is her home and she resided in this State 23   |   |
| ived in any other State or locality since that date. I have  |   |
| County for the year ending   | February 15th, 1895, and now apply for        |
| he pension provided by law for the year ending February 15th,  | , 1896.                                       |
| Sworn to and subscribed before me, this  | c 7/  |
| 15 day of 1898. 1898.  | 5 Gumonand                                    |
| Al Gravers Ordinary. Post-office   | Fairburn for                                  |
| 3 (1) (3)  | . 20  |

# For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA,                              | ben }           | M. E. 76                  | lly Comes Mrs.       |
|--|-----------------|---------------------------|----------------------|
| Continuously ever since                        | State of George | she is a bona fide reside | PAIDED in sold State |
| of the   | Regin           | neut of Hea               | yesh                 |
| 186 / and served in the Army up to life on the | in the c        | -                         |                      |
| May 1869 41 diagon he                          | in over         | oud die                   | a you's              |
| on Faby 26                                     | 1869            |                           |                      |

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a and that she has never married since his death aforesaid, that she became his wife in the year 18. that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Comments of the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

### POWER OF ATTORNEY.

| that he remit same to | actes. J   | unto set my hand    | ive and receipt | 4 2                                     | n paid heroon and reques             |
|-----------------------|--|---------------------|-----------------|---|--------------------------------------|
| 1898.                 | GIDOW'S PENSION, For year conding February 15th, 1898. | Ma leilla C. Lemany | 1 1             | Commissione of Practica. WARRANT ISSUED | AND HANDED TO  E. G. J. From Delener |

#### POWER OF ATTORNEY.

|                            | leamy | Mel/<br>m. E | · Oour  | ity.            | hereby a                                | uthorize amphe                            | E 09.          | Hamm            | one                                       |
|----------------------------|-------|--------------|---|-----------------|---|---|----------------|-----------------|---|
| to 1                       |       | m            | 1   |                 | paid hereo                              | n and requ                                | est that h     | ne remit same   |   |
| day                        | of    | lanu         |   | 1               | 8 <b>9</b> 9.<br>Most «Y                |   |                | nond [L.        |   |
|                            |       |              | o.  | dm              | ew uj                                   | ~   | #2<br>29       |                 | ,   |
| For Those Heretofore Pala. | 1899. | NO. 2874     | CLIDOW'S PENSION, For your conding February 15th, 1899. | Mu m Co Hummond | County Video County Video of M. Hommend | RICHARD JOHNSON, Commissioner of Pension. | WARRANT ISSUED | E. Y. Harm Mand | GEO, W. HARRISON, STATE PAINTER, ATLANTA. |

# For Widows Heretofore Allowed Pensions.

| E. Hammond                          |
|-------------------------------------|
|                                     |
| ona fide resident of said county of |
| at she has RESIDED in said State    |
| That she is the Widow of            |
|                                     |
| who was a Soldier in Company        |
| orgia                               |
| · zud                               |
| 186 3 That he lost his              |
| 18 6 9 (State here                  |
|                                     |
| Has taken sich                      |
| 2 Verginia Y                        |
| up lill in die                      |
| is well said in                     |
| 1 -11 16/0                          |
| death in 1869                       |
| Juan 00 cor-                        |
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|                                     |
| n the army as a soldier, and that   |
| year 18 5 4.                        |
|                                     |
| ending February 15th, 1898.         |
| ,                                   |
| annond                              |
| iburn yas                           |
|                                     |
| iner                                |
| certify that I am well acquainted   |
| the above affidavit and am satis-   |
| the moste amount and am mine        |
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| resents herself to be, and that she |
| resents herself to be, and that she |
| resents herself to be, and that she |
| resents herself to be, and that she |
|                                     |

# For Widows Heretofere Allowed Pensions.

| STATE OF GEORGIA   |  |                       | Comes Mrs.   |
|--|--|-----------------------|--|
| County of damphell   | \ n  | 1. E. Ha              | mmond  |
| who, being swor  | n, says on oath, that s                              | he is a bona fide :   | resident of said county of   |
| damphele   |  |                       | has RESIDED in said Stat   |
| continuously ever since & day of   | usust  |                       | at she is the Widow o  |
| of on Ha   | mond   | 100/ 1                |  |
| & of the 36  | 77-0   | who v                 | as a soldier in Company  |
|  | Regimen  | 111 /0                | eorgia +   |
| Volunteers, that he enlisted in said regiment on or  | about the month of.                                  | 10                    |  |
| 186and served in the Army up to  | and,   | 1                     | That he lost his   |
| life on the 2 9 day  | 0  | uary J                | 18.49 (State here  |
| full particulars of the husband's death, when, w   | here and from what                                   | cause.)               | laken the  |
| Chonip Sihrear in  | 1 My ou  | yaxs                  | va. may  |
| 1543 was affected  | wills 7  | he Sam                | e Desease  |
| - un his Deals   | 26 day   | of Feb                | ruary 1869   |
|  |  | .,                    | 7  |
| )  | •  | •                     | •  |
| and the second s |  |                       |  |
|  |  |                       |  |
| The has never married since his death aforeasid, and I have been allowed a pension as a resident. February 15th, 1898, and now apply for the pension.  Sworn to and subscribed before me, this  day, of famuly 1890.  J. J   | of Jeumson a provided by law for  Mos ()  Post-Offic | the year ending MEXIT | unty for the year ending February 15th, 1899,  4mmond  win - oga  h hens |
| county.  | Ordinary of said                                     | County, certify       | hat I am well acquainted   |
| with Mrs. M. G. Hammon   | d  | rho made the abo      | re uffidavit and am satis-   |
| fied that the facts therein stated are true, and I know  | v she is the individua                               | she represents h      | erself to be, and that she   |
| has continuously resided in this State since the   | 8 day of   |                       | 18,37  |
| Given under my official signature and seal thi   | is the 23  | day of                | mary 1899.   |
|  | 1.7.   | of teph               | grd  |
| Official Seal.   | Ordinary of OGG                                      | mphel                 | County.  |
|  |  | U                     |  |

## POWER OF ATTORNEY.

|                          | GEORGIA          |                       | )                |                |                |           |
|--------------------------|------------------|-----------------------|------------------|----------------|----------------|-----------|
| Than                     | rphell           | County.               | }                |                |                |           |
| 1, /                     | nartha &.        | Hammo                 | hereby aut       | horize         |                |           |
| - 6,03                   | 4. Ham           | nond                  | of 160           | mple           | le con         | nti       |
| to receive and           | d receipt for t  |                       |                  |                |                |           |
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| INWI                     | TNESS WHE        | REOFIL                |                  |                |                | nia 23    |
| day of Las               | 1111/11          | 1900.                 | , ereunto s      | et my nanc     | and seal, ti   | 118 / 0   |
| day of                   | mary.            | 1900.                 | Inst. me         | the            | 5              | -         |
|                          |                  |                       | 11150 . 1110     | Trave,         | north in       | mank. s   |
|                          | ated in presence |                       |                  |                |                |           |
| 1.70                     | tephens          | =03de                 | natur            |                |                |           |
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|                          |                  | • 3                   | 7, 4, 4          |                | l 8            | 311       |
| 2                        | 2                | - g - S               | Sounty<br>Sounty | marion         | 81             | 3         |
| Pa                       |                  | 1, 13                 | in o             | 1,             | ۵              | 9 =       |
| ž 💍                      | \ Z              | ending February 15th, | 34               | NO. W. LINDSEY | MARRANT ISSUED | 3         |
|                          | N H              | 1 6 24                | 16 0             | ND             | RANT ISSI      | T T T     |
|                          | 1 -              | Feb.                  | 3                | LI             | <b>5</b>       | 7         |
|                          | 5                | B . 1                 | 3 3              | ``             | \$ 3           | 10        |
| So S                     | 0. ≥             | e Z                   | 2 30             | ō.             | E 3            |           |
| To Those Heretofore Paid | 2                | year M                | of the           | <u> </u>       | ₹ •            | 07-18     |
| Ĕ                        |                  | For                   | 10               |                |                |           |

|  | ,         | •          | O ** 1           | 3IC O.  | · , A.             | OKI              | EI.            |           |   |
|--|-----------|------------|------------------|---|--------------------|------------------|----------------|-----------|---|
| E. 3                                     | 1.<br>16. | ur         | Cou              | , E. H<br>∽4  | of Co              | m of             | beer           |           | L.  |
| day of                                   | N WIT     | 7          |                  | .1901.  | at ve hereunte     | cer              |                |           |   |
| Campall County To Those Heretofore Pald. | 1901.     | No. 3:34 3 | WIDOW'S PENSION, | For year ending February 18th, 1901.  M. H. E. Homeson on d | Jour place County. | JOHN W. LINDSEY, | WARRANT ISSUED | CARAGE TO | Oro. W. Harrison, State Printer, Atlanta, Ga. |

Mr. W. E. 3.

# For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA,  | Personally Comes Mrs. Martha E. Hammond           |
|--|---|
| County of Jumpoved   | province G. Hammena                               |
| who, being sworn, says on oath, the                                      | nat she is a bona fide resident of said county of |
|  | eorgia, and that she has RESIDED in said State    |
| continuously ever since Augt &   | 1837 That she is the Widow of                     |
| - Syrvings W. Hammona  | who was a soldier in Company                      |
| 6 of the 35  | Regiment of Theragia                              |
| Volunteers, that he enlisted in said regiment on or about the mont       | hor Duguet 15-                                    |
| 186/ and served in the Army up to . May                                  | 1868 That he lost his                             |
| life on the 24 day of Hebre  | cary 1899 (State here                             |
| particulars of the husband's death, when, where and from what            | courses Juken Sich 114 Th                         |
| My crinit biorhea in The   | tate of Mirginia he                               |
| Taken said descare in The 14   |   |
| discharged in The year 1848  |   |
| his death which acchied ?  | up to the time of                                 |
| his death which occurred ?   | seb 24-1569 his death                             |
| 140 caused from said desias  |   |
| the service at said tiny   |   |
| Deponent swears that she was the wife of said deceased soldier, durin    | ig his service in the army as a soldier, and that |
| she has never married since his death aforesaid, and that she became     | his wife in the year 1857.                        |
| I have been allowed a pension as a resident of June                      | bull County for the year ending                   |
| February 15th, 189 4 , and now apply for the pension provided b          |   |
|  | - Aur   |
| 0 9 Parante  | musta Extammond                                   |
| Ly. Stephens Ordinary.   | Office Farrium Tya                                |
|  | 4   |
| State of Georgia.  | L.J. Stephens                                     |
| Tounhalf County. Ordinary of   | f said County, certify that I am well acquainted  |
| with Mrs. Musthy & Hammond   | , who made the above affidavit and am satis-      |
| fied that the facts therein stated are true, and I know she is the indiv | ridual she represents herself to be, and that she |
| has continuously resided in this State since the & da                    | y of Augt 1837                                    |
| Given under my official signature and seal, this the 2                   | 3 day of Junuary 1900.                            |
|  | 7. Stephens                                       |
| Heal.  | 1 1/1 11  |
| Ordinary of  | County.   |

# For Widows Heretofore Allowed Pensions.

| STATE OF GEORGIA,  | Personally Comes Mrs.                                  |
|--|--|
| County of Complete   | M. B. Houmon   |
| •  |  |
|  | , that she is a bona fide resident of said County of   |
| A X X X  | of Georgia, and that she has RESIDED in said State     |
| continuously ever since Acry 8, 18   |  |
|  | who was a soldier in Company                           |
|  | Regiment of Yes  |
| Volunteers, that he enlisted in said regiment on or about the  | ,  |
| 186 / and served in the Army up to.  | 186 3 That he lost his                                 |
| life on the 26   | Fr by 1869 (State here                                 |
| particulars of the husband's death, when, where and  | rom what cause)  |
| Too Tross winhow   | in which in service                                    |
| come hour one for  | meny a am a  |
| do controle In he  | of Road dis rose                                       |
|  |  |
| stoled on today to   | by 26, 1869.   |
| Representation of the second s |  |
|  |  |
| Deponent swears that she was the wife of said deceased soldier   |  |
| she has never married since his death aforesaid, and that she  |  |
| I have been allowed a pension as a resident of   |  |
| February 15th, 1 900, and now apply for the pension prov   | ided by law for the year ending February 15th, 1901.   |
| Sworn to and subscribed before me, this  | 1 6 134 7  |
| - 9 day of Journey 1901.   | . O & Commone  |
| Sworn to and subgribed before me, this  Gay of Joning 1901.  M. S. Mc Lorine Ordinary.   | Office Foir burn La                                    |
|  | 1.0100   |
| State of Georgia, County,  | Jr. S. lu Sorie  |
| Complete County, Only  | nary of said County, certify that I am well acquainted |
| with Mrs. M. E. Hauner   | , who made the above affidavit and am satisfied        |
| that the facts therein stated are true, and I know she is the i  |  |
| has continuously resided in this State since the   |  |
|  | , , , ,  |
| Given under my official signature and seal, this the   | 2. S. Lu Lorin   |
| (Official')  | Com there  |