STATE OF GEORGIA,	
County.	
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who, being duly sworn, depose and say they are acquainted with	
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that saidwas ampufated	
citizen of this State, and we are well satisfied that the facts stated by him i	
Sworn to and subscribed before me this	
day of	
STATE OF GEORGIA, County,	
, R. C. Diarros Ordinary	of Campbell
county, do certify that Lam well acquainted with.	ong
the applicant for an Arms, 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. Su.	chardson
the citizens who make their affidavit, that they are respectable citizens of tated by them are true.	closes freshor ofthe Bas
day of November	187.
86 6	uvens

STATE OF GEORGIA.	
Campbell County.	
Personally appeared before me. S.M. Long	
the county of	
enlisted in the military service of the Confederate States, or of this State, as a	7 000
in Company Co	
that while engaged in such military service, to-wit; at the battle or engagement of Aldan Mount	tain
in the State of 1002 gurana on the day of	
1862, he was wounded in the lift arm, and	
that the same was amputated. Where 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 Man supplied himself with an artificial Man supplied himself with an artificial of the constitution of 1877, approved September	
done so, he prefers to supply himself with an artificial All Markets in that, not having	
Sworn to and subscribed before me this	
In meterphine	
Nors.—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 OPPIGEDOS A PPINA VIEW	
COMMISSIONED OFFICER'S AFFIDAVIT.	
STATE OF GEORGIA,	
Campbell County.	
1 11 1 200	
Personally came before me	
the county of	
and says that he was the hours of the hours	
and that the above deponent, was a	-
in said Company, and that this deponent knows that said, A. M. Gobarg	
ost a 20 A.X.X.X	
Sworn to and subscribed before me this	
Many of Action 1822	
Nora.—It the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens,	7.
nust be furnished.	1

No. 278 Campbell Co. APPLICATION FOR Am FOR CONFEDERATE SOLDIER. Applicant & M. Cong County Com Bleto Limb UAM alove el any Amount . 460 Date of Warrant Move 15-7-179 Cy. C. 19th Part.

#### AN ACT

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

BECTION 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 fartificial 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 receives 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. GORTCHIUS,

Scoretary House Representatives.
WM. & HARRIS,

Scoretary Senate.

Approved, September 0th, 1879.

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

Camplell Co	PRESONALLY appears Of W. Loving of Carefiell 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 day of 1845; that he enlisted in the military service of the Confederate States (or of the State of Learge a during the war between the States, and served as a freede in Company b, of 19 th Regiment of Learge a Volunteers A. Colquett's Brigade; that whilst engaged in such military service, at the battle of Leader Keine in the State of Virginia on the 9th day of August 1862, he was wounded as follows: Shot with a recincil ball through the Mount form holders to the Colour cand any arms was ampulated about Invo inakes below Sholdier joint.
ADDI IDATION FOR ALLOWANGE	The state of the s
APPLICATION FOR ALLOWANCE	Decorant desires to participate in the herefits of the Act, approved October als 1999
FOR YEAR ENDING, OCT. 26, 1889.	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
A CONTRACTOR	allowance to which he is entitled for the year ending Oct. 26, 1889.
Fres of Legh lein	Sworn to and subscribed before me, this
Applicant S. M. King	the 13th day of February 188?
County Caupbell	
Amount 100.	Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
Date of Warrant Toby 10	and the state of the control of the state of the control of the co
Entered on Record,	STATE OF GEORGIA,
Hele 15 1884	Personally comes before me Ordinary of said
74 1 2 2 2 2 2	county, and and both known to
SECRETARY EXECUTIVE DEPARTMENT.	me as reputable physicians of said county, who, being severally sworn, say on oath that they
no additional data	have carefully examined have been and after such examination
The Manuscould Mala	say that the applicant has been injured as follows:
· · · · · · · · · · · · · · · · · · ·	at Contract of the second of t
	and the man of the other than the state of t
	(1.31.3
	Sworn to and subscribed before me, this

day of

STATE OF GEORGIA.

STATE OF GEORGIA.

ORDINARY.

#### NOTES

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been ren-

dered substantially and essentially useless.

dered substantially and essentially useless.

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

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

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

6. If papers are returned for correction, and amendments are added to any of the 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.

of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA. Campbell Ordinary of said county. do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and Ibat 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. G. Beavers before whom the foregoing affidavits were made and power of attorney was signed, is a Ordinany 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 1889 R. le Beavers Ordinary Campbell County POWER OF ATTORNEY STATE OF GEORGIA: KNOW ALL MEN BY THESE PRESENTS, That I, county, in said State, do hereby appoint my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this day of (L. S.) Executed in the presence of us: DIRECTION Send money to me as follows, by County, Georgia.

STATE OF GEORGIA, Campbell County.

Ordinary of said county, do certify that I am well acquainted with S. 20applicant 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

Ordlicans of said county, and the said affidavits and of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this Jodday of Jeboure 3189 a

Campbell Ordinary

County.

STATE OF GEORGIA, Cocceptible County.  I. R. Lo. Beover Ordinary of said County.
do certify that I am well acquainted with 5, 77. 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 Clo. Become
before whom the foregoing affidavits were made and power of attorney was signed, is a of said County, and the said affidavits and
signatures thereto are genuine.  Given under my official signature and seal, this 6th day of Debruory 1891.
R. C. Beavers
Ordinary Compbell County

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,
Campbell County.
such a service of the service of
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
April 1840; that he enlisted in the military service of the Con-
federate States (or of the State of Leongia ) during the war between the
States, and served as a Private in Company 6, of 19 th Regiment
of George Volunteers terlamitt 's Brigade that whilst engaged
in such military service, at the battle of Ceder Rine in the State
in such military service, at the battle, of Cecler Run in the State of Virginia on the got day of August 1862, he was wounded as follows: Short with Minie Ball through left
wounded as follows: That with Munice Ball through left
and above the Elbow braking the home
near the Sholder joint on the 300 day of
August 1862
7
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 of the hours of the second
Sworn to and subscribed before me, this the
R.b. Beavers, Ordinary
Norz. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
POWER OF ATTORNEY.
STATE OF GEORGIA
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 of or
me and in my hame, 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;
the 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 foreign 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
aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of 189
[L. S.]
Executed in the presence of us:
DIRECTION.
Send money to me as follows, by
County Carrois
County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	Industrial
PERSONALLY appears S. W. For	in of lourphale
County, State of Georgia, who, being duly swor	n, says on oath that he is a bona fide citizen and
resident of said State, and has resided therein co	entinuously ever since the 2 400
day of 1845; that	he enlisted in the military service of the Con-
	) during the war between the
States, and served as a Private of Sevryin Volunteers	in Company 20, of 19th Regiment
of Georgia Volunteers Lo	in Company 6, of 7th Regiment surely surely surely in the State
in such military service at the battle of of Virginia, on the	in the State
wounded as follows: Stot in the	left elbour shotsing
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and the same of th	tanti ang managan ang kananan ang pang managan ang managan ang managan ang managan ang managan ang managan ang
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Deponent desires to participate in the band the acts amendatory thereof, and makes appropriate the year ending October 26, 1891. I have he	enefits of the Act, approved October 24, 1887, lication for the allowance to which he is entitled eretofore been allowed a pension of
dollars,	for 1888,1889. + 1870,
Sworn to and subscribed before me, this, the	& S.W. Long
R & Biavers, Ordinary	, , , , , , , , , , , , , , , , , , , ,
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POWER OF	ATTORNEY
STATE OF GEORGIA,	
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	unty, State of Georgia, do hereby appoint
of	my true and lawful attorney in fact, for
ng my said attorney to receipt in my name for a for, or for any sum of money which may be con	jury received as aforesaid in the military service
day of	18q1.
	[L, s.]
Executed in the presence of us:	]
PERIO	TION.
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to_	P. O.
	County, Georgia.

STATE OF GEORGIA.

do certify that I am well acquainted with Sto 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 repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 2 day of Morch 1892.

R. C. Becavery.

Ordinary.

Ordinary.

SOLDIER'S PENSION.

1892.

FOR THE VEAR EXPINE OF THE NAME OF THE VEAR EXPINE OF THE PARTIES OF THE PRINTED OF THE PARTIES OF THE PRINTED OF THE PARTIES OF

### POWER OF ATTORNEY.

me and in my nam from the State of the Confederate S my said attorney to for any sum of mo	ne, to receive and receip Georgia by reason of the tates (or of this State), a o receipt in my name for easy which may be comi	t for whatever amo e injury received as is stated in the fore r any Warrant that ng to me for the re	unt of money I may aforesaid in the may be issued by ason aforesaid.	ay be ent nilitary se reby auth the Gove
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FOR Applicants Heretofore Allowed Pensions.

County, State of Georgia, whet being mily morn, the on our started has been for com-

resident of said State, and has resided thanks contratously ever short the

For Applicants Heretofore Allowed Pen	sions.
STATE OF GEORGIA,	
Personally appears Sw. Long	
Personally appears own, & one	-
of Cam flee 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 since the 2 day of Africa 1845; the	continuously
in the military service of the Confederate States (or of the State of	t ne enlisted
during the war between the States and served as a Porce to in Co	"0"
during the war between the States, and served as a Poisson in Co of 19 th Regiment of Jones Volunteers Calque	- C 6
Brigade ; that whilst engaged in such military service at the battle of Cedan	Run
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August 1862, he was wounded as follows: Shot	in che
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Deponent desires to participate in the benefits of the Act, approved October 24, the acts amendatory thereof, and makes application for the allowance to which he is the year ending October 26, 1892. I have heretofore been allowed a pension of	entitled for
Mary Land And Bull 1 X Y	
Sworn to and subscribed before me this the S. W. Lang	
day of 110000 1892.	Y - Y in the second of the
R. C. Beavers Ordinary.	
Note.—State fully nature of wound or character of disease which causes the disability, and explain extent of the disability.	particularly the
POWER OF ATTORNEY.	
STATE OF GEORGIA.	*' *' - '
County.	
Know all Men by these Presents, That I,	- V.
of	
County, in said State, do hereby appoint	
of my true and lainful attenual	In 6-4 6-
from the State of Georgia by reason of the injury received as aforesaid in the militathe Confederate States (or of this State), as stated in the foregoing affidavit; hereby my said attorney to receipt in my name for any Warrant that may be issued by the	entitled to
or for any sum or money which may be coming to me for the reason aloresaid.	
IN WITNESS WHEREOF, I have hereunto set my hand and seal this.	
day of1892.	6 -1
Executed in the presence of us:	[L. S.]
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DIRECTION.	
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	P. O.

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For Applicants	Heretofore	Allowed	Pensions.
STATE OFIGEORGIA	9.50		

STATE OF GEORGIA.
Compbell comp.
PERSONALLY appears D. W. Foug of Composal
County, State of Georgia, who, being duly sworn, says on oath that he is a bone fide citizen and
resident of said State, and has resided therein continuously ever since the 2
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States and served as a God will
of Seo ag in Volunteers Colquells s Brigade; that whilst engaged in
such military service at the battle of the State
of day of August 1862 he was
wounded as follows: Dank by a running bole in the elbor
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Hust about the albow mor the aboutles and
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- Commission of the commission
Deponent desires to praticipate 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
Sworn to and subscribed before me, this, the )
15 day of month 1893.
R. E. Bierry Odling
The state of the s
Norn-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, )
leverefolder county.
1, Rb. Beowers 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 in-
dividual he represents himself to be, and that he resides in this County.
I further certify that R.G. Beovers
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 127 day of moreh 1802
R. C. D.
The standing to head one
Associate The in the present the Country of Courts of Country.
County (

COUNTY.)  Know all Men by these Presents, That I,  of  County, State of Georgia, do hereby appoint  of  my true and in my name, to receive and receipt for whatever amount of money I  State of Georgia by reason of an injury received as aforesaid in the military  States (or of this State), as stated in the foregoing affidavit; hereby a  mey to receipt in my name for any Warrant that may be issued by the Governa  which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, it  day of:  Executed in the presence of us	service of the authorizing my or, or for any su	d to from t Confeder
County, State of Georgia, do hereby appoint————————————————————————————————————	may be entitled service of the authorizing my or, or for any so	d to from t Confeders said Atta im of mon
me and in my name, to receive and receipt for whatever amount of money I. State of Georgia by reason of an injury received as aforesaid in the military States (or of this State), as stated in the foregoing affidavit; hereby a new to receipt in my name for any Warrant that may be issued by the Governe which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, the day of	may be entitled service of the authorizing my or, or for any so	d to from t Confeders said Atta im of mon
ne and in my name, to receive and receipt for whatever amount of money I. State of Georgia by reason of an injury received as aforesaid in the military states (or of this State), as stated in the foregoing affidavit; hereby a ney to receipt in my name for any Warrant that may be issued by the Govern which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, that of the state of the search of the seal, that of the search of	may be entitled service of the authorizing my or, or for any so	d to from t Confeders said Atta im of mon
state of Georgia by reason of an injury received as aforesaid in the military states (or of this State), as stated in the foregoing affidavit; hereby a new to receipt in my name for any Warrant that may be issued by the Governchieh may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, that of the state of the search of the seal, that of the search of the	service of the authorizing my or, or for any su	Confeders
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Executed in the presence of us		[ı.,
Executed in the presence of us		
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#### POWER OF ATTORNEY

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	of			
County, State of Georgia, do here	by appoint		·	
of me and in my name, to receive an			lawful attorn	Charles Control of the Control of th
State of Georgia by reason of an is States (or of this State), as stated in in my name for any Warrant that be coming to me for the reason afe IN WITNESS WHEREON	n the foregoing affidavit; t may be issued by the ( presaid.	hereby authorizing Jovernor, or for a	my said Attor	rney to rec
day of	1895.			
Executed in presence of	us \			; _[I.,
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Send money to me as follows,				
Send money to me as follows,	County, Georgia.			
Send money to me as follows,	County, Georgia.	· · · · · · · · · · · · · · · · · · ·		
Send money to me as follows.	County, Georgia.			

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.
Cam plece County.
PERSONALLY appears Same In Long of Campbeer
Compact of Carry of Carry of Carry
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 Afric 1840; that he enlisted in the military service of the Con-
federate States (or of the State of ) during the war between the
States, and served as a findatein Company C, of 19 th Regiment
of You Volunteers Colycutt 's Brigade; that whilst engaged in
such military service at the battle of Carlos Russ in the State
of Va on the 9 day of any 1864 he was
wounded as follows: I was shot by a muchine face
in the light elbow, the fore rouging
industrial mudering aufulation
The threes shoulded faint wees-
bury,
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
Our three dred dollars, for the year 189 &
Sworn to and subscult 11 to
During W danie,
R. C. Reavers Ordy
Note-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent
of the disability, resulting from the wound or disease.
STATE OF GEORGIA, I
Camplier county.
1, R. C. Be over
do certify that I am well acquainted with Socie - 12. Jany the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of March 1814
TANK!
R. le Beavers
10 11
Ordinary Count bice County.

### For Applicants Heretofore Allowed Pensions.

Tot apparounce motocororo antonou remotous.
STATE OF GEORGIA, Complete County.
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of 18 4 7; that he enlisted in the military service of the Con-
States, and served as a in Company of the Regiment of Volunteers, such military service at the battle of of Jan you the day of Au 7 1862 be was
younded as follows: I was short by a whole was
the an futution of soil one and
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 October 25th, 1895. The year 189
Sworn to and subscribed before me, this, the state of the disability and explain particularly the extent of the disability continue for the di
STATE OF GEORGIA,
do certify that I am well acquainted with 5, 27. Ordinary of said County,
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.  Given under my official signature and seal, this
day of learny silvant and seat, this
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	GEORGI	county.						
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POWER OF ATTORNEY.

OF GEORG	

		County.			1.0	
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to receive and	d receipt for th	he pension	paid hereon	and request	that he	remit same to
at		•				
day of	NESS WHER	EOF, I ha	ve hereunto	set my hand	and seal,	this
						\[ L. s.]

SOLDIER'S PENSION. 1897.

Name S. M. Low

RICHARD JOHNSON,

No. 673

SOLDIER'S PENSION. 1896.

Masa

RICHARD JOHNSON,

INVALID

7661 ON

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
personally appears S. M. Long of Completee
County, State of Georgia, who being duly sworn, says on oath that he is a bone fide citizen
and resident of said State, and has resided therein continuously ever since the
lay of April 1845; that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served as a friend in Company C, of 19th Regiment of Volunteers, Colquitto 's Brigade; that whilst engaged
Volunteers, Colyce the 's Brigade; that whilst engaged
n such military service in the State of 2, on the 9 day
1862 he was wounded, injured or diseased as follows:
I was chrough the left oree need the
close joint by a "Ulumin Joel", while
in service of bottle of "Codor Rece"
in Va on Any gun 1862, soid wound
messitating the one putation of
left one week should a joint y bour
his maring un poete soll un tip Lin
rainery mane of lobon (
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
nd the acts amendatory thereof, and makes application for the pension to which he is
ntitled for the year ending October 26th, 1896. I have heretofore as a resident of
ollars, for the year 189
Sworn to and subscribed before me, this, the
6 day of Jee 672 1896.
A. le Gravers Credy
Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent the disability, resulting from the wound or disease.
STATE OF GEORGIA.
Par flee County.
I, R. C. Re over Ordinary of said County.
certify that I am well acquainted with . h. doing the
plicant in the foregoing affidavit, and am well satisfied that the statements made by him
his said affidavit are true, and I know he is the individual he represents himself to be
d that he resides in this County.
Given under my official signature and seal, this
day of_ Ju by 1896.
Al branes
( here. )
Ordinary Compbell County.
Ordinary County.

# For Applicants Heretofore Allowed Pensions.

Complie County.
Dersonally appears S. M. Long of Complexe
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 Africa 1845; that he enlisted in the military service of the Con-
federate States (or of the State of ) during the war between the
States, and served as ain Company, of /2 th Regiment
Volunteers, Volunteers, 's Brigade; that whilst engaged
in such military service in the State of
o diseased of follows:
by a wineir bose while in land
1 Louis of "Centor Rum" and one
recount of soid wound to ansie
my one had to be on for tale
and a tree and the company
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 nititled for the year ending October 26th, 1897. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1896.  Sworn to and subscribed before me, this, the SIV Say day of 1897. POST OFFICE Polerance.
Note-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent the disability, resulting from the wound or disease.
TATE OF GEORGIA,
Ordinary of said County,
opplicant in the foregoing affidavit, and am well satisfied that the statements made by him
his said affidavit are true, and I know he is the individual he represents himself to be
d that he resides in this County.
Given under my official signature and seal, this
day of the by 1897.
Cana Re Co Bravers
your lead bere.
Ordinary County,

STAT	TE OF GEORGI	A, )			1
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	S. M. L	County.		o a	111
I,	·. /r. &	· cry	hereby author	crize C. B.	Worl
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to rece	eive and receipt for	the pension paid	hereon and	request that he	remit same to
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IN	WITNESS WHI	REOF. I have h	erenato set ma	hand and seel a	15/
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	The state of the s				

RICHARD JOHNSON,

C. B. MUZZ

SOLDIER'S PENSION.

No. 2339

1898.

Name S. M. Lone

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STATE OF GEORGIA,

POWER OF ATTORNEY.

that he remit same to

### For Applicants Heretofore Allowed Pensions.

Campo	appears S. W. Long of Complex
	Georgia, who being duly sworn, says on oath that he is a bona fide citizen
	aid State, and has resided therein continuously ever since the
lay of	1845; that he enlisted in the military service of the Con-
federate States (	or of the State of Ja ) during the war between the
States, and serve	ed as a Orive to in Company C, of 12 th Regiment
of Ja	Volunteers, Comment 's Brigade; that whilst engaged
n such military s	service in the State of Va , on the 9th day
of Muy	186.2, he was wounded, injured or diseased as follows:
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	Boec while in Dervice at
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Deponent des	press to participate in the benefits of the Act, approved October 24th, 1887, adatory thereof, and makes application for the pension to which he is
	or anding October 96th 1808 I have beautiful and a sid to
esident of	ar ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of
esident of	county been allowed an invalid pension of Dollars, for the year 189 /
Sworn to and	county been allowed an invalid pension of Dollars, for the year 189 Z.
Sworn to and	county been allowed an invalid pension of Dollars, for the year 189 Z.  I subscribed before me, this, the S.W. Long of 1898. Post-office Polarice
Sworn to and	county been allowed an invalid pension of Dollars, for the year 189 Z.  I subscribed before me, this, the S.W. Long of Jeb D. 1898. POST-OFFICE Policies
Sworn to and	county been allowed an invalid pension of Dollars, for the year 189 Z.  I subscribed before me, this, the S.W. Long of Jeb D. 1898. POST-OFFICE Policies
Sworn to and St. day  L. Azz  Norz-State fully the the disability, resulting	county been allowed an invalid pension of county been allowed an invalid pension of laboration of Dollars, for the year 189 Z.  I subscribed before me, this, the S.W. Long of 1898. Post-office Policy County.  Post-office Policy County the extent from the wound or character of disease which causes the disability, and explain particularly the extent from the wound or disease.
Sworn to and St. Azz. Norze-State fully she the disability, resulting	county been allowed an invalid pension of Dollars, for the year 189 Z. I subscribed before me, this, the S.W. Long of Jeb J. 1898. POST-OFFICE Dollars of Dollars, for the year 189 Z.  I subscribed before me, this, the S.W. Long of Jeb J. 1898. POST-OFFICE Dollars of the country of Dollars of Doll
Sworn to and St. Azz. Norz-State fully abute disability, resulting	county been allowed an invalid pension of county been allowed an invalid pension of laboration of Dollars, for the year 189 Z.  I subscribed before me, this, the S.W. Long of 1898. Post-office Policy County.  Post-office Policy County the extent from the wound or character of disease which causes the disability, and explain particularly the extent from the wound or disease.
Sworn to and Shorn to and Short	county been allowed an invalid pension of Dollars, for the year 189 / A subscribed before me, this, the S. W. Arriston of Je 6 1898. POST-OFFICE Pollution of 1898. POST-OFFICE Pollution particularly the extent from the wound or character of disease which causes the disability, and explain particularly the extent from the wound or disease.  **EORGIA**  County.
Sworn to and St. day S. Norz-State fully she disability, resulting TATE OF G	county been allowed an invalid pension of Dollars, for the year 189 /. I subscribed before me, this, the SIN Ling of 1898. Post-office Pollution  1898. Post-offi
Sworn to and Shorn to and Short	county been allowed an invalid pension of Dollars, for the year 189 /. I subscribed before me, this, the S. W. Long of Jacob Dollars, for the year 189 /. I subscribed before me, this, the S. W. Long of Jacob Dollars, the S. W. Long of Jacob Dollars, the S. W. Long of Jacob Dollars, and explain particularly the extent from the wound or disease.  GEORGIA,  GEORGIA,  County.  C. Records  Ordinary of said County, the well acquainted with S. W. Long Ordinary of the county, the
Sworn to and Sworn	county been allowed an invalid pension of Dollars, for the year 189 /. I subscribed before me, this, the S.W. Long of Jacob Post-office Pollution  1898. Post-office Pollution  The G. Berry of disease which causes the disability, and explain particularly the extent from the wound or disease.  County.
Sworn to and Sworn	county been allowed an invalid pension of Dollars, for the year 189 /. I subscribed before me, this, the S. W. Long of Je 6 D. 1898. POST-OFFICE Pollution  The G. 1898. POST-OFFICE Pollution  To wound or character of disease which causes the disability, and explain particularly the extent from the wound or disease.  County.  C.
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Sworn to and  Sworn to and  A day  A A Dz  Norr-State fully the disability resoluting  STATE OF G  I, R.  o certify that I a  pplicant in the for  a his said affidavi  nd that he reside	county been allowed an invalid pension of Dollars, for the year 189 /. I subscribed before me, this, the SW. Long of 1898. POST-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. POST-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. POST-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, t
Sworn to and  Sw	county been allowed an invalid pension of Dollars, for the year 189 7. It subscribed before me, this, the S.W. Long Of 1898. POST-OFFICE Pollution  The Grant of wound or character of disease which causes the disability, and explain particularly the extent from the wound or disease.  County.  C. Rever S. Ordinary of said County, and well acquainted with The regoing affidavit, and am well satisfied that the statements made by him that are true, and I know he is the individual he represents himself to be in this County.  Given under my official signature and seal, this  J. J
Sworn to and Sworn	county been allowed an invalid pension of Dollars, for the year 189 /. I subscribed before me, this, the SW. Long of 1898. POST-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. POST-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. POST-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, this, the SW. Long of 1898. Post-OFFICE Pollution  I subscribed before me, t
Sworn to and  Sworn to and  A day  A A Dz  Norr-State fully the disability resoluting  STATE OF G  I, R.  o certify that I a  pplicant in the for  a his said affidavi  nd that he reside	county been allowed an invalid pension of Dollars, for the year 189 7.  I subscribed before me, this, the S.W. Long of Jacob Dollars, for the year 189 7.  I subscribed before me, this, the S.W. Long of Jacob Dollars, the S.W. Long of Jacob Dollars, the S.W. Long of Jacob Dollars, and captain particularly the extent from the wound or character of disease which causes the disability, and explain particularly the extent from the wound or disease.  County.  County.  County.  County.  County of said County, the regoing affidavit, and am well satisfied that the statements made by him that are true, and I know he is the individual he represents himself to be in this County.  Given under my official signature and seal, this lay of 1898.  A. C. Cravers
Sworn to and Norze-State fully the the disability, resulting TATE OF G  I, R. Occertify that I a opplicant in the fo his said affidavi and that he reside	county been allowed an invalid pension of Dollars, for the year 189 7. It subscribed before me, this, the S.W. Long Of 1898. POST-OFFICE Pollution  The Grant of wound or character of disease which causes the disability, and explain particularly the extent from the wound or disease.  County.  C. Rever S. Ordinary of said County, and well acquainted with The regoing affidavit, and am well satisfied that the statements made by him that are true, and I know he is the individual he represents himself to be in this County.  Given under my official signature and seal, this  J. J
Sworn to and Norze-State fully the the disability, resulting TATE OF G  I, R. Occertify that I a opplicant in the fo his said affidavi and that he reside	county been allowed an invalid pension of Dollars, for the year 189 7.  It subscribed before me, this, the S.W. Long of 1898. POST-OFFICE Pollutions of 1898. POST-OFFICE Pollutions of Isonature of disease which causes the disability, and explain particularly the extent from the wound or character of disease which causes the disability, and explain particularly the extent from the wound or disease.  County.  C. Bear of Ordinary of said County, the regoing affidavit, and am well satisfied that the statements made by him that are true, and I know he is the individual he represents himself to be in this County.  Given under my official signature and seal, this  A. C. Pravers

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Campbell County.
personally appears & W. Long of Lampbell
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the 2
day of Christ 18 2; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a Thirate in Company of of 19th Regiment
of Jale Volunteers, Of Of Grando 's Brigade; that whilst engaged
in such military service in the State of New , on the 2 day
of Angust 1862, he was wounded, injured or diseased as follows:
I the Battle of cedar run in son shot
in the elbourge of left of my arm was amputately
Just below the shouldes the left arm last
<b>\</b>
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1898.  Sworn to and subscribed before me, this, the Sun Lease day of Lanca 19 1899. Post office Palmetta Garagnetic State fully the fature of would or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA, County.
do certify that I am well acquainfed with & IV. Kony the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
Given under my official signature and seal, this
day of January 1899.
Ordinary Journal County.

eby authorise
Palmetto oga
Hand
S. W. Long [L. s.]
D.W. xong [L. s.]

ampi & M.	(For These Already Enrolled.)	INVALID COLDIED'S DENGION	1900.	Name of M. Long	Disability Lodd on whim Amount, & IN	Warrant issued MMC 9 1900. JOHN W. LINDSEY,	Ommissions of Francis. WARRANT BANDED TO	On V. Berton, then Tritice, states.
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STATE OF GEORGIA, County

For Applicants Heretofore Allowed Pensions

### For Applicants Heretofore Allowed Pensions.

CTATE OF CEOPOIA
STATE OF GEORGIA,
Stamphell County.
personally appears of M. Long of Scampbell
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 Afril 1846; that he enlisted in the military service of
the Confederate States (or of the State of ) during the war be-
tween the States, and served as a Driverto in Company of, of 19 th
Regiment of The style Volunteers, real quitts 's Brigade; that whilst engaged in such military service in the State of Na., on the
day of 186 2 he was wounded, injured or diseased as follows:
at the buttle of cedar run in state of wa
- that in the lest arm and broke all to
preies so It had to be amputated fust 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
. The umpbell County been allowed an invalid pension of
10 14 hundred \$ 100.00 Dollars, for the year 1894.
Sworn to and subscribed before me, this, the \ S.W.Long
day of February 1900. POST OFFICE / Palmette oga
L. J. Stephens = ordinary
NOTE. State fully the neuro 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,
Hampbell County.
I & Stephens Ordinary of said County.
do certify that I am well acquainted with D. 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
Came day of Hebruary 1900.
' von'
1 Destephens
Ordinary County.

### For Applicants Heretofore Allowed Pensions.

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of the State of during the war between the States, and served as a discontinuously ever since the day of the State of during the war between the States, and served as a discontinuously ever since the day of the State of during the war between the States, and served as a discontinuously ever since the day of during the war between the in Company end of the Regiment of the State of the War on the day of the State of the War o
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 County been allowed an invalid pension of
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 County been allowed an invalid pension of
County, State of Georgia, who being duly sworn, says on eath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of 1847, that he enlisted in the military service of the Confederate States (or of the State of during the war between the States, and served as a in Company of the Regiment of Volunteers, shrigade; that whilst engaged in such military service in the State of on the day of 1862, he was wounded, injured or diseased as follows:  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 County been allowed an invalid pension of
and resident of said State, and has resided therein continuously ever since the  day of 1847, that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the  States, and served as a in Company of I th Regiment of Volunteers, 's Brigade; that whilst engaged in such military service in the State of , on the day of 1862, he was wounded, injured or diseased as follows:  Left 1847, that he enlisted in the military service of the Confederate States (and the service of the Confederate States)  Deponent makes application for the pension to which he is entitled for year ending October 26th, 1801. I have heretofore under said law as a resident of  County been allowed an invalid pension of
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 County been allowed an invalid pension of
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 County been allowed an invalid pension of County been allowed an invalid pension of County been allowed an invalid pension of
States, and served as a work of long any of the Regiment of Volunteers, which is Brigade; that whilst engaged in such military service in the State of on the day of 1862, he was wounded, injured or diseased as follows:  Deponent makes application for the pension to which he is entitled for year ending October 26th, 1801. I have heretofore under said law as a resident of County been allowed an invalid pension of
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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 County been allowed an invalid pension of
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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
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
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ing October 26th, 1901. I have heretofore under said law as a resident of
ing October 26th, 1901. I have heretofore under said law as a resident of
ing October 26th, 1901. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Our Hamas of Dellars, for the year 1900
Dollars, for the year 1900.
Sworn to and subscribed before me, this the SW Foreg
12 day of Febry 1901. Postoffice Courses of
W.S. M. Lorine, Ordy
Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
Comptee County.
2 - 1 7
J. M. S. Luc Coming Ordinary of said County,
do certify that I am well acquinted with . M. Lawy 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 /2
day of 9267 1901.
day of 7207 1901. W. Shull
day of 1901. W. Shot on County.

STATE OF GEORGIA,	Control of the second s
I Sir Long	Company of the comment of the commen
County.	
I, 0.11. Long	of Police to La
	. O
	of gone to
to receive and receipt for the pension	paid hereon and request that he remit same to
	by Lovede
· hours	THE REAL PROPERTY OF THE REAL PROPERTY OF THE PARTY.
· · · · · · · · · · · · · · · · · · ·	
IN WITNESS WHEREOF, I have	e hereunto set my hand and seal this
lay of ferring 1902.	The state of the s
1802.	diad
PIXIZ OF PROPERTY	& W. Long. Is
	[L. S.]
Executed in presence of	
holy on	
M.S. he Lovin Ordy	

SOLDIER'S PENSION  TOOMY COMMY	
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#### POWER OF ATTORNEY

IN WITNESS WHEREOF, I have hereunto set my hand and seal lay of 1903.  Executed in presence of	The second second
o receive and receipt for the pension paid hereon and request that I ture by the account of the Column of the Colu	
o receive and receipt for the pension paid hereon and request that I ture by the account of the Column of the Colu	Reid
IN WITNESS WHEREOF, I have hereunto set my hand and seal lay of 1908.  Students	-Lu:
IN WITNESS WHEREOF, I have hereunto set my hand and seal lay of 1903.  Executed in presence of	
IN WITNESS WHEREOF, I have hereunto set my hand and seal lay of	
IN WITNESS WHEREOF, I have hereunto set my hand and seal lay of	
Executed in presence of	1. 1. 1.
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h. C. of . O	
Falle Sopries She	
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36 3		3	.	1 13		1908.	1		•
Canfilett County		SOLDIER'S PENSION	8	of before	18		Camera,	ANDED TO	Printer, Atlanta
5.W.	No. 62	DISAB	190	100 m	1		OHIN W.	18 K	
Land,		3		County	Disability Amount,				

FOR APPLICANTS HERETOFORE ALAQMED PENSIONS - STATE OF GEORGIA. Congive

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

10	OF GEORG	IA,			
	effect ,				
Personally	appears A.M.	Long		of Course	Steel
	of Georgia, who bei				
	said State, and h				
lay of .	tale 18	45; that he	enlisted in the	military service	f the Con-
dederate States	(or of the State o	1 - Su		during the war b	etween the
States, and se	rved as a Or	Nata	_in Company	e, of /9 th	Regiment
SI - J4	Voluntee y service in the Str	rs, Cocy	n 's F	Brigade; that while	st engaged
n such militar	y service in the St	ate of	0 a	, on the	day
1	186 - 186 - 1. A	, he was w	ounded, injure	d or diseased as fo	llows:
211	in bose a	J. il.			1
	A Ruce!				
0 11	isany du	(	J	-	
left o.	malane managed the control of the co	eres carrous seguinos securios seco	umananimuman ma	man yann varianinaan va	marriaga ( ) marria de la coma
	No.				
Sworn to	and subscribed before	ore me, this the	ars, for the yes	Fought	uo ya
distribution of the second	fully the nature of the	The territory control waters and control	ter of disease which	ch causes the disabilit	y, and explain
	GEORGIA,	1			
CALE OF	bbe el Cou			- [	
	r. S. u.c.				4
			Tir C	Ordinary of s	id County,
	I am well acquai				et est up en supprise automo
	n the foregoing affi				
	affidavit are true,		e is the individ		
e and that he	resides in this Cou		THE MAIN SECTION	1 this 10 a	=
		my official sig	nature and sea	1, (1116	
(1)	day of	· /	m /	wifor	
your seal here			0	66,00-	
your seal here	Con		pany and Regiment. must bear date after	upher	County.

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE STATE OF THE PARTY OF THE	GEORGIA,	
Gam	phece County	
Personally ap	5 1	very of Compbeec
		orn, says on oath that he is a bona fide citizen
and resident of said	d State, and has resided th	erein continuously ever since the 2
ederate States (or	of the State of	he enlisted in the military service of the Con
States and served	as a Private	during the war between th
of Lu		in Company "C", of 1/9 th Regimen
	rvice in the State of	MA.
of Cherry		on the 7 da
Lever Se	of through	wounded, injured or diseased as follows:
Usinin	Gove while	in service at
forely of	Cudet Ru	e - for I wound
recorde	ing meners	ory the our for-
lation	fouis en	LL orus
	Assessed	
. 8		
	,	usion to which he is entitled for the year
		wille, under said law, as a resident of
Der Hie	Do Do	cofore, under said law, as a resident of County, been allowed an invalid pension of county, for the year 1902.
Sworn to and	before me, this	County, been silowed an invalid pension of liars, for the year 1902.
Sworn to and	Dosubscribed before me, this	County, been allowed an invalid pension o
Sworn to and a day	subscribed before me, this	County, been silowed an invalid pension of illars, for the year 1902.  the Post-office Color of State
Sworn to and a day	subscribed before me, this	County, been silowed an invalid pension of illars, for the year 1902.  the Post-office Color of State
Sworn to and a day	subscribed before me, this of 19 y the nature of the wound or che the disability resulting from the w	County, been silowed an invalid pension of illars, for the year 1902.  the Post-office Color of State
Sworn to and a day Norn.—State fully articularly the extent of	subscribed before me, this of 18 y the nature of the wound or che the disability resulting from the w	County, been silowed an invalid pension of illars, for the year 1902.  the Post-office Color of State
Sworn to and a day N. S. M	subscribed before me, this of 18 y the nature of the wound or che the disability resulting from the w	County, been allowed an invalid pension of illars, for the year 1902, the Post office Colonial School Schoo
Sworn to and day  Nors.—State fully  urticularly the extent of  STATE OF	subscribed before me, this of 19 y the nature of the wound or che the disability resulting from the w GEORGIA, County.	County, been sllowed an invalid pension of liars, for the year 1902.  the Post-office County State of the pension of disease which causes the disability, and exploit outdoor disease.  Ordinary of said County
Sworn to and a day  Nors.—State fully stricularly the extent of STATE OF	subscribed before me, this of 19 y the nature of the wound or che the disability resulting from the w GEORGIA, County.  well acquainted with	County, been sllowed an invalid pension of liars, for the year 1902.  the Post-office County of Said County  Ordinary of said County  County of Said County
Sworn to and a day  Nora.—State fully  Nora.—State fully  articularly the extent of  STATE OF  (1, )  o certify that I an  ne applicant in the	subscribed before me, this of 19  y the nature of the wound or che the disability resulting from the w  GEORGIA,  County.  In well acquainted with e foregoing affidavit, and a	County, been sllowed an invalid pension of liars, for the year 1902.  the Post-office County of Said County of Management of disease which causes the disability, and exploit ound or disease.  Ordinary of said County of well satisfied that the statements made by
Sworn to and a day I'. Nora.—State full purificularly the extent of STATE OF Carrier of the control of the cont	subscribed before me, this of 19 y the nature of the wound or che the disability resulting from the w GEORGIA, County.  well acquainted with e foregoing affidavit, and a davit are true, and I know	County, been sllowed an invalid pension of liars, for the year 1902.  the Post-office County of Said County  Ordinary of said County  County of Said County
Sworn to and a day  Nors.—State fully articularly the extent of  TATE OF  1	subscribed before me, this of 19 y the nature of the wound or che the disability resulting from the w  GEORGIA, County.  well acquainted with e foregoing affidavit, and a davit are true, and I know les in this County.	County, been sllowed an invalid pension of liars, for the year 1902.  the Post-office County of said County of Market County of Said County o
Sworn to and a day  Nors.—State fully articularly the extent of STATE OF  [1] [1] [2] [3] [4] [4] [5] [6] [6] [6] [6] [6] [6] [6] [6] [6] [6	subscribed before me, this of 19 y the nature of the wound or che the disability resulting from the w  GEORGIA, County.  well acquainted with e foregoing affidavit, and a davit are true, and I know les in this County.  Given under my official sig	County, been sllowed an invalid pension of liars, for the year 1902.  the Post-office County of said County of Market County of Said County o
Sworn to and a day  Nors.—State fully particularly the extent of STATE OF  [1, ]  To cartify that I am he applicant in the sim in his said affice and that he resident in the second of	subscribed before me, this of 19 y the nature of the wound or che the disability resulting from the w  GEORGIA, County.  well acquainted with e foregoing affidavit, and a davit are true, and I know les in this County.	County, been sllowed an invalid pension of liars, for the year 1902.  the Post-office County of said County of Market County of Said County o
Sworn to and a day  Nors.—State fully particularly the extent of STATE OF  [1, ]  To cartify that I am he applicant in the sim in his said affice and that he resident in the second of	subscribed before me, this of 19 y the nature of the wound or che the disability resulting from the w  GEORGIA, County.  well acquainted with e foregoing affidavit, and a davit are true, and I know les in this County.  Given under my official sig	County, been sllowed an invalid pension of liars, for the year 1902.  the Post-office County of said County of Market County of Said County o

1,	of	39.4	•	hereby author
receive and receipt for the pension paid	hereon,			remit same
IN WITNESS WHEREOF, I have hereunto		Andrew Co.		
y ôf1904.				).

JOHN W. LINDSEY, Commissioner of Po

DISABLED

1905.

SOLDIER'S PENSIO

JOHN W. LINDSEY,

	Ι,				herel	y author
			of	joskán tjast	· .	
o receive and	d receipt for	the pension	naid hereon	and reque	st that he re	mit same
o receive an	a recorpt to		by	,		
			oy			
it., (						
IN WITH	ESS WHEREOI	r, I have here	eunto set my	hand and	seal, this	
		19	05.			
		715 CTV 19	05.			/_Tr.
lay of	OF CEO	JISCHY "	05.			[L.
day of		JISCHY "	05.			<u>/-[r.</u>

DIER'S PENSI

1904.

DISABLED

76v

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF CHORDS	
STATE OF GEORGIA,	
County.	
Personally appears I. W. Long of Comphe	u
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citiz	_
and resident of said State, and has resided therein continuously ever since the	-II
day of 1841; that he enlisted in the military service of the Co	n-
ederate States (or of the State of) during the war between t	
States, and served as a fine Company of, of 19 th Regime	
Volunteers Coey an Fh''s Brigade; that whilst engage	
	ay .
1862, he was wounded, injured or diseased as follow	s:
open by a unime tall while	
in con fet service at house	_
of bedot Run- toid wown of	
I could the loss of soil lift	
Arm !	_
Sworn to and subscribed before me; this the day of the form of the post-office Paterney.  Dollars, for the year 1903.  Sworn to and subscribed before me; this the day of the post-office Paterney.  Post-office Paterney.	of O
Nors.—State fully the nature of the wound or character of disease which causes the disability, and explanticularly the extent of the disability resulting from the wound or disease.	ain .
STATE OF GEORGIA,	
County.	
I, It Sur down	y,
o certify that I am well acquainted with J. Vr. Lary	
he applicant in the foregoing affidavit, and am well satisfied that the statements ma	
y him in his said affidavit are true, and I know he is the individual he represents hims	elf
o be, and that he resides in this County.  Given under my/official signature and seal, this 20	
Given under my ometat signature and seat, this	
day of 1001	
day of 12 fine of one	
	<u> </u>

Nors:—Fill all blanks and of Company and Regiment.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cam fleet COUNTY.
Personally appears M. Long of Complete
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the Z
day of 18 40; that he enlisted in the military service of the Con-
federate States (or of the State of ) during the war between the
States, and served as a fred of in Company, of 1 th Regiment
of Volunteers Coty each is Brigade; that whilst engaged
in such military service in the State of 200, on the 9 day
of they 1867, he was wounded, injured or diseased as follows:
by a Ulimin both while in con-
Led services at the bould of Codos
Rice on day 9, 1862 - boid woundy
and here here exory in our pu-
la low of tong light open
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1905. I have heretofore, under said law, as a resident of
County, been anowed an invalid pension of
Donald, of the year 1001.
Sworn to and subscribed before me, this the
day of
MS Ill Lorin (redy ) Post-office & alex illo ga
Norn.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
particularly the execute of the discounty resulting from the would of disease.
STATE OF GEORGIA,
Campbell COUNTY.
I, M. Ordinary of said County,
do certify that I am well acquainted with Off day
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.
Given under my official signature and seal, this
day of 1905.
my hof the form
American County County County.
Ordinary County.

Norz.—Fili all blanks and of Company and Regiment.

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

TATE OF	GEORGIA,	COUNTY	}				
	I,					hereby aut	horise
		-	of		,		
receive at	id receipt for i	the pension	paid hereo	on, and rec	quest that	he remit sa	me to
			oy				, · · ·
In Wi	rness Whereo	F, I have he	reunto set	my hand a	nd seal, th	ia	
y of		1906.					
•							[L. S.]
Execut	ed in the prese	nce of			•		, ,,
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THOSE No.	百四	1	6 :	67	2	ARR	1
	-	2	(9)	4 4	-	1	1
FOR			5.	abili			1

#### POWER OF ATTORNEY.

	of		, hereby authorize
to receive and receipt		hereon, and reques	t that he remit same to
at (			
	REOF, I have hereunto s	et my hand and se	al, this
day of	1907.		
	The state of the s		(L. s.
Executed in	presence of		
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The second of the		.:	
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OLLEO)	3 13	3 6	of Per
Cons Sacross 1350.  HOSE ALREADY ENROLLED  No. 7 \sqrt{2} = =  DISABLED	Z. I.	Regiment 19 th	LINDSEX, Zommissioner of Per HANDED TO

State of township

TON ASSET THE STATE OF SERVICE STATE OF THE SERVICE SE

1. 11 · 图别野人

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
County.
Personally appears & M. Long of Complete
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 1841; that he enlisted in the military service of the Con-
federate States, (or of the State of) during the war between the
States, and served as a friend in Company" C, of /9 th Regiment of Volunteers Cosy with 's Brigade; that whilst engaged
in such military service in the State of Vu , on the 9 day
of 186 £, he was wounded, injured or diseased as follows:
I was shot in light over by a Vicini
face while in love feel, dervice at
facile y "Cedor Run", and bond wound
revolted weers on the over for la lion
y soid left open
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1906. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Que Here does Dollars, for the year 1905.
Sworn to and subscribed before me, this the \ S.W.Long
Post-Office Office of a
Malle Form oray
Note.—State folly the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
State of Georgia,
County.)
1 M. S. Cue form Ordinary of said County
do certify that I am well acquainted with S. M. Loug
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of h fur form
Ordinary Cour & Lou County.
your your County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

~ ~	
State of (	ieorgia,
Camp	bell County.
	0 0
Personally ar	spears J. Mr. Long of Came paul
County, State of Ge	orgia, 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	1840; that he enlisted in the military service of the Con-
federate States (or o	f the State of) during the war between the
States, and served a	
of ya	Volunteers 's Brigade; that whilst engaged.
in such military serv	rice in the State of Two on the day
of any	186 2, he was wounded, injured or diseased as follows:
I was in	
72000	The state of the s
over m	Con fet service at batter of
1000 10	un. mudering we westy
ain fu	to how of long left open
Our IV.	County, been allowed an invalid pension of Dollars, for the year 1906:
day of	subscribed before me, this the
n. S. Luc Los	Postoffice Policeto ya
Norm State Sulla	
particularly the extent of th	he nature of the wound or character of disease which causes the disability, and explain the disability resulting from the wound or disease.
State of C	Peorgia.
0 0	/ · · · · · · · · · · · · · · · · · · ·
Camp !	County.
1, M.	S. We form Ordinary of said County,
do serial sheet T am	c m
	wen acquainted with
by him in his said of	oregoing affidavit, and am well satisfied that the statements made fidavit are true, and I know he is the individual he represents himself
to be, and that he res	
	under My official signature and seal this / /
day o	1/2
any o	C. M. S. W. Lowing
1 101	7/1/2
your seal here	BOARES O Ordinary County County.
	Norm.—Fill all blanks and of Company and Regiment.

Audited

1891.

COMPTROLLER GENERAL.

NOTE .- All vouchers and amdavits must bear date after January Is

Lang, S.W. 1891. Maimed Soldiers. Voucher No. 160 Amount \$ 190 For Sax of Included in warrant No. issued to Treasurer, 1891.

Geo. W. Harrison, State Printer, Atlanta.

Sele Lana of the Country	.,
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 army 10 34	
He is entitled to receive the sum of Court Helington Dollars	4
for such disability, the same being the allowance due for the reg ending tober 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. Worten	,
By the Governor,	
By the Governor,	
By the Governor,	
By the Governor,	
By the Governor.  SEC'Y EXECUTIVE DEPARTMENT.  RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.  One House deep your Dollars,	
By the Governor.  Sec'y Executive Department.  Received of R. U. HARDEMAN, Treasurer of the State of Georgia.	

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

1891. No. 160 Atlanta, Ga. Hebry 6. 1891.

Campbell campbell Maimed Soldiers. Maimed Soldiers. Voucher No. 734 Voucher No. 567 Amount \$ 100 Audited Amount. \$ 100 Paid Sam m Long Paid to D. M. Long COMPTROLEER-GENERAL. For Loss of am For Joses of Legh (um Flely 10 Included in Warrant No. Included in warrant No. issued to Treasurer issued to Treasurer.

applicant

applicant

Audited Feb. 15-

PRATE OF GEORGIA. Allanta, Ga. Febry	100
BALLOTTE DEPARTMENT.	10 1880
1	1009
( n. 10	
. 0 11 9	
Mr. D. M. Long having filed his app	of the County
Could bell having filed his ann	olication in the Executive
epartment for an allowance under the Act approved October 24, 18	187, as amended by Act,
ec. 24, 1888, and the same having been allowed for	
ovs of teft am	
e is entitled to receive the sum of	go VOO Dollars
(1)	
r such disability, the same being the allowing due for the year end	
The Treasurer will pay the same and hold his receipt of this you	oher, and return same to
xecutive Department for warrant.	Invalue
	- o i ava
	GOVERNOR.
y the Governor.	
A Hamson	
CLERK EXECUTIVE DEP	ARTMENT.

Dollars.

RECEIVED OF STATE THRASURER, R. U. HARDEMAN,

per above voucher, this 15 of Seche S.W. Long

No 1564

```
No. 724
Allanta, Ba. Febry 10
  STATE OF GEORGIA.
     EXECUTIVE DEPARTMENT.
    Mr Samuel M. Long
  of Campbell
                                  having filed his application in the Executive
  Department for an allowance under the Act approved October 24, 1887, as amended by Act,
  approve, Dec. 24, 1888, and the same having been examined and allowed for
    loss ofeton
 He is entitled to receive the sum of One standard red
 for such disability, the same being the allowand due for he year ending October 24, 18 90
    The Treasurer will pay the same and hold be rec
 to Executive Department for warrant.
   m A Hamson
                           CLERK EXECUTIVE DEPARTMENT.
 RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hunased roof Dollar per above voucher, this of Field 1890.

S.W. Long.
```

NAME, Long, SO W

YEAR 1879 COUNTY Campbell .

WHEN AND WHERE BORNS
YEAR ADDED TO ROLL: Application for arm 1879

ENLISTED WHEN AND WHERE?

RANK. Private

COMPANY AND RECIMETT? So "Q" 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 WHEREY

RELEASED.

WHEN AND WHERE SURRENDERED?

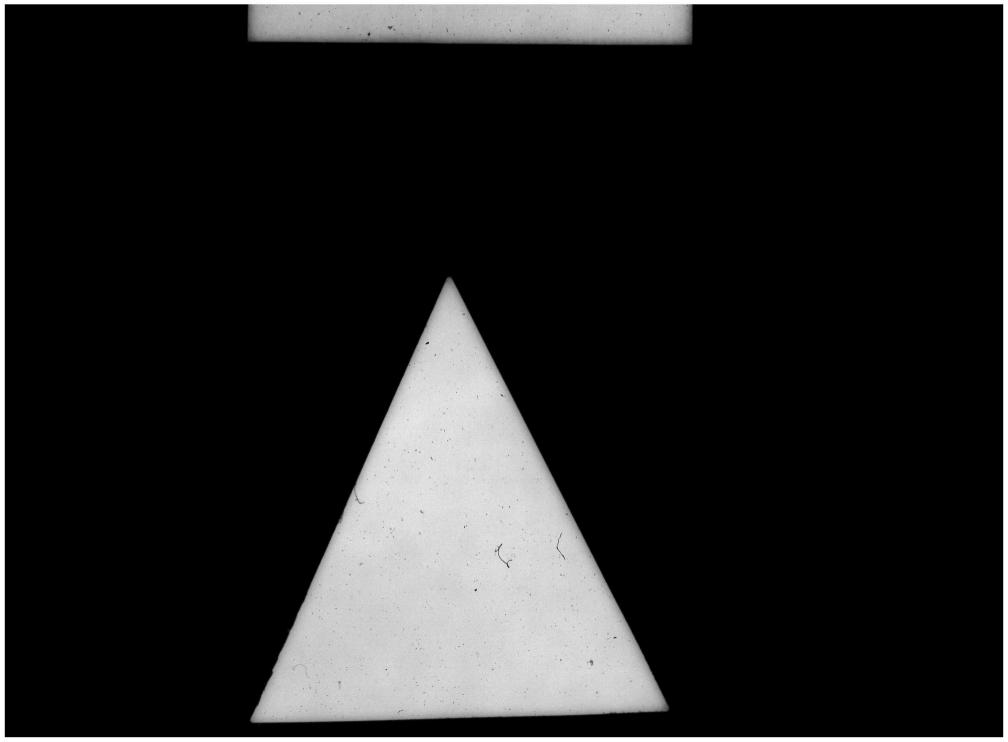
IF NOT PRESENT AT SURRESDER, WHERE WELL YOU?

DIED, WHEN AND MERL?

BURIED.

WITNESSES. Captain J A Richardson

No data



STATE OF GEORGIA,

pt 25, 1861, ptured, neis, aller	Songins, gerry
ponson, June 11.18	· 100 克斯特里的 - 100 100 100 100 100 100 100 100 100 1
	CountyCampbell
	Name Goorge F. Lengino Company "K" and Co. "C"
	Regiment 30th Ga. Vol.
	Approved
	J. W. LINDSEY, Commissioner of Pensions.

10-20-1919

for pension is the person he represents himself to be and ides in said county. That I also know that he ***********************************	e applicant. George F. Longino, for pension is the person he represents himself to be and sides in said county. That I also know that, he was xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Ordinary of said County, certify that I know the applicant. George P. Longino; for pension is the person he represents himself to be and resides in said county. That I also know that he reason he represents himself to be and resides in said county. That I also know that he reason has been been a said to the said county and the duty sworn by me before signing the foregoing affidavit and the said truthful and trustworthy and their statements are entitled to full faith and reside.	That I have 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 RENZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	W. S. McLerin,  COUNTY.)  W. S. McLerin,  County for pension in said county. That I also know that he we remain that he we remain the said said county and we have all truthful and trustworthy and we day it and the said said county and we have all truthful and trustworthy are trustworthy and trustworthy and trustworthy and trustworthy are trustworthy and trustworthy and trustworthy and trustworthy are trustworthy are trustworthy and trustworthy are trust	County Campbell  County.  County.  Ordinary of said County, certify that I know the applicant deorgy. For pension is the person he represents himself to be and resides in said county. That I also know that he RENIZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	October, 19 19.	and take duly sworn by me before in 15 miles or that are entitle	ing affidavit and the task all truthful and trustwort eredit.
ides in said county. That I also know_thet he waszzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzz	e applicant. George F. Longino, for pension is the person he represents himself to be and sides in said county. That I also know that he was xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Ordinary of said County, certify that I know the applicant. George P. Longino; for pension is the person he represents himself to be and resides in said county. That I also know that he was xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	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 measurement of a resides in said county. That I also know that he measurement of resides in said county and the duly sworn by me before signing the foregoing affidavit and the tast and ta	COUNTY.)  Ordinary of said County, certify that I know the applicant. (*GONGE P. LORISINO; for pension is the person he represents himself to be and resides in said county. That I also know that he **SEXEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	County. County.  1. W. S. acLarin,  Ordinary of said County, certify that I know the applicant George P. Longino, for pension is the person he represents himself to be and resides in said county. That I also know that he mean resides in said county. That I also know that he mean resides in said county. That I also know that he mean resides in said county and the duly aworn by me before signing the foregoing affidavit and the fall truthful and trustworthy and these statements are entitled to full faith and credit.		and the duly sworn by me before this rthy and their statements are entitle	ing affidavit and the table all truthful and trustwort endit.
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for pension is the person he represents himself to be and	applicant George P. Longino, for pension is the person he represents himself to be and	Ordinary of said County, certify that I know the applicant. George F. Longino, for prinsion is the person he represents himself to be and	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	I, W. S. McLarin, COUNTY.)  Ordinary of said County, certify that I know the applicant. George F. Longino, for pension is the person he represents himself to be and	L. W. S. McLarin, COUNTY. Codinary of said County, certify that I know the applicant George F. Longino, for pension is the person he represents himself to be and		he waszazzazzazza	resides in said county. That I also know_thet_h
anniest weeks r. Longing.	Change of I	diagram of said County, certify that I know	I, W. S. McLarin, Ordinary of said County, certify that I know	I, W. S. McLarin, COUNTY. )  Ordinary of said County, certify that I have	I, W. S. McLarin, County, Ordinary of said County, certify that I know	himself to be and	ension is the person he represents	the applicant works r Longino, for per

swear applicant and witnesses in the following words:

STATE OF GEORGIA, Campbell I, W. S. McLar		COUNTY.	}			
		COUNTY.				
I, S. MOLAR						
			Ordinar	y of said Cou	nty, certify that	I know
the applicant George	F. Longi	no, for pen	sion is the p	erson he repre	esents himself to	be and
resides in said county. T	hat I also kr	ow_that he	MERKENE	XZXZXZX ZX	Wilker Wearth	Z XZ XZ XZ X
махаявилках <mark>а</mark> в яв	resident	said county and	was d was duly s	worn by me b	efore signing the	forego-
ing affidavit and the is						
eredit.						,
Sworn under my hand a	nd official se	al of office this	18th da	v of Oct	ober,	19.
211107	David British Control of the last	Ordinary )	,			-10
d Campbell		County.				
SEAL).	•	County.				
•	·				<u> </u>	
OTES: 1. Before any question "You do solemnly	ns are answere	ed the Ordinary st	nall swear appli	cant and witness	es in the following	words:
you give shall be the wh	ole truth. So	help you God."	make to each	or the questions	asked you and the	evidence
OTES: 1. Before any questic "You do solemnly you give shall be the wh 2. Additional affidavit 3. All affidavits must must be certified by	be made before	e the Ordinary of	the county in	which the applic	ant or witness resi	des and
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## Application for Soldier's Pension Under Act 1910 Amended by Act 1919

#### Questions For Applicants to Answer

STATE OF GEORGIA,	
Campbell .	
7. Whint aux COUNTY.)	
Capt. George F. Londino,	
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. Lon-	
Rino. 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 1 79 years,	
or 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 resigned from said Co. June 5, 1863, and later joined Co. "C"; same Regit	
b. 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 1 No Sir.	
I was continued	
8. If you were not actually present, state specifically and clearly where you were on July 22, 1864 at battle of "Atlanta", carried to Prison at "Camp	
Chase", 0., and there kept until after the surrender, to wit: 5/11/186	
It was at Atlanta, Ga. when I was captured as above Stated.	
Continued 1121 00 2000	
Gentured by Venless	
Cantone	
d. By whose authority did you leave!	-
c. For how long was your leave granted! In what way! Requires no enswer.  (5) I joined Co "C" 20th Gas Reg! t in Aug. 1863, and served with said Co. from said case until I was expected July 23, 1864 as each with said Co.	
f. Why did you not return to your command after leave expired? Requires no answer.	
g. In what way were you prevented?	
n. what errort did you make to return 1	
were you captured during the warf	
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.	
MINIS FAT	
ordinary ordinary of 13 tongen	7
of Campbell County	
	1
(SEAL)	1
(George F. Lungino)	100

#### Questions for Witness as to Service

STATE OF GEORGIA,
COUNTY.
Torus by of said State, and County is hereby presented
s a witness in support of the application of
y the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to
nake to the questions propounded; answers as follows:
1. What is your name and where do you reside?
Cost Vant Ja
2. How long and since when have you known Go . G Sorigina the applicant?
huse Nov. 1891
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State,
nd how do you know 1 Stanthurns to sure the war 1865
Muser hum 1604 will and Courtently see hum
4. When, where and in what Company and Regiment, did the Torregues enlist during
var from 1861 to 18657 (Give date and plage.) Maintenant to C 20 18
5. How did you obtain your information of this Service? I've us ag a minuter of
consolidate with to a 30 to request the was my Captain
6. How long within your own personal knowledge did he perform actual military service with this company and Regiment 1 (Give date)
7. When and where was his companded supendered of discharged (give date and place)
Me Sant to arother (give date and place)
8. Were you personally present at the surrence 1 20 ' Junes Capitaries
9. 11 not, where were you and how came you there? Livas Captus des 16/864
men Marhalle Dean and Carried to Court Chave
10. Was the applicant personally present with his command at surrender?
11. If not where was he and how came him there! Presones at Case France
12. When did he leave his command 1 pure . All 10 Where was his command
hen he left it Mar attente JaFor what caused id he leave ! Cashered
By whose authority did he leave and how
ong was he granted leave?How do you know
that you have stated to be truef If of your own knowledge, tell clearly and specifically was well
mygny with hun at hime of his Capture
13. In what way was he prevented from returning to his command?
low do you know! Was reported to our Company!
14. What effort hid he make to return to his command and how do you know?
nels private
15. Was applicant captured as a prisoner
to Illastile In what prison was he held! Alle Harland
hen released in 1868 June 11-1868, p
Sworn to and subscribed before me, this the
day of Old 1019) man
Haut OMason ce ordinary   Questify that I To Hoperty
Juston County ) is a citizen of Fullow Colle
SEAL) and his statement are sutilled
to full faith and auch
Charles of Ordinary Justin Co 4n

(IN DUPLICATE.)

"GEORGIA SPALDING COUNTY.

PERSONALLY APPEARED BEFORE ME THE UNDERSIGNED, B.D. BREWSTER, WHO ON OATH SAYS THAT HEWAS CAPTURED BY THE ENEMY IN THE LATE CIVIL WAR ON THEIGTH DAY OF DECEMBER 1864 AT NASHVILLE TENN. AND CARRIED TO CAMP CHASE ONIO, ABOUT: THE FIRST OF JANUARY 1865, AND THAT THERE HE MET GRONGE F. LONGI-NO: THAT THEY REMAINED TOSETHER UNTIL THE WAR CLOSED: THAT THEY BOTH, VIZ. B.D. BREWSTER AND GLORGE F.LONGINO, WERE DISCHARGED ON THE 12TH DAY OF JUNE 1865 AND CAME SOUTH ARRIVING IN CAMPBELL COUNTY, GEORGIA ON THE 19TH DAY OF JUNE 1865 AND TRAT 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. Blake & Brusti

Georgia Spalling Courty - I Town Blake D. Brewater

parand his Stolements are entitled to five faith

A. Diewry ording Spacking

RELEASE.

Head Quarters, U. S. Forces,

. Camp Chase, 0, 1000 1865.

By virtue of an Order received from the President of the United States, dated gt Washington City. D. C. June 6th, 1865, Verget Longin Set Or la So Georgia Infantty resident of Carrystuce county, and State of Seryen , Prisoner at this Post; after having complied with the requirements of, and subscribed the following Oath and Declaration; is hereby released from confinement:

Complexion. Halt. Post-Inches. Eyes. Age.

#### UNITED STATES OF AMERICA.

I. Gerge F. Linging of the County of Carrieble solemnly swear that I will support, protect and defend the Constitution and Government of the United States against all enemies, whether domestic or fereign; 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 1 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. Ker, H. Longino

Sworm to and subscribed before met this

122 Richardon

Please return to Geo. F. Liongino, Fairburn, Ga.

A. D. 1865

I'.IE Longino, Geo. F. Capt. YEAR 1920 COUNTY Campbell.

WHEN AND WHERE BORN? April 9th, 2840- 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, 1865, joined Company C, 30th Georgia Regt, Inf.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

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

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

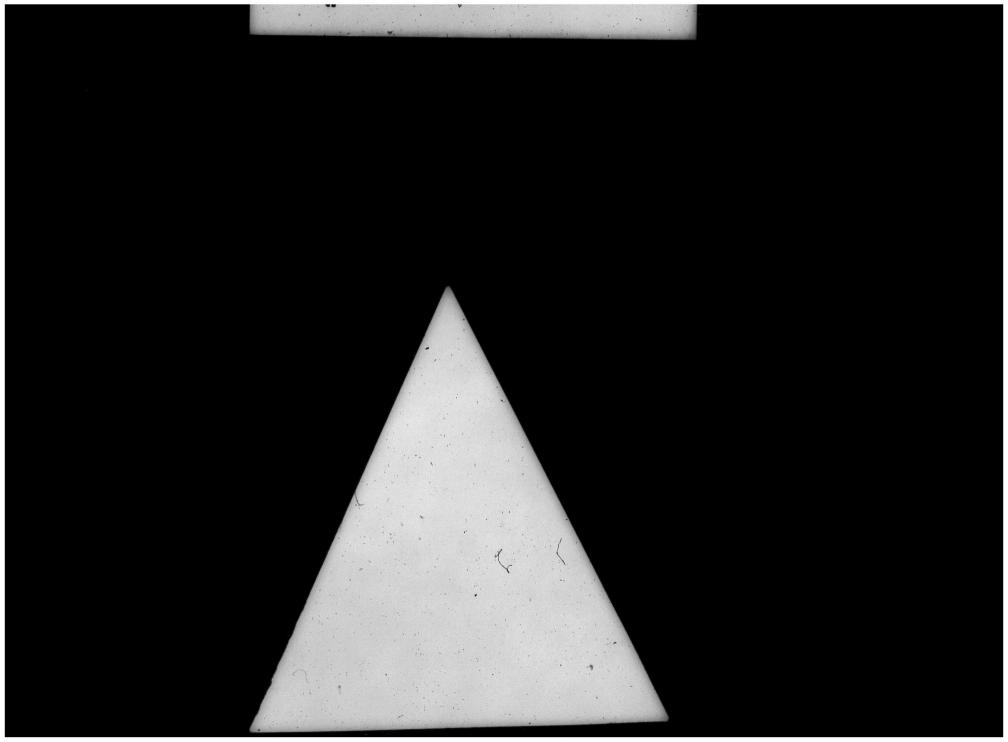
WHEN AND WHERE SURRENDERED? Does not state when or where. Witnessetates; South Carolina.

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

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: Blake D Brewster, -- In prison together, -- No dat



INVALID SOLDIER'S PENSION, 1907.(1908 8. D. Longino County \_ Compbell Co. "A" - 9th Ga. G. M. Disability Arm Wound. Amount, & No Meeters line JOHN W. LINDSEY, Commissioner of Per

WARRANT HANDED TO

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	D-SECOND
	San Street Commercial

County. )  I, hereby au  est that he remit same to  IN WITNESS WHEREOF, I have hereunto set my han  of 190  Executed in the presence of	to receive and re		ion allowed and
IN WITNESS WHEREOF, I have hereunto set my han	to receive and re		
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IN WITNESS WHEREOF, I have hereunto set my hands			[L. 8:]
of. 190	d and seal, this_		[L. 8:]
of. 190	d and seal, this_		[L. 8:]
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WARRANT HANDED TO

JOHN W. LINDSRY,

1907[1908

S. L. Longino Campbell

SOLDIER'S PENSION,

INXALID

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

	STATE OF GEORGIA,
	Campbell County.
	A A A A A A A A A A A A A A A A A A A
d	PERBONALLY appears S, d, Langue of said Campbell
0	County, State of Georgia, who being duly sworn, says on oath that he was born on the 6 2 day of
R	A
0	, that he is a cond-free citizen and resident of Georgia, and has been
O	continuously since the day of Fall _1873 , that he enlisted
5	the state of the s
-	1.51 See 14
8	day of JEPK 186 #, during the war between the States, and
~	served in Company of 9 " th Regiment of Fas, Illilitie Volunteers
H	
7	Drigade, and was nonorably discharged on the
A	November 186 4; that whilst engaged in such military service, and in line of duty in
A	the State of Ya on the 22 and devot 1864
m	
9	he was disabled or wounded as follows: I ceros that chetough the
5	left fore once just below the sebord
ř.	couch by a lequeric ball white in the
H	Com feel, services of the boule of This world-
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Д	will ta, our lov 22, 1764. ford boll broke
4	both boursier soid be thome, thate ,-
d	The state of the s
a	my to fie ces our of soid bours. I was
4	Their buch to Nos pelot, cheer furthangled
5	have, and was were the to again xx-
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4	time to service, howing to corry bond one
R	in a fling long (3014 hennells) offer the
UI	was sloud; and lembar a caunt froid wound
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· Q	Jan procheally, firmanently, escultarry to
0	recessorily emoble to perform ordinory manual of
d	Where was command surrendered tout Kinow . I was at home warmeled,
0	
¥	Was applicant present? LLo Six If not, where
ř	was he? At Haure How come there? Just ougland on ofe of work
H	And by whose authority? Beate fully, to ofour stated I was wounded
to	
A	talia lattica can anti-mentanti antico antic
H	by Leciera Hospital authoration voluntarily ouch linus
9	Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof
H	and makes application for the pension to which he is entitled for the year thereunder, ending October 20th, 190-0,
H	Sworn to and subscribed before me, this the
	8" day of 1907
	. Mr. S. Ul Foxen, Post Office Palmeto Ja - Ret. A. 11.
	Ordinary.
	Norn, distactully 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 extent of the disability. It claim is based on disease, give run and connected authory of disease, tracing it directly to

### AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,	
PERSONALLY, appears, before me, the indersigned Ordina	and S. C. Lange tou
personally known to me to be trustworthy citizens, each of w	
under oath, that they are personally and well acquainted wit whose application is herewith presented for a pension, that	t he has resided in this State continuously since the
day of his booth 184	that he serged in Company of the
Regiment of 37d while in line of duty, was injured by the service as tollows: when, where, as d he we the injury hopp gned, or the disease object from weak as a direct result thereof. If he does an	was contracted, and to what extent applicant is dis-
While in charge on	Federal lines.
he was wounded	in left forcame
from energy's gus	is, from the sexues
Therether services	during the war
mile it close in	1865 and his is
ou account of the	wie mynny 4
his arm, and dan	is muily it terms
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ment,	a comment surrender
Where was applicant's command surrendered? Duf	or detrobes service + die
Where was applicant's command surrendered? Du	or detrobes service + die
Where was applicant's command surrendered? Our for Was he with it? he was distibles Were If not, where was he? At his for the	whough at time of Johnson
Where was applicant's command surrendered? De for the was he with it? he was desther Were If not, where was he? At his forther were you all? We were on forther were you all?	all of you present? We were former of the war of the wa
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Where was applicant's command surrendered? Det for Was he with it? he was destabled Were If not, where was he? At his for the Where were you all? We were an formall how do you know the facts you state to be true.	all of you present? We were freshing of the survey of the survey fresh survey fresh survey fresh to the survey of
Where was applicant's command surrendered? Our for Was he with it? he was distributed were If not, where was he? At his for the whole where were you all? Where were you all? We was not be true to be true to we personally know above stated facts. We were with the was honorably discharged or retired from the service on 186. Applicant is permanently disabled as stated and he	all of you present? We were free the standard of the were free and the were free and the were free and the afflicant the applicant the applica
Where was applicant's command surrendered? Det for the was he with it? he was destricted were If not, where was he? Let his for the whole were you all? We were on the work of the was honorably discharged or retired from the service on.	all of you present? We were following the work of the
Where was applicant's command surrendered? On few Was he with it? At was distributed Were If not, where was he? At his father was the few was the few was the few was the was done and was the few was honorably discharged or retired from the service on 186. Applicant is permanently disabled as stated and by We have no interest in the recovery of a pension by him.  Sworn to and subscribed before me, this day of the few was honorably discharged or retired from the service on 186. Applicant is permanently disabled as stated and by We have no interest in the recovery of a pension by him.	all of you present? We were fisher and the work of the
Where was applicant's command surrendered? The few was he with it? It was destricted were If not, where was he? At his forties where were you all? We were an few was he was a work of the was honorably discharged or retired from the service on 186. Applicant is permanently disabled as stated and he we have no interest in the recovery of a pension by him.  Sworn to and subscribed before me, this was no interest in the recovery of a pension by him.  Sworn to and subscribed before me, this was no interest in the recovery of a pension by him.	all of you present? We were from the way of the war free free and the war free free and the war free free and the war free free free and the applicant the army and have known him ever since.  day of May or January and have known him ever since.  day of May or January and have known him ever since.  A free free free free free free free fre
Where was applicant's command surrendered? On few Was he with it? At was distributed Were If not, where was he? At his father was the few was the few was the few was the was done and was the few was honorably discharged or retired from the service on 186. Applicant is permanently disabled as stated and by We have no interest in the recovery of a pension by him.  Sworn to and subscribed before me, this day of the few was honorably discharged or retired from the service on 186. Applicant is permanently disabled as stated and by We have no interest in the recovery of a pension by him.	all of you present? We were from the way of the war free free and the war free free and the war free free and the war free free free and the applicant the army and have known him ever since.  day of May or January and have known him ever since.  day of May or January and have known him ever since.  A free free free free free free free fre

### PHYSICIAN'S AFFIDAVIT.

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STATE OF GEORGIA
Cambbell county
1/18/11/4
OND I LA
me as reputable thresicians of said County, who, being severally sworn, say on oath, that they have carefully
(DIAL)
by slavon of wound an fore- arm both bound
had been brother the brother luch were never
properly cerited, The number voken of aren
"have been attacked to broken blaces if bancer
+ this interferes with are of hand x are
and that such condition is permanent. Said condition arises from the following facts: The arm
was alst during wor for fall in I live
stretch shotted but her and
Ou social to the world of the
Le verile to the conjunct to agree creatment
mun was never perfect.
We have treated applicant professionally for
does arise from heredity or congenital causes, or from vicious or intemperate habits,
Sworn to and subscribed before me, this
26 " day of Arry 1907 CHN avenbor mix
no lu Loriu
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 affants.  NOTE 2.—The physicians will be careful to fill every blank space in oath.
Note 2.—The physicians will be careful to fill every blank space in oath.
STATE OF GEORGIA.
Court plece County.
2 & M. Carrie
I, Ordinary of said County,
do certify that I am well acquainted with O. d. date great the
applicant in the foregoing nffidavit, 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 sings the day of
0 1/8 - 1 - 1 - 2
I also certify that the witnesses to wit:
and and belief, and that the full test of the affidavit was read to and understood by them before they signed
the name.
Given under my official eignature and seal, this 2 % day of 100 2
- 1/1 · · ·
1 Ordinary Carre full County.
All unperding proofs must be executed with the same formalist as existed and the Oritizan a

WHEN AND WHERE BORN? December 6th 1847.

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

RANK.

COMPANY AND REGIMENT? Co. A, 9th Regt. Militie. 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 SURLENDERED? Does not state when or where.

Nov. 27, 1864. IF NOT PRESENT AT SURTEDER, WHERE WERE YOU? At home on wounded furlough.

DIED, WIEN AND WHIE?

BURIED,

J. C. Smith - Same Command

WITNESSES. J. K. Smith - Lieut. Co. 4 9th Regt. Ga. Militia. . . S. S. Langaton - Late Captain

J. C. Smith - Same Command

WITNESSES. J. E. Smith - Lieut. Co. As 9th Regt. Ca. Militia. . . S. S. Langston - Late Captain

# POWER OF ATTORNEY.

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74	1000			4			<b>b</b> >
Geo. W Harrison, State Printer, Atlanta.		4				bert D	
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### AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA, County.	
Personally came before me MCbaufeman and CNDaucuportunes, both known to me as reputable physicians	
of said county, who being severally sworn, say on oath that they have examined carefully  (A) (1) (2) (3) (4) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	
In Lour Suffers from Chaire Chemis tesen of heft Shoulder. Has a valvere route	
of heart causing difficult bereathing Com	h
suffer from general debility 9 . 1 cerda co prostrate	-
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	
a. 6. Beavers, Only,	>
ORDINARY'S CERTIFICATE.	
STATE OF GEORGIA,	
Campbell County.	
Camplicant County.)  1. R. C. Barrers, Ordinary in and for said County, hereby certify that the applicant As a County, and was a bona	
Camplicate County.)  1. R. C. Burners, Ordinary in and for said County, hereby certify that the applicant As a County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz. It Willes 44 M. County Man and County and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz. It will say are of trustworthy character and that their statements are entitled to full faith and credit.	
Campfield County.  1. A. C. Branch Ordinary in and for said County, hereby certify that the applicant As a County and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz. A. M. County of Many and that the witnesses, viz. A. M. County of Many and County and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz. A. M. County of M. Count	
I. R. C. Burney.  Ordinary in and for said County, hereby certify that the applicant As a County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz. A Willey 4 MR County Mrs and that their statements are entitled to full faith and credit.  I further certify that before answering the foregoing questions, the applicant and each witnesses took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses.	
Campbell County.)  1. A. C. Barrer Ordinary in and for said County, hereby certify that the upplicant As a County, hereby certify that the upplicant of this State on the first day of January, 1894, and that the witnesses, viz. A. Willest of the county of	
Cairefacte County.  I. A. C. Branch Ordinary in and for said County, hereby certify that the applicant As a Solve 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. I. Willed M. Coure & Miss and County of the American are entitled to full faith and credit.  I further certify that before answering the foregoing questions, the applicant and each witnesses before same were signed.  I further certify that the tax differs of County show that applicant returned for taxation in his name in 1893, Northing dollars of property, and in 1894,  Wieness my hand and seal of office, this The day of Arion Ordinary	•
Campfield County.  I. R. C. Branch Ordinary in and for said County, hereby certify that the applicant As a Solar 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. I. Willes A. M. County Solar and that their statements are entitled to full faith and credit.  I further certify that before answering the foregoing questions, the applicant and each witnesses before same were signed.  I further certify that the tax differs of County show that applicant returned for taxation in his name in 1893, Northing dollars of property, and in 1894.  Wieness my hand and seal of office, this The day of Land and County show that 1895.	

25. Are you receiving a panish hader any law of this State, if so what amount and for what disability?
I am not
Sworn to and subscribed before me this the
p h h man and
of Compbelle County.
Votage 10. to being a supplicate and and and a side an arms and
QUESTIONS FOR WITNESS.
STATE OF GEORGIA,
A. Willer
as a witness in support of the application of Sauce Town 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?  The County of the County o
2. Are you acquainted with Asia Source
how long have you known him? I as ; about 33 years
obout 35 years to may Ku awledy 4
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I know this?
Some sheet one fue = to 1/1 4/15 yet But
7. How long did he perform regular military duty, and what do you know of his service as a Confed-
erate soldier, and the time and circumstances of his discharge from the service? detelle vor ? & years = Wars a good poession! When Johnson sun
to our nes du tion houses
8. What property, effects or income has the applicant? (Give your means of knowledge.)
If four this well this offers.
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? Nathray - Would
10. What is the applicant's occupation and physical condition of the is are invented the
is very fee ble on account of old oge of disease
11. Is the applicant unable to support himself by labor of any sort, if so, why? Yes Sir, ' Ou account of all age of disease
12, How was he supported during the years 1893 and 1894? By his worth in 1893 &
13. What portion of his support for these two years was derived from his own labor or income?
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, 1884? Our Suffers from Rheemolesm
in shoulder of heart houth to moulting in a wind
15. What interest have you in the recovery of a pension by this applicant? House wholever
Sworn to and subscribed before me, this
Applicant.
Re Beauty Ordy within

### POWER OF ATTORNEY

Saturda del de la la	Count	of		hereby authorize	
receive and receipt for	the pension allowed an	d request that he	remit same to	Out one; litelature that a	•
	at the state of the state of	oranje ost		contribute a management of the	
Witness my hand	and seal this	day of		1898,	
Executed in prese		. 1	The Park		
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### QUESTIONS FOR APPLICANT.

STATE OF GEORGIA.
Campbell County.
Asan Lown
of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:
2. What is your name and where do you reside? (give State, County and post office) Assa Lower - Complete Co fee = 0,8 Mount fee
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?  Care place of the - O have seen of 2 4 43 4 2000
3. When and where were you born? How 11, 1825 - Gore in 8.C.
4. Did you volunteer in the Confederate Army or in the Georgia Militia; Confederate Army or in the Georgia Militia; Confederate Army of interest of intere
6. In what company and regiment did you enlist? Co"H" 41st Fee Regt
7. How long did you remain in that company and regiment? It that Johnson Sharedove 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 such
9. For how long a period did you discharge regular military duty? ofout 37 Mondes
10. When, where and under what circumstances were you discharged from service? I war in farmer
I got my forde 4 come house
11. What is your present occupation? Farming a little; and with at for four
12. How much can you earn per annum by your own exertions or labor? Hackering
13. What has been your occupation since 1865? Iried to form untel those your
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? of the HISO " of 60 "   Mortaling
15. What is your present physical condition and how long have you been in such condition? Very
Love term so about 2 y word !=
16. Upon which of the following grounds do you base your application for pension, viz.: first, "age and
poverty," second "infirmity and poverty" or third "blindness and poverty" of the transfer of
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?
upon the third state whether you are totally blind and when and where you lost your sight?
the head you account of which I am wordle to
love a support for my self
18. What property, effects or income do you possess? Worthing
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? House = Loone
The state of the s
20. In what County did you reside during those years and what presently did you then notice for senting
20. In what County did you reside during those years and what property did you then return for taxation?
21. How were you supported during the years 1893 and 1894? By wife or were I offer
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? Think 55 - Song form - Wary little
23. What was your employment during 1893 and 1894? What pay did you receive in each year? bing due find to work our forms a belle - Hothing, but what the county
24. Are you married and have you a family? If so, is your wife living and how many children have you?
24. Are you married and have you a family? If so, is your wife living and how many children have you?  Give age and sex of children and their means of support? Here; Here; I have I should be followed as facility of the support of t
by has Mother.
The Storing Comment of the same

	OWER OF	ATTO	RNEY.		
STATE OF GEORGI	Α, ).				
<u></u>	County.				
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to receive and receipt fo	r the pension pai	d hereon and	d request t	hat he re	mit same to
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### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Campbeer County.
Dersonally appears the Cowe 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 continously ever since
the 19 day of NEC = 1849; that he is 71 years old and
by occupation a force ; that he enlisted in the military service of the Confed-
erate States (or of the State of ) during the war between the States,
and served for the term of o bound 38 West in Company K, of 41 th Regiment of
follows: Chronice Phenomenation to the this physical condition is as
follows: The racio Chamadague comboiled in
wox y hunt houtle renders en a wee fit
for ordinary manual lobor
that his property consists of the following items_ leave.
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 Come please
county been allowed a pension for the year 1896
Sworn to and subscribed before me, this, the
1 day of Jany 1897.) work
A. C. Frances Ordinary.
STATE OF GEORGIA,
Come place County.
R. C. D.
do certify that I am well acquainted with was done the
applicant in the foregoing off-dayle and any Wall State of the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of 1897.
Atta Pour Seal R. C. Bravers R. C. Bravers
0
Ordinary Com place County.
Nore—The blanks spaces must be filled.

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Campibele County.
Personally appears Asa Lowe of Compbien
County, State of Georgia, who being duly sworn, says on oath that he is a hour fide citizen
and resident of said County and State and has resided to the
since the 17 ' day of 174 e - 1911
crate States (of of the State of
Let. No. C.
follows. I am develous to he he to the
of the lett and also well pour in the back
that his property consists of the following items
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of the value of Dollars that he had a
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
county been allowed a pension for the year 189 Z
C
6" day of Jany 1898. Hrax Lowe
A. C. Cravers Ordinary.
State of Georgia,
Competer County.
, R. C. Meanen
o certify that I am well acquainted with Asa Lower of said County,
policant in the foregoing efficient and any the state of the
pplicant 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
nd that he resides in this County.
Given under my official signature and seal, this
day of Jany 1898.
R. C Beavers
Ordinary Campbell County.
Norm.—The blank spaces must be filled.

#### POWER OF ATTORNEY

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	to rec	eive and	receip	t for t	he pen	sion al	lowed, a	and rec	uest t	hat he	remit sar	ne to
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### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.
Personally appears asa sow of champbell
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 1868; that he is 73 years old and
by occupation a Harmer; that he enlisted in the military service of the Confed-
erate States (or of the State of) during the war between the States,
and served for the term of 3 Mers 2 mornin Company & , of 4/th Regiment of
organiza Nolumbers ; that his physical condition is as
The have a fluttering at the hart and
The waco a ohe and swiming 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 More Dollars, that by reason of his physical
ondition and poverty he is unable to support himself by his own exertion or labor, and
hat he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
894, and the acts amendatory thereof, and makes application for the pension to which he
s entitled for the year 1899. I have heretofore as a resident of Jampabell
ounty been allowed a pension for the year 1899
Sworn to and subscribed before me, this, the
5 day of January 1800. S marks
J. J. Stephens Ordinary.
State of Georgia,
damphell county.
0 at 1+1.
o certify that I am well acquainted with CASW Low the
pplicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this 5
day of January 1899.
1 . og Atterhens
hore do plan hole

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 18

STATE OF GEORG	IA,	POWER OF ATTORNEY,
is Cam	COUNTY	. 01
Know all Men by these flamflich Co	Presents, That	Hey Lowe
esents do make, constitute and app	W // ci-	made and appointed, and by these
ue and lawful attorney for V		
Receive and lece	At for my	Stole Pension Hut
is due me fr		
For Servised le	ndered in	The Confederate
Army for The	gur 1899	
remark a community and a community of the community of th		
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ing and granting unto len	said attorney full and	whole power and authority in and
ut the premises; and generally to do	and to perform all and en	very act and acts, thing and things,
ice and devices, in the law whats	soever needful and necessa	ary to be done in and about the
nises; and for Zore and in	my name to	do, execute and perform, as largely
amply, to all intents and purposes,	, as I might or could	d do, if el were personally
ent; and an attorney, or attorneys	under Zose for	the purpose aforesaid to make and
titute, hereby ratifying and confirm	ning all that sing	said attorney or substitute shall
fully do by virtue hereof.	2	
In Witness Whereof,	have hereunto set	my hand and seal the
- 4		ne year of our Lord One Thousand
Eight Hundred and Men		
ed, sealed and delivered in presence of	Acres	Lowe (HEAL)
1. h Wilson	to	north (SEAL.)
M CobboNPi Sioffe	1 00	(at Ala)

NAME, Lowe, Asa

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

ENLISTED WHEN AND WHERE March 4th. 1862 Campbellton, Ca.

COMPANY AND REGIMENT? Co. K, 41st. Ca. 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, .. HERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

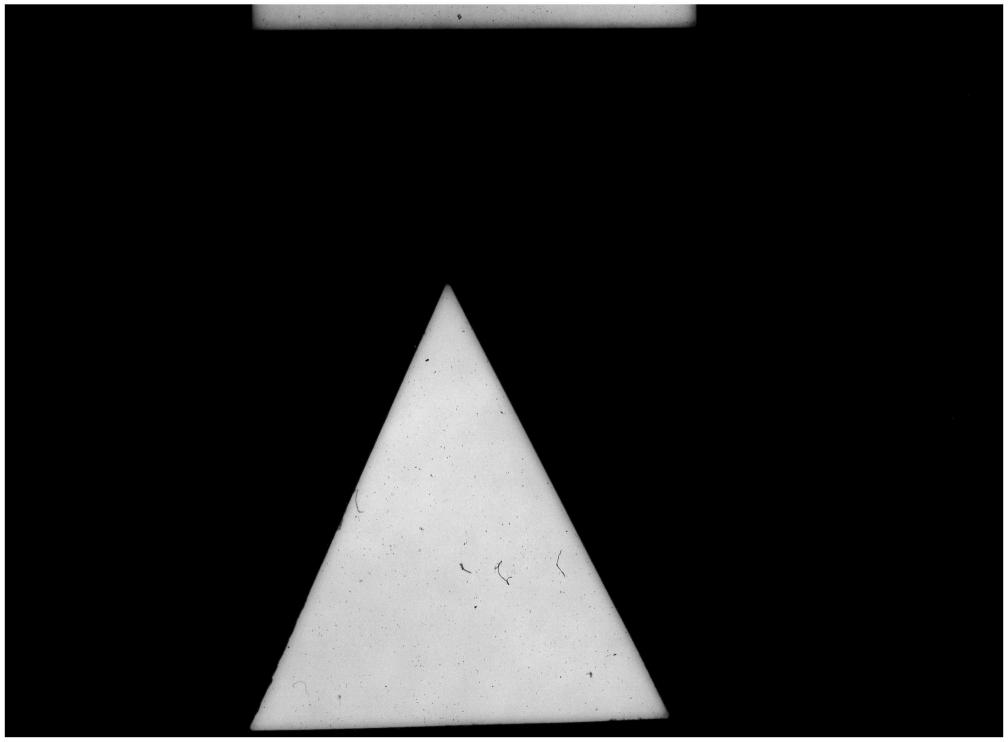
WITNESSES, A. Miller. No data.

P.O. 1896

COUNTY. Campbellton County.

JWT

-



STATE OF GEORGIA,

Executed in the presence of

-[L 8.]

IN WITNESS WHEREOF, I have bereunto

Campbell County	Penime Of the Law are
Code Section 1280.	applies of and for parket
Soldier's Pension,	an continy lated a law for which a punter
1902.	bitated frame
County Carry bell Co. E "- # Holling Disability By 20	ya kon sore
Amount, 8. 4 (1902.)  JOHN W. LINDSEY,	
WARRANT HANDED TO	

### PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,
County.
PERSONALLY comes before me Mr. S., M. farin Ordinary of said County,
PERSONALLY comes before me Ordinary of said County,
me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully
examined I. I. Luct and after such personal examination, say that the present
d
condition of applicant is as follows:
He suffers With Rheumation are thetimes
Contracted while in service
He also suffer with severe princip head
and also has vertigo, He is blind in rightlye
general health is very bad prosenting
time from healerning am aren at lat.
te also received security and antiff by which has never heary and that such condition is permanent. Said condition arises from the following facts:
From Expanses While my Armin Service
I From Exposure Whiling servin
and his advan and ago, which is 80 yours
We have treated applicant professionally for
dues 22 of arise from hereditary or congenital causes, or from victous or intemperate habita.
Sworn to and subscribed before me, this I B Carnice MS
12 0.61
Ir. S lee foren
O.dinary,
NOTE 1.—State fully the physical condition and especially the extent of disability. If disability results from wound or in jury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by officials.
origin, as understood by offiants.  Nors 2.—The physicians will be careful to fill every blank space in oath.
Common space in Onlin.
STATE OF GEORGIA,
Court beer County.
1 1 Suc Loque
, Ordinary of said County,
do certify that I am well acquainted with I. O. Level 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
I also certify that the witnesses, to wit . A. Connichael MA. 4 15. Long in 1110.
V/11 0 all 1
and are persons of respectability, that their statements are worthy of full the same.  the same.
1902.
11.8 he Loren
Ordinary Courffell County.

### AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,	j.
Fayette Count	
a historical appears before me, the un	dersigned Ordinary in and for said County B. L. foly war fire
personally known to me to be trustworthy elsi-	andens, each of whom, being duly sworn according to law, severally say,
and the second to the to be trustworthy this	sus, each or whom, being duly sworn according to law, severally say,
under oath, that they are personally and well s	a pension, that he has resided in this State continuously since the
day of Javey	18 1 , that he served in Company 6 of the
	Brigade, and from our personal knowledge, he see as follows: (give full statement, and tell in your own language. or the disease was contracted, and to what extent applicant is distiful to does any labor, or can do any, state what.)
0 100	there alexander my the winder.
of 1844-5 Cause	Partial Raralysis and
with such !	raine in head caused the
Laine Loss of his	right - in he was de !
wanded or e	my by since of Sheel and
1,-11	1 miles
the body of the state of the st	the state of the
word,	
The state of the s	The state of the s
	the second secon
here was applicant's command surrendered?	at anyone to
as he with it?	Were all of you present?
not, where was he?	<i>1</i> -
here were you all? all Pa	
action and you all ?	The state of the s
	7 1:
ow do you know the facts you state to be true	
We personally know shows stated forter	We were with him in the Army and have known him ever since.
e was honorably discharged or retired from the	e service on day of Marich
e have no interest in the recovery of a pension	stated and has been so to our certain knowledge ever since 18
Sworn to and subscribed before me, this	. 11 11 11 11 11 11 11 11 11 11 11 11 11
11/2 1.11- 1	+ hartey-
SB Linis	J
Ordinary. Note 1.—The Ordinary will see that the fu	Ill text of the affidavit is understood by
Note 1.—The Ordinary will see that the fuelegally qualified to the same.  2.—Witnesses are asked to make their s	ill text of the affidavit is understood by the witnesses, and that they
<ol> <li>All blank spaces must be filled when</li> <li>Three witnesses are required.</li> </ol>	statements full and explicit, tracing disability to its true cause.
with that BL John	ain is of Environthy character
& aldermit is wo	my of billing 100 . and

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

Executed in the presence of

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE	OF	GEORGIA,
/	~	, ,
(our	ed	whell and

Personality appears J. P. Luck of said Competie
County, State of Georgia, who being duly sworn, says on oath that he was born on the
August 1822, that he is a bona fide citizen and resident of Georgia, and has been continuously since the 15 day of August 1822, that he enlisted
in the millitary service of the Confederate States (or the State of Livry in ) on the
erved in Company "E" of # th Regiment of Ga State Troops
Brigade, and was honorably discharged on the day of
Mean 186 ; that whilst engaged in such military service, and in line of duty in
the State of Lu , on the day of 186
be was disabled or wounded as follows: I combined to Receive the
while in service in minter of 1864-5, cous-
otes worl him rolyin of heard about some him
causing my hard to become very some & swallen,
and eventuary consising the comple loss of
my right eye had where we out Coufe d.
service, in hely 1864, in all fling
6 copline a yanker Bottery west the oes
Rolling Mell in out or to of A cloude La,
I was should by a fire or of sheer on left by
be live in House & author, budly inguring on slay
which is yet our from this would be orecount
fairy discusses & sind would, I me front were libe
Where was command Surrendered?
Was applicant present? Ho Liv,
was he? At Home & How come there? Se ell & un or welled
And by whose authority? State fully: I was ordered by my Coplain to be sent
to store fit to a come to of would is discover obortes there begins and be to be to from the total of the one of our of the
Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amountains there is
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

18 day of lift 1902 & S. Zunek

N. Suc Sance

Post Office Rid Cook the

#### POWER OF ATTORNEY.

•	Luck of Jan			
to receive and receipt for the per		request that he r	emit same to	
at. Game			1000	
In Witness Whereof, I have	1905 P	and seal, this		
Executed in the presence		ruez	[L. 8.]	
Jes McChine to				
•				
	73			
	256	<b>     </b>		
	5 3 1 2 2 B	190		13
S. EN C.	CX & C	SEY, oner of 1	S DED TO	da
CORE SECTION 1200. THOSE ALREADY ENG. No. 768 DISABLED DISABLED 1905.	Regiment Cook	JOHN W. LINDSEY	S A	3
DIS. No.	000 30	лони и	ARRANT	
	Name County Coun	. 1. 11	<b>             </b>	
5 3	Name County Co. "			

#### POWER OF ATTORNEY

STA &	Luc c	11	COUNTY.)	cll of Join	, Leave	_hereby authorize
to re	ceive and re	eccipt for the p			request that	t he remit same to
day o	(/:	s Whereof, I			d and seal, t	
4	)	the presence of		9 - 2	an	[L. S.]
		1.		C	, ,	
1.	1 . 1		1.13	रं ने	8	1 11
Con Secret 180.	2 2 6	R'S PENSIO 906.	Les Il	Regiment A. E.	3   1	Commissioner of Pensions. ANT HANDED TO Secure To a second to
and		SOLDIE	Name & O.	Co. "E" Disability No	Amount, \$	WARRA TO THE TOTAL

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Campbeel COUNTY.
Personally appears & P. Lee e K of Com phie
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 1820; that he enlisted in the military service of the Con-
federate States (or of the State of ) during the war between the
States, and served as a street of in Comment " " " "
of Ja, Stale drooks Volunteers 's Brigade; that whilst engaged
in such military service in the State of 7 cc on the
of the was wounded injured on direct on
Just & free / ou de de de de leg le
The Knee of an Kle by a frien John
at a botter near the ord Ralling their
in A cloude you said evour of energy
- leg 4, coursing going new . Ou occount
la contraction de la contracti
Deponent makes application for the pension to which he is entitled for the year
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1905. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of Dollars, for the year 1904.
Suram to and automated to
Sworm to and subscribed before me, this the
day of 7 1905.
In Stuckosin Ordy Postoffice Fair burn ya
Note.—State fully the nature of the wound or character of disease which causes the disability, and explain puriousarly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
Campbell COUNTY.
I, W. S. Un & Loque Ordinary of said County,
do certify that I am well acquainted with f. C. 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
day of Jany 1945.
M. S. W. Lorin
Ordinary Campbell County.
Norz.—Fili all blanks and of Company and Regiment.
Nors.—All vouchers and affidavits must bear data after January 1 1005

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	of Georgia,
Cari	
Pers	onally appears J. O. Luck of Comp be
	te of Georgia, who, being duly sworn, says on oath that he is a bona fide citiz
and residen	t of said State, and has resided therein continuously ever since the
day or	Aug 1824; that he enlisted in the military service of the Co
federate Sta	tes, (or of the State of) during the war between t
States, and	served as a free in Company E, of 4 th Regime
ate to	Volunteers''s Brigade; that whilst engag
	litary service in the State of year, on the
of	ce che 186 , he was wounded, injured or diseased as follow
I ma	or hit by a fire y bless on left
leg &	e twee outle & Hear while in
Con	led, sevore in soil wound be come
sore	out hos coused my by & to be
+ po	in fee work buch. Hove look our ey
Havo	a head how ble de ofe of some office him
Jour	
Dep	onent makes application for the pension to which he is entitled for the y
ending Oc	tober 26th, 1906, I have heretofore, under said law, as a resident
	Courty, been allowed an invalid pension
	July Dollars, for the year 1905.
Swor	n to and subscribed before me, this the
12	
m	Post-Office / Let Vorc
	fille Lone, ordy ) N + 1
Norm.	State fully the nature of the wound or character of disease which causes the disability, and expected of the disability resulting from the wound or disease.
State	of Georgia,
10,00	n. O. C.
I,	Ordinary of said Court
do certify	that I am well acquainted with
the applica	nt in the foregoing affidavit, and am well satisfied that the statements m
	his said affidavit are true, and I know he is the individual he represents him
to be, and	hat he resides in this County.
	Given under my official signature and seal, this
	day of 1800 le form
177	Contraction
your	Ordinary Court & County
here	Wors - Fill all blanks and of Company and Regiment.

Nors.—Fill all blanks and of Company and Regiment. Nors.—All youchers and affidarits must bear date after January 1st, 1906 THE POOTE & DIVING E POINTERS AND DIVING E ATLANTA SA

> State of Georgia, Complete County , dirsonally come before were, the rendering and Ordinary gavid county, Ill, Oothery fers on very Merowa to was to be a buslevorely religion, who being diely swore according to low, soys he is Lisaway & well organisted well & P. Such whose opplied lion is herewith from the for a pere sion, that he has manded in soil state continuously since since 1851. that he a reid in co"E" of your Right to State Frompo He was wounded while in Coufes, house by a feer of there in July 1864 out ou occount y sond wound he is now proclically incompetent to fer. form the ordinary in amore vocation of life, I there wi this be course I was week him in Army ( on federate ) out book Kerowie heme over such The is permanency disobled. so stated to have here to gradually yetling worse vous succe 1864, when wounded, I have no interest in the recovery of a function by turn. Swore to 4 ou bo en bed before we, this dept 15, 1902. P.S. We Lovin Ordinary Jell Ockley Compbell County Levryen

### POWER OF ATTORNEY.

-	COUNTY  of us 1/6	} dain 6		ereby autho	rise
at In Witness When	by	,	and	e remit sam	e to
Bxecuted in	presence of	IP di	ruk	<u>t</u> r	•.]·
		5.			
Come Bestion 1200. THOSE ALMEADY ENROLLED. No. 774 DISABLED	1907.	Regiment # fa 5	JOHN W. LINDSEY, Commissioner of Pension.	ARRANT HANDED TO	deto
	Name Name	Co. E. Disability Amount,			,

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Campbell county.
Personally appears I. P. Line Il of Coin & fell
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 day 1824; that he enlisted in the military service of the Con-
federate States (or of the State of 92 ) during the war between the
States, and served as a how to in Company E', of # th Regiment
of Ya 5. J. Volunteers 's Brigade; that whilst engaged
in such military service in the State of 9a , on the day
of
Iwen Ofice 16 on enth by be liver Kun
youther by firm of bounds here in -
Juning soid by to body The h Some
how where you were only no on of
of some I am oble to be ordinary.
"Un annoe lobar
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1906.
Sworn to and subscribed before me, this the day of Jack 1907.
M. S. Un Lovier, Ordy Postoffice & Course you
Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain
particularly the extent of the disability resulting from the wound or disease which causes the disability, and explain
State of Georgia,
Ordinary of said County.
I, Ordinary of said County,
do certify that I am well acquainted with S. C. due 16
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal this day of 1907.
m fur Louis
Ans.
FOUR BOMES O Ordinary Court County.

Nors.—Fill all blanks and of Company and Regiment.
Nors.—All vouchers and affidavité must bear date after January 1st, 1927.

In Ree Is hope authorium

Georgia, Fulton County.

In person appeared before me, the undersigned A. D. Luck, personally knewn to me to be a person worthy of credit, who on oath says, that he is a son of J. P. Luck, whi 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 swellen 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 painfuls that it put out the right eye of his said father, and deponent further knows that every since the war that his father has remaining the complained with said pain in his head, and deponent is satisfied that said pain caused the less of said eye.

Abluese

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

John R Williams

Georgia, Campbell County.

In person appeared before me, the undersigned, w. S.

Garaicheel, and J. W. 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. Soul Eye to that they walled the producally and selections.

not me

Sworn to and subscribed before me,

m. S. no Lovier Orderory

Georgia, Campbell County.

In person appeared before me the undersigned. A. C. Dorris. Who on oath says, that he is a practicing physician in the County of Campbell, and has been every since the year 1867. Deponent remembers that just after the close of the war, he was called to see J. P. Luck. and J. P.. Luck was at that time suffering from pains in his head and neuralgia in his face, said Luck informed deponent at the time that said trouble came on by reason of the exposure in the Confederate service, and deponent further swears that for many years after 1867, he was the family physician of said J. P. Luck, and that said J. P. Luck continued to suffer with said neuralgia and deponent believes that said neuralgia contracted during said service was the cause of the loss of the right etc. deponent further swears that he often told said J. P. Luck long before he lost said sight of said eye, that he believed that said neuralgia would finally destroy the same, and while depenent was not with said Luck in the Confederate service, he is thoroughly satisfied that said neuralgia was contracted by exposure in said service, and the real cause of the loss of Said eye, defined in could to see It tak in 1847 when Said the finally must out and juning of the fock the tostifue about

Sworn to and subscribed before me, This -2-0--- day of August 1804.

M. S. m. Larin Oray

J. P. LUCK. APPLICANT FOR PENSION.

Georgia, Campbell County.

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 paralysed and it has haver recovered its normal condition.

came partially paralysed and it has never recovered its normal condition.

While in Confections come is the lead, that his head became very sore and swollen, that this neuralgia seemed to settle in the right eye and affected his right side. That the neuralgia which he contracted in the war continued to grow worse and it affected his right eye, and the said neuralgia finally settled in his right eye, and that the neuralgia continued to grow worse until the year 1897, when it became so severe that it completely destroyed the sight of the right eye and deponent is now unable to see one wink out of the right eye, that he has completely lost the sight of the right eye, that injury of said right ove has rendered it practically and essentially useless. Deponent received said wound in theseid left leg, and said left leg has continued to pain him up to this time, but dependent cannot say that he cannot use m said left leg, but deponent does say that said paralysis that came on him from exposure during the war has affected his right side to such an extent that he does not now, nor has he had the same feeling and use of said side as he had of the left side, and the neuralgia above set out contract ed during said service has finally destroyed his right eye. And deponent further swears that the real cause of the loss of the right eye is disease to-wit: Neuralgia contracted during the Confederate service as afore 10 the Luck said.

Sworn to and subscribed before me,
This 200 day of August 1904.

n Sue Some

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?

Col E, 4th Regt. Georgia State Troops

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

or 1865
WOUNDED? In the winter of 1864 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 suburgs of CAPTURED, WHEN AND WHERE? (Atlanta, Georgia, was strucked 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?

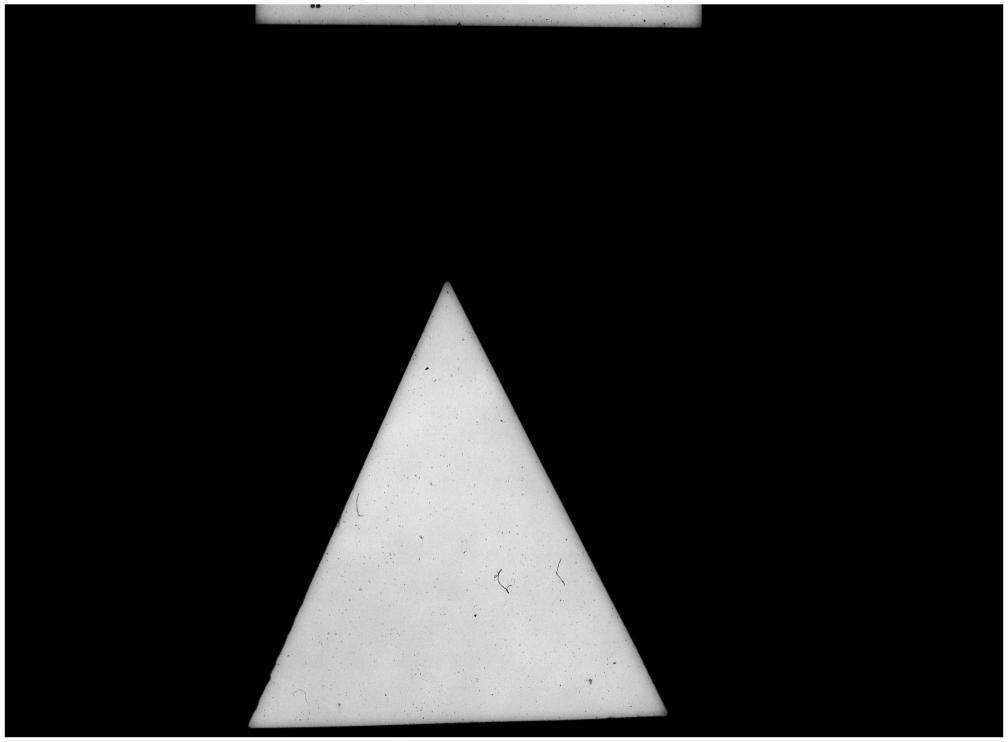
DIED, WHEN AND WHERE?

BURIED.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home - sick and wounded - Ordered by Captain to be sent to the wound and disease -started but was unable to reach the hospital on account of federal troops

No data

WITNESSES. J. M. Oakley - In the war with applicant -



## Ordinary's Certificate

Compression from the Control	NOR	88 99	and the	# - K
Widow's Pension Under Act 1910—as Amended by Act of 1919.	ES: 1. Before any "You do s "You da la " you shall g ? Additional 3. Only wide 4. All affalse such Ordin 5. Attach cold for reputation.	orthy, and their st Sworn under my (SEAL)	was on the 4th witness who swe e duly sworn by	ATE OF GEO
County Cam phell	questions are an ademaily acque the free will be to true affective will be true affective will be married possible option of maximum and the made ary.	hand and offic	m she represents herself to the 4th November 1908; i who swears to the service o worn by me before signing	Sorre
Widow of James H. Luck of	at you will true a th. So held by you will true a th. So held by you Go at tached if held by rior to January left to the Ordin held by the Cordin triangle license if a	ntitled to full f	If to be and she  8; that I also I  se of husband;  ning the forego	CON COOK
Approved 4 Tu Ja, Recovery	any dall sear to the sear to t	My Co	that both of the	12/2
ENJERED ROSTER OFFICE	applicant and the mach of the question of the question of the person of	a fa	continuing resi	Ordinar
OSTER OFFICE	no asked you make to be seen asked you make the seen asked you make the seen asked by some persons.	18 18	dent citizen of	y of said Command of the popularity for p
J. W. LINDSHY, Commissioner of Pensions.  Byra Printing Co., State Printers, Atlanta.	. 11 11		County and	9, 8

"Present, Der, 31, 64." (MR

Lock Sarah

ugo eath Los books	Ordinary's Certific	ate or a sub-sol and a sub-sol
Complete	COUNTY.	
ms. w. Lor	us , .	Ordinary of said County, do certify
	E. Luell	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 6.27	Reeses
the witness who swears to the service	of husband; that both of the	em are now residents of said County and
		and that they both are truthful, trust-
worthy, and their statements are ent		
Sworn under my hand and officia	our	day of October 19
(SEAL)	nsu	L' Joseph Ordinary,
(0,1,1,1)	loai	Shell
· · · · · · · · · · · · · · · · · · ·		County.
you shall give will be the truth.  2. Additional affadavits may be a  3. Only widows who married pri  4. All affadavits must be made I such Ordinary.  5. Attach certified copies of marreputation.	. So help you God." attached if blank spaces are insuf- or to January 1st, 1881, are enti- before the Ordinary of the reside riage license if obtainable. If not	pplicant and the witness in the following words: ach of the questions asked you and the evidence ficient. like. acc of the person to be sworn and certified by t, prove marriage, by some person, or by general
- 1341	2 27 mm +:	ar and the first
Widow's Pension Ast 1810 - as Amended by Act of 1810 Count of Lette Sorode, & Lette	of faming H. Luch.	J. W. LANDSER.  Commissioner of Pensions.  Persuing Co., State Pringer, Attack.

### Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,
Personally before me comes MANY SKAMAN 6. H. Riellows 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! 6. M. Measure - Lee Court - Lee Court & fa
2. How long and since when have you known Sorth & Luch applicant?
3. How long and since when has she continuously resided in this State! (Give date.) 60 grove,
4. When and to positive when did you know the state of th
husband!
6. When and where did James It Lee 11 the husband of applicant, die 1 1887 - in Camptee Co. 4 Ch.
7. Were the applicant and her husband living together as husband and wife at the date of his death?
Yes Les
8. If not, how long did they live apart before his death! Ly uno us austoned Were they divorced! Us list
9. When, where and in what Company and Regiment did faces H. Luck henlist?  Opril, 1864 in act and to, ga, in G. 16 -4 17 9 a. Resister
10. Were you a member of the same Company! Les Set
11. How long within your personal knowledge did he perform actual military service with his Company
and Regiment 1 bout 13 Mouths on from Gril, 1864 to The 1765, lune of 12 When and where did his Command surrender, and was discharged 1 Chill 26, 1865
13. Were you personally present when it was surrendered? Yes let Is not, where
were you drevent and how came you there liquing to they
14. Was the husband of applicant personally present at surrender! Is less than the where was he:  When, where and for what where was he:
· · · · · · · · · · · · · · · · · · ·
sutherity did he leave his Command?
long was he granted leave! Come fory or did James the deal, this?
demond and bound of of ple coul, for soon 1/3 mountes
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?
knowledge or how!
Sworn to and subscribed before my this the
Mille Jose Ordinary)
of Course phell County

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

Questions for Applicant

Personally before me comes Mera Sorole & 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 pame, and where do you reside ! Sorole & Lucle in Fairburne, Campy
2. How long and since when have you been a continuing resident of the State of Georgia 1 114 was on the form 30/842 un date gury brack.
3. When, where and so whom were you married 1 Och 31, 1877 in Cassalla
a. Have you married since the death of first and soldier husband? Ut. Sey
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia; (State the arms and class of Service.)
accounts, fa, in accounts, fa. in G. B. 44 fa Reserves
5. When and where did the commands of your husband surrender or discharge from the army!
6. Was your husband personally present at the time of the surrender or discharge of this command 1.
7. If he was not present state clearly where he was ! Que L
8. Where was his command when he left! Wears lift it
a. For what cause did he leave his command Riques us and west
b. By whose authority did he leave his command?
c. For how long was he granted leave of absence?
e. What will his physical condition when he left his command?
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command #tt
h. Was he captured by the enemy at any time! Mo. S.
i If so, when and where captured and where held as a prisoner, and when and for what cause released?
j. When and where did your first husband die May 12, 1887 un Fart burne, 74
k. Were you residing together when he died? Yes See
I If not, how long had you resided apart? Requires to account
The state is state in the state is a second of
If so, when and for what cause were you or your husband placed on the roll! Required
Sworn to and subscribed before me this the for the subscribed before me this the for the subscribed before me this the for the subscribed before me this the
of County.

(SEAL)

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

You are hereby authorized and permitted to join in the Homerable state of matrimony James H, Luck and Miss Sarah E. Golighty, according to the Rites of your Church, provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State; and for so doing, this shall be your sufficient License.

Given under my hand and seal, this 39th day of October, 1876.

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

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

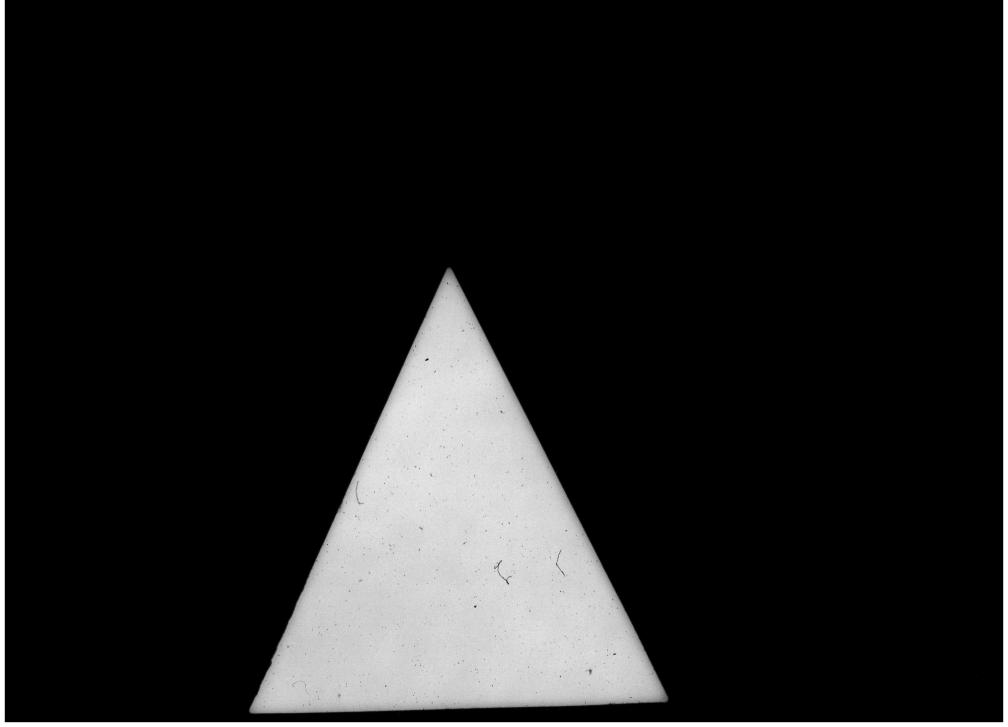
O. C. Kidd, M. G.

Georgia, Campbell County.

I, W. S. Moharin, Ordinary of said county, do hereby certiffy that the above and foregoing is a copy of the Marriage License, and Certificate of Marriage of Mammes. Luck and Miss Sarah E. Golightly, as appears of record in tile Office, in book \*Da, page 248 of Marriage Records.

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

no Sue Form Ordinary, Campbee county, I'm



ne clure susan m.	BULL DE MARINE		
Complete County	A4-1601		
	Appl - mad millett		间为
No	arm Laffirmation		1
WIDOW'S	Soline of Printer		Execute  M.C.
Indigent Pension.	Cries of Burn		d this d in prese
1901.	amended		ace of
Name Suson Hy Me Clus			County,
County Com Steer	Pension office 10/1/1/04		
Vidow of John Mic Chins	ower in this setate or a childe are it she wooden by the best of t		8
Approved 1901.	ust vist she done and the dispe		was
JOHN W. LINDSEY,  Commissioner of Pensions.	ment. Tove and the side and set	(	
WARRANT HANDED TO	Com. of Pens.		190
	161 1991		
Geo. W. Harrison, State Pffuter, Atlanta, Un.:	2 6		lue
Melion I lot			

POWER OF ATTORNEY.

County, to receive and receipt for the pension allowed and that he

#### POWER OF ATTORNEY

ofremit	the same to me at  Witness my hand this  Executed in pre  S. MC for	day day	of Yu	nd receipt for the	pension allo registered ma	ail.	t he
951 windt	and the second	170	led to philds that for	to the true			
of the my series	the sent	avere ride	Pension office 10/1/1/04  The positiont account to the control of	11. Hillor and done of the control o	Com. Of Pen		
Samples Con I	WIDOW'S None of deal	1901.	ounty Come of bear	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO	061	10/12/ · · · / 1/20/

### Questions for Witnesses

STATE	OF CEOPOLE
	OF GBORGIA,
554	County.)
han presented as t	of said State and County, having witness in support of the Application of Mrs. Survey Lie. He clare
for a Pension under	witness in support of the Application of Mrs. Subsect Mr. Subsect Mrs.
following questions	deroses and ensurer as 6.11
1. What is	a your name and where do you reside? S. S. Lawyster - In place to 2a
If so, how long hav	u acquainted with the applicant, Mrs. Sus on his but cleare re you known her? Less 40 or 50 years
3. Where	does she reside, and how long and since when has she been a resident of this State?
4. When a	and where was she born?
5. Were yo	ou ever acquainted with her husband? Ges
6. Where	did he reside in 1861? Les Cour flece co La but was women's
7.3 When a	and to whom was he married? To Lisone Brall = sout the ast. Joli
	and where was he born?
9. How lo	ng have you known him? 40 or 50 y evro
10. When	and where did John he clura enlist in the war between
the States, and in w	what Company and Regiment did he enlist and how do you know this? In fit 1863 him
11. Were v	Limb in his company and Regiment? The Line for the same Company and Regiment?
12. How lo	lucurency duty? 6 montes or wor to my
13. When	and where was his Company and Begiment surrendered and discharged from service?  To # of account to Su; was there sure out y service?
Cais 14 Were	you with the command when it surrendered?
15. Was	John lice Clare the husband of applicant present?
ye	the husband of applicant present?
16. If not 1	present, where was he?
	and where did he leave his Command?
For what cause?	
By whose authority	he left?
How do you know al	Il this? (State fully and clearly.)
About 18. When	and where did folice les classes die?
	did he reside at his death and how long had he been a resident of Georgia at his death?
Lee Co	of your own knowledge know that applicant is the lawful widow of Je her
21. Has she	remained unmarried since her soldier husband's death, and is now his widow?
22. What pr	roperty, effects or income has the applicant, if any, and how do you know this of your
own knowledge?	openty, seems on the approxime and now do you know this of your
· 23. What p	roperty, effects or income did applicant possess in 1899 and 1900 and what disposition did sho
make of it?	The state of the s
O4 Hes any	
24. Has app	olicant conveyed any property in last two years or given any away, if so what was it and to
25. What is	applicant's physical condition and her chances and ability to earn a support?
	And the second s