Holleman, mary H. ON 701/911. Widow's Pension UNDER ACT 1910. County Pampbell Nam Mary H Holleman Widow of P. C. Holleman E. 1. Fr Cut-J. W. LINDSEY, Commissioner of Pensions.

1. What is your name and where do you reside? The Lord Complett Co-you
How long and since when has she continuously resided in this State? (Give date.)
3. How long and since when has she continuously resided in this State? (Give date.)
4. When and to whom was she married? How do you knew? I don't function
4. When and to whom was she married? How do you know? 5. How long and since when did you know her her
husband? wout 38 years of we 1855 to my death 1896
6. When, where and in what Company and Regiment did Co. C. Hall enter enlist?
about may 1862 at aregravable for confund to the res
Su Caralty Originary (Sa)
7. Were your a member of the same Company?
pany and Regiment? at least tweeter vivietis
9. When, and where did his Command surrender, and was discharged? I support the
26 165 mas Thursboroughot C & was cofficilled the
10. Were you personally present when it was surrendered? I will not where were you handleson S. G. and how came you there? Applying as
were you would and how came you there? Captured as
11. Was the husband of applicant personally present at surrender? HV
where was he? A proposally at typing when, where and for what
cause did heleave Command? (Give date.) 1 5 12 170 1 1/16 63 01 1 1 16 61 04 0 By whole
authority did he leave his Command? And the leave his Command? And the leave his Command?
State all your falls and bear your falls and bear your falls and bear your falls and bear your falls.
12. For what cause, if you know of your own knowledge was he prevented from returning to his
Command? I so not Turbo buy buy sale il tially
own knowledge or how? A way way Junio
Sworn to and subscribed before me this the
day of U 1910
ordinary.
of County.
AFFIDAVIT OF TWO FREEHOLDERS.
STARE OF GEORGIA.
Courtbell County.
Personally before me comes. CS Richt Hillblure who on oath says that they
are freeholders of said County and that they know Al & Many St. Helleway
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 S
Total.
Mehedule (B).
We know the property sold or given away since Nov. 4th 1908, its each value to be as follows:
Personal property
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.
The income and earnings
Total Value of all property and effects 3 8 00
Sworn and subscribed before me this the
The way ordinary. At meller
of County County
the state of the s

OPDINA DVIC CERTIFICAT

ONDITION 1 D	CERTIFICATE.
STATE OF GEORGIA,	
It & UL Losen	Ordinary of said County do certify
that, I know Mers Mary Il It all	the applicant for pension. She
is the person she represents herself to be and	she is a bonafide continuing resident citizen of said
County and was in the 4th Noy,. 1908	
That I also know & L Cooll + 1.	Legars the witness who swears
to the service of husband, andle, 5, Mei	1 x 1 x mi clure
fresholders. That all of them are now residents of	said County and were duly sworn by me before signing
	thful, trustworthy, and their statements are entitled to
That the Tax Returns (Care	blee Cor
1000 - WI- 00	Returned for Tax is for
1908 \$ 7.7 for 1910) * / - / - /
Sworn under my hand and official seal of off	ice this day of Ce
191 0	111.0
SEAL.	to Motoria andinani
Suam	Camp bell County
	County
(SEAL.)	
NOTES 1. Before any questions are answered the Ordinas "You is solemnly swear that you will true ans you shall give will be the truth. So help you	ry shall swear applicant and the witness in the following words: wers make to each of the questions asked you and the evidence i God.?"

and the many before the Ordinary .

The married prior to first January 1870, are entitled.

depoies of marriage license if obtainable. If not, prove marriage, by some person, or by gen-

for Applicant.	
STATE OF GEORGIA,	
(11-11/10	-
County.	
Personally before me comes Mys. Mary Holleman said State and Coun	
and after being duly sworn, on oath says that she desires to apply for a pension allowed under the	Act
of	
lowing questions to wit:	
1. What is your name, and where do you reside? Mary H. Holleman, in Comple	11 Came &
2. How long and since when have you been a continuing resident in the State of Georgia?	4900
Fufty much years since to dated my birth &	10 25 Jest
al an wind of the state of the	Par T
Holly When where and to whom were you married? Jan 184 18 Marietta When, where and in what Company and Regiment did Your husband, enlist as a soldier in Co	and in
federate Army or Georgia Militia? (State the arms and class of Service.)	deep .
rederate Army of Georgia annual (state the arms and class of Service.)	
5. When and where did the Commands of your husband surrender or discharge from the arm	
I do not Know	y,
6. Was your husband personally present at the time of the surrender or discharge of this Comman	d2
I do not tiron	
7. If he was not present state clearly where he was? I do not finous	""
8. Where was his Command when he left? ch do not Timou	
a. For what cause did he leave his command? I do wot Toward	
b. By whose authority did he leave his Command? I do not from	
c. For how long was he granted leave of absence? de met fings	
e. What was his physical condition when he left his Command? and week The	no
f. What effort did he make to return to his command? I do not him	
g. In what way was he prevented from going back to Command's and was the	out.
h. Was he captured by the enemy at any time? Dot that I Know	
i. If so, when and where captured and where held as a prisoner, and when and for what cause	re-
eased? I do not Timore	
j. When and where did your husband die? Were you residing together when he died?	*
now long had you resided aparts July 10 1 10 76, Miloutty Jan	
9. What property of any description did you own, hold or control for your userand its cash value	10,
Nov. 4, 1908. (State same by items) & Manufellials inferes.	Z
in 375 acres of later for in Douglas Court	D.
La of the make of 8 6000	
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received	ed
for it and what did you do with the proceeds thereof? (Give items and cash value.) Noul	
· · · · · · · · · · · · · · · · · · ·	

7	***
11. What property of any description of any value have you now? Jame land us a	I staye
Give list and cash value?	in mill
12. What are your annual garnings or income and their value? 2 4 5 3 2 01	b
from Land Land	Juli
13. Have you heretofore been paid a pension by the State?	•••
If so, when and for what cause were you struck from the Roll? My mires We are	
and the man cause were you struck from the Roll	
Sworn to and subscribed before me this the \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
9 il Velil . Meany the thorteman	r.,
of Caur four County.	
of County.	
Omestions for the Witnesses on to Senting of Work 1 186	
Questions for the Witnesses as to Service of Husband and Marriage	•
STATE OF, GEORGIA,	
Campbell County.	
Part Wash	
Personally before me comes.	

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

Widow's Pension UNDER ACT 1910. J. W. LINDSEY.

	1
	1. What is your name, and where do you reside?
folleman, Mary H.	2. How long and since when have you been a continuing resident in the State of Georgia?
Campbell County	Whee, where and to whom were you married? When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
	federate Army or Georgia Militia? (State the arms and class of Service.)
No	5. When and where did the Commands of your husband surrender or discharge from the army?
→	6. Was your husband parsonally present at the time of the surrender or discharge of this Command?
w	7. If he was not present state clearly where he was?
Widow's Pension	8. Where was his Command when he left?
	a. For what cause did he leave his command?
UNDER ACT 1910.	b. By whose authority did he leave his Command?
	c. For how long was he granted leave of absence?
1	What was his physical condition when he left his Command?
	What effort did he make to return to his command?
	g. In what way was he prevented from going back to Command?
monty Campbell months heavy Holleman	h. Was he captured by the enemy at any time?
	i. If so, when and where captured and where held as a prisoner, and when and for what cause re-
1 1 1 1 1 1 1 1 1 1 1 1	leased?
mon & mary of Halleman	· · · · · · · · · · · · · · · · · · ·
	J. When and where did your husband die? Were you residing together when he died? If not,
CRC-1/00.	how long had you resided apart?. 9. What property of any description did you own, hold or control for your use and its cash value,
idow of 100 miles	Nov. 1, 1908. (State same by items.)
	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.)
J. W. LINDSEY,	
Commissioner of Pensions.	11. What property of any description of any value have you now?
	Give list and cash value?
Chas. P. Byrd, State Printer,	12. What are your annual earnings or income and their value?
	and the second s
	13. Have you heretofore been paid a pension by the State?
	If so, when and for what cause were you struck from the Roll?
	Sworn to and subscribed before me this the

STATE OF GEORGIA,

STATE OF GEORGIA,

Personally before me comes. being duly sworn true answers to make, to the following questions, answers as follows:

County.

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

...Ordinary.

County.

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

1910, and submit testimony to make out the same, true answers makes to the fol-

County.

	0 7 8 / 0 / 0
	1. What is your name and where do you reside; A. Bearle's Complete Cotta
	2. How long and since when have you known Making The Hollen applicant?
	3. How long and since when has she continuously resided in this State? (Give date.)
	hat be Marially and invited with the
	about to stant
	4. When and to whom was she married? How do you know?
	5. How long and since when did you know
	husband? account 30 years or you 1802 to me deat mi 1896
	6. When, where and in what Company and Beginnert did C B C. Hart
	about may 1862 at Co. Attalies
	6. When and to whom was she married? How do you know? 6. How long and since when did you know. 6. When, where and in what Company and Regiment did to the company and the co
	The state of the s
	7. Were you a member of the same Company? 12.4. 8. How long within your personal knowledge did he perform actual military service with his Com-
	5. How long within your personal knowledge did he perform actual military service with his Com-
	pany and Regiment?
	9. When, and where did his Command surrender, and was discharged? I court day a weit.
	9. When, and where did his Command surrender, and was discharged? I court day outting
ORDINARY'S CERTIFICATE.	
	10. Were you personally present when it was surrendered? If not where
STAZE OF GEORGIA,	were you and how came you there? Order
Campbill County.	11. Was the husband of applicant personally present at surrender? I have not will not where was her to a way of word of a way of where was her to a way of word of the whole cause did he leave Command? (Give date) subout They 1854 you when where and for what
24 8 mg/	11. Was the husband of applicant personally present at surrender? I and not a fine
I . Ordinary of said County do certify	where was her to a the after it is one one this when when and for what
that I know Illing It. Haller a can the applicant for pension. She	cause did be longe Command? (Give date) (Angel + 7 May) 1 76 E Acre 10 1 to Walth.
that, I know Mility St. Malle c. C. C. A. the applicant for pension. She is the person she represents herself to be and she is a bonafide continuing resident citizen of said	outhority did be leave by the second of the second whose
County and was in the 4th Nov. 1908.	authority and he leave his Command? So water full tutter of the said how
That I also know Mis & African V Mis M.C. Buccard the witness who swears	cause did he leave Command? (Give date) Would They 1854 if you know and how and how long was be granted leave? The state of the state of the state of your conditions the your conditions t
to the service of husband, and who are	12 For what cause if the known forms and hand how folly; and how four tilly and how folly and how forms it was it
freeholders. That all of them are now residents of said County and were duly sworn by me before signing	Command? I do not fund the command to his
the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to	13. What effort did he make to return to his Command and how do you know this? Of you
full faith and credit.	own knowledge or how? I wor I wow
That the Tax Returns Returned for Tax is for	Sworn to and subscribed before me this the
100 s 171-20 tor 1010 s 71-10	
	day of (CO) 12 1910
	Joseph day of Coche 2 1910 The County.
SEAL. W. Some Ordinary.	of Care fibell County.
SEAL. Ordinary.	
Carry Sell County	AFFIDAVIT OF TWO FREEHOLDERS.
(SEAL)	STATE OF GEORGIA,
NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. Only widows who married prior the Ordinary 1870, are entitled. 4. Attach terrified copies of marriage icense if obtainable. If not, prove marriage, by some person, or by general reputations.	STATE OF GEORGIA,
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So-help you God."	County.
2 Additional affidavits may be attached if blank spaces are insufficient. 4 All affidavits must be made before the Greitiers.	
3 Only widows who married prior to first January 1870, are entitled.	Personally before me comes
eral reputation.	are freeholders of said County and that they know
	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:
	Personal property 8
	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
	num court beautiful and Mules and Mules and the superior
	Cows and Hogs
	Other property
	income and earnings \$
	Total Value of all property and effects.
	Sworn and subscribed before me this the
	day of
	Ordinary.

. S. McLarin, Ordinary

For Campbell, County.

MRG. MARY H. HOLLEMAN.

Date of Death. Fob. 22, 198.0

Amount \$.. 100.00

Approved and ordered paid

Holin W. Tesand JOHN W. CLARK, 22-1-29 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.

	a version of the						
OFFIC	785	OF	OR	DI	VA	R	V.
			CIL	2/24			-

Sworn and subscribed before me this the

Ordinary.

County.

GEORGIA, COBB COUNTY.

I, J. M. GANN, Ordinary and ex-officio Clerk of the Court of Ordinary (I having no clerk)
do hereby certify that I have compared the foregoing copy of Marriage Leaune
Charles & Compared the foregoing copy of Marriage Leaune
Mary & Root

with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record as found in book , records of Marriage , folio 4350

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this the 22 day of Ordinary, this the

ORDINARY AND Ex-OFFICIO C. C. O.

Georgia, Campbell County.

Received of . S. Eclarin, Ordinary of said county, the sum of One Ibu dre-d and no/100 (100.00) Dollars(in full of the amount allowed by the "tate of Georgia, for the payment of funeral expenses of deceased soldiers), in full of balance due on funeral expenses of Ers. Lary II. Holloman, a deceased pensioner of said county. This-June 19, 1929.

Bishop & Shaw.

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)

County.

GEORGIA. Campbell

	County, comes B. W. Shaw	
	of said County, who, after being sworn, on	oat
says that he knew Mrs. Marly H. Hollem	of said County, and that said Pension	one
was on the Pension Roll of said, County at the tis	me of death, which occurred in Campbell	
County, in this State, on the 22nd	day of February, 192	Э,
	no estate of any value sufficient to pay these fun	ners
expenses, which amounted to the sum of \$.190.	OD, per sworn statements fully and comple	etel
ITEMIZED hereto attached.		
Sworn to and subscribed before me, 3/7/29		•
n. d. Un Lover , Ordinary	13 W Slawi	
Campbell County	the state of the s	
(Seal of Ordinary)		
CERTIFICATE	OF ORDINARY	
	County.	
Show	Ordinary of said County, do cer	rtif
that I perhonally know	, Ordinary of said County, do cer	den
citizen of said County, and that said person is of t	ruthful and trustworthy character, entitled to	ful
faith and credit; that I also knew Mrs. Mary	H. H. 11eman, while in life and that this	wa
he same person whose name appears on the Pensie	on Roll of Campbell County,	an
	(\$.200.) Dol	
	pensioner to be dead; and that the instructions at	
foot of this voucher have been carefully observed	in making up this voucher and the bills which are	at
ached hereto.		
Given under my hand and official seal, this	7th day of March, 192	
(Seal of Ordinary)	M. S. M. Forces, Ordin	arı
	Campbell Cou	0000

AIRBURN.	GA.	Feb. 23,	
		COLUMN TO THE OWNER OF THE OWNER OWN	ā

1929.

M.Rs. Lary H. Holle an, deceased

IN ACCOUNT WITH

BISHOP & SHAW

Day Phone	FUNERAL DIRECTORS AND EMBALMERS Night Phon	• No. 2
	To Cashet " yoult " Embalming 125 00 15 00 190 00 Georgia, Campbell County. Defore me, this day personally came 3. W. Shaw, of the firm of	of
	Bishor & Shaw, who, or oath, says "the above end foregoing accounts rendered for Functal Expenses of Mrs. Mary H. Holleman, who desired the sufficient property to pay this bill. B. W. Shaw.	1ed
	Sworn to & subscribed before me, this March 7, 1929. M. A. M. Corinary. A. (OVER)	

State of Georgia, Campbell County:

Mrs.E.A.Jordan and Mrs.M.C.Bullare being presented as witnesses in support of the application of Mrs.Mary H.Holleman, of said county, for a pension under the Act of 1910, and after being duly sworm, say that they are sisters of the husband as the applicant; that they had refugeed from their home in Campbell county to Columbia county, Ga.during the war; that they during the latterwears of the war did not see the husband of applicant until the war closed; that when they did see him at the close of the war when they all returned to their home in Campbell County he, the said C.B.C. Holleman, was in bad health, and had the appearance of having been in such condition for a long time; that he was then unfit for any sort of military sertice on account of his continued ill health.

Sworn to and subscribed before me October 31,1910.

Ordinary of Campbell County.

Sworn to & subscribed before me, this March 7, 1929.

vis G. W. xordan

Sworn to and subscribed before me October 31,1910.

MARRIAGE LICENSE.



STATE OF GEORGIA, COBB COUNTY.

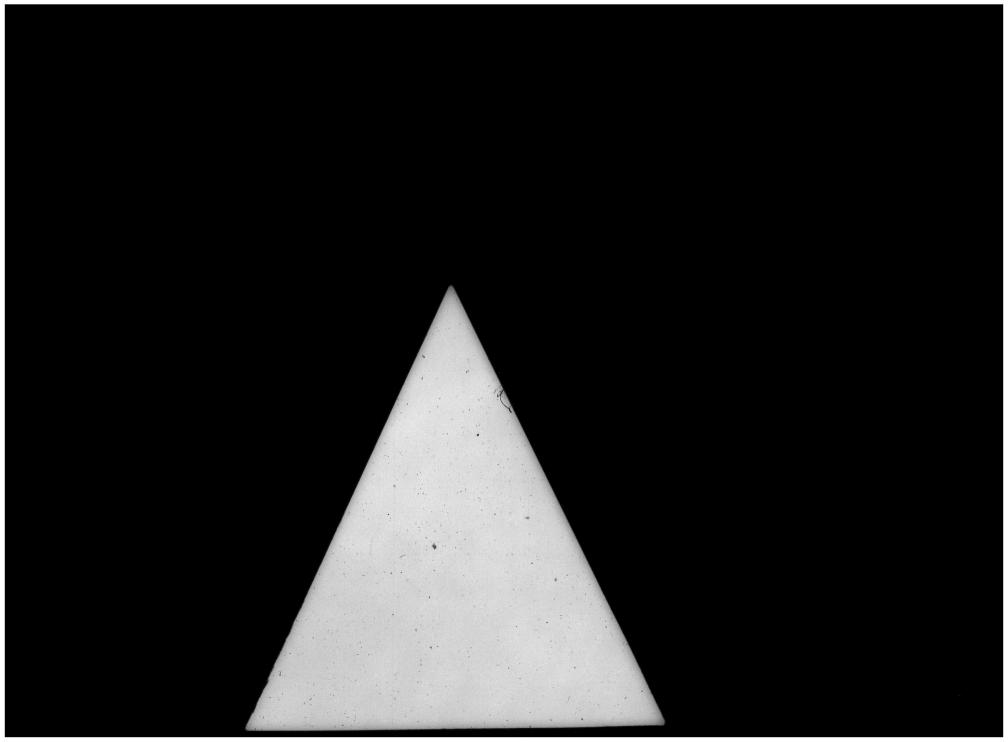
TO ANY MINISTER OF THE GOSPEL, JUDGE OF THE SUPERIOR COURT, OR JUSTICE OF THE PEACE, TO CELEBRATE:

According to the rites of your church, provided there be no lawful cause to obstruct the same, according to the constitution and laws of the state; and for so doing this shall be your sufficient license.

Given under my hand and seal 13 day of the 1869 to See

MARRIAGE LICENSE. STATE OF GEORGIA, COBB COUNTY. TO ANY MINISTER OF THE GOSPEL, JUDGE OF THE SUPERIOR COURT, OR JUSTICE OF THE PEACE, TO CELEBRATE: According to the rites of your church, provided there be no lawful cause to obstruct the same, according to the constitution and laws of the state; and for so doing this shall be your sufficient license. Given under my hand and seal /3 day of summy /869 were joined together in HOEY BONDS OF MATRIMONY January 1869

MARRIAGE LICENSE. STATE OF GEORGIA, COBB COUNTY. TO ANY MINISTER OF THE GOSPEL, JUDGE OF THE SUPERIOR COURT, OR JUSTICE OF THE PEACE, TO CELEBRATE: According to the rites of your church, provided there be no lawful cause to obstruct the same, according to the constitution and laws of the state; and for so doing this shall be your sufficient license. Given under my hand and seal 13 day officering 1869 191 ONDINANT. READ 1 bereby certify, That Charles B. C. Holeman Mis Many & Root on the 13 HOLY BONDS OF MATRIMONY



was on Disable roll and his te a a k months actual military a Make out claim on pale blue widows do without reference to oneion roll.

follie Garal a. our opport house

Widow's Application

To Be Put on Roll in Her Own Right, when Husband Was on Roll at Death.

County: Campbell.

Name Mrs. Sarah A. Hollis.

Widow of James P. Hollis.

a- 12, Ja - Bot-

A. W. LINDSEY Commissioner of Pensions

Pension Office.

13-8-1910. .

Husband was on Disable roll and his testimony in as the new Act requires. Make out claim on pale blue blank proving ever having been on the pension roll.

J. W. Lindsey, Gom'r. of Pensions.

1 Ideal		Approved i	Name Mrs.	County 123	Habad	Widow		Congression
Syrd, State Printer,		2184	Seren A. Ho	EXXELEMENT OF THE PROPERTY OF	Was on Roll	's Ap	No	Sare
7	INDSEY	Box	ollits.	MANUAL NAMES OF TAXABLE PARTY.	Donat.	lication		ca.

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA. County. County. County. County. County.
who, after being duly sworn, on oath says, that she is the widow of 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
day of 1867 and that she remained his wife, and resided with him to the date of his death
he was a resident of Nounty or County, in said State of Georgia, and he was on the Pension Roll of the State and paida pension of \$ JO in Nounty to 10 0 Per annum, on account of being a soldier in Company
"A" _ 1 2 tu fu, Cath Regiment Vot (Volunteers of State Militia.)
At the death of James of Hollie he was in the use and possession of the following property working are and I source of the cash value of \$ 7500000000000000000000000000000000000
What property of any kind and of any value have you in your use, control and possession now, and the cash value (State fully)
That she is now a bonafide resident citizen of said County of the has so continuously resided since day of the last of the las
Sworn to and subscribed before me, this the South A Hollis M. Sue County. Ordinary. County.
Affidavit of Witnesses to Prove Marriage and to WhomDate of
Death of Husband.
Personally before me come L
has flot since remarried. That she became the wife of the she was the said that she and he had resided together as man and wife continuously since the she was the said that the said that the said that
and of 18 80 and that the was the same man who was on the pension roll of said State from the country when he dieds
Sworm to and subscribed before me, this the J. J. Halling Starter of County.

**

State of Georda, Compbell County.

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

The hereby enthorized and permitted to Join in the Monorable State of Marketinons James P. Hollis and seren A. Hollish according to the Rites of your Chirch, provided there be & no lawful cause to obstruct the same, according to the Constitution and Laws of this State, and for so doing this shall be your sufficient License.

liven under my hand and seel this 27rd day of August 1867.

d. C. Beavers, Jed'y.

I he shy costify that lames F. Hollis and Barah A. Folland were joined tomother in the Holy Bans of Matrillony on the 2nd day of September 1967 by me Senford Moore, N. G.

eorgia, Compbell County.

in fore join; is a correct copy of the marriage license and certificate of marriage of fines tolds and sarch A. Holland, ar appears of record in my office, in Marriage Records "" - page 37.

Titheen by hand and seal of office, this November 1, 1010.

Orange, Orange, on.

AFFIDAVITS OF TWO FREEHOLDERS

STATE OF GEORGIA, County, Personally before me comes 6 th warran	ROWILLE
oath says, that they are freeholders of said County, and	that they know Soroh A. Hoeles of
said County and knew her said husband	
day of 191 that she and he were in property at his death to wit:	
of the value of \$ 71-00 That she is now is property to wit:	n the use possession and control of the following
of the value of 8.75	anna maintana anna anna anna anna anna anna an
Sworn to and subscribed before me, this the	B& Willerson .
of Care of bee	County,
ORDINARY'S CE	RTIFICATE.
	Ordinary of said County, do certify, that, I ant for this pension and that she is the person nationing resident of said County and was on the
That I also know for the Cost test of the Cost test of the Cost test who I !	and J. J. Hallis
truthful and trustworthy and their statements are entitled	to full faith and credit.
That the tax Books of Acid County shows	
amount of for 1908 \$ llo ; for 1	
Sworn under my hand and official seal of office the (SEAL.)	N Augustian
(want)	Cours & Lett
NOTES 1. Before any questions are answered, the Ordinary shall "You do it is not shall	swear applicant and the witness in the following words, the to each of the questions asked you and the evidence d'are insufficient. are insufficient, ble. If not, prove marriage, by some present, or by

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

STATE OF GEORGIA. Campbell County. Personally before me comes William McMillan .who after being duly sworn true answers to make, to the following questions, answers as follows: 1. What is your name and where do you reside? Wm. McMillan- In Fairburn, Ga. How long and since when have you known Sarah A. Hollis 50 years, Since Defore the war. How long and since when has she continuously resided in this State? (Give date.). Sarah A. Hollis Over 50 years to my knowledge, since before the War (1861) applicant & her husband; but know they lived together as histeria wife for -40 years. 5. How long and since when did you know James F. Hollis, her husband? 50 years, or from about 1858 to his death in 1908. 6. When and where did James F. Hollis. the husband of Applicant die? May 23, 1908, in Douglas County, Ga. 7. Where the Aplicant and her husband living together as husband and wife at the date of his death? Yes Sir. 8. If not, how long did they live apart before his death? Requires no answer. Were they divorced? No. Sir. 9. When, where and in what Company and Regiment did James F. Hollis In April 1862 at Newman, Ga., in Company "A"- 12th Ga. Battalion. Artillery. 10. Were you a member of the same Company? Yes Sir. 11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? about 30 months, or from April 1862 to September 19, 1864 12. When, and where did his Command surrender, and was discharged? I think at Apponattox, Va .- I had been at home 11 days when Gen'l Lee surrendered. I was paroled from Pt. Look Out. 13. Were you personally present when it was surrendered? No. Sir. were you At Home and how came you there? Paroled from Federal Prison as above stated. 14. Was the husband of applicant personally present at surrender? ... i)on' know where was he? I am satisfied that he was at home-wounded. where and for what cause did he leave Command? (Give date.) Sep. 19, 1864, at Winchester, Va. Wounded. authority did he leave his Command? Company Surgeons long was he granted leave? Indefinite How do you know all this? I served in same Company as did James F. Hollis, the deceased husband of the applicant, Mrs. Sarah A. Hollis, for about 30 months. 15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? Wound received at battle of "Winchester", Sep. 19, 1864. 16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Was not able to make any effort to return. I frequent ly saw said husband after War, & know he was hadly disabled from his wound for south to the said before mathicity and the said before mathic Sworn to and subscribed before me this the after War cl of April April 1 County.

AFFIDAVIT OF TWO FREEHOLDERS

	County.	B. E	. Wilkerson
	before me comes. Wm . McMil	lan and	who on oath says tha
are freeholders of	said County and that they know	Mrs. Sarah A.	Hol lis
	know what property she owned or		its cash value to be as set
. Furniture	follows		,75.00
None	Personal property	80040	
***************************************	Notes and accounts due		
1. 1. 1. 1.	Total	· · · · · · · · · · · · · · · · · · ·	\$75.00
	Schedul	e (B).	
	ne property sold or given away since		
	Personal property		
	Money, Notes and accounts		
	Schedul	le (C).	• –
We also kno	ow what property she has now in h	ner possession, use an	d control to wit:
	Acres of landworth		
	Horses and Mules		8."
**************************************	Cows and Hogs	······································	manufactura Physical and a second
A. K. MIP	Other property	moramumilima paman	\$75.00
Mon	6 income and earnings		
	Total Value of all prope	orty and effects	
	subscribed before me this the	11-	entlan
		Ordinary 38	Williem M.
	day of April 19 11.	Ordinary 38	Willemen
	day of April 19 11.	Ordinary 98	William M.
	of Game	Ordinary 98	William M.
TAS U	of Gause ORDINARY'S (GEORGIA,	Ordinary 98	William M.
STATE OF G	of Gaussian County.	Ordinary 88	County.
STATE OF G	ORDINARY'S (GEORGIA, 11 County.)	Ordinary 88	County.
STATE OF G	ORDINARY'S	Ordinary 88	County. County of said County do c
STATE OF G Campbe I. W. S that, I know. M. is the person she	of Gause ORDINARY'S (SEORGIA, 11 County.) Molarin, rs. Sarah A. Hollis represents herself to be and si	Ordinary Or	County. dinary of said County do e
STATE OF G Campbe I W. S that, I know M is the person she County and was in	of Cause ORDINARY'S CAUSE COUNTY. MCLarin, MCLarin, Pres. Sarah A. Hollis represents herself to be and si the 4th Nov., 1908.	Ordinary Ordinary CERTIFICAT	County. County. dinary of said County do e the applicant for pension. natinuing resident citizen o
STATE OF G Campbe I. W. S that, I know. M is the person she County and was in That I slso	of Gauss ORDINARY'S CALLS OR	Ordinary Ord	County. dinary of said County do cethe applicant for pension. thinuing resident citizen of the witness who seemed to the county of the count
STATE OF G Campbe I. W. S that, I know Mi is the person she County and was in That I also to the service of	of Gause ORDINARY'S CEORGIA. 11 County. Molarin, rs. Sarah A. Hollis represents herself to be and si the 4th Nov. 1908. know William McMillan husband, and Was MgMills	CERTIFICAT Or he is a bona fide co	dinary of said County do ethe applicant for pension. the witness who see TSON.
STATE OF G Campbe: I W. S that, I know Mais in the person Mais in That I also to the service of freeholders. That	of Gause ORDINARY'S GEORGIA, 11 County. McLarin, rs. Sarah A. Hollis represents herself to be and si the 4th Nov. 1908 know. William McMillan husband, and Ma. McMillan all of them are now residents of sa	Ordinary OF CERTIFICAT Or O	dinary of said County do county of said C
STATE OF G Campbe: I W. S that, I know Mais in the person Mais in That I also to the service of freeholders. That	of Canada ORDINARY'S CONDINARY'S CONTINARY'S COUNTY. DECORGIA, McLarin, rs. Sarah A. Hollis represents herself to be and si the 4th Nov. 1998. know william McMillan husband, and Wha. McMillan husband and Wha. McMillan husband that they all, are truthfi	Ordinary OF CERTIFICAT Or O	dinary of said County do county of said C
STATE OF G Campbe I. W. S that, I know. M is the person she County and was in That I also to the service of freeholders. That the foregoing affida full faith and credi	of Gauss ORDINARY'S CALLS OR	Ordinary, Ordina	County. Cou
STATE OF G Campbe I. W. S that, I know. M is the person she County and was in That I slso to the service of freeholders. That the foregoing affilds full faith and credi That the T	of Gauss ORDINARY'S CANDINARY'S CANDINARY	Ordinary, Ormone is a bona fide control of the county and were sull, trustworthy, and	County. Cou
STATE OF G Campbe I W. S that, I know M is the person she County and was in That I also to the service of freeholders. That the foregoing affilds full faith and credi That the T 1908 \$ 1.0	of Cause ORDINARY'S CAUSE ORDINARY'S CAUSE ORGIA. II County. McLarin, res. Sarah A. Hollis represents herself to be and si the 4th Nov. 1908. know. William McMillan husband, and Was. McMillan all of them are now residents of sa wits and that they all, are truthful. Tax Returns. Campbell for 1910 \$	Ordinary, Ordina	County. Cou
STATE OF G Campbe I W. S that, I know M is the person she County and was in That I also to the service of freeholders. That the foregoing affida full faith and credi That the T 1908 \$.10 Sworn under	of Cacas ORDINARY'S CONTINUARY'S CONTINUARY'S CONTINUARY'S COUNTY. McLarin, TS. Sarah A. Hollis represents herself to be and si the 4th Nov. 1908. know. William McMillan husband, and Ma. McMillan husband and Ma. McMilla it. Tax Returns Campbell for 1910 \$ my hand and official seal of office	Ordinary, Ordina	dinary of said County do ce the applicant for pension. A counting resident citizen on the witness who see the witness who see the witness who see the residuly sworn by me before significant for the residunct of the witness who see the residunct of the residual of
STATE OF G Campbe I W. S that, I know M is the person she County and was in That I also to the service of freeholders. That the foregoing affida full faith and credi That the T 1908 \$ 1.9 Sworn under	of Cacas ORDINARY'S CONTINUARY'S CONTINUARY'S CONTINUARY'S COUNTY. McLarin, TS. Sarah A. Hollis represents herself to be and si the 4th Nov. 1908. know. William McMillan husband, and Ma. McMillan husband and Ma. McMilla it. Tax Returns Campbell for 1910 \$ my hand and official seal of office	Ordinary, Ordina	dinary of said County do ce the applicant for pension. A counting resident citizen on the witness who see the witness who see the witness who see the residuly sworn by me before significant for the residunct of the witness who see the residunct of the residual of
STATE OF G Campbe I W. S that, I know M is the person she County and was in That I also to the service of freeholders. That the foregoing affida full faith and credi That the T 1908 \$.10 Sworn under	of Cacas ORDINARY'S CONTINUARY'S CONTINUARY'S CONTINUARY'S COUNTY. McLarin, TS. Sarah A. Hollis represents herself to be and si the 4th Nov. 1908. know. William McMillan husband, and Ma. McMillan husband and Ma. McMilla it. Tax Returns Campbell for 1910 \$ my hand and official seal of office	Ordinary, Ordina	county. Cou
STATE OF G Campbe I W. S that, I know M is the person she County and was in That I also to the service of freeholders. That the foregoing affida full faith and credi That the T 1908 \$ 1.9 Sworn under	of Cacas ORDINARY'S CONTINUARY'S CONTINUARY'S CONTINUARY'S COUNTY. McLarin, TS. Sarah A. Hollis represents herself to be and si the 4th Nov. 1908. know. William McMillan husband, and Ma. McMillan husband and Ma. McMilla it. Tax Returns Campbell for 1910 \$ my hand and official seal of office	Ordinary, Ordina	dinary of said County do ce the applicant for pension. A counting resident citizen on the witness who see the witness who see the witness who see the residuly sworn by me before significant for the residunct of the witness who see the residunct of the residual of

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

	TE OF GEORGIA, mpbell County,	
Po and afte	Personally before me comes. Mrs. Sarah A. Hollis of said State and County, ter being duly sworn, on oath says that she desires to apply for a pengion allowed under the Act	
of		
lowing o	questions to wit:	
. 1.	 What is your name, and where do you reside? Sarah A. Hollis- In Campbell (20. 0
2.	2. How long and since when have you been a continuing resident in the State of Georgia?	
65 y	years, since my birth, July 7, 1845.	
ell Co.	3. When, where and to whom were you married? Sep. 2, 1867 to Jan. F. Holl: When, where and in what Company and Regiment did your husband enlist as a soldier in Con-	ls, i
federate	e Army or Georgia Militia? (State the arms and class of Service.) April 1862 at Newman	in?
1n Co.	o. "A"-12th Ga. BetConfed. Army- Exempter Artillery. 5. When and where did the Commands of your husband surrender or discharge from the army?	
	11 9, 1865 at Appoint tox, C. H., Na. Was your husband personally present at the time of the surrender or discharge of this Command?	
· No	Sir. (He served 1 year in another Co. previous to above mention	ned -
service.	The was not present state clearly where he was? At Home, wounded. Discharge	ed.
. 8.	S. Where was his Command when he left? Winchester, Va.	
	. For what cause did he leave his command? Wounded.	
	b. By whose authority did he leave his Command? Co. Officers, or Surgeons.	
	For how long was he granted leave of absence? Indefinite. Badly wounded.	
С.	What was his physical and life when he let him to the Serious ly wounded at	t het
1.		onthe
g.	. In what way was he prevented from going back to Command? Wounded as above ste	ated.
h.	. Was he captured by the enemy at any time? No Sir.	
	If so, when and where captured and where held as a prisoner, and when and for what cause re-	
he was	Requires no answer. After he was able to leave Hospital to whas sent (wounded) as stated, he came home about March 1865, as account of said wou did never able to rather to the service on.	nd we
	Were you residing together when he died? Yes Sir.	
	If not, how long had you resided spart? REQUARES NO. ENSWER.	
Nov. 4, 1	What property of any description did you own, hold or control for your use and its cash value, 1908. (State same by items.) Some Household & Kitchen Furniture, worth	
	b. What property of any kind have you sold or given away since Nov. 4, 1908? What was received at what did you do with the proceeds thereof? (Give items and cash value.)	
11.	What property of any description of any value have you now? Same as above stated	d.
	t and cash value? H. & K. Furniture, worth about \$75.00.	5
	What are your annual earnings or income and their value? None .	
12	. Have you heretofore been paid a pension by the State? No Sir.	
	hen and for what cause were you struck from the Roll? Regulares no answer.	
Sw	worn to and subscribed before me this the	
14	Slu Torica Ordinary.	
	of Campball County.	

Hollie Saraha Campbell County Pay is any Lumblar

Widow's Pension

UNDER ACT 1910.

County Campbell

Mrs. Sarah A. Hollis

Widow of James F. Hollis.

J. W. LINDSEY,

Chas. P. Byrd, State Printer

4/11/11

Ordinary. of Campbell County.	ofCounty.	ofCounty.	ofCounty.	subscribed before me this the	Sarrah J.	Hours		
				ofCempbell				
					·			
							all	

If so, when and for what cause were you struck from the Roll?....Requires no answer.

Confederate

Confederate

Confederate

Soldier's Application.

UNDER ACT 1910.

County Campbell

Name D. H. Holt.

Company "C"- 53rd Ga. Reg't.

Regiment 53rd Ga. Infantry.

Approved.

Confederate

Confederate

Soldier's Application.

UNDER ACT 1910.

D. H. Holt.

D. H. Holt.

Sord Ga. Regit.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for A	pplicants to Answer.
STATE OF GEORGIA, Campbell D. H. Holt	
for the pension provided by Act of 1910, to Conf- bis testimony to make out the same, and after be propounded, answers as follows, to wit: / 1. What is your name and where do you re	of said State and County, hereby applies deterate Soldiers, and submits his sworn statement, with ing duly sworn true answers to make to the questions said? (Give County and Post-office). D. H. Holt-
66 2. How long and since when have you bee	P. O. office Red Oak, Ga. Route 1. n a continuous res(hand) gen of this State?
3. Did you enlist in the Army of the Confrom 1861 to 1865? It Army of Confed 4. When and where, and in what Compan of Service) Jime 21, 1863 at Gordan! Fy. 5. How long did you remain in the actual (Give date of discharge). About 21 months 6. When and where was your Company and	y and Regiment did you enlist? (Give the arm and class syalle, Ya. in Co. "C" - 53rg Ga. Reg't al Military Service with said Company and Regiment? or From June 1863 to Apr. 9, 1865. Regiment surrendered or discharged from the Service?
April 9, 1865 at Appomattox,	C. H., Va.
7. Were you actually present with your C. 8. If you were not actually present, state s	ommand when it was surrendered or discharged?Xes - pecifically and clearly where you were
a. Where was your Command when you	left it? I never left it at all.
b. When did you leave the Command?	I never left.
c. For what cause did you leave? Req	
d. By whose authority did you leave?	
e. For how long was your leave granted? never got a furlough during m f. Why did you not return to your Commi	In what way? Requires no answer. I y entire service in Confed. Aray. and after leave expired? Requires no Ans. Requires no answer.
h. What effort did you make to return?	
i. Were you captured during the war?	No. Sir. But Yankees had us surrounced were you held and when were you released?
Requires no enswer.	s owned, in the use, possession and control of yourself
and wife, and its cash value on the 4. Nov. 1908? (I When my lst wife died in 1904, I	Make list by items and value.) I had nothing. sold what little I had, and divided
proceeds smong my children. My	and and present wife had Nov 4, 1908
10. What property of any kind have you or y	1000.00: All other property \$150.00. our wife disposed of and for what purpose since 4 Nov.
possession and control of yourself and wife and its	ny kind, and of any value now owned and in the use, cash value? (Make itemized list). I. have no properame as above stated, to wit: 100
acres land value about \$1000 co.	Other property (stock and H. & K.
furniture) about \$150.00. 12. What annual or monthly income or earlyout I am paralyzed in left side, yout I am paralyzed in left side, 100.00. My wife keeps house for us 100.00. Are you drawing a pension of any amoun	nings of yourself and wife and the source derived have and can earn very little, almost not and earns nothing else. Land rents at from this State or the United States. No. Sir.
Sworn to and subscribed before me, this the) I plice of 1

Sworn to and subscribed before me, this the

1.6th goay of January

1912.

Of Leave Grinary

County.

hout !

QUESTIONS FOR WITNESS AS TO SERVICE

1110	County	n]		
wc	raiser			y is hereby presented
	ort of the application		for	the pension provided
	in said State, and after			
answers as follows:	our name and where d	11:	Clarke	
1. "1111	tauly Sa	you reside	5	
	and since when have y	Di	Which	
acour 50	year suy	June 863		the applicant?
a. Where dd	s he now reside, and s	ince when he he be	ega bons fide, conti	nuing resident in this
	ou know? Dan A			d
	ann Lin			& line
	ere and in what Compan			enliet during
war from 1861 to 186	5? (Give date and pla	coffee 21 st	1863-300	well la Tiso
	ou obtain your informa			3583 57
	the bus.			1
6. How long	within your own person	onal knowledge did	he perform actual	military service with
this Company and Re	egiment? (give date)	cour 18 m	at pur	June 1863
T. When and	where was his Comman	nd surrendered or di	scharged (give date	and place)
	THE CAS O		In- h	14.10
	personally present at th		2	
9. If not, who	ere were you and how co	ime you there?		
10. Was the a	pplicant personally pres	ent with his Comma	nd at surrender?	He coan
AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	re was he and how came			
		4		
12. When did	he leave his Command?	7	Whe	re was his Command
when he left it?	6	for what cause	did he leave?	
Ву	whose authority did he	leave 9	4-17-19-2	and how
	leave? Z			How do you know
Il that you have state	d to be true? If of you	r own knowledge (Te	I clearly and specific	ally)
			1 1 1 1	
13. In what wa	ay was he prevented from	m returning to his Co	mmand?	
low do you know?	7			
14. What effort	did he make to return	to his Command and	how do you know?	*
		~		-
	ant captured as a prisor			
In was	t prison was he held?			and when released?
Sworn to and a	ubscribed byfore me, th	is the 1 W	6 of m	har -
day o	161		4 -1	r Seryti)
ancie.	Maria.	Ordinary,	110	1 1 1 1

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Personally before me comes I & Nord & J. S. Vickey who on oath
says that they are fresholders residing in said County and we know A. H. Hel X
the applicant for pension and we know the property that is now in the use, possession and control of himself
and wife and of its cash value to wit: (Make List by items and value.)
no for fing the wife hor 100 oches of long
volus ofou & \$100000 jour ore we what profish
worth oton K \$11000
1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov
1908? (State it fully by Items.)
2. When and to whom was it sold or given to? Requires us success.
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
8. Was the disposition of this property made in good faith and full values? Repuise the fires.
or was it made to obtain a pension?
Sworn to and subscribed before me, this the
16 w Subscribed before the, this the
MX 111 This Old Wielen
Ordinary
of Caux bell County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,		
1. It S. W. Lovie	y. Ordinary o	said County, certify that I know
the applicant T. W. Holk for Pens		ents himself to be and resides in
said County. That I also know	A. Tie King	the witness swearing to the
they are all residents of said County and wer they are all truthful and trustworthy and the	re duly sworn by me before	signing the foregoing affidavit and
Tax Results of Cam & her C	shows that	N. N. Noet and wife
Sworn under my hand and official sea	for 1909 \$ 845	for 1910 880
It & M. Lotin	Ordinery,	11 11
	of Carry	g seec County.

OTES 1. Before any questions are answared the Ordinary shall swear applicant and all witnesses in the following words:
"You do schemily swear that you will time showers make to each question asked you and the evidence you shall give shall be the whole truth so hely you find."

Addrigonal amnayits may be attached if blank spaces are insufficient.

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

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

State of Georgia, Campbell County.

To any Judge, Justice of the Peace, or Minister of the Gespel:
You are hereby authorized to join D. H. Helt and Mrs. Etta Chambers in
state
the Holy sats of matrimony, according to the Constitution and Laws of
State, and for so doing this shall be your sufficient license. And you
are hereby required to return this license to me, with your certificate
hereon of the fact and date of the marriage.

Witness my hand and seal, this 4th day of August, 1919.

W. S. McLarin, (L. S.), Ordinary.

State of Georgia, Campbell County.

I hereby certify that D. H. Holt and Mrs. Etta Chambers were joined in matrimony by me, this 6th day of August, 1919.

E. J. Jeanes, N. P.

Recorded Sept. 27, 1919.

W. S. McLarin, Ordinary.

Georgia, Campbell County.

I, W. S. McDarin, Ordinary of said county, do hereby certify that the above and foregoing is a copy of the Marriage License, and Certificate of Marriage of D. H. Holt and Mrs. Etta Chambers, as appears of record in this office, in book "G", page 406.

Witness by hand and seal of office, this April 30, 1920.

medille Lorine, ordinary,

Campbell county, Georgia.

STATE OF GI	ORGJA,	barry	ben o	County
that I personally know.	luto. El	en No	CX , Ordi	ounty inary of said county, do certify
the true "	Pension Roll of	ock,	who here	
a Pension from from of his death on the 2	8 th day o	· 7 · 1	,1920	unty for 19 12, and at the time
him and unpaid his Pe	11,6.6	heau b	100)	Dollars from the State
witness, and he is of a	truthful and trust	worthy characte	r and entitled to fu	ll credit.
				Ordinary,
				County.

Holt D.H. W. 1920. No. 1920. Application for Pension De-	UNDER ACT 1891 To be paid his Widow or Dependent Children Nex. & LLA. & + L. & Widow of A. W. & + C. & Widow of A. W. & + C. & Oct. L. & L. County Co. C. Rege 1-3 4/2 vol.	A100 Approved and paid you was been been been been been been been bee
--	---	---

GEORGIA,County.			
I hereby authorize and constitute		of	said county, my
lawful attorney to collect and receipt for me in my na	me the Pension due	me for 191	through my de-
ceased husband,	, who was or		
Pension Roll and paid from		for 19_	()
Witness my hand thisday of		, 19	·
Attested before me:	-		

Application for Pension Due Deceased Soldier

To Be Paid to His Widow or Dependent Children
UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, Come	County
Pornonally before me some More Cella of	ock
after being duly sworn, on oath says that she is the wid	low of NN Hee X, of said county,
who was duly enrolled as a Le rui ex	Bondana 6 A
who was duly enrolled as a lettice of Coampbell and was paid a Pensi Dollars from Caur back	on of Mint (90)
Dollars from Cau & bece A H Hocx died in Cau	county for 1929., and that the said
AH HOCK died in Caus	- fleer
the 2 8 11 day of 2 by , 1920, i	and at the time of his death a Pension of 10000
was due him from Local	county and unpaid for 1918
Applicant further swears that she married the said.	S. H. Noe X on
0,	ncounty and
	ith him from the date of marriage to his death as his
lawful wife, and is now his dependent widow, and she as	ks the Pension so due and unpaid be paid to her.
Sworn to and subscribed before me this 10 4. De Me for the product of Ordinary. County been County	62 Ta × 260 C X (L 8)
AFFIDAVIT O	F WITNESS
STATE OF GEORGIA, Care of Paramally before me agence Mr. & Co.	F WITNESS
STATE OF GEORGIA, Care of Paramally before me agence Mr. & Co.	F WITNESS bell County Lace beto who
Personally before me comes. Mr. 6 62	F WITNESS Laur beto who
AFFIDAVIT OF STATE OF GEORGIA, Caire of Personally before me comes. Mr. & Caire of On oath says that he knows.	F WITNESS bell County Lace be to while in life
AFFIDAVIT OF STATE OF GEORGIA, Carrello Personally before me comes. Mr. & Carrello Personally before me comes.	F WITNESS Lace Leto while in life from Cela Walk while in life W. Walk
AFFIDAVIT OF STATE OF GEORGIA, Carrello Personally before me comes. Mr. & Carrello Personally before me comes.	F WITNESS Lace Leto while in life from Cela Walk while in life W. Walk
AFFIDAVIT OF STATE OF GEORGIA, Caire of Personally before me comes. Mr. & Grand on oath says that he knew. A. H. H. L. X. and that he knows. Multiplicant; that he knows that the said A. and Mrs. & Ita H. L. X. and Mrs. & Ita H. L. L. in the State of Carre field, in the State of	F WITNESS Lace Leto who while in life The Loca Hold while in life Were in due form of law married in the county Local year
AFFIDAVIT OF STATE OF GEORGIA, Carry of Personally before me comes. Mr. & C. A. A. C. A	F WITNESS bell County Lace be to who while in life Transcript of the warried in the county Lace of year on 1822, and that they resided together
AFFIDAVIT OF STATE OF GEORGIA, Caire of Personally before me comes. Mr. & Grand on oath says that he knew. A HARC X and that he knows. The above applicant; that he knows that the said A and Mrs. & Harch of Grand feel in the State of the Grand feel in the Gran	WITNESS Lett County Lace beto who while in life for Ecta Holl while in life were in due form of law married in the county Leotyce on 1811, and that they resided together of his death on the 2811 day of that she is his dependent widow.
AFFIDAVIT OF STATE OF GEORGIA, Caire of Personally before me comes. Mr. & Grand on oath says that he knew. A HARC X and that he knows. The above applicant; that he knows that the said A and Mrs. & Harch of Grand feel in the State of the Grand feel in the Gran	WITNESS Lett County Lace beto who while in life for Ecta Holl while in life were in due form of law married in the county Leotyce on 1811, and that they resided together of his death on the 2811 day of that she is his dependent widow.
AFFIDAVIT OF STATE OF GEORGIA, Carry of Personally before me comes. Mr. & Grand on oath says that he knows. and that he knows. the above applicant; that he knows that the said Area of the day of t	WITNESS Lace County Lace beto , who while in life were in due form of law married in the county Lochyce on that she is his dependent widow.
AFFIDAVIT OF STATE OF GEORGIA, Caire of Personally before me comes. Mr. & Grand on oath says that he knew. A HARC X and that he knows. The above applicant; that he knows that the said A and Mrs. & Harch of Grand feel in the State of the Grand feel in the Gran	WITNESS Lace County Lace beto , who while in life were in due form of law married in the county Lochyce on that she is his dependent widow.

C53

NAME Holt, D.H.

YEAR 1912 COULTY Campbell

WWHEN AND WHERE BORN? March 16,1844,- Georgia.

ENLISTED WHEN AND WHERE? June 21,1863, Gordonsville, Virginia.

RANK

COMPANY AND REGIMENT? Co.C. 53rd. Ga. Regt. Inf.

MAME OF CAPTAIN AND COLONEL?

WCUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 9,1865, Appointed Court House, Virginia.

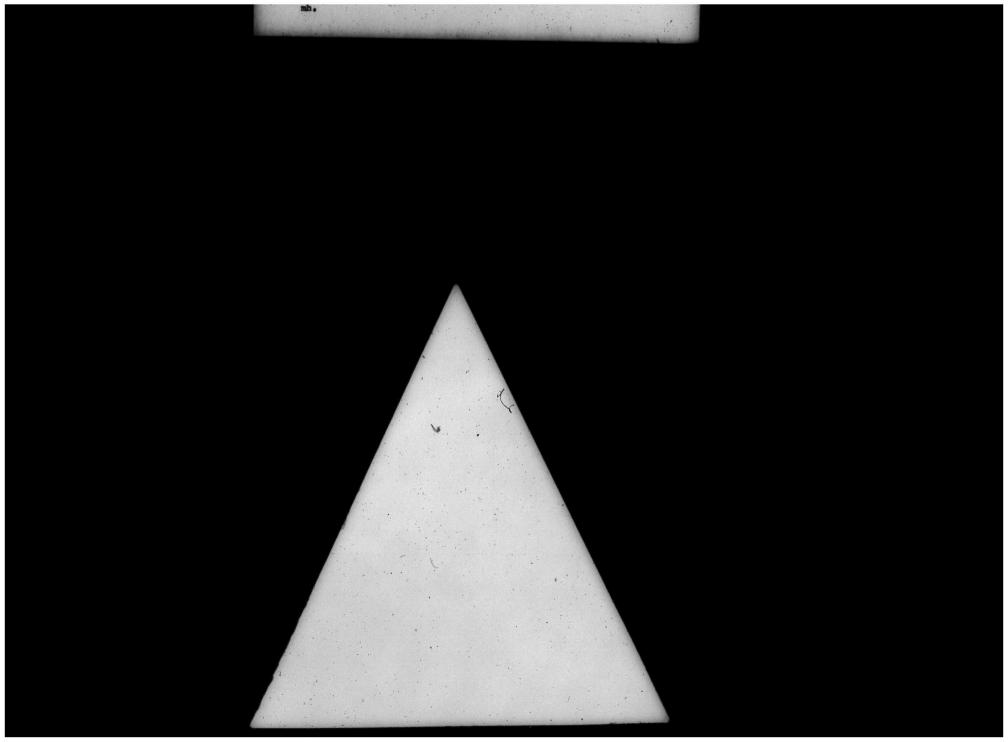
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. W.C. Parker ,-- Same Command

- No data.



2491 Marie
APPLICATION FOR
Maduan Filopkins County Compbell Limb Fig Helen Kill
Date of Warrant Day 2 7
Coth Boarden by
6/952

STATE OF GEORGIA,
Campbell County. G. J. Fashis
who, being duly swore, depose and say they are acquainted with Thur Klinik the My fluid
and know that he lost a
that said
Sworn to and subscribed before me this fall. Sworn to and subscribed before me this fall. A Greet Garage A Greet Bourt 12.76 10 10 10 10 10 10 10 10 10 10 10 10 10
STATE OF GEORGIA,
County, Seuben lo Bearing, Ordinary of Alliel
county, do certify that I am well acquainted with Madison F. Hopkins
the applicant for a
the citizens who make their athidwit, that they are respectable citizens of this county, and that the facts
Given under my hand and official seal, this
day of Alivery 18.80
Keuben & Bourrs

STATE OF GEORGIA.
Compfell County!
Personally appeared before me Hatta Halling off Hoffens of
the county of
enlisted in the military service of the Confederate States, or of this State, as a Jakak the Lemman
in Company 14 2 8 4 Regiment of A. M. M. Markers Volunteers
that while engaged in such military service, to wit: at the battle or engagement of July Jourg
in the State of a Plansy Nomice on the Hinst day of
Maly 1863, he was wounded in the
that the same was amputated Gold Ve The a chille fet int Caril anche
that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September
20th, 1879; that he has
done so, he prefers to supply himself with an artificial
Sworn to and subscribed before me this
Norg.—The above affloring made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, br Ordinary.
COMMISSIONED OFFICER'S AFFIDAVIT.
STATE OF GEORGIA.
County.
Personally came before mc.
the county of, State of Georgia, who, being duly sworn, depose
and says that he was
and that, the above deponent, was a
in said Company, and that this deponent knows that said,
lost ain the military service as said in the above affidavit.
Sworn to and subscribed before me this

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

..day of......18.....

APPLICATION FOR

SO G

FOR CONFEDERATE SOLMER.

MONDANIAN FOR SKAND

County SOLMASSELL

Limb So Selan KNO

Amount Solvan Solvan

Page 1997 Solvan

Page 1997

AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877.

SECTION 1. Be it enacted by the General Assembly of the State of Georgia, That any person now a bone fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such needful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a feg not extending above the knee, seventy-five dollars; for an arm extending above the elbow, sixty dollars; for an arm not extending above the elbow, forty dollars: Provided, the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

SEC. II. Be it further enacted by the said authority, That such application shall contain proof of such applicants being entitled to the benefits of this Act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the clow or not; if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

SEC. III. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this.

Act oftener than once in five years.

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

HENRY R. GETCHIUS, Secretary House Representatives. WM. A. HARRIS, Secretary Senate. Approved, September 10th, 1879.

A. O. BACON,
Speaker House Representatives.
RUFUS E. LESTER,
President Senate.

ALFRED H. COLQUITT, Gorernor.

APPLICATION FOR ALLOWANGE

FOR YEAR BLOOM, OCT. AS 1860.

COMMISSION MANOWING AMOUNTS

COMMISSION MANOWING AMOUNTS

COMMISSION RECOVER.

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STATE OF GEORGIA, County.	STATE
VINPERSONALLY Appears M. A. Hopkins of Campbell	county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen dent of said State, and has been such continuously since the	day of
18%; that he enlisted in the military service of the Co	onfederate
States (or of the State of North lass cline,) during the war between the S served as a Brivale in Company H, of JF sh Re	
North Carolina Volunteers Schales 's Brigade; that while	
in such military service, at the battle of Settlersberrung State of Pan, on the 1st day of July 1863	. in the
wounded as follows: That with grate That through I	the
right foot and applicated above the and jaint making by Substantially and essent	
useless.	
Deponent desires to participate in the benefits of the Act, approved October	
and the Act amendatory thereof, approved Dec. 24, 1888, and makes application	
allowance to which he is entitled for the year ending Oct. 26, 1889.	
Sworn to and subscribed before me, this the 19th day of February 1889 R. G. Bravers Ordinary.	a) ATA
Vi. a vocavers ordinary.	
NorState fully nature of wound or character of disease which causes the disability, and explain the extent of the disability.	particularly
Nor. State fully nature of wound or character of disease which causes the disability, and explain the extent of the disability.	particularly
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain the extent of the disability. STATE OF GEORGIA,	particularly
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain the extent of the disability.	particularly
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain the extent of the disability. STATE OF GEORGIA, County. Personally comes before me	ry of said
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NOTE.—State fully nature of wound or character of disease which causes the disability, and explain the extent of the disability. STATE OF GEORGIA, County. Personally comes before me county, and both me as reputable physicians of said county, who, being severally sworn, say on oath	ry of said known to that they
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain the extent of the disability. STATE OF GEORGIA, County. Personally comes before me county, and both me as reputable physicians of said county, who, being severally sworn, say on oath have carefully examined	ry of said known to that they
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain the extent of the disability. STATE OF GEORGIA, County. Personally comes before me county, and both me as reputable physicians of said county, who, being severally sworn, say on oath have carefully examined and after such examples as a say that the applicant has been injured as follows:	ry of said known to that they
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain the extent of the disability. STATE OF GEORGIA, County. Personally comes before me county, and both me as reputable physicians of said county, who, being severally sworn, say on oath have carefully examined and after such examples as a say that the applicant has been injured as follows:	ry of said known to that they
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain the extent of the disability. STATE OF GEORGIA, County. Personally comes before me county, and both me as reputable physicians of said county, who, being severally sworn, say on oath have carefully examined and after such examples as a say that the applicant has been injured as follows:	ry of said known to that they
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain the extent of the disability. STATE OF GEORGIA, County. Personally comes before me county, and both me as reputable physicians of said county, who, being severally sworn, say on oath have carefully examined and after such examples as a say that the applicant has been injured as follows:	ry of said known to that they

ORDINARY.

04 30

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

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

The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

dered substantially and essentially useless.

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

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

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

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

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

STATE OF GEORGIA. Campbell R. C. Bravers do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that Oll Beauers before whom the foregoing affidavits were made and power of attorney was signed, is a Ordinary of said county, and that the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this 19th day of February 1889 R.C. Bravers Ordinary Counthell County POWER OF ATTORNEY. STATE OF GEORGIA. KNOW ALL MEN BY THESE PRESENTS, That I, county, in said State, do hereby appoint my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this day of (L. S.) Executed in the presence of us:

DIRECTION:

Send money to me as follows, by

P.O.

County, Georgia.

STATE OF GEORGIA. Campbell Ordinary of said County, do certify that I am well acquainted with M. T. No policies applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County. I further certify that Mr. Hofikins before whom the foregoing affidavits were made and power of attorney was signed, is a Instice of the Peace of said County, and the said affidavits and signatures thereto are genuine Given under my official signature and seal, this 18 day of February 1891. Ordinary Campbell County.

STATE OF GEORGIA, Countibell County.

I. R. G. Braves do certify that I am well acquainted with M. A Hopkiers applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

R.b. Beavers I further certify that whom the foregoing affidavits were made and power of attorney was signed, is a policy Ordinary of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 6th day of Fibruary 1896

R.G. Beavers Ordinary Campbell

County.



tederate ; resident of State of Go PERSO

> STATE OF GEORGI For Applicants Heretolog

For Applicants Rerefologe Allowed Pengi

	For Applicants Heretofore Allowed Pensions.
	TATE OF GEORGIA,
,	Qampbell County.
	PERSONALLY appears M. F. Nopkins of Campbell
C	ounty, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
e	sident of said State, and has resided therein continuously ever since the 18th
da	y of the bricary 182/ : that he enlisted in the military service of the C
e	derate States (or of the State of floreta Caroling a) during the way between the
St	ates, and served as a not water in Company of 38 th Periment
of	Month Carolina Volunteers Scales 's Brigade; that whilst engaged
ń	such military service at the battle of Gertlyn berry in the State
of	such military service at the battle of Gerly bring in the State Beauty bring in the State Carolina Volunteers Scales 's Brigade; that whilst engaged such military service at the battle of Gerly bring in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that whilst engaged in the State Carolina Volunteers Scales 's Brigade; that while the State Carolina Volunteers Scales 's Brigade; that while the State Carolina Volunteers Scales 's Brigade; that while the State Carolina Volunteers Scales 's Brigade; the State 's Brigade's Brigade; the State 's Brigade
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N. C.	hat he was born mil 17th 1846
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200	A second
	Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
or	the acts amendatory thereof, and makes application for the allowance to which he is entitled the year ending October 26, 1891. I have heretofore been allowed a pension of
	Mendred dollars, for 1888, 1889, 1889
	Sworn to and subscribed before me, this, the lack Hatkins
	day of Mustonian 1891.
	Note - State fully nature of wound or character of disease which phases the disability, and explain particularly the extent of disability, resulting from the wound or disease.
	NOTE State fully nature of wound or character of disease which gauses the disability, and explain particularly the extent of
	POWER OF ATTORNEY.
1	ATE OF GEORGIA,
(Lunbbell County.
	Know all Men by these Presents, That I, Il Hopkies
	County, State of Georgia, do hereby appoint
	TAIL ADDICE
	Counterfice County my true and lawful attorney in fact, for
f	rom the State of Georgia by reason of the injury received as aforesaid in the military service
	and in my name, to receive and receipt for whatever amount of money I may be entitled rom the State of Georgia by reason of the injury received as aforesaid in the military service he Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorize my said, attorney to receipt in my name for any Warrant that may be issued by the Cover
	my said attorney to receipt in my name for any Warrant that may be issued by the Gover- or for any sum of money which may be coming to me for the reason aforesaid.
	IN WITNESS WHEREOF, have hereunto set my hand and seal, this
	day of Tebruary 1891.
	mistaphine [L. 8.]
	Executed in the presence of us:
	le & Reice F
	Can in XIr chies 900
	DIRECTION
	Send money to me as follows, by Dell Joney in freezon.
	County Georgia.
	County, Georgia.

For Applicants Heretofore Allowed Pensions

Tot Applicants reference Allowed Felisions.
STATE OF GEORGIA,
County.
PERSONALLY appears M.J. Hopkins of Compbell county,
of County,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the
day of
sederate States (or of the State of Morth Carolina) during the war between the
States and served as a Property of the State of States and served as the States and served as a state of the States and served as a state
States, and served as a Invade in Company H, of 38 th Regiment of Worth Carolina Volunteers Scales 's Brigade; that whilst engaged
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want in an aportated offer durantely,
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Deponent desires to participate in the benefits of the Act, approved October 24, 1887.
and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension
of the land of the year ending October 20, 1890. I have heretofore been allowed a pension of the land
Sworn to and subscribed before me, this the
day of Active any 1800
R.G. Beavers Ordinary
Norz. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
POWER OF ATTORNEY.
STATE OF GEORGIA
Canefibell county.
KNOW ALL MEN BY THESE PRESENTS. That I. Il. H. Hoplins
of Campbell
county, in said State, do hereby appoint Samuel W. Long
of Campbell County ga. my true and lawful attorney in fact for
me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military
hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or tor any sum of money which may be coming to me for the reason aforesaid.
aforesaid.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of February 1890 [1. 8.]
Executed in the presence of us:
7 Mgloberts +
R. b. Beavers Ordinary
Sand money to me or follows by
Send money to me as follows, by
to P.O.

County, Georgia.

STATE OF GEORGIA. Carrificer County. I. Restrictions Ordinary of said county, do certify that I am well acquainted with M. F. H. of stricts the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he repesents himself to be, and that he resides in this county. Given under my official signature and seal, this Lind day of Morrie 1892. R.C. Bravers Ordinary Carrification County.

SOLDIERS

County, State of Georgia, do hereby appoint of my true and lawful attorney in fact, for me and lawful attorney in fact, for me and lawful attorney in fact, for me and in any name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidivity forestly authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Gameraor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto dividual he represents hard pho be, and that he resid 1803 his County said affidava as true, and the he is anamed, so the creat the creat the track and I know as in [r. 8] athuExecuted in the presence of us jud am well support that the statements made ph it at Send money to me as follows, by STALL OF OTOROTA County, Georgia. STATE OF GEORGIA: For Applicants Heretofore Allowed Pensions.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Know all Men by these Presents, That L.

	For Applicants Heretofore Allowed Pensions.
	STATE OF GEORGIA,
	Care buil county) n. n.
	Personally appears /11, 7, Hoftlines
	County, State of Georgia, who, being duly sworn, says on oath that he is a boung fide citizen and resident of Georgia, and has been such continuously since the day of the Confederate States (or of the State of the Confederate States) and served as a in Company H.
	of 38 th Regiment of forthe coroline Volunteers Lealer 's
	Brigade ; that whilst engaged in such military service at the battle of July a bury,
	in the State of Vecus Course a, on the day of
	1863, he was wounded as follows: Short through
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	frich, medering night by walled
	Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of
	leave how dred Dollars for 1.891.
	Sworn to and subscribed before me this the \ On f. Halkins
	R. b. Bewers Ordinary
	Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the
	POWER OF ATTORNEY
	STATE OF GEORGIA.
	Campbell County.
	Know all Men by these Presents, That I, M. F. Hofkins
(County, in said State, do hereby appoint Star X occ 4
0	1 Can Lace Co Lu
ti	om the State of Georgia by reason of the injury received, as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing ty 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.
.1	ay of More 1892.
u	1892 M. H. 98 apkins[L. s.]
	Executed in the presence of us:
	R. E. Beavers, Ordinary.
	DIRECTION.
	Send money to me as follows, by
	P. O.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA.
Compbell comb
PERSONALLY appears M. F. NopKins of Campbell
County, State of Georgia, who, being duly aworn, says on oath that he is a some field citizen and
resident of said State, and has resided therein continuously ever since the
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during the war between the
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volunteers Seales 's Brigade; that whilst engaged in such military service at the battle of Geren a k
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Deponent desires to pratignate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1833. I have heretofore been allowed a pension of
the year ending October 26, 1833. I have heretolore been allowed a pension of
Sworn to and subscribed before me, this, the
22 ma day of March 1803
R. C. Bravery Ord'y
Nor. B—State fully nature of wound or character of disease which causes the disability, and enplain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA.)
lower phall comment
B le Brains DEFENDATION.
Ordinary of said County
do certify that I am well acquainted with M. F. Nopkins the
applicant in the foregoing affidayit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
dividual he represents himself to be, and that he resides in this County.
Norther certify that the R. 6: Brown of the many my and the
before whom the foregoing affidavita were made and power of attorney was signed is a
Ordinary of said County, and the said affidavits and
signatures thereto are genuine. The second of the second o
Given under my official signature and seal, this 22 day of March 1893.
B Bu Bran and go par of whom
. When all Men by these Presents Tes 1. 16
Ordinary County.

POWER OF ATTORNEY

POWER OF ATTORNEY.

TATE C	F GEORGIA		HITOK	ALI.	1
Camp	dell co	UNTY.	. 111	1	
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ate of Georgia	by reason of an injur	y received as afor	resaid in the mil	itary service o	f the Confederate
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STATE OF GEOR	POWER OF ATTORNEY.	
Com phier		1
	BY THESE PRESENTS, That I . J. Hoo	+ All
	pl Jogunello	Jes
County, State of Georgia,	, do hereby appoint of the colle con	
of voice	ello, Ja my true and lawful attorner	y in fact, for
me and in my name, to re	eceive and receipt for whatever amount of money I may be entitled	to from the
State of Georgia by reason States (or of this State) as	n of an injury received as aforesaid in the military service of the stated in the foregoing affidavit; hereby authorizing my said Attorn	Confederate
in my name for any Warri	rant that may be issued by the Governor, or for any sum of mone	y which may
be coming to me for the re	eason aforesaid.	_
day of HU	IEREOF, I have hereunto set my hand and seal, this	
	11 siller Rich	[1 8.]
Executed in pres		
W. S. · We	of one !	
R & Brains	(Only)	
	DIRECTIONS.	
Send money to me as	follows, by	and the state of t
	± 10.	P.O
	County, Georgia,	
		THE COURT OF STREET STREET, ST



For Applicants Heretofore Allowed Pensions.

	STATE OF GEORGIA.
	Campbee County.
	. PERSONALLY appears M. J. Hopkins of Compbell
	County, State of Georgia, who, being duly sworn, says on oath that he is a bona flde citizen
	and resident of said State, and has resided therein continuously ever since the
	day of July 1871; that he enlisted in the military service of the Con-
	Characan and annual and a formation in
-	a brigade, that whist engaged in
	such military service at the battle of Trees along
	of day of July 1861, he was
	wounded as follows: I was short by a grape short
	through the right while in service in
	State of ba, mudering necessary ite
•	am fullation of right foot just ofor
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	Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
	and the acts amendatory thereof, and makes application for the allowance to which he is
	entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of
	dollars, for the year 189 3
	Sworn to and subscribed before me, this, the Mr. A. Hahkins
	1 = day of Morch 1894.
	A.C. Riavers Ordy
	Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
	STATE OF GEORGIA,
	Campbell County.
	1 Re Brances
	do contife that I will be the said County.
	applicant in the foregoing affidavit, and am well satisfied that the statements made by him
	in his said affidavit are true, and I know he is the individual he represents himself to be
	and that he resides in this County.
	Given under my official signature and seal, this
	<i>M</i> 111
	day of Western 1894.
	Antis out R. C. Bravery
	· Ordinary Campbice County.
	County.

For Applicants Heretofore Allowed Pensions.

STATE OF	County 1
personally a	spears A. F. Hoopking of bue blee
County, State of Ge and resident of said day of federate States (or States, and erved	orgia, who being duly sworn, says on oath that he is a bona fide citizen State, and has resided therein continuously ever since the 18 7; that he enlisted in the military service of the Con- of the State of in Company of the Regiment s Brigade; that whilst engaged in in the State on the day of day of in the State
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Sworn to and s	or of our of disease which causes the disability, and explain particularly the extent
Com of	GEORGIA, County. Ordinary of said County, well acquainted with III. F. Condinary of said County.
	going affidavit, and am well satisfied that the statements made by him
	are true, and I know he is the individual he represents himself to be
and that he resides	
	Given under my official signature and seal, this
	day of 14 0 1 2 1895.
Affix your seal here	A & Beauty
	Ordinary Campbell County.

Ι,			of	hereby author	ize		
o receive and receipt for the pension paid hereon and request that he remit same to							
receive	and recei	pt for the	pension par		request th	at he remi	it same to
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Those Already Enrolled.)	No. 26.09	KN PENSION.	of Hopkins	infred out	THE 1896 RICHARD JOHNSON,	ary Execu	TH OF

STATE OF GEORGIA, Compbell Co	unty. hereby a	ORNEY.	
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at Palmetto, Ga		· .	1014
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STATE OF GEORGIA, County.
Dersonally appears M. J. Hoopkins of Compheel
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 Is 7/; that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served as a Ariva to in Comman H of 28 th Both
States, and served as a frictal in Company H, of 38 th Regiment of A. Volunteers, Sa of a single Brigade; that whilst engaged
in such military service in the State of Paris , on the / state day
of Jeef 1863, he was wounded, injured or diseased as follows:
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shot while in service at totale
19-1 0 -
of Serenge bury Our, thereby meneri-
lating the bungerlation of right foot
just obove the outle joint, this rie-
desing me proceeding in fit for
ordinary manual lobon
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1806. I have heretofore as a resident of Campabett county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed as pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed a pension of Campabett for the county been allowed as pension of Campabett for the county been allowed as pension of Campabett for the county been allowed as pension of Campabett for the county been allowed as pension of Campabett for the county been allowed as pension of Campabett for the county been allowed as pension of Campabett for the county been allowed as pension of Campabett for the county been allowed as pension of Campabett for the county been allowed as pension of Campabett for the county been allowed as a campabett for the c
Sworn to and subscribed before me, this, the 1 2 Front - 16/1
Sworn to and subscribed before me, this, the Many Caplins
day of 7 1896.
Ala Gravers Ordy
Norm—State fully the nature of wound or character of disease which causes the disability, and explain perticularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,)
Complete County.
County.
1, R. C. Beovers Ordinary of said County,
do certify that I am well acquainted with M. J. Hopkins 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 Fr by 1896.
Ale Gravers
(here)
Ordinary Compbell County.
FOWER OF ATTORNAY COUNTY.

STATE O					
Gain	blell	County.	.) .		
Derson	ally appears	MI HA	him of	Camp	Lell
County, State	of Georgia, w	ho being duly s	worn, says on oa	th that he is a	bana fide citize
and resident	of said State, a	nd has resided t	therein continuou	isly ever sine	e the 18"
day of the	4 .	187/; that	he enlisted in th	ne military ser	vice of the Co
federate State	s (or of the St	ate of _ 102.	h Cutoline	a) during the	war between th
States, and se	erved as a 9	awate	in Comp	any H, of	8 th Regimen
of worth	Carolindol	unteers,	geles 's	Brigade; that	whilst engage
of July	ry service in t	he State of	ensylvan	on the	~/2" di
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STATE OF GEORGIA, County.
Dersonally appears M. J. HoopKins of Comphell
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the 18
day of 22 64 1871; that he enlisted in the military service of the Con-
federate States (or of the State of A. C.) during the war between the States, and served as a in Company H, of 38 th Regiment of A. C. Volunteers, Saate as Brigade; that whilst engaged
States, and served as a in Company H, of 38 th Regiment
of Secty 1863, he was wounded injured or diseased as follows:
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that while in service at bottle
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just obove the on the joint, thus rece-
descrip me prochecy un fit for
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Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1896. I have heretofore as a resident of
Completed county been allowed a pension of area home and
dollars, for the year 189 J.
Sworn to and subscribed before me, this, the many supplications
day of 1896
A. la drawn Ordy
NOTE-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE OF OFOROM
STATE OF GEORGIA,
Complete County.
1, R. C. Beavers Ordinary of said County.
do certify that I am well acquainted with M. F. Hoopking 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
After Records
CONCENT A PORTO
Ordinary, Carrefbell County.

STATE OF GEORGIA.
Complete County.
10001
personally appears MI Hopkins of Campbell
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the 1871, that he enlisted in the military again of the Continuously
day of Hely 1871; that he enlisted in the military service of the Confederate States (or of the State of North (Confederate States) during the war between the
States, and served as a Private in Company H, of 8 th Regiment
of North Carolin Volunteers, Schaler 's Brigade; that whilst engaged
in such military service in the State of Persaylvacia, on the 12 day
of July 1863, he was wounded, injured or diseased of follows
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which would caused my to have to have
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The state of the s
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1897. I have heretofore under said law as a
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19 day of They 1807. POST OFFICE falmetes da.
A. C. Brains Order
Note-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
Campbell County.
1. R. l. Beavers - Ordinan of ail Comme
do certify that I am well acquainted with M. F. Hoffen 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 Flaby 1897.
(All Branns
your seal)

FOWER OF ATTORNEY.	
STATE OF GEORGIA,	
County.	
I. M. H. Hap Sind hereby authorise J. B.	
mosely or Dalmy to aga	-
to receive and receipt for the pension paid hereon and request that he remit san	ne to
my by Hand	-
at Home	
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3	3
day of Lanuary 1899.	
day of fullian in In Fraptions	s.]
Executed in presence of	
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STATE OF GEO				(
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Mr. S. UL	Lore	- (•
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For Those Aiready Emolied, No. 234/ INVALID SOLDIER'S PENSION. 1898.	Name M. F. Hofe Wieles County Core-febre Disability deer of Lay Amount, \$10008	RICHARD JOHNSON, Commissioner of Pention, WARRAST HANDED TO ON THE ANALY SER A. BROWNER,
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STATE OF GEORGIA,
Learn bely county.
personally appears m. 4. Hop bins of oleamphell
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 /8 day of Aubuury 187/; 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 Structe in Company H. of 3.8th Regiment
of North harding volunteers, Scaled 's Brigade; that whilst engaged in such military service in the State of Hinstwamin, on the day
of 1866, he was wounded, injured or diseased as follows:
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sight foot with agrape that cause the foot to
be amputated just 1/2 inch above the amble
fomt ?
Control of the second of the s
Deponent makes application for the pension to which he is entitled for the year-ending October 28th, 1899. I have heretofore under said law as a resident of
any hundred \$ 100 Le Dollars, for the year 1898
Sworn to and subscribed before me, this, the In . # . 21. antimo
33 day of January 1890. POST ORPICE Tal mette- ga
Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
teamshell county
I, J. A taphins Ordinary of said County,
do certify that I am well acquainted with M. A. Hopsins 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 23
day of Junuary 1899
Ans pour 4. J. Alterhins
(here)
Ordinary OGOWY, U. County.

CTAMP OF GRODE
STATE OF GEORGIA,
Campbeel County.
Dersonally appears H. F. Hop King of Counter here
County, State of Georgia, who being duly sworn, says on oath that he is a tona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of Fe by 1871: that he enlisted in the artists
following the constitution of the Con-
States, and served as a Private : Q "H" 38
of A. C. Volunteers Seale Company 77, of the Regiment
States, and served as a frictal in Company H, of 38 th Regiment of Volunteers, Seale is Brigade; that whilst engaged in such military service in the State of Gay
of lee y 186 7, he was wounded, injured or diseased as follows:
I was shot ilesough The instep of
and direct in the state of
eny right foot where in desvice of
1,1863 or ober stoley, there me dering
1,1160 or robon tholey, there gen dering
cecessory the our fulation of
right ley just obove the outle joint
Deponent desires to participate in the boarfee fell a
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1898. I have heretofore under said law as a
resident of Carre parts
Dollars, for the year 189
Sworn to and subscribed before me, this, the \ In F. Hicking
11 " day of Fr by 1808, POST-OFFICE Caller cle of
A. C. Bravers Cody
Norz-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent f the disability, resulting from the wound or disease.
STATE OF GEORGIA,
Coccepi be ce County.
1, R. C. Because Colombia
o certify that I am well acquainted with Mt. 7 Hogh Mi
the pplicant in the foregoing affidavit, and am well satisfied that the statements made by him
his said affidavit are true, and I know he is the individual he represents himself to be
nd that he resides in this County.
Given under my official signature and seal, this // ",
day of Juby 1898.
(Bravers
Ordinary Cacafibice County
Ordinary County.

POWER OF ATTORNEY

deamps mo		bhins of	hereby author	of	B
to receive and r	4	pension paid i	hereon and re		remit same to
IN WITH		OF, I have her			
	d in presence of	of	儿子为	effer	[1. 8]
1-7-01/	iphens	= Ordina	ry	*	
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7.					100 (00)
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rolled.)	NSION.	hind		EY,	To Charte
Area Enrelled.) 34 / 67 52 / 190/	ALID S PENSION.	Happins	whise of the state	OHN W. LINDSRY,	PANDED TO

1891. Maimed Soldiers. Audited Voucher No. 1913 Amount \$ 10 0 COMPTROLLER GENERAL. Included in warrant No. issued to Treasurer. WARRANT CLERK.

STATE OF GEORGIA, Sumplell & County.
personally appears M. H. Hapkins of obampbell
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State and County, and has resided therein continuously ever since the
18 day of February 187/; that he enlisted in the military service of
the Confederate States (or of the State of) during the war be-
tween the States, and served as a Thirty in Company H, of 38th
Regiment of North Tealings olunteers, Scales 's Brigade; that whilst
engaged in such military service in the State of Penelsavama on the
day of 1863, he was wounded, injured or diseased as follows:
mas shot in the right foot by a grape
Shot It had to be amountated I in above
The ankle loint
ending October 28th, 1900. I have heretofore under said law as a resident of County been allowed an invalid pension of One humbered of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and subscribed before me, this, the Month of Dollars, for the year 1899. Sworn to and Sworn to an account of the year 1899. Sworn to an ac
STATE OF GEORGIA,
dumphell county.
1. L-J- Stephens Ordinary of said County,
do certify that I am well acquainted with M-H- Hopkins the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of March 1900.
(1 - ottenhens
Ordinary deampbell County.

No. 12/3
STATE OF GEORGIA. EXECUTIVE DEPARTMENT. } Allanda, Sa. Dely 19 1891.
2) n Shi 11 i
of Circle Courty of Circle Courty having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
He is entitled to receive the sum of Dollars for such disability, the same being the Tawan entitle for the year ending October 24, 1801.
The Treasurer will pay the same and the list receipt of this voucher and return same to Executive Department for warrant.
By the Governor. Governor.
Sec'y Executive Department.
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.
per above youcher, this If of Decly 1891.

•

Ordinary deampbell county.

Campbell Margaret Sala

Maimed Soldiers.

Voucher No. 779

1889.

COMPTROLLER-GENERAL.

Audited

Amount \$ 100.

Paid to Mo F. Hopking

For Los of Right

They 21 1884

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Job Offic

aplicant

Audited 18

COMPTROLLER-GENERAL.

Maimed Soldiers.

Amount \$ 100

Paid wolld To Hopkins

Dely 10 .90

Included in warrant No.

issued to Treasurer.

.8

WARRANT CLERK.

W. J. Campbell, State Printer Constitution Labour

SA Long

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. \ Manta, Ga Olly 91 1889	STATE OF C
	Executive
Mr. Mo, J. Hopkins of the County	
of Campbell having filed his application in the Executive	Mr. Cl
Department for an allowance under the Act approved October 24, 1887, as amended by Act,	of Ga
Doy 24, 1888, and the same having been allowed for	Department for
Tous of Right lega,	approved, Dec.
He is entitled to receive the sum of the Sundre voel Dollars	Jose
for such disability, the same being the allowancy due for the year ending October 21, 1889.	He is entitled to
The Treasurer will pay the same and hold his receipt on this voucher, and return same to	for such disabil
Executive Department for warrant	to Executive De
GOVERNOR.	
By the Governor	By the Governo
CLEEK EXECUTIVE DEPARTMENT.	by the Governo
	alle
A	
RECEIVED OF STATE TOEASURER, R. U. HARDEMAN.	1
Much selver	\$100
2.0	RECEIVED OF
per above voucher, this 21 of Hesty, 1889.	One

BEORGIA. DEPARTMENT. 16. F. Nopkine upbele having filed his application in the Executive an allowance under the Act approved October 24, 1887, as amended by Act, 24, 1888, and the same having been examined and allowed for of loy receive the sum of One Alice ared Dollars ity, the same being the allowance due for the year ending October 24, 18 90 urer will pay the same and the his receipt on this voucher, and return same epartment for warrant. 4. Hamsen CLERK EXECUTIVE DEPARTMENT. STATE TREASURER, R. U. HARDEMAN, Hundred too, Dollars, per above voucher, this

WHEN AND WHERE BORN?
YEAR ADDED TO ROLL: Application for leg 1879.

ENLISTED WHEN WID WINRE?

RAPK. Private

COMPANY AND REGIMENT? Co "H" 58th Regt. of North Carolina Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Gettysburg, Pa. - July 1st, 1863 - Foot above ankle/ joint.

CAPTURED, MISH AND WHEREY

RELEASED.

WHEN AND WHERE SERRENDERED?

IF NOT PRESENT AT CURRENDER, WHERE WERE YOU?

DIED, WILN AND GARRE?

BURIED.

WITNESSES. R C Greer, C T Forges and J R Hearn

No data

NAME, Hopkins, M.F.

YEAR 1889 COUNTY Campbell

WHEN AND WHERE BORN'S

ENLISTED WHEN AND WEERE?

RANK.

COMPANY AND REGIMENT? Private Co. H, Seth. Regt. N.C. Vols. Schales Erigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Gettysburg, Pa. July 1st. 1863 shot through right foot.

CAPTURED, WIEN AND WHAT IT

RELEASED ..

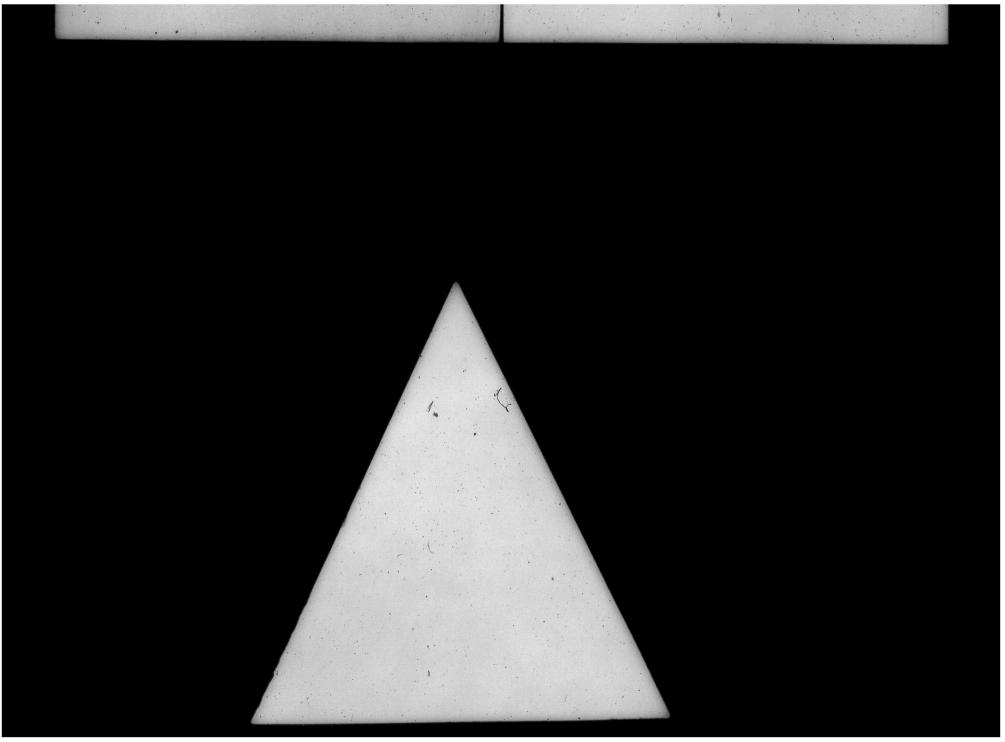
WHEN AND WHERE SUPRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None



Ex. Dell may 14/ Horton, E. W. Sampbell C. The applicant is lasted to make a fuller proof and explain precisely how rechen his shoulder mes miner. Here you des charged on becount of the sound: Was best fulling freet De prompeet facet. when applicant distocations Applicant, 60 to Horton his thoulder . It does the Amount 50 Amount theor precief how to When it was declarated Date of Warrant June 12 What we has applicant of to term! Com he June 12 1889 bend elbor joint. & most he' hand injured in SECRETARY EXECUTIVE DEPARTMENT. any way. Seve full

propou all about

to N Hameson

Cleux

Arfo moble

NOTES.

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

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and rescutially useless.

and essentially uncless.

3. It will not answer to say that an arm is "substantially uscless for ordinary pursuits of life, etc."

There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially uscless."

purposes be "substantially and essentially useless."

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

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

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

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

Personally came	
itizens of	county, in said State,
ho, being duly sworn, say that they are acquainted wi	th
and know that he re	ceived the wounds (or contracted the
lisease) in the military service, as stated by him in the	formating officially that said was de-
or disease) permanently disables applicant, as stated l	by him; that said applicant is a bona
fide citizen of this State, and resides in	county, and we
11 - 11	
are well satisfied that all the statements in his affillavi	are true.
Sworn to and subscribed before me, this	
day of 188	
· ; · ; · ; · ; · ; · ; · ; · ; · ; · ;	
Note.—Above affidavit must be made by three citizens of the county	of applicant's residence.
STATE OF GEORGIA,	
County.	
PERSONALLY comes before me R. C. Bear	
1 of Anninhort is 1 13 W	obles were

me as reputable physicians of said county, who, being severally sworn, say on oath that 6. W. Horton they have carefully examined and after such examination say that the applicant has been injured as follows: Shot he he is right the back badding through the mouth cutting the longue cutally hurching out & teethis Comy out with Sides of the fall Count by Vin Short its right She with now distant and in alapular some sind 30 that the ten piny to the spouch is yel minent, die any Of which injuries the is theywould tispecaliful to be infrance the labors, of the order any vocations Sworn to and subscribed before me, this) · Il day of May R. C. Beavers

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

Dr. 1 * Daugnport,
STATE O ORGIA
Campbell County
I, R. C. Gravers Granus of said county,
to certify that I am well acquainted with 6. U. Storlore the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be,
and that he resides in this county. I also certify that the foregoing witnesses, are persons
of respectability, and that their statements are worthy of full credit and belief.
I further certify that Ale Beaven before
whom the foregoing affidavits were made and power of attorney was signed, is a
Ordinary of said county, and the said affidavits and signa-
tures thereto are genuine.
Given under my official signature and seal, this Wa day of May 1889
Ordinary Campbell County.
and the second of the second o
Power of Attorney.
STATE OF GEORGIA,
Complete County.
Know all Men by these Presents, That I, lo . Worlow
of Complete ounty, in said State, do hereby appoint J. B. mobley
county, in said State, do hereby appoint J. B. mobley
of Dairbuns La my true and lawful attorney in fact, for
ne and in my name, to receive and receipt for whatever amount of money I may be entitled
o from the State of Georgia by reason of the injury received as aforesaid in the military ser-
ice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby
uthorizing my said attorney to receipt in my name for any Warrant that may be issued by
he 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 // the
ay of may 1889
6 W Corten, S)
Executed in the presence of us:
Teorge Lackam
R. le Bravis

STATE OF GEORGIA,	
County.	
PERSONALLY appears lo. W. Horlow of Laughese county.	
State of Georgia, who, being duly sworn, says on oath that he is a bong fide citizen and	
regident of said State and has been at the said and has been at the said and has been and has been at the said and has be	
, that he emisted in the military service of the Con-	
during the war between the	
out the Regiment.	
0/0-1	
of Wiles	
wounded as follows. Shot through nead of four or cheaft of	
mouch boll entering believe the right gor Possing through the mouth a	17.
Conque & Knowsking out I lout + come out below horse on left still + count	ous
houses o inflormation in his theost for month at the line our consequence	10
foll sections immediately open sois shot resulting in its dislocation of the	0
right humanous which renders his aun certainially & texen	Z:
usples	T
	4
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,	
and the Act amendatory thereof, approved December 24, 1888, and makes application for	
the allowance to which he is entitled for the year thereunder ending October 26, 1889.	
Sworn to and subscribed before me, this the	
11th day of may 1889	
R. G. Bewers, Ordinary	
Norz. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.	-
and execut of the dismonley,	-3
On the second se	
Commissioned Officer's Affidavit.	
STATE OF GEORGIA,	
fin 10 00	
	7
PERSONALLY came before me J H South ins of the county	
of Jaycote State of Georgia, who, being duly sworn, says that he was	1
a commissioned officer in Company of Regiment of Regiment	1)
Volunteers, and that deponent knows 6. W. Norton, and that he received the	1
wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit,	,
and that wounds (or disease) permanently disables the said 6. 20 Worton	
as stated by him in said affidavit. Deponent further states that said	
to a bond fine citizen of this State and resides	
in bambilell county. Of V	
this 11th day of may 189 US Gentino Ceft Court	
The foreign affidavit, changed to suit the facts about do made by a commissioned officer of Company or Regiment.	
If the amdavit of such an officer is not obtainable, the following affidavit of three reasonable different should be described.	

STATE OF GEORGIA, Campbell County.

R. G. Beavers Ordinary of said county, do certify that I am well acquainted with 6.W. Horton applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims; and I know he is the individual he represents himself to be, and that he resides in this county.

I further certify that R.G. Bearen whom the foregoing affidavits were made and power of attorney was signed, is a Ordinary of said county, and the said affidavits and

signatures thereto are genuine.

Given under my official signature and seal, this 10th day of Filmary 1890

R. C. Beavers

County.

STAT	E OF GEORGI	Α.	(31.58.02	Call Carl	, , , , , ,	
6	omphale	Country	Jr.			
1	Rb. Be	ooces	h -Literan			
do certifi	y that I am well acqua		6. W.	Horto	ary of said Coun	ty,
	t in the foregoing a					
	id affidavit are true, ar					
						IS
	idual he represents hi					
I fu	orther certify that	ne	Deo	vees		
before w	whom the foregoing	affidavits were	made and p	ower of attorne	v was signed is	
0	rdicion	u	-6	C Lil	, man anglica, is	
	i dente de la companya de la company		or said	County, and th	e said amdavits a	nd
signature	es thereto are genuine			- (0	1	
Give	en under my official s	ignature and s	eal, this	day of	nowh	11.
. •		4	A La R.		bell count	
			vi. W. voge	wers	1	
		0	rdinary 10	omp	vell com	
			,	11	Coun	.,
				V		

STATE OF GEORGIA,
County.
PERSONALLY appears to No. Horlow of Complete county.
State of Georgia, who, being duly sworn, says on oath that he is a hong fide citizen and
resident of said State, and has been such continually since the
Jebusony 1838; that he enlisted in the military service of the Con-
federate States (or of the State of States, and served as a first in Company, of 10 th Regiment
of the transfer of the transfe
in such military service, at the battle of Chousello wills in the State
in such military service, at the battle of chouse lovelle in the State of W. on the day of may 1863, he was
I so chough near Just behind the
made los boll of one he ough mout
mill ear force out behind the mouth mouth and tough mouth and out I then the him ariot of air longling the right humer.
A CONTRACTOR OF THE STATE OF TH
Deponent desires to participate in the best fits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes opplication for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of
Sworn to and subscribed before me, this the
R. Co. Bravers, ordinary.
Norz.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of disability.
POWER OF ATTORNEY.
STATE OF GEORGIA
Campbell County.
KNOW ALL MEN BY THESE PRESENTS. That I. C.W. Hor Love
of Countral
county, in said State, do hereby appoint R. R. Wertere
of the control of the control of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of Francisco W Horlore [L. s.]
Executed in the presence of us:
Sierre Lachaire
R.C. Bravers, Ordinary
DIRECTION.
Send money to me as follows, by
lo
County, Georgia.

us

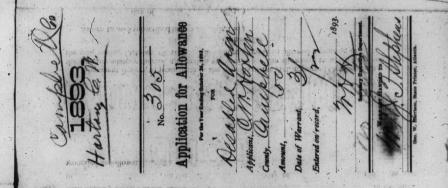
For Applicants Heretofore Allowed Pensions, STATE OF GEORGIA PERSONALLY appears 6, N. Horton County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of Floring 183 8; that he enlisted in the military service of the Confederate States (or of the State of Levy give) during the war between the Orivole in Company 2, of 10 th Regiment of Georgia Volunteers Braus 's Brigade; that whilst engaged in such military service at the battle of Chancellowelle in the State of Urginia, on the day of May 1863, he was Just behind the right lov. I Joseph chrony the mount of a or many out on the left ped The month knowthing out five which of from a fall office he shot, his right should was airloaded, coming loss quely right sunst bouchers officent or volve offe uncompetent to perform the ordinal Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of dollars, for 1889 + 1890 Sworn to and subscribed before me, this, the days of mais & 1801 Rosa - State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of disability, resulting from the wound or disease. POWER OF ATTORNEY. STATE OF GEORGIA. County ! County. Know all Men by these Presents, That 1. 6 h I Gooding M.J. Horry, State of Georgia, do hereby appoint of Learnfall County sorget my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of March To 1891. 16 or loute s] Executed in the presence of us: R. C. Beavire Ordinary I. S. Harvey Send money to me as follows, by

County, Georgia.

STATE OF GEORGIA. Carrie buch Countr. do certify that I am well acquainted with. applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he repesents himself to be, and that he resides in this county, Given under my official signature and seal, this day of the sale R. C. Beavers · Cieu p. ball County **PENSION** SOLDIER'S

POWER OF ATTORNEY. STATE OF GEORGIA, County, Know all Men by these Presents, That I of County, State of Georgia, do hereby appoint of County, Georgia, State of Georgia, do hereby appoint of County, State of Georgia, do hereby appoint of County, Georgia, State of Georgia, do hereby appoint of County, State o



Presonates appears:

County, State of Georgia who, being duly sworn, says on oath test no is a bear to reside a oath test and he residest therein continuously on.

STATE OFIGEORGIA.

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. Carre & Green County.
of Cauch back County, State of Georgia, who, being duly sworn, says
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
since the 14th day of February 1838; that he enlisted
in the military service of the Confederate States (or of the State of Jing in
during the war between the States, and served as a Private in Company"I,"
of 10 th Regiment of Levelle Volunteers Bryant 's
Brigade : that whilst engaged in such military service at the battle of Chair extlered ille
in the State of Miryunia, on the 6th day of
the state of the process of the was wounded as follows: Shot by a care the ball some out to the state of the all become found out out to the state of the all become found out fine to the all in factories form some out fine to the all it is factories form some out the state of the all and the state of the sound out to the state of the sound out to the state of the sta
municia Hall just think the night son
the ball owners out on left cheak home
sossil Through my mouth cutting and
longua & Relaving out five tweele t'en fadem
from sout would, my right shoulded was
Alocolatule of electity recitioning right one fractically used
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of
Dollars for 1891
Sworn to and subscribed before me this the \ 6 % 16 extern1
day of 1892.)
R. C. Beavers Ordinary,
Nors.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
POWER OF ATTORNEY.
STATE OF GEORGIA,
Care & buck County,
Know all Men by these Presents, That I, C. W. Horlow
of Caux phech
of County, in said State, do hereby appoint I. I. Staffer of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to
the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receip, 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 Processed in the opening of the second of the secon
M. S. M. Line
R. C. Beavers, Ordinary
DIRECTION.
Send money to me as follows, by
to P. O.

Transport Anonous Conditions
STATE OFIGEORGIA,)
· Cam Stace County
PERSONALLY appears C. St. Horton of Campace
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 74 by 18.78; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as ain Company, of /0 th Regiment
of Volunteers 's Brigade; that whilst engaged in
such military service at the battle of Acar exclavable in the State
of Dec, on the day of Percay 18613, he was
wounded as follows: I have by a author fore
for the said to the said
And all the A A A A
hove if oring level - L
yound & flee + well make all
was die boated while you had any coil
Deponent desires to praticipate in the benefits of the Act, approved October 24th, 1887, and
the year ending October 26, 1803. I have heretofore been allowed a pension of dollars, for
Sworn to and subscribed before me, this, the
day of Male 1801
R. C. Bearing
(St. politically
Nora-State fully nature of wound or character of disease which causes the disability, and esplais particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,)
Care & bee County.
I, R. C. Grand Ordinary of said County,
do consider that I am well associated to the
The state of the s
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
dividual he represents himself to be, and that he resides in this County.
I further certify that
before whom the foregoing affidavits were made and power of attorney was signed, is a
of said County, and the said affidavits and
signatures thereto are genuine.
Given under my official signature and seal, this / day of least 1893.
R. le Beneart
Ordinary Law still County.
STATE OF GEORG! A. J. A.

POWER OF ATTORNEY

POWER OF ATTORNEY.

	F GEORGIA	. 1) : : ;
	by these Presents.	m . C	m. Can	Horal L	000
	reorgia, do hereby ap	point So		Stig	attorney in fact, for
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ney to receipt in n which may be com	y name for any War	rant that may be son aforesaid.	issued by the	Governor, or for	any sum of money
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		County, Geor	gia.		1
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County, State of	MEN BY THESE	PRESENTS, TI	lo and	W. Ho hous	Nou	
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STATE OF GEORGIA.
Campbeel County.
PERSONALLY appears C. M. Horston of Campbell
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of Jak 1838; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a what in Company I, of the Regiment
of Volunteers 's Brigade: that whilst engaged in
such military service at the battle of Chancelloranille in the State
of Va on the 6 day of May 180 , he was
wounded as follows: I was short by a running ball while ar service
in State of Va, in 1863 soud tolk entires my west just belief
my at soon, possing through mouth, enting tongue 4/he resting out of telegh + coming out on right check, from the said
would byeck & dis located my let shoulded From soil
said mound I have suffered sound since to in confequence
an mobile to do married labore
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of
dollars, for the year 189
Sworn to and subscribed before me, this, the day of Moreh 1894.
R. b. Bravers Only
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Nore—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA, 1
STATE OF GEORGIA,
Campber County.
I. R. C. Bears Ordinary of said County.
do certify that I am well acquainted with
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of Merch 1804.
Ama / B do Recovered
R. le. Beavers

STATE OF GEORGIA,
County.
personally appears 6 N. Worlow of Campibpel
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 February , 1838; that he enlisted in the military service of the Con-
federate States (or of the State of Ground) during the war between the
States, and served as a Trivole , in Company 2, of 10th Regiment
of Georgin Volunteers, Bospant , 's Brigade; that whilst engaged in
such military service at the battle of tohou cellow ville in the State
of Virgnut on the 3, day of mon 1863, he was
wounded as follows: Shot through the near, the boll xuling
Just behind the right low of procing out through
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Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension
of Fifty dollars, for the year 189 4
Sworn to and subscribed before me, this, the \ W. Harlow
29, day of Jamon, 1805
R. C. Bravers ording
Nore-State fully the nature of wound or character of disease which causes the disability, and explain perticularly the extent
of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
I, R. l. Beavers Ordinary of said County,
do certify that I am well acquainted with 6. W. Hoston . 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 summy 1895.
day of January 1895.
(AMI) R. C. Beavers
(here)
Ordinary Campbell County.

FOWER.	OF ATTORNEY.
STATE OF GEORGIA,	
County.	
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	of Fankum Ga
to receive and receipt for the news	ion paid hereon and request that he remit same to
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at Franken ga:	by delineing same to him
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	have hereunto set my hand and seal, this
day of hebring	1896: 1. 240 14 1-
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Hartan 271. Consoldell Consoler (For Those Aready Erelled.) No. 215.	SOLDIER'S PENSION.	Name C. M. Horton. County Counghett	Amount, 8 d c c	RICHARD JOHNSON,	WAREANT HASHED TO
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STATE OF GEORGIA, County. Dersonally appears 6 10. Her of Survey of Lecture 14. 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 14. day of Allow 1838; that he enlisted in the military service of the Confederate States (or of the State of Corpus) during the war between the States, and served as a Areital in Company of , of 10th Regiment of Lecture 1838; that he enlisted in the military service in the State of Lecture 1838; and served as a Areital in Company of , of 10th Regiment of Lecture 1834; he was wounded, injured or diseased as follows: Lecture 1834 the was wounded, injured or diseased as follows: Lecture 1834 the Lecture 1835 the Lecture 1835 the Lecture 1835. Sworn to and subscribed before me, this, the Lecture 1835 the Lecture 1835. Sworn to and subscribed before me, this, the Lecture 1835 the Lecture 1835. Sworn to and subscribed before me, this, the Lecture 1835 the Lecture 1835. Sworn to and subscribed before me, this, the Lecture 1836 the Lecture 1836. STATE OF GEORGIA, Leccure 1836 the Lecture 1836 the Lecture 1836 the Lecture 1836. STATE OF GEORGIA, Lecture 1836 the Lecture 1836 t	Tot inppitous	TO MOTOROTO	O MINUITO	d I olioio	MD.
County, State of Georgia, who being duly sworn, says on oath that he is a dona fide citizen and resident of said State, and has resided therein continuously ever since the 14 day of Albania 1838; that he enlisted in the military service of the Confederate States (or of the State of Leorgia) during the war between the States, and served as a precial in Company of 10th Regiment of Leorgia Volunteers, Service in the State of Leorgia is Brigade; that whilst engaged in such military service in the State of Leorgia and the Market would have been such and the State of Leorgia and the State land the State of Leorgia and the State of Leorgia and the State of Leorgia and the state and State Leorgia and the second state of Leorgia and the second subscribed before me, this, the Leorgia and the second subscribed before me, this, the Leorgia and the statements of Leorgia and the state of Leorgia and Leo	STATE OF GE	ORGIA,			
County, State of Georgia, who being duly sworn, says on oath that he is a dona fide citizen and resident of said State, and has resided therein continuously ever since the 14 day of Albania 1838; that he enlisted in the military service of the Confederate States (or of the State of Leorgia) during the war between the States, and served as a precial in Company of 10th Regiment of Leorgia Volunteers, Service in the State of Leorgia is Brigade; that whilst engaged in such military service in the State of Leorgia and the Market would have been such and the State of Leorgia and the State land the State of Leorgia and the State of Leorgia and the State of Leorgia and the state and State Leorgia and the second state of Leorgia and the second subscribed before me, this, the Leorgia and the second subscribed before me, this, the Leorgia and the statements of Leorgia and the state of Leorgia and Leo	Camphel	County.			٠,
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 144 day of Aller 1838; that he enlisted in the military service of the Confederate States (or of the State of Leorgia) during the war between the States, and served as a prevail in Company of 10 th Regiment of Leorgia Volunteers, Service in the State of States, and served as a prevail in Company of 10 the Regiment of Leorgia Volunteers, Service in the State of Leorgia that whilst engaged in such military service in the State of Leorgia that whilst engaged in such military service in the State of Leorgia that whilst engaged in such military service in the State of Leorgia that whilst engaged in such military service in the State of Leorgia that whilst engaged in such military service on the State of Leorgia that the Leorgia particularly the extent of the disability, resuling from the wound or disease, which cause the disability, and explain particularly the extent of the disability, resuling from the wound or disease, which cause the disability, and explain particularly the extent of the disability, resuling from the wound or disease, which cause the disability, and explain particularly the extent of the disability, resuling from the wound or disease, which cause the disability, and explain particularly the extent of the disability, resuling from the wound or disease. STATE OF GEORGIA, County Leorgia that I am well acquainted with the life in dividual he represents himself to be and that he resides in this County. Given under my official signature and seal	Perganalin anneara			lounth	11
and resident of said State, and has resided therein continuously ever since the day of Allery 1838; that he enlisted in the military service of the Confederate States (or of the State of Longian of Company of the War between the States, and served as a prevail in Company of the Oth Regiment of Learning Volunteers, States in Company of the Oth Regiment in Such military service in the State of Language of the Language of Language o					
day of Alebany 1838; that he enlisted in the military service of the Confederate States (or of the State of Grand) during the war between the States, and served as a Area day in Company of of 10th Regiment of Learning Volunteers, Service in Company of of 10th Regiment in such military service in the State of Learning on the leaf of the State of Learning the was wounded, in the State of the State of Learning the Wall to the State of Learning the State of Learning the Wall to the State of Learning the Learning the State of Learning the Learning the State of Learning the Stat	and resident of said State	and has resided there	in continuously	at he is a oona ji	ae citizen
federate States (or of the State of Learner) during the war between the States, and served as a private in Company of 10th Regiment of Learner Volunteers, Sirvis 's Brigade; that whilst engaged in such military service in the State of Learner and on the diff of May 1863, he was wounded, injured or diseased as follows: It is a live shall be was wounded, injured or diseased as follows: It is a live shall be was wounded, injured or diseased as follows: It is a live shall be was wounded, injured or diseased as follows: It is a live shall be was wounded, injured or diseased as follows: It is a live shall be was wounded, injured or diseased as follows: It is a live shall be was wounded, injured or diseased as follows: It is a live shall be was wounded, when the shall be was a live shall be was		1838 that he am	listed in the mil	itam samia - C	4-0-
States, and served as a precide in Company of of 10th Regiment of Georgia Volunteers, Similary is Brigade; that whilst engaged in such military service in the State of Georgia Bad, again the Georgia Bad, he was wounded, injured or diseased as follows: 1863, he was wounded, injured or diseased as follows: 1864, he was wounded, injured or diseased as follows: 1864, he was wounded, injured or diseased as follows: 1865, he was wounded, injured or diseased as follows: 1866, he was wounded, injured or diseased as follows: 1866, he was wounded, injured or diseased as follows: 1866, he was wounded, injured or diseased as follows: 1866, he was wounded, injured or diseased as follows: 1866, he was wounded, injured or diseased as follows: 1866, he was wounded, injured or diseased as follows: 1866, he was wounded, injured or diseased as follows: 1866, he was wounded, injured or diseased as follows: 1866, he was wounded, injured or diseased as follows: 1866, he was wounded, injured or diseased as follows: 1867, he was wounded, injured or diseased as follows: 1866, he was wounded, injured or diseased as follows: 1866, he was wounded, injured or diseased as follows: 1867, he was wounded, injured or diseased as follows: 1868, he was wounded, injured or diseased as follows: 1868, he was wounded, injured or diseased as follows: 1868, he was wounded, injured or diseased as follows: 1868, he was wounded, injured or diseased as follows: 1868, he was wounded, injured or diseased as follows: 1868, he was wounded, injured or diseased as follows: 1868, he was wounded, injured or diseased as follows: 1868, he was wounded, injured or diseased as follows: 1868, he was wounded, injured or diseased as follows: 1868, he was wounded, injured or diseased as follows: 1868, he was wounded, injured or diseased as follows: 1868, he was wounded, injured or diseased as follows: 1868, he was wounded. 1868, he was wounded. 1868, he was wounded. 1869, he was wounded. 1869, he was wounded. 1869, he was wounded. 1869,		ate of George	histed in the min	uring the mer he	the Con-
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represent the former the reach and records and Country that the behand the residence of the state of the stat	of May 18	3. he was wounded.	the balle of Co	as follows .	day
State of the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. State OF GEORGIA, Lowerful County. I, Re Bearer Ordinary of said County, 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. Re Recounty. Given under my official signature and seal, this day of February 1896. Re Recounty. Ordinary of said County, Given under my official signature and seal, this day of February 1896. Recounty. Recounty. Recounty. Ordinary of said County, do certify that I am well acquainted with le the Newton 1896 of the disability and explain particularly the extent of the disability and september of the disability of the said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of February 1890.	by a free shal	would buse &	relession 2	web behin	d the in
The face declared he the left of the trock on he fell from the face declared he will should be for the face declared he will be the declared from the face declared he will be the face of the face declared he will be the face of the fa	or horas there	le the make -	11	1:10	
These delicated he, right should for took, as he fell from the face delicated he, right should for the face delicated he, right should for the face had delicated for the face of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of leaunghill county been allowed a pension of high dollars, for the year 1895. Sworn to and subscribed before me, this, the day of february 1896. R. Le. Blances (The disability, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, Laccophill County. I. R. C. Blances (Ordinary of said County, do certify that I am well acquainted with factor Resident 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 feeling and the statement of the day of feeling and the statement of the day of feeling and the seal of the seal of the same of the individual has day of feeling and the seal of the same of the individual has day of feeling and the seal of the same of the sa	out heat with	of letters H	h moule	e and Con	muy or
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of County been allowed a pension of Graph (County been allowed a pensi	are to C	t grant	1 1 11	ight dide	fre
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of County been allowed a pension of Application for the year 1895. Sworn to and subscribed before me, this, the day of Act of the Act of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. I, R. C. Bearer Ordinary of said County, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of Action R. County R. C. Bearer R. C. Bearer R. County R. C. Bearer R. C. Bearer R. C. Bearer R. C. R	or I why we are	hudding out	for both,	as the fell of	frue den
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of County been allowed a pension of County been to and subscribed before me, this, the County been to and subscribed before me, this, the County been to and subscribed before me, this, the County been to an	infull distributed	u, nghit shou	let is formed	, soud th	meloby)
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Counties of the year 1893. Sworn to and subscribed before me, this, the day of Hebrer 1896. R. Le. Blavers (1966) R. Le. Blavers (1966) STATE OF GEORGIA, County. I. R. C. Blavers (1966) County. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of Reference of the Balance of the Balanc	hos Atmaqued de	elocale Tup To	The trees	, Raid de	elocat
and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Campbell county been allowed a pension of Angle dollars, for the year 1895. Sworn to and subscribed before me, this, the day of Technical 1896. R. L. Blaven 1896. R. L. Blaven 1896. STATE OF GEORGIA, County, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. I, R. Blaven Ordinary of said County, do certify that I am well acquainted with Carlon 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 Ref. Bravens R. L. Bravens Given under my official signature and seal, this day of Ref. Bravens	rendered suit night	ann meles	for many	Polin he	orles
and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Campbell county been allowed a pension of Angle dollars, for the year 1895. Sworn to and subscribed before me, this, the day of Technical 1896. R. L. Blaven 1896. R. L. Blaven 1896. STATE OF GEORGIA, County, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. I, R. Blaven Ordinary of said County, do certify that I am well acquainted with Carlon 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 Ref. Bravens R. L. Bravens Given under my official signature and seal, this day of Ref. Bravens	Deponent desires to pa	rticipate in the benefit	s of the Act, app	roved October 2	th. 1887.
entitled for the year ending October 26th, 1896. I have heretofore as a resident of Campbell county been allowed a pension of Campbell County. STATE OF GEORGIA, Campbell County. I. R. C. Bearer Ordinary of said County, do certify that I am well acquainted with Cambbell Campbell Campbell Campbell Campbell Campbell Cambbell C	and the acts amendatory th	ereof, and makes app	lication for the	pension to wh	ich he is
dollars, for the year 1893. Sworn to and subscribed before me, this, the day of Hebrury 1896. R. Le. Blavers (The would be explain particularly the extent of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, Laureble County. I. R. Blavers (The disability of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of Reference (B. Blavers) R. C. Blavers R. C. Blavers Ordinary of said County, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of Reference (B. Blavers)	entitled for the year endi	ng October 26th, 18	96. I have he	retofore as a re	sident of
Sworn to and subscribed before me, this, the day of Sebruary 1898. R. Le. Blavers (Tribus) Norse—State failt the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, Lowerfull County. I. R. C. Beares (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 Sebruary (Residual Season) R. L. Bravers Americant (Residual Season) R. L. Bravers Americant (Residual Season) R. L. Bravers R. L. Bravers					entranous monatografia
day of Reference 1896.) R. Le. Blavers Order State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, Lowepher County. I, Re Blavers Ordinary of said County, do certify that I am well acquainted with Lew Reference 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 Reference 1890. American American State Fully and American State Full State	dollars, for the year 1893				
day of Reference 1896.) R. Le. Blavers Order State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, Lowepher County. I, Re Blavers Ordinary of said County, do certify that I am well acquainted with Lew Reference 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 Reference 1890. American American State Fully and American State Full State	Sworn to and subscribe	d before me, this, the	16/1	1/101	(·
Norse-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, Laurephele County. I. R. Bearen Ordinary of said County, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of Reference and seal and the reference and seal and the reference and seal and the reference and s	14 day of .	Tebrucia 1896.	1		
STATE OF GEORGIA, Laughee County. I. Re Beauer Ordinary of said County, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of Relations Alexandra. American description of disease which causes the disability, and explain particularly the extent of the disability and explain particular			1		
STATE OF GEORGIA, Laurephel County. I, Re Beauer Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of the foregoing 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 the foregoing 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 the foregoing 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 the foregoing 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 the foregoing affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.		Control of the Contro		and sentain neuticulant	u the estant
I, Re Beauty. I, Re Beauty. Ordinary of said County, do certify that I am well acquainted with. Carlon 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 the foregoing affidavit. Affirm 1890. Affirm 1890.	of the disability, resulting from the wour	id or disease,		ing explain particulari	y the extent
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I, Re Beares Ordinary of said County, do certify that I am well acquainted with le to Aerless 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 the county of the	lo comphet	County.	O :::		
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 leave the said that he resides day of leave the said that he resides in this County. By the said seal, this day of leave the said seal seal, this day of leave the said seal seal seal seal seal seal seal seal					
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 leave the county of			r 11 1	ordinary of said	Pears
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of R. C. Beavers American A					the
and that he resides in this County. Given under my official signature and seal, this day of february R. Le. Beavers	in his said affidavit are true	and I know ha is the	atished that the	statements mad	e by him
Given under my official signature and seal, this day of February 1800. Ame and seal	and that he resides in this C	ounty	maividuai ne	represents nims	self to be
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STATE OF GEORGIA,
Complete County.
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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 1838; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a Orice of the Regiment in Company Z, of 10 th Regiment
of Volunteers, Try or 's Brigade; that whilst engaged
in such military service in the State of , on the day
, he was wounded, injured of diseased of follows:
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Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of county been allowed an invalid pension of
7-11-
Dollars, for the year 189
Sworn to and subscribed before me, this, the \ A W H or lon
15 day of the by 1897. POST OFFICE Frinkling
a, lo Chavers only
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Norx-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA.
Come of buc County.
D D County.
I, R. C. Becairs Ordinary of said County,
do certify that I am well acquainted with Q. M. Hor Low the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of 72 6-4 1807.
a. C. Craven
Ordinary Complete County.
Ordinary County.

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For Those Aiready Enrelled.)

No. 2773

Campbell Co

Horton,

SOLDIER'S PENSIC

INVALID

Name L. M. Hoston

County Scampbul

Disability Meived Amount, \$ 50

1899.

RICHARD JOHNSON,

12/2

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. Dersonally appears . Mr. Horton of Carefiber County, State of Georgia, who being duly sworn, says on oath that he is a tona fide citizen and resident of said State, and has resided therein continuously ever since the 14 " 18.18; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company I, of 10th Regiment Volunteers, Bryach 's Brigade; that whilst engaged in such military service in the State of of May 186 3, he was wounded, injured or diseased as follows: I was that just believed the night east by a Menin Bole while in peroice at the bould of Chamadlorsville, and boil culling my Tonge severily and the oching out five little ofter presing elevoling to every fee ord; and in account if soid would be se secrety you and me dered weather to ever a su port for my engl Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Care in plees county been allowed an invalid pension of Dollars, for the year 189 7 Sworn to and subscribed before me, this, the Control 19 in day of Fr by 1898. POST-OFFICE Fair burn you Ale Bravers Irdy NOTE-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent STATE OF GEORGIA. Compbeer County. I, R. C. Beauty Ordinary of said County, do certify that I am well acquainted with C. Mr. Horton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 19 ch

R. G. Bravers

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. tampbell Dersonally appears to M. Har ton of deampbell 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 14 day of Hebruary 1838; that he enlisted in the military service of the Confederate States (or of the State of_ during the war between the in Company J of 10 th Regiment States, and served as a Private . of ogeorgia Volunteers, Brigade; that whilst engaged in such military service in the State of 1863, he was wounded, injured or diseased as follows: In the battle at chanewill wa on the 6 day of may 1843 was shot behind the right ear and the ball came out just below the left cheep brot out 5 of my tets of cut my tonger very bad and the fall from the wound distocated my right shoulder which fall causes the right arm to be useless as for as any bind of labor cant do any work to mount to any thing Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899, I have heretofore under said law as a resident of County been allowed an invalid pension of Hifty \$6000 Dollars, for the year 189 8 Sworn to and subscribed before me, this, the Worlan 15 day of February 1899. POST OFFICE Harolum ofu Norz-State fully the nature of wound or character of disease which causes the disability, and explain particularly the not of the disability resulting from the wound or disease. STATE OF GEORGIA. dumpbell 1. J. of tehhins 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 /6 day of February Ordinary olampbell

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TATE OF GEORGIA, County, I, O. W. H. In Line	hereby authorize & J. Stephen
	id hereon and request that he remit same to
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IN WITNESS WHEREOF, I have	hereunto set my hand and seal this 18
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STATE OF GEORGIA: -	6. W Storton [L. s.)
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STATE OF GEORGIA, County. For Applicants Heretofoxe Allowed

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STATE OF GEORGIA.
Campbell County
121224
personally appears to M Horton of Champbell
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State and County, and has resided therein continuously ever since the
14 day of February 186 8; that he enlisted in the military service of
the Confederate States (or of the State of) during the war be-
tween the States, and served as a Diwate in Company , of 10 th
Regiment of Guorgin Volunteers, Briants 's Brigade; that whilst
engaged in such military service in the State of that, on the
day of may 1863, he was wounded, injured or diseased as follows:
on the 6 day of many 1863 in the buttle of
debanceville too the ball went but below
The right ear and came out on mulest
check cut my towns musting to at all it
out Live the the last the last the
1 . Man 2 . A state of gaw when I was short
I fell on my right shoulder dislacuting the
should from said fall the shoulder is still distocated
Beponent makes application for the pension to which he is entitled for the year
ending October 20th, 1900. I have heretofore under said law as a resident of
County been allowed an invalid pension of
High & 50 L Dollars, for the year 1804.
Sworn to and subscribed before me, this, the 1 6 W. Herlon
5 day of March 1900, POST OFFICE Fairburn ogg
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Norm.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
Teamphell County.
I J- Allehhens Ordinary of said County
do certify that I am well acquainted with the Thornton the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of March 1900.
() I alterhensi
Con dien 11010
Ordinary Odampoett County.

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Personally appea	V-	OI
		sworn, says on oath that he is a bona fide citize therein continuously ever since the
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ederate States (or of the	State of 2	during the war between
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Sworn to and subscribe 18 day of The Swice London	December of the best of the be	County been allowed an invalid pension ollars, for the year 1500, his the W. Horlon 1901. Postoffice Find the county of the coun
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FOR APPLICANTS TERRITOFORE ALLOWED PENSIONS.

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Complete County.
Personally appears C. Ir Horton of Come phere
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 14
day of Juby 1837; that he enlisted in the military service of the Con-
federate States (or of the State of Juning the war between the
States, and served as a fred a in Company 1, of 10 th Regiment
of Volunteers, Malle Chyont's Brigade; that whilst engaged
in such military service in the State of Ya , on the 26 day
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right set sind tost coming out on lift cheell,
culting my longue & Ruocking out of lette
consing in & face to dislocate shoulder; on
occount of soil wounds I am am a ble to fex-
force order on the own of lober or to some a
support by lobor
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1902. I have heretofore, under said law, as a resident of
- 7 11
Dollars, to the year of
Sworn to and subscribed before me, this the day of day of 1902. Post-office
H Sue Love Cody
Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
Com p file County.
I. M. Suc Love Ordinary of said County,
do certify that I am well acquainted with C. W. Hor Live
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this 14.
day of fary 1902.
M. S. Me forine.
Ordinary Come & beec County.
Nors.—Fill all blanks and of Company and Regiment. Nors.—All vouchers and affidavits must bear date after January 1, 1902.
POWER OF ATTORNEY.
DOLLED VICTORIAN CONTRACTOR

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.
Campbell County
The state of the s
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 1838; that he enlisted in the military service of the Cor
federate States (or of the State of) during the war between the
States, and served as a Private in Company "I" of 10 th Regimer
of Ye Volunteers, Seece 's Brigade; that whilst engage
in such military service in the State of War , on the 6 4 da
of 186 , he was wounded, injured or diseased as follows:
I was shot in the head by a Upening love while in
Composition of Could of how recordilla on to
of May 1861 - soit for me line I have guist be lined
my right foulding my longar & Recolling
week & leely and covered out girt belief left heek - butour beaut of out for all stylet from heart
heel - buloccount you) would style for free heart
ressectionly mater to iso ordinary inounal dobor !
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1903. I have heretofore, under said law, as a resident
County, been allowed an invalid pension
Dollars, for the year 1902.
Sworn to and subscribed before me, this the
day of 1903. Post-office
The S. le foring Ordy
Nors.—State fully the nature of the wound or character of disease which causes the disability, and explaining particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
I, Mr. S. Lee Lotice Ordinary of said Count
do certify that I am well acquainted with Co. W. Hork tou
the applicant in the foregoing affidavit, and am well satisfied that the statements made l
him in his said affidavit are true, and I know he is the individual he represents himself
be and that he resides in this County.
Given under my official signature and seal, this
day of Jan 1908 He Lone
Affix your seel seel seel
Ordinary Count
Note.—Fill all blanks and of Company and Regiment. Note.—All vouchers and affidavits must, bear date after January 1, 1903.

POWER OF ATTORNEY.

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hereunto set my hand		g con	
	n made	/ [L. 8	·1
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	hereunto set my hand	of Josephan for the property of the property o	hereby authoric of formation paid hereon, and request that he remit same to by the hereunto set my hand and seal, this formation for the hereunto set my hand and seal, this formation for the hereby authoric same of the hereby

STATE C	OF GEORGIA,	1			
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In W	ITNESS WHEREOF,	have hereunto	set my hand	and seal, this	
day of.	Jony	1905.			[L. 8.]
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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STATE OF GEORGIA,
loan fine County.
Personally appears 6. Mr. It on town of Complexe
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
day of 18 18; that he enlisted in the military service of the Com
The same of the Con-
States, and served as a law of in Company "", of 10 th Regiment
of Yolunteers My out 's Brigade; that whilst engaged
in such military service in the State of 24, on the day
of those 186 3, he was wounded, injured or diseased as follows:
I was shal shot just believed right
for by a mineling bock in company
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of Know that out I fine teren -
On amount of our some some
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to forther on we are do bo
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1904. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1903.
Sworn to and subscribed before me, this the
7 day of Jony 1904. (- 4/1) of orders
n. S. un Lovin Ording Post-office tout bear La
Nors.—State fully the nature of the wound or character of disease which causes the disability, and explain
particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.)
Campber County.
h / un Join
Ordinary of said County,
do certify that I am well acquainted with 6. 17. If of Love
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
co his
(Tour)
Ordinary County.
NorsFill all blanks and of Company and Regiment.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cain flee COUNTY.
Personally appears & A Horton or Com of here
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of Je by 1838; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a friv o to in Company" I", of 10 th Regiment
of The Volunteers by on h 's Brigade; that whilst engaged
in such military service in the State of 2 va on the 3 day
of May 1863, he was wounded, injured or diseased as follows:
at faceer y Chow wellow ville - I and ball
come on the left cheek Knock.
ing out down but & entire of book
11 Towns
7 00 /2
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1905. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of
Dollars, for the year 1904.
during the state of the state o
1 C I I I I I I I I I I I I I I I I I I
day of 1905.
My Suc Lorin, Ordy Post-office to the you
Nore.—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,
Back file County.
Oldstary of Said County,
do certify that I am well acquainted with to 11 West Love
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 ometal signature and seal, this
day of 1905 1905
Your
Ordinary Complete County
Ordinary County.

Nors.—Fili all blanks and of Company and Regiment. Nors.—All vouchers and affidavits must bear date after January 1, 15

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POWER OF ATTORNEY.

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

TOWN MIT DIVINITY HUMBIOTOTICS HUMBIOTOTICS
State of Georgia,
County.
Personally appears lo. It Itors tore of Compben
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 14
down of Fu by 1818; 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 fre to le in Company of 10 th Regiment
federate States, (or of the State of in Company of the Regiment of Volunteers & States and served as a front of the Regiment of the States and served as a front of the Regiment of the Company of the Regiment of the States of the Company of the Regiment of the States of the Company of
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of
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out of touch y chonculorosile, sond tou coming out on lift dide y for a on or a much
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young wound of one we fit for britis
Turamore lobor
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1906. I have heretofore, under said law, as a resident of
ending October 20th, 19th Letter County been allowed an invalid pension of
County, been allowed an invalid pension of Dollars, for the year 1905.
Sworn to and subscribed before me, this the W. Harlen
day of lacing 1906.
Mr. Sue force, Only Post-Office Lord but in
/ <u>////////////////////////////////////</u>
Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
State of Georgia.
County. County.
1, H. J. C. D. How Love Said County
do certify that I am well acquainted with C. M. Hor Tow
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 Jack John
And Ordinary Complete County.
Norz.—Fill all blanks and of Company and Regiment.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

THE PROPERTY OF THE PARTY OF THE PROPERTY OF
State of Georgia,
Campbell County
a hard to the
VI
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 18.38; that he enlisted in the military service of the Confederate States (or of the State of
during the war between the
. 7
in much military and a contract of the state with the engaged
in such minuary service in the State of, on the day
, at was wounded, injured of miscased as follows:
I was shot in right seds of ming
of Chan eccor very foid for comme
in left side of my fore & hos my
If fore from and mound thousand
of some is one we fet for aroning house dot
Deponent makes application for the pension to which he is entitled for the year
ending October 28th, 1907. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of
Dollars, for the year 1906.
Sworn to and subscribed before me this thes
5- day of Jony 1907 WHerton
no 2. an and and and a
Postoffice - and aura fa
Norn.—State fully the nature of the wound or character of disease which causes the disability, and explain
particularly the extent of the disability resulting from the wound or disease.
State of Georgia,
County.).
County.).
1, Ordinary of said County,
lo certify that I am well acquainted with to the tor cou
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
o be, and that he resides in this County. Given under my official signature and seal this
day of 1907.
millie Louis
Amx
ordinary our fell County.
Norz.—Fill all blanks and of Company and Regiment.

Genzia Campbell County Dersonally Came Vefere me, Kenty S' Privers and Robert ly Orineis, on Carte days, that to It Westen the Applicant for Genden under the tet of Gelete 24 th 18 fy and amendment of set, Approved Lecenter 24 1888 and we Certify that C to Haten was a member of Confrang & of low Regiment of Bergia Woleenteer, and, that the daid & Wo Katar was. School dower on the 6th of may 1903, and, daid wound caucd The daise Whatan to fall and deislacate his Right Schoulder Joint daiel Mound Lucas Received at the falte of Chands Cover wille in the State of Oliver cinia Herry Silver Iworn to and Subscribed before me This 18 day of May 1889 Robert of River R. C. Beaver ordinary

Campbell County State of Georgia This is to cartify that Capt 7mm & Redwine a Reitizen of Hayett County Ga, (That he) Oakt Time of Redevine was in Command of Can to the Six Regiment at the Battle of Chancellus Ville State of Da on, The of day of May 1843, Where the Baid @ Who Water a Bruste in my Company & 10 th ga Tregiment Serviaments Infun, Jun wound & Fall , which is Stated in Cyn-Lortons Application and the Laid O M Hoten, was permanently discharge from Livies maccount of david mound & fall the can Bend the Elbow by assistance of this left chand expt lenkins was a Lut, a't the Buttle of Chancelles wille man and swas defore me this 28 day thay 1857 (apt 9 & Redion Comf 10 ga

No. 2385 STATE OF GEORGIA. EXECUTIVE DEPARTMENT. Allanta, Ga June 12. 1889. Mr. C. W. Storton · Campbell Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec. 24, 1888, and the same having been allowed for Desabelity from neck space mound He is entitled to receive the sum of Hifly too for such disability, the same being the allowance due for the year ending October 24, 1889 The Treasurer will pay the same and hold his regeipt on this voucher, and return same to Executive Department for warrant Governor. By the Governor

LOA Humain

CHERK EXECUTIVE DEPARTMENT.

Fairburn, Ba. 5/20 1009 Apple and Lys he was des cloque on account of the distraction the Shoulder which of early where he now shot doine The offedonts attiche wite system is totale mes freench, and how and when it wood He has but little un of the arens for with the 96 bow but learth raise the account above a lever no 20 meder without interne poin obviet The middle and winden port of The arm and daffing Curistant with worsh fort cond home). There are the facts to les hearting care while his arium to hat pranage it is friend Substantially and Esselled 1 and sender-19 I Dancefrot dit 112 mobber mo Iwom to osubsended before one this 25 day of May 1889 R. C. Beavers Ordinary

Fifth Hoof State Treasurer, R C HARDEMAN,

Dollars,

per above voucher, this 12 of June 1889.

1889.

Complete

Maimed Soldiers.

Voucher No. 2385

Amount, \$ 50.

1889.

COMPTROLLER-GENERAL.

Audited

Paid to C. W. Horton

For Desabely from monus bor ruel

June. 12 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

Audited

COMPTROLLER-GENERAL.

1 Camples Maimed Soldiers.

Voucher No. 890

Amount & 50

Paid iol. It Horton

For Dirabled by Bery mound

Included in warrant No. issued to Treasurer.

RR Hala

No. 890	
STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Gllanta, Sa., Dehy 11 109	0
of Campbell having filed his application in the Execut	
Department for an allowance under the Act approved October 24, 1887, as amended by A	
approved, Dec 24, 1888, and the same having been examined and allowed for desables by body more	
He is entitled to receive the sum of Doll	árs
for such disability, the same being the allowance due for the year ending October 24, 18 The Treasurer will pay the same and had his receipt on this youcher, and return sa	
to Executive Department for war hylt.	
By the Governor,	OR.
CLERK EXECUTIVE DEPARTMENT.	
.5000	
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,	
Dolla per above voucher, this	rs,
EM Borton By MA	Horton

	(700 - 19 1 - 6	
	1891.	
	Maimed Soldiers.	
1891.	Voucher No.2661	
COMPTROLLER GENERAL.	Amount \$ 50	
	raid well Horte	
	For Aleud & body	ape
	Meh 16	
	Creek (6)	1891.
	Included in warrant No.	
· ·	issued to Treasurer.	
		1891.

m. O. Harvey

Audited

Mr. C. M Nortin of Campbell having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for He is entitled to receive the sum of the fity. for such disability, the same being the allowance due for the year ending October 24, 1891. The Treasurer will pay the same and hold his receipt on this voucher and return same to Executive Department for warrant. 150 RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia. elifty + o o from per above voucher, this 16; of March 1891.

MRIFATURE

No. 2661

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

dilanta Sa Meh 16 1891

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND RUGIMENT? Private Co. I, 10th. Regt. Ga. Vols. Eryant's Prigade.

NAME OF CAPTAIN AND COLONEL? Captain T.H. Jenkins.

WOUNDED? Chancellorsville, Va. May 6th. 1863. Shot through the neck and jaw, cutting the tongue and resulting in the loss of five teeth.

CAPTURED, MILEY AND WELLEY

RELEASED.

WHEN AND WHERL SUITA NDEAED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Captain William P. Redwine, "enry S. Rivers and Robert I.

NAME, Horton C. W.

YEAR 1890 COUNTY campbell

WHEN AND WHERE BORN?

ENLISTED WHEN AND WIERE?

RANK. Private

COMPANY AND REGIMENT? Co. I. 10th. Regt. Ga. Vols.
Bryants's pr Sims Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Chancellorsville Va. May 6th 1863. Shot through neck just beyound the right ear.

CAPTURED, WILET AND WILE AT

RELEASED.

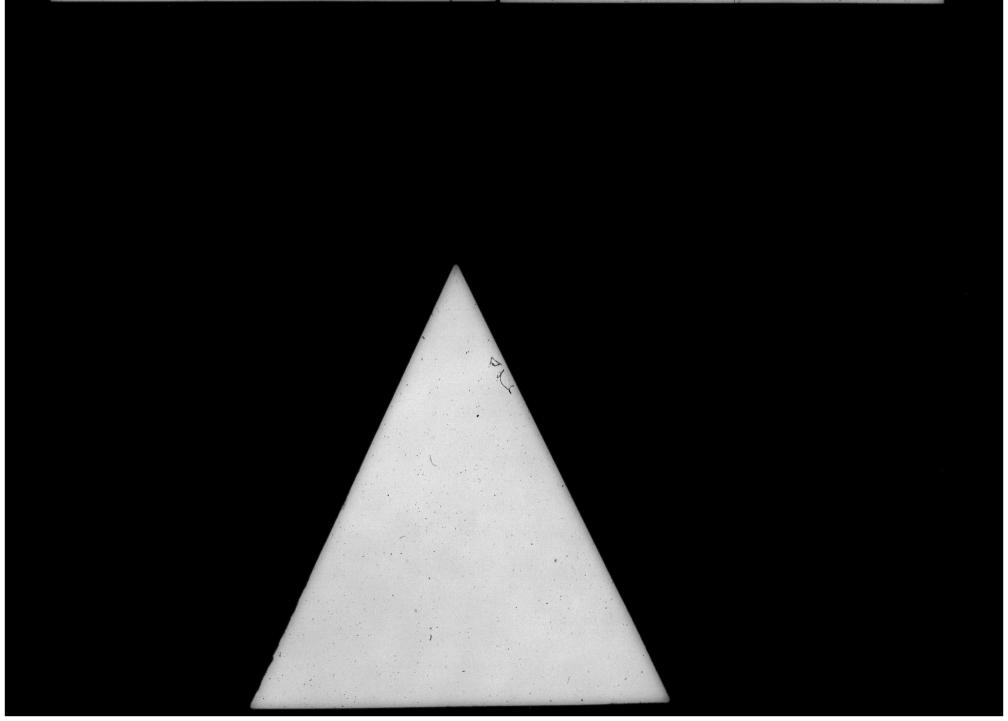
WHEN IND MADEL OUT L. NO. 3. ED?"

IF NOT IRESULT AT CURRENDER, WHIRE WELL YOU?

DIED. WEN AND MURE?

BURTED.

WITNESSES. None.



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receipt for m said	1920.	1			Ho-ton, tannie (mrs) Campbell Co. 1920
to collect and receipt for				8	Application for Pension Due Deceased Pensioner Under Act 1904
awful attorney					Portless Francis Hoston
County, my lawfu	day of				of Co. The Regiment Died 2 21, 172
					Approved and ordered paid. In
for me in my name, the pension due to	s death. my hand and seal, this	ATTEST BY	Use this plank only with		J. W. LINDSEY, Commissioner of Pensions.
name, the	County at his death. Witness my hand a	F4	-Use this		

GRORGIA,
I hereby authorize and constitute.

GEORGIA, CAMPBELL COUNTY.

Before me, the undersigned Ordinary, this day personally came C. W. Horton, and W. S. Ewing, both personally known to me to be thoroughly credible, and who, after having been duly sworn, say that they both were well acquainted with the applicant for pension, Mrs. Fannie E. Hor ton, and her deceased hisband, Mr. R. R. Horton, who died in this county on June 10, 1915; that deponents were both acquanited with said deceased and his widow, the applicant, before the war, and have known them both ever since up to the date of the death of said husband; that said Mrs. Fannie Horton and her deceased hisband have lived together as hisband and wife ever since the war, have raised a large family of children as such husband and wife, and that said relationship of husband & wife existed beyound question or cavil, and that this fact has, so fas as deponents know or believe, never been questined; that deponents have both been intimately and well acquainted with applicant, her deceased husband, and their family and friends, axer and if any question about their having been legally man and wife has ever been raised, the same would undoubtedly have come to the attentin of deponents; that for some reason, unknown to deponents, the marriage license of said parties seems to have not been recorded in office of the Ordinary of the county to which same was prosrly returnsable. But, we suppose that on account of the confusion incident to War times, this paper was lost or misplac-

Sworn to and subscribed before me, this September 20, 1915

I She force ordinary.

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

Application for Pension Due to a Deceased Pensioner

Under the Act of August 15, 1904

Personally before me, the Ordinary of said County, comes of said County, who, after being sworn, on oath says that of said County, and that he was on the county at the dime of bias death, which occurred in County, in this State, on the first county, in this death, Phension of first county, in this State, on the first county, in this State, on the first county, in this Pension of first county, in this State, on the first county, and that he is on a truthful and trustworthy character, entitled to full faith and the first county, and that he is of a truthful and trustworthy character, entitled to full faith and this is the same person whose name appears on the first county, and was paid a Pension County, and county in this county in th	To Be Paid to the Ordinary for Funeral	Expenses and Expenses of Last Illness
Personally before me, the Ordinary of said County, comes. of said County, who, after being sworn, on oath says that the knew that the was on the fact that the was on the fact, which occurred in the fact, which occurred in the fact, which occurred in the fact, on the fact, which occurred in the fact, on the fact, which occurred in the fact, on the fact, on the fact, on the fact, which are the fact, on the		· · · · · · · · · · · · · · · · · · ·
of said County, who, after being sworn, on eath says that of said County, and that he was on the Pension Roll County, and that he was on the Pension of his death, which occurred in County, in this state, on the County, in this county, in this state, on the County, in this county, and that the is of a truthful amounted to the sum of county, in this county, in this county, and county, and county, and county, and county, and county county, in this county, in this county, in this county, and county, and county, and county, and county county, in this county, in this county, in this county, and county, and county, and county county. County, and was paid a Pension county, in this county, in this county, who is a resident county in its mised form, giving value of each item and for while Running accounts, other than those counter with last tileses before death, cannot be paid. All accounts must be made out and every not before the ordi- county in the last these sources.	GEORGIA, County.	3.4.0.
of said County, who, after being sworn, on eath says that of said County, and that he was on the Pension Roll County, and that he was on the Pension of his death, which occurred in County, in this state, on the County, in this county, in this state, on the County, in this county, and that the is of a truthful amounted to the sum of county, in this county, in this county, and county, and county, and county, and county, and county county, in this county, in this county, in this county, and county, and county, and county, and county county, in this county, in this county, in this county, and county, and county, and county county. County, and was paid a Pension county, in this county, in this county, who is a resident county in its mised form, giving value of each item and for while Running accounts, other than those counter with last tileses before death, cannot be paid. All accounts must be made out and every not before the ordi- county in the last these sources.	Personally before me, the Ordinary of said County,	eomes 3, 47/roth
AFFIDAVIT OF ORDINARY I, April Land County. AFFIDAVIT OF ORDINARY I, December 19 19 19 19 19 19 19 19 19 19 19 19 19	of said (County, who, after being sworn, on oath says that
AFFIDAVIT OF ORDINARY I, April Land County. AFFIDAVIT OF ORDINARY I, December 19 19 19 19 19 19 19 19 19 19 19 19 19	he knew Mits. Faccine That too.	Sha
AFFIDAVIT OF ORDINARY I, April Land County. AFFIDAVIT OF ORDINARY I, December 19 19 19 19 19 19 19 19 19 19 19 19 19	the Pension Roll	County at the
AFFIDAVIT OF ORDINARY I, April Land County. AFFIDAVIT OF ORDINARY I, December 19 19 19 19 19 19 19 19 19 19 19 19 19	ime of his death, which occurred in	County, in this
AFFIDAVIT OF ORDINARY I, April Land County. AFFIDAVIT OF ORDINARY I, December 19 19 19 19 19 19 19 19 19 19 19 19 19	State, on the day ofday of	1920, and that
AFFIDAVIT OF ORDINARY I, April Land County. AFFIDAVIT OF ORDINARY I, December 19 19 19 19 19 19 19 19 19 19 19 19 19	Pension of June Line de Cos	Dollars was due him and
any value sufficient to pay his funeral expenses, which amounted to the sum of	anpaid at the time of his death. That he left no widow	or dependent oblides and the blue and no estate
Sworn to and subscribed before me his 6 day of 19-2 day of 19-2 day County. Count	of any value sufficient to pay his funeral expenses, wh	ich amounted to the sum of 1747
Dollars in said County for 1920 I also knew the first for a truthful and trustworthy character, entitled to full faith and edit. I also knew the first form and and official seal, this 6 2 day of the first form. NOTE Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the ount in iterated form; giving value of each item and for what. Running accounts, other than those connection, in the following form: NOTE Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the ount in iterated form, giving value of each item and for what. Running accounts, other than those connection, in the following form: NOTE Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the ount in iterated form, giving value of each item and for what. Running accounts, other than those connection, in the following form: 'The above and foregoing account is rendered for services in the last illness (for funeral expenses, to make out the with last illness and fore funeral expenses, to make out the ount in following form: 'The above and foregoing account is madered for services in the last illness (for funeral expenses), to make out the with last illness (for funeral expenses), to make out the ount in the following form: 'The above and foregoing account is neadered for services in the last illness (for funeral expenses), to make out the ount in the following form: 'The above and foregoing account is neadered for services in the last illness (for funeral expenses), the properties in the last illness (for funeral expenses), the properties in the last illness (for funeral expenses), the properties in the last illness (for funeral expenses), the properties in the last illness (for funeral expenses), the properties in the last illness (for funeral expenses).		BC : 6 - CO : CO
AFFIDAVIT OF ORDINARY I, AFFIDAVIT OF ORDINARY I, Ordinary of said County, do certify at I personally know	Sworn to and subscribed before me	
AFFIDAVIT OF ORDINARY I, AFFIDAVIT OF ORDINARY I, Ordinary of said County, do certify at I personally know	his 6 11 day of	4. H. Waii
AFFIDAVIT OF ORDINARY I, AFFIDAVIT OF ORDINARY I, Ordinary of said County, do certify at I personally know	Distly - or in Ordinary.	
AFFIDAVIT OF ORDINARY I. AFFIDAVIT OF ORDINARY I. Ordinary of said County, do certify that I personally know	Crown phell County.	
AFFIDAVIT OF ORDINARY I. AFFIDAVIT OF ORDINARY I. Ordinary of said County, do certify that I personally know		
AFFIDAVIT OF ORDINARY I, Article Affidavit of Ordinary of said County, do certify at I personally know	EORGIA, County.	
AFFIDAVIT OF ORDINARY I, Article Affidavit of Ordinary of said County, do certify at I personally know		Mery 6 1020
izen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and edit. I also knew		7
izen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and edit. I also knew	h. Plue AFFIDAVIT OF	ORDINARY
izen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and edit. I also knew	I, -17, 0.200 +07200	Ordinary of said County, do certify
izen of said County, and that he is of a truthful and trustworthy character, entitled to full faith and edit. I also knew	at I personally know	, who is a resident
I also knew while in life; that he is the same person whose name appears on the "////" Pension is the same person whose name appears on the "////" Pension of County, and was paid a Pension of County, and was paid a Pension of the county of the county of the county for 19/1 and now believe him to be dead. Given under my hand and official seal, this 6 // day of County ordinary. Ordinary. NOTE.—Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the count in itemised form, giving value of each item and for what. Running accounts, other than those connectivith last illness before death, cannot be paid. All accounts must be made out and sworn to before the Ordinith and the following form: "The above and foregoing account is readered for services in the last illness (or or funeral carpenses of the county in the following form:		
I also knew while in life; that he is the same person whose name appears on the "/// O" Pension of County, and was paid a Pension Dollars in said County for 19/1 and now believe him to be dead. Given under my hand and official seal, this 6/2 day of Ordinary. Ordinary. NOTE Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the ount in itemised from, giving value of each item and for what. Running accounts, other than those connectivity in the following form: (The above and foregoing account is rendered for services in the last illness for for funeral expenses, to make out the ount in temised form; (The above and foregoing account is rendered for services in the last illness for for funeral expenses.		
County, and was paid a Pension Dollars in said County for 19/1. and now believe him to be dead. Given under my hand and official seal, this 6/1. day of 19/1. Ordinary. County. NOTE.—Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the ount in itemised form, giving value of each item and for what. Bunning accounts, other than those connectivity has illness for expense before death, cannot be paid. All accounts must be made out and sworn to before the Ordi- The above and foregoing account is rendered for services in the last illness (for funeral carpets in the death illness (for funeral carpets in the death illness (for funeral carpets in the last illness (for funeral carpets in the death illness (for funeral carpets in the last illness (Men Francis To	She she
County, and was paid a Pension County, and was paid a Pension County, and was paid a Pension Dollars in said County for 19 11. and now believe him to be dead. Given under my hand and official seal, this 6 12. day of 19 12. Ordinary. Ordinary. NOTE.—Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the ount in itemised form, giving value of each item and for what. Bunning accounts, other than those connectivity in the following form: 'The above and foregoing account is rendered for services in the last illness (or for funeral carpets in the following form: 'The above and foregoing account is rendered for services in the last illness (or for funeral carpets in t	I also knew	while in life; that he
Given under my hand and official seal, this 6 day of County. NOTE.—Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the ount in itemised form, giving value of each item and for what. Running accounts, other than those connectivities the following form: 'The above and foregoing account is rendered for services in the last illness (or for funeral expenses).	s the same person whose name appears on the	Pension
Given under my hand and official seal, this 62 day of 1912 Ordinary. NOTE.—Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the ount in itemised form, giving value of each item and for what. Running accounts, other than those connectivities before death, cannot be paid. All accounts must be made out and sworn to before the Ordinithe above and foregoing account is rendered for services in the last illness (or for funeral carrent in the following form:	oll of Land	County, and was paid a Pension
Given under my hand and official seal, this 62 day of 1912 Ordinary. NOTE.—Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the ount in itemised form, giving value of each item and for what. Running accounts, other than those connectivities before death, cannot be paid. All accounts must be made out and sworn to before the Ordinithe above and foregoing account is rendered for services in the last illness (or for funeral carrent in the following form:	livets (90)	Dollars in said County for 19// and
NOTE.—Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the ount in itemised form, giving value of each item and for what. Running accounts, other than those connectivity in the following form: "The above and foregoing account is rendered for services in the last illness (or for funeral variety illness (or	now believe bim to be dead.	The state of the s
NOTE.—Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the ount in itemised form, giving value of each item and for what. Running accounts, other than those connectivity in the following form: "The above and foregoing account is rendered for services in the last illness (or for funeral years).	Given under my hand and official and this to	· Clery 20
NOTE.—Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the ount in itemised form, giving value of each item and for what. Running accounts, other than those connectivity in the following form: "The above and foregoing account is rendered for services in the last illness (or for funeral years).	direct my hand and ornerar sear, this	7)- 191-1
County. NOTE - Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the out in itemised form, giving value of each item and for what. Running accounts, other than those connectwith last illness before death, cannot be paid. All accounts must be made out and sworn to before the Ordin, in the following form: "The above and foregoing account is rendered for services in the last illness (or for funeral expenses in the last illness).	·	Ordinary.
NOTE.—Require those claiming accounts for expenses of last illness and for funeral expenses, to make out the ount in itemised form, giving value of each item and for what. Running accounts, other than those connectwith last illness before death, cannot be paid. All accounts must be made out and sworn to before the Ordi- inthe above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the may be) of		County.
7, in the following form: "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the may be) of	NOTE.—Require those claiming accounts for expenses of count in itemized form, giving value of each item and for with last illness before death cannot be raid.	last illness and for funeral expenses, to make out the what. Bunning accounts, other than those connect-
may be) of, who died without owning sufficient property to pay	7, in the following form: "The above and foregoing account is rendered for services	in the last illness (or for funeral expenses in the
	e may be) of, w	ho died without owning sufficient property to pay



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

Commy Campbell

Commy Pannie E. Horton

Widow of R. R. Horton

Company "I"— 10th Ga. Regit.

Approved

1. W. LINDSEY.

Communicate of Punish.

Mas Janue Honton

W. R. CAMP
PHYSICIAN AND SURGEON

Received the above ince full from I B Horton

WIDOW'S AFFIDAVIT.

1	WILDOW S AFFIDAVI	
Campbell	GEORGIA, County.	
Personally I	before me comes Mrs. Fannie E. Horton	
	luly sworn, on oath says, that she is the widow of	
the County of	Payetta State of Ga.	townom
av of Dec.	1953 and that she remained his wife, and reside	d -tab bles to at
June 10.	19.15,and that she has not since his death	remarked At the date of his death
e was a resident	of Campbell County, in the	said State of County and death
as on theSt	ervice (Act 1910) Pension Roll of the 8	tate and neids pension of \$60.00
Campbell	County for 19 1.5 per annum, on ac	recount of being a soldier in Company
"I"	10th Regiment Ga. Vol.	(Volunteers of State Militia
Infantry		(. orange of beate militar)
At the deat	th of R. R. Horton he was in the	e use and possession of the following
ropertynune.		The state of the s
the cash value		
What prope	erty of any kind and of any value have you in your	use, control and possession now, and
he cash value, .(State fully and where situated.) none	· · · · · · · · · · · · · · · · · · ·
	Acres land	\$.00
	Horses and Mules	8.1.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Hogs, Cows, etc.	
	Total Cash value of all property	s None.
24	July of Aug. 1915.	
	. Campball	County.
Affidavit of	Witnesses to Prove Marriage a Death of Husband.	and to WhomDate of
Campbel	County.	· >
Personally b	before me comeW. S. Hervey	known to be responsible
a truthidi persor	ns, residing in said County, who after having duly	sworn on oath, say: that of their
n personal know	wledge Mrs. Fannie E. Horton who died	Campbell affidavit, is
d State of	Ga. 10th day of June	
s net since remar	on day of day of the death of the day of day	on at some time during
and	that she and he had resided together as man and w	Horton his band
me man who was	cant, and was the said R.R. on the pension roll of said State (Ga.) fr	rom Campbell County
	when he died.	
3lat .	subscribed before me, this the	Harry
21.8.0	W Fotus Ordinary.	
	Campbell Ordinary,	Country

Holsomback Casket Co.

MANUFACTURERS OF

HIGH GRADE CASKETS AND

FUNERAL SUPPLIES OFFICE PHONE UNION CITY 14-RESIDENCE 2811

More wall . Feb 2 1020

Mr J. R. Horton

Lasker 10000

J. Coment bault 4500

Londalining 2004

Ohid 2 4:/1920 Hohombacia Casket to

Ga, Campbell County.

Personally before me comes J. R. Horton, who, af ter being duly sworn, says that the above items, amounting to \$174.75, in this account were for Funer el expenses of Mrs. Farmie Horton, a deceased Pensioner of said county; that he (deponent) paid said bill, and that said Pensioner died insolvent and within the State of Georgia, and that said sum is now due deponent: further that deponent has also paid all other bills incurred by said deceased during her last illness, and that bills (paid) are also hereto attached.

Sworn to & subscribed before me, this May 6, 1920.

ordinary.

AFFIDAVITS OF TWO FREEHOLDERS.
STATE OF GEORGIA, Campbell County.
Personally before me comes C.J. Short & G.D. Vickery who after being sworn
cath says, that they are fresholders of said County, and that they know Mrs. Pannie E. Ho
oath says, that they are freeholders of said County, and that they know Mrs. Fannis R. Hoseld County and knew her said husband
day of June. 19152 that she and he were in the use, possession and control of the follows
property at his death to wit: none
- 00.00
or the value of the following property to wit: none
of the value of \$00.00
Sworn to and subscribed before me, this the 31 st day of Aug. 101 5. What Force De Augustiery
of Campbell County.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA, Campbell County.
. W. S. McLarin
I, W. S. McLarin, Ordinary of said County, do certify, that, know Mrs. Farmie E. Horton, the applicant for this pension and that she is the pers
she represents herself to be, and that she is a bona fide continuing resident of said County and was on t
1910 •
That I also know. W. S. Harvey witness as to marriage and I also know.
C. J. Short & G. D. Vickery, who I know to be a resident free holder of said Coun
that all of the foregoing were duly sworn by me before signing the respective affidavits and that they a truthful and trustworthy and their statements are entitled to full faith and credit.
That the tax Books of Said County shows that she returned property to t amount of \$.00. for 1908 \$.00. for 1909 \$.00. for 1910 \$.00.
amount of \$ 00. for 1908 \$ 00. for 1909 \$ 00. for 1910 \$ 00.
\$ 00. for 1912 \$ 00. for 1918 \$ 00. for 1914 \$ 00. for 1915 - ***********************************
Sworn under my hand and official seal of office this 31 st day of Aug. 191.5.
(SEAL.) West all Loren Ordinary.
Campbell

ordinary.

Power of Attorney.

Horton, John W.				
Campbella				8
10 R. No. 4968	The second	and the same	L	18616
(ign)			3	1 00 minus
INDICENT DENCION			ده	iime and .
INDIGENT PENSION,		1	Z cent	in the social of the
1900.			6 =	and for the
TOOP.			To receive	pensi
			3/1 =	B B 7 63
Name John W. Horton			8/6	1 1 20 30
County Compbee			101	C La SE
County County				2 2 2 3
Approved 4/1 2= 1 901 1900		,		ST FN
				3, 14/81
JOHN W. LINDSEY,				13 2 3 3
Commissioner of Pensions.				3 12
				0 3/3/5
WARRANT HANDED TO				1881
come	Maria de la companya	4.		\$ E 180
Geo. W. Harrison, State Printer, Atlants.		1	ţ	
4/1-1900				
1				

Power of Attorney. Questions for Applicant. STATE OF GEORGIA. STATE OF GEORGIA. Compbeel Courbbell County, John W. Ho or low of Foyette Co hereby authorize to avail semselt of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly Dr Pour Faner sworn true answers to make to the following questions, deposes and answers as follows:

What is your name and where do you reside? (give State, County and post office)

John M. Hour Low - Jan Conneglial & Jan D. - Jan Low to receive and receipt for the pension allowed, and request that he remit same to. 11 hours Witness my hand and seal, this 26 g. W. Horton How long and since when have you been a resident of this State? 6 8 years, Lines my birth oat 12, 1833 3. When and where were you born? Oct 12,1833 in Housell Co. Ga Executed in presence of 4. When and where and in what company and regiment did you enlist or gerve? May 1862-at fay iturible to in a "I" 10 th May; the, Val-W. Sue Logice b. How long did you remain in such company and regiment? From May 1 56 2 mitie Apr 6, 1865 6. When and where was your company and regiment surrendered and discharged? Africa 4.1865 at Approver on C. H. Va. it bur amdinid 7. Were you present with your company and regiment when it was surrendered? 200 8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was a flux of the limited forces on Afr 6, 1755 4 full in fraore of Ot frost out 9. How much can you earn (gross) per annum by your own exertions or labor? 25 or 30 dallors 10. What has been your occupation since 1865? Forestery 11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? / 5t 1/2 2 4 2 200 4 200 12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? Howe been could be some to years I hove there are the state of the st 13. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? 1874, 4750 = 1875, 485 == 1876, 4650 = 1897, dont now = 1898, 57900 = 1899, \$57500 16. How were you supported during those years, and what property did you then return for taxation?

16. How were you supported during the years 1898 and 1899? By what live to the following the years 1898 and 1899? By what live to the following the years of t 18. What was your employment during 1898 and 1899? What pay did you receive in each year? 19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Yes = Self, wife, dony when and were LINDSEY, 20. Are you receiving any pension? If so, what amount and for what disability? Us 21. Have you ever made an application for pension before? 400 800 22. How many applications have you ever made and under what class? Oully one was such as the such of t 9 w. Horton Sworn to and subscribed before me this the 25 day of web 1904 } Mr. S. we Land Ordinary, of Court & Siece County. Applicant.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA;
Courte COUNTY.
· Personally came before me II. Lacy and and
OH Davin behot both known to me as reputable physicians
of and County, who, being severally sworn, say on oath that they have examined carefully
fire. W. Hortan, applicant for pension under Section 1254, Code, and after
such personal examination say that his precise physical condition is as follows:
Mr. Horten is 68 years ald- Hay suffered with
lever Kidney trauble since They wood Hand
Reinnestism offecting right shoulder and aren-
He also had to griffe about a year ago-frais
which he never has been news will fully secon
They further say on oath that the physical condition of applicant renders him unable to labor at
any work or calling sufficient to earn a support for himself, and that we have no interest in said pension
being allowed.
Sworn to and subscribed before me, this the)
Sworn to and subscribed before me, this the Who acet in fort Mess
Mos e): e-C
Mr. J. Mc Larie C. Ordinary.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA, COUNTY.
that the applicant John W. Hoor tow resides in said County, and has
been a bona noe resident of this State since the
and that the withesses, viz.
one C, H, Loverport See D.
are of trustworthy character, and that their statements are entitled to full faith and credit.
I further certify that before answering the foregoing questions the applicant and each witness took
the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness
before same was signed. I further certify that the tax digests of Courf bell County show that applicant
returned for taxation in his name in 1898 20 Dollars
of property, and in 1899 Dollars of property.
In my opinion the foregoing claim ismade in good faith.
Witness my hand and seal of office, this 26 day of Much 1900
M. S. Me Love Ordinary,
of Carepbell County
of Carrison County.
of County.
NOTE.
1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You

QUESTIONS FOR WITNESS.

CTA	
	TE OF GEORGIA,
O.	county)
-1	
XI	Revers of said State and County, having been presented
0	27 26
as a with	ess in support of the application of John W. Horton for pension
under Se	etion 1254, Code, and after being duly sworn true answers to make to the following questions,
deposes a	and answers as follows:
1 W	nat is your name and where do you reside? I'M. Rivers = Live in
	le berton
2. An	you acquainted with the applicant; if so,
how long	you acquainted with felice W. Horton the applicant; if so, have you known him? Hers: Here I known him To years
3 W	ere does he reside, and how long and since when has he been a resident of this State?
Lives	in Complete to the 50 years, since 1857 to my knowledge
4. WI	nen, where and in what company and regiment did he enlist, and how do you know? Eulis at
in Me	oy 1 To 2 at Toyelleville La in Co"I" 10 La Reyt & I sow live
o. we	re you a member of the same company and regiment?
6. H	w long did be perform regular military duty? From Way 1862 to Apr 1861
7. WI	nen and where was his command surrendered? His commond was
corpl	up t Afr 6, 1 76 5 near Appointing Va
8. W	ere you present when it surrendered? I was
. 0 W.	s applicant present? Her was
10. 111	applicant present.
	ne was not present, where was he? How was foresuch
When di	d he leave his command? For what cause?
By what	authority he left? How do you know all of this?
Management of the last	
11. WI	nut property, effects or income has the applicant ? (Give your means of knowledge) Our sural
11. WI	nat property, effects or income has the applicant? (Give your means of knowledge,) Our surel
rugh	In four Hy K tequalizas I under lond be les bourt
12. W	the state of the state of the splicant possess in 1896, 1897, 1898 and 1899, and what
12. W	at property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what on, if any, did he make of same? Here hand to a spec of the day of the same of
12. W	the state of the state of the splicant possess in 1896, 1897, 1898 and 1899, and what
12. Wildisposition	at property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what on, if any, did he make of same? The third to come of the first o
12. Widisposition	int property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what my if any, did he make of same? The third to define of the desire of the
12. Widisposition	int property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what my if any, did he make of same? The third to define of the desire of the
12. Will disposition of the control	int property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what on, if any, did he make of same? Here there is a constant of the form of the conveyed away any of his property in the last four years, if so, what was it, and to whom? I have the applicant's occupation and physical condition? This is the applicant's occupation and physical condition?
12. Will disposition of the control	int property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what was, if any, did he make of same? The hard to define of the desired of the
12. Will disposited of the control o	int property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what m, if any, did he make of same? The land to a case of the dead of the first of the first of the same of the land to whom? I have the applicant's occupation and physical condition? The land of the l
disposition of the last of the	at property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what on, if any, did he make of same? The thought to compare of the property in the last four years, if so, what was it, and to whom? I have the applicant's occupation and physical condition? This to the property in the last four years, if so, what was it, and to whom? I have the applicant's occupation and physical condition? This to the applicant what it is the applicant what it is applied to support himself by labor of any sort, if so, why? Here every thought
disposition of the last of the	int property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what m, if any, did he make of same? The land to a case of the dead of the first of the first of the same of the land to whom? I have the applicant's occupation and physical condition? The land of the l
12. Widisposition of the control of	int property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what on, if any, did he make of same? Here there is a beconveyed away any of his property in the last four years, if so, what was it, and to whom? I have the applicant's occupation and physical condition? This is forward to the applicant's occupation and physical condition? This is forward to the applicant analyte to support himself by labor of any sort, if so, why? Here court of the applicant analyte to support himself by labor of any sort, if so, why? Here court of the applicant analyte to support himself by labor of any sort, if so, why?
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AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Compbell COUNTY,
· Personally came before me V. & dugins and
_ CHaure post , both known to me as reputable physicians
of gold County, who, being severally sworn, say on oath that they have examined carefully Mr.
fire. W. Hortan, applicant for pension under Section 1254, Code, and after
such personal examination say that his precise physical condition is as follows:
Mr. Horten is 68 years ald Hay suffered with
+ 11.
Phiringtesin offecting right shoulder and aree-
At also had to grippe about a year ago from
which he news has for or news will fully recovered
They further say on oath that the physical condition of applicant renders him unable to labor at
any work or calling sufficient to earn a support for himself, and that we have no interest in said pension
being allowed.
Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the de H. Dauter fort Mass
000 6 11 6 6
Ordinary.
ORDINARY'S CERTIFICATE.
ORDINARY S CERTIFICATE.
STATE OF GEORGIA,
Compbell COUNTY.
1, Ordinary in and for said County, hereby certify
the desired of the state of the
that the applicant John W. Horton resides in said County, and has
been a bona fide resident of this State since the 12 day of Oct 1850 1833
and that the witnesses, viz: Je M. Rivers, J. J. Lougius Ul. S.
and that the witnesses, viz: J. M. Rivers, J. J. Lougius Ul, J. and C. H. Downerfort see, J.
and that the witnesses, viz: Je M. Rivers, J. J. Lougius 21, J. are of trustworthy character, and that their statements are entitled to full faith and credit.
and that the witnesses, viz: Le M. Rivers, J. J. Lougius 221, S. are of trustworthy character, and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took
and that the witnesses, viz: Le Mi Rivare, J. Lougius 21, 33 and that the witnesses, viz: Le Mi Rivare, J. Lougius 21, 3, 3 are of trustworthy character, and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took the oath kereon prescribed, and that the full text of the affidavits was read to the applicant and witness
been a bona fide resident of this State since the 12 day of 02 1833 and that the witnesses, viz: 1111, Rivers, 15. Lougius 211, S. are of trustworthy character, and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took the oath kereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.
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been a bona fide resident of this State since the day of Oct 1888 1833 and that the witnesses, viz: Military, J. Lougius 21, S. are of trustworthy character, and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took the oath kereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed. I further certify that the tax digests of Court bell County show that applicant returned for taxation in his name in 1898 O property, and in 1899 Dollars of property. In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this S. G. day of State County, Ordinary,
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been a bona fide resident of this State since the day of Oct 1832 / 333 and that the witnesses, viz: A Mi Rovers, J. Lougius W., S. are of trustworthy character, and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took the oath kereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed. I further certify that the tax digests of Court belief County show that applicant returned for taxation in his name in 1898 Opliars of property, and in 1890 Dollars of property. In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this 26 day of Levels Ordinary, of Court for the county. 1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the ordence you shall give will be the whole truth, so help
been a bona fide resident of this State since the day of Oct 1832 / 333 and that the witnesses, viz: A Mi Rovers, J. Lougius 24, 5. are of trustworthy character, and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took the oath kereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed. I further certify that the tax digests of Court bell County show that applicant returned for taxation in his name in 1898 Opliars of property, and in 1899 Dollars of property, and in 1899 Dollars of property. In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this 26 day of 1900 Ordinary, of County. NOTE. 1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the ordence you shall give will be the whole truth, so help

QUESTIONS FOR WITNESS.

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POWER OF ATTORNEY.

STATE	OF GEORGIA,		1		· / · ·
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M, o	ye and receipt fo	r the pension a	Howed and rea	ment that he re	9 a
	hou			aur	
y—— W	VITNESS my hand as	nd seal, this	day	or land	1907.
0	Executed in press		3,11	. Kortus	[I., S.
- f.,	Al met li	in lest			

-	· Free		<u> </u>	xc .4					'	
Horton, John M.	CODE BACTION 1354. (FOR THOSE ALREADY EMPOLLED)	Na. Post	SOLDIER'S PENSION	1902.	Name of M. Host town	Legime 1	WARRANT ISSUED	1907.	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO

no sorta

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

· Oce	· plece County.
	appears John H. Horton of Complice
	f Geoogia, who being duly sworn, says on oath that he is a bona fide citizen
	said County and State, and has resided in said State continuously ever
since the 12	day of Qe 1 1833; that he is 68 years old and
by occupation a	that he enlisted in the military service of the Con-
federate States	for of the State of THE) during the war between the
States, and serv	ed for the term of from in Company for the Regiment that his physical condition is as
of gra.	that his physical condition is as
follower . A	con the levere a con con their, the
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that his propert	y consists of the following items no fro ferly
of the value of	/10
t the value of,	Dollars, that by reason of his physical
condition and p	overty he is unable to support himself by his own exertion or labor, and
that he receives	no pension but the one herein applied for.
	no pension but the one herein applied for.
Deponent	
Deponent of	no pension but the one herein applied for. lesires to participate in the benefits of the Act, approved December 15th, cts amendatory thereof, and makes application for the pension to which he
Deponent of 1894, and the A is entitled for the	no pension but the one herein applied for. lesires to participate in the benefits of the Act, approved December 15th, cts amendatory thereof, and makes application for the pension to which he ne year 1902. I have heretofore as a resident of Carref beet
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Deponent of 1894, and the A is entitled for the county been allowed as Sworn to an A is entitled for the county been allowed as t	no pension but the one herein applied for. lesires to participate in the benefits of the Act, approved December 15th, ets amendatory thereof, and makes application for the pension to which he ne year 1902. I have heretofore as a resident of Complete wed a pension for the year 1 201 and subscribed before me, this the day of 1902. Ordinary. GEORGIA, 6 Beec County.
Deponent of 1894, and the A sentitled for the county been allowed as Sworn to an A STATE OF	no pension but the one herein applied for. lesires to participate in the benefits of the Act, approved December 15th, cts amendatory thereof, and makes application for the pension to which he ne year 1902. I have heretofore as a resident of Complete wed a pension for the year 1 201 and subscribed before me, this the day of 1902. Ordinary. GEORGIA, GEORGIA, County.
Deponent of 1894, and the A sentitled for the country been allowed as the country been	no pension but the one herein applied for. lesires to participate in the benefits of the Act, approved December 15th, ets amendatory thereof, and makes application for the pension to which he was a pension for the year 1902. I have heretofore as a resident of Carry bleet was a pension for the year 1902. It is a pension for the year 1902. Ordinary. GEORGIA, Size County. Ordinary of said County.
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Deponent of 1894, and the A sentitled for the county been alle Sworn to a sentitled For the county been alle Sworn to a sentitle of the county been alle the county been alled the cou	no pension but the one herein applied for. lesires to participate in the benefits of the Act, approved December 15th, ets amendatory thereof, and makes application for the pension to which he re year 1902. I have heretofore as a resident of the pension for the year 1902 of the year 1902. May of 1902 ordinary. GEORGIA, Sheet County. I am well acquainted with follow recommends and county, the foregoing affidavit, and am well satisfied that the statements made by
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Deponent of 1894, and the A is entitled for the county been allowed by the Sworn to an arrange of the county been allowed by the sworn to an arrange of the county been allowed by the sworn to an arrange of the county that the applicant in his said as a sworn to a	desires to participate in the benefits of the Act, approved December 15th, ets amendatory thereof, and makes application for the pension to which he re year 1902. I have heretofore as a resident of the pension for the year 1902. I have heretofore as a resident of the pension to which he was a pension for the year 1902. Ordinary. GEORGIA, Ordinary. Ordinary of said County, the foregoing affidavit, and am well satisfied that the statements made by affidavit are true, and I know he is the individual he represents himself to esides in this County. Given under my official signature and seal, this
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

AN WILDIAWALD HOWDIALAND WORD I DUDIAND
State of Georgia,
· · · · · · · · · · · · · · · · · · ·
Danie phen county,
Personally appears & Mr. Hort tou of Campbell
county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
nd resident of said County and State, and has resided in said State continuously ever
ince the 12 day of a ch 18.00; that he is 7.0 years old
that he enlisted in the military service of the Con-
States, and served for the term of \$ 470 in Company " of 10 th Regiment
4 - 24 -
f that his physical condition is as of the state of the s
ollows: I have to decime a come of
Kidney how her
hat his property consists of the following items: Us fro first Ly
f the value of Dollars. I am now earning
hysical condition and poverty he is unable to support himself by his own exertion or
abor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th, 894, and the Acts amendatory thereof, and makes application for the pension, o which he
Ventitled for the year 1907. I have heretofore, as a resident of Court bear
Sworn to and subscribed before me, this the
My See for 1907. Sordinary.
The same Ordinary.
Od-da - C. Clandella V
State of Georgia,
Camp feel county:) Ordinary of said County,
m lu - Louis
I, Th. S. ac Ordinary of said County,
o certify that I am well acquainted with
ne applicant in the foregoing affidavit, and am well satisfied that the statements made
him in his said affidavit are true, and I know he is the individual he represents himself
be, and that he resides in this County.
Given under my official signature and seal this
dance Sorrie 1907
of I. le Lorin
Ordinary Camp bell County.
Ordinary County.
Ordinary and County.

Norg. - The blank spaces must be filled.

Norg. - Affidavit should not be attested before January 1st, 1907.

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					, Fai				Maria de la companya	
to rec	ceive and	receipt fo	r the p	ension a	llowed as	id reque	st tha	t he r	remit sam	e to
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by		leave	Angeles and second	~ /	ie.	. 0				
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READY ENROLLED.)	140	GENT S PENSI	03.	7. Host	giment 10	T ISSUED	61	LINDSEY, Commissioner of Pension	HANDED TO	ite Printer, Atlanta.
ALREADY ENROLLED.)	1401	R'S PENSIC	903.	M. Host	Regiment 70	1	162 19	W. LINDSEY, Commissioner of Pension	NT HANDED TO	on, State Printer, Atlanta.
OSE ALREADY ENROLLED.)	1411 .05	INDIGENT IER'S PENSI	1903.	healt Host	Regiment 70	1	16, 7 . 19	HN W. LINDSEY, Commissioner of Pension	RRANT HANDED TO	Harrison, State Printer, Atlanta.
FOR THOSE ALREADY ENROLLED.)	No. 144/	DIER'S PENSIC	1903.	Column Host	Co Regiment 70	WARRANT ISSUED	61	JOHN W. LINDSEY, Commissioner of Pension	WARRANT HANDED TO	Geor Harrison, State Printer, Atlanta.

Harton, John W.

Sold 22

SOLDIER'S PENSION (FOR THOSE ALREADY ENROLLED.) INDIGENT No. 1143 Harton,

POWER OF ATTORNEY.

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STATE O	E GEORGIA	,			
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N. Mor 1904. JOHN W. LINDSEY. WARRANT ISSUED JAN 27

WARRANT HANDED TO

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
Campbell County	
Personally appears John 7. 24	lostois . Carinthese
County, State of Georgia, who, being duly sworn	of of the same of
and resident of said County and State, and has	resided to said State continuously
since the 12 day of QeL	18 33: that he is 6 9 weers old and
by occupation a former, that he	enlisted in the military service of the Con-
federate States (or of the State of	Vidualing the men between the
States, and served for the term of 05-11100 of Lee-1101 - follows: I hove Aleena	in Company "Z", of 10th Regiment
of Lu-1hol-	; that his physical condition is as
follows: I hove Aleenera	lisin and
Hidney boutle	
that his property consists of the following items	Buch for lette
y long on too s	I, but our volume
of the value of 40	Dollars, that by reason of his physical
condition and poverty he is unable to support h	
that he receives no pension but the one herein a	
Deponent desires to participate in the bene 1894, and the Acts amendatory thereof, and make	
is entitled for the year 1903. I have heretofore	
county been allowed a pension for the year 1.20	
Sworn to and subscribed before me, this the	. 10
day of	
n c 11: c 4	ordinary.
STATE OF GEORGIA,	Jan San San Carlo
Campbell County.	
ih suc Lore	
do certify that I am well acquainted with	Ordinary of said County,
the applicant in the foregoing affidavit, and am w	rell 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 signa	sture and seal, this
day of Jacing	1903.
Affix your Beal)	. S. le Lorie
Ore	linary County been County.
Note.—The blank spaces must be filled	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEODGIA	
STATE OF GEORGIA,	
Com & beer County.	
	- · · · · · · · · · · · · · · · · · · ·
Personally appears	on of Complete
County, State of Georgia, who, being duly sworn, says	on oath that he is a bona fide citizen
and resident of said County and State, and has resi	ded in said State continuously ever
since the 12 day of de L 180	that he is 70 years old and
by occupation a Former , that he enlis	ted in the military service of the Con-
federate States (or of the State of	during the war between the
	Company "L", of 10 th Regiment
- Tu - Vol	
01 01	that his physical condition is as
follows: Vacor Ot here	
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that his property consists of the following items: 2	co groper 4-
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of the value of	Pollars, that by reason of his physical
condition and poverty he is unable to support himse	
that he receives no pension but the one herein applied	
Deponent desires to participate in the benefits o	f the Act, approved December 15th,
1894, and the Acts amendatory thereof, and makes app	
is entitled for the year 1904. I have heretofore as a p	esident of Control
County been allowed a pension for the year 1 903	1 1211
Sworn to and subscribed before me, this the	It He orton
M. S. we Living	inary.
Ord	mary.
STATE OF GEORGIA.	
Comptee county	· · · · · · · · · · · · · · · · · · ·
75/111-1-	
1, 10.0.00	Ordinary of said County,
do certify that I am well acquainted with	The Stop Low
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 0
day of Young	1604.
CAME	we for
bare. Ordinary Ordinary	20 della
Ordinary C	County.
Norg.—The blank spaces must be fi	lled.

Norz.—The blank spaces must be filled.

Norz.—Affidavit should not be attested before January

POWER OF ATTORNEY.

nSi	oa.	EORGIA,	In.	Hon	or F		bus	hereby authori
,	e and i	eccipt for	the pe		t	d reques	t that he	remit same
Wı	TNESS II	ny hand ar	ıd seal,	this 3	d	ay of	In i	1905.
Ex	ecuted in	i the prese	nce of		7 M	· No	re:	L. 1
form mi	_ 4	37.961	ine.	1618				
LED.		NO		13/3	134	1905.	usione,	
ALREADY ENROL		FNS	10	775		UED	SEY,	ED TO
READY 1	110	S PR	Ö	12	Regiment	RANT ISSUEL	W. LINDSEY,	RRANT HANDED TO
SE AL	No.	N E	0	4 8		WARR	M MHOM	ARRANT SER, WARAG

POWER OF ATTORNEY

STATE OF GEOF	GIA, COUNTY	- low	and dead	hereby authorize
to receive and receive	pt for the pens		d request that	t he remit same to
	and and seal, thi	J.	day of Jo	1906.
Executed in the	efficie	ese.		
		3=	1906	ıl II.
DY ENROLLE 12 0/4	SE O	S Secret	ISSUED	NDED TO
Com Secretary E. A. P. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	200	Regiment	ALLIN W. LI	Comm

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Campbell County.
Personally appears & It Norton of Compbell
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the 12 day of O. 1 1885; that he is 71 years old and
by occupation a fartist , that he collisted in the military service of the Con-
1/4
States, and served for the term of the in Company 1, of 10 th Regiment
of - Ju - Toe; that his physical condition is as
States, and served for the term of the state of in Company of the Regiment of factorial for the term of the term of the things in Company in the state of the Regiment of the factorial for the term of the term o
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that his property consists of the following items: Us fre for y
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of the value of a Dollars. I am now earning,
by my labor, Dollars per month. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1905. I have heretofore as a resident of Court of the
BESTER STANDER PERSONALISA ELEKTRICA ELEKTRICA ELEKTRICA ELEKTRICA ELEKTRICA ELEKTRICA ELEKTRICA ELEKTRICA ELE
Sworn to and subscribed before me, this the
11 Sill for Ordy Ordinary.
11 S. 11 June Oray Ordinary.
STATE OF GEORGIA,)
Com phele com
Courty of said County.
the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of Joseph 1905.
Muldon
Ordinary Complete County.
Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1905.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,	Visit of the second
1 , 11	
Personally appears & M. Hor	tou of Campbell
County, State of Georgia, who, being duly swo	rn, says on oath that he is a bona fide citizen
and resident of said County and State, and	has resided in said State continuously ever
since the 12 day of Oct	18/3; that he is 72 years old and
by occupation a down, that he	enlisted in the military service of the Con-
federate States (or of the State of 94	during the war between the
States, and served for the term of v	in Company, ofth Regiment
of - Yu. 200- follows: I Love Rheum	; that his physical condition is as
follows: I Love Rheum	- and + / Cidney
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that his property consists of the following iter	ms: Co pro for
of the value of US	Dollars. I am now earning
y my labor, "	Dollars per month. That by reason of his
physical condition and poverty he is unable	to support himself by his own exertion or
labor, and that he receives no pension but the	one herein' applied for
	enefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and ma	sheer approved December 15th,
s entitled for the year 1906. I have heretofo	
County, been allowed a pension for the year 19	
Sworn to and subscribed before me, this	1 \ ///
day of 1906	
	_Ordinary.
State of Georgia,	
County.	· · · · · · · · · · · · · · · · · · ·
i ho due for	
lo certify that I am well acquainted with	Ordinary of said County,
he applicant in the foregoing affidavit, and a	
by him in his said affidavit are true, and I kno	
	w he is the individual he represents himself
o be, and that he resides in this County. Given under my official signatu	m and and this 20
day of	1906.
Amx (. 0 11
your feat Creater Cor.	dinary Court Live County.

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

Liste bainly 3

Personally appeared by the me of Raver who are wath for the Solut Saver who are wath bound that I be I solve to make the sold - Come with my professional care soon ofthe the ivar between the Stales, on a count of Rhenmation and hidring complication, contracted during said hidring camplication, contracted during said hidring camplication, contracted during said infirmity he is now mother to earn a suffer from to and subscribed perform me This 28th day of march 1901

Listois Paul Ravir no. 3

condivery Payette les

Surgia of Personally appeared before

Fayette bounty, me SB Lewis ordinary

and for said bounty—

The firsties who are anth says that he was

baptein of bo, 5: 10th Regt be balo. and

that fohn It Borton encicled in said bompany

on May 12th 1862. and served continuously

with said bompany suft at such times

as he was confining in backete with

Rheunalism untel april 6th 1865. when

the was captured, That I have same

the afficient of & M Rivers who was a

mumber of said bompany and affirm

the same to be true

swoon to and subscribed before me

This 28th clay of March 1701

SB Lewis

Thamas H Jenhins

ordinary Coeff leo J. 10th Ga Val

JABLewis ordering for said converge of Fagette do certify that the witnesses to wit
Tamel Faver is a repretable Physician of this

bounds and it is findere also a resident if

that their statements ar writty character and

that their statements ar writty of fuel

faith and credit

given under my hand and seal of office

This 28th day of March 170;

OB Lewis

ordinary Fagette loo

NAME Horton, John W.

YEAR 1901 COUNTY Campbell

WHEN AND WHERE BORN? October 12th. 1833 Hancock Co. Ga.
Resident of Georgia since birth.

ENLISTED WHEN AND THERE? May 1862 Fayetteville, Ga.

RAIK

COMPANY AND REGIMENT? . Co. I, 10th. Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL? Captain Thomas H. Jenkins, same command

WOUNDED? Doctor states applicant contracted rheumatism, kidney disease during the war.

CAPTURED, WHEN AND WHERE? Captured April 6, 1865 near Appoint tox, Va. 1 carried to Point Lookout, Md.

RELEASED. After war closed.

WHEN AND WHERE SURRENDERED?

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

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J.W. Rivers

17.

ORDINARY'S CERTIFICATE

Campbell County &							
No.		NOTES	0 70	befor	on th	know	Con
Widow's Application To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910—	1	S: 1. Before any questions of the you shall give vou shall give vo	Sworn under my (SEAL.)	before signing the respective affida	That I also know.	Mr. Eary J. Horto	Campbell
As Amended by Act of 1919. County		estions are answ mily swear that; y file the truth. lavits may be made be ho married prior copies of marri- copies of marri- abled Pensioners he made no p	my hand and official	respective affidavits, faith and credit.	J.H.E111		1
Name Mary J. Horton Widow of John W. Horton		cred the Ord rou will true So help you G tached if Man fore the Ord to first Janu age license if must use the roof of service	cial seal of	and that	Ellington.	and that she	cou
Company "I"		answers make tool." answers make tool." anity of the anary, 1881, are obtainable. Blue Applice and was n	office this	they are	J.W.Rivers	the a	NTY.
Approved		e to each of insufficient, county of rese entitled. If not, prove ation Blank a cot required to	Campbell	han of the foregoing w truthful and trustworthy	and ers witnes	Ordinar, applicant for t	
		the questions idence. marriage, by marriage, by do so,	day of	foregoing I trustwort	E -	ary of said r this pensi	
	6.)	ness in the f	October 0	and the	.A.Spence, s to marriage, and	of of	
J. W. LINDSEY, Commissioner of Pensions.		following wand the evi and the evi on, or by ge	ry 19 20 Ordinary.	stat	d Lalso	mty, do certify that and that she is the said County and we	

ORDINARY'S CERTIFICATE

or disolidita,	
Campbell .	COUNTY
I W. S. Melarin,	COURTE.),
I,	Ordinary of said County, do certify that I
know Mrs. Mary J. Horton,	the applicant for this pension, and that she is the
person she represents herself to be, and that	she is a bona fide continuing resident of said County and was
on theday of	and d.A. Opende.
That I also know J.H. Ellingto	n. J.W.Rivers, witness as to marriage, and Lalso know
	that her of the foregoing were duly sworn by me
before signing the respective affidavits, and	that they are truthful and trustworthy and their statements
are entitled to full faith and credit.	
	al of office this 13th day of October, 1920.
(SEAL.)	modelle forme Ordinary.
	Campbell County.
"You do solemnly swear that you will you shall give will be the truth. So help 2. Additional affidavits may be attached 3. All affidavits must be made before th 4. Only widows who married prior to first 5. Attach certified copies of marriage lice reputation.	if blank spaces are insufficient, to Ordinary of the comity of residence, January, 1881, are entitled, make if obtainable. If not, prove marriage, by some person, or by general use the Blue Application Blank and state and prove full term of bushpanes.

Widow of John W. Horton

Compbell
Mary J. Horton

. 10th Georgia-

J. W. LINDSEY,

Widow's Application
To Be Put on Roll in Her Own Right When
Ruiband Was on the Indigent Roll or
Put on Under Act of July 11, 1810—
As Amended by Act of 1919.

Horton Campbell

ORDINARY'S CERTIFICATE
STATE OF GEORGIA, Campbell COUNTY.
I, W. S. Mc arin, Ordinary of said County, do certify that I
know Mrs. Mary J. Horton,the applicant for this pension, and that she is the
person she represents herself to be, and that she is a bona fide continuing resident of said County and was
on theday of
before signing the respective affidavits, and that they are truthful and trustworthy and their statements
are entitled to full faith and credit.
Sworn under my hand and official scal of office this 13th day of October, 1920. (SEAL.) Cempbell County.
NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you food." 2. Additional affdavits may be attached if blank spaces are insufficient. 3. All affdavits must be made before the Ordinary of the county of residence. 4. Only widows who married prior to first January, 1881, are entitled. 5. Attach certified cipies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation. 6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Harton Campbell

Widow's Application
To Be Pti on Roll in Her Own Eight When
Rusband Was on the Indigent Roll or
Pti en Under Act of July 11, 1810—
As Amended by Act of 1919. Campbell

Mary J. Horton

Widow of John W. Horton

Regiment 10th Georgia-

State of Georgia, Campbell County.

Before me, the undersigned Ordinary, this day personally came som // Filington, J. W. Rivers, and J. A. Spence, all of said county, and each personally known to me to be entirely credible, who, after having been duly sworn, depose and severally say on oath, that they have been personally and well acquainted with J. W. Horton, late of said county, deceased, and his widow, Mrs. Mary J. Horton for 53 years, 60 years, years respectively; that they lived in same neighborhood as did said J. W. Horton and his said widow; that said parties lived together as husband and wife for over 50 years, and that the existance of this relationship was never, so far as we, or either of us, know, wee ever questioned; and further, we believe that if such a question had ever arose, the same would have become known to us; further, that for some reason unknown to us or eit er of us, the Marriage License of said husband and wife seems never to have been recorded in the records of Payette county, Georgia, or other county; further that said J. W. Horton and his said wife raiseds family as husband and wife, and have so ived as such husband and wife for over 50 years and up to the time of the death of said J. W. Horton, deceased, until his death, which happen ed during the resent year, 1920.

Sworn to and subscribed before me, this October 13, 1920.

ho Mu Lorin

Campbell county, Georgia.

WIDOW'S AFFIDAVIT

Campbell COUNTY.
Personally before me comes Mrs. Mary J. Horton,of said County,
who, after being duly sworn, says that she is the widow of John W. Horton,
to whom, in the County of State of she was married on
the 6th day of Jan'y 18.61, and that she remained his wife, and resided with him to the
date of his death in May 121 1920 and that she has not since his death remarried. At
the time of his death he was a resident ofCounty, in said State
of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension
of \$ 100 00 in Campbell County for 1920 per annum, on account of being a soldier in
Company "I" Regiment 10th Ga. Vol. (Volunteers or State Militia)
That she is now a bona fide resident cifizen of said County of Campbell and she
has so continuously resided sinceday of
Sworn to and subscribed before me, this the
13th day of Outober, 19 20.
m. S. lle Larine, Ordinary ordinary
ofCampbellCounty.
(SEAL)
Affidavit of Witnesses to Prove Marriage and to Whom.
Date of Death of Husband
Date of Death of Husband STATE OF GEORGIA,
Date of Death of Husband STATE OF GEORGIA,
STATE OF GEORGIA, Campbell County. Personally before me comes J. H. Ellington & J.W.Rivers, F. known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say; that
Date of Death of Husband STATE OF GEORGIA, Campbell COUNTY Personally before me comes J. H. Fllington & J.W.Rivers, W. known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that they are saisfied that Mary J. Horton, who made the foregoing
Date of Death of Husband STATE OF GEORGIA, Campbell County Personally before me comes J. H. Ellington & J.W.Rivers, F. known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that they are saisfied that of xbancowskpaxskalkongdrige Mrs. Mary J. Horton, who made the foregoing affidavit, is the lawful widow of John W. Horton who died in said
Date of Death of Husband STATE OF GEORGIA, Campbell COUNTY. Personally before me comes J. H. Fllington & J.W.Rivers, W. known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that they are Saisfied that of Menrousekpersonal Monwarde Mrs. Mary J. Horton,, who made the foregoing affidavit, is the lawful widow of John W. Horton, who died in Said County in said State of Ge on 12th day of Mey, 19 20.
Date of Death of Husband STATE OF GEORGIA, Campbell COUNTY Personally before me comes J. H. Fllington & J.W.Rivers, Y. known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that they are saisfied that of knowned the foregoing affidavit, is the lawful widow of John W. Horton who made the foregoing affidavit, is the lawful widow of John W. Horton who died in said County in said State of Ga. on 12th day of May 1920. and that she has not since remarried. That she bear of the said State of Ga.
Date of Death of Husband STATE OF GEORGIA, Campbell County Personally before me comes J. H. Ellington & J.W.Rivers, W. known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that they are saisfied that of knownering mark that they are saisfied that of knownering mark that they are saisfied that Mary J. Horton, who made the foregoing affidavit, is the lawful widow of John W. Horton who died in said County in said State of Ga. on 12th day of May; 1920. and that she has not since remarried. That have been died wife wife wife wife wife wife wife wife
Date of Death of Husband STATE OF GEORGIA, Campbell County Personally before me comes. J. H. Ellington & J.W.Rivers, H. known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that they are saisfied that of Many J. Horton, who made the foregoing affidavit, is the lawful widow of John W. Horton who died in Said County in said State of Ga. on 12th day of May, 19 20. and that she has not since remarried. That was been died in Said that she has not since remarried. That was been died in Said wife continuously since. day of before 18.70, and that she had resided together as man and wife continuously since. day of before 18.70, and that she N. Horton was
Date of Death of Husband STATE OF GEORGIA, Campbell County Personally before me comes J. H. Ellington & J.W.Rivers, Y. known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that they are saisfied that of memosuscepassenel knownedge Mrs. Mary J. Horton, who made the foregoing affidavit, is the lawful widow of John W. Horton who died in said County in said State of Ga. on 12th day of May, 19 20. and that she has not since remarried. That we because the and he had resided together as man and wife continuously since day of before 18 70, and that thehm W. Horton was the same man who was on the pension roll of said State (Ga.) from Campbell
Date of Death of Husband STATE OF GEORGIA, Campbell County Personally before me comes. J. H. Ellington & J.W.Rivers, W. known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that they are saisfied that of knownexpersonal knowned by Mary J. Horton, who made the foregoing affidavit, is the lawful widow of John W. Horton was died in Said County in said State of Ga. on 12th day of May, 19 20. and that she has not since remarried. Thay have been died have been died together as man and wife continuously since. day of before 18.70, and that she has how was on the pension roll of said State (Ga.) from Campbell County when he died
Date of Death of Husband STATE OF GEORGIA. Campbell County Personally before me comes. J. H. Ellington & J.W.Rivers, H. known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that they are saisfied that of known
Date of Death of Husband STATE OF GEORGIA, Campbell County Personally before me comes J. H. Ellington & J.W.Rivers, Y. known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that they are saisfied that of **Reincounty personal **Manufarge Mrs. Mary J. Horton, who made the foregoing affidavit, is the lawful widow of John W. Horton who died in said County in said State of Ga. on 12th day of May, 1920. and that she has not since remarried. That **Ac beand the had resided together as man and wife continuously since day of before 18.70, and that she had resided together as man and wife continuously since day of before 18.70, and that she had resided together as man and the same man who was on the pension roll of said State (Ga.) from Campbell County when he died. Sworn to and subscribed before me, this the 13th day of October, 1920.
Date of Death of Husband STATE OF GEORGIA. Campbell County Personally before me comes. J. H. Ellington & J.W.Rivers, H. known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that they are saisfied that of known

Sworn to and subscribed before me, this the

13th day of October, 1920.

Mallu Lotius Ordinary
of Campbell County.

(SEAL)

NOTES

No. 1001, APPLICATION FOR ALLOWANGE Regholm a gable ast county Campbell Date of Warrant Hely 28 Entgred on record Hely 28 1889 MHH BECRETARY EXECUTIVE DEPARTMENT.

NOTES. ABBORD TO THE

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

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and constrainty success.

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

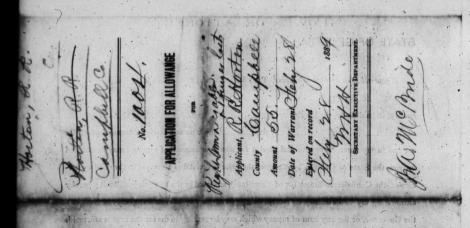
3. It will not answer to say that an arm is "substantially uscless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or-leg, but the limb must for all purposes be "substantially and essentially uscless."

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

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

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

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



For Use of Applicants Who Have not Heretofore Drawn.

-	
STATE OF GEORGIA,	
County.	
PERSONALLY appears R. R. Horton	· loquipline
State of Georgia, who, being duly sworn, says on oath	of centrett county,
resident of said State, and has been such since the	that he is a bona fide citizen and
	day of d in the military service of the Con-
federate States (or of the State of georgial) during the war between the
States, and served as a Privale in Co	ompany & of 10 th Regiment
of Gorgia Volunteers Brigant	's Brigade: that whilst engaged
in such military service, at the battle of leeder	Creek . In the State
of Varguica, on the 197 day of	Horaculer 1863, he was
wounded as follows: That in lop of the Re	ght sholder the real
ranging down near the shines co	tumo or the right
Conseins the singe very much co	idelly four acros
The arm substantially and Essent	the service of the desires
middle finger shot off of my left &	hand below the In fair
holy of the finger off. at the batter better	hours Sa on the Stile is feets 180
Deponent desires to participate in the benefits of	
and the Act amendatory thereof, approved December	1888 and makes application for
the allowance to which he is entitled for the year therei	under ending October 26, 1880.
	Rafforder
20 day of February 1889	A Clastic.
R. G. Beavers, Ordinary	
Note.—State fully nature of wound or character of disease which che extent of the disability.	causes the disability, and explain particularly
the extent of the disability.	
Commissioned Officer's	Affidavit.
STATE OF GEORGIA,	
County.	
Personally came before me	of the county
	being duly sworn, says that he was
a commissioned officer in Company, of	
Volunteers, and that deponent knowswounds (or contracted the disease) in the military service	, and that he received the
and that wounds (or disease) permanently disables the	
	Deponent further states that said
	ide citizen of this State and resides
in county.	State and resides