SOLDIER'S PENSIO INVALID RICHARD JOHNSON No. 2/52

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA.

County. Campbell personally appears Benjamin J. K. Shir of locusphell County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 16 day of Jaunny 1837; 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 forwate of Georges Volunteers, Since in Company 6, of Th Regiment 's Brigade; that whilst engaged of storgen Volunteers, Derric is Brigade; that whilst engaged in such military service in the State of I structured, on the 2 day of May 1864 he was wonthed, injured or thorough as follows:

account & Sum other count through he right own put about the Wast front breaking both bruss of sent own and delocations the wast front the said deslecation has Continued from that day to the present from the estimated of said rooms of sent own. has been from the time of the wond will the present broctically cessless to him for munial lobe his overate. Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of County been allowed a pension of Juft, dollars, for the year 189 Sworn to and subscribed before me, this, the Swarm to and subscribed before me, this, the Swarm Fill Afeire A. C. B Carry Golfs.

Norn-State fully the nature of wound or character of disease which of the disability, resulting from the wound or disease.

STATE OF GEORGIA, County. do certify that I am well acquainted with confirm of T. Spein applicant in the foregoing affidavit, and am well satisfied that the statements me in his said affidavit are true, and I know he is the individual he represents himself to be

m	
y official signature and	d seal, this 14
/.	E. S. L. New
Pla Dea	4000
	y official signature an 1896. Dr. C. Se a

Ordinary Countlele.

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA,

Dersonally appears O. F. K. Spin of Compour County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen 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 165 day of 1837; that he enlisted in the military service of the Confederate States (or of the State of 1 during the war between the States, and served as a 100 to 10 around I our our angel was bel to for your originary warmal lobor

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1896.

Sworn to and subscribed before me, this, the Aday of The beauty 1897. POST OFFICE Foundation of A. le Gravero Orch.

Norz-State fully the nature of wound or character of diseased which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. a.l. Gravero

STATE OF GEODGIA ...

STATE OF GEORGIA,	
Complied County.	
I, R. C. De Jan With G. F. K. Ordinary of do certify that I am well acquainted with G. F. K.	said County,
applicant in the foregoing affidavit, and am well satisfied that the statements i	nade by him
in his said affidavit are true, and I know he is the individual he represents h	imself to be
and that he resides in this County.	

Given under my official signature and seal, this day of 1897. A. C. Gravers Ordinary Count of bece County.

Affix your seal here.

1, when and to whom was see married !	To the sour tieme shu where do you reside!
5. How long and since when did you know	bell county, 60 where to you resuct 2. How long and since when have you been a continuing resident of the State of Georgia? 66 years, since my birth, to with July 4, 1853.
6. When and where did Thomas J. Smith the husband of applicant, diet Campbell Co., Ga.	3. When, where and to whom were you married? Dec. 23, 1877 in Campbell Co. Ga to Thomas J. Smith,
7 Were the emplicant and her husband living to the	a. Have you married since the death of first and soldier husband! No Sir.
7. Were the applicant and her husband living together as husband and wife at the date of his death?	4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
0.17	federate Army or Georgia Militia! (State the arms and class of Service.) July 22, 1864 an Atlan-
8. If not, how long did they live apart before his death?	ta, Ge., in Co. "A" - 9th Ge. Reg't. Infentry.
Were they divorced!	
9. When, where and in what Company and Regiment didThomas J Smithenlist?	5. When and where did the commands of your husband surrender or discharge from the army!In
July 22, 1864; Atlanta, Ga, Co, "A" 9th Ga, Reg	April, 1865 at Augusta, Ga.
10. Were you a member of the same Company! Yes	 Was your husband personally present at the time of the surrender or discharge of this command!
11. How long within your personal knowledge did he perform actual military service with his Company	
and Regiment : From enlistment to surrender	7. If he was not present state clearly where he was Present.
12. When and where did his Command surrender, and was discharged?	8. Where was his command when he left! Never left it.
Awgusta Ga., April 1865	a. For what cause did he leave his command! Requires no answer.
13. Were you personally present when it was surrendered? Yes	b. By whose authority did he leave his command !
were youand-how came you theref	c. For how long was he granted leave of absence?
	e. What was his physical condition when he left his command Requires no answer.
14. Was the husband of applicant personally present at surrender! Yes If not	f. What effort did he make to return to his command?
where was he! Never left command until after shrrendswhen, where and for what	g. In what way was he prevented from going back to Command
cause did he leave Command (Give date.)By whose	h. Was he captured by the enemy at any time!
suthority did he leave his Command 1And how	i If so, when and where captured and where held as a prisoner, and when and for what cause released? Requires no answer.
long was he granted leave!How do you know all this!	j. When and where did your first husband diet Oct. 22, 1909, in Campbell Co. Ga.
I was member of same company and saw him constantly in service	k. Were you residing together when he died? Yes Sir.
until after surrender	l If not, how long had you resided apart? Requires no answer.
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com-	
mandf	m. Are you now a widow † Yes Sir.
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?	Have you or your husband heretofore been paid a pension by the State! No Sir. If so, when and for what cause were you or your husband placed on the roll! Requires no Ans.
Sworn to and subscribed before me this the 31 day of Octobe r. 19.19 Author County Ordinary of Fulton County.	Sworm to and subscribed before me this the 51st atay of October, 19 19 MSUL Force Ordinary of Campbell County. (SEAL)
State of Georgia,) To any Judge, J	Justice of the Peace, or Minister
	or one reace, or Minister
Campbell County.) of the Gospel:	
fou are here	by authorized to join Thomas J.
Smith and Miss Frances Cleckler in th	No Holy state and

ckler in the Holy state of matrinony according to the Constitution and Laws of this State, and for so doing, this shall be your sufficient license. And you are hereby required to return this License to me, with your certificate hereon, of the fact and date of the marriage.

Given under my hand and seal, this 20th day of December, 1878.

R. C. Beavers, (L. S.)

I hereby certify that Thomas J. Smith and Frances Cleckler were joined together in matrimony by me, this 23rd day of December, eighteen hundred and seventy seven.

H. C. Hornady, M. G.

Georgia, Campbell County.

I, W. S. McLarin, Ordinary of said county, do hereby certify that the above and foregoing is a copy of the Marriage License, and Certiicate of Marriage of Thomas J. Smith, and Frances Cleckler, as appears of record in this office, in book "D", page 241, of Marriage Records. Witness my hand and seal of office, this October 31st. , 1919.

Me Lorie, Ordinary,

Campbell county, Georgia.

Campbell County.) of the Gospel:

You are hereby authorized to join Thomas Ju-Smith and Miss Frances Cleckler in the Holy state of matrinony according to the Constitution and Laws of this State, and for so doing, this shall be your sufficient license. And you are hereby required to return this License to be, with your certificate hereon, of the fact and date of the marriage.

Given under my hand and seal, this 20th day of December, 1878.

k. C. Beavers, (L. S.)

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Witness my hand and seal of office, this October 31st. , 1919.

W. M. Lovie, Ordinary,

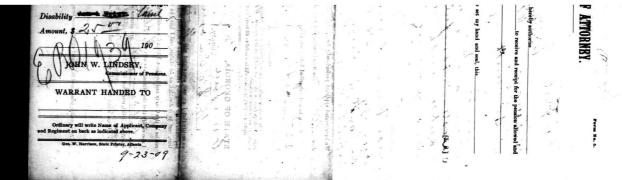
Campbell county, Georgia.

imphel County IN WITNESS WHEREOF, I have hereunto set my hand and seal, this SOLDIER'S PENSION, 1909 George S. Smith, DOMN W. LINDSHY, ferministions of STATE OF GEORGIA WARRANT HANDED TO

POWER OF ATTORNEY.

STATE OF GEORGIA,

to receive and receipt for the pension allowed and



POWER OF ATTORNEY

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f	· · · · × · · · · · ·	27/11/11	_to receive and	receipt for the p	ension allowed an
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ay of	<u></u>	1	hand and seal,		N

FOR USE OF APPLICANTS WHO HAVE NOT HERETOPORE DRAWN.

	County.	1 - 3 - 1 - 1	
PERSONALLY appears	George S. Smith	ofı	aid Campbell
County, State of Georgia, who		ath that he was born on the	4th day o
continuously since the	thi day of_	July	nt of Georgia, and has been
in the military service of the (Confederate States (or the f	State of Georgia) on th
Co	September		
. \	31.01		war between the States, and
served in Company C"			Volunteers
	Brigade, and was h	onorably discharged on the	day o
April	186_5 ; that whilst	engaged in such military se	rvice, and in line of duty is
the State of N. C	417 16 1	day of Octob	
he was disabled or wounded as	1 Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sur .	
Confederate service		NO.	
my horse caused th			
injured whole of 1 since the war, and			
tially and permane	maly unable to p	erform ordinary	mamual labor.
account of said in	jury, I am rende	red unable to cu	t wood, pull fod
der, or to any wor			a or rore name
der, or to any wor			
der, or to any wor		· · · · · · · · · · · · · · · · · · ·	··
der, or to any wor			
der, or to any wor			
der, or to any wor			
der, or to any wor	*		
der, or to any wor			
	ay Donat know. I	was home on sic	k furlough
Where was command surrendered	, Donat know. I	was home on sic	
Where was command surrendered	Sir. U		
Where was command surrendered Was applicant present? No	Sir. How com	there? Sickness.	If not, where
Where was command surrendered Was applicant present? No ras he? At home. And by whose authority? State	Sir. How com	days before the	If not, where
Where was command surrendered	How come fully: Just a few	days before the	If not, where

Norse. Gaza fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give plaif and connected history of disease, trucing it directly to the STORE—Do not bromble to mention wounds which do not disabile.



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account	OI BRIG	injury, I a	rendered	mable to	eut wood,	pull fod
der, or	to any w	work that re	quires the	ase of my	.rm or le	ft hand.
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was he? A		State fully : Just	a Lon uay			
was he? A	authority?	State fully: Just				
And by whose	s sent m	e home on a	sick furlo		ter bein	g home fo
And by whose officer about 5	s sent m	n'l Lee sur	sick furlor	igh, and af		• -
And by whose officer about 5	s sent m	on 1 Lee sur	endered.	of the Code or	the Acts amon	detects the same
And by whose officer about 5 Depone	s sent m days, Ge ant desires to pe	n'l Lee sur participate in the bene pension to which he	endered. fits of Section 1250 is entitled for the	of the Code or	the Acts amon	detects the same
And by whose officer about 5 Depone and makes app	s sent m days, Ge ent decires to pe lication for the to and subscrib	on 1 Lee surrarticipate in the bene openation to which he ded before me, this th	endered. fits of Section 1956 is entitled for the	of the Code or	the Acts amon	detects the same
And by whose officer about 5 Depone and makes app	s sent m days, Ge ant desires to pe	on 1 Lee surrarticipate in the bene openation to which he ded before me, this th	endered. fits of Section 1250 is entitled for the	of the Code or	the Acts amon	detects the same

APPIDAVIT FOR THREE WITNESSES. A NO 220 AOF

STATE OF GEORGIA, Campbell County.
PERSONALLY appears before me, the undersigned Ordinary in and for said County Compbell
H. A. McLarin
personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally s
under oath, that they are personally and well acquainted with George S. Smith whose application is herewith presented for a pension, that he has resided in this State continuously since t
day of before 18 60 that he served in Company "C" of t
Lee 's Battallo's Regiment of Brigade, and from our personal knowledge he while in line of duty, was injured by the service as follows: (Give juli statement, and tell in your own langua, when, where, and how the injury happened, or the disease sous contracted, and to what extent applicant disabled from work so a direct result thereof. If he does any late when I also any, state when
he was thrown from a horse while in Coferedate service in Oct 186
in State of N. C The fall he then received dislocated his left
No.
arm at wrist, and seriously injured said left arm. The wound thus
received has troubled him ever since the war, and on account of the
fall so received , he is practically, permanently and essentially
unable to do ordinary mamual labor. He can work some, but the sai
Left arm and wrist is so badly injured that he is not able to do
any work that requires the use of his left arm or wrist, - such as
pulling fodder, cutting wood etc.
Where was applicant's command surrendered? At Macon, Ga.
Was he with it? No Sir. Were all of you present? I was.
If not, where was he? At home on sick furlough. Been there only a few days
Where were you all? I was present:
Tracte were you air mas proposed
T south at the second s
How do you know the facts you state to be true? I served in same Company as 2nd, and
later 1st I.iou't, as did applicate, & have known him ever since wa We personally know above stated facts. We were with him in the army and have known him ever since
He was honorably discharged or retired from the service onday of April
186 5. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18. 63 We have no interest in the recovery of a pension by him & A Maran Sworn to said subscribed before me, this
22nd day of September 190 9. Late Lieu't of Company "C"- Lee's
The S.M. Farin Battalions - Gas. Vol.
Ordinary. Norz :The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.

TOTTE AT A TAKE	
PHYSICIANS'	A DDIN BUIM
CO DAIMENTS	
THINIVINIA	DILLIDATII.

	PHYSICIAN	S APPIDAYI	T.	
STATE OF GE	ORGIA,			(5
Compbe	County.			
PERSONALLY COM	1110	m Lasi		
(174		6 NA	Ordinary o	f said County,
		eing severally sworn,	ay or onth, that they	both known to have carefully
examined 98,	with		onal examination, say	
condition of applicant	as follows: 222	Swith	har to	mille
with h	es left 1	usich a	med for	wel.
Then h	and is	used	it bro	unes
woolen	& paint	ul. Hr	also ho	5
rouble	wit.	left a	ru a	boox
albow of	Danne		luce	
	8			
and that such condition	is permanent. Said condition	arises from the followi	ng facts :	Smil
was the	my free	in the	turs	
and the	avox.4	left by	us se	or/
is coole	d & som	e of the	baues	Luce
June & 4le	udous to	villen		
We have treated applica	nt professionally for	year	rs, and his condition, a	above stated,
does 2007	arise from hereditary or con	ngenital causes, or from	vicious or intemperate	habits
لسمه	begribed before me, this	1920	ngine !	w.
2 2 1 day of C	190 7	lestida	ueuf nl	Mis
m. w. cu	Ordinary.			
NOTE 1—State fully injury, state its location, ch origin, as understood by aff NOTE 2.—The physic	the physical condition and especiarader and present condition. fants, it will be careful to fill every	ally the extent of disabili If from disease, give its blank space in oath.	ty. If disability results nature and character, as	from wound or nd its causes or
STATE OF GEO	ORGIA)			Form No. 4.
louis	, ,			

I eft arm and wrist is so badly injured that he is not able to do any work that requires the use of his left arm or wrist,— such as pulling fodder, cutting wood etc. We have treated applicant professionally for years, as does Zee arise from hereditary or congenital causes, or from vicie Sworn, to and subgribed before me, this 2 2 ', jay of Left 1901 Where was applicant's command surrendered? At Macon, Ga. Where was applicant's command surrendered? At Macon, Ga. Were all of you present; I was. Were all of you present; I was. STATE OF GEORGIA, Occurred to the first of the surrendered with form discast, give its sent of the surrendered with surrendered to sile every blank space in oath. STATE OF GEORGIA, Occurred to the facts you state to be true? I served in same Company as 2nd, and do certify that I am well acquainted with the surrendered of the surrendere	d his condition, as above stated, as or intemperate habits, gives, MA.
where treated applicant professionally for years, as does arise from hereditary or congenital causes, or from vicio Sworg, to and subsprised before me, this 22 'n day of the fact you state to be tree! I served in same Company as 2nd, and aster 1st Lieu't, as did applicate, a have known him ever since war applicant in the freezing affairt, and am well suissents and subsprised that the statements and contributed that the statements are contributed to the contributed that the statements and contributed that the statements are contr	d his condition, as above stated, as or intemperate habits yours, MM. If disability results from mound or or and character, and its causes or
we have treated applicant professionally for years, as does not the statements and superiority	as or intemperate habits gives, M.A. gives, M.A. I disability results from wound or re and character, and its causes or
We have treated applicantly for	as or intemperate habits gives, M.A. gives, M.A. I disability results from wound or re and character, and its causes or
Sworn to and subspribed before me, this 2 "y day of light 190 White physical conditions and expecially the extent of disability. The was applicant's command surrendered? At Macon, Ga. Note 1-State pully the physical condition and expecially the extent of disability. Note 1-State pully the physical condition and expecially the extent of disability. The with it? No Sir. Were all of you present? I was. Were all of you present? I was. STATE OF GEORGIA, County County. do you know the facts you state to be true? I served in same Company as 2nd, and do certify that I am well sequented with Lorent August 1 and of certify that I am well sequented with Lorent August 2 applicant in the foregoing affidary, and am well satisfied that the statements medically that I am well sequented with Lorent August 2 applicant in the foregoing affidary, and am well satisfied that the statements medically that I am well sequented with Lorent 2 applicant in the foregoing affidary, and am well satisfied that the statements medically that I am well sequented with Lorent 2 applicant in the foregoing affidary, and am well satisfied that the statements medically that I am well sequented with Lorent 2 applicant is the foregoing affidary, and am well satisfied that the statements medically that I am well sequented with Lorent 2 applicant is the foregoing affidary; and am well sequented with Lorent 2 applicant is the foregoing affidary; and am well sequented with Lorent 2 applicant 2 are the statements and the company as 2 and 2 are the company as 2 are the	gine, MM. I disability results from wound or re and character, and its causes or
Sworn to and subspribed before me, this 2 '', day of List 190 Were all of you present? I was. The with it? No Sir. Were all of you present? I was. To, where was he? At home on sick furlough. Been there only a few days. The were was he? At home on sick furlough. Been there only a few days. The were you all? I was present. The physicians will be careful to fill every blank space in oath. STATE OF GEORGIA, County County. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. STATE OF GEORGIA, County County. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The with it? No Sir. Nors 2—The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The physicians will be careful to fill every blank space in oath. The ph	gine, MM. I disability results from wound or re and character, and its causes or
was applicant's command surrendered? At Macon, Ga. Nors: -State pully the physical conditions and expecially the extent of disability. Nors: -State pully the physical conditions. If from disease, give its sate of the with it? No Sir. Were all of you present? I was. Nors: -The physicase will be careful to fill every blank space in oath. Nors: -The physicase will be careful to fill every blank space in oath. STATE OF GEORGIA, County. do you know the facts you state to be true? I served in same Company as 2nd, and the risk Lieu't, as did applicate, he have known him ever since way.	I disability results from wound or re and character, and its causes or
The was applicant's command surrendered? At Macon, Ga. Nors:—State pails the physical condition and expecially the extent of disability. Nors:—State pails the physical condition. If from disease, give it, such support. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition. If from disease, give it, such Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors:—The physical condition and expecially the extent of disability. Nors: Nor	
Ordinary. Note: Stephylicant's command surrendered? At Macon, Ga. Note: Stephyn, state til bossion, desureder and percent soudition. If from disease, give its such origin, state til bossion, desureder and percent soudition. If from disease, give its such origin, state til bossion, desureder and percent soudition. If from disease, give its such origin, state til bossion, desured and percent soudition. If from disease, give its such origin, state til bossion, desured and percent soudition. If from disease, give its such origin, state til bossion, desured and percent soudition. If from disease, give its such origin, state til bossion, desured and percent soudition. If from disease, give its such origin, state til bossion, desured and percent soudition. If from disease, give its such origin, state til bossion, desured and percent soudition. If from disease, give its such origin, state til bossion, desured and percent soudition. If from disease, give its such origin, state til bossion, desured and percent soudition. If from disease, give its such origin, state til bossion, desured and percent soudition. If from disease, give its such origin, state til bossion, desured and percent soudition. If from disease, give its such origin, state til bossion, desured and percent soudition. If from disease, give its such origin, state til bossion, desured and percent soudition. If from disease, give its such origin, state til bossion, desured and percent soudition. If from disease, give its such origin, state til bossion, desured and percent soudition. If from disease, give its such origin, state til bossion, desured and percent soudition. If from disease, give its such origin, state til bossion, carrier and percent soudition. If from disease, give its such origin, state til bossion, carrier and percent soudition. If from disease, give its such origin, state til bossion, carrier and percent soudition. If from disease, give its such origin, state till bossion, carrier and percent soudition. If from disease, give its such origin	
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with it? No Sir. Were all of you present? I was. Norm a. The physicians will be careful to fill every blank space in oath. Norm a. The physicians will be careful to fill every blank space in oath. STATE OF GEORGIA, County or County. If I was present. Out of the county of the	
ore was he; At home on sick furlough. Been there only a few days. STATE OF GEORGIA, County for County. 1. H. J. W. L. Open. On know the facts you state to be true; I served in same Company as 2nd, and do certify that I am well sequented with force of the statements and applicants, he have known him ever since was applicant in the foregoing affidavit, and am well satisfied that the statements and	Form No. 4.
you know the facts you state to be true? I served in same Company as 2nd, and of certify that I am well acquainted with foreyou of that the foregoing affidavit, and am well satisfied that the statements many applicant in the foregoing affidavit, and am well satisfied that the statements many	7 OF M. 1.
you know the facts you state to be true? I served in same Company as 2nd, and I M. S. W. Logical do certify that I am well acquainted with Hotyle S. Successful to the foregoing affidavit, and am well satisfied that the statements and applicant in the foregoing affidavit, and am well satisfied that the statements and	
r 1st Lieu't, as did applicate, a have known him ever since war	
let Lieu't, as did applicate, a have known him ever since was	, Ordinary of said County,
applicant in the foregoing affidavit, and am well satisfied that the statements made	the "
personally know above stated lacts. We were with him in the army and have known him ever since.	by him in his said affidavit are
orably discharged or retired from the service on day of April resides in this County and has been a bona fide resident since the day of	0 ^ /
Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18.63 I also certify that the witnesses, to wit: 1.4. M. Corus. Or M. A. M. Corus. Or M. Corus. Or M. M. Corus. Or M.	Jo Lougeno
and to said subscribed before me this.	statements are worthy of full
and that the juli teat of the apparent was read to and unders	ood by them before they signed
ay of September 190 %. Late Lieu't of Company "C"- Lee's the same. Given under my official signature and seal, this 22 1 day of the first than the same.	truby 190 g
Ordinary.	Corner
-The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are do to the same. Ordinary Care Ordinary Care Ordinary Care	i dhell
Is the same. Ordinary Court Witnesses are asked to make their statements full and explicit, tracing disability to its true cause, All blank spaces smark be filled when signed. All amending proofs must be executed with the same formality as original proofs, and Three witnesses are required.	
—Three witnesses are required.	ne ordinary must so certify.
	· .
	Andrew Control of the Control
· SECRETARIA APPRILA TRANSPORTATION CONTRACTOR AND AN ADMINISTRATION OF THE PROPERTY OF THE PR	TORONS of Constraints and automorphisms and source arrange
APPLICATION FOR SOLDIER'S PENSION UNDE	
SPENSOR ON BE	K AU1 1910.
Quantions for Applicants to Answer.	Marie Total
STATE OF GEORGIA.	
Campbell	
Gamphall County, J	
for the pension previded by Act of 1910, to Confederate Soldian and solveins at	Sworn statement, with
its continuity to make out the same, and after being pluy grown true answers to	nake to the questions
I. What my your seems and where do you reside? (Give County and Post-o	ice) G. S. Smith
G. S. Salth of said Siefe and for the pension provided by Ant of 1910, to Confederate Soldiers, and submits his testimony to make out the same, and after being fluly grown true answers to propounded, answers as follows, to writ. 1. What is your name and where du you reside? (Give County and Post-on County and Post-	D,
now long and mace when have you been a continuous resident citizen o	this State?
67 years, or from July 4, 1845 (date of birth) to 00	7, 1912,
	ad Militia of this State
2. Did you enlist in the Army of the Confederate States or of the Organi	
from 1881 to 1884; Army of Confed, States 4. When and where, and in what Commany and Berimett did you called	Clara the same of the
from 1861 to 1885r. Army of Connect. States 4. When and where, and in what Company and Regiment did you enlist! of Service Santasher 1863 in Atlanta. General Company and Connection of Service Santasher 1863 in Atlanta.	Give the arm and class
from 1881, to 1882, Army of Gonfed, States 4. When and when, and in what Company and Regiment did you enhist of Service) September 1863 in Atlanta, Ga.— Co. "Co" Line 5. How long did you remain in the actual Military Service with said to	Give the arm and class a Battallon Carry
4. When and where, and in what Company and Regiment did you enlist of Bervice). Saptambar 1563 in Atlanta, 6a.— Co. "C"—Less 5. How long did you remain in the actual Military Service with said Co (Give date of discharge). Alpost 20 manthis, or from Sept. 1563 6. When and where was your Company and Regiment service.	Give the arm and class 5. Battalion Carry, ppany and Regiment? 9. Apr. 1865.
from 1801 to 1801. ACRY of Unaffed, States 4. When and where, sad in what Company and Regiment did you called of Service) Santashar 1863 An Atlanta, Ga.—Co.—"C"—Less 6. How long, did you remain in the actual Military Service with said to (Give date of discharge) about 20 monthly, or 7-ron Beptz, 1865; 6. When and where was your Company and Regiment surrendered or disable Confederate Can't San you Stayley, as I had hear remarked and of the	Give the arm and class 5 Bathallon— 5 Bathallon— 5 Bathallon— 5 Bathallon— 5 Apr. 1865. 7 Red from the Service?
from 1884 to 1884; Army of Confed, States 4. When and where, and in what Company and Regiment did you enlast of Service). Suptambar 1863 in Atlanta, Ga. — Co. — Co. — Co. — Lee S. — How long did you remain in the actual Military Service with said Co. — (Give date of discharge). Abnoth 2.0 monthly, or, from Sept. 1863 — 6. When and white waayour Company and Regiment surrendered or discharge to the control of	Give the arm and class a Bathallon Gray, apany and Regiment? a Apr. 1865. god from the Service? Flough Apr. 4, 1865, ard discharged! No. Str.
Confederate Confe	Give the arm and class a Bathallon Gray, apany and Regiment? a Apr. 1865. god from the Service? Flough Apr. 4, 1865, ard discharged! No. Str.
Confederate Confe	Give the arm and class a Bathallon Gray, apany and Regiment? a Apr. 1865. god from the Service? Flough Apr. 4, 1865, ard discharged! No. Str.
Confederate Confederate Confederate Soldier's Application Soldier's Application Confederate Confederate	Give the arm and class a Bathallon Gray, apany and Regiment? a Apr. 1865. god from the Service? Flough Apr. 4, 1865, or discharged! No Sir
Confederate Confederate Confederate Soldier's Application. Confederate Confederate Confederate Confederate Soldier's Application. Confederate Confedera	Give the arm and class a Bathallon Gray, apany and Regiment? a Apr. 1865. god from the Service? Flough Apr. 4, 1865, or discharged! No Sir
Confederate Confederate Soldier's Application UNDER ACT 1910 b. When did you leave the Command. April 4, 1865	Give the arm and class B Bathallon—Gary opany and Regiment o Apr. 1865. god from the Service? Flough Apr. 4, 1865, or discharged. No. Sir. eve. I was at home on
Confederate Confe	Give the arm and class B Bathallon—Gary opany and Regiment o Apr. 1865. god from the Service? Flough Apr. 4, 1865, or discharged. No. Sir. eve. I was at home on
4. When and where, and in what Company and Regiment did you enlist of Service). September 1763 in Atlanta, Ga.—Co.—C. Len. 5. How long did you remain in the actual Military Service with said Co (Give date of discharge) Abnut 2.0 monthly, or from Sept. 1863 c. When and where we are your Company and Regiment surrendered or disch Can't say portificiely, as I had been created a sick at the was was over before article or disch Can't say portification. 5. Hyou were not actually present, state specifically and clearly where you sick Christian as above stated. a. Where was your Command when I was minded. 5. Hyou were not actually present, state specifically and clearly where you sick Christian as above stated. a. Where was your Command when you left its. At Macon, Ga. b. When did you leave the Command. April 4, 1865 c. For what cause did you leave. Slok; and had been expose d. By whose authority did you leave. Company Officers.	Give the arm and class B Battalion—Gray appany and Regiment; a Apr. 1865 ged from the Service? Flough Apr. 4, 1865, or discharged? No. Sir. are I was at home on
from 1804 to 1804. AFRY of Confirmed, Shakes 4. When and where, said in what Company and Regiment did you enhalt of Service). September 1863 in Atlanta, Ga.—Co.—"Co.—Lete 5. How long did you remain in the actual Military Service with said Co. (Give date of discharge) about 1.20 monthing, og. From 1897s. 1863 in Co.—The said C	Give the arm and class B Battallon Carry upany and Regiment? a Apr. 1865. god from the Service? Flough Apr. 4. 1865, or discharged? Na Sir. reca I was at home on d to Smallpox or 15 days.
When and when, and in what Company and Regiment did you enlist? September 1863 in Aslanta, Ga.— Co.— Co.— Lee 5. How long did you remain in the actual Military Service with said Co (Give date of discharge, About 2 D. neuthles, or. From Bept. 1863 ; 6. When and where was your Company and Regiment surrendered or dische Can't say post birdy, as I had been granted a sick a the was "was over before explication of my Influence the was "was over before explication of my Influence S. If you were not actually present, state specifically and early where you slok furfough as above stated When did you leaver the Command? Abril 4, 1865 c. For what cause did you leaver, Slok; and had been expost 6. By whose suthority did you leaver, Company officers, 6. For what cause did you leaver, Company officers, 6. For what cause did you leaver, Company officers, 6. For what cause did you leaver, Company officers, 6. For what cause did you leaver, Company officers, 6. For what cause did you leaver, Slok; and had been expost 6. By whose suthority did you leaver, Company officers, 6. For how long was your leave granted? In what way? Either 12 A written leave.	Give the arm and class B Battallon Carry upany and Regiment? a Apr. 1865. god from the Service? Flough Apr. 4. 1865, or discharged? Na Sir. reca I was at home on d to Smallpox or 15 days.
When and where said in what Company and Regiment did you enlest of Service) Suptamber 1863 in Atlanta, Ga.— Co.— Co.— Lee 5. How long did you remain in the actual Military Service with said Co (Give date of discharge, About 2.0 Learthing, or from Bept. 1863 in Atlanta, or from Bept. 1864 in the said Company and Regiment surrendered or discharge in the said of the sai	Give the arm and class B Battallon Carry upany and Regiment? a Apr. 1865. god from the Service? Flough Apr. 4. 1865, or discharged? Na Sir. reca I was at home on d to Smallpox or 15 days.
from 1801 to 1805. AFRY of Configuration where, and in what Company and Regiment did you enhalt of Service). September 1863 in Atlanta, Ga.—Co.—"Co.—Lete 5. How long did you remain in the actual Military Service with said Co. (Give date of discharge) about 2.0 monthis, ag. From 1897. 1865. 6. When and where wearyour Company and Regiment surrendered or dische Can't Say norlitively, as I had been greated a side of Life was was over before extilestation of my Corlound Can't Say norlitively. As I had been greated a side of the was was over before extrination of my Corlound Can't Say norlitively. As I had been remarked as the Can't Say norlitively, as I had been greated a side of the was was over before extrination of my Corlound Can't Say norlication. 8. Hyou were not setually present side specifically and clearly where you side the company of the say of of t	Give the arm and class B Battallon Carry upany and Regiment? a Apr. 1865. god from the Service? Flough Apr. 4. 1865, or discharged? Na Sir. reca I was at home on d to Smallpox or 15 days.
from 1801 to 1881. ATRY of Gonfed. States 4. When and where, said in what Company and Regiment did you enlist of Service). September 1863 An Atlanta, Ga.—Co.—Co.—Co.—Left. 5. How long did you remain in the actual Military Service with said Co. (Give date of discharge) about 2.0 monthing. Or from 8 sppt. 1863 - Co.—Co.—Co.—Co.—Co.—Co.—Co.—Co.—Co.—Co.—	Give the arm and class a Battalion— Gray appany and Regiment; a Apr. 1865 ged from the Service? Flough Apr. 4, 1865, or discharged. No. Sir. are. I was at home on d to Smallpox or 15 days. ugh had not expired
from 1801 to 1887. Array of Confred. States 4. When and where, and in what Company and Regiment did you enhalt of Service). September 1863 An Atlanta, Ga.—Co.—"Co.—Lete 5. How long did you remain in the actual Military Service with said Co. (Give date of discharges absetts 20 monthis, or From 1897t. 1863 to When and where was your Company and Regiment surrendered or discharge the was was over before arrivation of my 15 was sufficiently. See I had been remarked a stok for the was was over before arrivation of my 15 was sufficiently. Wen you beginned when the substitution. UNDER ACT 1910. Dead of the was was over before arrivation of my 15 was sufficiently. When and where was your Compand when you left it? At Maconi, Ga. When did you leave the Command? ABPLI 4, 1865 C. For what cause did you leave? Stok; and had been expose a ward of the company of the compa	Give the arm and class B Battalian— Caray, upany and Regiment; a Apr. 1865. ged from the Service? Flough Apr. 4, 1865, or discharged? Na Sir. or discharged? Na Sir. ugh had not expired
from 1801 to 1804 to 1	Give the arm and class B Battalion—Gray apany and Regiment; a Apr. 1865 ged from the Service? Flough Apr. 4, 1865, or discharged? No. Sir. """ d to Smallpox or 15 days. uph had not expired
When and where, said in what Company and Regiment did you enlist of Service) Suptamber 1863 in Atlanta, Ga.— Co.— Co.— Lee 5. How long did you remain in the actual Military Service with said Co (Give date of discharge, About 2.0 Learthing, Gr. Tron Bept. 1863 . Confederate Confederate Soldier's Application UNDER ACT 1910 UNDER ACT 1910 Learthing Owner of the Command when you left it? At Magon, Ga. When and where was your Command when you left it? At Magon, Ga. Learthing Owner was your Command when you left it? At Magon, Ga. Where was your Command when you left it? At Magon, Ga. When did you leaver the Command: Antil 4, 1865 For what cause did you leaver, Block; and had been expost d. By whose authority did you leaver, Company officers, a For how long was your leave gented? In what way? Either 12 A written leave. Learthing Owner of the Command ster leave expired? Purity of the Command when you had and when you get the Command of the Command when you had and when were you had and when were you prevented and when you get your command after leave expired? Purity is in what office and you was your command after leave expired? Purity is in what effort did you make to return. When effort did you make to return. Were your captured during the way. Mo Str. J. Were your captured during the way. Mo Str. J. Were your captured during the way. Mo Str. J. Wend to make the return of the property of a wery description was owned, in the use, possession and wife, and fire call value on the d. Nov. 1008? (Make list twicement and when and wife, and fire call value on the d. Nov. 1008? (Make list twicement and when you was and when you were you had and when were you had not wife, and fire call value on the d. Nov. 1008? (Make list twicement of which you was the call of	Give the arm and class a Bathalian— (Saly, pany and Regiment) o Apr. 1865. ged from the Service? Flough Apr. 4, 1865, or discharged! No Sir. were I was at home on d to Smallpox or 15 days. urcleased? urcleased?
When and when, sad in what Company and Regiment did you enlest of Bervice) Suplembar 1863 in Atlanta, Ga.— Co. "C"— Interest of Bervice) Suplembar 1863 in Atlanta, Ga.— Co. "C"— Interest of Bervice) Suplembar 1863 in Atlanta, Ga.— Co. "C"— Interest of Bervice) Suplembar 1863 in Atlanta, Ga.— Co. "C"— Interest of Bervice) Suplembar 1863 in Atlanta, Ga.— Co. "C"— Interest of Bervice) Suplembar 1863 in Atlanta, Ga.— Co. "C"— Interest of Bervice) Suppers of Bervice) Suppers of Bervice Ones About 20 Interest of Bervice Vision of Early 1863 (Give date of discharged ones of Bervice) Suppers of	Give the arm and class a Bathalian— (Saly, pany and Regiment) o Apr. 1865. ged from the Service? Flough Apr. 4, 1865, or discharged! No Sir. were I was at home on d to Smallpox or 15 days. urcleased? urcleased?
When and where, sad in what Company and Regiment did you enlist of Bervice) Replanhar 1863 in Atlanta, Ga.—Co. "?"—Interest of Bervice No. "Interest of Bervice No. "I	Give the arm and class a Bathalian— (Saly, pany and Regiment) o Apr. 1865. ged from the Service? Flough Apr. 4, 1865, or discharged! No Sir. were I was at home on d to Smallpox or 15 days. urcleased? urcleased?
Confederate Confederate Confederate Confederate Confederate Soldier's Application UNDER ACT 1910. What property of any wine your Command after leave expired. Purish that way were you performed and when were your Command after leave expired. In what way. Exther 12 Approved. Approved. Life is a part of the way were your command after leave expired. Purish that way were you performed and when your command after leave expired. In what way. Exther 12 Approved. Life is a part of the way were your command after leave expired. Purish that way were you percented. Life is a part of the way were your command after leave expired. Purish that way were you percented. Life is a part of the way were you percented. Requires no answer. Life is a part of the way were you percented. Life is that way were you prevented. Life is that way were you prevented. Life is that way were you percented. Life is the trained is the percented	Give the arm and class B Battalian Carry upany and Regiment? a Apr. 1865. ged from the Service? Flough Apr. 4, 1865, or discharged? No. Sir. rec. I was at home on d to Smallpox or 15 days. uph had not expired u released? und control of yourself area 5528.00- a. K. Chrmiture etc.
Confederate Confederate Soldier's Application UNDER ACT 1910 UNDER ACT 1910 Lests Datveller 19 What god its proventy of Street 19 Lests Datveller 19 What god its proventy of Street 19 Lests Datveller 19 What god its proventy of Street 19 Lests Datveller 19 What force during the war. No Str. Lests Datveller 19 Lests Datveller 19 What god its proventy of Street 19 Lests Datveller 19 What force during the war. No Str. J. Were you expured during the war. No Str. J. Was properly of every description was owned, in the use, possession and wife; and its eash value on the 8, Nov. 1908? (Male list by tiems and value.) What is and its eash value on the 8, Nov. 1908? (Male list by tiems and value.) Le wart is fand 350.00 (50 agraes) Lave atouk, washen, if	Give the arm and class B Battalian Carry upany and Regiment? a Apr. 1865. ged from the Service? Flough Apr. 4, 1865, or discharged? No. Sir. rec. I was at home on d to Smallpox or 15 days. uph had not expired u released? und control of yourself area 5528.00- a. K. Chrmiture etc.
Confederate Confederate Soldier's Application UNDER ACT 1910. Const. Damphell Const. D	Give the arm and class Battalian Carry pany and Regiment? a Apr. 1865. ged from the Service? Flough Apr. 4, 1865, ged from the Service? Flough Apr. 4, 1865, or discharged? Na Sir. rera I was at home on d to Smallpox or 15 days. urclessed? urclessed? urclessed? and control of yourself red \$528,00- t K. Curmiture etc.
Confederate Confe	Give the arm and class Battalian Carry pany and Regiment? a Apr. 1865. ged from the Service? Flough Apr. 4, 1865, ged from the Service? Flough Apr. 4, 1865, or discharged? Na Sir. rera I was at home on d to Smallpox or 15 days. urclessed? urclessed? urclessed? and control of yourself red \$528,00- t K. Curmiture etc.

12. What annual or monthly income or earnings of yourself and wife and the source derived have your flowing premion of any amount from this State or the United States? Yes Sir 25.0013. Any you flowing premion of any amount from this State or the United States? Yes Sir 25.0014. Here you were applied for the Georgia Pension and had it setued I and for what cause it, was not allowed. Mo Eds.

Second to and subscribed before me, this the 7th is of Ortic. 1912.

Ordinary,

Ordinary,

County.

Conserve 1. The Standard Conserve Conse
Community of Prints
ENTERED ROSTER OFFICE

b. When did you leave the Command? April 4, 1865 c. For what came did you leave, Bick; and had been exposed to Smallpox d. By whose authority did you leave? Company Officers. e. For how long was your leave granted? In what way? Either 12 or 15 days.

A written nears.

f. Why did you not return to your Command after leave expired. Purlough had not expired in that way were you presented. Requires no answer.

b. What effort did you make to return.

No Str.

What property of every description was owned, in the use, possession and control of yourself and wife; and its cash value on the 4. Nov. 1908? (Make list by items and value)

 **EXECUTE: 1 and 350.00 (50 acress) Live stock, wagon, H. & K. Curniture etc.

11. What property of any description of any kind, and of any value now owned and in the use possession and control of yourself and wife and its each value? (Make itemized list). About same as above (\$525,00) and a Sew \$111 worth \$135,00

13. Are you frawing a pension of any amount from this State or the United States. Yes Sir-25.00-14. Have you were applied for the Georgia Pension and had it rejured? and for what cause it was allowed? No Sir.

2. S. Smille

12. What annual or monthly income or earnings of yourself and wife and the source derived have

j. If so, when, and where? In what prison were you held and when were you released? Requires no answer.

What property of any kind have you or your wife disposed of and for what purpose since 4 Nov.,
 1906. To wham and for what price?

4. Were you captured during the war? No Sir.

7th day of Oct. 1912.

\$178.00-

	Q 4
	QUESTIONS FOR WITNESS AS TO SERVICE.
	STATE OF GEORGIA, Campbell County.
	W. G. Masori of said State and County is hereby presented
	as a witness in support of the application of G. S. Smith for the pension provided
×-5.	by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:
(y)	1. What is your name and where do you reside! H. G. Mason In Camphell Co.
	2 Row long and since when lieve you known. G. S. Smith the applicant?
Mc	re than 52 tears, or since before 1860
	3. Where does he now reside, and since when has he been a bons fide, continuing resident in this
	State and how do you know? In Campbell Co. Ga More than 52 years to my know
ec	180
	4. When, where and in what Company and Regiment did. G. S. Smith enlist during
. 1 a	war from 1861 to 1885? (Give date and place). He loined my Company in Sep. 1863 in At nata, Ga. The Company was Co. "C"- Iree's Battelion - Cav'y. 5. How did you dothan your information of this Service. I smlisted before applicant d. in said Company, and served with him until just before surrender.
	6. How long within your own personal knowledge did he perform actual military service with
bef surr sent ice	this Company and Regiment? (give date) about 19 Or 20 months, or from Sep. 1863
bef	service, 2 or 3 months before surrender & was in Atlanta at surrender. 10. Was the applicant personally present with his Command at surrender. Can' say positive the law at I was detached as stated, but know he was with Co. afowore was removed to the same of
	I saw him in service just a few days before surrender, but think he we at home on such furlough at immediate time of surrenders, r. of hyper diche leave his Command. Only a short time betweek was his Command when he left it. for what cause did he leave? L. oan't say pusi-
	tively as I was on detached service as stated. By whose authority did he leave
	long was he granted leave? Explained above How do you know
	all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)IServed, wit
	applicant about 19 or 20 months.
	 In what way was he prevented from returning to his Command? REGALTERING/RENEZ/KE. Can't bay explained above How do you know
: /	14. What effort did he make to return to his Command and how do you know? Can't say, but
	am satisfied he was at home on sich unexpired furlough
	15. Was applicant captured as a prisoner. No Sir If so, when and where? Requires no An
	at so, when and where?

Sworn to and subscribed before me, this the

...Ordinary, of Campbell

.County

...191 2.....

The Sur Zorice

ys that they are free		and P. S. Jacobs who of and we know G. S. Saith	
d wife and of its cash	value to wit: (Make List by	items and value.) 50 cores of land 0: H. & K. furniture etc \$10	VA
· .			
1. What prope		ven away by the applicant or his wife since	
2. When and t	o whom was it sold or given t	o? Requires no answer.	
3. What was th	e price paid or stated to be pai	d?	
4. What relation	on is the party to applicant?		
5. What dispos	ition was made of the proceeds	s of the sale?	
		in good faith and full values?	_
	ain a pension?		
10th	bscribed before me, this the	J. E. Dodd	
11/1/11	day of Oct. 191 25	75 mi local	·
71,70.00	L'Zoriu,	Ordinary, wolf	
	ofCampbell	County.	
			-
<u>-</u>	ORDINARY'S	CERTIFICATE.	
ATE OF GEO	DRCIA 1		
	County		
Danie /			
De l	111 4		
I, Dr. S. S. sapplicant 1. S. S.	Me Lorine,	Ordinary of said County, certify that I	know

they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and

shows that 1/5 Success and wife for 1900 \$ 1/6 \$ 0.00 for 1910 \$ 60 \$ 0.00 for 1910 \$ 0.00 f

all swear applicant and all witnesses in the following words s make to each question asked you and the evidence you

love fleel

they are all truthful and trustworthy and their state.

Tax Results of Louis phele 64

value for tax is in 1908 \$ 5-2 POO

AFFIDAVIT OF TWO FREEHOLDERS.

war from 1861 to 1865? (Give date and place). He louined my Company in Sep. 1863 in Atlanta, Ga. The Company was Co. "C" Lee's Battalion - Cav'ly.

5. How did you obtain your information of this Service? I enlisted before applicant 3. What was the price paid or stated to be paid? 4. What relation is the party to applicant?..... did in seid Company, and served with him until just before surrender What disposition was made of the proceeds of the sale?..... 6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) about 19 Or 20 months, or from Sep. 1865 to

Just a short while before surrender Say him in service up until a fen

surrender when and where was his Command surrendered or discharged (give date and place)

surrender when all can't say positively, as I was on detached service in

vice t left him there) Atlanta when Gaul's less any account of the surrender when it is a surrender to the surrender when it is a surrender when surrender wh the disposition of this property made in good faith and full values? Sworn to and subscribed before me, this the J. E. Dade when I on detached can't say positively, as I was on detached service in this there) Atlanta when Gou'l Lee surrenderd.

8. Were you personally present at the Surrender! I was paroled in Atlanta in Apr. W. S. W. Lotice, Ordinary, F.S. or May 1365, after the surrender. I had been placerd on detached of Campbell ...County. service, 2 or 3 months before surrender & was in Atlanta at surrender. 10. Was the applicant personally present with his Command at surrender. Can' Say positive days before skr rangergre was he and how came him there. I saw him in service just a few days before surrender, but think he was at home on sich furlough at immediate time of surrender, about Mar. 12. When die leave his Command? Only a short time before was his Command. ORDINARY'S CERTIFICATE. ATE OF GEORGIA, for what cause did he leave? I ... can't ... say ... posi-Sue Lorine tively as I was on detached service as stated.

By whose authority did he leave. ...Ordinary of said County, certify that I know long was he granted leave? Explained above the applicant 1.5. Switch, for Pension is the person he represents himself to be and resides in said County. That I also know 11. 4. 5. 10. the witness swearing to the service and 1.6. 5.0.4.4 4.5. 10. 10. who are freeholders, thatHow do you know all that you have stated to be true? It of your own knowledge (Tell clearly and specifically)...I...served. with applicant about 19 or 20 months. who are inventions, they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of Saur full the shows that I.S. Saur and wife 13. In what way was he prevented from returning to his Command? REGULTER XRGZEDE XXX Can't say explained above they are all truthful and trustworthy and their state

Tax Results of Court of the State 14. What effort did he make to return to his Command and how do you know? Can't say, but sorryunder my hand and official seal of office this 10 2 tay of Oct 1912 am satisfied he was at home on sich unexpired furlough value for tax is in 1908 \$ 5-2 700 15. Was applicant captured as a prisoner No Sir If so, when and where? Requires no Ans Ordinary bell Sworn to and subscribed before me, this the NOTES 1. Before any quarter of the shall give shr rwared the Ordinary shall swher applicant and all witnesses in the following words:

If the following surveys make to each question asked you and the evidence you

of this property of the following surveys the surveys of the following surveys of The Su Love191 2...... ...Ordinary, of CampbellCounty NAME -SMITH, G. S. YEAR 1913 COUNTY Compbell NAME Smith, George S. YEAR 1909 COUNTY Campbell July 4,1845, Georgia - (67) years. WHEN AND WHERE BORN? WHEN APD WAFRE BORN? July 4, 1844 - Resident of Georgia since date ENDISTED WHEN AND WHERE? September 1863, Atlanta, Ga. of birth. ENLISTED WILL AND WHIRE? September 16, 1863 - Georgia RANK RANK. COMPANY AND REGIMENT? Company C, Lee's Battalion Cav. COMPANY AND RECIMENT? Company C, Lee's Bat. Ga. Vols. NAME OF CAPTAIN AND COLONELS NAME OF CAPTAIN AND COLONEL? H. A. McLarin - Lieutenant Left Command, April 4, 1865, Macon, Ga. WOUNDED? Sick - had been exposed to smallpox and was granted a sick furlough., for 12 or 15 days. WOUNDED? October 1863 was thrown from horse while in the Confederate service in North Carolina. The fall from horse caused dislocation of left wrist joint, and badly injured whole of left arm. Have suffered from said fall ever since the war, and now, on account of same am CAPTURED, WHEN AUD WHERE? unable to perform manual labor. CAPTURED, WHEN AND WEERE? RELEASED: RELEASED. WHEN AND WHERE SURRENDERED? Does not state when or where. WHEN AND WHERE SURRENDERED? Does not know when or where command IF NOT PRESENT AT SURRENDER, BREEF SERE TOU? surrendered. At home, having been furloughed and the IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home on sick furlough. surrender came before expiration of furlough Just a few days before the surrender, the officers sent him home on sick furlough, and after being home for about 5 days, Lee surrendered. Discharged Ann Haker 1865. DIED, WHEN AND WHERE? - ac BURIED: BURTED. WITNESSES: W. G. Mason - same service -

SB.

2. When, where and in what Company and Regiment did

WITNESSES. H. A. McLarin, 2nd Lieut. then 1st Lieut. - same command.

No data.

...enlist during

WHEN AND WHERE BORN?

July 4,1845, Georgia - (67) years.

ENLISTED WHEN AND WHERE? September 1865, Atlanta, Ga.

RANK

COMPANY AND REGIMENT? Company C, Lee's Battalion Cav.

NAME OF CAPTAIN AND COLONEL?

Left Command, April 4, 1865, Macon, Ga. WOUNDED? Sick - had been exposed to smallpox and was granted a sick furlough., for 12 or 15 days.

CAPTURED, WHEN AND WEERE?

RELEASED:

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

IF NOT PRESENT AT SURRENDER, WHERE WERE TOUT At home having been furloughed and the

DIED, WHEN AND WHERE?

surrender came before expiration of furlough

BURIED:

WITNESSES: W. G. Mason - same service -

NAME Smith, George S.

YEAR 1909 COUNTY Campbell

WHEN AND WAFRE BORN? July 4, 1844 - Resident of Georgia since date of birth.

ENLISTED WHEN A'D WHERE? September 16, 1863 - Georgia

COMPANY AND RECHMENT? Company C, Lee's Bat. Ga. Vols.

NAME OF CAPTAIN AND COLONEL? H. A. McLarin - Lieutenant

WOUNDED? October 1863 was thrown from horse while in the Confederate service in North Garclina. The fall from horse caused dislocation of left wrist joint, and bedly injured whole of left arm. Have suffered from said fall ever since the war, and now, on account of same am CAPTURED, WHEN AUN WHERE? unable to perform menual labor.

RELEASED.

WHEN AND WHERE SURRENDERED? Does not know when or where command

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? At home on sick furlough Just a few days before the surrender, the officers sent him home on sick furlough, and after being home for about 5 days, Lee surrendered. Discharged April 1865.

BURTED.

WITNESSES. H. A. McLarin, 2nd Lieut. then 1st Lieut. - same command.

NOTES.

In order to avoid unnecessary dalays to applicants, and to enable all parfies interested to undetstand the laws granting illowances to disabled soldiers, as well as the rules adopted by the Governor touching the psyments provided, the following suggestions are submitted:

1. If an applicant has been wounded, the description of the wound should be carefully and fally set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted disability by positive proofs to the service, isory of the disease slaguid be given, tracing the 2. The law makes no allowance for an arm or leg, unless the arm or leg has been 3. It will not answer to right has a min is "substantially useless." 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 useless." A lift papers are returned for correction, and amendments are added to any of the show that the amendments have been duly sworn to before an officer, and the proofs must be. Been applicant. The certificate of any other will not be received in any case.

6. Brevy application must be certified by the Ordinary of the county of the residence of the several counties are specially requested to call the attention of the physicians and applicants to these points.

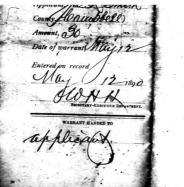
7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Dept.

No. 283 3 Application for allowance.

Applicant 102 Consist.

County Massesbell Amount, 30 Laux



trui is "substantially useless for ordinary pursuits the clause of the Act in reference to the arm or "substantially and essentially useless." tion, and amendments are added to any of the under oath before an officer, and the proofs must

e Ordinary of the I not be received in

case.

to applicants, and to enable all parfies i es to disabled soldiers, as well as the rule-rovided, the following suggestions—re as I, the description of the wound should be sician, and followed by a plain statement pplicant claims disability from disease co-usiony of the disease shauld be given, tru-

I should be carefully u statement of facts u disease contracted e given, tracing the

has beer

NOTES.

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

1. If an applicant has been would, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facilities in the service, a full and carefully as the state of the service.

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

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is unfailed and assume that an arm is substantially useless."

4. If papers are rendered share been duly sworn to.

5. 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.

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

7. No payments can be made for any past year.

8. W. H. HARRISON,

Clerk Ex. Devi.

W. H. HARRISON,

Clerk Ex. Dest.



For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA, PERSONALLY appears of the continuously since the day of resident of said State, and has been continuously since the resident of said State, and has been continuously since the day of 18 He; that he enlisted in the military service of the Confederate States (or of the State of 18 He; that he enlisted in the military service of the Confederate States, and served as a in Company O, of /2 th Regiment of N. Volunteers in Company O, of /2 th Regiment of N. Volunteers Brigade; that whilst engaged in such military service, at the battle of day of the state of N. O, on the day of N. State of N. O wounded as follows: I not by a cose theoreth the near ball exclusive on left pides of comming out on right oide of from the effects of to id to continue the property of the project of the project of project of the 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 thereunder ending October 26, 1890. Sworn to and subscribed before me, this the R. G. Bravers, Ordinary 2 MA

Note. - State fully nature of wound or character the disability. If chain is based on disease give full of

SCommissioned Officer's Affidavit.

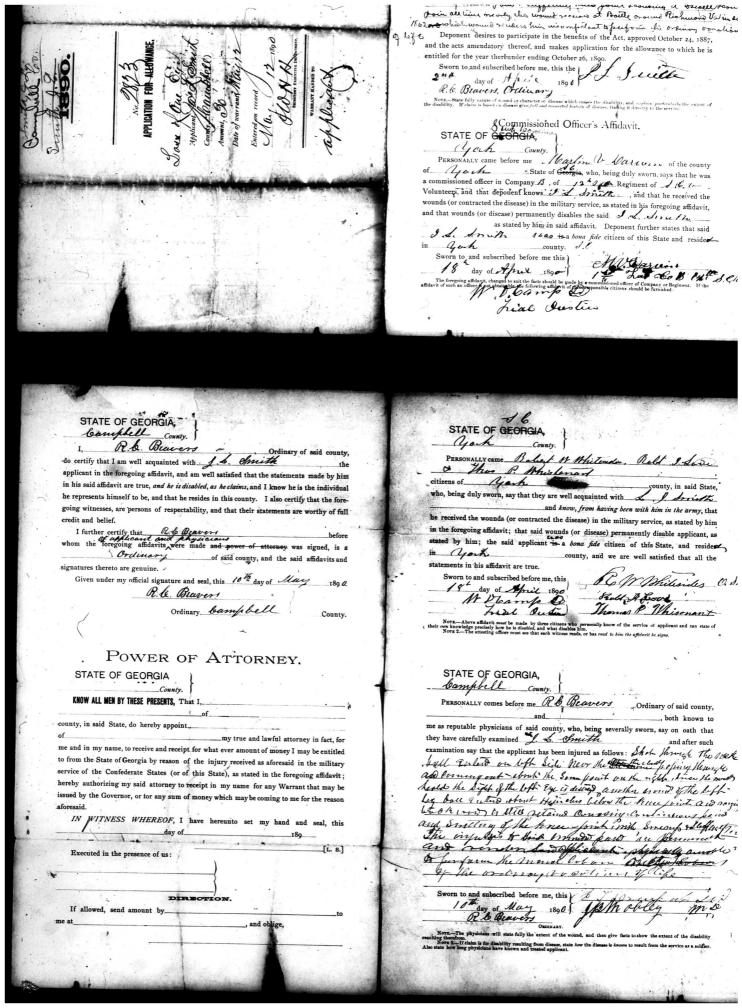
(york County.

PERSONALLY came before me least to Warren of the country of State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company B, of 12 1 Regiment of 16 10 Volunteers, and that deponent knows it describes and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said

as stated by him in said affidavit. Deponent further states that said I.d. Smith 1440 is a bona fide citizen of this State and reside John

Sworn to and subscribed before me this

Trial dusties



STATE OF GEORGIA County. KNOW ALL MEN BY THESE PRESENTS, That I, of county, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Executed in the presence of us: [L. S.] Executed in the presence of us: 16 allowed, send amount by me at , and oblige,	STATE OF GEORGIA, County. Personally comes before me Rb Beavers Ordinary of said county, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Lb. Serveth and after such examination say that the applicant has been injured as follows: Short through the such examination say that the applicant has been injured as follows: Short through the such examination say that the applicant has been injured as follows: Short through the such examination say that the applicant has been injured as follows: Short through the such that the state of the such that the same that the such that the
STATE OF GEORGIA, Loupland County, I. R. lo. Recovery Ordinary of said County, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and 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. D. Berney of said County, and the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this R. B. Berney Ordinary Ordinary County.	STATE OF GEORGIA. Lower beel County. I. Pl. Beoouth do certify that I am well acquainted with J. Somith 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 J. day of Morach 1892 R. B. Brawyns Ordinary County.
Application for Allowance The 1326 The 1326 Applicant of Allowance Applica	SOLDIER'S PENSION. 1892. FOUR THE VEALE EXPLINE OF TOTALE PARTIES. Name of Soldwith Some of Soldwith Soldwit
STATE OF SEORGIA. FOR SALLY STATE OF SEORGIA.	For Applicants Mereconous Weal Carabultang a property of the OF GEORGIA graduity reconstruction of the OF GEORGIA



For Applicants Heretofore Allowed Pensions.

SOLDIER'S PENSION.

1892.

FOR THE VEALE EXPLINE OFFINENCE.

County COULD'S PENSION.

Distributy of old of Pension.

Name of Could Mac letter on proord

Entered on proord

N. H. HARRISON.

W. H. HARRISON.

Soften Dispersion.

ACCIENT.

ACCIENT.

For Applicants

Light-of-ceord

For Applicants Heretofore Allowed Pensions.		
STATE OF GEORGIA,		14.00
Compbell county		
PERSONALLY appears J. L. Suich of Compbale		100
County State of Georgia who being duly		L
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and		l
resident of said State, and has resided therein continuously ever since the		
day of July 1866; that he enlisted in the military service of the Con-		
ederate States (or of the State of South Corolino) during the war between the		L
States, and served as a Give in Company B of 12 th Paris		
of South Corolino Volunteers My goroons 's Brigade: that whilst engrand	,	ı
in such military service at the battle of Shorpsbury in the State		
of Morston on the 19 day of Leptember 1862 homes		ı
wounded as follows: That through the near with a		Λ
minima Ball cousing loss of right in		
my left lyty		ı
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The second secon		
	. 1	
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 or the year ending October 26, 1891. I have heretofore been allowed a pension of dollars, for 890 Sworn to and subscribed before me, this, the		
RE Bravers Ordinary		
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of disease.	.	
POWER OF ATTORNEY.	1	
	- 1	
TATE OF GEORGIA,	1	
County. \	- 1	
Know all Men by these Presents, That I,		
County, State of Georgia, do hereby appoint	1	
,, and a series, and mercey appoint	1	
my true and lawful attorney in fact, for	1	
e and in my name, to receive and receipt for whatever amount of money I may be entitled from the State of Georgia by reason of the injury received as aforesaid in the military service the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authoriz- g my sfid aitforney to receipt in my name for any Warrant that may be issued by the Gover- ty, 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	- 1	
day of1891.	1	
[L. S.]	1	
Executed in the presence of us:	- 1	
The second secon	٠.	
	- 1	
The state of the s	- 1	
DIRECTION.	- 1	
Send money to me as follows, by	- 1	

		a market property and		177
For Applicants	Heretofore A	Allowed P	ensions.	
Compbell	County			
PERSONALLY appears	J. L. Am	ch	1	
of leaufacel	County, State of G	eorgia, who, being	duly sworn, says	
on oath that he is a bona fide co	day of July	gia, and has been	such continuously	
in the military service of the Co	onfederate States (or of the	State of South	Carolina	
during the war between the Sta of 12 th Regiment of	ates, and served as a	Private	in Company B.	
Brigade; that whilst engaged in	such military service at the	battle of Oho	Sobrese s	
Deplimber	, on the	d as follows: 5	hot chrowy	1
he has lost it	on the effection of his	left ly	d would	5
	1001		-	
Decrees desire to an in-	pate in the benefits of the A			
the year ending October 26, 189	Dollars for	allowance to which allowed a pension of		
Sworn to and subscribed b	1892. J.	Shuth		
Note.—State fully nature of wound extent of the disability.	Ordinary, for character of disease which cause	ses the disability, and e.	plain particularly the	
POWE	ER OF ATT	OENEY		
STATE OF GEORG			•	
STATE OF GEORG	County.			
Know all Men by these I				
	of			
County, in said State, do hereby				
of	my	true and lawful att	orney in fact for	
me and in my name, to receive from the State of Georgia by re- the Confederate States (or of th my said attorney to receipt in m or for any sum of money which	ason of the injury received a ason of the injury received a is State), as stated in the fo y name for any Warrant the may be coming to me for the	mount of money I mas aforesaid in the regoing affidavit; he at may be issued by the reason aforesaid	ay be entitled to	_
IN WITNESS WHERE	OF, I have hereunto set my	hand and seal this_		
day of	1892.			
Executed in the presence of	us:		[L. s.]	1
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	DIRECTION			

County, Georgia.

Sworn to and subscribed before me, this, the 19th day of February 1891. R. E. Bravers Ordinary	Sworn to and subscribed before me this the 8 th day of more 1892.
R & Branes (Bodieson	R. C. Beavers Ordinary.
Nora.—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.	Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA,	STATE OF GEORGIA,
County.	.County.
Know all Men by these Presents, That I,	Know all Men by these Presents, That I,
ofCounty, State of Georgia, do hereby appoint	County, in said State, do hereby appoint
of my true and lawful attorney in fact, for	of
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service	from the State of Georgia by reason of the injury received an account of money I may be entitled to
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authoriz- ing my said attorney to receipt in my name for any Warrant that may be issued by the Gover-	my said attorney to receipt in my page for says Warrant the toregoing affidavit; hereby authorizing
nor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	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 of1891.	day of1892.
[L. S.]	[L. S.]
Executed in the presence of us:	Executed in the presence of us:
- Control of the Con	Commence of the commence of th
DIRECTION.	DIRECTION.
Send money to me as follows, by	Send money to me as follows, by
toP. OP. OP. O.	P. O.
	_County, Georgia.
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TATE OF GEORGIA.)	POWER OF ATTORNEY.
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TATE OF GEORGIA, Constitution of these Presents, That I & Donnal County State of Georgia, do hereby appoint	STATE OF GEORGIA, COUNTY. Know all Men by these Presents, That I, County, State of Georgia, do hereby appoint
TATE OF GEORGIA. Constitution of these Presents, That J. L. Somit County State of Georgia, do hereby appoint	STATE OF GEORGIA, COUNTY. Know all Men by these Presents. That I, County, State of Georgia, do hereby appoint of me and in my name to precive and receive for what is my true and lawful attorney in fact, for me and in my name to precive and receive for what is my true and lawful attorney in fact, for me and in my name to precive and receive for what is my true and lawful attorney in fact, for me and in my name to precive and receive for what is my true and lawful attorney in fact, for me and in my name to precive for what is my true and lawful attorney in fact, for me and in my name to precive for what is my true and lawful attorney in fact, for me and in my name to precive for what is my true and lawful attorney in fact, for my true attorney in fa
TATE OF GEORGIA, Composite Consty Know all Men by these Preserve, That I County State of Georgia, do hereby appoint County State of Georgia, do hereby appoint Mondal operations and receipt for whatever amount of imosory. I may be entitled to make State of Georgia by reason of the injury received as aforesaid in the military service of Confederate States (or of this State), as stated in the foregoing affairly; hereby suthorizing said attorney to receipt in my name for any Warrant that stay the Birtest by the Governor, or any sum of maney which may be coming to me for the reason aforesaid.	STATE OF GEORGIA, COUNTY. Know all Men by these Presents. That I, Of County, State of Georgia, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an interpresent
ATE OF GEORGIA, Compbell Comps.) Know all Men by these Presents, That I	STATE OF GEORGIA, COUNTY. Know all Men by these Presents. That I, of County, State of Georgia, do hereby appoint of me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be invaded the county of the c
TATE OF GEORGIA, County Classify Know all Men, by these Presents, That I County, State of Georgia, do hereby appoint County, State of Georgia, do hereby appoint Thought to the state of the state of Georgia, do hereby appoint Thought to the state of the state	STATE OF GEORGIA, COUNTY. Know all Men by these Presents. That I, of County, State of Georgia, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and 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 onney which may be comine to me for the states.
Know all Men by these Presents, That I County. State of Georgia, do hereby appoint County and in my name, to receive and receive for whatever amount of money. I may be entitled to me the State of Georgia physicas on of the injury received as a storesaid in the military service of Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing said attorney to receive in my name for any Warriant faith into the States of the Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing said attorney to receive in my name for any Warriant faith into the States of the Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing and attorney to receive in my name for any Warriant faith into the State of Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing and attorney to receive in my name for any Warriant faith into the State of Georgia, do hereby appoint the confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing and the confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing and attorney to receive the my name for any warriant that the state of the state of the state of Georgia, do hereby appoint the state of Georgia (the state of Georgia) and the state of Georgia (STATE OF GEORGIA, COUNTY. Know all Men by these Presents. That I, of County, State of Georgia, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be invalid in the military service of the Confederate
Room all Men by these Presents, That I & Dornal Know all Men by these Presents, That I & Dornal County, State of Georgia, do hereby appoint County, State of Georgia, do hereby appoint Monad County of the County o	STATE OF GEORGIA, COUNTY. Know all Men by these Presents. That I, of County, State of Georgia, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this. day of [L. S.]
TATE OF GEORGIA, Compbell Comby. Report all Men by these Presents, That I	STATE OF GEORGIA, COUNTY. Know all Men by these Presents. That I, of County, State of Georgia, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have bereunto set my hand and seal, this. day of 1894.
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STATE OF GEORGIA,

For Applicants Heretofore Allowed Pensions.

FOR Applicants He	eretofore Allowed Pensions.
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day of Mirch 1893.

STATE OF GEORGIA,

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Given under my official signature and seal, this 100 day sh more 1 1893

STATE OF GEORGIA.

POWER OF ATTORNEY.

For Applicants Heretofore Allowed Pensions,

STATE OF GEORGIA.

Those Aiready Enrolled.)

PERSONALLY appears & L. Smith of Complee 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 and resident of said State, and has resided therein continuously ever since the day of Lety. 1867; that he enlisted in the military service of the Confederate States (or of the State of S. C.) during the war between the States, and served as a low later in Company B., of 12 th Regiment of S. C. Volunteers Meether am 's Brigade; that whilst engaged in such military service at the battle of lay of the state of Meether and the state of law lay of the state of law wounded as follows: I wood short through the area wounded as follows: I wood short through the such state with the state of law area of the state of layers. I would while we would also should be stated that we would be stated that we would be stated that we would be stated to the state of layers. by a remain toll while an error of and the did not seek and to seek and to feel and out of meet, coming out on right aide and officer, left age to anch an extent or to ever a flet eye

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of dollars, for the year 189,

Sworn to and subscribed before me, this, the day of Me 3 1 1894. 1. 6. Seaver, Ordy

STATE OF GEORGIA,) Complete County.

do certify that I am well acquainted with L. & Sur ille 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 1894.

R. C. Beavers

Ordinary Campbell County

Affix pour seal here.

Ab. Boards State of the state o	Deponent desires to participate in the benefits of the Act, approved October 24th, 188 and the acts amendatory thereof, and makes application for the allowance to which he entitled for the year ending October 26, 1884. I have heretofore been allowed a pension dollars, for the year 189. Sworn to and subscribed before me, this, the land of the disability and september of the disability, resulting from the wound or character of disease which causes the disability, resulting from the wound or disease. STATE OF GEORGIA, Company of said County I, R. C. De one of the disability and an well satisfied that the statements made by hi in his said affidavit are true, and I know he is the individual he represents himself to and that he resides in this County. Given under my official signature and seal, this day of Morrel 1894. Age. Beauch Ordinary County Cou
POWER OF ATTORNEY. STATE OF GEORGIA, Campday County. KNOW ALL MEN BY THESE PRESENTS, That I, of. County, State of Georgia, do hereby appoint. of. my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this. Lawrant A J. Lawrant DIRECTIONS. Send money to me as follows, by to County, Georgia.	POWER OF ATTORNEY. STATE OF GEORGIA, County. I, hereby authorize of to receive and receipt for the pension paid hereon and request that he remit same to by at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1896. [L. S.] Executed in presence of us
SOLDIER'S PENSION, 1895. Name J. C. Chuick County County but Exerting Secretary Exercitive Department. RABLANT HANDED TO WARRANT HANDED TO W	SOLDIER'S PENSION. 1.80-756 SOLDIER'S PENSION. 1.896 RICHARD JOHNSON, RECHARD RECHARD TO DAMAGE.
	the state of the s

For Applicance Meretofore Allowed Pensiers STATE of Green.

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Soldier's Pension, Soldier's Pension, 1895.	ON W. HINTING TO TO ON W. HINTING AND THE ABOUT. STUTHEN J. S. C. L. L. S. C. C. L. L. S. C.	SOLDIER'S PENSION. 1896.	Name J. A. Lunt. County Corner of Gree Amount, s. 30 RICHARD JOHNSON,	WARBAST LANDED TO WARBAST LANDED TO Core W. Larring, Rose France, Admin.
				maid describing to access of their consensus.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, personally appears J. d. Smith 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 and resident of said State, and may resident interient continuously ever since interior day of July 1866; that he enlisted in the military service of the Confederate States (or of the State of Fourth (Broting)) during the war between the States, and served as a linear in Company 8, of 2th Regiment States, and served as a Characte in Company 3, of 2th Regiment of Brut Curching Volunteers, Milorum 's Brigade; that whilst engaged in such military service at the battle of Thangshary in the State of Mary land, on the 1th day of Thumbur 1862, he was wounded, as follows: I was shad in the reck on the tright thicke coming out on the right with saile Cauring me to love my signs in light eye in sail of Buttle. 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 Sharty Sworn to and subscribed before me, this, the

14th day of march _1895. ∫ R. Q. B. LAVENY S.

Nore-State fully the nature of wound or character of dise
of the disability, resulting from the wound or disease.

STATE OF GEORGIA, County.

I, / A. C. Bearers do certify that I am well acquainted with J. L. Smith 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 14th day of march 1895.

Rle Beway

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for applicants Heretofore Allowed Pensions.
STATE OF GEORGIA.
Complete County.
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personner uppears of
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
that he enlisted in the military service of the Con-
federate States (or of the State of S, C) during the war between the
States, and served as a Wallington Company B, of 12 th Regiment
a brigade; that whilst engaged
in such military service in the State of Med, on the 17 day
of de bt 1862 he was wounded, injured or diseased as follows: "Win
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was of my left sign, and in every
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Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1896. I have heretofore as a resident of
Complete county been allowed a pension of Their Cy
dollars, for the year 189 6.
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26 day of Fr & 1800 - 2, 2 / 1000 -
a la Aran Ora
Note-State fully the nature of wound or character of discovering
Norz-State fully the nature of wound or character of discape which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
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STATE OF GEORGIA,
Compare County.
1. R. C. By
do certify that I am well acquainted with I fur 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 26

your seal bere.

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 Thereof and subscribed before me, this, the Sworn to and subscribed before me, this, the day of March 1895. Rub Janon 1895. Norze-State fully the nature of vound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County, I, A. G. Barrero Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 1 ATC day of March 1895. Ale Brunny Ordinary County.	Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of County of the year 1896. Sworn to and subscribed before me, this, the Law of the disability, reading from the wound or character of disease, which causes the disability, and explain perticularly the extent of the disability, reading from the wound or disease. STATE OF GEORGIA, County. L. R. C. Law of Law of County, do certify that I am well acquainted with Law of County, do certify that I am well acquainted with Law of La
POWER OF ATTORNEY. STATE OF GEORGIA, County. I. hereby authorize of to receive and receipt for the pension paid hereon and request that he remit same to by at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of. 1897. [L. s.] Executed in presence of	POWER OF ATTORNEY. STATE OF GEORGIA,
INVALID SOLDIER'S PENSION. 1887. Name & Abrieth County George & Amount, \$30 Amount, \$30 Amount, \$30 Amount, \$40 RICHARD JOHNSON, RICHARD JOHNSON, AMOUNT, SAMORD TO AMOUNT, SA	SOLDIER'S PENSION. INVALID SOLDIER'S PENSION. ISBOR. Name A.C. Coccocit. County Coccocit. Amount, & Coccocit. Amount, & Coccocit. Amount, & Coccocit. Oranda Na Inayler To Commissioner of Practice. WARRAN'S INAYLER D. OF COCCOCIT.

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SOLDIER'S PENSIO SOLDIER'S PENSIO RICHARD JOHNSON, No. 2345 1897. RICHARD JOHNSON, 1898.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, County. Dersonally appears J. L. Smith of Camp bell 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 H
day of 1867; that he enlisted in the military service of the Confederate States (or of the State of Carolina) during the war between the
States, and served as a in Company B", of 12 th Regiment
of Carolina Volunteers, M. Horovauc is Brigade; that whilst engaged in such military service in the State of Manyland, on the 17 day in such military service in the State of Property of Sept. 1862, he was wounded, injured or diseased of follows:

A build entered on the left side of may nearly the come out on the night side thereby cause ing my left type to go out, I have never then lable to see out of a power.

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 Sworn to and subscribed before me, this, the 1897. POST OFFICE Monf. Ga

Rl. Brans Ords Note-State fully the nature of wound or character of disease which of the disability, resulting from the wound or disease.

STATE OF GEORGIA, Campbell County.

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

Given under my official signature and seal, this 19 Zd day of Teby 1897. R& Beavers

Ordinary Campbell

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, Countribeel County. Dersonally appears J. L. Smith 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 Secret 1847; that he enlisted in the military service of the Confederate States (or of the State of S. C.) during the war between the States, and served as a Service of Secret in Company F., of 12th Regiment of S. C. Volunteers, McToware 's Brigade; that whilst engaged in such military service in the State of 101d., on the 17 of left 1862, he was wounded, injured or diseased as follows:

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Marie of Short other while ier service at the

touch of Short bury Med are faith & Sight

1/1186 has obvor stand and are account look the sight of my left eye 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

and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of county been allowed an invalid pension of Dollars, for the year 1894.

Sworn to and subscribed before me, this, the law of the day of the year 1894.

1898. Prost-office Modern Resident County been allowed an invalid pension of the year 1894. R. C. Bravers, Ordig

Note. Note 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, OR. C. Beavery I, Ordinary of said County, do certify that I am well acquainted with f. Lewiste 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 _______1898.

Affix FOUT Mail here.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1892. Sworn to and subscribed before me, this, the day of Filth Post of Office Mark, Take 1897. Post of Office Mark, Take 1897. Post of the disability, and ceptain perticularly the extent of the disability, resulting from the wound or classes which causes the disability, and ceptain perticularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. I, Ordinary County. Given under my official signature and seal, this day of Them. Given under my official signature and seal, this day of Them. Ordinary County. County. County. County.	Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of
POWER OF ATTORNEY. STATE OF GEORGIA, County. I. hereby authorize of to receive and receipt for the pension paid hereon and request that he remit same to by at IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1899. [L. S.] Executed in presence of	POWER OF ATTORNEY. STATE OF GEORGIA,
Camplett Co. Camplett Co. No. 2614 INVALID SOLDIER'S PENSION. ISSO. Name J.S. JENALA. County Claim Mill Disability 24 CPU Amount, \$20 Amount, \$20 County Claim Mill Disability 24 CPU Amounty Claim Mill Mill Amounty Claim Mill County Counteiner of Praises. WARREAFT HANDED TO CMALA. Agen. " INDROMENTY HANDED TO CMALA. Agen. " INDROMENTY HANDED TO CMALA.	Solidier S. Solidi

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Camplett Co. Camplett Co. Consenter that INVALID SOLDIER'S PENSION. ISBO. Name J.A. AMALLA County County Ly Coult Disability Ly Coult Amount, s. 20 Amount,	SOLDIER'S PENSION. INVALID SOLDIER'S PENSION. INVALID SOLDIER'S PENSION. IDEADILY THE LINDSEY, JOHN W. LINDSEY, JOH
For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County. Personally appears A Month of Campbell County, State of Georgia, who being duly sworm, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the H day of July 1867; 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 month of Journal in Company of Ath Regiment of States, and served as a fine company of Ath Regiment of States, and served as a fine company of Ath Regiment of States, and served as a fine company of Ath Regiment of States, and served as a fine company of Ath Regiment of States, and served as a follows: In the battle of May be a short in the nucle of the battle of the state of t	For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, Jampbell County. Dersonally appears A Amilto 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 4 day of 1864; 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 Drunts in Company B., of 12 th Regiment of Sunth Bearling Volunteers, Durely 's Brigade; that whilst engaged in such military service in the State of on the 1 day of 1862 he was wounded, injured or diseased as follows: In the buttle of Shorts bury in the State of M. Short with amintment bulk through my much canton me to look the short of the try grown out canton me to look the short of the pension to which he is entitled for the year. Deponent makes application for the pension to which he is entitled for the year.
ing 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 Sworn to and subscribed before me, this, the day of Hermany 1899. Post office Monk of Hermany 1899. Post office Monk of State white the wond of disease which causes the disability, and explain particularly the extent of the disability resulting from the wond or disease. STATE OF GEORGIA, County. I. J. J. Stathman Ordinary of said County, do certify that I am well acquainted with Amban 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.	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 County been allowed an invalid pension of Dollars, for the year 1894. Sworn to and subscribed before me, this, the Source of the year 1894. And yof Juhrany 1900. POST OFFICE Sund from The York of County and explain perticularly the estate of the disability resulting from the would or disease. STATE OF GEORGIA, County. County. County that I am well acquainted with from the world or disease. I would cortify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
Given under my official signature and seal, this 6 day of Jubruary 1899. 1899. Ordinary Clamp bell County.	Given under my official signature and seal, this day of Juhrnury 1900. And day of Juhrnury 1900. Ordinary Juhrhuns Ordinary Juhrhy County.

Ordinary deampbell

POWER OF AITORNES

ing 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 law subscribed before me, the law subs	ending October 26th, 1900. I have heretofore under said law as a resident of Country been allowed an invalid pension of Dollars, for the year 1899 Sworn to and subscribed before me, this, the Dollars, for the year 1899 Sworn to and subscribed before me, this, the Dollars, for the year 1899 Sworn to and subscribed before me, this, the Dollars, for the year 1899 Sworn to and subscribed before me, this, the Dollars, for the year 1899 Sworn to and subscribed before me, this, the Dollars, for the year 1899 Sworn to and subscribed before me, this, the Dollars, for the year 1899 Sworn to and subscribed before me, this, the Dollars, for the year 1899 Sworn to and subscribed before me, this, the Dollars, for the year 1899 Sworn to and subscribed before me, this, the Dollars, for the year 1899 Sworn to and subscribed before me, this, the Dollars, for the year 1899 Sworn to and subscribed before me, this, the Dollars, for the year 1899 Sworn to and subscribed before me, this, the Dollars, for the year 1899 Sworn to and subscribed before me, this, the Dollars, for the year 1899 Sworn to and subscribed before me, this, the Dollars, for the year 1899 Sworn to and subscribed before me, this, the Dollars, for the year 1899 Ordinary San 1899 Ordinar
POWER OF ATTORNEY. STATE OF GEORGIA. County. I hereby authorize of to receive and receipt for the pension paid hereon and request that he remit same to by at IN WITNESS WHEREOF, I have hereunto set my hand and seal this. day of [L. S.] Executed in presence of	POWER OF ATTORNEY. STATE OF GEORGIA. County four County. 1. J. June County. 1. S.] Executed in presence of 1. June County. 2. June County. 2. June County. 3. June County. 4. June County. 4. June County. 4. June County. 4. June County. 5. June County. 1. June County. 2. June County. 3. June County. 4. June County. 4. June County. 4. June County. 4. June County. 5. June County. 5. June County. 5. June County. 6. June County. 6. June County. 6. June County. 6. June County. 7. June County. 8. June County
SOLDIER'S PENSION. No. 2607 DISABLED SOLDIER'S PENSION. IBOU. Name of Courty Courty Courty Courty Disability Courty MARANT HANDED TO WARRANT HANDED TO GOV. T. Berrier, sent frame, answer. WARRANT HANDED TO GOV. T. Berrier, sent frame, answer.	SOLDIER'S PENSION No. 469. No. 469. No. 469. No. 469. Name DISABLED SOLDIER'S PENSION TOOMIN, S. T. Segment 2 T. Segment 2 T. Segment 3 T. Segment 4 T. Segment 4 T. Segment 4 T. Segment 5 T. Segment 5 T. Segment 6 T. Segment 7 T. Segment 7 T. Segment 7 T. Segment 8 T. Segment 7 T. Segment 8 T. Segment 1 T. Se
For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County. Bet southly appears South, with heigefully worth, Front State in the Armytha cities in the state of	STATE OF SECONDS COMMENDED TO VERNING STATE OF SECONDS COMMENTS

FOR APPLICANTS HERETOFORE ALLOWED DENSITY

SOLDIER'S PENSIO DISABLED 1902. DISABLED No. 469. SIRPLOS A ... STATE OF GEORGIA, SIVER TEOPOR For Applicants Heretofore Allowed Pensions. FOR APPLICANTS HERETORGUE ALLOY For Applicants Heretofore Allowed Pensions. FOR APPLICANTS HERETOFORE ALLOWED PENSIONS STATE OF GEORGIA, STATE OF GEORGIA, Complice County. County. onally appears J. L. Lucille f. L. Swith County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen 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 1847; that he enlisted in the military service of the Confederate States (or of the State of 5. C.) during the war between the
States, and served as a lower in Company 1, of 2 th Regiment day of 1867; that he enlisted in the military service of the Confederate States (or of the State of in Company 1970), of 1970 the Regiment of 1970 the Regim tes, and served as a low in Company of the Regiment S C. Volunteers, the Low s Brigade; that, whilst engaged in such military service in the State of uy, on the // day in such military service in the State of 24. in such military service in the State of MG, on the / day
of left 1862, he was wounded, injured or diseased as follows:

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Money to be 186 2-, he was wounded, injured or diseased as follows: of Jeft 1862, he was wounded, injured or diseased as follows:

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buff 117, 1862 or others states

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wounded to bot = fort wown of avoid 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 year endending October 20th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1901. ing October 26th, 1901. I have heretofore under said law as a resident of _County been allowed an invalid pension of Dollars, for the year 1901.

Sworn to and subscribed before me, this the last the la Sworn to and subscribed before me, this the day of Fu by 1901. Postoffice Moull Mr. S. M. Lovier Ording 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. Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain partic the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County. Come & beer County. Ir, S. we Love do certify that I am well acquainted with J. L. See case do certify that I am well acquinted with J. F. Sur The the applicant in the foregoing affidavit, and am well satisfied that the statements made by him 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 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. and that he resides in this County. Given under my official signature and seal, this day of 1902 Given under my official signature and seal, this 1. Sue For Come free County. Norz.—Fill all blanks and of Company and Regiment.
Norz.—All vouchers and affidavits must bear date after January 1, 1902. Ordinary Complete OF GEORGIA POWER OF ATTORNEY POWER OF ATTORNEY

Deponent makes application for the pension to which he is entitled for year end-	Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of
October 26th, 1901. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1800.	County been allowed an invalid pension of
County been allowed an invalid pension of	Dollars, for the year 1901.
Sworn to and subscribed before me, this the	Dollars, for the year 1901. Sworn to and subscribed, before me, this the
1 st day of Fee by 1001 Prosess We will by	18 day of Jany 1902. Post-office 1 to . 2
Sworn to and subscribed before me, this the Af Daville 1 3t day of Fuby 1901. Postoffice Ment Men 18 fue N. S. M. Lorin, Only	M. S. M. Lovin, Gray
Norn. State fully the nature of the wound or character of disease which saves the disability	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.
arly the extent of the disability resulting from the wound or disease.	STATE OF GEORGIA.
TATE OF GEORGIA,	Compbergounty.
County	Complete County. In S. We Lory Ordinary of said County, do certify that I am well acquainted with J. L. Survive
I, W. J. Me form Ordinary of said County,	do certify that I am well acquainted with I. L. Service
County. County. County. County. County. County. Ordinary of said County, o certify that I am well acquired with fr. for the	the applicant in the foregoing affidavit, and am well satisfied that the statements made by
pheant in the foregoing amdavit, and am well satisfied that the statements made by him	him in his said affidavit are true, and I know he is the individual he represents himself to
his said affidavit are true, and I know he is the individual he represents himself to be ad that he resides in this County.	be and that he resides in this County.
Cincillation of the Country of the C	Given under my official signature and seal, this day of 1902.
Given under my official signature and seal, this	Sales Tr She Tomas
day of 3 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	day of 1902 11 She Torrior County.
Ordinary Complete Country	Norz.—Fill all blanks and of Company and Regiment. Norz.—All rouchers and affidavita must bear date after January 1, 1902.
day of February 1901 N. S. Mc Form Ordinary Complex County.	0.4
POWER OF ATTORNEY	POWE OF ATTOUNEY
POWER OF ATTORNEY	POWER OF ATTORNEY
The state of the s	POWER OF ATTORNEY.
STATE OF GEORGIA,	
STATE OF GEORGIA, County.	STATE OF GEORGIA,
STATE OF GEORGIA,	
County. } I, hereby authorize	STATE OF GEORGIA,
County. County. hereby authorize	STATE OF GEORGIA, COUNTY.
County. County. hereby authorize	STATE OF GEORGIA, COUNTY.
County. County. hereby authorize	STATE OF GEORGIA,
TATE OF GEORGIA, County. I, hereby authorize of creceive and receipt for the pension paid hereon and request that he remit same to by	STATE OF GEORGIA,
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SOLDIER'S PENSION Regiment 12 2 S. 143 \$ 1908. Count been (FOR THOSE ALREADY ENROLLED.) L' Sui ille SOLDIER'S PENSION JOHN W. LINDSEY, Smith, C.K. Carnty, JOHN W. LINDSEY, L WARRANT HANDED TO 1903. DISABLED No. 6243 DISABLED No. 6004 1904. WARRANT HANDED TO we date Disability & orac County

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Care of bee Country -
Personally appears I, L, Sur ile of Compbeel
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 18 7; that he enlisted in the military service of the Confederate States (or of the States)
federate States (or of the State of
States, and served as a land of the State of the States, and served as a land of the Regiment of Volunteers, land served as a land of the Regiment of States, and served as a land of the Regiment of States of the Regiment of States of the Regiment of States of the Regiment of the Regime
of Volunteers, We Low on 's Brigade; that whilst engaged
on the day
of 186 , he was wounded, injured or diseased as follows;
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Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1903. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1902.
Sworn to and subscribed before me, this the
day of Joney 1903. Post-office Stone all oce fa
Mr. Suctonia, Cody
Note.—State fully the nature of the wound or tharacter of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
County.
I, M. J. Lee Server Ordinary of said County,
do certify that I am well acquainted with L. L. Secrete
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 1903.
Alle Jone
Ordinary Courp be a County.

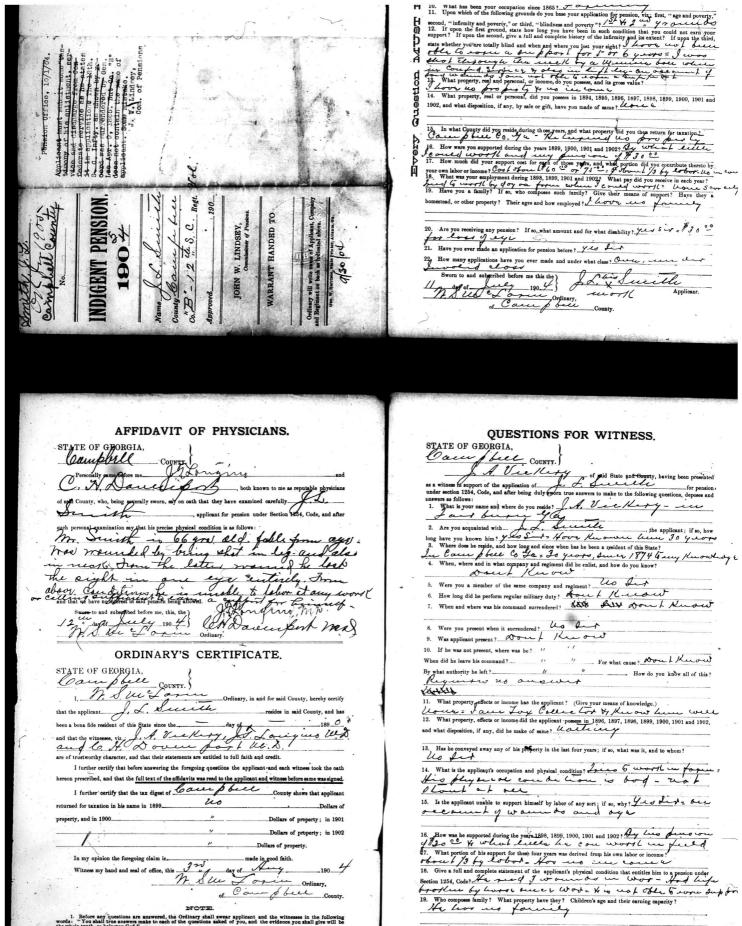
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cam phereCounty.
Personally appears & Suicell of Complete
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident obsaid State, and has resided therein continuously ever since the
day of 18 67; that he enlisted in the military service of the Con-
federate States (or of the State of .) during the war between the
States, and served as a free in Company of 12th Regiment
of Volunteers Luc Sand s Brigade; that whilst engaged
in such military service in the State of 2000, on the 12 day
186_2, he was wounded, injured or diseased as follows:
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ending October 26th, 1904. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1903.
Sworn to and subscribed before me, this the
day of 1904.
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Norm.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA
Jazonani, (
County.
I, Mr. S. Un Larry predinary of said County.
do certify that I am well acquainted with I for sure
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 2/5/2
day of
John Land
Ordinary Cam & free County

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particularly the extent of the disability resulting from the wound or disease.	STATE OF GEORGIA,
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20 County.)	Ordinary of said County,
I, V, J. Lee Ordinary of said County,	do certify that I am well acquainted with
I. S. Lee County, Odinary of said County, do certify that I am well acquainted with J. Z. Survive	the applicant in the foregoing affidavit, and an well satisfied that the statements made
the applicant in the foregoing affidavit, and am well satisfied that the statements made by	by him in his said affidavit are true, and I know he is the individual he represents himself
him in his said affidavit are true, and I know he is the individual he represents himself to	to be, and that he resides in this County.
be and that he resides in this County.	Given under my official signature and seal, this
Given under my official signature and seal, this	day of 1904.
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my of the form	Tour (See)
Ame	bare. Ordinary Complete County.
Ordinary Compbeer County.	Note.—Fill all blanks and of Company and Regiment.
Norz.—Fill all blanks and of Company and Regiment.	Norg All vouchers and affidavits must bear date after January 1, 1904.
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STATE OF GEORGIA,	STATE OF GEORGIA. COMPLY. To avail himself of the Business Act (Seedine 1254, Collection) to avail himself of the Business Act (Seedine 1254, Collection) The seasons of the Business of the Business Act (Seedine 1254, Collection) Whatay your name and phere do you reside? (Give State couples) Whatay your name and phere do you reside? (Give State couples) Who long and alone when have you been a resident of this State? I your to the state? I you want to the state of the State of Seeding of the Seeding of the Seeding of the State of Seeding of the Seedi
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STATE OF GEORGIA,	STATE OF GEORGIA. COMPATY. To avail himself of the Booken Act (Section 1264, Code), hereby submits his proofs, and after being duly sugars true enswers to make to be following settled. Generally and surveys and company and property and operations: What's your name and phere do you reach? (Cine State Conjugate and operation). 2. How long and aince when have you been a resident of this State? I grown to the state of
STATE OF GEORGIA,	STATE OF GEORGIA. CONTY. Of said State and County, desiring: to avail himself of the Reisson Act (Seedien 1264, Code), hereby submit his proofs, and after being duly sugern true answers to make to the following questions, despose and nearby machine his proofs, and after being duly sugern true answers to make to the following questions, despose and nearby making the proofs, and after being duly sugern true answers to make to the following questions, despose and nearby making the proofs. What your game and phere do you reside? (Give State County and spiroffice). When and where were you born? Aft 1/4/80 for State County and proffice of the state
STATE OF GEORGIA,	STATE OF GEORGIA. COMPLY. To avail himself of the Bushen Act (Seedine 1254, Code), hereby submits his proofs, and after being duly sugern true answers to make to the following questions, desponse and arrows as follows: Whata your name and phere do you reside? (Give State coupts and one part). Who long and since when have you been a resident of this State? I yourth, ture to the following grade of the state of the s
STATE OF GEORGIA,	STATE OF GEORGIA. COMMITT. To avail himself of the Residen Act (Section 1264, Code), hereby submits his proofs, and after being duly sugars true answers to analyse to be following questions, deposes and answers as follows: What's your name and where you would get the county and societies. What's your name and where you were a resident of this State? How long and since when have you been a resident of this State? When and where were you born? How Hollow the company and regiment did you enlist or serve? When and where and in what company and regiment did you enlist or serve? S. C. Polucius Following did you remain in such company and regiment of the company and regiment of the company and regiment with your company and regiment when it was surrendered? The whon and where was your company and regiment when it was surrendered? Were you present with your company and regiment when it was surrendered? Were you present with your company and regiment when it was surrendered? Were you present with your company and regiment when it was surrendered? Were you present with your company and regiment when it was surrendered? Were you present with your company and regiment when it was surrendered? When and where was your county to the county to the company and regiment when it was surrendered? Were you present with your company and regiment when it was surrendered? Were you present with your company and regiment when it was surrendered? When and where was your county to clearly where you were, when you left your command, for what cause and by whose authority? Were you present with your company and regiment when it was surrendered? I would be a surrendered and discharged? Were you present with your company and regiment when it was surrendered? I would be a surrendered and discharged? The your command, for what cause and your your was the your present, it is not present, state specifically and clearly where you were, when you left your command, for what cause and your your your your your your your your
STATE OF GEORGIA,	STATE OF GEORGIA. CONSTY. Of said State and County, desiring: to avail himself of the Reisson Act (Seedien 1294, Code), hereby submits his proofs, and after being duly sugers true answers to make to the following questions, despose and newers moultoners: Whata your name and phere do you reside? (Give State County and state of the State of the County and the county of the co
STATE OF GEORGIA,	STATE OF GEORGIA. COMPLY. To avail himself of the Remisson Act (Seedine 1254, Code). hereby submits his proofs, and after being duly sugern true answers to make to the following questions, decode), hereby submits his proofs, and after being duly sugern true answers to make to the following questions, decode and reme as follows: Whatay your name and phere do you reside? (Give State ways and sup-doce). How long and since when have you been a resident of this State? I yourth, further a true of the state of
STATE OF GEORGIA,	STATE OF GEORGIA. COMPLY. Of said State and County, desiring to avail himself of the Residen Act (Seedien 1254, Cody), bereby submits his proofs, and after being duly sugern true answers to make to the following questions, despose and actions as follows: Whatay your name and phere do you reside? (Give State mapty and goods). Who ong and since when have you been a resident of this State? I years to the following growth of the state of the s
STATE OF GEORGIA,	STATE OF GEORGIA. COMPTY. Of said State and County, desiring. To avail himself of the Remisen Act (Seedien 1284, Cody), hereby submits his proofs, and after being duly sugern true answers to make to the following questions, despones and surrent collows: What's your name and phere do you reside? (Give State County and governe). Who long and since when have you been a resident of this State (Out of Seeding). Who and where were you born? Afth 141/801 and State (Out of Seeding). Who and where and in what company and regiment did you callst or serve! Who and where and in what company and regiment did you callst or serve! S. C. To clear that the serve of th
STATE OF GEORGIA,	STATE OF GEORGIA. COMPLY. Of said State and County, desiring: to avail himself of the Reisson Act (Seedien 1264, Code), hereby submits his proofs, and after being duly sugern true answers to make to the following questions, despose and asserts as followed in the control of

16. In what County did you reside during those years, and what property did you these return for taxation?

16. How were you supported during the years 1899, 1900, 1901 and 1902? If which believe years are years and you had your support coat for each of type years, and what poytion did you contribute thereto by your own labor or income? Coat of the life of the years of type years, and what poytion did you contribute thereto by your own labor or income? Coat of the life of your laboration of the years of the years of the life of your laboration of the years of the life of your laboration of the years of years of the years of yea



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

Additional sifidavite may be attached if blant spaces are insufficient. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof

What interest have you in the recovery of a pension by this applicant? Would Swom to and subscribed before me, this the and subscribed before me, this the and day of the Land 180 H

Allickery JC Willes

STATE OF GEORGIA, COUNTY. I. A SUCCE OF COUNTY. In my opinion the foregoing claim is the success of County. My the success of County. In my opinion the foregoing claim is the success of County. My the success of County. My the success of County. In my opinion the foregoing claim is the success of County. My threes my hand and seal of office, this A SUCCE OF County. Ordinary, of County the success or success or county. Ordinary, of County the success or success or county. Ordinary, of County the success or success or county. Ordinary, of County the success or success or county.	By what authority he left? How do you know all of this? 11. What property reffects or income has the applicant? (Give your means of knowledge.) Lower - James - Joy College Low by Know Low College. 12. What property, effects or income did the applicant possess in 1896, 1897, 1808, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? Mountain the same of knowledge.) 13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? 14. What is the applicant's occupation and physical condition? 15. Is the applicant unable to support himself by labor of any sort; if so, why? I so don't have been applicant by the control of the support of these four years was derived from his own labor or income? 16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? By know for own yell of the support of these four years was derived from his own labor or income? 18. Give a full and complete statement of the applicant's physical condition that entitle him to a pension under Section 1254, Code? The support of the applicant's physical condition that entitle him to a pension under the support of the applicant's physical condition that entitle him to a pension under the support of the applicant's physical condition that entitle him to a pension under the support of the support of the applicant's physical condition that entitle him to a pension under the support of the support
POWER OF ATTORNEY. STATE OF GEORGIA, O any p bulk Columns Colu	20. What interest have you in the recovery of a pension by this applicant; Swagen to and subscribed before me, this the Aday of July 180 H Ordinary. POWER OF ATTORNEY. STATE OF GEORGIA,
to receive and receipt for the pension allowed, and request that he remit same to by the and WITNESS my hand and seal, this ff day of facing 1905. Executed in the presence of Light Charles (C.M.)	because being Courses. Lilian January hereby anthorize be live for the pension allowed, and request that he remit same to the second with the second seal, this of day of free pension allowed. WITNESS my hand and seal, this of day of free pension allowed. Executed in the presence of light second seal, this second seal, this second seal. Executed in the presence of light second seal.
CONTRIBUTED TO THOSE AIREADY EMBOLLED. No. 10.33 INDIGENT SOLDIER'S PENSION I BOOS. Ounity C. C. C. C. Counity C. C. C. Counity C. C. C. Ounity C. C. C. Ounity C. C. Ounity C. C. Ounity C. C. Ounity C. Counity	Com Bernar 184. No. 22 INDIGENT SOLDIER'S PENSION TOOGRAM AMN 24 ISOO Omny County County County County NARRANT ISSUED JAN 24 1908. JAN 24 ISO Omnitsier of Penden. WARRANT HAPPED TO WARRANT HAPPED TO The county County Omnitsier of Penden.

tor applicants to entorough lalongo princions.

FOR APPLICANTS HERETOFORE ALLOWED VEHICLES

G. - Vol. SOLDIER'S PENSION (FOR THOSE ALREADY ENROLLED.) Commissioner of Pensions. WARRANT HANDED TO 1905. JAN 25 JOHN W. LINDSEY, No. 1033 The death

JAN 24 1906. SOLDIER'S PENSIO JOHN W. LINDSEY,
Commissioner of Prospon
WARRANT, HAPPED TO INDIGENT 1908. WARRANT ISSUED 6 ann

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA.
County.
Personally annears of L. Lewith of am plus
reisonally appears of of
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 4 aday of 1867; that he is 67 years old and
by occupation a Journal, that he enlisted in the military service of the Con-
10
States, and served for the term of 4 92070 in Company 7, of 12 th Regiment
of S
follows: I was about the one to the sere ell
by a Upercuis ball while in Com fed.
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that his property consists of the following items: to fro per by
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of the value of to Dollars, Lam now earning
Dollars. I am now earning,
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 1995. I have heretofore as a resident of Court of butter
County been allowed a pension for the year 1904.
Sworn to and subscribed before me, this the
no day of 1905.
Med lu foren Ordinary.
SMIMB OF GEORGIA
STATE OF GEORGIA,
County.
I, M. S. Une Lapen Ordinary of said County,
do certify that I am well acquainted with J. L. Sewille
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 Larry 1005.
Is we Loxue
AMX Care phee
bert Ordinary County.

	Talle de la seguera de la s	HEREN CHARLE	
State of	Georgia.	1	
Prace de		}	:
	County.) ,	0 15
Personally ap		ulle	_of Care pour
County, State of Geo	rgia, who, being duly s	worn, says on oat	h that he is a bona fide citizer
and resident of said	County and State, and	d has resided in	said State continuously ever
	day of July	1867 : that	he is 67 years old and
by occupation a 70	that		e military service of the Con
federate States (or of	the State of		during the war between the
	the term of # 445	in Company	
of Le. To		,,,	t his physical condition is as
follows: I w	or shot is	evous 6	this physical condition is as
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nat his property con	sists of the following in	tems:	July -
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	711	-	
r the value of	llo		Dollars. I am now earning
	_//	Dollars per m	onth. That by reason of his
hysical condition at	nd poverty he is unabl	e to support his	nself by his own exertion or
abor, and that he re-	ceives no pension but th	he one herein app	plied for.
Deponent desir	res to participate in the	benefits of the	act approved December 15th,
894, and the Acts an	iendatory thereof, and	makes application	for the pension to which he
entitled for the ye	ar 1906. I have hereto	fore, as a residen	t of camp our
	a pension for the year	// -	in 1 .
7	ubscribed before me, thi	7.00	y Secule
n day of	19	06. P ~u	10116
M. S. Cur	Topic	Ordinary.	
State of G	eorgia,	1	
Com p	County.	. Š .	
I M. S	lu for	í	
a cartific that I am		0.18.	_Ordinary of said County,
	well acquainted with_	7.0.	
e applicant in the	toregoing affidavit, and	am well satisfie	d that the statements made
		low he is the ind	ividual he represents himself
be, and that he resid			e u
Given	under my official signa	ture and seal, th	is
day of	Joney	1909	- 0
MYTE OF CITY	-)	M. S. C.	Le L'one
Affix }	-	Cau	a blice
here	LOWER OF	ordinary	County.

Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one-herein applied for. Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of and pour County been allowed a pension for the year 1904. Swear-to and subscribed before me, this the day of John Continuary. STATE OF GEORGIA, Ordinary. Ordinary of said County, I, M. Sure County, I, M. Sure County, I, M. Sure County, I, M. Sure County, Governify that I am well acquainted with J. Sure Late of the individual he represents himself to be, and that he resides in this County. Given under me official signature and seal, this Ordinary County Loop. Norz.—The blank spaces must be filled. Norz.—Affidavit abould not be attested before January 1st, 1808.	by my labor, Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 16th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of County, been allowed a pension for the year 1905. Sworn to and subsorbed before me, this the day of 1906. Ordinary. State of Georgia, Ordinary. State of Georgia, Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this day of 1906. Ordinary County to County. Ordinary County County. Ordinary County County.
	<i>j</i> '
POWER OF A' STATE OF GEORGIA, COUNTY: I. J. L. J. L. L. M. J. L. J. to receive and receipt for the pension allow Luc at by La u d Witness my hand and seal, this J. Executed in presence of J. M. W. Colume & M.	A out of that be remit same to
INI	S. C. — T. O. C. Segiment C. V. V. C. MARRANT ISSUED JOHN W. LINDSEY, Commissioner of Persons WARRANT HANDED TO One W. REASONT AND THE C. V. C.

Smith F.F.	(FOR THOSE ALREADY ERROLLED)	No. 2073	SOLDIER'S PENSION	Name J. S. Lewitte. County Court & bell. Co. B. Regimen 12 22. S. C 70 ol. WARRANT ISSUED	JOHN W. LINDSEY, Commissioner of Persions.	WARBANT HANDED TO	One, W. Element, Strate Parries, Attacht.
Y)		P II		12001	III	1 81 0.00	

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

TOWNING I AND MANAGEMENT AND A PROPERTY OF THE
State of Georgia,
Courp feel country
Personally appears & dy diville of Cours here
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since theday of1867; that he is 68 years old
and by occupation a document, that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of 4470 in Company B", of 12 th Regiment of S, C, - Wol-
that his physical condition is as
lucinic ball in Confet. Deros & Com yourself
Loke some in Grain
that his property consists of the following items: We draft
of the value of Que
Donars. I am now earning
By my labor, Dollars per month. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1907. I have heretofore, as a resident of County but
County, been allowed a pension for the year 1906.
Sworn to and subscribed before me, this the
7 day of Janing 1907.
M. Luce Somin Ordinary.
The state of the s
State of Georgia,
Court bell county.
County.
I, Ordinary of said County,
do certify that I am well acquainted with . L. Juulle
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
p, b, al Lope
Ordinary Compbell County.
Norge —The blank spaces must be filled
Nors.—Affidavit should not be attested before January 1st, 1907.

States, a	nd served for the term of 4470 in Company, B", of 12 th Regimen
of J,	; that his physical condition is a
follows:	I was shot directly thro well by a
ani	min bollin bucher. Serve ch. an yuman
Look	un drawn in Gracia
that his	property consists of the following items: We from 5.
that his j	hoperty consists of the following frems:
of the val	lue of Dollars. I am now earning
	bor,Dollars per month. That by reason of his
physical o	condition and poverty he is unable to support himself by his own exertion or
	I that he receives no pension but the one herein applied for.
De	ponent desires to participate in the benefits of the Act approved December 15th
	the Acts amendatory thereof, and makes application for the pension to which he
s entitled	I for the year 1907. I have heretofore, as a resident of County but
	peen allowed a pension for the year 1906.
	orn to and subscribed before me, this the
7	day of Jane 1907.
m	Luc Louis Ordinary.
	Olullary.
Stat	e of Georgia,
0	
Can	in pall County.
т.	Mr. S. We Lower Ordinary of said County
	1 1 (=================================
	that I am well acquainted with
	ant in the foregoing affidavit, and am well satisfied that the statements made
	his said affidavit are true, and I know he is the individual he represents himself
be, and	that he resides in this County.
	Given under my official signature and seal this
	day of 1907
	p. s. le Lone
AMX	on Complete
your seal here	Ordinary County.
	Norz.—The blank spaces must be filled. Norz.—Affidavit should not be attested before January 1st, 1907.

Sinte of South Caronna.

YORK COUNTY.

J, W. Brown Wylie, Clerk Court Common Pleas and General Sessions in and for said County, do hereby certify unto all whom it may concern, that in and for said Country of Gorth duly commissioned and qualified as such, and that his official acts as such are entitled to full faith and credit.

Witness, my hand and seal of said Court at York Court House, this the

19th day of Afric 1890 and in the one hundred and 114th year of American

Independence. Wildrawn Wylie C. C. C. C. Pls.

1891.

Maimed Soldiers.

Voucher No. 1326

Amount \$ 30

For Lan of Eige

Deby 20 1891.

Included in warrant No.

issueå to Treasurer,

1891.

J, W. Brown Wylie, Clerk Court Common Pleas and Gene	Vou	cher No. 1320
in and for said County do hereby contife and	oucern that	ount \$ 30 (
1. A Ocuma is a crial of the	Paia	16 J. Duich
in and for said Country of Grand duly commissioned and	musified a Fbr	Lan of Ego
such, and that his official acts as such are entitled to full faith and cree	ru	so the state of th
		Duby 26 1891.
Witness, my hand and seal of said Court at York Court How		1891.
19th day of Upril 1890	and in the	
one hundred and 1/4/th year o	f American Includ	ded in warrant No.
		issued to Treasurer.
Independence. Withour U.	ylie	
С. О	C. Pls.	1891.
		WARRANT CLERK
		Geo. W. Harrison, State Printer, Atlanta.
		This cant
· ·		
1891.		
No. 1326		
		No.
STATE OF GEORGIA, EXECUTIVE DEPARTMENT. \ Allania, Ba. Staty 22 1891.		
		Campbell
		Maimed Soldiers.
Mr. of the County		No.
of Compbell having filed his application in the Executive		Voucher No. 2823
Department for an allowance under the Act approved October 24, 1887, as amended by Acts	Audited18	. Amount \$ 30
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for	COMPTROLLER-GENERAL.	Paid to James L. Smit
Lass of an Eye of		James & Smith
He is entitled to receive the sum of	· · · · · · · · · · · · · · · · · · ·	For Desons of one
for such disability, the same being the state of the year ending October 24, 1891.		leye.
The Treasurer will pay the same and har his receipt on this voucher and return same to		May 12 189
Executive Department for warrant.		
Bedering Ninhur.		
By the Governor.		Included in warrant No.
MAStamism	.(;	issued to Treasurer.
SEC'Y EXECUTIVE DEPARTMENT.		
8,0		18
500		WARRANT CLERK.
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.		W. J. Campbell, State Printer, Constitution Job Office.
Thirty to of Dollars,		applicant.
per above voucher, this of tely 1891.		I foresting
per above voucher, this of terry 1891.		

of Compbell having filed his application in the Executive	Audited	
Department for an allowance under the Act approved October 24, 1887, as amended by Acts	Awaitea 18_	. Amount \$ 30
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for	COMPTROLLER-GENERAL	Paid to James L. Smit
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He is entitled to receive the sum of		For Gone of one
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for such disability, the same being the alternative for the year ending October 24, 1891. The Treasurer will pay the same and has his receipt on this voucher and return same to		11
Executive Department for warrant.		May 12 1891
Executive Department for warrant.		1
GOVERNOR.		
By the Governor,		Included in warrant No.
MAStamsin		issued to Treasurer.
SEC'Y EXECUTIVE DEPARTMENT.		
		18
. 30		
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.		WARRANT CLERK.
10.1	Q	W. J. Campbell, State Printer, Constitution Job Office.
Mily to of Dollars,		applicant.
per above voucher, this 20 of Hely 1891.		
1 2 8 with		
	pancy.	
. ~ .		
No. 2823	•	
STATE OF GEORGIA,	May 12. 10g0	
EXECUTIVE DEPARTMENT.	May 12. 10go	
Mr. James L. Smith		
	of the County	
of Caugodell having filed his	application in the Executive	
Department for an allowance under the Act approved October	24, 1887, as amended by Act,	
approved, Dec. 24, 1888, and the same having been examined		
Laxet one eyel		
He is entitled to receive the sum of	Dell'es	
	Dollars	
for such disability, the same being be described for the year. The Treasurer will pay the same and sold his receipt on the same being be and sold his receipt on the same being be and sold his receipt on the same being be and sold his receipt on the same being be and sold his receipt on the same being be and sold his receipt on the same being be and sold his receipt on the same being be and sold his receipt on the same being be and sold his receipt on the same being be and sold his receipt on the same being be and sold his receipt on the same being be and sold his receipt on the same being be and sold his receipt on the same being be and sold his receipt on the same being be and sold his receipt on the same being be and sold his receipt on the same being be and sold his receipt on the same being	his youther and sets	
to Executive Department for warning	todener, and return same	
	dont	
	COW GOVERNOR.	
By the Governor,		
W. N. Hamson		
CLERK EXECUTIVE DEPAR	RTMENT.	
s 80 00		
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,		
Thirty of		
	Dollars,	
per above vancher, this	1ay 18 go	
- 3.3.8	with	

Dollars use for the year ending October 24, 1890 He is entitled to receive the sum of The Treasurer will pay the s old his receipt on this voucher, and return same to Executive Department for war By the Governor, Clothamson CLERK EXECUTIVE DEPARTMENT. \$ 3000 RECEIVED OF STATE TREASURER, R. U. HARDEMAN, 1 001 YEAR 1890 COUNTY campbell COMPANY AND REGIMENT? Co. B. 12th. regt. S. C. Vols. Griggs Brigade. NAME OF CAPTAIN AND COLONEL? 1st. Lieutenant Martin V. Darwin. WOUNDED? Sharpsburg, M. D. September 17th. 1862. Ball entering feft side coming out right side. Lost sight of left eye elso shot in left leg below knee. IF NOT IRESLET AT CURRENDER, WHIRE AMEL YOU? MITNESSES. R. W. Whiteside, Robert I Love and Thomas P. Whisonant. No data.

NAME, Smith, James L.

ENLISTED WHEN AND ALEKE?

CAPTURED, SELECTION OF STREET

WHEN IN MAJEL OF A KUZLED?

DIED, WEER AND WALRE?

WHEN AND WHIRE BORN?

RAIM. Private

RELEASED.

BURTED.

approved, Dec. 24, 1888, and the same having been examined and allowed for

Smith, J. L. YEAR 1905 COUNTY Campbell April 14, 1838, S. C. Resident of Georgia since July 4, 1867. WHEN AND WHERE BORN? ENLISTED WHEN AND WHERE? Fall of 1861, Yorkville, S. C. COMPANY AND REGIMENT? Co. B, 12th Regt. South Carolina, Vol. NAME OF CAPTAIN AND COLONEL? At the battle of Sharpsburg, Maryland, WOUNDED? Shot through the neck by a minnie ball while in the war. Also in left leg. On account of said wounds unable to earn a support. CAPTURED, WHEN AND WHERE? WHEN ALD WHERE SURRENDERED? April 9, 1865, Appoint tox Court House, IF NOT PRESENT AT SURREMDER, WHERE WERE YOU? DIED, WHEN AND WHERE?

Dollars,

RANK.

RELEASED.

BURIED,

WITNESSES.

ENLISTED WHEN AND M.E.E?

RANK. Private

COMPANY AND REGIMENT? Co. B. 12th. regt. S. C. Vols. Griggs Brigade.

NAME OF CAPTAIN AND COLONEL? 1st. Lieutenant Martin V. Darwin.

WOUNDED? Sharpsburg, M. D. September 17th. 1862. Ball entering left side coming out right side. Lost sight of left eye also shot in left leg below knee.

CAPTURED, AMEN' AND WILES !?

RELEASED.

WHEN AND WHIFL OUT ALKDINED?

IF NOT IRESLET AT CURRENDER, WHERE WELL YOU?

DIED, WELL AND ALRE?

BURIED.

MITNESSES. R. W. whiteside, Robert I Love and Thomas P. Whisonant.

NAME Smith, J. L.

YEAR 1905 COUNTY

Campbel

WHEN AND WHERE BORN? April 14, 1838, S. C. Resident of Georgia since July 4, 1867

ENLISTED WHEN AND WHERE? Fall of 1861, Yorkville, S. C.

RANK.

COMPANY AND REGIMENT? Co. B, 12th Regt. South Carolina, Vol.

NAME OF CAPTAIN AND COLONEL?

At the battle of Sharpsburg, Maryland, WOUNDED? Shot through the neck by a minnie ball while in the war. Also in left leg. On account of said wounds unable to earn a support.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? April 9, 1865, Appomattox Court House

IF NOT FRESENT AT SURRETDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. None

88

	QUESTIONS FOR WITNESS AS TO SERVICE.
	STATE OF GEORGIA, County. County.
-	, J. C. Smith,
	as a witness in support of the application of J. K. Smith for the pension provided
	by the Act of 1916, in said State, and after being sworn true answers to make to the questions propounded answers as follows:
	1. What is your name and where do you reside? J. C. Smith In Campbell Do. Ga.
	P. O., Palmetto, Ga., R. F. D. 2
	. 2. How long and since when have you known J. K. Calling the applicant?
	5.5 years, or more, since 1857, or hefore
	3. Where does he now reside, and since when has he been a bona fide, continuing resident in this
E. C	State and how do you know! Atlants, Ga., - since 1857 to my knowkedge.
that his	I have been personally and intimately acquainted with his since 1857, or before, 4. When, where and in what Company and Regiment did. J. K. Smith enlist during
d the	war from 1861 to 18857 (Give date and place) In June 1864 at Compbellton, Ga., in Co. A 9th Ga. Militia. 5. How did you obtain your information of this Service! I was present when he en-
E .	listed as above stated.
sworn, and	6. How long within your own personal knowledge did he perform actual military service with
	this Company and Regiment? (give date) Over ten (10) months, or from June 1864 to April 1865 (surrender). When and where was his Command surrendered or discharged (give date and place). It was percoled about 1st of May 1865 in Assaura
TA.	paroled about 1st of May 1865 in Atlante, Ga.
Smith was	8. Were you personally present at the Surrender? I was present when we were parole 9. If not, where were you and how came you there? Present.
. C. Smi	10. Was the applicant personally present with his Command at surrender? He was present when the Company was partled as above stated. 11. If not where was he and how came him there? Present.
dit. 20,	12. When did he leave his Command? Never left it. Where was his Command when he left it? Requires no Ans. for what cause did he leave? Requires no Ans.
SEN	By whose authority did he leave Requires no Answer, and how
4 20	
2523	all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I Saw appli-
A SEE	cant chilst as stated; and I chlisted about one nonth later, and served in same Company as did applicant from July 1864 to April 1865. 13. In what way was he prevented from returning to his Command? Requires no answer.
13 W	How do you know?Of my own personal knowledge.
To C	14. What effort did he make to return to his Command and how do you know? Requires no Ans.
ntitled and see	15. Was applicant captured as a prisoner. No Sir. If so, when and where? Requires no answer. In what prison was he held? Requires no Answer. and when released
9.0	
ents ar	Sworn to and subscribed before me, this the 20th day of Sapta 1912.
rithe.	of Campbell County.

Breeze to and interested in the former of the first and former of the first paper of the	6 A	April 1865 (surrender) 7. When and where we his Command surrendered or discharged (give date and place) It was Paroled about 1st of May 1865 to Aslante.
10. We the applicant personally growns with his Comminds at surrouter. He wish presents when the Command and Analyse and State	las (8. Were you personally present at he Surrender! I was present when we were parole
schen, the Company was bearinged as above a make the Pasanite 12. When did he leave his Command. Haver Left. 14. 13. When did he leave his Command. Haver Left. 14. 14. When we his make the command. Haver Left. 14. 15. When did he leave his Command. Haver Left. 14. 16. When he pasand leave! 17. When he pasand leave! 18. When he pasand leave! 18. When he pasand leave! 18. When you have stated to lot tour! If o'vour own knowledge (Tell shady and quality). Jeen, applicants are stated, and I milled and about on a central lature, and served? 18. It what offer tild he make to reien to his Command and how do you know. Hequityse no American lature and served? 18. It what offer tild he make to reien to his Command and how do you know. Hequityse no American lature and heavy and he prevented the feet of the make to reien to his Command and how do you know. Hequityse no American lature to his properties of the make to reien to his Command and how do you know. Hequityse no American lature to the history of the his	of th	
13. When did he leave his Command. ROVET LOT. 12. When he he held it! REQUIRES TO AND. By whose quadricy did he leave. REQUIRES. The AND. By whose quadricy did he leave. REQUIRES. The AND. By whose quadricy did he leave. The Requires in Andrews. The deep report here. By the grant he reached, and I milet and about one control laters and sort of the season of the leave and sort of the deep report of the season of the leave and sort of the season of the leave and sort of the season of		10. Was the applicant personally present with his Command at surrender. He was present when the Company was partial as above stated. 11. If not where was he and how came him there? Present.
By whose submirty did to lawer. REQUITES TO ARRESTS. Application have stated to be tone? If of you was considered to the you know the state of you know the state of the your know the state of the your know the prevailed first return to the Command and how do you know? RequitEst to Americal the make to return to the Command and how do you know? RequitEst to Americal the make to return to the Command and how do you know? RequitEst to Americal the was not return to the Command and how do you know? RequitEst to Americal the was not been an advantage. 14. What effect did he make to return to the Command and how do you know? RequitEst to Date the Washington of the Command and how do you know? RequitEst to Date the Washington of the Command and how do you know? RequitEst to Date the Washington of the Command and how do you know? RequitEst to Date the Washington of the Command and how the command and how the return the Command and the Command and the Washington of the Command and the Command and the Command and the Washington of the Command and	£	12. When did he leave his Command? Never left it. Where was his Command when he left it? Requires no Ans. for what came did he leave. Requires no Ans.
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APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910. Questions for Applicants to Answer. STATE OF GEORGIA. Loundy. Of said tists and County, bereby seption for possible provided by Act of 1910, to Confederate Soldiers, and submits the recum statement, with his featurement or make to the questions propounded, asswers as follows, to wit: 1. What is you man and where do you reside? (Give Dounty and Foot-fighe). 2. How long and since when here you been a continuous resident eitizen of this State? 2. How long and since when here you been a continuous resident eitizen of this State? 3. Did you saint in the Army of the Confederate States or of the Organizad Billit of this State? 4. When and where, and in what Confederate States or of the Organizad Billit of this State? 5. How long and in the Army of the Confederate States or of the Organizad Billit of this State? 6. Sweley by the states of the Confederate States or of the Organizad Billit of this State? 6. When and where, and in what Confederate States or of the Organizad Figure 1975. 6. When and where was your Command when it was surrendered or discharged? 7. Were you actually present with your Command when it was surrendered or discharged from the Service? 8. If you were not actually present with your Command when it was surrendered or discharged from the Service? 8. If you were not actually present with your Command and elearly where you were. 9. When and where was your Command after lave expired? 9. If what short did you leave the Command? All the Service of the Command of the Command after lave expired? 10. What property of every description was owned, in the use, possession and control of yourself and wife, and in each valuer. How the price was on the state of the Command after lave expired? 10. What property of any kind have you or your wife dispoped of and for what purpose since 4 Nov. 11. What property of any kind have you or your wife dispoped of and for what purpose since 4 Nov. 12. When annual or monthly income or earnings of yourself an	Pes Ny her	20th day of Septs 1912
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f. Why did you not return to your Command after 'lave expired?	23.20	c. For what cause did you leave? Occahonge & basel
g. In what way were you prevented? h. What effort did you make to Esturn? i. Were you captured during the war? j. H. so, when, and where? In what prison were you held and when were you released? D. What property of every description was owned, in the use, possession and control of yourself and wife, and its eash value on the 4. Nov. 1908? (Make list by items and value.) 10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemised list). 12. What annual or monthly income or earnings of yourself and wife and the source derived have your. 13. Are you drawing a pension of any amount from this State or the United States? RO 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Room to and subscribed before me, this the	330	d. By whose authority did you leave? M.S. Arriva, Johnson S. For how long was your leave granted? In what way?
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1908. To whom and for what price; the hand for whom and for what price; the hand for whom and for what price; the hand for whom and in the use, the second of yourself and wife and its cash value? (Make itemised list). 12. What samual or monthly income or earnings of yourself and wife and the source derived have you? 13. Are you drawing a pension of any amount from this State or the United States? 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? 15. Sworn to and subscribed before me, this the	100	9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.)
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What was the	i	14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was
		Sworn to and subscribed before ma, this the
	Parts of the 150 to	of County.

propounced, answers as follows, to wat:

1. What is your name and where do you reside? (Give County and Post-office

14 Manual Stant, allowed 2. How long and since when have you been a continuous resident citizen of this State?

Both my Transia Och H, 1944, always resident 3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1885?

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Sergice)

5. How long did you remain in the actual Military Service with that Company and regiment?

(Give date of discharge)

5. When and where was your Company and Regiment surrendered or discharged from the Service. Paris 7. Were you actually present with your Command when it was surrendered or discharged? Yro The St. State in the state of t 8. If you were not actually present, state specifically and clearly where you were...... a. Where was your Command when you left it?... b. When did you leave the Command? Alleads 65 - povole - form 72 c. For what cause did you leave? Described 15 povole - form 72 d. By whose sutherity did you leave? When the command of the povole was your leaver entirely. In what we'll e. For how long was your leave granted? In what weg?. Why did you not return to your Command after leave expired? g. In what way were you prevented?.... What effort did you make to return?. Ser C. A. 7 i. Were you captured during the war!

J. If so, when, and where? 'In what prison were you held and when were you released?... 9. What property of every description was owned, in the use, possession and control of yourself ad wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.). 10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov.

1908. To whom and for what price! Construction of the control of the con 12. What annual or monthly income or earnings of yourself and wife and the source derived have

13. Are you drawing a pension of any amount from this State or the United States? No 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? gk smith Sworn to and subscribed before me, this the Sworn to and subscribed before me, sum sup

20 day of Guygast 1912—

John R Will Sunday Ordinary,

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190 4 Name J. A. See	Pencien office 9 my of the last witness my of applicant; and the last was stated in applicantial. His command was in va. Hw came him in Macen, and was the the work of applicant about the service applicant and of his sickness as stated.	uted in presence of	and receipt for the pension at as my hand and seal, this
County Com for County Approved JOHN W. LINDSEY,	as stated by applicant and being left in Hasen sick and theing left in Hasen sick and then at surrender. All this must be explained by the with the surrender. All Linney Light Ar Comp of Pens.		allowed and request that he remit : day of
Ovalinary will write name of Applicant, Qu			name to
and Regiment on lack as indicated above.		[1] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	190

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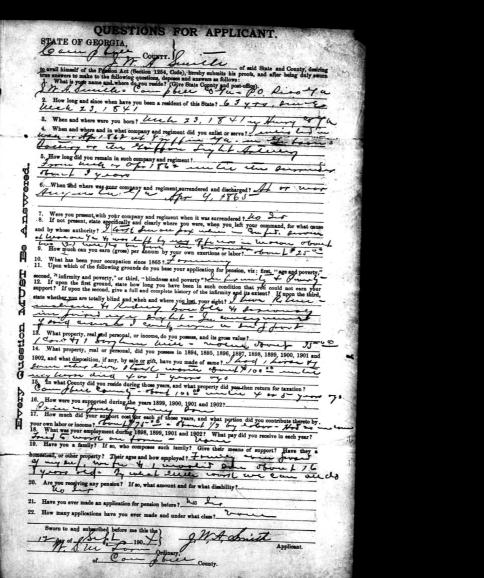
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Ges. Y., Harrison, Bake Pricker, Almonts, Ga. Ul. 9 21 6 6 1 21 6 6	unboriae
STATE OF GEORGIA, County full County. The me Witness of mightale and County, having been presented for penalon for penalon	AFFIDAVIT OF PHYSICIANS. STATE OF GEORGIA, County
under section 1254, Code, and after being duly sworn true answers to make to the following questions, disposes and answers as follows: 1. What is your name and where do you reside? 2. Are you acquainted with 2. Are you known him 1 to 12 to 15	and Advisory of the severally sworn, any on oats that they have examined carefully both known to me as reputable physicians applicant for pension under Section 1254, Code, and after act several examination say that his precise physical condition is as follows: Checker of the several examination is as follo
9. Was applicant present? 10. If he shas not present, where was he? When did he leave his command? By what authority he left? How do you know all of this? How do you know all of this? 11. What property, effects or income has the applicant? (Give you means of knowledge.) 12. What property, effects to flooring did the applicant possess in 1899, 1897, 1899, 1899, 1900, 1901 and 1802, and what disposition, if any, did he make of mme? When the state of t	ORDINARY'S CERTIFICATE. STATE OF GEORGIA, Camp General County. I, M. J. L. J.
13. He be converted a vary any or his property in the last four years; if so, what was it, and to whom? 14. What is the applicant's occupation and physical condition? They are the applicant unable to support himself by labor of any sort; if so, why? Yes 5 - y - One	are of trustworthy character, and that theightatements are entitled to tull faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before anti-frankinghed. I further certify that the tax digest of Gaguer for County shows that applicant
16. How was be supported during the years 1888, 1899, 1900, 1901 and 1902? By what Cultime Court worth with humb of him confusly from 17. What pertion of his support for these four years was derived from his own labor or income? 18. Give a full and complete statement of the applicants' physical condition that untitle him to a pension under Section 1254, Code? It has a full the supplicant of the supplican	Dollars of property, and in 1900 Dollars of property, in 1901 Dollars of property, in 1902 Dollars of property, in 1902 Dollars of property, in 1902 Dollars of property. In my opinion the foregoing claim is made in good faith. Witness my hand ased seal of office, this Gay of
Sworn to and substitled before me, this the M. M. M. M. Millager, Witness. 1. def of June Jordany. Ordinary.	2. Additional sufficients may be attached if blank spaces are insufficient. 2. Additional sufficients must carrily to the character of the witness, and as to the execution of the proof as slove set on.

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THE RESERVE OF THE PARTY OF THE	ONDIMINI O CENTIFICATE.
Br, what authority he left? How do you know all of this?	STATE OF GEORGIA.
Lyung no ousur	Campbell County.
11. What property, effects or income has the applicant? (Give your means of knowledge.)	I, It for ordinary, in and for said County, hereby certify
19 What property effects by prome did the applicant possess in \$696, 1897, 1898, 1899, 1900, 1901 and 1902.	that the applicant . A. Seculta resides in said County, and has
and what disposition, if any, did he make of same! He had often 1,0000	
worth, of program until . Xor J years vyo where	been a bona fide resident of this State since the day of
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?	and that the witnesses, viz. The lue Ufile on It
le sir	Langino W. A. 4 6. H. Down fort 14 D
14. What is the applicant's occupation and physical condition? Jorna Physical condition?	are of trustworthy character, and that their statements are entitled to full faith and credit.
Combilion is very bod	I further certify that before answering the foregoing questions the applicant and each witness took the oath
	hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.
15. Is the applicant unable to support himself by labor of any sort; if so, why? You Sig - Ore	I further certify that the tax digest of Gayer & Dellounty shows that applicant
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T	returned for taxation in his name in 1899. Dollars of
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902; Gy what Cutt	property, and in 1900 Dollars of property; in 1901
he court work with help of his confu ty down	Dollars of property; in 1902
17. What portion of his support for these four years was derived from his own labor or income?	77400
obout 13 by lotop - It of no mome	Dollars of property.
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under	In my opinion the foregoing claim is made in good faith.
Section 1254, Code? He has Alum or home, Yo Kedney of Feeton	Witness my hand and seal of office, this day of day of 190
If bot see right to duch it that he could in a hipport	Ordinary,
19. Who composes family? What property have they? Children's age and their earning capacity?	of County free county
and an wrough your stouck 16 yrs but	NOTE:
	1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following
20. What interest have you in the recovery of a pension by this applicant?	words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
Sworn to and subgribed before me, this the	 Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "For shall true accesses make to each of the questions saked of you and the erificace you shall give will be the wear that the shall reflect the state of the shall be shall give will be the wear that the shall be shall b
Witness.	
17. 10. ac Ordinary.	
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12. If upon the first ground, state how long you have been support! If upon the first ground, state how long you have been support! If upon the scooled, give a full somplete history state whether you are totally blind and when and where you lost the state whether you are totally blind and when and where you lost the state whether you are totally blind and when and where you lost the state of	ty such condition that you could not earn your of the infirmity and just extent? It upon the shirtly, your sight? I have been such as the country of the cou
18. What property, real and personal, or income, do you possess 14. What property, real or personal, did you possess in 189 1902, and what disposition, if any, by sale or gift, have you mad 1902, and what disposition, if any, by sale or gift, have you mad 150, In what county did you reside during those yilars, and what 16. How what county did you reside during those yilars, and what 16. How what county did you reside during those yilars, and what 16. How what county did you reside during those yilars, and what 16. How what county did you reside during those yilars, and what 16. How what county did you reside during those yilars, and what 16. How what county did you reside during those yilars, and what 16. How what county did you reside during those yilars, and what 17. The year of the ye	s, and its gross value? 180. 1808, 1808, 1809, 1809, 1900, 1901 and c of same? 100. 100. 100. 100. 100. 100. 100. 100
17. How much did your support cost for each of those years 1899, 1900, 190 17. How much did your support cost for each of those years your own labor or income; "	and what portion did you contribute thereto by. 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
20. Are you receipting any pension? If so, what amount and for the young the	what dimbility?
Byon to and subgribed before me this the 190 J 190 J 190 J Ordinary of O O Ordinary	MA, Smith Applicant. County.
QUESTIONS FOR WITNESS,	
STATE OF GEORGIA, Hustin County.	QUESTIONS FOR WITNESS!
John & Forsett of said State and County having been presented	Saure Garding of said State and County, having been presented
as a witten in support of the application of	as a witness in support of the application of Auto and the pension under section 1254, Code, and after being duly sworn true gnawers to make to the following questions, deposes and
2. Are you acquainted with J.W. H. Sensth , the applicant: if so how	1. What is your name and where do you reside? Januar Sarguar
long have you known him? 145 years 8. Where does he reside, and how long and since when has he hear a resident of this Start	2. Are you acquainted with J.W.A.; Hunth , the applicant; if so, how long have you known him? Gayears
4. When where and in what company and regiment did be called, and how do you know? I by typing Barry Or to their Light artilly durch terms the date.	3. Where does by reside, and how long and since when has he been a resident of this State? Cumpbel
5. Were you a member of the same company and regiment? I was mot hat I was a	When, whom and in what company and regiment flid host list, and how do you know you want the same with the same way.
6. How long did he pefrorm regular military duty? About 2 name 7. When and where was his command surrendered? South Carolina 8 2	5. We would a member of the same company and regiment? I was
8. Were you present when it surrendered?, AND When	See and where was his command surrendered? Many 1865 1 South Crolina
9. Was applicant present? 10. If he was not present, where was he? Les Wus in Macon, Ge.	8. Were you present when it surrendered? MA
When district leave his command and 1865. For what cause the suns de stall by By what authority he left? by drides of this officer win How do you know all of this?	7 19 If he was not present, where was he? Dut Knus
The Annua is Macon with afficant at Surland	By what authority he left? Sunt Tunn How do you know all of this?
11. What properfy effects or income has the applicant? (Give your means of knowledge.)	What property, effects or income has the applicant? (Give your means of knowledge.)
12 What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same?	What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902,
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?	and what disposition, if any, did he make of same?
14. What is the applicant's occupation and physical condition?	18. Has be conveyed away any of his property in the last four years: if so, what was it, and to whom? What is the applicant's occupation and physical condition?
16. Is the applicant unable to support himself by labor of any sort; if so, why?	700
16. How was he supported during the years 1901, 1902, 1903, 1904 and 19057	Is the applicant unable to support himself by labor of any sort; if so, why?
17. What portion of his support for these four years was derived from his own labor or income?	How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
18. Give full and complete statement of the applicant's physical condition that entitles him to a pension under	NWhet postion of his support for shees four years was derived from his own labor or income?
Section 1254, Code	My Bive a full and complete statement of the applicant's physical condition that entitles him to a pension under
	Who composes family? What property have they? Children's age and their earning capacity?
20. What interest have you in the recovery of a pension by this applicant? More Swar to and subscribed before me, this the	What interest have you in the recovery of a pension by this applicant?
John Willamson Ordinary Fulter County	Strong to and ambagisted before me, this the S M Lynney Witness.
A view Could whis elaterneuts writing of free evert	Ordinary.
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	What property, effects or income has the applicant? (Give your means of knowledge.)
2 What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what imposition, if any, did he make of same?	What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1
Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?	what disposition, if any, did he make of same?
What is the applicant's occupation and physical condition?	18. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
	What is the applicant's occupation and physical condition?
Is the applicant unable to support himself by labor of any sort; if so, why?	FIVE .
	Is the applicant unable to support himself by labor of any sort; if so, why?
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What portion of his support for these four years was derived from his own labor or income?	How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
ive a full and complete statement of the applicant's physical condition that entitles him to a pension under	What portion of his support for these four years was derived from his own labor or income?
n 1254, Code	1). PGive a full and complete statement of the applicant's physical condition that entitles him to a pension u
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27. Dept min C. X Norsely	What interest have you in the recovery of a pension by this applicant?
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STATE OF GEORGIA, Case of bell Copper. I, Mr. A. Surville Mr. S. Cur Former of to to receive and receipt for the pension allowed, a by hand	, hereby anthorise and request that he remit same to
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estate a floorest tra A CLEANING AND A LOCAL FOR APPLICANTS HERETOFORE ALLOWED PENSIONS State of Georgia, Compbell country 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 23 day of ULCL 1841; that he is 65 years old and by occupation a formula, that he enlisted in the military service of the Confederate States (or of the State of 12) during the war between the States, and served for the term of 120 in Company, of the Regiment of States, and served for the term of 120 in Company, of the Regiment of States and served for the term of 120 in Company, of the Regiment of States and States and States are the States and States are served for the served for that his property consists of the following items: Us for per Ly of the value of _ Uo Dollars. I am now earning by my labor, _Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. It have heretofore, as a resident of County, been allowed a pension for the year 1906. Sworn to and subscribed before me, this the J WA Smith

A day of Journ 1907.

Ordinary Ordinary State of Georgia, Cam & bell country do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself

to be, and that he resides in this County. Given under the official signature and

your seal bere

of	the value of_	lio	,		1 g 4 g	
\sim_{by}	my labor,	11.		Pollars per mo	Dollars. I am i ith. That by r	eason of his
phy	ysical condition	n and poverty he e receives no pens	is unable to s	support himse	f by his own	exertion or
	Deponent	desires to partici	pate in the be	nefits of the Ac	t approved Dece	mber 15th,
189 is e	entitled for th	ts amendatory the	ereof, and mak we heretofore	es application	for the pension	to which he
	anty, been all	owed a pension fo	r the year 190	67		
Manager	3 Worn to	and subscribed be	fore me, this t	the	A Smi	h
	m. S. U	e Forei	<u>~</u>	_Ordinary		•
		Georgie				1 .)
6	au	& bell co	ounty		*	1.1
	-		Q	m	-9rdinary_of sa	
		am well acquaint he foregoing affid		well satisfied	hut the statem	
by I	him in his sai	d affidavit are true	, and I know			
to b		resides in this C		e and seal this	3 and	11. 1
	d	ay of	uy 1	1907.	. 2	•
1	A. O. O.	-W)-11	/	P. D. Co	4644	
700	<u></u>	Norz.—The blan	Ordi	Illed.	9.	County.
		Norz-Affidavit	should not be att	ested before Januar	y lat, 1907.	
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	NAME					
	NAME	Smith, J.W	14 4	Y	EAR 1997 C	OUNTY Campbell
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- 4	è .	Smith, J.W			`\	
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- 4	WHEN A		? March 2	5rd, 1841,	Henry County	, G a,
	WHEN A	NO WHERE BORN	? March 2	5rd, 1841,	Henry County	, G a,
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	WHEN A ENLIST RANK. COMPAN NAME OF	Y AND RECIMENT F CAPTAIN AND Recommendation of Had small Rhounties	Here? In there? In there? In the Colonel?	Srd, 1841, Mar. or Apr	Henry County	f, Ga,
4	WHEN A ENLIST RANK. COMPAN NAME OF MOUNDER CAPTURE RELEASE	Y AND REGIMEN AND A CAPTAIN AND PROGRESS FOR CAPTAIN AND PROGRESS FOR CAPTAIN AND A CA	HERE? In State of the Colonel of the	on's Batter by Light in Service, rouble, ser	Henry County il 1862, Gri	ffin, Ga.
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4	WHEN A ENLIST RANK. COMPAN NAME OF MOUNDER CAPTURE RELEASE	Y AND REGIMEN F CAPTAIN AND PROBLEM BEAUTION D. WHEE. AND D. WHERE SULRE	HERE? In State of the Colonel of the	on's Batter Der Light in Service, prouble, ser	Henry County il 1862, Gri il 1862, Gri irtillery. at Macon, riously imparentered near	ffin, Ga.
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	WHEN A ENLIST RANK. COMPAN NALE OF MOUNDER CAPTURE RELEASE WHEN AN	Y AND REGIMEN F CAPTAIN AND PROBLEM BEAUTION D. WHEE. AND D. WHERE SULRE	TO Giber COLONELO COLONELO MERE?	on's Batter Der Light in Service, prouble, ser	Henry County il 1862, Gri lilery. at Macon, risusly imparents to the series of the ser	ffin, Ga.
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	WHEN A ENLIST RANK. COMPAN NALE OF MOUNDER CAPTURE RELEASE WHEN AN	Y AND REGIMENT F CAPTAIN AND OF Had small Rhounties D, WHEL AND D WHERE SULKE	TO Giber COLONELO COLONELO MERE?	on's Batter Der Light in Service, prouble, ser	Henry County il 1862, Gri lilery. at Macon, risusly imparents to the series of the ser	ffin, Ga., ffin, Ga., ffin, Ga., ired eyesight. iugusta, Ga., his Officers, igg., about tw
	WHEN A ENLIST RANK. COMPAN NALE OF CAPTURE RELEASE WHEN AN IF NOT : DIED, WE BURIED.	Y AND REGIMENT F CAPTAIN AND OF Had small Rhounties D, WHEL AND D WHERE SULKE	COLONELS A RIGHTS CHERES COLONELS A RIGHTS CHERES COLONELS A RIGHTS COLONELS	on's Batter in Service, rouble, service, service, service, service, service, service, service,	Henry County il 1862, Gri lilery. at Macon, risusly imparents to the series of the ser	ffin, Ga., ffin, Ga., ffin, Ga., ired eyesight. iugusta, Ga., his Officers, igg., about tw

NAME Smith, J.Y.A.

YEAR 1907 COUNTY Campbell

WHEN AND WHERE BORN? March 25rd, 1841, Henry County, Ca,

ENLISTED WHEN AND WERE? In Mar. or April 1862, Griffin, Ge.

RAIK.

COMPANY AND REGIMENTS Gibson's Battery

NAME OF CAPTAIN AND COLONELS

WOUNDED? Had small per while in Service, at Macon, Ga., Phounation, kidney trouble, seriously impaired eyesight.

CAPTURED, WHEE .. ND .. HERE?

RELEASED.

WHEN AND WHEKE SULKENDERED? Command surrendered near Augusta, Ga., April 9, 1865.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? Left by his Officers, in Emon.Ga., about two weeks before surrender.

DIED, WHEN AND WHERE?

BURTED.

WITNESSES. S.T. Gardner,-Same Command- No data, John E. Dersett,- Personal Knowledge.

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and was on the 4th November 1908; that I also know S. L. Lengine, and J. H. Reewes.	is the person she represents herself to be and she is a bons fide continuing resident citizen of sald County	that I know Mrs. Martha E Smith	н	STATE OF GEORGIA, Campbell
i	e per	1 1	1	Campbell
B E	100	WO.	=	F 0F
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20		penus	ď.	
9	2	the applicant for pension. She	Ordinary of said County, do certify	
	×	8	\$	

worthy, and their statements are entitled to full faith and credit. Sweep under my hand and official seal of office this Sth., day of October, bg. 19.

(SHALL) Octioner, Ordinary,

were duly sworn by the before spring the foregoing affidavita and that they both are truthful, trust the witness who appears to the marriage of the applicant, and county and

Campbell County

NOTES: I. Makes any quantism are staremed the Ordenty shall near applicate and the witness in the following sension.

It has all assembly sense that yer off the assemble and the quadran shall get used the relatest the start of the property of the start of the quadran and yet used the relatest to the property of the start of the present to be seens and cartifact.

And All Address must be much before the Ordenty of the relations of the present to be seens and cartifact in the start of the present to be seen and cartifact in the start of the relations of the present to be seens and cartifact in the start of the relations of the present to be seens and cartifact in the start of the relationship the start of the present to be seen and cartifact in the start of the present to be seen and cartifact in the start of the start of the present to be seen and cartifact in the start of the

Ompany Represe 9th Ga. Militia, Infly Approved	OUNTY: Certificate Ordinary of said th th the applicant of the is a boar fide continuing resident eith the knew S. L. Levigine, and defige of the spp 110 ant; and defige aftheris and that they both are nor residents on requiring attheris and exait. Office the Sth Aday of October of the October of t
J. W. LINDBEY, Complisioner of Pandons, Byel Printing On, main Printing Atlant. 10 -9 - 1919	County, the certify for present of said County H. Reeves, I said County and te treathful treat. County and the Lounty and the County and the County County County The 19.
Ordinary Cortificate	Application for Pension by a Widow Under Act of 1010
STATE OF GEORGIA, Campbell	Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919
I, W. S. McLarin, Ordinary of said County, do certify	Questions for Applicant
that I know Mrs. Martha E Smith 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	STATE OF GEORGIA, Campbell
and was on the 4th November 1908; that I also know S. L. Lengine, and J. H. Reeves,	Personally before me comes Mortha & Security of said State and County
Swear to the marriage of the applicant, the witness who same south south section of the both of them are now residents of said County and	Personally before me comes Mottua (O
were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-	of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to
worthy, and their statements are entitled to full faith and credit. Sworn under my hand and official seal of office this 5th days of October.	1. What is your name, and where do you reside! Morelea Co. Swith in Care of bell Co /2.
Sworn under my hand and official seal of office this Sth day of October, 19 19 (SEAL)	2. How long and since when have you been a continuing resident of the State of Georgia 1 6. 1 graths, of facua less 18, 18 49, the data your best less
Campbell County.	3. When, where and to whom were you married 1 42. 26, 1867 in Care plets Garriery ya, to John C. Junte
,	a. Have you married since the death of first and soldier husband; Us Air
NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God." 2. Additional affaivits may be attached if blank spaces are insufficient. 3. Only widows who married prior to January 1st, 1881, are entitled. 4. Attachment of the state of the s	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 Samira) (44)
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by next Ordinary. 1. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by next ordinary of the residence of the person to be sworn and certified by next person, or by general reputation.	federate Army or Georgia Militia! (State the arms and class of Service) in feeling 1864 in County bette Orfo, in Co. H. 9 and 2. Roy K. Ja Militia. I founding
	5. When and where did the commands of your hysband surrender or discharge from the army! May 1865.
	6. Was your husband personally present at the time of the surrender or discharge of this command !
State of the state	7. If he was not present state clearly where he was! I have the same to be something to the same that the same tha
Pension ded by Act of 1919 ded by Act of 1919 atth match Mat	a. For what cause did he leave his command? Requires us auswer
	b. By whose authority did he leave his command?
	e. What was his physical condition when he left his command? Menes left it
Country of	f. What effort did he make to return to his command! Requires to a region of a region of the first prevented from going back to Command
Vidow Art 1910-w	h. Was he captured by the enemy at any time! A.S. If so, when and where captured and where held as a prisoner, and when and for what cause released?
A CONTRACTOR OF THE PARTY OF TH	regues as answer
Note of the second of the seco	j. When and where did your first husband die! Most 2, 1917 cm Came phill 5-12 k. Were you residing together when he died! Lie S
And the second s	I If not, how long had you resided apart! Ray was 260 august
	9. Have you or your husband heretofore been paid a pension by the States We Lad
	If so, when and for what cause were you or your husband placed on the roll! My until Uo
(Sworn to and subscribed before me this the
	MASSI Louis
	of Campbell County
	(SEAL)

	augusto ga may 1865.
0	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 f France X
	8. Where was his command when he left! Mous left if
Pension Smith Smith Smith Smith	a. For what cause did he leave his command! Any waters to also were
Pension Smith Smith Smith Smith - Tritte, Inf Prince, Admit	b. By whose authority did he leave his command!
A S S S S S S S S S S S S S S S S S S S	C For how long was to ground low.
John Commissioner	c. For how long was its granted leave of absence?
	f. What effort did he make to return to his command! Requires up any and
	g. In what way was he prevented from going back to Command
No o o o o o o o o o o o o o o o o o o	h. Was he captured by the enemy at any time! Ms Sar
	i If so, when and where captured and where held as a prisoner, and when and for what cause released?
	Require us ausque
Wildow of Wildows	j. When and where did your first husband die? West 2, 1917 in Come shall Confront to West you residing together when he died? Lin In In I I I not, how long had you resided apart? Ray wine to account
5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	k. Were you residing together when he died!
The second secon	I If not, how long had you resided apart? Key was the austour
	m. Are you now a widow! Jus sur
	9. Have you or your husband heretofore been paid a pension by the State! Wo Lan
	If so, when and for what cause were you or your husband placed on the roll? Requires to
	Sworn to and subscribed before me this the
The transfer of the second of	
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	(SEAL)
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Commence of the Commence of th	
marriale into busel. Ordinary's Sertificate and PAV NA accuracy	Questions for Witnesses as to Sprice of Husband and Marriage
STATE OF GEORGIA,	
Julian COUNTY	STATE OF GRORGIA
	Courte COUNTY.
Ordinary or said County, do certify	Personally before me comes
that I know	being duly sworn, true answers to make to the following questions, answers as follows:
is the person she represents herself to be and she is a bong fide continuing position either of said County	
and was on the 4th Novamber 1900, that I also know AND I & Description	
and and and and the fill the transfer	Ar dain is A.A. Jurger residing at Newman Coweta County Genrois
	My page is E.S. Durner residing at Newman Coreta County, Georgia. 2. How long and since when have you known. Martin R. Saith.
the witness who swears to the service of husband; that with of them are now residents of said County and	2. How long and since when have you known _Bartha E Smith applicant? Z have never known the applicant.
the witness who swears to the service of husband; that toth of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-	2. How long and since when have you knownMartha E Saith applicant? I have never these spelicant. 2. How long and since when has she continuously resided in this State! (Give data.)
the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust- worthy, and their statements are entitled to full faith and credit.	2. How long and since when have you known. Martha F. Saith applicant! 2. How long and since when has she continuously resided in this State! (Give data.) 3. At not know.
the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-worthy, and their statements are entitled to full faith and credit. Sworn under my hand and official seel of office this.	2. How long and since when have you known. Martha F. Saith applicant! L. Bays. Refor. Linear. Line applicant. 2. How long and since when has she continuously resided in this State! (Give data.)
the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust- worthy, and their statements are entitled to full faith and credit.	2. How long and since when have you known. Markin P. Smith. applicant! Llays. Bayse. Theore. the Applicant. 2. How long and since when has she continuously resided in this State! (Give data.) I. do not know.

STATE OF GEORGIA. OOUNTY Ordinary of said County, do cartify that I know the person she represents berealf to be and this is a boun fide continuing pasidom citizen of said County.	Questions for Witnesses as to Spice of Husbs STATE OF GROBGIA, QUESTA. OCUNTY. Personally before me comes
the witness who swears to the service of husband; that with of them are now residents of said County and	MY name is M.A. Butter residue at Mernan County Goo 2. How long and since when here you known. Martha E. Saith.
were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust- worthy, and their statements are entitled to full faith and credit. Sworn under my hand and official seal of office this	3. How long and since when has she continuously resided in this State! (1. de not know. 4. When and to whom was she married! Ro. not know. 5. How long and since when did you know. John G. Smith. husband! I know him from June 1864 6. When and where did John G. Smith, the husband of applicant, die! I so not know. 7. Were the applicant and her husband living together as husband and w Do. not know. 8. If not, how long did they live spart before his death! Were they divorced!
Attach certified copies of marriage license if obtainable. If not, preye marriage, by some person, or by general equatation.	9. When, where and in what Company and Regiment did
Widow's Pension Todar Act 1910—a Amended by Act of 1918. Commy. Name Widow of Company Regiment Approved Approved	12. When and where did his Command surrender, and was discharged! I cannot say as I had been wounded and never returned 13. Were you personally present when it was surrendered! I man not were you At home sawarely wounded and how came you there! 14. Was the husband of applicant personally present at surrender! I where was he! cause did he leave Command! (Give date.) authority did he leave his Command! long was he granted leave! All that I know of his service is that he joined the command that it up to the time I may wounded How 2nd 1864. 15. For what cause, if you know of your own knowledge, was he prevented
	mand?

Questions for Witnesses as to Sprice of	f Husband and Marriage
STATE OF GEORGIA.	
Courty.	
Personally before me comes	who, after
being duly sworn, true answers to make to the following question	
1. What is your name and where do you reside?	***************************************
My pape is M.A. Turner residing at Mernan Cowsta Co	
2. How long and since when have you known Martha E Sai	
I have never known the applicant	
3. How long and since when has she continuously resided in th	
. I do not know.	
4. When and to whom was she married! Do _not know	How do you know!
5. How long and since when did you know John C. Shi	th her
husband! I knew him from June 1864	
6. When and where didJohn C. Smith.	
the husband of applicant, dietI do not know	
7. Were the applicant and her husband living together as husb	
Do not know	
8. If not, how long did they live apart before his death?	
Were they divorced f	
9. When, where and in what Company and Regiment did	
He enlisted in June 1864, at Atlanta, Ga., in Co "	
10. Were you a member of the same Company! I was a m	
11. How long within your personal knowledge did he perform a	
and Regiment From date of his enliatment to Nov. 22m	
12. When and where did his Command surrender, and was disc	harged!
I cannot say as I had been wounded and never	
13. Were you personally present when it was surrendered?I	
were youAt_home_severely_woundedand how came	

14. Was the husband of applicant personally present at surrence	derf I cannot say If not
where was hef	When, where and for what
ause did he leave Command (Give date.)	By whose
uthority did he leave his Command !	And how
ong was he granted leave!	
ith it up to the time I was wounded Nov. 22nd 1864	he command in June 1864 andserv
15 Pow what some if you have of the	7.5.
15. For what cause, if you know of your own knowledge, was he	prevented from returning to his Com-
16. What effort did he make to return to his Command and he	
10. What chort did he make to return to his Command and he	ow do you know this! Of your own

of Courts I. Certify that W.A. Turner is a truthful, (GEALOrthy of belief. Given under my har

reliable differ of Cowta Co.Ga.w and and end. Chie Sept. 9th,1919, Ordinary Cowta County, Georgia/

He enlisted in June 1864 at Atlanta Ge .. in Co "A" 9th Ge .. Reg. St. Troops, Inf 10. Were you a member of the same Company! I ma a member of the same Co. 11. How long within your pe sonal knowledge did he perform actual military service with his Company entifrom date of his enliatment to Nov. 22nd , 1864, when I was wounded. 12. When and where did his Com mand surrender, and was discharged! __ Widow's Pension I cannot say as I had been wounded and never returned to my command. 13. Were you personally present when it was surre dered! _I_ma not present ___ If not, where State Printers, were you --- At-hone severely wounded ... and how came you there! 14. Was the husband of applicant personally present at surrender! __I_campot__say______If not where was he! -----When, where and for what No. ause did he leave Command† (Give date.) ______By whose long was he granted leave !---------How do you know all this? All that I know of his service is that he joined the command in June 1864 andserved with it up to the time I was wounded Nov. 22nd 1864. 15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com-16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or howf HOLDI

re and in what Company and Regiment did _____John C.Smith

County. State T.A. Turner is a truthful reliable citizen of Coweta Co.Ga. whose state

Given under my hand sent coal, This Sept. 9th, 1919, Ordinary Coseta County, Georgia/

Sthe day of September 1938 1 19

rthy of belief.

enlist 1

Questions for Witz STATE OF GEORGIA, Fulton COUNTY. reconsily before me comes ______ John H. Pennington ing duly sworn, true answers to make to the following questions, answers as follows: 1. What is your name and where do you reside? ... John H. Penning ton. 68 Walton St., Atlanta, Ga. Martha E. Smith 2. How long and since when have you k All her life 3. How long and since when has she continuously resided in this State! (Give date.)___ All her life 4. When and to whom was she married! John C Smith How do you know! 5. How long and since when did you know _____ John C Smith From howhood husband! John C Smith the husband of applicant, diet Nov. 2, 1917. Campbell Co., Ga. 7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes ... 8. If not, how long did they live apart before his death? __DEVET_resided spart____ Were they divorced !_____No..... June 1864 Atlanta Ga., Co. "A" 9th Ga. State Troops 10. Were you a member of the same Company !-----Yes-11. How long within your personal knowledge did he perform actual military service with his Company and Regiment | From June 1864 to May 1865 12. When and where did his Command surrender, and was discharged? ___May_1865___ Augusta, Ga. 13. Were you personally present when it was devrendered? ______Yes________If not, where were you _____and how came you theref____ was het _ Never_left_command_until after_surrenderWhen, where and for what cause did he leave Commandf (Give date.)By whose was he granted leavet_____ ----How do you know all this? I was member of same company and saw him constantly in service. until company surrendered 15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com-16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how! _. al mesonblo ordi

3. How long and since when has she continuously resided in this State? (Give date.)	
All her life Dec. 1868 4. When and to whom was she married! John C Smith How do you know!	
5. How long and since when did you know John C Smith	
5. How long and since waen did you know	
6. When and where did	
the husband of applicant, dief Nov. 2, 1917. Campbell Co., Ga	
7. Were the applicant and her husband living together as husband and wife at the date of his d	
er simulated i simulated en	
8. If not, how long did they live apart before his death?never_resided_spart	
Fore they divorced!NO	
9. When, where and in what Company and Regiment didJohn_C_Smithe	nlist f
June 1864 Atlanta Ga., Co. "A" 9th Ga. State Troops	
10. Were you a member of the same Company !Yas	-4
11. How long within your personal knowledge did he perform actual military service with his Con	npany
nd Regiment; From June 1864 to May 1865	
12. When and where did his Command surrender, and was discharged! May. 1865.	
13. Were you personally present when it was surrendered? Yes If not,	
ere youand how came you there t	
14. Was the husband of applicant personally present at surrender? XSA	If not
here was het _ Never_left_camend_until after_surrenderwhen, where and for	what
use did he leave Command (Give date.)	whose
thority did he leave his Command f	. how
ng was he granted leave!	this !
I was member of same company and saw him constantly in servi	
until company surrendered	
15. For what cause, if you know of your own knowledge, was he prevented from returning to his	Com-
and 1	
16. What effort did he make to return to his Command and how do you know this? Of your	
lowledge or now!	
Sworn to and subscribed before me this the	
The It mesoully retired & July Herm	
their do Disease the ordinary of alm 14 Vienn	T

Georgia, Campbell County.

Before me, theundersigned Ordinary, this day came J. H. Reeves, gf said county, who is also presented as a witness in support of the appli cation, herewith presented, of Mrs. Martha E. Smith for a Pension, and who is known to me to be entirely credible, and who was duly sworn before answering any questions, or making any statement in this affidawit, and who says on eath, that he was personally acquainted with both the said applicant and her deceased husband, Jehn C. Smith, and that he was personally present and saw said applicant and her said husband join ed together in matrimony on Dec. 26, 1867.

Sworn to and subscribed before me, this Oct. 26, 1919.

M.S.M. Josin, Ordinory,
Campher County, 42,

State of Georgia, Campbell County.

Before me, the undersigned Ordinary, this day personally appeared S. L. Lengine, who is presented as a witness in support of the applicarer a remaion, tion/herewith presented of Mrs. Martha E. Smith, widow of John C. Smith late of said county, deceased, and the deponent being personally known to me as being entirely trustworthy, and whose statements are worthy of belief, and who, having been duly sworn before signing this affidavit, deposes and says that he was personally and intimately acquainted with both the applicant, the said Mrs. Martha E. Smith, and her said decessed husband, John C. Smith; that he lived in same neighborhood of said parties, attended the wedding of the same, and saw them joined together in matrinony on December 26, 1867, by Rev. A. Longino, the father of depenent, in Campbell county, Georgia. Further, that for some reason, unknown to deponent, the marriage License of said parties seems not to have been recorded in the Office of the Ordinary of said county.

(Signed.) S. L. Loregist Swern to and subscribed before me, this October 5th, 1919.

Campbell county, Georgia.

_, Ordinary,

W.S.M. Forin

Georgia, Campbell County.

Before me, theundersigned Ordinary, this day came J. H. Reeves, ef said county, who is also presented as a witness in support of the application, herewith presented, of Mrs. Martha E. Smith for a Pension, and who is known to me to be entirely credible, and who was duly sworn before answering any questions, or making any statement in this arridavit, and who says on eath, that he was personally acquainted with both the said applicant and her deceased husband, John C. Smith, and that he was personally present and saw said applicant and her said husband join ed together in matrimony on Dec. 26, 1867.

Sworn to and subscribed before me, this Oct. 26, 1919.

Mr.S.M. Forin Ordinary, Campber county, 92,

State of Georgia, Campbell County.

Before me, the undersigned Ordinary, this day personally appeared S. L. Lengine, who is presented as a witness in support of the application as a Pension, tion/herewith presented of Mrs. Martha E. Smith, widow of John C. Smith late of said county, deceased, and the deponent being personally known to me as being entirely trustworthy, and whose statements are worthy of belier, and who, having been duly sworn before signing this affidavit, deposes and says that he was personally and intimately acquainted with both the applicant, the said Mrs. Martha E. Smith, and her said decessed husband, John C. Smith; that he lived in same neighborhood of said parties, attended the wedding of the same, and saw them joined together in matrinony on December 26, 1867, by Rev. A. Longino, the father of depenent, in Campbell county, Georgia. Purther, that for some reason, unknown to deponent, the marriage License of said parties seems not to have been recorded in the Office of the Ordinary of said county.

(Signed.) S. L. Lorigisi

Swern to and subscribed before me, this October 5th, 1919.

M.S.U. Lorius, Ordinary,

Campbell county, Georgia.

Sales	Now Marine
	MFN 194
<u>. </u>	No
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	low's Applicatio
To Be P	ow's Application on Roll in Her Own Right, who bland Was on Roll at Death.
To Be P	ut on Roll in Her Own Right, wh
To Be P Hu	nt on Roll in Her Own Right, wh hand Was on Roll at Death. Campbell. Mrs. Mary P. Smith.
To Be P	nt on Roll in Her Own Right, wh hand Was on Roll at Death. Campbell. Mrs. Mary P. Smith.

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STATE OF GEORGIA OFFICE OF COURT OF ORDINARY.

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Aleot Sis;

Success is John y lless Mory

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suggested by your though your

Your Indy

Ordy

CAMPBELL COUNTY,

		WIDOW'S	AFFIDAVIT.		
STA	TE OF GEORGIA,		,		
	Personally before me comes	Mary F. S	mith		
who, a	after being duly sworn, on or	th says, that she	is the widow of J.	I. A. Sm1+h	said County,
in the	County of Campbell	State	of Ga.	ah	to whom
day of	Nov. 1867 and that	she remained his	wife and resided -	she was married on	the ZIBU
in_Au	8. 16th 19.09 and	that she has not	since his death rome	tti iiii to the date	of his death
he was	s a resident of Campl	oell Cour	ty in the	arried. At the time	of his death
was on	the Indigent	Pen	ion Roll of the State	said State of Geo	rgia, and he
in	Campbell Count	v for 19 09	or annum	and paid a pension o	f \$ 00.0
		Regiment	er annum, on accoun	nt of being a soldier	in Company
Bib	son's Bet. Artil'y	- Vol.		1.	
	At the death of J.W.	.Smith	he was in the use	e and possession of t	he following
of the	cash value of \$ no				
	What property of any kind	and of any value l	ave you in your use,	control and possessi	on now and
the cas	h value (State fully.)				
	1/2 Acres land	& House		\$ 400.0	0
	no Horses and	Mules Furnit	ıre	s 15.0	0
	,	etc		\$	
	Total Cash v	alue of all propert	y	\$415.0	J
1	That she is now a bonafide r	esident citizen of	said County ofC	emphell	and she
	ontinuously resided since			52 19	
s	sworn to and subscribed be	fore me, this the	Mary	The Smith	-
2	9th W. J. Wille	191 0.		V. Linne	
	yr. s. uc	dorui,	9rdinary.		
	of C	amp.	Cou	inty.	
		,			
				*	
Arria	avit of Witnesses			to Whoml	Date of
		Reath of I	Husband.		
TAT	E OF GEORGIA,	1			
60	au shu	County.			
		0 1/4	· Colure	UH Wor	do och
Pe	ersonally before me come.	1, 1	- cour	known to be	esponsible
10 truti	sonal knowledge Mrs	To I fee	illi swo	orn on oath, say: th	at of their
		Sure	who me	ade the foregoing a	ffidavit, is
	te of Ja	m 16 cm	day of Aug	1009	County in
	nce remarried. That she	ama thamile of	usy 01	19 and	that she
10			r se mon and wif-	on the	40,4
low	Adapted 1800	and that the	Zul Jours	of 24 H W	ood doe
me mar	who was on the pension re	oll of said State	ga from	Comple	
	and on the pension it	o. cara orate	yrom	- July	ounty

Sworn to and subscribed before me, this the If Welling

My giny of Oct 1910

Of Care pure County.



STATE OF GEORGIA

OFFICE OF COURT OF ORDINARY, CAMPBELL COUNTY,

W. S. McLARIN, ORDINA

Col It Lindsey

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Start Sit is for y lless llong

I beniew to two of your flower your

suggested by your though your

M. S. lle John

Ordy

Georgia,)	To any Minister	of	the Gospel,	Judge,	Justice	of	the
Campbell County)	Inferior Court,	or	Justice of	the Peac	ce:		

You are hereby authorized and permitted to join in the Honorable State of Mabrimony Josey W. A. Smith and Miss. Mary F. Moates provided there be no lawful cause to obstruct the same according to the Constitution and Lews of this State, and for so doing this shall be your sufficient License.

Given under my hand and seal this 21st day of November A. D. 1867.

R. C. Beavers, Ord'y.

I hereby certify that Josey W. A. Smith and Miss. Mary F. Moates were Joined together in the Holy Bonds of Matrimony on the 21st day of November 1867 by me.

Elder George R. Moor

Georgia, Campbell County.

I, W. S. McLarin, Ordinary of said county, hereby certify that the kkee above and foregoing is a correct copy of the Marriage License and Certificate of Marriage of Josey W. A. Smith and Miss. Mary F. Moates, as appears of record in my Office in Book "C" page 17.

Witness my hang and seal of Office, this August 29th 1910.

J. S. Laner, and Langer, XXX Ordinary,

Campbell county, Ga.

has so continuously reside				
	cribed before me, this	mas	y Fr Smin	The
29th // day	August 19	0.0	7	1
Vr. 20.	Carre	9rdinary.	2	
of	Cam	pour	County.	
	_		3.	
Affidavit of Wit	nesses to Proc	e Marriage a	ind to Whon	ıDate
	Death	of Husband.		
STATE OF GEOR	RGIA,			
Com st	County.	ý		
	0 1	1 Ke Coli	LYK W	ord d
Personally before r			known to	be respons
and truthful persons, resid	ing in said County w	so after having duly	sworn on oath car	b
own personal knowledge	A Service	will wh	o made the foregoi	ng affidavi
the lawful widow of	· vi ·			
said State of	on /6	day of Au	ž 19 ° . J	and that
has not since remarried. The	at she became the wife	⊨ of	on the	
of 18 and that de	and he had resided to	gether as man and wi	fe continuously since	
Four K day of	and he had resided to	it the Line for	was the	wood
ame man who was on the	pension roll of said St	ate ga fr	om Compt	4-County
wh			0	
	£-,	0		,
Sworn to and subscrib	ed before me, this th	e AM	Clure	
21 play of	10h ,191 O	D 10 2	m .	
It silles	Care of	Ordinary.	Moodda	<u>ee</u>
of	Camp	, bell	County.	
Π.	A 187	distribution of the second		
	The second second second	SA SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE STATE STATE OF THE SERVICE STATE S	Significant Company	No. of Concession
			A NAME OF TRANSPORT	
			•	Marchine
		The season		
	IDAVITS OF	TWO FREEH	IOLDERS.	
STATE OF GEOR	GIA,			
Campbell	County.			
Davis II. 1				
rersonally before m	e comes W.McM111	An & J.A.Vick	erywho after b	eing sworn
oath says, that they are fr	eenolders of said Cour	aty, and that they k	now Mary F.S.	1th
and county and knew her s	aid husband J.W.	I.OMITA	at his death on	the16t
ones and level		were in the use, posse	ession and control o	the follow
iay of19109_	1 Uanas -		- and control o	the lonow
lay of Aug. 1909 property at his death to wi	1 House & I	ot in Fairbur	n Ga. & littl	e furni

of Court Ordinary. James County

....Ordinary of said County, do certify, that, I

.....the applicant for this pension and that she is the person

ORDINARY'S CERTIFICATE.

she represents herself to be, and that she is a bona fide continuing resident of said County and was on the

NOV. 4, 1908. 191

That I also know

That I also know

W. MOMILLAR & J. VIOLERY

who I know to be a resident free holder of said County
that all of the foregoing were duly sworn by me before signing the respective stiffdavits and that they are
truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Baid County shows that Bha returned property to the nt of for 1908 \$ 4/00 for 1909 for 1910 \$ 4/10 for 1

NOTES 1. Before any questions are assembled, the Ordinary shall swear applicant and the witness in the following words.

"You do solomity swear that you will to Ordinary shall swear applicant and the witness in the following words, you also half give will be the truth. So belp you God, "ceach of the questions asked you and the evidence and the additional shadavite may be attached if blank spaces are insufficient.

2. Additional shadavite may be attached if blank spaces are insufficient.

3. Only widows who married prior to first Pattack 1978, are entitled.

4. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by annual reportation.

Sworn to and subscribed before me, this the

W. S. McLarin,

STATE OF GEORGIA,

Campbell

know Mrs. Mary F. Smith

	property at ms death to wit: 1 House & Lot in Fairburn Ga. & little furniture
Georgia,) To any Minister of the Gospel, Judge, Justice of the	of the value of \$.765.00. That she is now in the use, possession and control of the following property to wit: 1 House & Lot in Pairburn Ga, & little furniture
Campbell County) Inferior Court, or Justice of the Peace:	of the value of \$ 765.00.
) You are hereby authorized and permitted to join in	Sworn to and subscribed before me, this the
the Honorable State of Mabrimony Josey W. A. Smith and Miss. Mary F.	John Jay of Aug 1910. Ordinary Allishers
Moates provided there be no lawful cause to obstruct the same according to	of Courp Lill County.
the Constitution and Laws of this State, and for so doing this shall be	ORDINARY'S CERTIFICATE.
your sufficient License.	STATE OF GEORGIA, Campbell County.
Given under my hand and seal this 21st day of November A. D. 1867.	I. W. S. McLarin, Ordinar of said County, do certify, that, I
	the applicant for this pension and that she is the person
R. C. Beavers, Ord'y.	she represents herself to be, and that she is a bona fide continuing resident of said County and was on the
	That I also know I the a Clean and U. H. Wood of our
I hereby certify that Josey W. A. Smith and Miss. Mary F. Moates were	.W. McMillan. & J. Wickery
joined together in the Holy Bonds of Matrimony on the 21st day of November	That the tax Books ofsaid_ County shows thatshareturned property to thesamount of
1867 by me.	Sworn under my hand and official seed of office this 22th 1 day of AMS 191.0.
Elder George R. Moor	
	NOTES 1. Before any questions are sarvered; the Ordinary shall severe applicant and the witness in the following words. "You do seleming wears that shall fill trained by the ordinary shall severe applicant and the witness in the following words. you shall give will be the truth. So help you Godd, to each of the questions asked you and the evidence 2. Additional affidative must be attached if blanks spaces are insufficient. 3. All affidavits must a, made before the Ordinary. 4. All affidavits must a, made before the Ordinary. 5. Attack certified copies of marriage literate of Lyminsbuc, It does not you marriage the property of the ordinary to the ordinary.
All () in the contract of the	 Additional affidavits way be attached if blank spaces are insufficient. All affidavits must c. made before the Ordinary.
Georgia, Campbell County.	 Only widows who married prior to first January 1870, are entitled. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by

I, W. S. McLarin, Ordinary of said county, hereby certify that the where above and foregoing is a correct copy of the Marriage License and Certificate of Marriage of Josey \ensuremath{W} . A. Smith and Miss. Mary \ensuremath{P} . Moates, as appears of record in my Office in Book "C" page 17.

Witness my hand and seal of Office, this August 29th 1910.

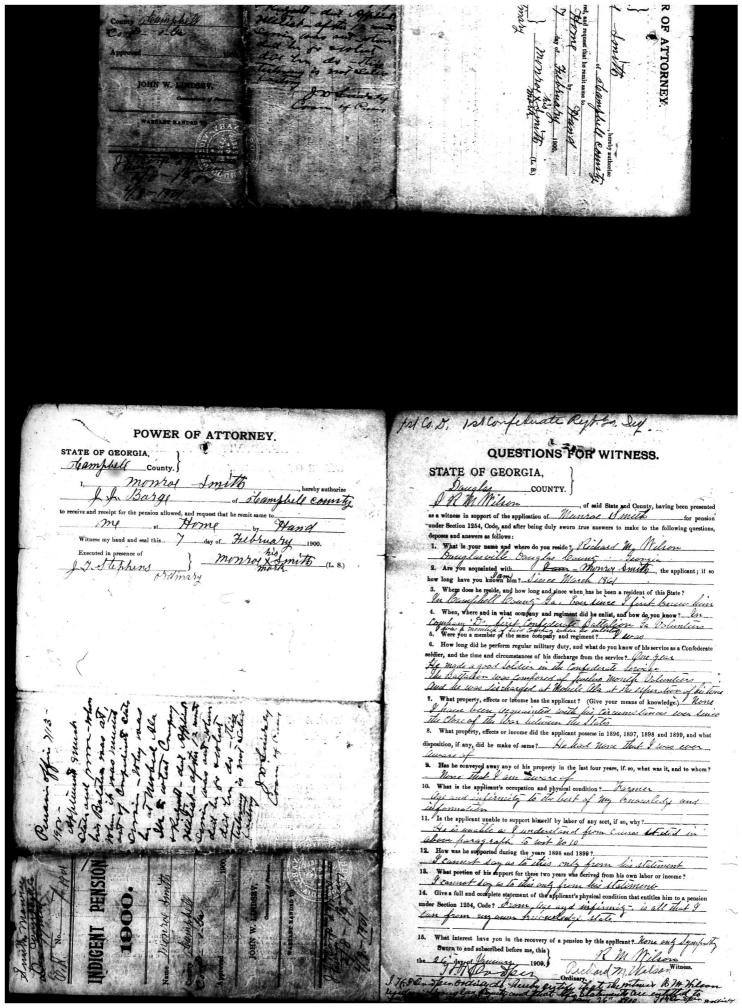
Ordinapy XXX Ordinary,

Campbell county, Ga.

Campbell Cour	tv.
1	Ordinary of said County, do certify, that, I
w Mrs. Mary F. Smith	the applicant for this pension and that she is the person
represents herself to be, and that she i	a bona fide continuing resident of said County and was on the
That I also know 191	Eller and U. H. Wood of our
all of the foregoing were duly sworn b	who I know to be a resident free holder of said County y me before signing the respective affidavits and that they are
That the tax Books of Said	County shows thatshereturned property to the
unt offor 1908 \$.40	for 1909 8 400 00 for 1910 8 445
Sworn under my hand and official s	of office this 29th 1 day of Aug. act 191 0.
(SEAL.)	County shows that she returned property to the for 1909 8 4/00 for 1910 8 4/00 for 1910 8 4/00 for 1910 8 4/00 for 1910
ES 1. Before any questions are answered, the "You do solemnly swear that you will you shall give will be the truth. 2. Additional affidavits must be made before the downward of the state	County. e Ordinary shall swear applicant and the witness in the following words. true answers make to each of the questions asked you and the evidence she bely you Go. if blank spaces are insufficient. ordinary.

O.K. No.	CONTROL OF THE PARTY OF THE PAR		STATE
as mobile	A cal	Rices my hand and sail this Executed in presence of A.	POWEI STATE OF GEORGIA. COUNTY. METALE META
County Gamphell sails and	my	1 dimary	R OF
JOHN W. LUMBER		morry Kolyn	ATTORNEY. multiple of Stampfulf & Rest that he result same to Manife.
9-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	Hara San San San San San San San San San Sa	(m) 1800.	hareby authorize

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	And he was discharged at Medical Ala at the experience of his love 1. What property, effects or income has the applicant? (Give your means of knowledge.) None
	I have been acquainted with his fix mund lances live Since
2 4 2 4 3 1 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Cline of the War believen the States
× 1111129 6 1120 16	8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? He high More that I was even
4 26 31 4 4 34 34 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9. Has be conveyed away any of his property in the last four years, if so, what was it, and to whom? Hence there I am turned of
2 3 4 1 1 2 1 1 1 1 2 2 4	10. What is the applicant's occupation and physical condition? Farmer
1 3112 11 - 12 27 W A	less and infirmity to the list of my brusuledy and
1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11. Is the applicant unable to support himself by labor of any sort, if so, why?
62 64 14 14 17 18 18 18 18 18 18 18 18 18 18 18 18 18	He is unable as I understand from Course botaled in
92, 345134 11434 144	where karagraph to wet 1010
	12. How was he supported during the year 1898 and 1899?
	13. What portion of his support for these two years was derived from his own labor or income?
	I comet som as to dies only from his Madiment
四日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日	14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1284, Code? Attent Lage and informing in all that I
78 1 5 9 33 1 1 5 5 1 5 7 5	Sun from my own howeledge Nate
SE S	IK Whater I have a second and a second a second and a second a second and a second
经 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图	16. What interest have you in the recovery of a peneion by this applicant? Herse only styring the Sworn to and subscribed before me, this)
3 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1. OC's of Millson
20 2 2 1 1 1 1 1 1 1 1 1	1 HIVO HIS TO MELOAN MESS.
7 201 = 1 2 30 21	I 168 a sper ording is hereby grately light the viture to Mr Helson
	The Thomas grand and the open grain
shortens to a street and the street	
	Latte IX latter letwest Pert Jul mil 3 + 191 March
C'TT TO SETTING	Questions for Applicant question to
AFFIDAVIT OF DUVOIONA	STATE OF GEORGIA.
AFFIDAVIT OF PHYSICIANS	Geamphill County, as a purate, Co all
STATE OF GEORGIA,	monrae land the dather Confedence
County.	to avail himself of the Pension Act (Section 1264, Code), hereby submits his proofs, 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 were the proofs and the proofs and after being duly the proofs are the proofs and answers as follows:
Personally came before me A Davrupach Mind	1. What is your name and where do you reside ? (in Co
your or grant he both known to me se reputable about	2. How long and since when here you here will be a since when here you here
or (said County, who, being severally sworn, say on oath that they have examined carefully	
such personal examination say that his precise physical condition is as follows:	3. When and where were you born? 11 clary of sight 1833 In Complete County
We find That he single a so it of	4. When and where and in what company and regiment did you enlist or serve? & August March 18612 CHEMPTE STR. Company D. First Company that Buttellion.
we find that he suffer with Mestige	5. How long did you remain in such company and regiment? / 2 months
The state of the s	To die
	6. For how long a period did you discharge regular military duty? 12 months
They further say on oath that the physical condition of applicant renders him unable to labor at	months was out I was discharged from service? When my 12
any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.	8. What is your present occupation? Harming
Sworn to and subscribed before me this the	9. How much can you earn (gross) per annum by your own exertions or labor? Tunenty furt dollars
day of Gennary 1900.) Is Longue mo	10. What has been your occupation since 1865? Harmy
ording.	poverty," second, "infirmity and poverty," or third, "blindness and poverty" and infirmity and poverty," or third, "blindness and poverty" and infirmity & Pour in
ORDINARY'S CERTIFICATE.	your support? If upon the second, give a full and complete history of the information that you could not earn
STATE OF GEORGIA,	not heen able to make a support for the last of years of how my bear of the last of years of a land of the last of years of the last of years of the last last last of the last last last last last last last last
Hampbell COUNTY.	A read so that I am not able to do but little work
I, J. Mephans , Ordinary in and for said County, hereby certify	1 My Income do you possess, and its gross value? My Jornary
that the applicant resides in said County, and has	14. What property, effects or income did you possess in 1904 1905
been a bona fide resident of this State since the day of September 380/933- and that the witnesses, viz: La Burgs, 4 de H. Rensembert M. D.	what disposition, if any, did you make of same ? I must had no proporty
Lit Sonaine Mr. D.	
are of trustworthy character, and that their statements are entitled to full faith and credit,	15. In what County did you reside during those years, and what property did you then return for taxation? In Manufield County = non!
I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness	16. How were you supported during the way 1000
before same was signed.	in a could and will believe it the the
I further certify that the tax digests of Heavy bell County above that applicant returned for taxation, in his name in 1888	17. How much did your support cost for each of those years, and what portion did you contribute thereto but by your own labor or income? 60000 at 17.25 rd Land
of property and in 1999 Mar White and	what was your employment during 1898 and 1899? What pay did you receive in each year?
In my opinion the foregoing claim is made in good faith.	19. Have you a family? If so, who composes such family? Give their means of support? Have they will be a homestead? MA = WM 480/12 Children with the last
Witness my hand and seal of office, this day of January 1900.	a homestead? Wes = with and 2 the dring by what little work they could be no. no home stead.
J. Stephens Ordinary	The regiment sugar
2. of deamphill County.	20. Are you receiving any pension? If so, what amount, and for what disability? Mong
1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following a world of the	Sworn to and subscribed before me this the
1. Before any questions are nanswead, the Ordinary shall swars applicant and the witnesses in the following words: "You you find." 2. Additional affidavits may be statched if his hard possess are instiffered. 2. Additional affidavits may be statched if his hard possess are instiffered.	25 day of January 1900. Moreroe Smith
you took. Additional affide vite may be stisched if blank spaces are insufficient. In every case the Ordinary most could'y to the character of the wit ness, and as to the execution of the proof as above.	Applicant Ordinary,

ORDINARY'S CERTIFICATE.	your support? If upon the second, give a full and complete history of the infirmity and its extent? If
	upon the third, state whether you are totally blind and when and where you lost, your sight? I have not have able to make a support for the last of mars I am am 44 there sha I have been over heat and it effect my head so that I am not able to do but lettle work
STATE OF GEORGIA,	am 64 years old I have been our heat and it effect me
Hampbell COUNTY.	I mead so mot I am not able to do but little work
I, J. M. Atthurs, Ordinary in and for said County, hereby certify	U 10. What property, enects of income do you possess, and its gross value?
that the applicant Merry Smith resides in said County, hereby certify	14. What property, effects or income did you possess in 1894, 1995
been a bona fide resident of this State since the // dev of Ashtumber and Cotta-	what disposition, if any, did you make of same? I had had not have to
and that the witnesses, viz: & Burge. + of It Deavenport m. D.	6 - of any amain those years
L. J. Songing M. D.	
are of trustworthy character, and that their statements are entitled to full faith and credit.	15. In what County did you reside during those years, and what property did you then return for taxation? In Manufylel Commity - Norma
I further certify that before answering the foregoing questions the applicant and each witness took	16. How were you supported during the Stone Stone By the to the
the oath hereon prescribed, and that the full text of the affidavith was read to the applicant and witness before same was signed.	- I could do and the balance of the the
the 19.00	17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? \$67000 = 41.717.26.77 Lalard
returned for taxation in his name in 1898 Tuthing Dollars	18. What was your employment during 1898 and 1899 What
of property, and in 1899 Multhing Dollars of property.	18. What was your employment during 1898 and 1899? What pay did you receive in each year? Here and have the little of could de. And net below many only
In my opinion the foregoing claim is made in good faith,	19. Have you a family? If so, who composes such family? Give their means of support? Have they city a homestead? We will work the composes such family? Give their means of support? Have they city a homestead? We will defen the city what title work they
Witness my hand and seal of office, this day of January 1900,	a homestead? Wes = will and I children by what little work they
J. Stephens Ordinary,	They we have the stay
The International Contraction of the Internation of the International Contraction of Contraction of Contraction of Contraction of Contraction of Contraction of Contr	20. Are you receiving any pension? If so, what amount, and for what disability . Mony
of Veampure County.	1
1. Before any questions are answered, the Ordinary shall swar applicant and the witnesses in the following words: "You you God." You got the great one shall be seen that the wide of you, and the evidence you shall give will be the whole truth, so halp	Sworn to and subscribed before me this the Morevoe Bruith
you did," 2. Additional affidavits may be attached if blank spaces are bisefficient. 5. In every case the Ordinary, must certify to the character of the wit ness, and as to the execution of the proof, as above.	25 day of January 1900.) Applicant.
set out.	Ordinary,
	of Manyolule County.
No. of the contract of the con	
AFFIDAVIT OF DUVOTOLANG	
AFFIDAVIT OF PHYSICIANS.	QUESTIONS FOR WITNESS.
STATE OF GEORGIA, ALDROSO TO STATE	
COUNTY. Synthol	STATE OF GEORGIA,
Personally came before meand	County.
, both known to me as reputable physicians	Wy Garbrough
of said County, who, being severally sworn, say on oath that they have examined carefully	M. Garbrough, of said State and County, having been presented
of said County, who, being severally sworn, say on eath that they have examined carefully, applicant for pension under Section 1254, Code, and after	as a witness in support of the application of Monwy a mit for pension
of said County, who, being severally sworn, say on oath that they have examined carefully	as a witness in support of the application of Morney Bomet for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:
of said County, who, being severally sworn, say on eath that they have examined carefully, applicant for pension under Section 1254, Code, and after	as a witness in support of the application of Manna Anna for pension under Section 1264; Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your pague and where do you reside? 11 9. Yarbraugh.
of said County, who, being severally sworn, say on eath that they have examined carefully, applicant for pension under Section 1254, Code, and after	as a witness in support of the application of Mornan Annual for pension under Section 1264, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? It y. Yarbraugh, Mornal Ja Camplus County.
of said County, who, being severally sworn, say on eath that they have examined carefully, applicant for pension under Section 1254, Code, and after	as a witness in support of the application of Manna Annual for pension under Section 1264, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? 11 9. Yarbraugh Manna Gampleue County 2. Are you acquainted with Manna Grand County bow long have you known him? 12 10 10 10 10 10 10 10 10 10 10 10 10 10
of said County, who, being severally sworn, say on eath that they have examined carefully, applicant for pension under Section 1254, Code, and after	as a witness in support of the application of Milmon Amount for presented under Section 1264, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? 2. Are you sequainted with Month or the present the property of the applicant; if so, how long have you known him? I feet Jordy Hunter of the State of t
of said County, who, being severally sworn, say on eath that they have examined carefully, applicant for pension under Section 1254, Code, and after	as a witness in support of the application of Manna Annah for pension under Section 1264, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? 1. What is your name and where do you reside? 2. Are you acquainted with Monnay from the property of the applicant; if so, how long have you known him? It you forty from the second of this State? In the applicant; if so, Where does he reside, and how long and since when him he been a resident of this State? In the property of the state of the state? In the second of the second
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of said County, who, being severally sworn, say on eath that they have examined carefully—applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows: They further say on eath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to care a support for himself, and that we have no interest in said pension	as a witness in support of the application of Manna Annah for pension under Section 1264, Code, and after being duly aworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? 2. Are you acquainted with Mannah for the provided of the applicant; if so, how long have you known him? Fer Jordy Heart, the applicant; if so, how long have you known him? Fer Jordy Heart, the applicant; if so, how here does he reside, and how long and since when has he been a resident of thus State? Jordy when the company and regiment did he cells, and how do you know? In the When, where and in what company and regiment did he cells, and how do you know? In the West of the state? The State of the state of the same company and regiment? Here, I was nown the suitostate.
of said County, who, being severally sworn, say on eath that they have examined carefully, applicant for pension under Section 1264, Code, and after such personal examination say that his precise physical condition is as follows:	as a witness in support of the application of Manna annual for pension under Section 1264, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? 2. Are you acquainted with Monnay annual the applicant; if so, how long have you known him? Yes, Joseph Manna, the applicant; if so, how long have you known him? Yes, Joseph Mannay. 3. Where does he reside, and how long and since when has he been a resident of thus State? In the applicant; for any function of the whole, when where and in what of impany and regiment did he enlist, and how do, you know? In Orion of the state
of said County, who, being severally sworn, say on eath that they have examined carefully—applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows: They further say on eath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to care a support for himself, and that we have no interest in said pension	as a witness in support of the application of Merror American presented under Section 1264, Code, and after being duly aworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? 2. Are you acquainted with Morror Someth , the applicant; if so, how long have you known him? Fer Jordy Heart , the applicant; if so, how long have you known him? Fer Jordy Heart , the applicant; if so, how long have you known him? Fer Jordy Heart , the applicant; if so, how long have you known him? Fer Jordy Heart , the applicant; if so, how long have you known him? I would be some a resident of thus State? Jordy work of the when, where and in what company and regiment did he callet, and how do you know? In the West of the state of the same company and regiment? Here I want he cultivated. 5. Were you a member of the same company and regiment? Here I want he cultivated.
of said County, who, being severally sworn, say on eath that they have examined carefully— applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows: They further say on eath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.	as a witness in support of the application of Metron Branch for pension under Section 1204, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? If your formers that is your applicant; if so, bow long have you known him? Fee Forty fram. the applicant; if so, bow long have you known him? Fee Forty fram. 3. Where does he reside, and how long and since when has he been a resident of thus State? Intervention Carry frame Carry frames for the when, where and in what company and regiment did he enlist, and how, do, you know? In the State of the State of the same company and regiment? He will the same to the same company and regiment? He for right mornels. 5. Were you a member of the same company and regiment? He for right mornels. 6. How long did he perform regular military duty? In mornels. 7. When and where was his command surrendered? Meh 1867, at Mobile Meg.
of said County, who, being severally sworn, say on eath that they have examined carefully— applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows: They further say on eath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to care a support for himself, and that we have no interest in said pension being allowed. Sworn to and subscribed before me, this the	as a witness in support of the application of Milman Amal for pension under Section 1264, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? 2. Are you acquainted with Monney formula , the applicant; if so, how long have you known him? Yes, Joseph Manney. 3. Where does he reside, and how long and since when has he been a resident of thus State? Joseph Manney Lance Cantelland Cantelland Control of the State of
of said County, who, being severally sworn, say on eath that they have examined carefully— applicant for pension under Section 1264, Code, and after such personal examination say that his precise physical condition is as follows: They further say on eath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to care a support for himself and that we have no interest in said pension being allowed. Sworn to and subscribed before me, this the day of 1900. Ordinary.	as a witness in support of the application of Metron Branch for pension under Section 1204, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? 2. Are you sequainted with Morney Branch, the applicant; if so, how long have you known him? Let Joseph for the applicant; if so, how long have you known him? Let Joseph for the applicant; if so, how long have you known him? Let Joseph for the applicant; when we have a for the state? Internationally the When, where and in what company and regiment did he enlist, and how, do, you know? In the State of the same company and regiment? Here the sum of the same company and regiment? Here the sum of the same company and regiment? The state of the same company and regiment of the same state of the same company and regiment of the same state of the
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of said County, who, being severally sworn, say on eath that they have examined carefully— applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows: They further say on eath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed. Sworn to and subscribed before me, this the day of 1900. Ordinary. ORDINARY'S CERTIFICATE.	as a witness in support of the application of Melman Amel of presented under Section 1264, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? 2. Are you acquainted with Month of Joseph
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of said County, who, being severally sworn, say on eath that they have examined carefully— applicant for pension under Section 1264, Code, and after such personal examination say that his precise physical condition is as follows: They further say on eath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to care a support for himself and that we have no interest in said pension being allowed. Sworn to and subscribed before me, this the day of 1900. Ordinary. ORDINARY'S CERTIFICATE. STATE OF GEORGIA, Compliant County, bereby certify	as a witness in support of the application of Melmon Brown for presented under Section 1204, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? 2. Are you sequainted with Morney Brown for the applicant; if so, how long have you known him? Yet Forly Jean. 3. Where does he reside, and how long and since when has he been a resident of thus State Interval of the applicant; if so, how long have you know him? Yet Forly Jean. 4. When, where and in what company and regiment did he sellist, and how, do, you know? In the Man, where and in what company and regiment? Here, for your mount of the sellist, and how do, you know? In the Were you a member of the same company and regiment? Here, for your mounted. 5. Were you a member of the same company and regiment? Here, for your mounted. 6. How long did he perform regular military duty? 12 mounted. 7. When and where was his command surrendered? Here 1867, and Models Alley. 8. Were you present, where was he? 9. Was applicant present? 9. Was applicant present? 10. If he was not present, where was he? When did he leave his command? Melke 1862 For what cause? Mustured auch By what authority he left? Surremount discharded by the you go you know all of this? 11. What property, effects or income has the applicant? (Give your means of knowledge). 12. Mont property, effects or income has the applicant? (Give your means of knowledge). 13. When Durney of the form of the former of the f
of said County, who, being severally sworn, say on eath that they have examined carefully— applicant for pension under Section 1264, Code, and after such personal examination say that his precise physical condition is as follows: They further say on eath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed. Sworn to and subscribed before me, this the day of 1900. Ordinary. ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County ordinary in and for said County, hereby certify that the applicant Maure Survival resides in said County, and has	as a witness in support of the application of Metron Brown for presented under Section 1204, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? If your formers to make to the following questions, deposes and answers as follows: 2. Are you sequainted with Morrow Brown to the applicant; if so, bow long have you known him? Fee Forty frame, the applicant; if so, bow long have you known him? Fee Forty frame, the applicant; if so, bow long have you known him? Fee Forty frame, the applicant; if so, bow long have you know him? Fee Forty frame, the applicant; if so, bow long have you know is mentally the states. For the same of
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of said County, who, being severally sworn, say on eath that they have examined carefully— applicant for pension under Section 1264, Code, and after such personal examination say that his precise physical condition is as follows: They further say on eath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to care a support for himself and that we have no interest in said pension being allowed. Sworn to and subscribed before me, this the day of 1900. Ordinary. ORDINARY'S CERTIFICATE. STATE OF GEORGIA, Compliant County. Ordinary in and for said County, hereby certify that the applicant Mourse Grund Park of this State since the day of 1800 1800. And that the witnesses, viz: As M., M.	as a witness in support of the application of Metron Branch for presented under Section 1264, Code, and after being duly sworn true auswers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? 2. Are you acquainted with Morrow Branch to the applicant; if so, how long have you known him? 3. Where does he reside, and how long and since when has he been a resident of thus State? In the applicant; if so, how long have you known him? 4. When, where and in what company and regiment did he called, and how do you know? In the word of the state of the same company and regiment? Here to the new touchers. 5. Were you a member of the same company and regiment? Here to the new touchers. 6. How long did he perform regular military duty? In morrow. 7. When and where was his command surrendered? Mich 1867, at Medica Alley. 8. Were you present when it surrendered? Mich 1867, at Medica Alley. 8. Were you present when it surrendered? Mich 1867, at Medica Alley. 10. If he was not present; where was he? When did he leave his command? Mich 1867 For what cause? Mustured auch By what authority he left? Surremount declarated and how do you know all of this? They they before the surrendered of the policiant produce of the policiant presents. 11. What property, effects or income has the applicant? (Give your means of knowledge.) Morrow Duth 1 Method 1 Method 1 Method 1 Method 1 Method 1 Method 2 Method 1 Method 2 Method 1 Method 2 Method 2 Method 3 Met
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of said County, who, being severally sworn, say on eath that they have examined carefully— such personal examination say that his precise physical condition is as follows: They further say on eath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself and that we have no interest in said pension being allowed. Sworn to and subscribed before me, this the day of 1900. Ordinary. ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County John County, breely certify that the applicant Mouran Survival presides in said County, have been a bons fide resident of this State since the day of 189.0 and that the witnesses, viz: A. M., M.	as a witness in support of the application of Melmon Branch for pension under Section 1264, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? 2. Are you acquainted with Memory Branch the applicant; if so, how long have you know him? It they found the applicant; if so, what was it, and to whom? They when the leave his pension under section, if any property effects or income did the englist, and how do, you know with the word of the perform regular military duty? It months 8. Were you a member of the same company and regiment? When the sufficient of the sense of the pension of the perform regular military duty? It months 9. Was applicant present when it surrendered? When It's to any Modelle Alley 10. If he was not present, where was he? When did he leave his command? Melle I'll For what cause? Mentions and by the perform resent, where was he? When did he leave his command? Melle I'll For what cause? Mentions and the pension of
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They further say on oath that the physical condition is as follows: They further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that, we have no interest in said penalon being allowed. Sworn to and subscribed before me, this the day of 1900. Ordinary. ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County, being allowed. Ordinary. Ordinary. Ordinary in and for said County, hereby certify that the applicant of this State since the day of 180.0 and that the witnesses, viz: A. M., M.	as a witness in support of the application of Melman Annual for pension under Section 1204, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your squainted with Melman Bronch. 2. Are you sequainted with Melman Bronch. 3. Where does he reside, and hove long and since when has he been a resident of thus State International Country. Land Land How International Country. Land How International Country International Country. Land How International Country International Country International Country. Land How International Country International C
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They further say on oath that the physical condition is as follows: They further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to care a support for himself, and that we have no interest in said penalon being allowed. Sworn to and subscribed before me, this the day of 1900. Ordinary. ORDINARY'S CERTIFICATE. STATE OF GEORGIA, County, being allowed. STATE OF GEORGIA, County, ordinary in and for said County, hereby certify that the applicant of this State since the day of 1890. In the splicant of this State since the day of 1890. And that the witnesse, viz. If Mr. H. M.	as a witness in support of the application of Melman Branch for pension under Section 1204, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: 1. What is your name and where do you reside? 2. Are you acquainted with Meman for the applicant; if so, how long have you know him? I to your for the applicant; if so, how long have you know him? I to your former than how long and since when has he been a resident of thus State? International Authority for the perform regular military duty. 3. Where does he reside, and how long and since when has he been a resident of thus State? International Authority for the perform regular military duty? 4. When, where and in what company and regiment? When, where and in what to many and regiment? There to thur the reliable. 5. Were you a member of the same company and regiment? When I the Your months. 6. How long did he perform regular military duty? 12 moonths. 7. When and where was his command surrendered? Meh 1867, at Medica elleg. 8. Were you present when it surrendered? The I woon the sum of the perform regular military duty? 12 moonths. 8. Were you present, where was he? 9. Was applicant present? The Your what cause? Musture authority he left? I woon the surrendered? The way the sum of the perform regular military duty? 12 moonths. 10. If he was not present, where was he? 11. What property, effects or income has the applicant? (Give your means of knowledge.) 12. What property, effects or income has the applicant possess in 1896, 1891, 1898 and 1899, and what disposition, if any, did he make of same? That I many t

1. Stephens

ORDINARY'S CERTIFICATE.	" men did ne icave mis cominante: 1100 V rot what cause? " uw wwo way
	By what authority he left? Government discharded he How do you know all of this?
STATE OF GEORGIA,	I was there. The la mire sunt by order of Govern
I, W. June Jordinary in and for said County, hereby certify	ment from Pensicola Ha to mobile Alu tote mustered onx
1 Wife Lovie adjust to and to mile a mile and to mile	11. What property, effects or income has the applicant? (Give your means of knowledge.) Mours Much I Mound of Borned Brain Sin 3 miles Their
that the applicant Mourson Security resides in said County, hereby certify	12 What many the former of the start of miles of time
resides in said County, and has	12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? Had more that I Immediately
been a bona fide resident of this State since the	A supposition, resulty, and he make of same?
and that the witnesses, viz: It Me, G, Mully and W.J.	18. Has be conveyed away any of his property in the last four years, if so, what was it, and to whom?
Her brough	Tao mr that & Smoons O
are of trustworthy character, and that their statements are entitled to full faith and credit.	14. What is the applicant's occupation and physical condition! Farming
I further certify that before answering the foregoing questions the applicant and each witness took	Caux orr nor hear well.
the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness	
before some was signed	15. Is the applicant unable to support himself by labor of any sort, if so, why? 4th, Cauf and his My great mate.
I further certify that the tax digests of Court Show that applicant	cant in his pay really mate
returned for taxation in his name in 1898 200 Dollars	16. How was he supported during the years 1898 and 1899? Do mt I twon
of property, and in 1899 LO Dollars of property.	10. 200 was he supported during the years 1000 and 1000; -CC PYOTO CLEAN
In my opinion the foregoing claim is made in good faith	17. What portion of his support for these two years was derived from his own labor or income?
Witness my hand and seal of office, this 15 day of Africe 1909.	Day Burn
W. Frie Ordinary,	18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
	under Section 1254, Code? Hearing is very tas of can haraly ere
	under Section 1204, Code? Pleasing so Mrs. has to Can hard, gen at all - That connected wich his physical healt. 19. What interest have you in the recovery of a pension by this applicant? Mrs.
NOTE.	reduce tom & thomas, unable to support himself.
Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the oridence you shall give will be the whole truth, so help you God."	19. What interest have you in the recovery of a pension by this applicant?
Additional affidavits may be attached if blank spaces are insufficient. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.	Sworn to and subscribed before me, this the
set out.	the day of Witness.
	W. S. Metalines Ordinary.
	O'dibary.
	And the second
to place and a second some some standed to	For Lance divine to the
OUTOTIONS TO	
QUESTIONS FO	R WITNESS.
STATE OF CEODOLA	
STATE OF GEORGIA,	
10 amplee COUNTY!	
1 30 B 12 11	
N. M. G. Kelley	of said State and County, having been presented
as a witness in support of the application of	grow Such for pension
under Section 1254, Code, and after being duly sworn true	se answers to make to the following questions,
deposes and answers as follows:	
1. What is your name and where do you reside ? N.	m & Kelley. Tell Da
Lampber County	
2. Are you acquainted with Trouves	the applicant; if so,
how long have you known him?	years.
3. Where does he reside, and how long and since when I have been place to country true, All his	has he been a resident of this State?
Sittomphile County Day, All his	life.
4. When, where and in what company and regiment di	id the enlist, and how do you know? 11861
5. Were you a member of the same company and regim	shot remember degreement.
5. Were you a member of the same company and regim	ient? I wor non,
6. How long did he perform regular military duty?	
7. When and where was his command surrendered?	mushing out service
8. Were you present when it surrendered? I wo	
10. If he was not present, where was he? We was	The fresent of when Gold me who was from
When did he leave his command "Sometime or 166170	ir what cause? alloobelily of some sort
By what authority he left? By the lyanning a	How do you know all of this?
chour of the regular of 11. What property, effects or income had the applicant?	to the transfer his one
11. What property, effects or income has the applicant?	(Give your mans of knowledge) Mars 4
I Know it from my personed	e Recorded .
12. What property, effects or income did the applicant po	oossess in 1896, 1897, 1898 and 1899, and what
disposition, if any, did he make of same? We did	
	0
13. Has he conveyed away any of his property in the last	t four years, if so, what was it, and to whom?
The short none	to come,
14. What is the applicant's occupation and physical con	ndition? We is a former.
. He is a very field in	
18 T- 44	2 11 11 11
15. Is the applicant unable to support himself by labor o	
the occount of his age of	discore or gerblines.
16. How was he supported during the years 1898 and 1	1809 . He & him will be worth
about or day between	and on the or markens
17. What portion of his support for these two years was d	derived from his own labor or income?
The greater orline, I support or these two years was a	ACTATION ALOUE AND UND INDOF OF IDDOME?
	v.
18. Give a full and complete statement of the applicant's	physical condition that entitles him to a pension
18. Give a full and complete statement of the applicant's	physical condition that entitles him to a pension
18. Give full and complete statement of the applicant's under Section 1264, Orde 7. Ari age 630, 65	physical condition that entitles him to a pension
18. Give a full and complete statement of the applicant's under Section 1204, Code? This are 680,65	physical condition that entitles him to a pension
18. Give a full and complete statement of the applicant's under Section 1254, Code ? 14 a as a 650 (6	physical condition that entitles him to a pension
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18. Give a full and complete statement of the applicant's under Section 1204, Ode?	physical condition that entitles him to a pension ort he complain of a hung to by this applicant? None wholever

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î:	D. Know it from my persons Muowledge. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what sposition, if any, did he make of same? We did not how any
-	3. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
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14	5. Is the applicant unable to support himself by labor of any sort, if so, why? I think to the one of the open open of the open open open open open open open ope
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_	. What portion of his support for these two years was derived from his own labor or income? The gradus of when I support . Give hall and complete satement of the applicant's physical condition that entitles him to a pension
ur	der Section 1284, Code? As age 680,60 rot he comptone of a line
19	What interest have you in the recovery of a pension by this applicant? None wholever
th	Sworn to and subscribed before me, this 22 and day of Maryon 1904 Witness. Ordinary. Ordinary.
_	Ordinary.
2	mander of the of the first
	Ougstions for Application & Mouros his
	Questions for Applicant. y complete
-	My County.
o s	vail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly
1.	rn true answers to make to the following questions, deposes and answers as follows: What is your name and where do you reside? (give State, County and post office)
	(give State, County and post office)
	the compare to the compare to the = 0.0. tout burn
4	How long and since when have you been a resident of this State?
2.	the compare to the compare to the = 0.0. tout burn
2.	How long and since when have you been a resident of this State? When and where were you born? When and where and in what company and regiment did you enlist or serve?
2.	How long and since when have you been a resident of this State? When and where were you born?
2. 3. 4. 5.	How long and since when have you been a resident of this State? When and where were you born? When and where and in what company and regiment did you enlist or serve? How long did you remain in such company and regiment? ### When and where was your company and regiment?
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2. 3. 4. 5. 6.	How long and since when have you been a resident of this State? When and where were you born? When and where and in what company and regiment did you enlist or serve? How long did you remain in such company and regiment? ### When and where was your company and regiment?
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2. 3. 4. 5. 6. 8. 8. 9.	When and where were you born? When and where were you born? When and where and in what company and regiment did you enlist or serve? How long did you remain in such company and regiment? When and where was your company and regiment surrendered and discharged? When and where was your company and regiment surrendered and discharged? When and where was your company and regiment surrendered and discharged? When and where was your company and regiment surrendered and discharged? When you present with your company and regiment, when it was surrendered? Where you present with your company and regiment, when it was surrendered? If not present, state specifically and clearly where you were, when you left your command, for what and by whose authority? How much can you earn (gross) per annum by your own exertions or labor?
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2. 3. 4. 5. 6. 8. aus	When and where were you born? When and where were you born? When and where and in what company and regiment did you enlist or serve? How long did you remain in such company and regiment? When and where was your company and regiment surrendered and discharged? When and where was your company and regiment surrendered and discharged? When and where was your company and regiment surrendered and discharged? When you present with your company and regiment, when it was surrendered? Where you present with your company and regiment, when it was surrendered? If not present, state specifically and clearly where you were, when you left your command, for what and by whose authority? How much can you carn (gross) per annum by your own exertions or labor? What has been your occupation since 1865? Upon which of the following grounds do you base your application for pension, viz: first, "age and rty," second, "infirmity and poverty," or third, "blindness and poverty"? If upon the first ground, state how long you have been in such condition that you could not carn support? If upon the first ground, state how long you have been in such condition that you could not carn support? If upon the second, give a full and complete history of the infirmity and its extent? If the third, state whether you are totally blind and when and where you lost your sight?
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		19. Have you a family? If so, who composes a homestead? 20. Are you receiving any pension? If so, who can be a supplication for pension? Have you ever made an application for pension? How many applications have you ever made	sion before ?	ave they	
	to receive and receipt for the pension allowed and at by Witness my hand and seal, this / grad day of	authorize It Stee Foring in Fugue La request that he remit same to	STATE OF GEORGIA, Court four In Lyons Mr. S. W. Gorn	the pension allowed, and request at day of Mourous W	t that he remit same to
		. 1902.	J. A. Meg.	3 5	of Permitons, TO
Smith Wowse	COURTHOSE ALREADY EMPOLLED.) NO. 776 INDIGENT SOLDIER'S PENSION 1902. Name Worrer Livie County County County County County Livie County	WARRANT ISSUED JOHN W. LINDSEY, Commission of Pro-	SOLDIER'S PENSION	Name Le Courrer, Eville	JOHN W. LINDSEY, Commissioner of Pers WARRANT HANDED TO OR W. Reserve, Print Atlett.

poverty," eccond, "infirmity and poverty," or third, "blindness and poverty"?

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. STATE OF GEORGIA, County State County. Personally appears Monore Sutted of County State of Geoogia, who being duly sworn, says on oath that he is a bona side citizen and resident of said County and State, and has resided in said State continuously ever since the Say of Say	State of Georgia, County. Personally appears of County. County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever, since the day of the first of the first of the continuous of the continuous of the first of the first of the continuous of the conti
by occupation a formed that he enlisted in the military service of the Complexate federate States (or of the State of July during the war between the States, and served for the term of 12 12 cos in Company of the Regiment of July States, and served for the term of 14 12 cos in Company of the Regiment of the Hort States and served for the term of the state of the stat	States, and served for the State of and during the war between the States, and served for the term of 47 in Company of the Regiment in Company of the Regiment in Company of the States and served for the Regiment in Company of the States and S
of the value of	of the value of Dollars. I am now earning by my labor, Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of County, been allowed a pension for the year 1908. Swgrut to and subscribed before me, this the Mourous Survey 1907. M. A. W. Garana, Dray 1907.
STATE OF GEORGIA, County, I. Ir S. W. J. Ordinary of said County, do certify that I am well acquainted with Mourous Security 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 I I I I I I I I I I I I I I I I I I I	State of Georgia, County. I, Mr. Luc Form Ordinary of said County. do certify that I am well acquainted with Warrow Function 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 1807. And 1807. Ordinary County Luc County.

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that he receives no pension but the one herein applied for.	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	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
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county been allowed a pension for the year 1	County, been allowed a pension for the year 1906. Swarn to and subspribed before me, this the Mourou, Swall
Sworn to and subscribed before me, this the Mourise Smith	Sworn to and subscribed before me, this the Ufactor of the day of 1907.
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do certify that I am well acquainted with Mouros Services	I, M. County. Ordinary of said County.
the applicant in the foregoing affidavit, and am well satisfied that the statements made by	do certify that I am well acquainted with Wanton Suulle
him in his said affidavit are true, and I know he is the individual he represents himself to	the applicant in the foregoing athdavit, and am well satisfied that the statements made
be and that he resides in this County.	by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.
Given under my official signature and seal, this day of 1902.	Given under und official signature and seal this
day of 1902.	day of Jany 1907.
Ordinary Come & beil County.	
Norz.—The blank spaces must be filled. Norz.—Affidavit should not be attested before January 1st, 1902.	Pour pour - Ordinary Camp bell County.
Note.—Affidavit should not be attested before January 1st, 1902.	Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1907.
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STATE OF GEORGE

FOR APPLICANTS HERETOFORE ELLEWED PENCHES

SOLDIER'S PENSION No. (407) NO. (407) INDIGENT SOLDIER'S PENSION 1908. Name Uterror decide County County County County County NARRANT ISSUED A 1908. JOHN W. LINDSEY. OMMERANT BANDED TO OMMERANT	SOLDIER'S PENSION Name Worker Issue County Co. "A" Regiment State NARRANT ISSUE JAN L' JOHN W. LINDSEY, Commissioner of Pension. WARRANT HANDED TO
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Pickage by organization term with 1862 below FOR APPLICANTS HERBTOFORE ALLOWED PENSIONS, &f.	Jut. Co. D. lat Conf. Regt Inf mak 25,180 Discharged by expiration forms of remied FOR APPLICANTS HERETOFORE ALLOWED PENSIONS, But STATE OF GEORGIA

Campbell Complete _County. Personally appears Mouror Suite Personally appears Mouroe Sunte of Com & bosis County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen . County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of ledt 1855; that he is 6 years old and by occupation a formal, that he enlisted in the military service of the Conby occupation a Jorque that he enlisted in the military service of the Confederation , that he enlisted in the military service of the Conin Company of the Regiment federate States (or of the State of_ federate States (or of the State of_ and served for the term of 1 years States, and served for the term of 1 quer of fa - Vole -; that his physical condition is as follows: I when a in my head who that his property consists of the following items: The forming that his property consists of the following items: Zio 20 of the value of.... Dollars, that by reason of his physical 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 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. that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of Complete. county been allowed a pension for the year 1902 Sworn to and subscribed before me, this the Manager of 1904.

The Lorent Ordinary. Sworn to and subscribed before me, this the flowor x fue ile my day of John 1903. Ordinary. STATE OF GEORGIA, STATE OF GEORGIA, County. m. S. w. I do certify that I am well acquainted with Wourse Sur the I, Ordinary of said County, do certify that I am well acquainted with Mouror Signer. the applicant in the foregoing affidavit, and am well satisfied that the statements made by the applicant in the foregoing affidavit, and am well satisfied that the statements made him in his said affidavit are true, and I know he is the individual he represents himself to by him in his said affidavit are true, and I know he is the individual he represents himself be and that he resides in this County. to be, and that he resides in this County. Given under my official signature and seal, the w Nore The blank spaces must be filled.

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 1884, and the Acts amendatory thereof, and makes application for the pension to which his entitled for the year 1904. I have heretofore as a resident of County been allowed a pension for the year 1 1
POWER OF ATTORNEY. STATE OF GEORGIA, Campbell County! I. Mourou Suntle hereby authorize To receive and receipt for the pension allowed, and request that he remit same to	POWER OF ATTORNEY. STATE OF GEORGIA, County. I, Wourse of Joint burne to receive and receipt for the pension allowed, and request that he remit same to
WITNESS my hand and seal, this I day of Jan 1905. Warrow Line Security [L. s.] Executed in the presence of Line Court (L. s.)	by Le out day of Jones 1906. Witness my hand and seal, this 6 day of Jones 1906. Wourses January January [L. S.] Executed in the presence of J. M. M. Column Solling 1906.
COME THOSE ALREADY ENDLED. No. 11.31 INDIGENT SOLDIER'S PENSION TOOCH, COME REGIMENT COMING COME REGIMENT SOLDIER'S PENSION TOOM, COME REGIMENT OF REGIMENT WARRANT HANDED TO OFF REGIMENT WARRANT HANDED TO OFF REGIMENT WARRANT HANDED TO OFF REGIMENT OFF	Comby Commissions of France. SOLDIER'S PENSION INDICENT SOLDIER'S PENSION I DOG Name (L. Common of Commissions of France. County Common of Prace. Soldin W. Lindberg. Commissions of France. WARRANT HANDED TO. WARRANT HANDED TO.

INDIGENT CODE SECTION 1254. FOR THOSE ALREADY ENROLLED Smith, Monrae OLDIER'S PEN 1905. JOHN W. LINDSEY, 1906. JOHN W. LINDSEY

L.

State of Georgia, STATE OF GEORGIA, County. Personally appears Wourse Swith Personally appears Mouror Suite of Compbee County, State of Georgia, who, being duly sworn, says on oath that he is a bons fide citizen County, State of Georgia, who, being duly sworn, says on oath that he is a bonu fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of 18 15; that he is 6 years old and by occupation a formal that he enlisted in the military service of the Confederate States (or of the State of 2) during the war between the States and served for the term of 2 llear in Company of the Regiment of the confederate States and served for the term of 2 llear in Company of the Regiment of the confederate of the confedera that his property consists of the following items: le fro feet 4. that his property consists of the following items: to pro for by of the value of__ of the value of Dollars. I am now earning, by my labor,__ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of County, been allowed a pension for the year 1905. County been allowed a pension for the year 1904. Sworn to and subscribed before me, this the lower x day of the Lower 1905.

M. July Corner Ordinary. Ordinary. State of Georgia, STATE OF GEORGIA, Care Succession Succession County I, M. S. UL John do certify that I am well acquainted with Wourou Succelle 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. to be, and that he resides in this County. Given under my official signature and seal, this. Given under my official signature and seal, this day of____ Ordinary...

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of 19"; that he is 10 years old and by occupation a year old and the unlisted in the military service of the Com-, that he enlisted in the military service of the Con-States, and served for the term of the Company of the Regiment of the State of the State of the term of the State of the S our forbally bland; that his physical condition is as Dollars. I am now earning _Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or 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 1906. I have heretofore, as a resident of Sworn to and subgribed before me, this the Mouroux Successed By Successed 1996. Ordinary of said County, do certify that I am well acquainted with Mouros Suulle 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 Note.—The blank spaces must be filled.

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

Affix your Seal here

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1905.

Marine Control of the	of the value of Loo Dollars Low now
of the value of Dollars. I am now earning,	Donais. Tam now earning
by my labor, // Dollars per month. That by reason of his	by my labor,
physical condition and poverty he is unable to support himself by his own exertion or	labor, and that he receives no pension but the one herein applied for.
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
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 h
1894, and the Acts amendatory thereof, and makes application for the pension to which he	is entitled for the year 1906. I have heretofore, as a resident of
is entitled for the year 1905. I have heretofore as a resident of	County been allowed a nameion for the sale 1005
County been allowed a pension for the year 1904.	Sworm to and subspribed before me, this the Wouroux Line Level
Sworn to and subscribed before me, this the Mouron & Sucult	1906. Delivery 1906.
day of day of Joseph 1905.	M. S. We Lorun Ordinary.
M. S. we Love Ordinary.	Oldinary.
The second of th	State of Georgia,
STATE OF GEORGIA,	1 / S. Un County.
Care ples County Ordnary of said County,	n 8111
I, M. S. W. From Orghany of, said County,	dillary of said Count
do certify that I am well acquainted with Wourous Security	do certify that I am well acquainted with Wourou Suulle
the applicant in the foregoing affidavit, and am well satisfied that the statements made	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	by him in his said affidavit are true, and I know he is the individual he represents himse
to be, and that he resides in this County.	to be, and that he resides in this County.
Given under my official signature and seal, this	Given under my official signature and seal, this6
day of 1805.	day of long 1906.
of the Mora	In Sile form
Ordinary Com phei County.	Affix pour
bere.	bere County.
Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1905.	Notz.—The blank spaces must be filled. Notz.—Affidavit should not be attested before January 1st, 1906.
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Carelle 10 campo	
July vell county	
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applicant Man	rae Switt for
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ability to even a living are true He has lived with me or stated and has been mable to do dutlittle work as he was eves a strong river and is my small in stature. He can only get a form where a sun log is weed, and during early ares heated and Misiby prostrated to see musble to earn but way little He has had us proposed to obtain a living during the last true years.

The placed will with severe to low of J. Stephens. ordinary

deribed &

NAME Smith, Monroe

YEAR 1901 COUNTY Campbell

WHEN AND WHERE BORN? September 11th. 1835 Campbell Co. Ga. Resident of Ga. since birth.

ENLISTED WHEN AND THERE? March 8th. 1861 Atlants, Ga.

RAJK Private

March 25th. 1861

lst. Co. D, lst. Confederate Regt. Inf. discharged by expiration term of service March 14th. 1862 enlisted as Private in - Co. A, lst. Battalion Confederate Infantry.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? After twelve months was discharged at Mobile, Ala. expiration of his time.

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Richard M. Wilson, 1st. Co. D, 1st. Confederate Regt. Ga. Inf. JWT

W.G. Yarbrough, same command.

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IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? After twelve months was discharged at Mobile, Ala. expiration of his time.

DIED, WHEN AND WHERE?

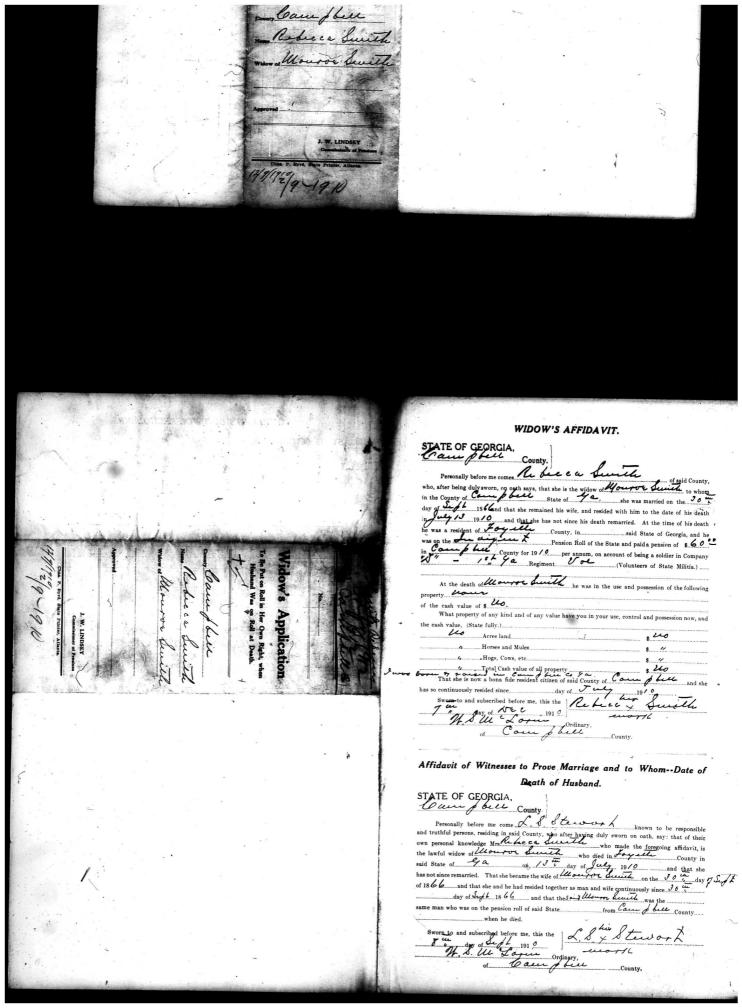
BURIED.

WITNESSES. Richard M. Wilson, 1st. Co. D, 1st. Confederate Regt. Ga. Inf.

JWT W.G. Yarbrough, same command.

No data.

Widow's Application
To Be Put on Roll in Her Own Right, when
Hunband Was on Roll at Death. Court Campbell Roberca Swith



E E E E	Total Cabb-value of all property.
	has so continuously resided since
	Jay of New 1910 Plant work Jay of New 1910 Ordinary
	of Compbell County.
	Affidavit of Witnesses to Prove Marriage and to Whom-Date of
	Death of Husband.
	STATE OF GEORGIA,
	of l'often and
	Personally before me come L. V. C. L. Known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. L. C. L. L. Who made the foregoing affidavit, is the lawful widow of L. County in said State of 9a on 15 th day of L.
	the lawful widow of Mouron Swith who died in July 19/0 said State of 4 a on 1/4 day of July 19/0
	has not since remarried. That she became the wife of Mountain on the 100 miles and on the 100 miles and of 1866
	day of Light 1866 and that the Southern Linds was the same man who was on the pension roll of said State from Cauch belle County
	when he died.
	Sworn to and subscribed before me, this the L. S & Stewarth 1919 The day of the Lague Ordinary, of County.
	of County.
THE STATE OF THE POWER STATE OF THE STATE OF	AFFIDAVITS OF TWO FREEHOLDERS.
Atminus teatrales	STATE OF GEORGIA,
	a i l - IN lee " cluse
	Personally before me comes. who after being aworn on oath says, that they are freeholders of said County, and that they know have a desired of said County and knew her said husband the said hus
	day of that she and he were in the use, possession and control of the following property at his death to wit:
	of the value of \$. That she is now in the use, possession and control of the following property to wit:
	of the value of \$ 210
	Sworn to and subscribed before me, this the
	M. J. Ul Free Com free
	of County.
	ORDINARY'S CERTIFICATE. STATE OF GEORGIA.
	Courty.
	I. M. M. S. Ortun. Ordinary of said County, do certify, that, I know Mrs. Cee Lee & Level the applicant for this pension and that she is the person
	she represents herself to be, and that she is a bona fide continuing resident of said County and was on the
	That I also know of A. Studor & witness as to marriage and I also know
	who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective and that they are truthful and trustworthy and their statements are entitled to full faith and credit.
	That the tax Books of County shows that creturned property to the amount of for 1908 \$ 605 for 1909 \$ 605 for 1910 \$ 605 for 1
	Sworn under my band and official seed of office this firm, day of orce 1910 (SEAL.) Ordinary.
	County.
	NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words. "You do columnly sumer that you will true answers make to each of the questions asked you and the evidence, you shall gard the state of the young of the columns of the col
	CALLY PROOFS WAS CHARLES PROOFS OF THE JANUARY 1870, are entitled. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.
	×

of the value	The second second second second	Th	at she is now in th	e use, possession	and control of the follo
property to	wit: acc		······		
of the valu	ne of 8 200				
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2	and subscrit	ATZ /	this the	Thorn	حب ا
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Marie		, 01		Count	. 3
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STATE			II S CERI	IFICA I E.	
STATE	OF GEORG				- A. /
vau	in proces	Count	y.		
	21/11/2	Paris	,	1	
I,	Twin a	7	,Ord	inary of said Co	ounty, do certify, the
know Mrs.	ge see e a	suul	the applicant	for this pension	and that she is the pe
she represer	ats herself to be, a	and that she is	a bona fide contin	uing resident of s	aid County and was or
lov.	4 00 19	100			
That	I also know L.	8. Stew	orx		
1 1		'ui chu	•	withess as t	o marriage and I also k
that of at			wno 1 knov	v to be a resident	free holder of said Conffidavits and that they
truthful and	trustworthy and	their statement	me before signing	g the respective a	mdavits and that they
	the tax Books of		County shows that		returned property to
amount of		1908 \$ 66 ;	for 1909		
					for 1910 \$220
	n under my hand	and official sea		day	of DEC 191
(SEA	L.)		n.s.m.	Loren	Ordinary.
			lo	au p	Lee Cou

STATE OF GR CE OF W. S. MCLARIN, OF CAMPBELL COUNTY BURN, GA.

Dec. 8, 1910.

Col. J. W. Lindsey,

Atlanta, Ga.,

Dear Sir:-

Enclosed herewith is the application for pension of Mrs. Rebecca Smith, widow of Monroe Smith, a mec-ased Pensioner. He drew his last pension in my county and then moved over with his son in the adjoining county of Payette where he died in July of this year. I supposed his widow had made application for pension in Payette county, until yesterday, when she, $_{\chi}$ not having been informed of the law, came before me to make her application I told her that it was too late for this year, but she wanted me to fix it up anyway for her, and explain to you that she is an old widow and did not understand the law, poor and very feeble, hoping that you could, under the circumstances be able to consider her paper now, and see your way clear to allow her to draw first of the soming year. She says that she has nothing on which to depend for a living except her prospective pension money.

Yours truly,

W.S. M. Laxin

OFFICE OF W. S. MCLARIN, ORDINAL CAMPBELL COUNTY FAMBURN, GA.

Dec. 8, 1910.

Col. J. W. Lindsey,
Atlanta, Ga.,

Dear Sir:-

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Yours truly,

W.S.M. Larin

Ordy

Smith, P.W.	Pension Office, 20/1/05 Not an agod mam, by ordinary fort with the aid of minor of the he can earn a support
No. 100 So Compton 1907 INDIGENT PENSION 1903.	all. Attach intriough, if loss state when and by mion and to hor long it was give, and gi was now with the couldn't return duty with his co.a.and. Prove These stay at home soldiers of no.use to the army and co and pensions are not paid fo staying at home. J.E. Lindsey, Com. of Pensions.
Name R. M. Swith County Come poece Oo. A" - 30 m. Sa Rog.	hat on Pace. a
JOHN W. LINDSEY, Commissioner of Pensions.	
WARRANT HANDED TO Ordinary will write Name of Applicant, Company and Regiment on back as indicated aboves. Geo, W. Berrico, State Frinter, August.	
9/30/03_	

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

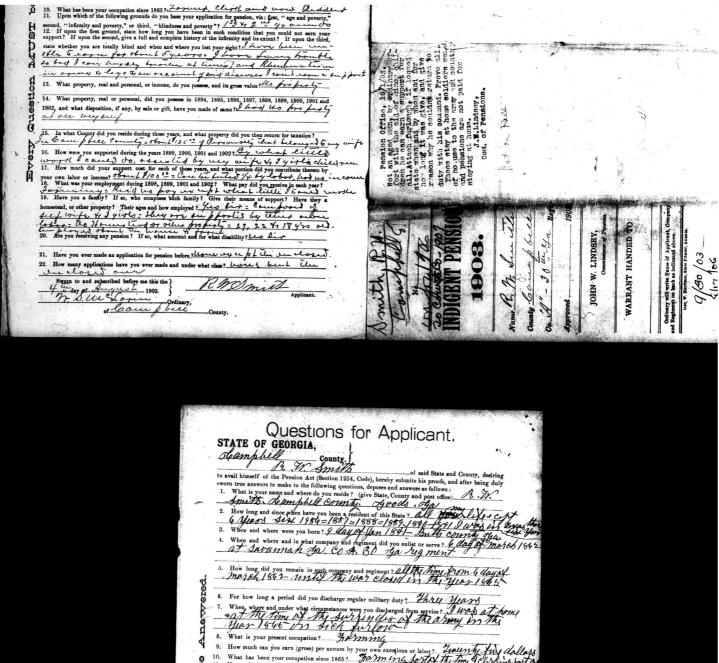
Witness my hand and seal, this day of 1908.

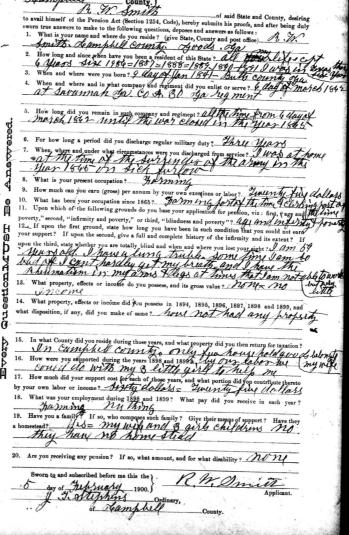
Executed in the presence of

COUNTY.

4pproved 1901 JOHN W. LINDSEY,	OF ATTO Pr. } aby of day of
Commissions of Pensions. WARRANT HANDED TO	ATTORNEY.
Ordinary will write Hame of Applicant, Occupany and Regiment on back as indicated above— on, W. Berrisson, State Printer, Allants, 9/80/03	berely authorite
\$117 706	
QUESTIONS FOR WITNESS.	AFFIDAVIT OF PHYSICIANS.
S. R. Phillips of paid State and County, having been presented in	STATE OF GEORGIA, Game phace COUNTY.
as a witness in support of the application of	Pegonally camp before me
2. Are you acquainted with M. Are title, the applicant; if so, how you know him? Yes list = 27 years of order. 3. Where does he reside, and how long and since when has he been a resident of this State? Sur Count for the State - 27 years, been a 187h to sury Murowhard year. 4. When, where and in whit company and regiment did he collect, and how do you know?	each personal examination my that his precise physical condition is as follows: We find heart strican Caused from Rheumakien is a faith the first from Newtys from the least Exertion or Builty.
5. Were you a member of the same company and regiment? Lossof. 6. How long did he perform regular military duty? Arthur h / houtet. 7. When and where was his command surrendered?	find shight opacity of both lenses of the Eyes and is there by incapacitated to Ease a support for himself; and that we have no interest in said pension being allowed.
8. Were you present when it surrendered? Use Ind. 9. Was applicant present? Struck I Im. or 1 10. If he was not present, where was he? When did he leave his command? For what cause? About Ihu out	Sworn to and subscribed before me, this the 19th Marking 17, D. 19th Aug 1908. 19th Aug 1908. Ordinary. Ordinary.
By what authority he left? How do you know all of this? 11. What property, effects or income has the applicant? (Give your means of knowledge.)	ORDINARY'S CERTIFICATE. STATE OF GEORGIA,
12. What property, effects or income did the applicant possess in 1896, 1897, 1888, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? Localization of the converged away any of his property in the last four years, if so, what was it, and to whom?	Low port COUNTY. I. The Low Drainary, in and for said County, hereby certify that the applicant. Ordinary, in and for said County, hereby certify that the applicant. Provides in said County, and has been a bons fide resident of this State since the day of 188
14. What is the applicant's occupation and physical condition? The formul or long or long or the last of the top of the formular or long or long the last of last	and that the witnesses viz. S. C. Neuele for A. A. west in the second se
Would worth or long to be wood flower of brother The 16. How was to supported dring the years 1696, 1699, 1900, 1901 and 1902? Principally by his of long there	hereon prescribed, and that the full text of the affidavits was read to the applicant and wifages before squie was signed. I further certify that the tax digest of County above that applicant returned for taxation in his nages in 1899 Dollars of
17. What portion of his support for these four years was derived from his own labor or income? of our / / by labor = Holl no we would be a labor or income? 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pengion under Section 1264, Code? Mr. has I territor a was one of damage from the C are implied the years of broom of the in was blue to worm a support	property, and in 1900 Dollars of property, in 1901 Dollars of property, in 1902 Dollars of property. In my opinion the foregoing claim is made in 2000 faith.
18. Who copposes family? What forperty have shee? Children's age and their earning capacity? To will be the state of the state of the form of the state of the s	Witness my hand and seal of office, this 2 8 day of 1903. Witness my hand and seal of office, this 2 the John Ordinary, of 6 one for County,
Sworn to and subscribed before me, this the S. R. Phillips day of transfer 1908.) Witoms. Ordinary.	1. Before any questions are necessary, the Ordinary shall swear applicant and the witnesses in the following words: "You shall give someway make to each of the questions asked of you, and the evidence you shall give will be the whole true, he sale you don't. 2. Additional addeding may be attached if blank spaces are insufficient. 3. In every case the Ordinary must cortify to the character of the winness, and as to the according to the proof sea there are only.

By what authority he left? How do you know all of this?	ORDINARY'S CERTIFICATE.
	STATE OF GEORGIA,
11. What property, effects or income has the applicant? (Give your means of knowledges)_ Holling: Iknow lune well & formation with his office	Cam p bye COUNTY.
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902.	I, The Sur Loyue Ordinary, in and for said County, bereby certify
and what disposition, if any, did he make of same? Walling - and of work	that the applicant R. W. Service resides in said County, and has
13. Has be conveyed away any of his property in the last four years, if so, what was it, and to whom?	been a bona fide resident of this State since the
Lie Lin	and that the witnesses viz. S. Re Plusee for JAM routing was
14. What is the applicant's occupation and physical condition ? It formed on long	+ ft Sewellus & E. M. Dogie to.
os he was tola; lot offer to follow any my when	are of trustworthy character, and that their statements are entitled to full faith and credit.
sempolion: Hos wok been oble to do a dogs word this your	I further certify that before answering the foregoing questions the applicant and each witness took the oath
15. Is the applicant unable to support himself by labor of any sort, if so, why? 410 fire = our	hereon prescribed, and that the full text of the affidavits was read to the applicant and wifness before agine was signed.
. Would worth or long or he was phy side, The	
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? Price is polly	
by his of any hero	700
17. What portion of his support for these four years was derived from his own labor or income?	
18 Give a full and complete statement of the analisant's physical condition that exists him to a major under	Dollars of property, in 1902
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? The less R learner a leave and during from the	Dollars of property.
consing shorting of broth to had he is another to some support	In my opinion the foregoing claim ismade in good faith.
19. Who composes family? What property have they? Children's age and their earning capacity? Jouriel, composes family? What property have they? Children's age and their earning capacity?	Witness my hand and seal of office, this 2 day of 1903.
your course where I like thout your : Come thout a sup port	- Sue Jone Ordinary,
20. What interest have you in the recovery of a pension by this applicant? Louis	or low from County.
Sworn to and subscribed before me, this the)	NOTE.
25 day of august 1908. Williams.	1. Refers any questions are answered, the Ordinary shall swear applicant and the wincesee in the following words: "You shall first answers make to each of the questions saked of you, and the evidence you shall give will be the "S. Additional affiding may be askeded if blank spaces are insufficient. 2. Additional affiding may be askeded if blank spaces are insufficient. 3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set of:
M Sui Lapin Ordinary.	2. Additional affidavits may be attached if blank spaces are insufficient. 3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof
	as above set out.
QUESTIONS FOR APPLICANT.	POWER OF ATTORNEY.
STATE OF GEORGIA	10 1. 101
Campbee gounts	STATE OF GEORGIA,
R. W. Sewill	COUNTY. \$
to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:	I,bereby authorize
ou want memor of the greason Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true survers to make to the following questions, deposes and answers as follows: 1. What typour summ and whyse do you reside? (gips State, County and post-gloss) 1. Man typour summ and whyse do you reside? (gips State, County and post-gloss) 1. Man typour summ and whyse do you reside? (gips State, County and post-gloss)	of
2. How long and since when have you have a wild-st of the control	V
1 wat: 18 76-7-8-9-1880 4:1881 spent in Ingos ince 1/9/1844 ment laisting	to receive and receipt for the pension allowed and request that he remit same to
3. When and where were you have I sain 9, 1741 in Buily Carry to the soil 64+4	at by
3. When and where were you have I sain 9, 1741 in Buily Carry to the soil 64+4	Witness my hand and seal, this
1 wat: 18 76-7-8-9-1880 4:1881 spent in Ingos ince 1/9/1844 ment laisting	by
4. When and where were you born? Jacing 1. 1741 in Bures Country Ha. 4. When and where sayd in what company and regiment id you entit to serve I would be think to think to the larger than the company and regiment to the think to the Rujt. 5. How long did you remain in each company and regiment of South 17 we would get the server of th	Witness my hand and seal, this day of 1908.
8. When and where were you born; Sacrif 1. 1 441 in Bures course 19 1741 my who so is 6 you a. When and where agd in what company and regiment did you enlist or very 1 surely to I think 6. 1 6 2 in face and on the second of th	Witness my hand and seal, this
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3. When and where were you born? A will in Buries Carrier of 1869 of the State of t	Witness my hand and seal, this
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3. When and where were you born? A will in Burney County of the State	Witness my hand and seal, this day of 1903. [L. 8.] Witness my hand and seal, this day of 1903. Executed in the presence of 1903. Executed in the presen
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3. When and where were you born? A will it Burk Curry of 1914 you have a series to your of the last of	Witness my hand and seal, this day of 1903. [L. 8] Witness my hand and seal, this day of 1903. Executed in the presence of Executed in the presence of 1903. Executed in the presence of 1
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3. When and where were you born 1 and 1/4 1/4 in Burton Called Light 4. When and where way in what company and regiment? The control of the Regiment? 5. How long did you remain in such company and regiment? 6. When and where was your company and regiment aurrendered and discharged? 6. When and where was your company and regiment surrendered and discharged? 7. Were you present with your company and regiment when it was surrendered? 8. If not present, easts specifically and clearly where you were, when you left your command, for what cause and by whose authority? 9. How much can you earn (grow) per annum by your own exertions or labor? The Life Life Life Life Life Life Life Lif	Mitness my hand and seal, this are also mind by addition, 1907,003. Executed in the baseline of the season of the season which is an algoring the season which is a constant. From the season we have a season with the season of
8. When and where were you born Aury A Y When and where were you born Aury A When and where were you born Aury A When and where were you born Aury A When and where again what company and regiment did you anlist or server! I would be a Y 6 A Aury A What Aury Aury	Mitness my hand and seal, this is on a 1900 of 1900. Executed in the basence of the seal
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8. When and where were you born Aury A Y When and where were you born Aury A When and where were you born Aury A When and where were you born Aury A When and where again what company and regiment did you anlist or server! I would be a Y 6 A Aury A What Aury Aury	Mitness my hand and seal, this is on a 1900 of 1900. Executed in the basence of the seal
3. When and where were you born 1 and 1 an	Mitness min hand and seal' this and and an angel of the seal of th





• • •	poverty," second, "infirmity and poverty," or third, "blindness and poverty"? agy and infirmity and
QuestionMosT	12. If upon the first ground, state how long you have been is 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
. 1	upon the third, state whether you are totally blind and when and the
Ą	the some Jam y wing brule some some sam so
4	Animation in my arms Higs at hims that I have the
Ä	13. What property, effects or income do you possess, and its gross value?
. H	which in the
ğ	14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? Now not had any protecting
્લ	- A to being
	15. In what County did you reside during those years, and what property did you then return for taxation?
Very	In Cumpled county, only two hours holders of later
V	16. How were you supported during the years 1898 and 18992 by our labor by my my
A	16. How were you supported during the years 1898 and 18982. Ly five hours hold give by but my we could do you then return for taxation? 16. How were you supported during the years 1898 and 18982. Ly five hold give by my we could do with my 3 little girl to help my. 17. How much did your support cost for each of those years, and what portion did you contribute thereto
	by your own labor or income? Sixty dollars - Twenty fine dollars
	18. What was your employment during 1898 and 1899? What pay did you receive in each year?
	19. Have you a family? If so, who composes such family? Give their means of support? How the
5	19. Have you a family If so, who compases such family? Give their means of support? Have they a homestend? In a my wyf and 3 girls childrens no
	They have no home still
	20. Are you receiving any pension? If so, what amount, and for what disability? NWW
-	
	Sworn to and subscribed before me this the R. M. Dmith
	day of his many 1900.) Applicant. Ordinary,
	of reampbell county.
	OUTESTIONS FOR WITHING
	QUESTIONS FOR WITNESS.
	STATE OF GEORGIA,
	Shulding COUNTY.
	1 1 B . T
	RM - 7
	as a witness in support of the application of the following questions, for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions,
	denoses and answers as follows
	1. What is your name and where do you reside? Jums & Boyuton
	2 thy sign
	2. Are you acquainted with 12 1 Smith , the applicant; if so now long have you known him? I know hum in 1862 The warming
	3. Where does he reside, and how long and since when has he been a resident of this State?
	His residence Known to her and as he state it
	4. When, where and in what company and regiment did he enlist, and how do you know?
~2	to Entisted in company + 30 / a Regl - in spring 7 1762
	5. Were you a member of the same company and regiment?
	6. How long did he perform regular military duty, and what do you know of his service as a Confederate oldier, and the time and dircumstances of his discharge from the service? Truck the true
	dier, and the time and circumstances of his discharge from the service? I know he was
5	ine - From theme on he was reporter on detached
_	service - in hospitus (I counst ons wer any of Jollowing
	What property, effects or income has the applicant? (Give your means of knowledge.)
· .	
2	What property effects or income did the
	and 1000, 1007, 1000 and 1000, and what
di	sposition, if any, did he make of same?
9	Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
_	The same of the sa
10	What is the applicant's occupation and physical condition?
_	*
. 11	Is the applicant unable to support himself by labor of any sort, if so, why?
<u>. </u>	of moon or any corn, it oo, way
-	
12.	How was he supported during the years 1898 and 1899?
18.	What portion of his support for these two wars and deliver the
	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
und	er Section 1254, Code?
_	
15.	What interest have you in the recovery of a pension by this applicant?
a.	Sworn to and subscribed before me, this fair & Avynton
0	A day of Hillman 1900.
total	a & Beauty 1 t & Ordinary of the conforming conting
behil	ore entitled full fact and sout & parant of any of the
Y. P. L.	a grant to the contract of the

evas reporter on detacho Service - the tracked of counst answering of following ?

What property, effects or income has the applicant? (Give your means of knowledge) 8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same?_ 9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? 10. What is the applicant's occupation and physical condition? 11. Is the applicant unable to support himself by labor of any sort, if so, why?_ 12. How was he supported during the years 1898 and 1899 ?... 13. What portion of his support for these two years was derived from his own labor or income Give a full and complete statement of the applicant's physical condition that entitles him to a pensic What interest have you in the recovery of a pension by this applicant? None Sworn to and subscribed before me; this Jan & Auguston Ming hauf County, Eleaveland Olisto Superino Court of said county do herely certify that HA mothy is a dulyauting Vtury fablic wowas on Sept 23-1800 We that his acts wil doings as such are entitled to due carloideration Teorgia Giverymude my hand and Sealy of Troublbouty (Personally appeared me, a This My 3 Hofford 1. L. Oleaneland nothing Public it alice for said County and State. IN B It of son, when Clerk Dupen Court being duly severed, deposes and Days, That he ffersonally strend R M. Smith Trout County who is an applicant for a pension from Coverta County Bal he further Georgia bive ars, that said AN Smith, was Campbell bounty In person appeared R. W. at his how lick, or a fullnight at the close of the war of the confede Smith who are oath says that acy said Imithis how at that time being near Jackson, Butts Cornity Ga. Jaid W Bollopeen Luther livears, that he Known This to be true from That he knows of Mo officer or much berg his courpant, I" 30th Fa Regiment, now living, depand fact that he the said Hopeon, was further says that he has made die igent inquing and search Petationed at Jacking, as and entolling officer at the mentioned above. for some such are and ourmost find him Sevoru to and subscribed below my This Sipt 23 1905 W 13 Hopse. n w Smit Swort and subscribed before que This 20th day for Troup et Ga Destember 1908. Com plue bo. Ha

M.L. Cleaneland aler Dupenicant Frout County Surgia Georgia Campbell County In person appeared R. W. with who are outh says that be knows of Mo officer or men berg his sout for Regiment now living, alepan wither says that he has made die ringing and search for some such and and can. my find him Swaru to and subscribed before que this 20th day Destember 1908. Com four to Va

ving unie in una for said County and State. IN B IN of son, est being they sword, deposes and Day That he forsonally stund R M. Smili John is and applicant for a prinsion from Court County Isa for further bive aid, that Dail R W Smith, was at his how lick on a furlough at the cloud of the war of the Confe. acy said Smith how at that time being near Jackson, Autho County Ga. Laik Washopen further liveurs, that he Know This to be true from that fact That he the said Hopeon, was Detationed at Jacken, as and entolline officer at the mentioned above. Selow to and subscribed Felory me This Sipt 23 1 gas AV B. Hops for Troup et Ga

NAME Smith, R. W.

YEAR 1906 COUNTY Campbell

WHEN AND WHERE BORN? January 9, 1841 - Butts County, Georgia

ENLISTED WHEN AND WHERE? March 6, 1862 - Savannah, Georgia

_ RANK.

COMPANY AND REGIMENT? Company A, 30th Ga. Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Applicant thinks: April 1865, at close of (war:

IF NOT FRESENT AT SURREMDER, WHERE WERE YOU' At home on sick furlough Sent im home by a Board of Physicians on account of sickness March 1,

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. James S. Boynton - same command -- No data.

W. B. Hopson - Personal knowledge

WHEN AND WHERE BORN? January 9, 1841 - Butts County, Georgia

ENLISTED WHEN AND WHERE? March 6, 1862 - Savannah, Georgia

RANK.

COMPANY AND REGIMENT? Company A, 30th Ga. Regt.

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DIED, WHEN AND WHERE?

BURIED,

WINESSES. James S. Boynton - same command -- No data.

Smith, S.S. CAMPbell CO.

See Lee's BATT, GA CAV.

1 application, distrib

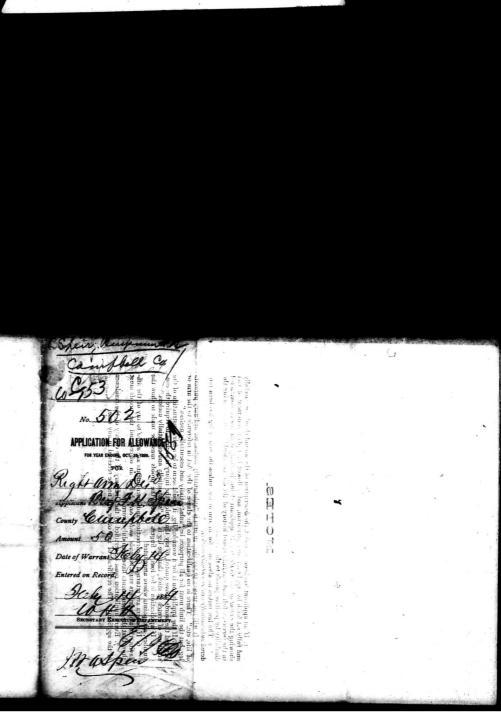
CAMPBELLCO.

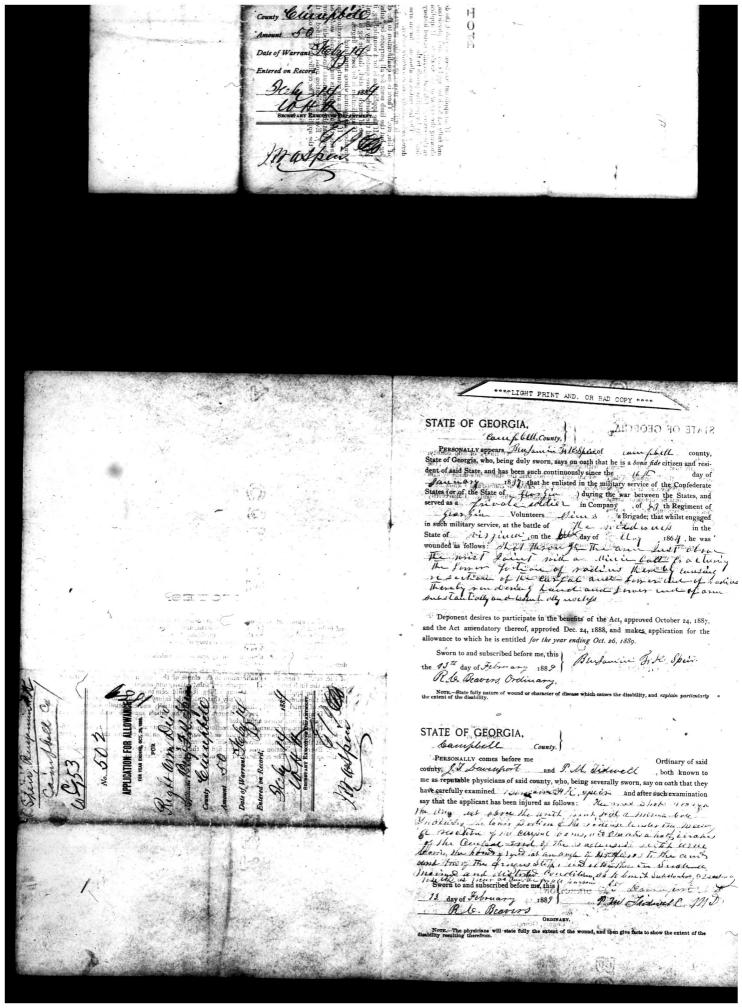
See Lee's BATT, GA CAV.

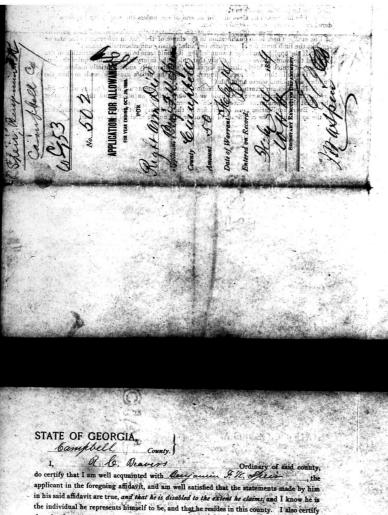
Company C

1 application, dated

1913







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& Riscord before whom the foregoing before whom the foregoing affidavits were made and power of attorney was signed, is a Ordinary of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this VSR day of Subsection

R. le Biavers Ordinary County bell County

POWER OF ATTORNEY.

STATE OF GEORGIA. Compbell County.

KNOW ALL MEN BY THESE PRESENTS, That I. Benjamin & Tr. Speir of Campbell

county, in said State, do hereby appoint J. W. A. Speir

of Campbell County Sa 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 13 7%

day of February

Bufamini Filespeir. (L.S.)

Executed in the presence of us: 91 O. Permington R. l. Bravers Ordinary

DIRECTION:

Send money to me as follows, by

County, Georgia.

Sworn to and subscribed before me, this the 41th day of February 1889 R. G. Beavers, Ordinary.

Note, -State fully nature of wound or chathe extent of the disability.

STATE OF GEORGIA,

bampbell Ordinary of said Personally comes before me county; I. J. Savenport and S. M. Tidwell , both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined / servaine HK spices and after such examination say that the applicant has been injured as follows: The most short 110 19 in
The any out above the worth front of a minima bee.
Who desired the lone pertine the society leader the street.
The answer of the lone of the society leader the street.
The area ching the lone of the society leader the street. the Central Find of the is actional so the head a let find he described the in actions of the country of the in the little of the country the hours of the country to the find by at an angle it strong the first the country the first of the country the first of the country of the country the country the country the country of the country the country of the country o

R. C. Beavers

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

Paul Jidwell 11/0

MOTES

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

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially assessing 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, if yould 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 sitck, 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 pagers are returned for correction, and smendments are added to any of the affidavits, the amendments have been duly aworn.

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

disability by positive proofs to the service.

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and especially successfully successfu STATE OF GEORGIA, bampbell County. KNOW ALL MEN BY THESE PRESENTS, That I, Benjamin & To Vices of Campbell aty, in said State, do hereby appoint W. A. Speir Communication of Communication of the Communication of county, in said State, do hereby appoint of Campbiell County Sa. must be made to show the procure of the affi-made under outs before an officer, and the proofs must been duly swormed.

The certified by the Ordinary of the county of the residence of any other will not be received in any case. 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 13 72 February Bufamini Fil Speir (L. S.) Executed in the presence of us: 919 O. Penninghon R. C. Bravers Ordinary DIRECTION: Send money to me as follows, by County, Georgia. STATE OF GEORGIA STATE OF GEORGIA, Campbell County. R.C. Braves B. F. N. Spein and County, Ordinary of said county, do certify that I am well acquainted with Reny For Spein do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him 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 said affidavit are true, and that he is disabled, to the extent he claims, and I know he is he is the individual he represents himself to be, and that he resides in this county.

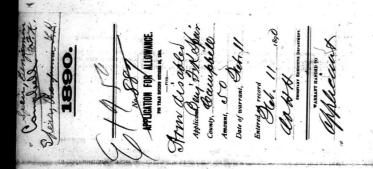
I further certify that N. G. Bearers the individual he represents himself to be, and that he resides in this County.

I further certify that whom the foregoing affidavits were made and power of attorney was signed, is a Ordinary before whom the foregoing affidavits were made and power of attorney was signed, is a Or Durony of said County, and the said affidavits and of said county, and the said affidavits and signatures thereto are genuine of said County, and the said affidavits and Given under my official signature and seal, this 10th day of February 1890 CR. C. Bravers Given under my official signature and seal, this seal, this day of 1891.

R.C. Beavers

Ordinary Compbell County. Ordinary Campbell County Application for Allowance Colquy, State of STATE OF GEORGIA. For Applicants II actofore Allowed Pensions

For Applicants Heretofore Allowed Pensions, &



STATE OF STUPPE For Applicants 11 - tolore, Allowed, Pensi atg

For Applicants fleretofore Allowed Presions.

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA,

Compbell county.
PERSONALLY appears Beyor & It Speir of Causpbell county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has been such continually since the day of
1888; that he enlisted in the military service of the Con-
federate States (or of the State of Green) during the war between the
States, and served as a Secondary in Company 6, of 52th Regiment of Georgica Volunteers Serves 's Brigade; that whilst engaged
of George Volunteers de l's Brigade; that whilst engaged
in such military service, at the battle of Wilderness in the State of Verginia, on the 2nd day of May 1864, he was wounded as follows: Short much minimum Paul Just about
of vergence, on the and day of May 1864, he was
wounded as follows: sheet with minue Bull Just about
The Rist your to of the Rightanne causing this
finger of dans the tiff at tains
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 dollars.
Sworn to and subscribed before and allered
10th day of February 1890 Blud. Hide Spion
Ot G. Bravers, Midiciany
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
POWER OF ATTORNEY.
STATE OF GEORGIA
,
County.

county, in said State,	do nereby appoint			
of me and in my name, to to from the State of G tervice of the Confed	erate States (or of the	what ever amou e injury received is State), as stat	ed in the foregr	ay be entitle
hereby authorizing my	r, or for any sum of mo	pt in my name	for any Warran	t that may b
atoresaid. Tore com	WHEREOF, I have	and bower of	TERRETTE! ! TE	1 1 3 G 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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SERVICE OF STREET	Main diagram and the con-	

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	DIRECTION	
end money to m	e as follows, by	
STATE OF	DEORGIAto	

P.O.

For Applicants Heretofore Allow	ed Pensions.
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Lampbell County
PERSONALLY appears B. J. JU. Speir of Compbee
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
day of 1838; that he enlisted in the military semiles of the Co
federate States (or of the State of) during the war between the
States, and served as a rivele in Company of 30 th Regiment of Storged Volunteers size 's Brigade; that whilst engaged
in such military service at the battle of Wilderness
of Virginia on the 2 nd may may
wounded as follows: Phot through the right are new
wrist, obolering the bone + consume the right
hous ofingus tobe useless, which would ple.
mounty aisobles affect & reading him
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ordinay avocations of life
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of 23, 1866
Sworn to and subscribed before me, this, the
alt 201-
NOTE. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of
the disability, resulting from the wound or disease.
POWER OF ATTORNEY.
STATE OF GEORGIA.
600 11.10
Know all Men by these Presents, That I, B. F. IC Speir
of County, State of Georgia, do hereby appoint
of Campbell County fa 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 anti-
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 authoriz-
ing my said attorney to receipt in my name for any Warrant that may be issued by the Gover- nor, or for any sum of money which may be coming to me for the reason aforesaid.
IN WITNESS WHEREOF I have hereunto set my hand and seel ship
day of February 1891.
3. His splines
Executed in the presence of us:

of Sworn to and subscribed before me, this the	for the year ending October 26, 1891. I have heretofore been allowed a pension of 235 186
Sworn to and subscribed before me, this the 10th day of February 1890 1890 1890 Norn-State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of	Sworn to and subscribed before me, this, the grant day of J Elony 1891.
POWER OF ATTORNEY.	R.C. Beavers. Ordinary. Norz. State fully nature of wound or character of disease which causes the disability, and espinis particularly the exent of the disability, resulting from the wound or disease.
STATE OF GEORGIA	POWER OF ATTORNEY.
County. S KNOW ALL MEN BY THESE PRESENTS, That I,	STATE OF GEORGIA,
county, in said State, do hereby appoint	Know all Men by these Presents, That I, B.F. I. Spein of Georgia. County, State of Georgia, do hereby appoint
of my true and lawful attorney in fact, for me and in my name, 19,1 excelled for what ever amount of money I may be entitled	County, State of Georgia, do hereby appoint
me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military there of the Confederate States (or of this State), as stated in the foregoing affidacit; hereby authorizing my said attorney to receipt in my name, for any Warrant ther, may be	of complete County of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service
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; 1945-600 and 1	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.
day of 185.	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
Executed in the presence of us:	day of Achonary 1891. Executed in the presence of us:
DIRECTION.	R. C. Beavers Ordinary
Send money to me as follows, by to P.O.	Send money to me as follows, by
County, Georgia.	toP. O
	The state of the second second second
ofur year's	POWER OF ATTORNEY.
STATE OF GEORGIA,	STATE OF GEORGIA.)
I, C. Severe Ordinary of said county	Know all Men by these Presents That B. A. K. Spacing of Compress County, State of Georgia, do hereby appoint
do certify that I am well acquainted with J. F. K. Land. the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his	
said amidavit 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.	of me and in my hame, to receive and receipt for whatever amount of maney I may be entitled to
Given under my official signature and seal, this 2 day of Ill orch 1804.	of the same of the
Ordinary Camp bell County	Multiplifies we have been been been been been been been be
Ordinary. County.	dividual he represents himself water and that he resides in this Coulty for the rive [r. 8]
	The country and and a state of the states and the states and the in the states and the states an
	Of the Mistress Officery
	Send money to me as follows, by
- f	STATE OF GEORGIA. County, Georgia.
the state of the s	No. re State fully main or depths a second to the second to the second to control to
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SOLDIERS PENSION 1892. FOR THE VEAR EXPLISION COUNTY, WHITE VEAR EXPLISION STANDARD COUNTY, CHILLIPPON CO	Swan to and smerthed berre inc. this An 1
LULER'S PENSI 1892. 1892. 1892. 1892. 1892. 1993. M. H. HARRISON. 101. S. M. H. HARRISON. 101. S. M. H. HARRISON. 102. S. M. H. HARRISON. 103. S. M. H. HARRISON. 104. S. M. S.	the septement desire for prime such a the buffitts after the prime such as the september of
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	2 12 mounted as follows:
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Office is the property of the same and the same of the	States, and served as a served as a line Company in the Regiment of served as a served as
some and I have been a some a second contact contact	federate States (or of the State of harmy the war between the
* South Shared Cooper and the brind during many of a	resident of said State, and has resided therein continuously over since the day of 14 18 2M, that he enlisted in the military service of the day.
The second secon	County, State of Georgia, who, band, dally spoots, says on eath that is a down felt cluster and
PAYER DE CEQUEIR : I	STATE ONGEORGIA.
Far Anstrongs Heletotole. Allowed Pensions	For Applicants Heretofore Allowed Pensions,
A CONTRACTOR OF THE PARTY OF TH	

SOLDIER'S PENSION.
1892.
FOR THE VEAR EXDING OCTOBER 25, 1892.

STATE OFIGEORGIAS NO. STATE OFIGEORGIAS NO. Of County, State of Georgia, who, buing dally associated as a sound state in a state of Georgia, who, buing dally associated as a state of Georgia, who, buing dally associated as a state of Georgia, who, buing dally associated as a state of Georgia, who, buing dally associated as a state of Georgia, who, buing dally associated as a state of Georgia, who, buing dally associated as a state of Georgia, who, buing dally associated as a state of Georgia, who buing the continuous of the county of the coun

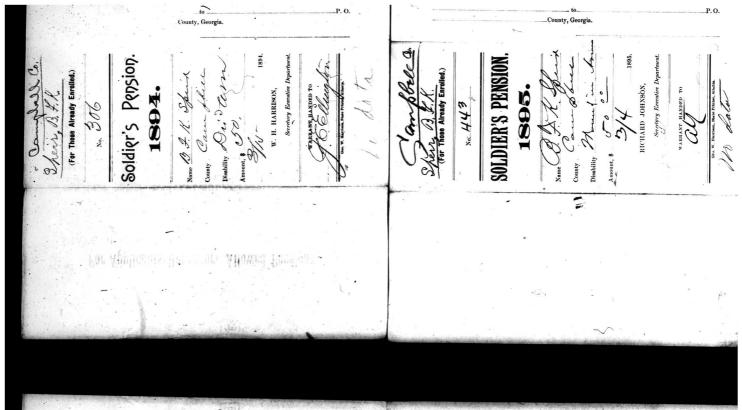
the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal this	For Applicants Heretofore Allowed Pensions, STATE OF GEORGIA,
since the day of feetings, and has been such continuously since the day of feetings, and has been such continuously in the military service of the Confederate States (or of the State of feetings). The the enlisted in the military service of the Confederate States (or of the State of feetings). The third is a state of feetings and served as a feeting of feeting the war between the States, and served as a feeting of feetings and the state of feetings and the feetings and feetings and the feetings and the feetings and the feetings and feetings and the feetings and the feetings and feetings and the feetings and the feetings and the feetings and the feetings and feetings and the feetings and the feetings and the feetings and the feetings and feetings and the feetings and	PRESONALLY appears A 7 / Abyer
and the state of the Confederate States (or of the State	
during the war between the States, and served as a sound of the Regiment of States, and served as a sound of the Regiment of States, and served as a sound of the Regiment of States, and served as a sound of the Regiment of States of States, and served as a sound of the Regiment of States of States, and served as a sound of the Regiment of States of States of States, and served as a sound of the States of States, and served as a sound of the States of States, and the states of States, and the states of States, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of Sworn to and subscribed before me this the Sworn to and subscribed before me this the Sworn to and subscribed before me this the Sworn to the disability. **Rore—State fully nature of wound or character of disease which causes the disability, and explain particularly the server of the disability. **FOWER OF ATTORNEY** **STATE OF GEORGIA.** **County, in said State, do hereby appoint of States 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 aud seal this.**	since the day of Lacre on 18.77: that he enliesed
Brigade; that whilst engaged in such military service at the battle of Pollutarials in the State of Market and the mass wounded as follows: She have the state of Market and the mass wounded as follows: She have the state of Market and the mass wounded as follows: She have the state of the Market and the mass application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of Dollars for the year ending October 26, 1892. I have heretofore been allowed a pension of Market and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of Dollars for Market and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of Market and the disability and subscribed before me this the Market and the disability and subscribed before me this the Market and the disability. **Rora-State fully nature of wound or character of disease which causes the disability, and subscribed before me this the disability. **STATE OF GEORGIA.** **County, in said State, do hereby appoint 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 sun of money which may be coming to me for the reason aforesaid. **IN WITNESS WHEREOF, I have hereunto set my hand aud seal this.**	in the minutely service of the Confederate States (or of the State of Secry Ca
Brigade; that whilst engaged in such military service at the battle of day of the state of leaves and the last which the state of leaves and the last war day of the last war day to the l	of 53 th Regiment of Leve qua Volunteers Sims
186 % he was wounded as follows: She heart was the stand the way to the way the way to the work of the way to the way the work of the way the	Brigade; that whilst engaged in such military service at the battle of Wildercus
Deponent desires to participate in the benefits of the Act. approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of Dollars for Dollars for Bourn to and subscribed before me this the year ending October 26, 1892. I have heretofore been allowed a pension of Sworn to and subscribed before me this the grant day of Land 1892. Sworn to and subscribed before me this the Bourn Sworn to an advance of October 24, 1887, and the year ending October 26, 1892. I have been allowed a pension of Dollars for Dollars for Bourn to Sworn to and subscribed before me this the grant day of Land 1892. Sworn to and subscribed before me this the Bourn to Glinary. When Sworn to and subscribed before me this the Bourn to Glinary. State of Georgia of County. Know all Men by these Presents, That I, Dollars 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 afforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal this.	all circ 1864 he was mounted - CH . C.
Deponent desires to participate in the benefits of the Act. approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of Dollars for Sworn to and subscribed before me this the day of the subscribed before me this the large day of the subscribed before me this the large day of the subscribed before me this the large day of the subscribed before me this the large day of the subscribed before me this the large day of the subscribed before me this the large day of the subscribed before me this the large day of the subscribed before me this the large day of the subscribed before me this the subscribed before me the disability, and explain particularly the stream of the disability and explain parti	above the right wish could be it.
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the year ending October 26, 1892. I have heretofore been allowed a pension of Dollars for Dollars for Sworn to and subscribed before me this the Land day of Land 1892. Reference of the subscribed before me this the Land day of Land 1892. Reference of the subscribed before me this the Land day of Land 1892. Reference of the subscribed before me this the Land day of Land 1892. Reference of the subscribed before me this the Land day of Land 1892. Reference of the subscribed before me this the Land day of Land 1892. Reference of the subscribed before me this the Land day of Land 1892. STATE OF GEORGIA. Caccar of Land County. Know all Men by these Presents, That I, of Land dayful 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 aud seal this.	fund
Sworn to and subscribed before me this the day of 1892. All Beares Ordinary. Norm-State fully nature of would or character of disease which causes the disability, and explain particularly the stand of the disability. FOWER OF ATTORNEY. STATE OF GEORGIA. Cacce of Source County. Know all Men by these Presents, That I, of William of the disability of the county of the coun	the year ending October 26, 1892. I have heretofore been allowed a pension of
STATE OF GEORGIA. Cacce of free County. Enow all Men by these Presents, That I, of County, in said State, do hereby appoint of the conference of the con	Swom to and subscribed before me this the 2 year day of March 1892. (R. & Beavers Ordinary
STATE OF GEORGIA. Cacca A fract County. Know all Men by these Presents, That I, of County, in said State, do hereby appoint of the said of the sai	NOTE—State may nature of wound or character of disease which causes the disability, and explain particularly the extant of the disability.
County, in said State, do hereby appoint of 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.	POWER OF ATTORNEY.
County, in said State, do hereby appoint of 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 aud seal this	
County, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal this.	Cace of bull County.
County, in said State, do hereby appoint I 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 aud seal this	
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 aud seal this	County, in said State, do hereby appoint f. M. A. Said
	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 processive.
B. F. L. Sking [1 s]	B. F. L. Sking [1 s]
Executed in the presence of us:	Executed in the presence of us:
All Bravers, Ordinary	

For Applicants Heretofore Allowed Pensions.
STATE OFIGEORGIA,
PRESUMALLY appears O. J. N. Sprin of Complete
County, State of Georgie who below 1.1
day of Callage and has resided therein continuously ever since the
federate States (or of the State of Georgia) during the war between
States, and served as a Course in Company 6, of 33 th Regime
such military service at the heath of Military service at the heath of
of reguest, on the 2, day of may seek;
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my grot right hour D.
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Deponent desirs to praticipate in the benefits of the Act, approved October 24th, 1887, at the acts amendatory thereof, and makes application for the allowance to which he is entitled to year ending October 26, 1833. I have heretofore been allowed a pension of
Sworn to and subscribed before me, this, the
R. C. Beavers Opinion
Mora—State fully nature of wound or character of disease which causes the disability, and spilain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,)
Compabell County.
Ordinary of said Count
do certify that I am well acquainted with 13 7. K Spin th
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in h
said amdayn are true, and that he is disabled, to the extent he claims, and I know he is the ir
dividual he represents himself to be, and that he resides in this County. 1 further certify that
IN ILITARYS HIMPERON I have beredicts set my hand and sea, in
of said County, and the said affidavits an
the and it, any mand, to there and receipt for without lawners of the incident the incident and the input per event as aforessed in the incident.
Of Given under my official signature and seal, this
Mount all Men by these is societated as person const
County
STATE OF GEORGIA,

POWER OF ATTORNEY

P. O.

County, Georgia.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, Campbee. County. PERSONALLY appears & J. K. Spirk of Cam pour 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 and resident of said State, and has resident inerein continuously ever since the day of lawy 1837; that he enlisted in the military service of the Confederate States (or of the State of States, and served as a in Company C, of the Regiment of Sa Volunteers Same is Brigade; that whilst engaged in of Ja Volunteers Sime is Brigade; that whilst engaged in such military service at the battle of Jan Military service in the State of Jan on the 2 day of May 1864, he was wounded as follows: I was about through the my base which we would grant by a minute of the white which we want of the way of the my the way would be about a world grant by a minute which will be a world grant by a minute which we would be a world grant by a minute which we will be a world grant by a minute which we would be a world grant by a minute which we would be a world grant by the way we would be a world grant by the way we would be a world grant by the way we would be a world grant by the way we would be a world grant by the way we would be a world grant by the way we would be a world grant by the way we would be a world grant by the way we would be a world grant by the way we would be a world grant by the way we would be a world grant by the way we would be a world grant by the way we would be a world grant by the way we would be a world grant by the way we would be a world grant by the way we would be a world grant by the way we would grant be a wo 1864, and fore bushing bushing the his bour from which would be bring town to die love they the hill bour from which would be how support whether the constitutions of the support to be the form of the support to the Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of dollars, for the year 189 Sworn to and subscribed before me, this, the day of the 1894. R.C. Bravers

	Campbin County
	000
	do certify that I am well acquainted with D. H. Special the
	applicant in the foregoing affidavit, and am well satisfied that the statement
	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 Morel 1864
	ARE MAN R. C. Bravers
100	Ordinary Campbell County.

For Annlicants Heretofore Allowed Pensions

Tot tipknownes motorototo mitoned tomploms.
STATE OF GEORGIA, Campbell County. Personally appears B. F. K. Spirt 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 fide citizen (and resident of said State, and has resided therein continuously ever since the day of fide citizen (and resident of said State, and served as a fine company C, of the Regiment of fide Volunteers, Sund in Company C, of the Regiment of fide fide fide fide fide fide fide fid
entitled for the year ending October 26th, 1805. I have heretofore been allowed

dollars, for the year 189 dollars, for

STATE OF GEORGIA,	
Complier County.	
I, Or Occupant of the document	linary of said County
applicant in the foregoing affidavit, and am well satisfied that the str in his said affidavit are true, and I know he is the individual he re	itements made by hir presents himself to b
and that he resides in this County.	

Given under my official signature and seal, this 2 day of 1895.



R. Complexes

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of dollars, for the year 189 Sworn to and subscribed before me, this, the day of Mark April 1894. R. G. Blawww 1894. Nore-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, Carry Georgia, County. I. R. C. Occurry. I. R. C. Occurry. Ordinary of said County. the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of Marrie, 1894. R. G. Brawers Ordinary Caury Bleut County. Ordinary Caury Bleut County.	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 dollars, for the year 189 Sworn to and subscribed before me, this, the 2 S day of 1895. Recurrent Ordinary. Norse-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. I, Ordinary of said County, do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of 1895. Release Beauchers Ordinary
POWER OF ATTORNEY. STATE OF GEORGIA, Lamphell County. I. Beyoung & K. Speer hereby authorize & of Stephens of Familian Ga to receive and receipt for the pension paid hereon and request that he remit same to Beyoung & K. Speer by J. Flephens at Franching Ga IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14 day of February 1896. Executed in presence of us L. S. Communication of the pension paid hereon and request that he remit same to Beyoung Ga By J. Slephens at Franching Ga By	POWER OF ATTORNEY. STATE OF GEORGIA, Compliant County. I, St. M. Spint hereby authorize It Staphens of Find burne Islan to receive and receipt for the pension paid hereon and request that he remit same to by land of IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12 day of. Island St. St. Spine Island Executed in presence of M. S. M. Lorina A. C. Charano Calif
SOLDIER'S PENSION. SOLDIER'S PENSION. 1896 Name Burgani, 3, 4, Spir. County Generaphility General Beneral General Beneral General Beneral General Ge	Spein, B. F. B. Cany Mall G. No. 21.5.2 INVALID SOLDIER'S PENSION. 1897. Amount, \$ Mall N. 10.0.0.0 RICHARD JOHNSON, RICHARD JOHNSON, WARRANT HANDED TO WAR
Const.	