

STATE OF GEORGIA,

County.

Personally came.....

who, being duly sworn, depose and say they are acquainted with.....

.....and know that he lost ain the military service during the late war:

that said.....was amputated.....; that he is a bona fide

citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

Sworn to and subscribed before me this.....

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

STATE OF GEORGIA,

County,

I, R. C. Bourers, Ordinary of Campbell

county, do certify that I am well acquainted with S. W. Long

the applicant for an Arm, and am well satisfied that the facts stated by him in the foregoing

affidavit are true, and that I am well acquainted with John A. Richardson

the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts stated by them are true. I, R. C. Bourers, do hereby certify that the facts stated by them are true.

day of November.....1878

R. C. Bourers
Ordinary

STATE OF GEORGIA.

County.

Personally appeared before me S. W. Long.....of

the county of Campbell, State of Georgia, who, being duly sworn, deposes

and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he

enlisted in the military service of the Confederate States, or of this State, as a private

in Company C. 19th Regiment of Georgia Volunteers.

that while engaged in such military service, to-wit: at the battle or engagement of Red Bank Mountain

in the State of Virginia.....on the 9th day of

August.....1862, he was wounded in the left arm and

that the same was amputated above the elbow

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 not supplied himself with an artificial arm; or that, not having

done so, he prefers to supply himself with an artificial arm.

Sworn to and subscribed before me this.....

29th day of October.....1878

S. W. Long

NOTE.—If the above affidavit must be 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, or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

County.

Personally came before me J. A. Richardson.....of

the county of Jefferson, State of Georgia, who, being duly sworn, deposes

and says that he was William.....in Company C. 19th Regiment

and that S. W. Long.....the above deponent, was private

in said Company, and that this deponent knows that said S. W. Long

lost a arm.....in the military service as said in the above affidavit.

Sworn to and subscribed before me this.....

29th day of October.....1878

J. A. Richardson

NOTE.—If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens,

must be furnished.

Long, S. W.
Long, S. W.
No. 278 Campbell Co.

APPLICATION FOR

Arm

FOR CONFEDERATE SOLDIER.

Applicant..... S. W. Long
County..... Campbell Co.
Limb..... Arm above elbow.
Amount..... \$60

Date of Warrant..... Nov 15th 1879

Page.....

Ex. C. 1907
Lgt. Lgt.
E/952

AN ACT

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

SECTION I. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona 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 leg 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 elbow 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. GOETCHIUS,
Secretary House Representatives.
WM. E. HARRIS,
Secretary Senate.
Approved, September 6th, 1879.

A. O. BACON,
Speaker House Representatives.
RUFUS E. LESTER,
President Senate.
ALFRED. H. COLQUITT, Governor.

Long, S. W.
Campbell Co

No. 567.

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 26, 1889.

FOR

Serv of S. W. Long
Applicant S. W. Long
County Campbell
Amount 700.

Date of Warrant Feb 15

Entered on Record, Feb 15 1889

SECRETARY EXECUTIVE DEPARTMENT.

No additional data

STATE OF GEORGIA,

Campbell County.

PERSONALLY appears S. W. Long of Campbell County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the 1st day of April 1845; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 19th Regiment of Georgia Volunteers, A. H. Colquhoun's Brigade; that whilst engaged in such military service, at the battle of Cedar Run in the State of Virginia, on the 2nd day of August 1862, he was wounded as follows: Shot with a minnie ball through the left arm near the shoulder joint breaking the bone from shoulder to the elbow and arm was amputated about two inches below shoulder joint.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved Dec. 24, 1888, and makes application for the allowance to which he is entitled for the year ending Oct. 26, 1889.

Sworn to and subscribed before me, this 13th day of February 1889, S. W. Long
R. C. Beaver, Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

County.

PERSONALLY comes before me _____ Ordinary of said county, _____ and _____, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined _____ and after such examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this _____ day of _____ 188 _____

ORDINARY.

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

NOTES.

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 fact showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *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 affidavits, the amendments must be made *under oath* 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 County.

I, *R. C. Beavers* Ordinary of said county, do certify that I am well acquainted with *S. W. Long*, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I 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 *R. C. Beavers* 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 *13th* day of *February* 188*9*

R. C. Beavers
Ordinary *Campbell* County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

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

day of _____ 188

Executed in the presence of us:

(L. S.)

DIRECTION:

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

STATE OF GEORGIA,

Campbell County.

I, *R. C. Beavers*

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

I further certify that *R. C. Beavers* before 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 *3rd* day of *February* 189*0*

R. C. Beavers

Ordinary

Campbell

County.

STATE OF GEORGIA,

Campbell County.

I, *R. C. Beavers*

Ordinary of said County,

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

I further certify that *R. C. Beavers* before 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 *6th* day of *February* 189*1*.

R. C. Beavers

Ordinary

Campbell

County.

Long, Samuel W.
Campbell Co.
Long, Samuel W.
1890.

No. *724*
APPLICATION FOR ALLOWANCE.

FOR THIS BEING OCTOBER 24, 1890.

Long, Samuel W.

Applicant, *Paul M. Long*

County, *Campbell*

Amount, *100*

Date of warrant, *Feb 10*

Entered on record *Feb 10* 189*0*

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Applicant
no additional data

Long, S. W.
Campbell Co.
1891.

No. *160*
Application for Allowance

FOR THIS BEING OCTOBER 24, 1891.

Long, Samuel W.

Applicant, *S. W. Long*

County, *Campbell*

Amount, *100*

Date of Warrant, *Feb 10*

Entered on record *Feb 10* 189*1*

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

Applicant

Geo. W. Harwood, State Printer, Atlanta, Ga.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Campbell County.

PERSONALLY appears *Samuel W. Long* of *Campbell* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *2nd* day of *April* 1845; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *Co.*, of *19*th Regiment of *Georgia* Volunteers *Bolquitt's* Brigade; that whilst engaged in such military service, at the battle of *Cedar Run* in the State of *Virginia*, on the *9th* day of *August* 1862, he was wounded as follows: *Shot with Minie Ball through left arm above the elbow breaking the bone so under the arm had to be amputated near the shoulder joint on the 3rd day of August 1862*

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 *one hundred* dollars.

Sworn to and subscribed before me, this the

3rd day of *February* 1890.

R. C. Beavers, Ordinary

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 189

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Campbell County.

PERSONALLY appears *S. W. Long* 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 *2nd* day of *April* 1845; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *Co.*, of *19*th Regiment of *Georgia* Volunteers *Bolquitt's* Brigade; that whilst engaged in such military service at the battle of *Cedar Run* in the State of *Virginia*, on the *9th* day of *August* 1862, he was wounded as follows: *Shot in the left elbow, shattering the bone & causing amputation, just below the shoulder joint about 3 inches*

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 *one hundred* dollars, for *1888, 1889 & 1890*.

Sworn to and subscribed before me, this, the

6th day of *February* 1891.

R. C. Beavers, Ordinary

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of _____ County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA.

Campbell County.

I, *R. C. Beavers*

Ordinary of said county,

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

Given under my official signature and seal, this *24th* day of *March* 1892.

R. C. Beavers

Ordinary *Campbell* County.

*Campbell Co.
Long, S. W.
No.*

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *S. W. Long*
County *Campbell*

Disability *Loss of arm*
Amount \$ *100*

Entered on record *Mar 3* 1892.

W. H. HARRISON.
Surgeon-General's Department.

AGENT,
Applicant
Geo. W. Harrison, State Printer, Atlanta, Ga.

POWER OF ATTORNEY.
STATE OF GEORGIA.

County.

Know all Men by these Presents, That I

of _____ County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1893.

[L. S.]

Executed in the presence of us:

Send money to me as follows, by _____

to _____

P. O.

STATE OF GEORGIA

County, Georgia.

Long, S. W.

1893.

Campbell

No. *308*

Application for Allowance

For the Year Ending October 31, 1892.

Name of Applicant *Long, S. W.*
County *Campbell*

Amount, *100*

Date of Warrant, *3/16*

Entered on record, *3/16*

COHA 1893.

WARRANT HARRISON TO

Applicant

Geo. W. Harrison, State Printer, Atlanta, Ga.

No 2 to

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Campbell County.

PERSONALLY appears

S. W. Long

of *Campbell* 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 *2nd* day of *April*, 18*45*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *C* of *19*th Regiment of *Georgia* Volunteers *Calquith's* Brigade; that whilst engaged in such military service at the battle of *Cedar Run* in the State of *Virginia*, on the *29th* day of

August, 1862, he was wounded as follows: *Shot in the elbow of left arm & said arm was amputated about three inches below shoulder joint.*

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

One hundred Dollars for

Sworn to and subscribed before me this the

15th day of *March*, 1892.

R. C. Beavers Ordinary.

Note.—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,

Campbell County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

of *S. W. Long* 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 *15th* day of *March*, 1892.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Campbell County.

PERSONALLY appears

S. W. Long

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 *2nd* day of *April*, 18*45*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *C*, of *19*th Regiment of *Georgia* Volunteers *Calquith's* Brigade; that whilst engaged in such military service at the battle of *Cedar Run* in the State of *Virginia*, on the *29th* day of *August*, 1862, he was

wounded as follows: *Shot by a musket ball in the elbow of the left arm from the effects of which shot his arm was amputated just above the elbow near the shoulder joint.*

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, 1893. I have heretofore been allowed a pension of

one hundred dollars, for

Sworn to and subscribed before me, this, the

15th day of *March*, 1893.

R. C. Beavers Ordinary.

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

STATE OF GEORGIA,

Campbell County.

I,

R. C. Beavers

Ordinary of said County,

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

I further certify that

R. C. Beavers

before 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 *15th* day of *March*, 1893.

R. C. Beavers

Ordinary

Campbell

County.

STATE OF GEORGIA

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY. }

Know all Men by these Presents, That I, _____
of _____

County, State of Georgia, do hereby appoint _____
of _____ my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the
State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate
States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney
to receipt in my name for any 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 _____ 1894.

Executed in the presence of us _____

[L. S.]

DIRECTIONS.

Send money to me as follows, by _____
to _____ P. O.
County, Georgia.

Campbell Co.
Long, Samuel M.
(For These Already Enrolled.)

296

Soldier's Pension.
1894.

Name *Sam'l M. Long*
County *Campbell*
Disability *Loss of Arm*
Amount, \$ *100*
9/1 1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

Application

Geo. W. Simmons, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

KNOW ALL MEN BY THESE PRESENTS, That I, _____
of _____

County, State of Georgia, do hereby appoint _____
of _____ my true and lawful attorney in fact, for

me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the
State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate
States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt
in my name for any 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 _____ 1895.

Executed in presence of us _____

[L. S.]

DIRECTIONS.

Send money to me as follows, by _____
to _____ P. O.
County, Georgia.

Campbell Co.
Long, S. M.
(For These Already Enrolled.)

437

SOLDIER'S PENSION.
1895.

Name *S. M. Long*
County *Campbell*
Disability *Loss of Arm*
Amount, \$ *100*
3/12 1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

app

Geo. W. Simmons, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Campbell County. }

PERSONALLY appears Sam^l M. Long 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 2 day of April 1848; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 19th Regiment of Ga Volunteers Colquith's Brigade; that whilst engaged in such military service at the battle of Cedar Run in the State of Ga, on the 9 day of Aug 1862, he was wounded as follows: I was shot by a minnie ball in the left elbow, the ball coming in from the side, making a puncture of left arm about six joint measures.

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 One hundred dollars, for the year 1893.

Sworn to and subscribed before me, this, the 1 day of March 1894. } Samuel W. Long
R. C. Beavers Ordly

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. }

I, R. C. Beavers Ordinary of said County, do certify that I am well acquainted with Sam^l M. Long 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 1st day of March 1894.



R. C. Beavers
 Ordinary Campbell County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Campbell County. }

Personally appears S. M. Long 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 2 day of April 1848; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 19th Regiment of Ga Volunteers, Colquith's Brigade; that whilst engaged in such military service at the battle of Cedar Run in the State of Ga, on the 9 day of Aug 1862, he was wounded as follows: I was shot by a minnie ball while in service in State of Ga. as above stated, said ball entering & passing through left arm near elbow, making a puncture of said arm, making a wound of the arm, making a puncture of said arm near shoulder about six joint measures.

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 One hundred dollars, for the year 1894.

Sworn to and subscribed before me, this, the 1 day of March 1895. } S. M. Long
R. C. Beavers Ordly

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. }

I, R. C. Beavers Ordinary of said County, do certify that I am well acquainted with S. M. Long 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 1st day of March 1895.



R. C. Beavers
 Ordinary Campbell County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1896.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1897.

[L. S.]

Executed in presence of _____

SOLDIER'S PENSION.

1896.

No. 673

Name *S. M. Long*
County *Campbell*
Disability *Loss of Arm*
Amount, \$ *100*
2/26 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

opht

Geo. W. Harrison, State Printer, Atlanta.

No data

SOLDIER'S PENSION.

1897.

No. 1994

INVALID

Name *S. M. Long*
County *Campbell*
Disability *Loss of Arm*
Amount, \$ *100*
2/24 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

opht

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Campbell County.

Personally appears S. W. Long 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 April 1845; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 19th Regiment of Ga Volunteers, Colquith's Brigade; that whilst engaged in such military service in the State of Ga, on the 9 day of Aug 1862, he was wounded, injured or diseased as follows:
I was shot through the left arm near the elbow joint by a "Minnie Ball", while in service at battle of "Cedar Run" in Ga on Aug 9th 1862, said wound necessitating the amputation of left arm near shoulder joint of bone; thus rendering me practically unfit for ordinary manual labor

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the 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 One Hundred dollars, for the year 1895.

Sworn to and subscribed before me, this, the 6 day of July 1896.

A. C. Bravers Ord.

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.

I, R. C. Bravers Ordinary of said County, do certify that I am well acquainted with S. W. Long 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 6 day of July 1896.

A. C. Bravers
Ordinary Campbell County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Campbell County.

Personally appears S. W. Long 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 April 1845; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 19th Regiment of Ga Volunteers, Colquith's Brigade; that whilst engaged in such military service in the State of Ga, on the 9 day of Aug 1862, he was wounded, injured or diseased as follows:
I was shot through the left arm by a "minnie ball" while in service at battle of "Cedar Run" and on account of said wound so named my arm had to be amputated

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 Campbell county been allowed an invalid pension of One Hundred Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 32 day of July 1897.

A. C. Bravers Ord. POST OFFICE Columbus 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,
Campbell County.

I, R. C. Bravers Ordinary of said County, do certify that I am well acquainted with S. W. Long 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 32 day of July 1897.

A. C. Bravers
Ordinary Campbell County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Campbell County.

I, S. W. Long hereby authorize C. B. Mosley
of Palmetto Ga

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

by me
at home

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th
day of Feb 1898.

S. W. Long [L. S.]

Executed in presence of

W. S. Mc Lorn
C. B. Bowers, Clerk

Long, S. W.
Campbell Co.

NOT OF 24 OCT. 1897.
(For These Already Enrolled.)

No. 2339

INVALID

SOLDIER'S PENSION.

1898.

Name S. W. Long
County Campbell
Disability Loss of Arm
Amount, \$ 100⁰⁰

2/17 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

C. B. Mosley
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Campbell County.

I, S. W. Long hereby authorize C. B. Mosley
of Palmetto Ga

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

by me
at Palmetto Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19
day of January 1898.

S. W. Long [L. S.]

Executed in presence of

J. G. Stephens
Ordinary

Long, S. W.
Campbell Co.

CODE SECTION 15A.
(For These Already Enrolled.)

No. 2357

INVALID

SOLDIER'S PENSION.

1898.

Name S. W. Long
County Campbell
Disability Loss of Arm
Amount, \$ 100

2/16 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

C. B. Mosley
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Campbell County.

Personally appears S. W. Long 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 Apr 1845; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 19th Regiment of Ga Volunteers, Colquitt's Brigade; that whilst engaged in such military service in the State of Ga, on the 9th day of August 1862, he was wounded, injured or diseased as follows:

I was shot in the left arm by a Union force while in service at Battle of Cedar Run Va; On account of said wound so received it was necessary to amputate said arm

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 Campbell county been allowed an invalid pension of one hundred Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 1st day of Feb 1898. S. W. Long POST-OFFICE Palmetto Ga
A. C. Bravers, Ord.

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.

I, R. C. Bravers Ordinary of said County, do certify that I am well acquainted with S. W. Long 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 1st day of Feb 1898.



A. C. Bravers
Ordinary Campbell County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Campbell County.

Personally appears S. W. Long 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 April 1845; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company C, of 19th Regiment of Georgia Volunteers, Colquitt's Brigade; that whilst engaged in such military service in the State of Ga, on the 9 day of August 1862, he was wounded, injured or diseased as follows:

I the Battle of Cedar Run in Va. shot in the elbow of left & my arm was amputated just below the shoulder the left arm lost

Deponent 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 Campbell County, been allowed an invalid pension of one hundred Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 19 day of January 1899. S. W. Long POST-OFFICE Palmetto Ga
J. J. Stephens, Ordinary

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

STATE OF GEORGIA,

Campbell County.

I, J. J. Stephens Ordinary of said County, do certify that I am well acquainted with S. W. Long 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 day of January 1899.



J. J. Stephens
Ordinary Campbell County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Campbell County.

I, S. W. Long hereby authorize

A. B. Mosley of Palmetto Co.

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

by me at Palmetto Co.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6

day of February 1900.

S. W. Long [L. S.]

Executed in presence of

J. J. Stephens - ordinary

Long, S. W.
Campbell, G.

CODE SECTION 126.

(For These Already Enrolled.)

No. 622

INVALID

SOLDIER'S PENSION.

1900.

Name S. W. Long
County Campbell
Disability lost one arm
Amount, \$ 100
Warrant issued Feb 4 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

A. B. Mosley

Geo. W. Harrison, State Printer, Atlanta.

No date

Long, S. W.
Campbell, G.

CODE SECTION 126.

(For These Already Enrolled.)

No. 2673

DISABLED

SOLDIER'S PENSION.

1901.

Name S. W. Long
County Campbell
Disability lost one arm
Amount, \$ 100

2/14 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

A. B.

Geo. W. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of _____

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

by _____

at _____

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

day of _____ 1901.

STATE OF GEORGIA

[L. S.]

Executed in presence of

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Camphell County.

Personally appears S. W. Long of Camphell 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 2 day of April 1846; 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 , of 19th Regiment of Georgia Volunteers, Colquitt's Brigade; that whilst engaged in such military service in the State of Va, on the 9 day of August 1862, he was wounded, injured or diseased as follows:

at the battle of Cedar Run in State of Va
shot in the left arm and broke all the
bones so it had to be amputated just below
the shoulder

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Camphell County been allowed an invalid pension of \$24 hundred \$100.00 Dollars, for the year 1899.

Sworn to and subscribed before me, this, the S. W. Long 6 day of February 1900. POST OFFICE Palmetto Ga

J. J. Stephens = ordinary

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

STATE OF GEORGIA,

Camphell County.

I, J. J. Stephens Ordinary of said County, do certify that I am well acquainted with S. W. Long 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 6 day of February 1900.

J. J. Stephens
Ordinary Camphell County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Camphell County.

Personally appears S. W. Long of Camphell County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 2 day of Apr 1846; 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 , of 19th Regiment of Volunteers, Colquitt's Brigade; that whilst engaged in such military service in the State of Va, on the 9 day of August 1862, he was wounded, injured or diseased as follows:

I was shot in left elbow joint by a
Union's ball which in service at battle
of "Cedar Run" and so's wound so me!
was amputated the amputation of said
left arm just below shoulder

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Camphell County been allowed an invalid pension of \$24 hundred \$100.00 Dollars, for the year 1900.

Sworn to and subscribed before me, this the S. W. Long 12 day of Feb 1901. Postoffice Palmetto Ga
W. S. Mc Lavin, Ord.

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,

Camphell County.

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

Given under my official signature and seal, this 12 day of Feb 1901.



W. S. Mc Lavin
Ordinary Camphell County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, S. W. Long hereby authorize C. B. Mosley of Polk County Ga

to receive and receipt for the pension paid hereon and request that he remit same to me by check at home

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10 day of January 1902.

S. W. Long [L. S.]

Executed in presence of

M. M. Long, Ord.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, S. W. Long hereby authorize C. S. Reid of Polk County Ga

to receive and receipt for the pension paid hereon and request that he remit same to me by check at Polk County Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 13 day of January 1903.

S. W. Long [L. S.]

Executed in presence of

M. M. Long, Ord.

Long, S. W.
Campbell Co

(FOR THOSE ALREADY ENROLLED.)

No. 738

DISABLED

SOLDIER'S PENSION
1902.

Name S. W. Long
County Campbell Co
Co. 10th Regiment 19th
Disability Loss of Arm
Amount, \$ 100.00

121 1902

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

C. B. Mosley
Clerk of Superior Court, Polk County, Georgia.

No data

Long, S. W.
Campbell County

(FOR THOSE ALREADY ENROLLED.)

No. 62

DISABLED

SOLDIER'S PENSION
1903.

Name S. W. Long
County Campbell Co
Co. 10th Regiment 19th
Disability Loss of Arm
Amount, \$ 100.00

127 1903

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

C. S. Reid
Clerk of Superior Court, Polk County, Georgia.

No data

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEYED PENSIONS

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEYED PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Campbell County.

Personally appears S. M. Long 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 April 1845; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company "C", of 19th Regiment of Ga Volunteers, Colquitt's Brigade; that whilst engaged in such military service in the State of Ga, on the 9 day of August 1862, he was wounded, injured or diseased as follows:

I was shot through the left arm by a Minnie ball while in service at battle of Cedar Run; said wound was during necessary the amputation of said left arm.

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 Campbell County, been allowed an invalid pension of One Hundred Dollars, for the year 1901.

Sworn to and subscribed before me, this the 10th day of January 1902. } Post-office Columbus Ga
W. S. McLaughlin

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,

Campbell County.

I, W. S. McLaughlin Ordinary of said County, do certify that I am well acquainted with S. M. Long 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 10th day of January 1902.

W. S. McLaughlin
Ordinary Campbell County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Campbell County.

Personally appears S. M. Long 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 Apr 1845; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company "C", of 19th Regiment of Ga Volunteers, Colquitt's Brigade; that whilst engaged in such military service in the State of Ga, on the 9 day of August 1862, he was wounded, injured or diseased as follows:

I was shot through left arm by a Minnie Ball while in service at battle of Cedar Run - said wound rendering necessary the amputation of said left arm.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of Campbell County, been allowed an invalid pension of One Hundred Dollars, for the year 1902.

Sworn to and subscribed before me, this the 13th day of January 1903. } Post-office Columbus Ga
W. S. McLaughlin

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,

Campbell County.

I, W. S. McLaughlin Ordinary of said County, do certify that I am well acquainted with S. M. Long 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 13th day of January 1903.

W. S. McLaughlin
Ordinary Campbell County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of

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

by

at

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

day of _____ 1904.

[L. S.]

Executed in presence of

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of

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

by

at

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

day of _____ 1905.

[L. S.]

Executed in the presence of

Long, S. W.
Campbell County
COME SECTION 1280.
(FOR THOSE ALREADY ENROLLED.)

No. 198

DISABLED

**SOLDIER'S PENSION
1904.**

Name *S. W. Long*
County *Campbell*
Co. *"C"* Regiment *19th*
Disability *Loss of Arm*
Amount, \$ *100.00*

1/27 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

W
Gen. W. Marshall, State Printer, Atlanta.

no date

Long, S. W.
Campbell County
COME SECTION 1280.
(FOR THOSE ALREADY ENROLLED.)

No. 788

DISABLED

**SOLDIER'S PENSION
1905.**

Name *S. W. Long*
County *Campbell*
Co. *"C"* Regiment *19th*
Disability *Loss of Arm*
Amount, \$ *100.00*

1/25 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

W
Gen. W. Marshall, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Campbell County.

Personally appears J. M. Long 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 2 day of Apr 1861; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company "B" of 19th Regiment of Ga Volunteers Coy in 11's Brigade; that whilst engaged in such military service in the State of Ga, on the 9 day of Aug 1862, he was wounded, injured or diseased as follows:

I was shot through the left arm by a minnie ball while in command of a battery of 100 men at the battle of Cedar Run - said wound caused the loss of said left arm

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 Campbell County, been allowed an invalid pension of One Hundred Dollars, for the year 1903.

Sworn to and subscribed before me, this the 20 day of Jan 1904.

M. S. Loomis, Ord

Post-office Palmetto Ga

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,

Campbell County.

I, M. S. Loomis Ordinary of said County, do certify that I am well acquainted with J. M. Long 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 20 day of Jan 1904.

M. S. Loomis
Ordinary Campbell County.

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

NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

SEE
your
seal
here.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Campbell COUNTY.

Personally appears J. M. Long 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 2 day of Apr 1861; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company "B" of 19th Regiment of Ga Volunteers Coy in 11's Brigade; that whilst engaged in such military service in the State of Ga, on the 9 day of Aug 1862, he was wounded, injured or diseased as follows:

I was shot through the left arm by a minnie ball while in command of a battery of 100 men at the battle of Cedar Run on Aug 9, 1862 - said wound caused the loss of said left arm

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 Campbell County, been allowed an invalid pension of One Hundred Dollars, for the year 1904.

Sworn to and subscribed before me, this the 16 day of Jan 1905.

M. S. Loomis, Ord

Post-office Palmetto Ga

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,

Campbell COUNTY.

I, M. S. Loomis Ordinary of said County, do certify that I am well acquainted with J. M. Long 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 16 day of Jan 1905.

M. S. Loomis
Ordinary Campbell County.

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

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

SEE
your
seal
here.

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

by _____

at _____

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

day of _____ 1906.

[L. S.]

Executed in the presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

of _____

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

by _____

at _____

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

day of _____ 1907.

[L. S.]

Executed in presence of _____

Song, S. W.
Campbell Co.
Cons. Sec. 1260.
(FOR THOSE ALREADY ENROLLED.)

No. *546*

DISABLED
SOLDIER'S PENSION
1906.

Name *S. W. Song*
County *Campbell*
Co. *"C"* Regiment *19th*
Disability *loss of arm*
Amount, \$ *110.00*

124-1906

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

CH

See Pensions Payable and Payable Co. with W. Lindsey, Sec.

no data

Song, S. W.
Campbell Co.
Cons. Sec. 1260.
(FOR THOSE ALREADY ENROLLED.)

No. *707*

DISABLED
SOLDIER'S PENSION
1907.

Name *S. W. Song*
County *Campbell*
Co. *"C"* Regiment *19th*
Disability *loss of arm*
Amount, \$ *100.00*

124-1907

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

CH

See W. Lindsey and Payable Co. with W. Lindsey, Sec.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Campbell County.

Personally appears S. M. Long 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 2

day of Oct 1844; that he enlisted in the military service of the Con-

federate States, (or of the State of Ga) during the war between the

States, and served as a private in Company "C", of 19th Regiment

of Ga Volunteers, Coz with's Brigade; that whilst engaged

in such military service in the State of Ga, on the 9 day

of Aug 1862, he was wounded, injured or diseased as follows:

I was shot in left arm by a Union ball while in Coz with's service at battle of Cedar Run, and said wound rendered necessary the amputation of said left arm

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

Campbell County, been allowed an invalid pension of

One Hundred Dollars, for the year 1905.

Sworn to and subscribed before me, this the 15 day of Jan 1906.

M. S. McLoon Ordry Post-Office Columbus Ga

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,

Campbell County.

I, M. S. McLoon Ordinary of said County,

do certify that I am well acquainted with S. M. Long

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

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

to be, and that he resides in this County.

Given under my official signature and seal, this 15 day of Jan 1906.

M. S. McLoon

Ordinary Campbell County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Campbell County.

Personally appears S. M. Long 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 2

day of Apr 1844; that he enlisted in the military service of the Con-

federate States (or of the State of Ga) during the war between the

States, and served as a private in Company "C", of 19th Regiment

of Ga Volunteers, Coz with's Brigade; that whilst engaged

in such military service in the State of Ga, on the 9 day

of Aug 1862, he was wounded, injured or diseased as follows:

I was in left arm by a Union ball in Coz with's service at battle of Cedar Run. On leaving the army am for the loss of said left arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of

Campbell County, been allowed an invalid pension of

One Hundred Dollars, for the year 1906.

Sworn to and subscribed before me, this the 15 day of Jan 1907.

M. S. McLoon Ordry Postoffice Columbus Ga

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,

Campbell County.

I, M. S. McLoon Ordinary of said County,

do certify that I am well acquainted with S. M. Long

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

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

to be, and that he resides in this County.

Given under my official signature and seal this 15 day of Jan 1907.

M. S. McLoon

Ordinary Campbell County.



NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

Audited _____ 1891.

COMPTROLLER-GENERAL.

Long, S. W.
Campbell

1891.

Maimed Soldiers.

Voucher No. 160

Amount \$ 100

Paid to S. W. Long

For Loss of

Arm

July 6, 1891.

Included in warrant No.

issued to Treasurer,

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

1891.

No. 160

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. }

Atlanta, Ga. Feby 6. 1891.

Mr. S. W. Long of the County
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
Loss of Arm Dollars
He is entitled to receive the sum of One Hundred
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.

H. J. Northen.
GOVERNOR.

By the Governor,

W. H. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

\$100⁰⁰

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

One Hundred & 00/100 Dollars,
per above voucher, this 6 of Feb 1891.

S. W. Long

Audited

Feb. 15-

1889.

Wm. R. M. M. M.
COMPTROLLER-GENERAL.

Campbell

Maimed Soldiers.

Voucher No. 567

Amount. \$ 100

Paid to S. W. Long

For Loss of Leg

(arm)

Feb. 15 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK

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

applicant

Audited

18

COMPTROLLER-GENERAL.

Campbell

Maimed Soldiers.

Voucher No. 724

Amount \$ 100

Paid to Saml W Long

For Loss of arm

Feb. 10

1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

applicant

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 567

Atlanta, Ga. Feby 15 1889

Mr. S. M. Long of the County
of Campbell having filed his application in the Executive
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

Loss of Left Arm
He is entitled to receive the sum of One Hundred and 00/100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor:

W. H. Hamner

CLERK EXECUTIVE DEPARTMENT.

400.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred and 00/100 Dollars,
per above voucher, this 15 of Feby. 1889.

S. W. Long

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 724

Atlanta, Ga., Feby 10 1890

Mr. Samuel M. Long of the County
of Campbell having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved Dec. 24, 1888, and the same having been examined and allowed for

Loss of Left Arm
He is entitled to receive the sum of One Hundred Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

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

By the Governor,

W. H. Hamner

CLERK EXECUTIVE DEPARTMENT.

100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred and 00/100 Dollars,
per above voucher, this 10 of Feby 1890.

S. W. Long

NAME, Long, Samuel

YEAR 1879 COUNTY Campbell

WHEN AND WHERE BORN?

YEAR ADDED TO ROLL: Application for arm 1879

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND REGIMENT? Co "C" 19th Georgia Vols.

NAME OF CAPTAIN AND COLONEL? Captain J A Richardson

WOUNDED? Cedar Mountain, Va. - August 9, 1862 -
Left arm above elbow.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

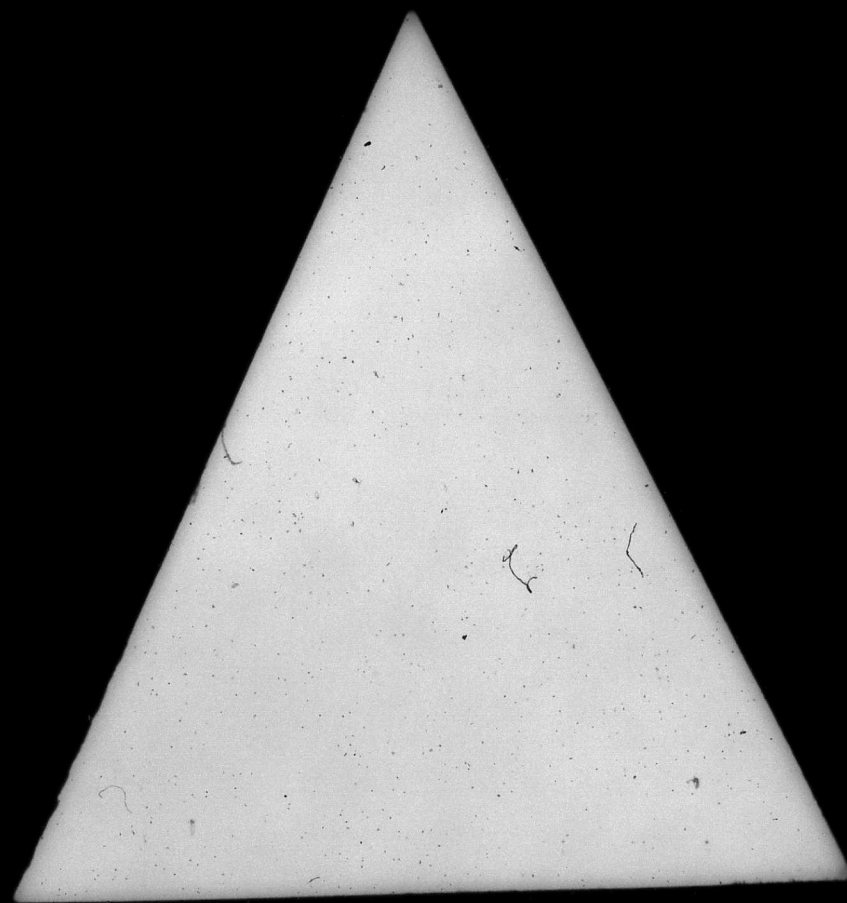
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Captain J A Richardson

No data



Sept 25, 1861.
 Captured, near Atlanta
 Ga. July 22, 1864.
 Released, Camp Chase
 O. prison, June 11, 1865.

Songino, George
 Campbell Co.
 No. 1420

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Campbell
 Name George F. Longino
 Company "K" and Co. "C"
 Regiment 30th Ga. Vol.
 Approved _____

1955-

J. W. LINDSEY,
 Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-20-1919

Ordinary's Certificate

STATE OF GEORGIA.

Campbell

COUNTY }

I, W. S. McLean,

Ordinary of said County, certify that I know

the applicant, George F. Longino,

for pension is the person he represents himself to be and

resides in said county. That I also know that he was a resident of said county and

he is only sworn by me before signing the forego-

ing affidavit and he all truthful and trustworthy and his statements are entitled to full faith and

credit.

Sworn under my hand and official seal of office this 18th day of October, 1919.

W. S. McLean
 Ordinary
 of Campbell County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words:
 "You do solemnly swear that you will truthfully answer the questions asked you and the evidence
 you give shall be the whole truth. So help you God."
 2. All affidavits must be signed by the Ordinary of the county in which the applicant or witness resides and
 must be certified by such Ordinary.

Ordinary's Certificate

STATE OF GEORGIA,

Campbell

COUNTY.

I, W. S. McLarin, Ordinary of said County, certify that I know the applicant George F. Longino, for pension is the person he represents himself to be and resides in said county. That I also know ~~that he~~ is a resident ~~of said county and was duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.~~ is a resident ~~of said county and was duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.~~

Sworn under my hand and official seal of office this 18th day of October, 1919.

W. S. McLarin Ordinary
of Campbell County.
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses 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 give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Confederate Soldier's Application Under Act 1910 - As Amended by Act of 1919.

County Campbell
Name George F. Longino
Company "K" and Co. "C"
Regiment 30th U. S. Vol.
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-20-1919

Longino, George F.
Campbell Co.
No. 117 pp 1920

Sept 25, 1861.
Captured, near Atlanta
Ga. July 22, 1864.
Released, Camp Sherman
O. prison, June 11, 1865.

Application for Soldier's Pension Under Act 1910

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,

Campbell

COUNTY.

Capt. George F. Longino,

of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office) George F. Longino. Reside in Fairburn, Campbell Co. Ga. - P. O. Fairburn, Ga.
2. How long and since when have you been a continuous resident citizen of this State? 79 years, -
since April 9, 1840, the date of my birth.
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? In Confederate Army.
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Inf'y Service) September, 1861, in Campbell Co. Ga. - in Co. "K" - 30th Ga. Reg't
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) about 19 months, or from Sept. 1861 to June 5, 1863. I re-
signed from said Co. June 5, 1863, and later joined Co. "C", same Reg't
6. When and where was your Company and Regiment surrendered or discharged from the Service? I can't say positively as I had been captured by Yankees before the
surrender, to wit: July 22, 1864 at Atlanta, Ga.
7. Were you actually present with your command when it was surrendered or discharged? No Sir.
8. If you were not actually present, state specifically and clearly where you were. I was captured
on July 22, 1864 at battle of "Atlanta", carried to Prison at "Camp
Chase", O., and there kept until after the surrender, to wit: 5/11/1865
a. Where was your command when you left it? It was at Atlanta, Ga. when I was captured as above stated.
- b. When did you leave the command? Captured July 22, 1864
- c. For what cause did you leave? Captured by Yankees
- d. By whose authority did you leave? Captors.
- e. For how long was your leave granted? In what way? Requires no answer.
I joined Co. "C" 30th Ga. Reg't in Aug. 1863, and served with said Co.
from said date until I was captured July 22, 1864 as above stated.
- f. Why did you not return to your command after leave expired? Requires no answer.
- g. In what way were you prevented? " " "
- h. What effort did you make to return? " " "
- i. Were you captured during the war? Yes Sir.
- j. If so, when, and where? In what prison were you held and when were you released? July 22, 1864
at Atlanta, Ga. Held at "Camp Chase, O. - Released June 11, 1865.
9. Are you drawing a pension of any amount from this State or the United States? No Sir.
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No Sir.

Sworn to and subscribed before me, this the

11th day of September, 1919.

W. S. McLarin, Ordinary

of Campbell County.

(SEAL)

(George F. Longino)

George F. Longino

Questions for Witness as to Service

STATE OF GEORGIA

Tulsa COUNTY. }

J. L. Norraby of said State and County is hereby presented as a witness in support of the application of George F. Longene for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded; answers as follows:

1. What is your name and where do you reside? J. L. Norraby
East Point Ga

2. How long and since when have you known Geo. F. Longene the applicant?
since Nov. 1861

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? Fairburn Ga since the war 1865
I know him very well and constantly see him

4. When, where and in what Company and Regiment did Geo. F. Longene enlist during war from 1861 to 1865? (Give date and place). Fairburn Ga Co. K 30 Ga

5. How did you obtain your information of this Service? He was a member of Co. 1, 30 Ga. when he enlisted Nov. 1861 and was connected with Co. 2, 30 Ga. Regiment. He is my brother

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) from 1861 to July 27, 1864

7. When and where was his command surrendered or discharged (give date and place) in South Carolina

8. Were you personally present at the surrender? No. I was captured

9. If not, where were you and how came you there? I was captured Dec. 16, 1864 near Nashville Tenn and carried to Camp Chase

10. Was the applicant personally present with his command at surrender? No

11. If not where was he and how came him there? Prisoner at Camp Chase

12. When did he leave his command? Captured July 27, 1864 Where was his command when he left it? Near Atlanta Ga For what cause did he leave? Captured

By whose authority did he leave? _____ and how long was he granted leave? _____ How do you know

all that you have stated to be true? If of your own knowledge, tell clearly and specifically. I was in company with him at time of his capture

13. In what way was he prevented from returning to his command? Prisoner How do you know? was reported to our Company

14. What effort did he make to return to his command and how do you know? held prisoner

15. Was applicant captured as a prisoner? Yes If so, when and where? July 27, 1864 near Atlanta Ga

In what prison was he held? Camp Chase and when released in 1865 June 11-1865

Sworn to and subscribed before me, this the _____ day of _____ 18____

Claird Mason cc Ordinary

of Tulsa County. }

(SEAL) I certify that J. L. Norraby is a citizen of Tulsa Co Ga and is reliable and trustworthy and his statements are entitled to full faith and credit
Claird Mason
Clerk Court of Ordinary Tulsa Co Ga

GEORGIA SPALDING COUNTY.

PERSONALLY APPEARED BEFORE ME THE UNDERSIGNED, B.D. BREWSTER, WHO ON OATH SAYS THAT HE WAS CAPTURED BY THE ENEMY IN THE LATE CIVIL WAR ON THE 16TH DAY OF DECEMBER 1864 AT NASHVILLE TENN. AND CARRIED TO CAMP CHASE OHIO, ABOUT THE FIRST OF JANUARY 1865, AND THAT THERE HE MET GEORGE F. LONGINO: THAT THEY REMAINED TOGETHER UNTIL THE WAR CLOSED: THAT THEY BOTH, VIZ. B.D. BREWSTER AND GEORGE F. LONGINO, WERE DISCHARGED ON THE 12TH DAY OF JUNE 1865 AND CAME SOUTH ARRIVING IN CAMPBELL COUNTY, GEORGIA ON THE 16TH DAY OF JUNE 1865 AND THAT HE KNOWS THAT THE APPLICANT FOR A PENSION IS THE SAME PERSON THAT SERVED IN THE CONFEDERATE ARMY. SWORN TO AND SUBSCRIBED BEFORE ME THIS 9TH DAY OF SEPT. 1919.

J. A. Dawson,
ORDINARY SPALDING COUNTY, GEORGIA.

Georgia Spalding County - I know Blake D. Brewster of said County - he is a truthful, trustworthy person - his statements are entitled to full faith and credit. J. A. Dawson, ordinary Spalding County, Ga.

Blake D. Brewster
AFFIANT
Co. A 1st Inf. (Col. 55th Regt.)

(IN DUPLICATE.)

RELEASE.

Head Quarters, U. S. Forces,

Camp Chase, O., June 11th 1865.

By virtue of an Order received from the President of the United States, dated at Washington City, D. C., June 6th, 1865, George F. Longino, Sgt. Co. G. 5th Georgia Infantry, resident of Campbell county, and State of Georgia, Prisoner at this Post; after having complied with the requirements of, and subscribed the following Oath and Declaration, is hereby released from confinement:

DESCRIPTION

Complexion.	Hair.	Height. Feet-Inches.	Eyes.	Age.
Lt	Lt	5 ft 4 in	Gray	25

UNITED STATES OF AMERICA.

I, *George F. Longino* of the County of *Campbell* State of *Georgia* do solemnly swear that I will support, protect and defend the Constitution and Government of the United States against all enemies, whether domestic or foreign; that I will bear true faith, allegiance and loyalty to the same, any ordinance, resolution, or laws of any State, Convention, or Legislature, to the contrary, notwithstanding; and, further, that I will faithfully perform all the duties which may be required of me by the laws of the United States; and I take this oath freely and voluntarily, without any mental reservation or evasion whatever.

Geo. F. Longino

Sworn to and subscribed before me this 11th day of June A. D. 1865

Wm. Richardson
Bvt's Brig. Gen'l, Commanding Post.

Land. Col. 88th O. V. I., and Asst. Com'dt of Prisoners.
Please return to Geo. F. Longino, Fairburn, Ga.

NAME Longino, Geo. F. Gagr. YEAR 1920 COUNTY Campbell.

WHEN AND WHERE BORN? April 9th, 1840- Georgia .

ENLISTED WHEN AND WHERE? September 1861, Campbell County, Georgia.

RANK:

COMPANY AND REGIMENT? Company K, 30th Georgia Regt. Inf.
resigned from said Co.
June 5th, 1863, joined Company C, 30th Georgia Regt. Inf.
NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE? July 22, 1864 at the battle of Atlanta,
and carried to Camp Chase, Ohio.

RELEASED: June 11th, 1865, from Camp Chase, Ohio.

WHEN AND WHERE SURRENDERED? Does not state when or where.
Witness states ; South Carolina.

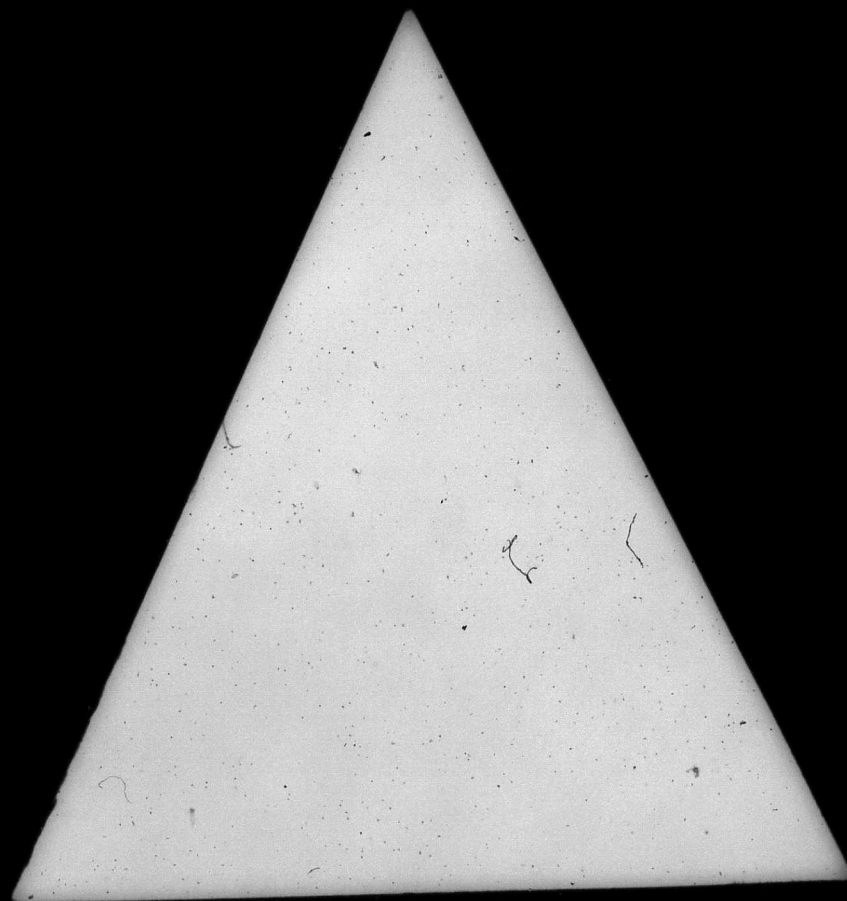
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In prison at Camp Chase,
Ill.

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: Blake D Brewster,-- In prison together,-- No data.
J. L. Hornsby,-- Same Regt.

ch



POWER OF ATTORNEY.

Form No. 1.

STATE OF GEORGIA,

County, }

I, _____, hereby authorize _____

of _____ to receive and receipt for the pension allowed and
request that he make same to _____ by _____

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

day of _____, 190 _____

[L. S.]

Executed in the presence of _____

*Longino, S. L.
Campbell Co.*

Code Section 1220.

No. _____

INVALID

SOLDIER'S PENSION,

1907. 1908

Name S. L. Longino

County Campbell

Co. "A" - 9th Ga. S. M. Regt.

Disability Arm Wound.

Amount, \$ 50.00

190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Hanson, State Printer, Atlanta.

9/2/07

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____ to receive and receipt for the pension allowed and request that he remit same to _____ by _____ at _____

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

day of _____ 190 _____

[L. S.]

Executed in the presence of _____

INVALID

SOLDIER'S PENSION,

1907, 1908

Name S. L. Longino

County Campbell

Co. "A" - 9th Ga. G. M. Regt.

Disability Arm Wound.

Amount \$60.00

190

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

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

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

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

9/12/07

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

Form No. 1.

STATE OF GEORGIA,

Campbell County. }

PERSONALLY appears S. L. Longino of said Campbell

County, State of Georgia, who being duly sworn, says on oath that he was born on the 6th day of Dec 1847, that he is a bona-fide citizen and resident of Georgia, and has been continuously since the _____ day of Fall 1878, that he enlisted

in the military service of the Confederate States (or the State of Ga) on the 1st day of Sept 1864, during the war between the States, and served in Company "A" of 9th Regt of Ga. Militia Volunteers Anderson's Brigade, and was honorably discharged on the 27 day of November 1864; that whilst engaged in such military service, and in line of duty in the State of Ga, on the 22nd day of Nov 1864

he was disabled or wounded as follows: I was shot through the left forearm just below the elbow joint by a Minnie ball while in the Confederate service at the battle of Griswoldville Ga, on Nov 22, 1864. Said ball broke both bones in said left arm, shattering to pieces one of said bones. I was then sent to Hospital, then transferred home, and was never able to again resume service, having to carry said arm in a sling bag (3 or 4 months) after the war closed, and was on account of said wound I am practically, permanently, essentially, necessarily unable to perform ordinary manual labor.

Where was command surrendered? South Korea. I was at home wounded. Was applicant present? No Sir. If not, where was he? At Home. How come there? I was shot and wounded in the arm while in service, sent to Hospital & by General Hospital authorities voluntarily sent home.

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1908.

Sworn to and subscribed before me, this the

8th day of May 1907 } S. L. Longino

W. S. McLean, Post Office Palmetto Ga. Regt. A. 110

Ordinary.

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

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

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

The Instructions as Set Out in the Notes Must be Observed.

AFFIDAVIT FOR THREE WITNESSES.

Form No. 3.

STATE OF GEORGIA,

Campbell County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, J. K. Smith and S. S. Langston personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say under oath, that they are personally and well acquainted with S. L. Langston whose application is herewith presented for a pension, that he has resided in this State continuously since the day of his birth 18 47, that he served in Company A of the 9th Regiment of 3rd Brigade, and from our personal knowledge he, while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language when, where, or how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor or can do any, state what.)

at battle of Grimslandville Ga.
while in charge on Federal lines,
he was wounded in left forearm,
having the bone broken by ball
from enemy's gun, from the wound
of which he was disabled from
further service during the war
until its close in 1865, and he is
yet disabled to do full work by
on account of said injury to
his arm, and said injury is perman-
ent,

not as a combatant, surrenderer,
or detached service, & die

Where was applicant's command surrendered? On furlough, at time of Johnson's

Was he with it? he was disabled Were all of you present? we were

If not, where, was he? at his father's house in Campbell Co. Ga.

Where were you all? we were on furlough, but were

paroled in May or June, 1865, at Atlanta Ga.

How do you know the facts you state to be true? we were present

and saw personally the applicant

We personally know above stated facts. We were with him in the army and have known him ever since.

He was honorably discharged or retired from the service on May or June day of 1865.

Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18 64 or 22.

We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this

7th day of Aug, 190 7

M. S. McLoone Ordinary.

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

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

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

4.—Three witnesses are required.

Co "A" - 9th Regt
4th

PHYSICIAN'S AFFIDAVIT.

Form No. 3.

STATE OF GEORGIA

Campbell County.

PERSONALLY comes before me, W. S. McLoone Ordinary of said County, J. K. Smith and S. S. Langston, both known to me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully examined S. L. Langston and after such personal examination, say that the present condition of applicant is as follows: Applicant's left arm
is rendered practically & essentially useless
by reason of wound on fore-arm both bones
have been broken. The broken ends were never
properly united. The muscles & skin of arm
have become attached to broken place of bone
& this interferes with use of hand & arm
and that such condition is permanent. Said condition arises from the following facts: The arm
was shot during war by ball which pen-
etrated & shattered both bones of arm.
On account of the injury & after treatment
the union was never perfect

We have treated applicant professionally for 15 years, and his condition, as above stated, does not arise from heredity or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this

26th day of Aug, 190 7

M. S. McLoone Ordinary.

Note 1.—State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by affiants.

Note 2.—The physicians will be careful to fill every blank space in oath.

Form No. 4.

STATE OF GEORGIA,

Campbell County.

I, M. S. McLoone Ordinary of said County,

do certify that I am well acquainted with S. L. Langston the

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

resides in this County and has been a bona fide resident since the 15 day of Aug, 18 80.

I also certify that the witnesses to-wit: J. K. Smith, J. C. Smith

and S. S. Langston are persons of respectability, that their statements are worthy of full credit and belief, and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal, this 26th day of Aug, 190 7.

M. S. McLoone Ordinary

Campbell County.

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

NAME Longino, S. L.

YEAR 1908 COUNTY Campbell

WHEN AND WHERE BORN? December 6th 1847.

ENLISTED WHEN AND WHERE? September 1st 1864, Georgia.

RANK.

COMPANY AND REGIMENT? Co. A, 9th Regt. Militia. Vol.

NAME OF CAPTAIN AND COLONEL? J. K. Smith - Lieut.
S. S. Langston - Late Capt.

WOUNDED? November 22nd 1864, at battle of Griswoldville, Ga. shot
by minnie ball through forearm just below elbow joint.
shattering both bones, sent to hospital and sent home.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Does not state when or where.

Nov. 27, 1864.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home on wounded
furlough.

DIED, WHEN AND WHERE?

BURIED,

J. C. Smith - Same Command

WITNESSES. J. K. Smith - Lieut. Co. A, 9th Regt. Ga. Militia.
S. S. Langston - Late Captain

J. C. Smith - Same Command
WITNESSES. J. K. Smith - Lieut. Co. A, 9th Regt. Ga. Militia.
S. S. Langston - Late Captain

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I,

of

hereby authorize

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

at

by

Witness my hand and seal this

day of

1895.

Executed in presence of

Richard Johnson
Secy
D. C. Harris, Clerk
No. 236
Lowell

Campbell Co.
INDIGENT PENSION

1895.

Name *Asa Lowe*

County *Campbell*

Ground *Indigence & Poverty*

July 1 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Applicant

Geo. W. Harrison, State Printer, Atlanta.

6/25/95

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Campbell County.

Personally came before me W. B. Campment and

C. H. Daucourt M.D., both known to me as reputable physicians

of said county, who being severally sworn, say on oath that they have examined carefully

Asa Lowe applicant for pension under the Act of 1894, and after such personal examination, say that his precise physical condition is as follows:

Mr. Lowe suffers from Chronic Rheumatism of left shoulder. Has a valvular trouble of heart causing difficult breathing. Cough & rendering him unable to exercise. He has suffered from general debility & nervous prostration since his age.

We 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 9th day of April 1895.

A. C. Bravers, Ord.

W. B. Campment
C. H. Daucourt M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Campbell County.

I, A. C. Bravers, Ordinary in and for said County, hereby certify that

the applicant Asa Lowe resides in said County, and was a bona

fide resident of this State on the first day of January, 1894, and that the witnesses, viz: A. Miller & M. R. Cam & H. D. and C. H. Daucourt M.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 witnesses before same were signed.

I further certify that the tax digest of Campbell County show that applicant

returned for taxation in his name in 1893, Nothing dollars

of property, and in 1894, Nothing dollars of property.

Witness my hand and seal of office, this 9th day of April 1895.

A. C. Bravers Ordinary

of Campbell County.

NOTE.

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

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

Sworn to and subscribed before me this the

9th day of April 1895.

A. C. Bravers

Ordinary

of Campbell County.

Asa Lowe Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Campbell County.

A. Miller of said State and County, having been presented as a witness in support of the application of Asa Lowe for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? A. Miller = Reside in Campbell Co. Ga
2. Are you acquainted with Asa Lowe, the applicant, if so how long have you known him? Yes; about 33 years
3. Where does he reside, and how long has he been a resident of this State? Campbell Co. Ga = about 33 years to my knowledge
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I know he served in Confederate army = I served in Davis Regt with him
5. When, where and in what company and regiment did he enlist? Spring of 1862 = Campbell Co. Ga = Co "K", 41st Ga Regt
6. Were you a member of the same company and regiment? Yes; up to Davis Regt
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Little over 3 years = Was a good soldier. When Johnson was murdered our Regt disband and he returned to his residence in Davis Co. Ga
8. What property, effects or income has the applicant? (Give your means of knowledge.) None = Are well acquainted with him & familiar with his affairs
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? Nothing = None
10. What is the applicant's occupation and physical condition? He is an inmate of the "Poor Farm" of this Co. = He is in bad health & is very feeble on account of old age & disease
11. Is the applicant unable to support himself by labor of any sort, if so, why? Yes Sir, on account of old age & disease
12. How was he supported during the years 1893 and 1894? By his work in 1893 & by this, Campbell Co in 1894
13. What portion of his support for these two years was derived from his own labor or income? All in 1893 from work & Nothing in 1894
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? He suffers from Rheumatism in shoulder & heart trouble & resulting in general debility then by rendering him unable to support himself
15. What interest have you in the recovery of a pension by this applicant? None whatever

Sworn to and subscribed before me, this

the 9th day of April 1895.

A. C. Bravers Ord.

Applicant.

Asa Lowe

POWER OF ATTORNEY

STATE OF GEORGIA,

County.

I, _____ hereby authorize

of

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

at

by

Witness my hand and seal this _____ day of _____ 1895,

Executed in presence of

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

County.

Campbell
Asa Lowe

of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proof, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) *Asa Lowe - Campbell Co Ga = P.O. Mount Airy*
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? *Campbell Co Ga = Ashburn 4 1/2 years*
3. When and where were you born? *Nov 11, 1825 = Ashburn in S.C.*
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *Conf. Army*
5. When and where did you enlist? *March 4, 1862 = Campbell Co Ga*
6. In what company and regiment did you enlist? *"Co" K "41st" S.C. Regt*
7. How long did you remain in that company and regiment? *until Johnson surrendered*
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer? *I was not*
9. For how long a period did you discharge regular military duty? *about 37 months*
10. When, where and under what circumstances were you discharged from service? *I was in service in S.C. when Johnson surrendered, after which I got my furlough & came home*
11. What is your present occupation? *Farming a little, am unable to perform*
12. How much can you earn per annum by your own exertions or labor? *Nothing*
13. What has been your occupation since 1865? *tried to farm until 1894*
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? *about \$50.00 to \$60.00 = Nothing*
15. What is your present physical condition and how long have you been in such condition? *Very feeble on account of old age & 4 discharges = Have been so about 24 years*
16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? *Depends on 17*
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? *I am blind from Rheumatism, fluctuating & blind 4 years in the head & on account of which I am unable to earn a support for my self*
18. What property, effects or income do you possess? *Nothing*
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? *None = None*

20. In what County did you reside during those years and what property did you then return for taxation? *Campbell Co. = Nothing*
21. How were you supported during the years 1893 and 1894? *By my own labor in 1893 & by this County in 1894*
22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *about 55 = I suffered = Very little*
23. What was your employment during 1893 and 1894? What pay did you receive in each year? *tried to work on farm a little = Nothing, but was the County*
24. Are you married and have you a family? If so, in your wife living and how many children have you? Give age and sex of children and their means of support? *Yes! Yes! Three children as follows = 1 girl, 18 years old; 2 sons by his Mother.*

Asa Lowe
Asa Lowe
Asa Lowe
Asa Lowe
INDIGENT PENSION

1895.

Name *Asa Lowe*
County *Campbell*
Grounds *Infirmary & Poverty*
1895
Just
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDLED TO

Applicant
6/9/95
Geo. W. Barnes, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____ of _____

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

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

[L. S.]

Executed in presence of _____

*Some, Asa
Campbell Co.*

ACT OF 13 DEC. 1894.
(For These Already Enrolled.)

No. *177*

INDIGENT

Soldier's Pension.

1897.

Name *Asa Lowe*
County *Campbell*

May 9 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Applicant

NO. 56

*Some, Asa
Campbell Co.*

ACT OF 13 DEC. 1894.
(For These Already Enrolled.)

No. *56*

INDIGENT

SOLDIER'S PENSION,

1898.

Name *Asa Lowe*
County *Campbell Co., Ga.*

WARRANT ISSUED

1/7 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

appot

NO. 56

No data

POWER OF ATTORNEY.

State of Georgia,

County. }

I, _____ hereby authorize _____ of _____

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

at _____
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1898.

[L. S.]

Executed in presence of _____

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Campbell County.

Personally appears Asa Lowe of Campbell County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 19 day of Decr 1848; that he is 71 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of about 38 Mos in Company K, of 41th Regiment of Ga. Vol; that his physical condition is as follows: Chronic Rheumatism contracted in
war of 1861-65 renders me unable
for ordinary manual labor
that his property consists of the following items None.

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of Campbell county been allowed a pension for the year 1896.

Sworn to and subscribed before me, this, the 7th day of Jan'y 1897. } Asa X Lowe
R. C. Beavers Ordinary.

STATE OF GEORGIA,

Campbell County.

I, R. C. Beavers Ordinary of said County, do certify that I am well acquainted with Asa Lowe 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 7th day of Jan'y 1897.



R. C. Beavers
Ordinary Campbell County.

NOTE—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Campbell County.

Personally appears Asa Lowe of Campbell 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 19th day of Decr 1848; that he is 72 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of about 38 Mos in Company "K", of 41th Regiment of Ga. Vol; that his physical condition is as follows: I am seriously troubled with palpitation
of the heart and also with pains in my back.
Such exertions to render me unable to support
a support for myself
that his property consists of the following items I have no property at all.

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of Campbell county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 6th day of Jan'y 1898. } Asa X Lowe
R. C. Beavers Ordinary.

State of Georgia,

Campbell County.

I, R. C. Beavers Ordinary of said County, do certify that I am well acquainted with Asa Lowe 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 6th day of Jan'y 1898.



R. C. Beavers
Ordinary Campbell County.

NOTE—The blank spaces must be filled.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____, hereby authorize

of _____

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

at _____

by _____

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of _____

(L. S.)

*Lowe, Asa
Campbell Co.*

CODE SEC. 1254.

(For Those Already Enrolled.)

*No. 787
To Asa Lowe*

INDIGENT

SOLDIER'S PENSION,

1899.

Name *Asa Lowe*
County *Campbell*
Shawhin - age

WARRANT ISSUED

1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Wm Bulcher

Gen. W. Bulcher, State Prison, Atlanta.

Wm Bulcher

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Campbell County.

Personally appears Asa Lowe of Campbell

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 19 day of December 1863; that he is 73 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 3 years 2 months in Company B, of 41th Regiment of Georgia Volunteers; that his physical condition is as follows: I have a fluttering at the heart and the back ache and swimming in my head and am not able to work very little.

that his property consists of the following items have not got any thing

of the value of none Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of Campbell county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the

5 day of January 1899.

J. G. Stephens Ordinary.

Asa Lowe
mark

State of Georgia,

Campbell County.

I, J. G. Stephens Ordinary of said County,

do certify that I am well acquainted with Asa Lowe 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 5 day of January 1899.



J. G. Stephens
Ordinary Campbell County.

NOTE.—The blank spaces must be filled.

NOTE.—An affidavit should not be attested before January 1st, 1899.

STATE OF GEORGIA,

Carroll COUNTY.

POWER OF ATTORNEY,
MUTUAL PRINTING CO.,
ATLANTA, GA.

Know all Men by these Presents, That *I Acy Lowe*
of Campbell Co Ga have constituted, made and appointed, and by these
presents do make, constitute and appoint *William Belcher*
true and lawful attorney for *me* and in *my* name place and stead, to
Receive and receipt for my State Pension that
is due me from the State of Georgia
for Services rendered in the Confederate
Army for the year 1899

giving and granting unto *him* said attorney full and whole power and authority in and
about the premises; and generally to do and to perform all and every act and acts, thing and things,
device and devices, in the law whatsoever needful and necessary to be done in and about the
premises; and for *me* and in *my* name to do, execute and perform, as largely
and amply, to all intents and purposes, as *I* might or could do, if *I* were personally
present; and an attorney, or attorneys under *me* for the purpose aforesaid to make and
substitute, hereby ratifying and confirming all that *my* said attorney or substitute shall
lawfully do by virtue hereof.

In Witness Whereof, *I* have hereunto set *my* hand and seal the
7th day of *January* in the year of our Lord One Thousand
Eight Hundred and *Ninety Nine*

Signed, sealed and delivered in presence of

J. N. Wilson
J. M. Cobb

Acy Lowe
Smith

(SEAL.)

(SEAL.)

(SEAL.)

NAME, Lowe, Asa

WHEN AND WHERE BORN? November 11th, 1825 South Carolina.

ENLISTED WHEN AND WHERE? March 4th, 1862 Campbellton, Ga.

COMPANY AND REGIMENT? Co. K, 41st. Ga. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE SURRENDERED? N.C. when Johnson surrendered.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

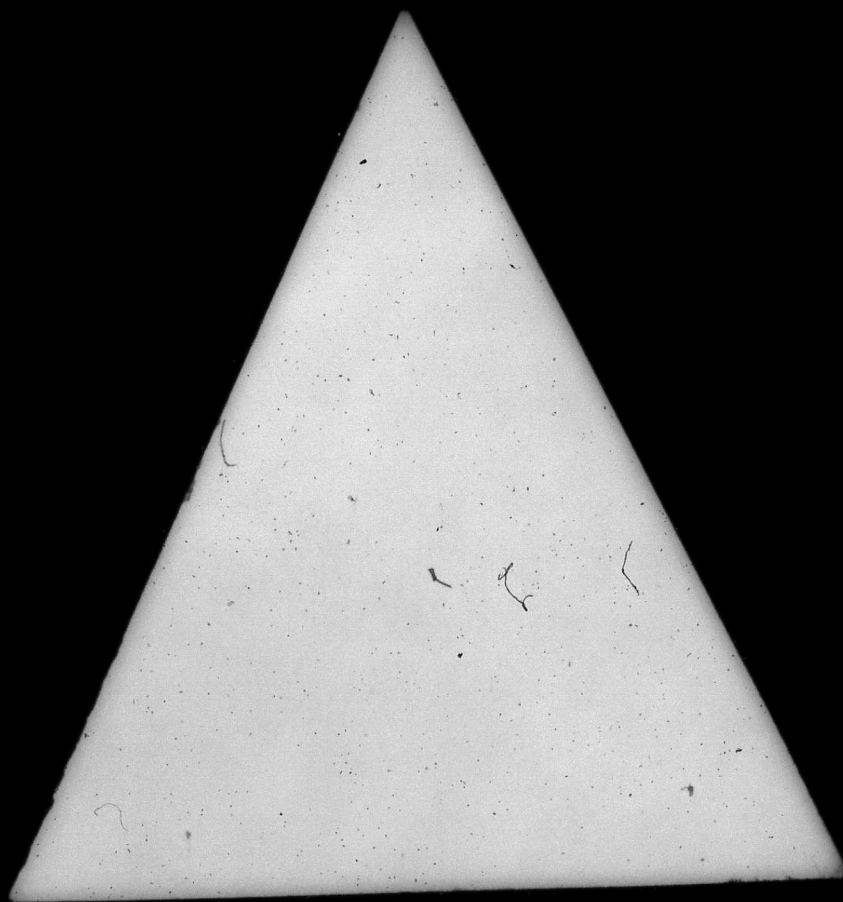
WITNESSES, A. Miller. No data.

P.O.

1896

COUNTY. Campbellton County.

JWT



Luck, J. P.
Campbell County

Code Section 1280.

No. 1995

INVALID
Soldier's Pension,
1902.

Name J. P. Luck
County Campbell
Co. "E" - 4th Regt
Disability By war
Amount, \$ 30 - 00
1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

9/6-1902

8/2-1914

Pension Office 255-02
Pensions of this class are
not granted for partial
service of any kind
and board of date to state
and from such a claim
as continuing later by law
for which a pension
can be allowed

J. W. Lindsey
Comm. of Pension

Witnessed

Geo. W. Harrison

STATE OF GEORGIA,

County, }

POWER OF ATTORNEY.

Form No. 2.

I hereby authorize

of _____
to receive and receipt for the pension allowed and
request that he receipt same to _____ by _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of _____ 1902.

Executed in the presence of

[L.S.]

PHYSICIANS' AFFIDAVIT.

Form No. 2.

STATE OF GEORGIA,

Campbell County.

PERSONALLY comes before me W. S. McLoone Ordinary of said County,
J. B. Carmichael M.D. and J. D. Longins M.D., both known to
me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully
examined J. B. Luck and after such personal examination, say that the present
condition of applicant is as follows:

He suffers with Rheumatism all the time
Contracted while in service
He also suffers with severe pain in head
and also has vertigo. He is blind in right eye,
His general health is very bad preventing
him from performing manual labor.
He also remarks that he has never been
and that such condition is permanent. Said condition arises from the following facts:
From exposure while in service
and his advanced age which is 80 years

We have treated applicant professionally for _____ years, and his condition, as above stated,
does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 12 day of Sept 1902.
W. S. McLoone Ordinary.
J. B. Carmichael M.D.
J. D. Longins M.D.

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

STATE OF GEORGIA,

Campbell County.

Form 4.

I, W. S. McLoone, Ordinary of said County,
do certify that I am well acquainted with J. B. Luck the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are
true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he
resides in this County and has been a bona fide resident since the _____ day of _____ 1880

I also certify that the witnesses, to-wit: J. B. Carmichael M.D. and J. D. Longins M.D.
and J. M. Cooley are persons of respectability, that their statements are worthy of full
credit and belief, and that the full text of the affidavit was read to and understood by them before they signed
the same.

Given under my official signature and seal, this 15 day of Sept 1902.

W. S. McLoone
Ordinary Campbell County.

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

AFFIDAVIT FOR THREE WITNESSES.

Form No. 3.

STATE OF GEORGIA,

Fayette County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County B. L. Johnson
and
personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say,
under oath, that they are personally and well acquainted with J. B. Luck
whose application is herewith presented for a pension, that he has resided in this State continuously since the
_____ day of July 1881, that he served in Company C of the
4th Sea Regt Regiment of _____ Brigade, and from our personal knowledge, he
while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language
when, where and how the injury happened, or the disease was contracted, and to what extent applicant is dis-
abled from work as a direct result thereof. If he does any labor, or can do any, state what.)

he contracted Rheumatism during the winter
of 1864-5 causing Partial Paralysis and
with such pain in head caused the
total loss of his right eye. he was also
wounded on leg by piece of shell and
still has a running sore from the
wound

Where was applicant's command surrendered? at Augusta Ga

Was he with it? he was Were all of you present? we were

If not, where was he? Present

Where were you all? all Present

How do you know the facts you state to be true? was with him and knew
of my own knowledge

We personally know above stated facts. We were with him in the Army and have known him ever since.

He was honorably discharged or retired from the service on _____ day of March

1865. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18_____
We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 15 day of Sept 1902.
B. L. Johnson Ordinary.
S. Lewis

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

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

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

4.—Three witnesses are required.

I certify that B. L. Johnson is of trustworthy character
and his statement is worthy of belief S. Lewis ordinary

POWER OF ATTORNEY.

Form No. 8.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____ to receive and receipt for the pension allowed and request that he remit same to _____ by _____ at _____

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

day of _____ 1902.

Executed in the presence of _____

[L. 8.]

*Pension Office 255-02
Remains of this check are
not wanted for purchase
number of only found
all back of date & State
and prior such a claim
or copying dated & law
to which a pension
can be allowed*

*J. W. Lindsey
Genl of Penn*

Notes

See Remarks

*Luck, J. P.
Campbell County*

Code Section 1250.

No. 1995

INVALID

Soldier's Pension,

1902.

Name J. P. Luck

County Campbell

Co. "E" - 4

Disability 1/2

Amount, \$36

1902.

JOHN W. LINSEY,

WARRANT HANDED TO



Ordinary with wife and child for a pension and dependent on him for support.

9/6/90

9/10/90

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

Form No. 1.

STATE OF GEORGIA,

Campbell County.

PERSONALLY appears J. P. Luck of said Campbell County, State of Georgia, who being duly sworn, says on oath that he was born on the 15th day of August 1822, that he is a bona fide citizen and resident of Georgia, and has been continuously since the 15th day of August 1822, that he enlisted in the military service of the Confederate States (or the State of Georgia) on the _____ day of May 1864, during the war between the States, and served in Company "E" of 4th Regiment of Ga State Troops Volunteers Brigade, and was honorably discharged on the _____ day of March 1865; that whilst engaged in such military service, and in line of duty in the State of Ga, on the _____ day of _____ 186____

he was disabled or wounded as follows: *I contracted Rheumatism while in service in Winter of 1864-5, causing partial paralysis of right side and leg, I also lost Nervolgia of head about same time causing my head to become very sore & swollen, and eventually causing the complete loss of my right eye, but while in said Conf. S. service, in July 1864, in attempting to capture a Yankee Battery near the old Rolling Mill in suburbs of Atlanta Ga. I was struck by a piece of shell on left leg between knee & ankle, badly injuring said leg which is yet sore from this wound. On account of said dis. & said wound, I am practically but essentially unable to do ordinary manual labor. Where was command Surrendered? *about 11 miles W. I was at home in all, 11 months**

Was applicant present? *No Sir* If not, where was he? *At Home* How come there? *He is 44 years old*

And by whose authority? State fully: *I was ordered by my Captain to be sent to 3600 feet on account of wound & dis. over - about there he was unable to go to 3600 feet on account of inter-vening fever, but being near home, I managed to reach home.*

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1902.

Sworn to and subscribed before me, this the 10 day of Sept 1902.

M. S. McGowan

J. P. Luck

Post Office Rid Cook Ga

Note—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.
Note—Do not trouble to mention wounds which do not disable.
Note—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

The Instructions as set out in the Notes Must be Observed.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Campbell COUNTY.

I, J. P. Luck hereby authorize

N. S. Luck of Lawrence Ga

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

me by hand

at home

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18 day of July 1905.

J. P. Luck [L. S.]

Executed in the presence of

J. H. McElaine

Luck, J. P.
Campbell County

COSS SECTION 1280.
(FOR THOSE ALREADY ENROLLED.)

No. 108

DISABLED

SOLDIER'S PENSION

1905.

Name J. P. Luck

County Campbell

Co. "E" Regiment 4th 96th St. L. Troop

Disability discovered & named

Amount, \$ 50.00

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

only

The Pensioner's Receipt and Acknowledgment of the Commissioner of Pensions, Georgia, 1905.

no data

Luck, J. P.
Campbell Co.

COSS SECTION 1280.

(FOR THOSE ALREADY ENROLLED.)

No. 528

DISABLED

SOLDIER'S PENSION

1906.

Name J. P. Luck

County Campbell

Co. "E" Regiment 4th 96th St. L. Troop

Disability named & discovered

Amount, \$ 50.00

JAN 24 1906.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

only

The Pensioner's Receipt and Acknowledgment of the Commissioner of Pensions, Georgia, 1906.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Campbell COUNTY.

I, J. P. Luck hereby authorize

N. S. Luck of Lawrence Ga

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

me by hand

at home

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18 day of July 1906.

J. P. Luck [L. S.]

Executed in the presence of

J. H. McElaine

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Campbell COUNTY.

Personally appears J. P. Luck 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 15th day of Aug 1820; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a private in Company "E", of 4th Regiment of Ga. State Troops Volunteers' Brigade; that whilst engaged in such military service in the State of Ga, on the 15th day of March 1865, he was wounded, injured or diseased as follows: I was struck on the left leg, between the knee & ankle, by a piece of shell at a battle near the old Balling Mill in Atlanta Ga. said wound & cutting leg & causing gangrene. on account of said wound which has troubled me ever since I am unable to fit for ordinary manual labor. & I am now covered with scars.

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 Campbell County, been allowed an invalid pension of 13 Dollars, for the year 1904.

Sworn to and subscribed before me, this the 15th day of Jan 1905.

M. S. McCloskey Ord. } J. P. Luck
Post-office Tad. Burr Ga

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,

Campbell COUNTY.

I, M. S. McCloskey Ordinary of said County, do certify that I am well acquainted with J. P. Luck 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 13th day of Jan 1905.

M. S. McCloskey
Ordinary Campbell County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1906.



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Campbell County.

Personally appears J. P. Luck 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 15th day of Aug 1821; that he enlisted in the military service of the Confederate States, (or of the State of Ga) during the war between the States, and served as a private in Company "E", of 4th Regiment of Ga. State Troops Volunteers' Brigade; that whilst engaged in such military service in the State of Ga, on the 15th day of March 1865, he was wounded, injured or diseased as follows: I was hit by a piece of shell on left leg between ankle & knee while in Co. F. 4th Reg. Ga. State Troops. said wound & cutting leg & causing gangrene. on account of said wound which has troubled me ever since I am unable to fit for ordinary manual labor. & I am now covered with scars.

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 Campbell County, been allowed an invalid pension of 12 Dollars, for the year 1905.

Sworn to and subscribed before me, this the 12th day of Jan 1906.
M. S. McCloskey Ord. } J. P. Luck
Post-Office Tad. Burr Ga

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,

Campbell County.

I, M. S. McCloskey Ordinary of said County, do certify that I am well acquainted with J. P. Luck 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 12th day of Jan 1906.

M. S. McCloskey
Ordinary Campbell County.

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



State of Georgia, Campbell County
Personally came before me, the undersigned
Ordinary of said county, J. M. Cobbley personally
known to me to be a lawfully residing citizen, who
being duly sworn according to law, says he is
personally & well acquainted with J. P. Smith
whose application is herewith presented for
a pension, that he has resided in said State
continuously since since 1851. that he
served in Co "E" of 4th Regt. Ga State Troops
He was wounded while in Confed. Service
by a piece of shell in July 1864 and
on account of said wound he is
now practically incompetent to per-
form the ordinary manual vocations
of life. I know this because I was
with him in Army (Confederate) and
have known him ever since.

He is permanently disabled.
as stated & has been so gradually get-
ting worse ever since 1864, when
wounded. I have no interest in the
recovery of a pension by him.
sworn to & subscribed before
me, this Sept 15, 1902.

N. S. McLarin
Ordinary
Campbell County
Georgia

J. M. Cobbley

POWER OF ATTORNEY.

STATE OF GEORGIA,

Campbell COUNTY.

I, J. P. Luck, hereby authorize
M. C. Loring of Laurens Co.

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

me by hand

at Laurens

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5th
day of January 1907.

Executed in presence of

J. H. McQuinn 656

J. P. Luck [L. S.]

Luck, J. P.

Campbell Co.

(FOR THOSE ALREADY ENROLLED)

No. 774

DISABLED
SOLDIER'S PENSION
1907.

Name J. P. Luck
County Campbell
Co. "E" Regiment 4th S.I.
Disability by wound
Amount, \$ 8.00

1907.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

ONE W. LINDSEY, STATE PRINTER, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Campbell County.

Personally appears J. P. Luck 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 14 day of Aug 1822; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a private in Company "E", of 4th Regiment of 44 S. T. Volunteers 's Brigade; that whilst engaged in such military service in the State of Ga, on the day of March 1865, he was wounded, injured or diseased as follows:

I was struck on the left leg between the knee and the hip by a bullet from a Minnie rifle in -
firming said leg so badly that I am
now unable to walk and am unable to do ordinary
labor.

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 Campbell County, been allowed an invalid pension of Twenty Dollars, for the year 1906.

Sworn to and subscribed before me, this the 5 day of July 1907. J. P. Luck
M. L. McLoon, Ord. Postoffice Stewart Ga

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,

Campbell County.

I, M. L. McLoon Ordinary of said County, do certify that I am well acquainted with J. P. Luck 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 5 day of July 1907. M. L. McLoon



Ordinary Campbell County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1907.

In Re

J. P. Luck
Applicant for Pension

Georgia, Fulton County.

In person appeared before me, the undersigned A. D. Luck, personally known to me to be a person worthy of credit, who on oath says, that he is a son of J. P. Luck, who has applied for a pension, and deponent is 44 years old, that deponent remembers when he was a very small child, his father coming home from the war on a furlow, and remembers his father's face was swollen and remembers that his father finally went back to the war, and deponent also remembers that every since said time his father has been affected with neuralgia in the right side of his face, and deponent further knows that finally said neuralgia became so severe and painful that it put out the right eye of his said father, and deponent further knows that every since the war that his father has ~~complained~~ ^{and has} complained with said pain in his head, and deponent is satisfied that said pain caused the loss of said eye.

Sworn to and subscribed before me,
This 18 day of August 1904.

John R. Wickham
Ordinary

Georgia, Campbell County.

C. N.

Deponent In person appeared before me, the undersigned, C. N. Carmichael, and J. T. Longino, who on oath say that J. P. Luck has lost the use of his right eye, and while deponents were not his physicians during the war and know nothing of his service in the war, they have read the affidavit of J. P. Luck, also Dr. A. S. Dorris and of A. D. Luck, and they also examined said Luck and from our examination of him, and the history of his case we believe the loss of his right eye was caused by neuralgia contracted by exposure in the Confederate service as stated by him. *Said eye is not now rendered practically any use, unless*

left Davenport Mo

J. T. Longino M.D.

Sworn to and subscribed before me,
This 18 day of August 1904.

W. S. L. L. L.

Ordinary

I. Gc.

contracted by exposure in said service, and the real cause of the loss of
said eye, defendant was called to see J. D. Smith in 1893 when
said leg finally went out and joining of the foot
was testified about

This 20 day of August 1904.

W. S. McLaughlin Oreg

J. P. LUCK, APPLICANT FOR PENSION.

In person appeared before me, the undersigned, J. P. Luck, who on oath says, that he contracted rheumatism in the head during the service in 1864, as stated in his application. That his right side became partially paralyzed and it has never recovered its normal condition.

J. P. ^{his} Luck K
mook

This ²⁰----- day of August 1904.

N. S. L. L. L.
Ordinary

NAME Luck, J. P. YEAR 1905 COUNTY Campbell

WHEN AND WHERE BORN? Aug. 15, 1822, Georgia

ENLISTED WHEN AND WHERE? May 1864, Georgia

RANK.

COMPANY AND REGIMENT? Co. E, 4th Regt. Georgia State Troops

NAME OF CAPTAIN AND COLONEL? B. L. Johnson, 1st Lieut.

WOUNDED? In the winter of 1864, or 1865, contracted rheumatism, causing partial paralysis of right side and leg. Also took neuralgia in head about the same time. July 1864, in attempting to capture a yankee battery near the Old Rolling Mill, in suburbs of Atlanta, Georgia, was struck by a piece of shell on left leg between knee and ankle, badly injuring said leg. Rendering applicant unable for manual labor.

RELEASED.

WHEN AND WHERE SURRENDERED?

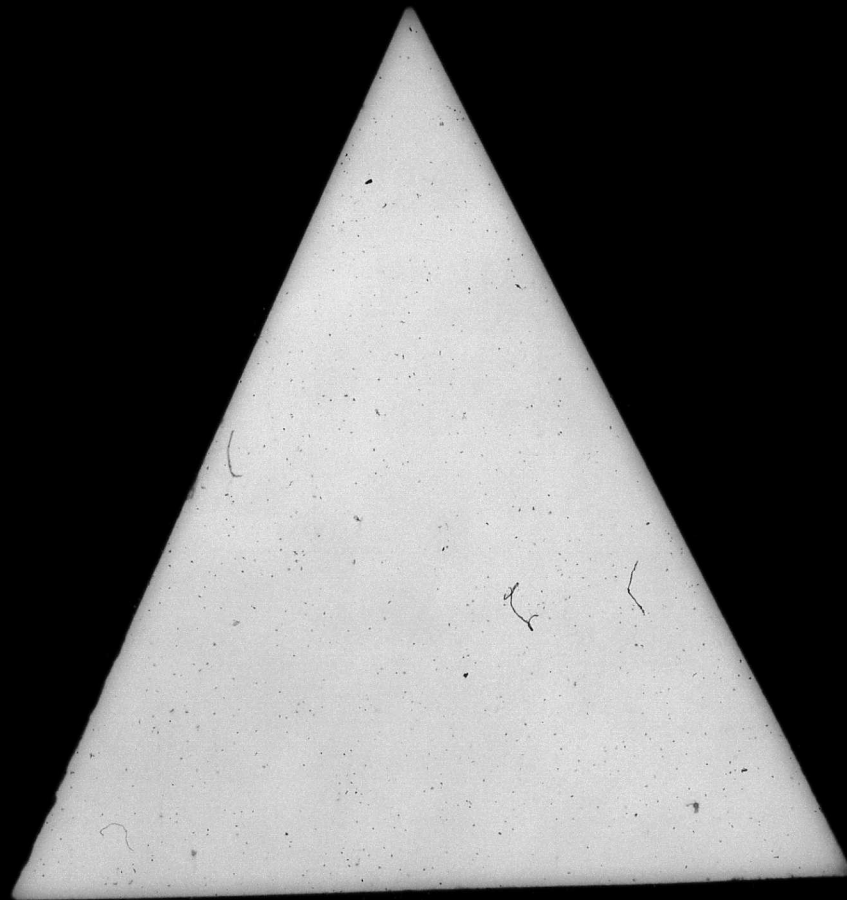
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

At home - sick and wounded - Ordered by Captain to be sent to the hospital on account of wound and disease - started but was unable to reach the hospital on account of federal troops

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. J. M. Oakley - In the war with applicant - No data



STATE OF GEORGIA

COUNTRY.

-the applicant for pension. She

0.17. 11/11/19

and credit.

Other

County.

— as my private writing, by some person, or by General

Under Act 1910—as Amended by Act of 1919.

County San Francisco

0 1 8 0 46CK 1

1. 1/2 1/2 1/2 1/2

0.027.

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1990

J. W. LINDSEY,
Commissioner of Pensions.

10-9-1919

Ordinary's Certificate

STATE OF GEORGIA

Campbell COUNTY.

I, Mr. W. L. Loring Ordinary of said County, do certify that I know Mrs. Sarah E. Luck the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know E. W. Rivers the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 9th day of October 1919

(SEAL)

W. L. Loring Ordinary,
Campbell 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 God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Lock Sarah E
Campbell
Sept 11 1919
V No.

Widow's Pension

Under Act 1910-as Amended by Act of 1912.

County Campbell
Name Sarah E. Luck
Widow of J. W. Rivers
Company "B"
Regiment 4th Ga. Infantry
Approved _____

ENTERED ROSTER OFFICE

J. W. LINDSEY,
Commissioner of Pensions,
Byrd Printing Co., State Prison, Atlanta.

10-9-1919

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Campbell

COUNTY.

Personally before me comes

Wm. S. Reeves E. W. Reeves

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? *E. W. Reeves - Lee County, Ga.*
2. How long and since when have you known *Sarah E. Luck* applicant? *60 years, or since 1859*
3. How long and since when has she continuously resided in this State? (Give date.) *60 years, or since 1859 to very recently*
4. When and to whom was she married? *1878 to Sarah E. Luck* How do you know? *General*
5. How long and since when did you know *James H. Luck* her husband? *60 years, or since 1859*
6. When and where did *James H. Luck* the husband of applicant, die? *1887 - in Campbell Co. Ga.*
7. Were the applicant 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*
9. Were they divorced? *No Sir*
10. When, where and in what Company and Regiment did *James H. Luck* enlist? *April, 1864 in Atlanta, Ga. in Co. B - 4th Ga. Reserves*
11. Were you a member of the same Company? *Yes Sir*
12. How long within your personal knowledge did he perform actual military service with his Company and Regiment? *About 13 months or from April, 1864 to June, 1865*
13. When and where did his Command surrender, and was discharged? *April 26, 1865 at Albany, Ga.*
14. Were you personally present when it was surrendered? *Yes Sir* If not, where were you? *Present* and how came you there? *Requires no answer*
15. Was the husband of applicant personally present at surrender? *Yes Sir* If not, where was he? *Present* When, where and for what cause did he leave Command? (Give date.) *Requires no answer* By whose authority did he leave his Command? *" " "* And how long was he granted leave? *" " "* How do you know all this? *Remained in same Camp, Ga. on duty James H. Luck, the deceased husband of applicant, for about 13 months*
16. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? *Requires no answer*
17. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? *Requires no answer*

Sworn to and subscribed before me this the

9th day of October 1922

Wm. S. Reeves

Ordinary

Campbell

County.

(SEAL)

Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,

Campbell

COUNTY.

Personally before me comes

Mrs Sarah E. Luck

of said State and County,

and, after being duly sworn, says that she desires to apply for a pension allowed under the Act of 1910, as amended by Act of 1919, and submit testimony to make out the same; true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? *Sarah E. Luck in Fairburn, Camp Co. Ga.*
2. How long and since when have you been a continuing resident of the State of Georgia? *77 years, or since June 30, 1842 in old Gray's Creek*
3. When, where and to whom were you married? *Oct. 31, 1878 in Cassville, Ga. to James H. Luck*
4. Have you married since the death of first and soldier husband? *No Sir*
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms, and class of Service.) *April, 1864 in Atlanta, Ga. in Atlanta, Ga. in Co. B - 4th Ga. Reserves*
6. When and where did the commands of your husband surrender or discharge from the army? *April 26, 1865 at Albany, Ga.*
7. Was your husband personally present at the time of the surrender or discharge of this command? *Yes Sir*
8. If he was not present state clearly where he was? *Present*
9. Where was his command when he left? *Albany, Ga.*
10. For what cause did he leave his command? *Requires no answer*
11. By whose authority did he leave his command? *" " "*
12. For how long was he granted leave of absence? *" " "*
13. What was his physical condition when he left his command? *" " "*
14. What effort did he make to return to his command? *" " "*
15. In what way was he prevented from going back to Command? *" " "*
16. Was he captured by the enemy at any time? *No Sir*
17. If so, when and where captured and where held as a prisoner, and when and for what cause released? *Requires no answer*
18. When and where did your first husband die? *May 27, 1887 in Fairburn, Ga.*
19. Were you residing together when he died? *Yes Sir*
20. If not, how long had you resided apart? *Requires no answer*
21. Are you now a widow? *Yes Sir*
22. Have you or your husband heretofore been paid a pension by the State? *No Sir*
23. If so, when and for what cause were you or your husband placed on the roll? *Requires no answer*

Sworn to and subscribed before me this the

9th day of October 1922

Wm. S. Reeves

Ordinary

Campbell

County.

(SEAL)

State of Georgia.) To any Minister of the Gospel, Judge of Su-
Campbell County.) perior Court, or Justice of the Peace to
) celebrate.

You are hereby authorized and permitted to join in the
Honorable state of matrimony James H. Luck and Miss Sarah E. Go-
lightly, according to the Rites of your Church, provided there
be no lawful cause to obstruct the same, according to the Con-
stitution and Laws of this State; and for so doing, this shall
be your sufficient license.

Given under my hand and seal, this 29th day of October, 1878.

R. C. Beavers, (L. S.) Ord'y.

I hereby certify that James H. Luck and Miss Sarah E.
Golightly were joined together in the Holy Bands of matrimony
on the 31st day of Oct. 1878, by me.

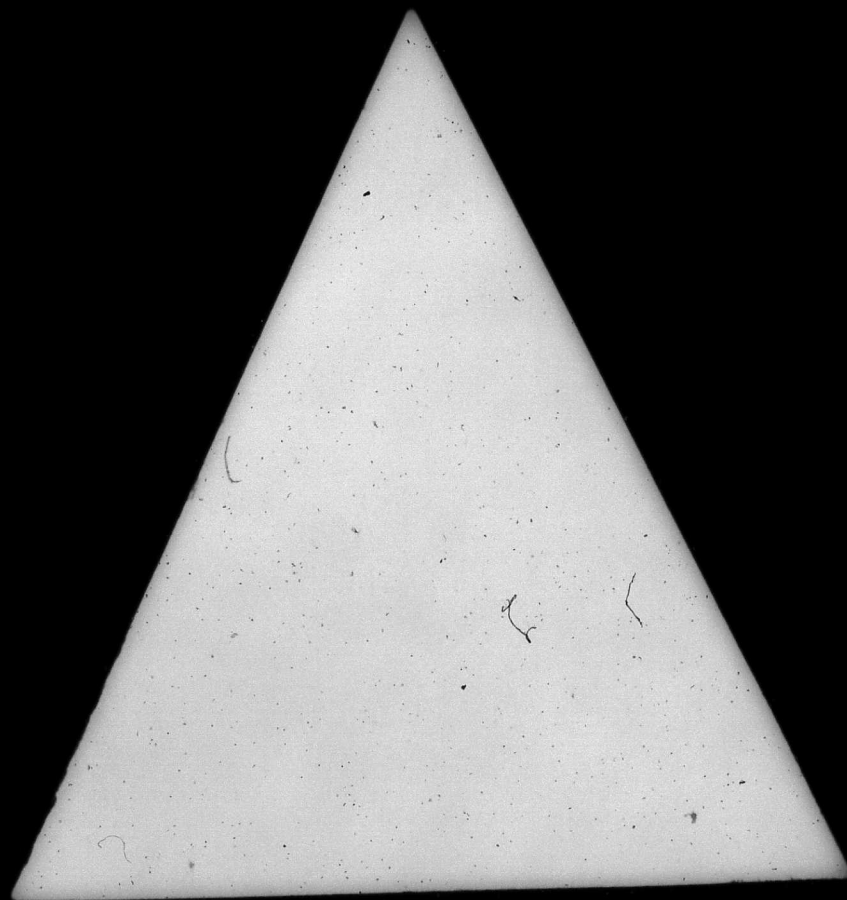
O. C. Kidd, M. G.

Georgia, Campbell County.

I, W. S. McLarin, Ordinary of said county, do hereby certifi-
fy that the above and foregoing is a copy of the Marriage Li-
cense, and Certificate of Marriage of James H. Luck and Miss
Sarah E. Golightly, as appears of record in this Office, in
book "B", page 243 of Marriage Records.

Witness my hand and seal of Office, this October 9, 1919.

*W. S. McLarin, Ordinary,
Campbell County, Ga.*



POWER OF ATTORNEY.

STATE OF GEORGIA,

County of Cherokee

I, James S. Eager, hereby authorize

of Cherokee County, to receive and receipt for the pension allowed and that he remit the same to me at Bank by the check or registered mail.

Witness my hand this 1 day of March 1901

Executed in presence of

W. S. McLeary Ordinary,

County of Cherokee

James S. Eager

[SEAL]

Office Comm of Pension
44-1901
App - not indigent
Mrs. Gaffney
only - Mr. Paupers
J. W. Lindsey
Comm of Pension

amended

Pension office 10/1/1/04

This applicant was entitled to dower in this estate or a child's part if she elected to take that part she did not, I want to know just what she done, and what disposition she made of her interest in this estate. To whom did she dispose of it and for what and where? I owe all this to be true. Want facts not excessive statements.

J. W. Lindsey
Com. Of Pens.

Mrs. Clure, Susan M.
Campbell, County

No. _____

**WIDOW'S
Indigent Pension.
1901.**

Name Susan M. McCleary
County Cherokee

Widow of John McCleary

Approved _____ 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1901.

Geo. W. Harrison, Sole Printer, Atlanta, Ga.

2/2/1901. 9/22/04

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cum plice County.

I, Susan M. McClellan hereby authorize James S. Eefer of Fairburn County, to receive and receipt for the pension allowed and that he remit the same to me at cash by his check or registered mail.

Witness my hand this 8 day of March 1901.

Executed in presence of

M. S. McClellan Ordinary,
Cum plice County.

Susan M. McClellan L. S.

SEAL

Office Comm. of Pension
44-1901
Appl. not submitted
Comm. suffering from
palsy - Mr. Parson
McClellan
Chairman of Pension

Answered

Pension office 10/17/04

This applicant was entitled to
pension in this state for a child
and in the United States for a child
and she was entitled to take that
pension. She was not aware of it
until she was informed by the
Commissioner of Pensions that she
was entitled to it. She was not
aware of it until she was informed
by the Commissioner of Pensions
that she was entitled to it. She was
not aware of it until she was informed
by the Commissioner of Pensions
that she was entitled to it.

J. W. Lindsey
Com. Of Pens.

WIDOW'S
Indigent Pension.
1901.

Name Susan M. McClellan
County Cum plice
Widow of John M. McClellan

Approved JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1901.
Geo. W. Harrison, State Printer, Atlanta, Ga.

3/22/01

Questions for Witnesses.

STATE OF GEORGIA,

Cum plice County.

I, S. S. Longston of said State and County, having been presented as a witness in support of the Application of Mrs. Susan M. McClellan for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, deposes and answers as follows:

- What is your name and where do you reside? S. S. Longston - In Cum plice Co Ga
- Are you acquainted with the applicant, Mrs. Susan M. McClellan If so, how long have you known her? Yes 40 or 50 years
- Where does she reside, and how long and since when has she been a resident of this State? In Cum plice Co Ga - 40 or 50 years to my knowledge
- When and where was she born?
- Were you ever acquainted with her husband? Yes before war
- Where did he reside in 1861? In Cum plice Co Ga but was married
- When and to whom was he married? To Susan (Sall) - went West. Soldier
- When and where was he born?
- How long have you known him? 40 or 50 years
- When and where did John McClellan enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? Sept 1863 1st Regt of Cum plice Co Ga - Co A, 7th Regt Ga Militia. I saw him enter a 2nd Lieut in his own company.
- Were you a member of the same Company and Regiment? Yes Sir, and a 2nd Lieut in his own company.
- How long did he perform regular military duty? 6 months or more to my own knowledge
- When and where was his Company and Regiment surrendered and discharged from service? March 1, 1864 at Atlanta Ga - was discharged out of service
- Were you with the command when it surrendered? Yes
- Was John McClellan the husband of applicant present? Yes Sir
- If not present, where was he?
- When and where did he leave his Command?
- For what cause?
- By whose authority he left?
- How do you know all this? (State fully and clearly.) As a private
- When and where did John McClellan die? About 1896 In Cum plice Co Ga
- Where did he reside at his death and how long had he been a resident of Georgia at his death? In Cum plice Co Ga - 40 or 50 years
- Do you of your own knowledge know that applicant is the lawful widow of John McClellan? Yes Sir
- Has she remained unmarried since her soldier husband's death, and is now his widow?
- What property, effects or income has the applicant, if any, and how do you know this of your own knowledge?
- What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it?
- Has applicant conveyed any property in last two years or given any away, if so what was it and to whom?
- What is applicant's physical condition and her chances and ability to earn a support?