STALE OF SECRETARY For Applicants Herefolory Allowed Rensions

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA,

alnents Meretofore Allowed Pensions

Personally appears_	John E. Shad
of Campbe	County, State of Georgia, who, being duly sworn, says
on oath that he is a bona fide since the 25-	citizen and resident of Georgia, and has been such continuously day of Aucun but 1822; that he enlisted
in the military service of the (	Confederate States (or of the State of Langua )
during the war between the S	lates, and served as a Callain in Company C
of 35 th Regiment of_	Laryia Volunteers Thomas 's
Brigade; that whilst engaged	in such military service at the battle of Trudencest  a, on the 6th day of
Mury	1864, he was wounded as follows . Shart has a
muse a ball	in sight shoulded custoffer
hund evelor	bone a back forse thomas to the
county	of thest & lodged under sand
ula where	12 till peur amo i zen dering les
tracky wiless	yourded essentiacey & substant
Deponent desires to parti	cipate in the benefits of the Act, approved October 24, 1887, and

the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of

Dollars for 1891

2 day of Mone 1892. John & Steed R. C. Bravers Ordinary.

Nore.—State fully nature of wound or character of disextent of the disability.

	POWER	OF	ATTORNEY	
STATE	OF GEORGIA	)		

Gamphell County. Know all Men by these Presents, That I,

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

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

Executed in the presence of us: fas A Wickery S. C. Cook

Charles Charles

\*\*\*\*LIGHT PRINT AND. OR BAD COPY \*\*\*\* For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Campbell County.
PERSONALLY appears John & Steed of Gampbell
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has resided therein continuously ever since the 2 3
day of Recember 1889, that he enlisted in the military service of the Con-
federate States (or of the State of Tronging the pure between the
States, and served as a Gantain in Company & of 854 th Pariment
of Hengin Volunteers Thomas 's Brigade : that whilet account in
such military service at the battle of the Milder Man.
of Virginia, on the 4th day of May 1864, he was
wounded as follows: By minnie ball inright woulder The ball
entered just bolind the collar bone and lodged in the back of
chestorander the shoulder blader have it still remains, cause
ontamal running efficie on the right breast how which blood
displyupon introvered that the wound ales course weak
I mandriggs mutand for thereauce that he is subeta.
nd descentially matie to perform manuel labor.
Deponent desires to praticipate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for
the year ending October 26, 1893. I have heretofore been allowed a pension of
July dollars, for 1892
Sworn to and subscribed before me, this, the
16 day of March 1893. June 6 Steech

R. E. Beavers Ording Nore-State fully nature of wound or chi

STATE OF GEORGIA, 7		
10mm h 1.00 2 -	•	
Sound models of the County !	Ordinary of s	aid Count
do certify that I am well acquainted with John &		th

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

I further certify that

I furt

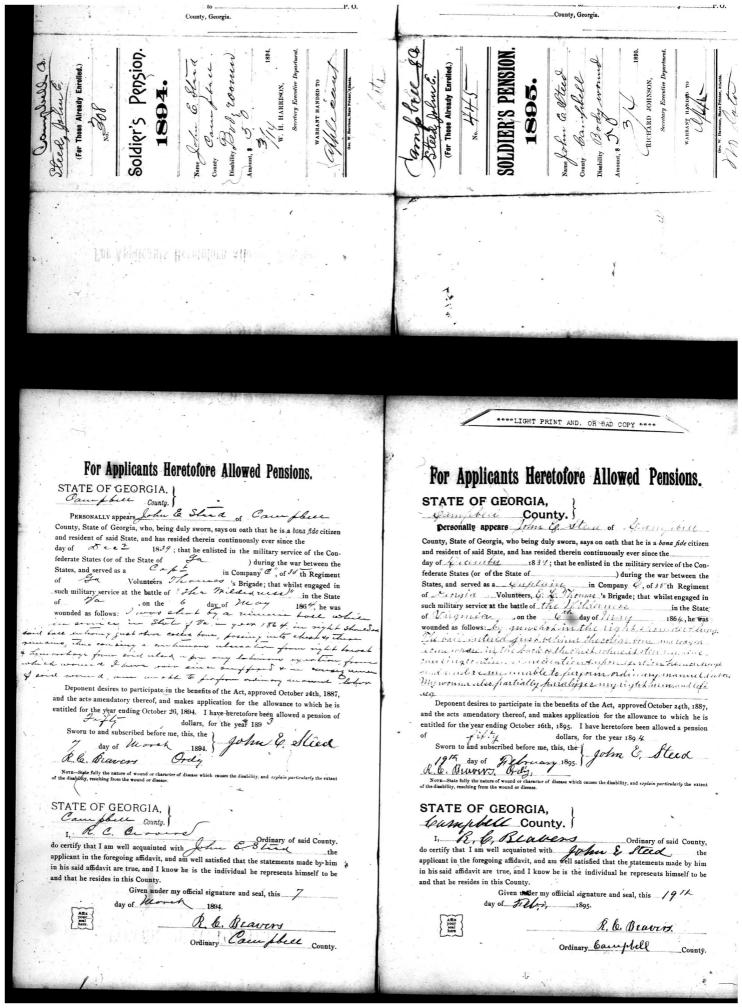
Given under my official signature and seal, this my day on my more who says

Know all Men by these Presending that the peorges, to hearly appear to the by these Presending to the peorges, to hearly appear and lower to the best to the best

County. STATE OF GEORGIA.

POWER OF ATTORNEY.

Sworn to and subscribed before me this the John & Steed	Sworn to and spiscribed before me, this, the
R. C. Bravers Ordinary.  Nort.—State fully nature of wound or character of disease which causes the disability, and explain particularly the states of the disability.	Sworn to and subscribed before me, this, the John & Steed  (b) day of Morph 1893.  R. C. Beavers Ordingry
POWER OF ATTORNEY	Norz. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA.	STATE OF GEORGIA, The County of Said County,
Know all Men by these Presents, That I, John & Steed- County in said State, do hereby appoint AP Harvey	In Octinary of said County, do certify that I am well acquainted with John E Slan the
County, in said State, do hereby appoint. A Harvey  of Lambelle County my true and lawful attorney ip fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to	applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
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,	said affidavit are stue, went that he is disabled, to the extent he claims, and I know he is the in- dividual he represents himself to be, and that he resides in this County.
IN WITNESS WHEREOF, I have hereunto set my hand and seal this Length	I further certify that the state of the stat
day of Moser 1892.  Executed in the presence of us:	my send alternated States for our dis States, as yearen in the foregoing, affiliative hereby maintenant my send for any tame for any Yaranzo Barria (points) and the sing altigrants and a state of the results of the foreign of the state of the results of the state of the
Executed in the presence of us:	I further certify that  The plateaux set up many and any portions when the foregoing affidavits were made and power of attorney was signed, is a more set up to the plateaux of the plateaux o
DIRECTION.	Know all Men by these Presendanish the Brances Country of Country Country of Country Country of Cou
Send money to me as follows, by P. O.	County 1
County, Georgia	POWER OF ATTORNEY
all a second	
POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA, }	STATE OF GEORGIA,
COUNTY.)  Know all Men by these Presents. That I,	KNOW ALL MEN BY THESE PRESENTS, That I,of.
County, State of Georgia, do hereby appoint. my true and lawful attorney in fact, for	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	me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the
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 my name for any Warrrant 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	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this .  day of1895.
Executed in the presence of us	Executed in presence of us
DIRECTIONS.	DIRECTIONS.
Send money to me as follows, by toP. O.	Send money to me as follows, byto
Send money to me as follows, by	Send money to me as follows, by
Send money to me as follows, by to	Send money to me as follows, by
Send money to me as follows, by to	Send money to me as follows, by
Send money to me as follows, by to	Send money to me as follows, by
Send money to me as follows, by to	Send money to me as follows, by
Send money to me as follows, by to	Those Already Eurolled.  Those Already Eurolled.  So HH S PRNSION.  Secretary Executive Department.  So HH S PRNSION.  Secretary Executive Department.  Thirms are prime, stands.
Send money to me as follows, by  to	Send money to me as follows, by  to  County, Georgia.



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 March 1894.  Norse-State fully the nature of wound or character of disease which causes the disability, and ceptain particularly the estant of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  Campbelle County.  I, H. C. De County.  I, H. C. De County.  Government of the individual herepresents himself to be and that he resides in this County.  Given under my official signature and seal, this  day of March 1894.  Deb. Beauty  Ordinary Campbelle County.  County.  County.  Ordinary Campbelle County.  County.  Ordinary Campbelle County.  County.	Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and make 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 1894.  Sworn to and subscribed before me, this, the Sworn to and subscribed before of the disability, resulting from the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  STATE OF GEORGIA,  Ordinary of said County, do certify that I am well acquainted with Sworn Sworn 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 1914 day of Sworn Lawrence County.  A. B. Brawers.  Ordinary Campbell County.  Ordinary Campbell County.
POWER OF ATTORNEY.  STATE OF GEORGIA,  Campbell County.  I, So Steed hereby authorize M. M. County  of Lawburn, &a.  to receive and receipt for the pension paid hereon and request that he remit same to  the hour factorial in the law of the hereon of the pension paid hereon and request that he remit same to  to receive and receipt for the pension paid hereon and request that he remit same to  by haud  IN WIFNESS WHEREOF, I have hereunto set my hand and seal, this 25th day of the here any 1896.  Executed in presence of us  A & Shue Loren  A & Gravers Order	POWER OF ATTORNEY.  STATE OF GEORGIA.  CONVENTE ELL County.  I, J.E. Streat  hereby authorize M. A. Mc Curry of Fair aurum Yea  to receive and receipt for the pension paid hereon and request that he remit same to by hand at Fairburn Yea  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this H day of July 1897.  Executed in presence of Mr. S. Mc Larum R. C. Brannony  Conditionary
SOLDIER'S PENSION.  No.71  Nome flow. E. He  County Bandable  Disability des eldes arrect  Amount, s. 57  Am	Steery J. E.  County No. 2007  Name J. G. Mac. d  Name J. J. P. E. 1897.  NARANT HANDED TO  MM  MM  MM  MM  MM  MM  MM  MM  MM

SOLDIER'S PENSION,

ISSOCIAL E. H. L.

Name Line. E. H. L.

County, Educidle arministry

Richard Johnson,

Richard Johnson,

Richard G.

Richard G.

Richard G.

Richard G.

No. 2003

No. 2003

No. 2003

INVALID

SOLDIER'S PENSION,

1800

Richard G.

Richard G.

Name J. C.

Amount, S.

P. L.

Amount, S.

Richard Johnson,

TASP.

Amount, S.

For Applicants, Herefolore, Allowed Pensions,

#### For Applicants Heretofore Allowed Pensions.

Canp	OF GEORGIA	A, ) untv. }		
. /		Stud	of Con	wheel
	of Georgia, who being	duly sworn, save		
and resident of	said State, and has re	esided therein co	ontinuously ever sin	e the
day of Deen			d in the military ser	
federate States	(or of the State of			war between the
States, and ser-	ved as a Captain	i	n Company 6, of	
of George	Volunteers,		's Brigade; tha	
in such military	service in the State	e of Parsune	on the	day
of may	186 #, he wa	as wounded, inju	red or diseased as fo	llows :
by Bine &	that wound u	i night sh	oulder the	ball enters
	id the Colle			
of it Chi		etel ren		
1				ing Contin
	in of the line			
vouced and	it effects depi	ves mi of	the use of m	my forght a
no wide	· tureles	, and the	count desa	ales depone
min ma	inel labor,	hij ovocu	time is that	2 a forme
	lesires to participate i			
nd the acts am	endatory thereof, and	makes applicat	ion for the pension	toper 24th, 1007,
ntitled for th	e year ending Octob	or 96th 1896	I have heretefere	to which he is
Cour fle	County been	allowed a pension	of Fifty	as a resident of
ollars, for the	,	anowed a pension	9	
	nd subscribed before n	ne this the		
	7 1	}_	1.6.Stee	d
1 d	ay of hebruny	1896.	1	_
9.6.	"Oscavery	Ording		)
Norz-State fully the disability, resulti	the nature of wound or charactering from the wound or disease.	er of disease which sause	s the disability, and explain	particularly the extent
1				
STATEC	F GEORGIA	. )	4	
,	- 10	, }		
вашр	Rec Count	ty. ,	•	
I, /	lo 12 Eau	enp _	Ordinary	of said County,
certify that I	am well acquainted wi	th 8 6	Steed	the
pplicant in the	foregoing affidavit, at	nd am well satisfi		tre made by bin
his said affida	vit are true, and I kn	ow he is the ind	ividual he represen	ts himself to be
nd that he resid	les in this County.		arrada. ne represen	
		y official signatur	re and seal this	14 1
	day of Tebrus		1896.	
			.000,	
		/		

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Complete County.	
personally appears & & Stand of Course	beer
County, State of Georgia, who being duly sworn, says on oath that he is a bo	na fide citizen
and resident of said State, and has resided therein continuously ever since	
day of 18 8; that he enlisted in the military servi	
federate States (or of the State of	
States, and served as a Coplain in Company C, of J	th Regiment
of Volunteers, Volunteers, 's Brigade; that v	hilst engaged
in such military service in the State of Va , on the	
of May 1864, he was wounded, injured or diseased of following that we right should be to	
the cocker bown; back possed clare	-4 46
covily of my check & lodged in be	KI
my class & there it olive or	- I
and on account of said was	und'
reactioned of bottle of mildurum	I win
andered in fit for ordinary me	- w
Deponent desires to participate in the benefits of the Act, approved Octol	per 24th, 1887,
and the acts amendatory thereof, and makes application for the pension	
entitled for the year ending October 26th, 1897. I have heretofore under	
resident of County been allowed an inva	lid pension of
Sworn to and subscribed before me, this, the 1 9, 8, Steed	_
day of Fa by 1897 POST OFFICE OCC	
A. C. By aver, Ordy	++
Note-State fully the nature of wound or character of disease which causes the disability, and explain par of the disability, resulting from the wound or disease.	ticularly the extent
STATE OF GEORGIA.	
Comblee County.	
I, R. C. Beauty of Ordinary of	
// 2 /	said County,
do certify that I am well acquainted with	the
applicant in the foregoing affidavit, and am well satisfied that the statements	
n his said affidavit are true, and I know he is the individual he represents	himself to be
and that he resides in this County.	4
Given under my official signature and seal, this	

Affix your seal here.

from manual labor, his ovo cation is that of a former	andered we fix for ordinary mound &
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,	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, 1896. I have heretofore as a resident of	entitled for the year ending October 26th, 1897. I have heretofore under said law as a
Louispill county been allowed a pension of hefty	resident of Cours See county been allowed an invalid pension of
dollars, for the year 1895.	Dollars, for the year 1892.
Sworn to and subscribed before me, this, the  H day of Jubinery 1896.	Sworn to and subscribed before me, this, the g. E. Steed day of 1897. Prost office deed of the control of the c
day of Meeting 1896.	day of 1897. POST OFFICE Quee
Agy of State of 1896.)  A G. Reconvers Ordinory  Nors-State fully the nature of out or character of disease which sames the disability, and explain perticularly the extent of the disability, resulting from the wound or disease.	A. C. Bawars, Chery
of the disability, resulting from the wound or disease.	Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
OTATE OF OFOROM	STATE OF GEORGIA.
STATE OF GEORGIA,	Care phere County.
County.	
I, Rolo BEavers Ordinary of said County,	I, R. C. Beauty, do certify that I am well acquainted with A. E. Margaret County, the
do certify that I am well acquainted with & Steed the	do certify that I am well acquainted with the
The statements made by min	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.	in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
Given under my official signature and seal, this 14	Given under my official signature and seal, this
day of Tebrusy 1896.	day of 7467 1000
	any of the Gravers
& & Bravers	Affix your peal (
	Ordinary Conference County.
Ordinary Countlel County.	
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No. of the second secon	
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	POWER OF ATTORNEY.
DOMED OF ATTORNEY	FOWER OF ALTURNEY
POWER OF ATTORNEY.	
STATE OF GEORGIA,	STATE OF GEORGIA,
STATE OF GEORGIA,	STATE OF GEORGIA,
STATE OF GEORGIA,  Campbel County.	STATE OF GEORGIA,  Slamp Well County.
STATE OF GEORGIA,  Campbell County.  I, TE Stand hereby authorize	STATE OF GEORGIA, Stamphall County.  I. J. E. Stad hereby authorize W.A.
STATE OF GEORGIA,  Campbel County.  I, JE Stand hereby authorize  WAMCharry of Farrhum	STATE OF GEORGIA,  Stamp will County.  I. J. E. Steed hereby authorize W.A.  Mccurry of Franchum - 344
STATE OF GEORGIA,  Campbel County.  I, Ke Hand hereby authorize  Wa MCCorry of Farrbound  to receive and receipt for the pension paid hereon and request that he remit same to	STATE OF GEORGIA,  County.  I. J. E. Steed hereby authorize W.A.  Mourry of Harrhum - 344  to receive and receipt for the pension paid hereon and request that he remit same to
STATE OF GEORGIA,  Caupbel County.  I, Sesteral hereby authorize  Wall Course of Farthur.  to receive and receipt for the pension paid hereon and request that he remit same to	STATE OF GEORGIA,  Stamp well county.  I, J.E. Steed hereby authorize W.A.  Mcurry of Hawburn - ya  to receive and receipt for the pension paid hereon and request that he remit same to
STATE OF GEORGIA,  Caupbel County.  I, Stand hereby authorize  Wall Courty of Farthur.  to receive and receipt for the pension paid hereon and request that he remit same to by have a	STATE OF GEORGIA,  Jean field County.  I. Jean Hursturn of Hursturn - 44  to receive and receipt for the pension paid hereon and request that he remit same to  My  at Hursturn . 44
STATE OF GEORGIA,  County.  I. Stand hereby authorize  Wall Courty of Jarobana  to receive and receipt for the pension paid hereon and request that he remit same to  by In WITNESS WHEREOF, I have hereunto set my hand and seal this 19th	STATE OF GEORGIA,  Jean field County.  I, Jean field hereby authorize W.A.  Mccurry of Handburn - 44  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Harrhy 3n. 44  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10
STATE OF GEORGIA,    Courty	STATE OF GEORGIA,  Jean field County.  I. Steed hereby authorize W.A.  Mccurry of Handburn - 44  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Handurn 44  IN WITNESS WHEREOF, I have hereupto set my hand and seal, this 10  day of Albrury 1899.
STATE OF GEORGIA,  County.  I, Sestud hereby authorize  Ma M. Courty of Jarrham  to receive and receipt for the pension paid hereon and request that he remit same to  by have seen and seal, this 19th  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th  day of Hely 1898.	STATE OF GEORGIA,  Jean field County.  I. Steed hereby authorize W.A.  Mccurry of Handburn - 44  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Handurn 44  IN WITNESS WHEREOF, I have hereupto set my hand and seal, this 10  day of Albrury 1899.
STATE OF GEORGIA,  Causphel County.  I. Restand hereby authorize  Wall Charmy of Fairbound  to receive and receipt for the pension paid hereon and request that he remit same to by  at Jairbourn  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of Telay 1898.	STATE OF GEORGIA,  Jeanfull County.  I. Steed hereby authorize W.A.  Mcurry of Harsburn - 44  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Harsburn . 46  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this lay of Herrury 1899.  J. J. J. Lied [L. S.]
STATE OF GEORGIA,  County.  I, Sestud hereby authorize  Ma M. Courty of Jarrham  to receive and receipt for the pension paid hereon and request that he remit same to  by have seen and seal, this 19th  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th  day of Hely 1898.	STATE OF GEORGIA,  Jeanfull County.  I. Steed hereby authorize W.A.  Mcurry of Harsburn - 44  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Harsburn . 46  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this lay of Herrury 1899.  J. J. J. Lied [L. S.]
STATE OF GEORGIA,  Causphel County.  I. Restand hereby authorize  Wall Charmy of Fairbound  to receive and receipt for the pension paid hereon and request that he remit same to by  at Jairbourn  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of Telay 1898.	STATE OF GEORGIA,  Jean field County.  I. Steed hereby authorize W.A.  Mccurry of Handburn - 44  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Handurn 44  IN WITNESS WHEREOF, I have hereupto set my hand and seal, this 10  day of Albrury 1899.
STATE OF GEORGIA,  Causphel County.  I. Restand hereby authorize  Wall Charmy of Fairbound  to receive and receipt for the pension paid hereon and request that he remit same to by  at Jairbourn  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of Telay 1898.	STATE OF GEORGIA,  Jeanfull County.  I. Steed hereby authorize W.A.  Mcurry of Harsburn - 44  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Harsburn . 46  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this lay of Herrury 1899.  J. J. J. Lied [L. S.]
STATE OF GEORGIA,  Causphel County.  I. Restand hereby authorize  Wall Charmy of Fairbound  to receive and receipt for the pension paid hereon and request that he remit same to by  at Jairbourn  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of Telay 1898.	STATE OF GEORGIA,  Jeanfull County.  I. Steed hereby authorize W.A.  Mcurry of Harsburn - 44  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Harsburn . 46  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this lay of Herrury 1899.  J. J. J. Lied [L. S.]
STATE OF GEORGIA,  Causphel County.  I. Restand hereby authorize  Wall Charmy of Fairbound  to receive and receipt for the pension paid hereon and request that he remit same to by  at Jairbourn  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of Telay 1898.	STATE OF GEORGIA,  Jeanfull County.  I. Steed hereby authorize W.A.  Mcurry of Harsburn - 44  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Harsburn . 46  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this lay of Herrury 1899.  J. J. J. Lied [L. S.]
STATE OF GEORGIA,  Causphel County.  I. Restand hereby authorize  Wall Charmy of Fairbound  to receive and receipt for the pension paid hereon and request that he remit same to by  at Jairbourn  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of Telay 1898.	STATE OF GEORGIA,  Jeanfull County.  I. Steed hereby authorize W.A.  Mcurry of Harsburn - 44  to receive and receipt for the pension paid hereon and request that he remit same to  by Hand  at Harshurn . 46  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10  day of Herrary 1899.  J. J. J. Leed. [L. S.]
STATE OF GEORGIA,  Causphel County.  I. Restand hereby authorize  Wall Charmy of Fairbound  to receive and receipt for the pension paid hereon and request that he remit same to by  at Jairbourn  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of Telay 1898.	STATE OF GEORGIA,  Jeanfull County.  I. Steed hereby authorize W.A.  Mcurry of Harsburn - 44  to receive and receipt for the pension paid hereon and request that he remit same to  by Hand  at Harshurn . 46  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10  day of Herrary 1899.  J. J. J. Leed. [L. S.]
STATE OF GEORGIA,  Causphel County.  I. Restand hereby authorize  Wall Charmy of Fairbound  to receive and receipt for the pension paid hereon and request that he remit same to by  at Jairbourn  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of Telay 1898.	STATE OF GEORGIA,  Jeanfull County.  I. Steed hereby authorize W.A.  Mcurry of Harsburn - 44  to receive and receipt for the pension paid hereon and request that he remit same to  by Hand  at Harshurn . 46  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10  day of Herrary 1899.  J. J. J. Leed. [L. S.]
STATE OF GEORGIA,  Causphel County.  I. REStand hereby authorize  Wa M. Charmy of Jarsham.  to receive and receipt for the pension paid hereon and request that he remit same to by  at Jarsham  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of July 1898.  Executed in presence of  C. B. Strideland  Executed in presence of C. B. Strideland	STATE OF GEORGIA,  Jean field County.  I. Steed hereby authorize W.A.  Mccurry of Hanshum - ya  to receive and receipt for the pension paid hereon and request that he remit same to  by Hand  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Herrury 1899.  Executed in presence of  J. Stephens
STATE OF GEORGIA,  Causphel County.  I. REStand hereby authorize  Wa M. Charmy of Jarsham.  to receive and receipt for the pension paid hereon and request that he remit same to by  at Jarsham  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of July 1898.  Executed in presence of  C. B. Strideland  Executed in presence of C. B. Strideland	STATE OF GEORGIA,  Jean field County.  I. Steed hereby authorize W.A.  Mccurry of Hanshum - ya  to receive and receipt for the pension paid hereon and request that he remit same to  by Hand  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Herrury 1899.  Executed in presence of  J. Stephens
STATE OF GEORGIA,  Causphel County.  I. REStand hereby authorize  Wa M. Charmy of Jarsham.  to receive and receipt for the pension paid hereon and request that he remit same to by  at Jarsham  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of July 1898.  Executed in presence of  C. B. Strideland  Executed in presence of C. B. Strideland	STATE OF GEORGIA,  Jean field County.  I. Steed hereby authorize W.A.  Mccurry of Hanshum - ya  to receive and receipt for the pension paid hereon and request that he remit same to  by Hand  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Herrury 1899.  Executed in presence of  J. Stephens
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STATE OF GEORGIA,  Causphel County.  I. REStand hereby authorize  Wa M. Charmy of Jarsham.  to receive and receipt for the pension paid hereon and request that he remit same to by  at Jarsham  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of July 1898.  Executed in presence of  C. B. Strideland  Executed in presence of C. B. Strideland	STATE OF GEORGIA,  Jean field County.  I. Steed hereby authorize W.A.  Mccurry of Hanshum - ya  to receive and receipt for the pension paid hereon and request that he remit same to  by Hand  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Herrury 1899.  Executed in presence of  J. Stephens
STATE OF GEORGIA,  Causphel County.  I. REStand hereby authorize  Wa M. Charmy of Jarsham.  to receive and receipt for the pension paid hereon and request that he remit same to by  at Jarsham  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of July 1898.  Executed in presence of  C. B. Strideland  Executed in presence of C. B. Strideland	STATE OF GEORGIA,  Jean field County.  I. Steed hereby authorize W.A.  Mccurry of Hanshum - ya  to receive and receipt for the pension paid hereon and request that he remit same to  by Hand  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Herrury 1899.  Executed in presence of  J. Stephens
STATE OF GEORGIA,  Causphel County.  I. REStand hereby authorize  Wa M. Charmy of Jarsham.  to receive and receipt for the pension paid hereon and request that he remit same to by  at Jarsham  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of July 1898.  Executed in presence of  C. B. Strideland  Executed in presence of C. B. Strideland	STATE OF GEORGIA,  Jean field County.  I. Steed hereby authorize W.A.  Mccurry of Hanshum - ya  to receive and receipt for the pension paid hereon and request that he remit same to  by Hand  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Herrury 1899.  Executed in presence of  J. Stephens
STATE OF GEORGIA,  Causphel County.  I. REStand hereby authorize  Wa M. Charmy of Jarsham.  to receive and receipt for the pension paid hereon and request that he remit same to by  at Jarsham  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of July 1898.  Executed in presence of  C. B. Strideland  Executed in presence of C. B. Strideland	STATE OF GEORGIA,  Jean field County.  I. Je Steed hereby authorize MA.  Mcurry of Handwarm - 4A.  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Handwarm . 4A.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Hebruary 1899.  Executed in presence of  J. Stephan. 1899.
STATE OF GEORGIA,    September   County     I	STATE OF GEORGIA,  Jean field County.  I. Je Steed hereby authorize MA.  Mcurry of Handwarm - 4A.  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Handwarm . 4A.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Hebruary 1899.  Executed in presence of  J. Stephan. 1899.
STATE OF GEORGIA,    September   County     I	STATE OF GEORGIA,  Jean field County.  I. Je Steed hereby authorize MA.  Mcurry of Handwarm - 4A.  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Handwarm . 4A.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Hebruary 1899.  Executed in presence of  J. Stephan. 1899.
STATE OF GEORGIA,    September   County     I	STATE OF GEORGIA,  Jean field County.  I. Je Steed hereby authorize MA.  Mcurry of Handwarm - 4A.  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Handwarm . 4A.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Hebruary 1899.  Executed in presence of  J. Stephan. 1899.
STATE OF GEORGIA,    County   County	STATE OF GEORGIA,  Jeanfield County.  I. Je Steed hereby authorize W.A.  Mcurry of Handburn - JA  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Handburn JA  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Habrary 1899.  Executed in presence of  L. Stephans (L. S.)
STATE OF GEORGIA,    September   County     I	STATE OF GEORGIA,  Jean field County.  I. Je Steed hereby authorize MA.  Mcurry of Handwarm - 4A.  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Handwarm . 4A.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Hebruary 1899.  Executed in presence of  J. Stephan. 1899.
STATE OF GEORGIA,    September   County     I	STATE OF GEORGIA,  Jean field County.  I. Je Steed hereby authorize MA.  Mcurry of Handwarm - 4A.  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Handwarm . 4A.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Hebruary 1899.  Executed in presence of  J. Stephan. 1899.
STATE OF GEORGIA,    September   County     I	STATE OF GEORGIA,  Jean field County.  I. Je Steed hereby authorize MA.  Mcurry of Handwarm - 4A.  to receive and receipt for the pension paid hereon and request that he remit same to by Hand  at Handwarm . 4A.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Hebruary 1899.  Executed in presence of  J. Stephan. 1899.

Y

TINVALID

SOLDIER'S PENSION.

ISBOR.

Name Arready Errelled.)

No. 2.856

INVALID

SOLDIER'S PENSION.

ISBOR.

RICHARD JOHNSON,

Amount, 8 56

Correct Section

Name Arready Errelled.)

No. 2.19 5

INVALID

SOLDIER'S PENSION.

ISBOR.

RICHARD JOHNSON,

1899.

INVALID

SOLDIER'S PENSION.

INVALID

SOLDIER'S PENSION.

INSO. 2.19 5

INVALID

SOLDIER'S PENSION.

INSO. 2.19 5

INVALID

SOLDIER'S PENSION.

Commission of Protein.

Amount, 8 56

Amount, 5 50

Amount, 5 50

RICHARD JOHNSON,

Commission of Protein.

WARRIANT RANDED TO

WARRIANT RANDED

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.
personally appears J. E. Stues of Gambbace
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citize
and resident of said State, and has resided therein continuously ever since the
day of Decem kir 1839; that he enlisted in the military service of the Con
federate States (or of the State of Grange ) during the war between the
States, and served as a leaf lair in Company C" of 3 th Regimer
of Levy a Volunteers, Thank 's Brigade; that whilst engage
in such military service in the State of Carque on the 6 da
of May 1864, he was wounded, injured or diseased as follows:
Has shot while in service in Virgini, a
For Cattle of the wildernes with a mine
ball, I'm had entering my right should
just belief callor bone passed the one to
The it is a second in the interest of the inte
1.45 1 40
, mare & siece ke
To renders me unable to ferform orden un manual
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 i
entitled for the year ending October 26th, 1898. I have heretofore under said law as
resident of Cauca y acc county been allowed an invalid pension o
Dollars, for the year 189 2.
Sworn to and subscribed before me, this, the
day of last 1898. Post-office Quo
Nor Note fell the server
NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extend of the disability, resulting from the wound or disease.
STATE OF GEORGIA.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Cambail County.)
I, le County, Ordinary of said County,
to certify that I am well acquainted with from the
pplicant in the foregoing affidavit, and am well satisfied that the statements made by him
n his said affidavit are true, and I know he is the individual he represents himself to be
nd that he resides in this County.
Given under my official signature and seal, this 4
day of 7153 1898.
All your R. E. Branger
here.

STATE OF GEORGIA,
County.
personally appears & E. Steed of champbell
County, State of Georgia, who being duly sworn, says on oath that he is a bong fide citize
and resident of said State, and has resided therein continuously ever since the
day of1839 ; 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 Thaptam in Company of 35th Regimen
of Willy Volunteers, Phomas 's Brigade: that whilst engage
in such military service in the State of JVA , on the & da
of 1864, he was wounded, injured or diseased as follows:
was shot with a minne ball in the right sho
Just behind the collar hore the ball passing in
The lung as chest whereit still remains com
my me much poin and renders me unabl
to firstorm or driving manuel labor soid wound
was received in the battle of the wilderness in
Why I can not be by
Way I can not perform any labor that require
Deponent makes application for the pension to which he is entitled for the year end
ing October 26th, 1899. I have heretofore under said law as a resident o
The first state of the year 189 &
Dollars, for the year 189 8.
Sworn to and subscribed before me, this, the 9 6, Steed
2 3 day of Junuary 1899. POST OFFICE OND The
J. Stephens osch
Note-State fully themature of wound or character of disease which
Norg-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,
olamphell county.
I, J. Stephens Ordinary of said County
do certify that I am well acquainted with I.E. of teed 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 Jasuary 1899.
sour & J. Stephens

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of care particular occurry been allowed an invalid pension of Dollars, for the year 1892.  Sworn to and subscribed before me, this, the day of 1898. POST-OFFICE Care  Nora-state fally the nation of wound or character of disease which causes the disability, and explain perficularly the extent of the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.  I, Art 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 1898.  Al L. Brawrys.  Ordinary County.  County.	Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1898.  Sworn to and subscribed before me, this, the 23 day of Lambury 1899. Post office OND 34 Stephens Ordinary of wound or character of disease which causes the disability, and explain particularly the esteet of the disability resulting from the wound or denses.  STATE OF GEORGIA, County.  I. J.
POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  I. Stand. bereby authorize  M. County.  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 M. 1900.  Executed in presence of  Tasself Chip.	POWER OF ATTORNEY.  STATE OF GEORGIA.  Lampbell County.  I, Will Grand of Farrham Far  to receive and receipt for the pension paid hereon and request that he remit same to  by hand  IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2/  day of Felry 1801.  Executed in presence of  A Brassell CAP  Campbell Ca
SOLDIER'S PENSION.  No. J. C. P. D.  INVALID  SOLDIER'S PENSION.  I BOO.  Name & G. Olling  County Learn policy  Disability Well S. 1900.  JOHN W. LINDSEY,  Omenicione of Protein.  NARBART HANDED TO  PAY THE COUNTY  Omenicione of Protein.  The The County  County County of Protein.	SOLDIER'S PENSION.  SOLDIER'S PENSION.  IBOI.  Name & G. Strang County Ge. Strang Amount, & G. Strang Amount, & G. Strang County Ge. Market  NAMEN LINDSEX.  THOUSEN COMMENTS  COMMISSION HANDED TO  WARRANT HANDED TO  WARRAN

STATE OF GEORGIA,

COORD SOLD JER'S PENSION.

INVALID
SOLD JER'S PENSION.

INVALID
SOLD JER'S PENSION.

JOHN W. LINDSEY,
Coming. Manage Enciled.)

Warrant issued M. L. S. 1900.

JOHN W. LINDSEY,
Coming. Manage Enciled.)

Warrant issued M. L. S. 1900.

JOHN W. LINDSEY,
Coming. Manage Enciled.)

No. 9877

No. 9877

IDOI.

IDOI.

IDOI.

Namp LE. Stewy
Coming. Coming.

No. 9877

No. 9877

IDOI.

IDOI.

IDOI.

WARRANT HANDED TO

WAR

For Applicants Heretofore Allowed Pensions state of algorithms.

For Applicants Heretofore Allowed Pensions.

The territory into a to the follows:
STATE OF GEORGIA,
deampbell county.
10041
personally appears L. E. Dued of tambbell
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
day of Alember 1839; that he enlisted in the military service of
the Confederate States (or of the State of) during the war be-
tween the States, and served as a Officer in Company 6, of 35 th
Regiment of Juvyja Volunteers, Thomas, 's Brigade; that whilst
engaged in such military service in the State of Nogmmu, on the 6
10 tot 1 the was wounded, injured or diseased as follows:
It wall at the Wilderness in the
shit if the stay of may was
the wall entired by
whomy the collar own, and larged in the chest
whose of stills remains causing tontinual orge
mecration from the lung & sometimes homerorshord
and renders my mable to perform or chary monuel labor
Deponent makes application for the pension to which he is entitled for the year
chuling October 20th, 1900. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Dollars, for the year 189 (
Sworn to and subscribed before me, this, the
day of March 1900. POST OFFICE Grid - 194
- Stephens - Ordinary
Norz.—State fully the nature of wound or character of disease which causes the disability, and explain perticularly the extent of the disability resulting from the wound or disease.
STATE OF CHORGA
STATE OF GEORGIA,
Toumphell County,
(1981)
do certify that I all the County,
do certify that I am well acquainted with f. E. Steed the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
Given under my official signature and seal, this
day of March 1900
1. I Stephens

STATE OF GEORGIA,
County,
Personally appears & 8. Stand of County for
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 Nac 18.37; that he enlisted in the military service of the Con-
federate States (or of the State of Ja ) during the war between the
States, and served as ain Company, of _3\sqrt{5} th Regiment
of Volunteers, Thomas 's Brigade; that whilst engaged
in such military service in the State of Va on the G day
of 186 , he was wounded, injured or diseased as follows:
I was that by a kinnie fore just be -
hairy could bour in mile to
evil bore fraging in to comit - 1 co
for wan of that the form
5 . The form of John plus pure
The while we dervee
I have you recount of soul wound to
er Jour moth to do ording heared lobos
Deponent makes application for the pension to which he is entitled for year end-
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 1900.
Sworn to and subscribed before me, this the)
27 day of Joing 1901, Postoffice Our Ja
In S hu P. Costomee
None Office I. W. st.
Nove, State fully the mature 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 GRORGIA
Comp feer
May S. V. County.
Ordinary of said County.
do certify that I am well acquinted with . Study the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
In his said amount 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

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1990. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 189 G.  Sworn to and subscribed before me, this, the J. S. L.	Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1900.  Sworn to and subscribed before me, this the Aday of 1901. Postoffice One of Dollars, for the year 1900.  Sworn to and subscribed before me, this the Aday of 1901. Postoffice One of Dollars of the disability resulting from the wound or character of disease which causes the disability, and explain particularly the estead of the disability resulting from the wound or disease.  STATE GEORGIA,  County,  L. J. J. L. J. L. J. J. L. J.
POWER OF ATTORNEY.  STATE OF GEORGIA,  Cambbell County.  I, Caft & E Stiel bereby authorize A a meany of Fairburn Bu  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 / 7 day of Garmary 1802.  Executed in presence of  A. Brancow CRO	POWER OF ATTORNEY.  STATE OF GEORGIA,  Cambrile County.  I, SE Stred hereby authorize  TO MCGurry of Farrhum Ga  to receive and receipt for the pension paid hereon and request that he remit same to  My hand  at Farrhum Ga  IN WITNESS WHEREOF, I have hereunto set my hand and seal this 23  day of Jany 1903.  Executed in presence of  A Comment of
SOLDIER'S PENSION  DISABLED  SOLDIER'S PENSION  1902.  Name A. H. C. H. C. C.  Co. C. Regiment J. T.  Disability D. J. H. C. C.  Disability D. J. H. C. C.  Disability D. J. H. C. C.  WARAAKH HARDED TO  W	STOLD LERU CALLED,  NO. GELV  NO. GELV  NAME G. G. TE & G  COUNTY GO OF Y VO.  CO. G. Regiment  Disability Go of y Vo.  NARRANT HARDERY,  CO. G. G. Regiment  Amount, & G. C. TE & G  JOHN W. LINDSEY,  CONSTRUCTORY OF COUNTY  AMORDAY HARDERY OF COUNTY  ON WARRANT HARDERY  ON WARRANT HARD

FOR APPLICANTS HERETOPORE ALLOWED PENSIONS

LUB / BLIC

( ... .

SOLDIER'S PENSION  No. FY.  DISABLED  SOLDIER'S PENSION  TOO. F. F. L. 1802  JOHN W. LINDSEY,  Committee of Protein.  MARKART HANDED TO  WARRART HANDED TO  WARRANT H	Camp Bell Caunty Stad S. E.  (FOR THOSE AREAD ENOLLED)  No. (e l U)  DISABLED  SOLDIER'S PENSION  1 DOB.  Ocumy G. L. E. E. G.  County G. L. E. E. G.  County G. L. E. E. G.  Amount, & LINDER',  County G. L.
FOR APPLICANTS HERETOPORE ALLOWED PENSIONS	
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.  STATE OF GEORGIA.	FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

Comptell County	
County.	
Personally appears & E Stand	ephece
County, State of Georgia, who being duly sworn, says on oath that he is a bo	ma fide citizen
and resident of said State, and has resided therein continuously ever since t	he
day of 1839; that he enlisted in the military service	e of the Con-
federate States (or of the State of) during the wa	r between the
States, and served as ain Company e', of 35	th Regiment
of Volunteers, Haze os 's Brigade; that w	hilst engaged
, oil the	ay
I wo that by a Ulimin bose while is	· service
of the boule of the Wildranes: and boll	are light
right ohoused in just be hind the collar be	we posed
into the explore covery of the Bush xilos	gad some
where in boots fort y the chest, where	it olies
quirous, and que deto men weather to	4-4-
ordinery mound labor	Form
Deponent makes application for the pension to which he is entitled	d for the year
ending October 26th, 1902. I have heretofore, under said law, as a	
County, been allowed an inval	id pension of
Dollars, for the year 1901.	,
Sworn to and subscribed before me, this the	
day of 1902. Post-office O.	
Mr. S. le Love, Oray	
Norz.—State fully the nature of the wound or character of disease which causes the disability resulting from the wound or disease.	lity, and explain
STATE OF GEORGIA.	
Charpber County.	
I M. S. Me Lapin	
1 C Ordinary of	said County,
do certify that I am well acquainted with & E. Stur 4	
the applicant in the foregoing affidavit, and am well satisfied that the stateme	ents made by
him in his said affidavit are true, and I know he is the individual he represen	ts himself to
be and that he resides in this County.	a ·
Given under my official signature and seal, this	, .
day of Joery 1902.	
Ans four form	-
Ordinary Com phece	0
	County.
Norz.—Fill all blanks and of Company and Regiment. Norz.—All vouchers and affidavita must bear date after January 1, 1902.	
WEN UP ALTONNET.	

STATE OF GEORGIA,
Campbeel County,
- County, -
of Carre
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
follows Con-
during the war between the
in such military is Brigade; that whilst engaged
I was that in right shoulder and believed it
coeler how by a Ulimin bore while in compet
Sexure at brette y the "tried rue " soil loce"
received foregoward & cody in booth port
fright chist where it olive remaine, and
de friois wer of use of right once to great extent
to por de so con a una ble to for forme luminos sobor
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 1903 (Post-office 7 )
Mr. S. Ke Lorice, Ord
Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
County,
n Suchan
Ordinary of said County.
do certify that I am well acquainted with f. G. Street
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
172 1908 114 L
Affix your feel
Ordinary Court 6 Lie County.
Norz.—Fill all blanks and of Company and Regiment.

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Deponent makes application for the pension to which he is entitled for the year	the friend was of was if right orms to great which
ending October 26th, 1902. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of	Deponent makes application for the pension to which he is entitled for the year
Dollars, for the year 1901.	ending October 26th, 1903. I have heretofore, under said law, as a resident of
Sworn to and subscribed before me, this the J. S. Slitch  11 day of John T. 1902. Post-office Gray  12 State Form Gray	County, been allowed an invalid pension of Dollars, for the year 1902.
	Sworn to and subscribed before me, this the 1 2'5' Alegar
Norz.—State fully the nature of the wound or sharacter of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.	Sworn to and subscribed before me, this the  day of 1903,  Post-office
STATE OF GEORGIA,	Note.—State fully the nature of the wound or character of discount in
	particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,
I, M. S. Me Lorrange Ordinary of said County, do certify that I am well acquainted with J. E. Star 4	form of here
do certify that I am well acquainted with 6. Sure 4 the applicant in the foregoing affidavit, and am well satisfied that the statements made by	I. It. S. Lee Layer Pordinary of said County, do certify that I am well acquainted with J. E. Tax y
him in his said affidavit are true, and I know he is the individual he represents himself to	do certify that I am well acquainted with f. G. Tee of
be and that he resides in this County.  Given under my official signature and seal, this	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
day of 1902.	be and that he resides in this County.
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Norz.—Fill all blanks and of Company and Regiment. Norz.—All rouchers and affidarite must bear date after January 1, 1902.	AME 17. S. Mc Loque
	Ordinary County.
FWAT OF ATTORNEY	Norz.—Fill all blanks and of Company and Regiment. Norz.—All vouchers and affidavits must bear date after January 1, 1903.
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to receive and receipt for the pension paid hereon, and request that he remit same to	MALLE Curry of Fair burn ya
to receive and receipt for the pension paid hereon, and request that he remit same to	to receive and receipt for the pension paid hereon, and request that he remit same to
a I aid burn tu	by hand
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	at.
day of Jany 1904 J. E. Sleed [L. 8]	In Witness, Whereof, I have hereunto set my hand and seal, this.
	day of Jany 1905.  J. E. Steed [L. 8.]
Executed in presence of	Executed in the presence of
	hsu form Ordy
	R. N. J. W.
1904.	13) SO 1305.
CFOR THOSE ALREADY ENFOLLED.  SOLDIER'S PENSIO  TOO A.  Mane J. G. J. L. C.  County Commission of J.  Disability Good Trace  Amount, & J. C.  MARRAY HANDERY.  WARRAYT HANDERY.  OR WARRAYT HANDERY.	
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FOR APPLICANTS REPETORORE ALLOWED PERSONS.

CONTRIBERS PENSION  SOLDIER'S PENSION  IBOAL  COUNTY COUNTY COUNTY  COUNTY COUNTY  COUNTY COUNTY  COUNTY COUNTY  COUNTY COUNTY  MARRAYT HANDED TO  MARRAYT HANDED TO	COURT SECULD COLLED,  No. (033  No. (033  No. (033  No. (033  DISABLED  SOLDIER'S PENSION  TOOS.  Name County, Goard & County County, Goard & County Amount, S. C. O. C.  Amount, S. C. O. C.  JOHN W. LINDSEY, Amount, S. C. O. C.  JOHN W. LINDSEY, Amount, S. C. O. C.  LINDSEY, Amount, S. C. O. C.  LINDSEY, AMOUNT, MARRAYT HANDED 79  WARRAYT HANDED 79  LINDSEY, AMOUNT, C. O. C.  LINDSEY, AMOUNT, S. C. O. C.  LINDSEY, AMOUNT,

STATE OF GEORGIA.	OLUMU,
Complem County.	
Personally appears & E. Stee S of Com.	Sheer
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	f the Con-
during the war b	etween the
States, and served as a free in Company "C" of JJ th	Regiment
Volunteers Oh our 's Brigade: that while	
in such military service in the State of 2 a , on the	day
186 , he was wounded, injured or diseased a	
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Deponent makes application for the pension to which he is entitled for	the week
ending October 26th, 1904. I have heretofore, under said law, as a re	eident of
County, been allowed an invalid p	ension of
Dollars, for the year 1903.	renaion of
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day of long 1904 - 186 Sleen	
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STATE OF GEORGIA,	÷
County.	
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do certify that I am well acquainted with 6. She w	County,
the applicant in the foregoing affidavit, and am well satisfied that the stateme	nte made
by him in his said affidavit are true, and I know he is the individual he represent	e himself
, and the represent	a millisell

STATE OF GEORGIA, Complete COUNTY. Personally appears of E. Stac 4 of Come plece 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#0; that he enlisted in the military service of the Confederate States (or of the State of 1/2 ) during the war between the States, and served as a of 1/2 in Company 6, of N. th Regiment of 1/2 Volunteers House 's Brigade; that whilst engaged in such military service in the State of 1/2 , on the 6 day in such military service in the State of one of least of 186 the was wounded, injured or diseased as follows:

Leave that he was wounded, injured or diseased as follows:

Leave the form of the boule day further boule of the form of the country of the chart of the form o ending October 28th, 1805. I have heretofore, under said law, as a resident of County been allowed an inveited namics County, been allowed an invalid pension of \_\_Dollars, for the year 1904. Sworn to and subscribed before me, this the ne Luc Loque Endy Post-office fair busin /a Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, County, Sur Louis I, M. Sille & orme J. E. Street of said County, do certify that I am well acquainted with J. E. Street 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 1905. day of\_\_\_ It & Mu Lovi

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Ordinary\_

Given under my official signature and seal, this

to be, and that he resides in this County.

-Fili all blanks and of Company and Regiment. -All vouchers and affidavits must bear date after January 1, 1905.

Ordinary Came phece County

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1994. 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.  Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extended the disability resulting from the wound or disease.  STATE OF GEORGIA,  County.  I, M. County.  County.  I, The County of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and but 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 1904.  Ordinary County Annual Regiment.  Norz.—Fill all blanks and of Company and Regiment.  Norz.—All vouchers and affidavits must bear date after January 1, 1804.	Deponent makes application for the pension to which he is entitled for the year ending Ogtober 28th, 1805. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1904.  Swort to and subscribed before me, this the day of 1905.  More State fully the nature of the wound or character of disease which causes the disability, and explains particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  COUNTY,  I, It was county.  COUNTY,  I, It was county.  I, It was county and an 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  Ordinary County Lounty.  Nore—Fill all blanks and of Company and Begiment.  Nore—All vouchers and affidavits must bear date after January 1, 1906.
POWER OF ATTORNEY.  STATE OF GEORGIA.	POWER OF ATTORNEY
In Witness Whereof, I have hereunto set my hand and seal, this  A steel of the pension paid before and request that he remit same to by  at  In Witness Whereof, I have hereunto set my hand and seal, this  day of formy 1906.  Executed in the presence of  A steel of the pension paid before and request that he remit same to by  at  Executed in the presence of	STATE OF GEORGIA,  COUNTY.  I. J. G. Staw & hereby authorize  Mount Farin of fair because that he remit same to  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 formy 1907.  Executed in presence of  J. H. WIEGLING LAG.
Combined to the Composition of BB  DISABLED  SOLDIER'S PENSION  1806. And	SOLDIER'S PENSION  1. DISABLED  SOLDIER'S PENSION  1. DO. 7.  Name 6. 6. 4 to
tal est	

SOLDIER'S PENSION  No. 688  No. 688  No. 688  DISABLED  SOLDIER'S PENSION  1906.  Co. C. Regiment of the day  Amount, 600 C.  Disability Courty Promed  Amount, 670 C.  Amount	SOLDIER'S PENSION  SOLDIER'S PENSION  1907.  Soldie State of the control of the c	ORO, W. HARRIOS, NATE PRINTER, ATLASTA,
Boo Ville		

#### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Complex and
County.)
Personally appears f. 6 state a of Camp and
County, State of Georgia, who, being duly swort, 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 1839; that he enlisted in the military service of the Con-
federate States, (or of the State of) during the war between the
States, and served as ain Company, ofth Regiment
States, and served as a Copt in Company of th Regiment of Volunteers of volunteers of s Brigade; that whilst engaged
in such military service in the State of, 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, 1906, I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars for the year 1905.
1 10 %
Sworn to and subscribed before me, this the
8 day of 1906.
no Surformer, Ordy Post-Office Fort or The
Nore.—State fully the nature of the wound or character of disease which causes the disability, and explain
Norm.—State fully the nature of the would of character of disease which causes the disability, and apparticularly the extent of the disability resulting from the would or disease.
State of Georgia,
Caux pour County.
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I, Ordinary of said County
do certify that I am well acquainted with . 6, 0 this
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 1908.
- Pr. V. Car Joseph
ordinary County.

FOR	APPLICANTS	HERETOFORE ALLOWED	PENSIONS

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State of Georgia,	
County,	
Personally appears & E. Stird or Course b	ш
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide ci	tizen
and resident of said State, and has resided therein continuously ever since the	
federate States (or of the State of	
States, and served as a in Company "C", of "I' th Region of Valuations of Volunteers o	hone
in such military service in the State ofOn the G	dow
of lucy 1864, he was wounded, injured or diseased as followood blook by a recurric bose at our foot	ows:
of Wilderway, said bore bosset The " 4 hd	. 4
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ounty, been allowed an invalid pension of Dollars, for the year 1906.

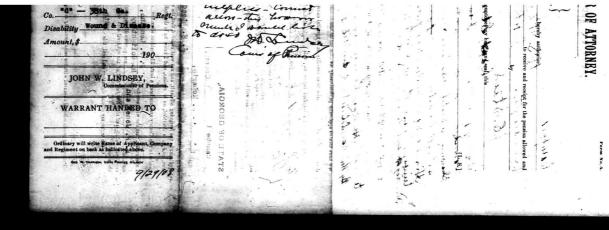
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day of	J & Stead
M. S. Ul Lonin, Oray.	Postoffice Lair burn 9a

State of Georgia,	
County.	
do certify that I am well acquainted with J. E. S.Z.	Ordinary of said County,
the applicant in the foregoing affidavit, and am well satisfied by him in his said affidavit are true, and I know he is the ind	that the statements made
to be, and that he resides in this County.	11 114
Given under my official signature and seal th	is7

	of Ya Volunteers Law 's Brigade; that whilst engaged
of You Volunteers House 's Brigade; that whilst engaged	in such military service in the State of va , on the day
in such military service in the State of 7 a on the day	of 1864, he was wounded, injured or diseased as follows:
of 186 4, he was wounded, injured or diseased as follows:	I was shout by a runnic hou at in toute
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	Deponent makes application for the pension to which he is entitled for the year
Deponent makes application for the pension to which he is entitled for the year	ending October 26th, 1907, I have heretofore, under said law, as a resident of
ending October 26th, 1906, I have heretofore, under said law, as a resident of	2 . / County, been allowed an invalid pension of
county, been allowed an invalid pension of	, / Let you 1000.
Dollars, for the year 1905.	Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the	day of Jany 1907. J & Stage
8 day of lary 1906.	no S. Ul Jonin Ording Postoffice Lair burn 9a
n Sur Joses, Ordy Post-Office Fast burn /a	
1	Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.	
	State of Georgia,
State of Georgia,	County.
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do certify that I am well acquainted with	The second secon
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
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to be, and that he resides in this County.	Given under phy official signature and seal this
Given under ms official signature and seal, this	day of garry 1907.
day of 1908.	M & lle Lorin
h & lee Lorur	Affix On 11.11
Affix pour County.	Adia pour county. County bell. County.
seal here }	Norz.—Fill all blanks and of Company and Regiment. Norz.—All vouchers and affidavits must bear date after January 1st, 1937.
Norz.—Fill all blanks and of Company and Regiment. Norz.—All vouchers and affidavits must bear date after January 1st, 1906.	· · · · · · · · · · · · · · · · · · ·
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SOLDIER'S PENSION,  No.  INVALID  SOLDIER'S PENSION,  No.  190 9:  Name 1. E. Stood  County Composite  Co. Co. Sto. Co.  Disability Wound & Disable:  Disability Wound & Disable:  Output Samuel Live  Sound Samuel Live  Output S	POWER OF ATTOR OF GEORGIA, County.   hereby substance to 100   he remit same to 100   hereby substance to 100   hereby sub
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SOLDIER'S PENSION  SOLDIER'S PENSION  Name 1 & S. Stood  County Composit  Co.  Disability Wound & Disabile  Amount, \$  190  JOHN W. LINDSEY,  Commissions of Pensions.	POWER OF ATTORNEY.  OF GEORGIA.  County.  Lhyroby ambatica and to receive and to

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STATE OF GEORGIA,	l		
C	ounty.	F.16021	STATE OF OF
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request that he remit same to	1. H. F E		the pension allowed and
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#### FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA,

Present.

that he e	186 1, during the war between	of the Confederate States	the military service of
vetween the State	186 1, during the war between	_day of_ Sept "P	L7th
vetween the State	186 1, during the war between	_ua, o	
Volt			
		"U" 35t)	rved in Company
<b>th</b>			Thomas!
	orably discharged on the 9th		April 1865
	gaged in such military service, and	; th	
186_	day of May 1864	, on the	e State of Va.
outger Ju	d ink the right shoul	ded as follows:	was disabled or wound
enged down	Ball ; said ball rang	llar bone by a	behind the col
t, where	ack part of my chest,	ed somewhere in	ward and lodge
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eceived w	. Said wound was rece	able to do any	that I am not
onthe 6th	The Wilderness." of	rvice at the ba	in Confed. Ser
		64.	day of May 186
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00		mains and affect able to do any	all still rem hat I am not

As the Sorum Post Office Pairburn Ga. R. 2. Re

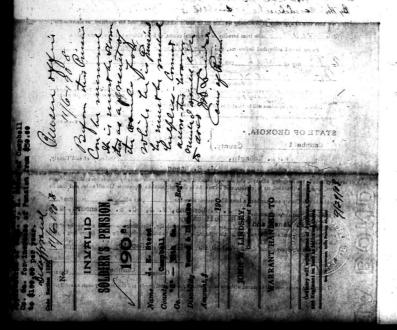
Requires no answer.

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

The put results to mantice wounds which do not disable.

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

Nors.—The Ordinary will see that all blank spaces are filled when the affidavits are sign



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	. g.
	• •
	dered? At Appomattox C. H. Va.  Yes Sir. I was Captain of my Company. If not, when
Vas applicant present ?	Yes Sir. I was Captain of my Company. If not, when
Vas applicant present?	Yes Sir. I was Captain of my Company. If not, when How come there? Requires no answer.
Vas applicant present?	Yes Sir. I was Captain of my Company. If not, when How come there? Requires no answer.
Vas applicant present?	Yes Sir. I was Captain of my Company. If not, when How come there? Requires no answer.
Vas applicant present?  Tas he?  Present.  And by whose authority? S  Deponent desires to pu	Yes Sir. I was Captain of my Company. If not, when How come there? Requires no answer. State fully: Requires no answer.
Vas applicant present ?	Yes Sir. I was Captain of my Company. If not, when How come there; Requires no answer.  State fully: Requires no answer.

#### AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,

Cou	inty.)
Personally appears before me, the u	indersigned Ordinary in and for said County B. F. Jones
and h. RRE Solightley	and
under oath, that they are personally and w	citizens, each of whom, being duly sworn according to law, severally say
whose application is herewith presented f	or a pension, that he has resided in this State continuously since the
	Thomas
while in line of duty, was injured by the se when, where, and how the injury happen abled from work as a direct result thereo	Brigade, and from our personal knowledge he revice as follows: (give full statement, and tell in your own language ed, or the disease was contracted, and to what extent applicant is dis.  If he does any labor or can do any, state what.)  while in Chred. service at bettle of the
he Wilderness. said ba 1	1 still remains in his body, and on ac-
ount of said wound and res	ulting diseases he is totally disabled
rom work	
r. I. R. Golf metler come	Mark I Di Or an an
The solighties bays:	Capt. J. E. Steed, the applicant, is m
n account of wounds and di	sease totally disabled to work.
1.00	• 1
И	and the state of t
	~
To the following questim	ns Mr. B. F. jones savs:
Where was applicant's command surrender	
Was be with it? Yes Sir.	Were all of you present? Yes Sir.
7	were all of you present?
II not, where was he?	
Where were you all?	resent.
•	1.00
How do you know the facts you state to be tr	rue! I knew the applicant before, ant
during & ever since the W	
	a. We were with him in the army and have known him ever since.
He was honorably discharged or retired from	
	d as stated and has been so to our certain knowledge area size 19 64.
Sworn to and subscribed be 6	12 41

y the witnesses, and that they are	
g disability to its true cause.	

PHYSI	CIAN'	SA	FFID	A	"	

. 3	STATE OF GEORGIA
	County.
	County.)
1	PERSONALLY comes before me Want Ordinary of said County,
	& J. Langie & Parker & L
	me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully
	(
*	and after such personal examination, say that the present
	condition of applicant is as follows : 1040 Steel 4 70 9600
	all My fubli minous. His right les was
	10 secured near the apex+ since then has been
	Therwing repeated absences that had menurous
	small contin in rufter but of a ile 1
	this were were and P
_	time & a that ax
Ni	rest les to any of his lends Jemporery farely
•	and that such condition is permanent. Said condition arises from the following facts: Mar Alash
	11 11.11.11.11.11.11.11.11.11.11.11.1
	the same of the sa
7	The stand of the about dis charged 4
U	a line has humorhage from lung occarious
	By this caredition he is dischill for manual lation
	We have treated applicant professionally for
	July and the condition, as above stated,
	does arise from heredity or congenital causes, or from vicious or intemperate habits.
	Sworn to and subscribed before me, this )
	28 day of De de 190 8 Por Dave of Arman
_	Mr. Stucks
•	Ordinary.
	Note 1.—State fully the physical condition and especially the extent of disability. If disability
	Note 1.—State fully the physical condition and especially the extent of disability. If disability results from wound or injury, tatle its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by affauts.
	Note 2.—The physicians will be careful to fill every blank space in oath.
	STATE OF GEORGIA.
	Campbell County.
	I, W. S. McLarin, Oction Valley
	, 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 he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he
	mile is all Company and the last of the company and the compan
	I also certify that the witnesses to wit: J. T. Longino, M. D, C. H. Davemport, M. D
	and De Pe solles and are persons of respectability that the
	credit and belief, and that the full text of the affidavit was read to and understood by them before they signed the same.
	Given under my official signature and seal, this 28th day of Sept'r 190 8.
1	Mr. 8 14 - 190 0.

THE OF GRORGIA.  Country.  Descriptions of the second and country of product of the product of t		
No. 18th. Following Guernitama Nr. B. P. Jones ange:  An ever principal connected community of Ad Appendances Co. H. Va.  Were all of you present.  A three was late.  Presents.  Were all of you present.  Presents.  Complete I presents the burn's Target the applicant before, and a present of the second of the second of the present of the second of t		
The Collection Generations Hr. B. F. J. Jones suges:  one was replicated command amounted AA Approaches C. H. Ve.  In which will be a first of the Signature of		The state of the s
POWER OF ATTORNEY:  THE OF GEORGIA.  County:  POWER OF ATTORNEY:  The Power of the second and the power of the p		Sworn to and subscribed before me
POWER OF ATTORNEY:  THE OF GEORGIA.  County:  POWER OF ATTORNEY:  The Power of the second and the power of the p		day of de 19
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THE OF GEORGIA.  County.  POWER OF ATTORNEY:  POWER OF	To the following questions Mr. B. P. jones says:	North 1 - State fully the Abrainst and distinct
THE OF GEORGIA.  County.  POWER OF ATTORNEY:  POWER OF	here was applicant's command surrendered? At Appomattox C. H. Va.	injury, state its location, character and present origin, as understood by affants.
we reper up all Present.  The present.  STATE OF GEORGIA, Campball  County Serve before you cannot be born.  I Reper the apphilasest before you cannot be born.  John Apphila 1 Serve states the Bare.  John Apphila 1 Serve states the Bare states are the serve states the Bare states are stated from the Bare states are states that the Bare states are stated from the Bare states are state	as he with it? Yes Sir. Were all of you present? Yes Sir.	Norz 2.—The physicians will be careful
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The OF OEORGIA.  County.  POWER OF ATTORNEY.	1-	
We presently have been made from: We were with he is at the corp and here here the content of th		I, W. S. MCDarin,
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Ordin	IN WINESS WHEREOF, I have hereunto set my band and seal, this  180  [L. 8.]  Executed in the presence of  [L. 8.]	continuously since the in the military service of the Confederate Stan  17th day of Septembe  2 Thomas'  April 186 5; the State of Va.  shoulder Stanbelder of wounded as follows: At the shot in the right shoulder  Just behind the collar bane  under the shoulder blade, of  still remains. Said wound  above stated has troubled m  now, on account of the same  ing any work is concerned.  of light menual labor. My  worse each succeedings year  threatened paralysis.  Where was command surrendered? At Appo  Was applicant present? Yes Sir.  Was be? Present.  And by whose authority? State fully: Req  Service from Sep 17, 1861 t  Company from Jan'y 1863 to  Deposent desires to participate in the bean  and make application for the pension to which he  Sworn to and subscribed before me, this till
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This condition he is sucheld for menual laker	
We have treated applicant professionally foryears, and his condition, as a	
doca with arise from heredity or congenital causes, or from vicious or intemperate h	abits.
Sworn to and subscribed before me, this	
Ma S (4 C) San 190 1) Test Navent	nal
Ordinary.	
NOTE 1.—State fully the physical condition and especially the extent of disability. If disability results fr injury, state its location, character and present condition. If from disease, give its nature and character, and origin, as understood by affants.	om wound or its causes or
origis, as understood by afficiats.  Norz 2.—The physicians will be careful to fill every blank space in oath.	
CTIATE OF GROUPS	Form No. 4.
STATE OF GEORGIA, Campbell County	1
County.)	
do certify that I am well acquainted with J. E. Steed	(
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said	affidavit are
true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, i resides in this County and has been a bona fide resident since the	
	1880.
and B. F. Jones and L. R. Golightley	
credit and belief, and that the full text of the afidabit was read to and understood by them before the same.	they signed
Given under my official signature and seal, this 28th day of Sept'r	_190_8.
W. D. Cu Lor	···
Ordinsty Campbell	Connty.
All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so	certify.
A CONTRACTOR OF THE STATE OF TH	37
	-
TATE OF GEORGIA,	
PERSONALLY appears J. E. Steed of said Campbell	
unty, State of Georgia, who being duly sworn, says on oath that he was born on the 25th	_day of
18.38 , that he is a bona fide citizen and resident of Georgia, and	
day of December 18 39 , that he	
.7th September	) on the
the regiment of	lunteers,
and the desired of the	_day of
State of Va. , on the <u>6th</u> day of <u>May</u> 18	
was disabled or wounded as follows: At the battle of "The Wilderness", I w	
hot in the right shoulder by a "Minnie" ball. Said ball ent	-
ust behind the collar bone and ranged downward lodging somew	
nder the shoulder blade, or back of my chest, and there said	ball
till remains. Said wound received while in Cnfererate servi	
bove stated has troubled me ever since receiving said wound,	
ow, on account of the same, I am rendered helpless so far as	
ng any work is concerned. I can't even drop corm, or do any	
f light manual labor. My old wound received in war trobles	me
orse each succeedings year, causing a nervous breakdown and	
hreatened paralysis.	
re was command surrendered? At Appomattox C. H. in State of Va.	<del></del> -
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II Bot,	where .
by whose authority? State fully: Requires no answer. I was in Confede:	ret.e
ervice from Sep 17, 1861 to April 9th 1865, and was Captain	
ompany from Jan'y 1863 to the surrender at Appointtox.	.my
Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory that see application for the pension to which he is entitled for the year thereunder, ending October 26th,	hereof,
Jayof September 1909.	. Co.
V J A A	
Ordinary Post Office Fairburn Ga., R. F.	D

Norz.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the Norz.—Do not trouble to mention wounds which do not disable.

Norz.—The Ordinary will see that all blank spaces are filled when the affidavits are sizesed.

WARRANT HANDED TO SOLDIER'S PENSIO JOHN W. LINDSEY, County Campbell

above stated has troubled me ever since receiving said wound, and
now, on account of the same, I am rendered helpless so far as do-
ing any work is concerned. I can't even drop corn, or do any kine
of light manual labor. My old wound received in war trobles me
worse each succeedings year, causing a nervous breakdown and
threatened paralysis.
Where was command surrendered? At Appomattox C. H. in State of Va.
Was applicant present? Yes Sir. If not, where
was he? Present. How come there? Duty.
And by whose authority? State fully: Requires no answer. I was in Confederate
Service from Sep 17, 1861 to April 9th 1865, and was Captain of m
Company from Jan'y 1863 to the surrender at Appointtox.
Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 180_1
Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the  23rd clayof September 1909.  100 100 100 100 100 100 100 100 100 10

# STATE OF GEORGIA,

STATE OF	JEURGIA,
Campbell	County.
41.0	county.

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whose a	pplica	tion is	here	with, pr	esente	d for a	pension,	that !	be has re	sided in	this 8	tate o	ntinno	nely eir	no the
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W	e pers	onally	kno	w above	state	facts.	We we	re with	him in t	he army	and he	we bear	- Lt.	A. Carrie	

PHYSICIANS' AFPIDAVIT.

STATE OF GEORGIA,

County. N S Un Form
7 M. That
County,
and of arrival both known to
South 0 9
and after such personal examination, say that the present
condition of applicant is as follows: The was wanted in right
Shoulder by minnie Bull- Said would
has rendered him helpless, It is so
morano that he can not do any thing
and this Physical Condition is prich
so to render him sound thelles
The is migably to earn any thing by his
afford,
and that such condition is permanent. Said condition arises from the following facts: 7
would re light while in
- confiderate Service. on a consul
of said wound he is not able to do
any morth at all-
We have treated applicant professionally for Fwv years, and his condition, as above stated,
, and the condition, as above stated,
arise from nereditary or congenital causes, or from vicious or intemperate habits.
Sworm to and subscribed before me, this
W Sul Force Jo Rongins ma
Ordinary.
Norm 1—State fully the phyrical condition and especially the extent of disability. If disability results from wound or origin, as understood by affauts;  Norm 1—The phyricians will be careful to fill every blank space in oath.  Norm 2—The phyricians will be careful to fill every blank space in oath.

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Was he with it If not, where w	vas he? _	P	resent.		Were all	of you present	Yes Si	r.		
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Georgia, Campbell County.

Before me, the undersigned Ordinary of said county, this day appeared Dr. J. T. Longino, a regular practicing Physician, and personally known to me to be trustworthy, who, on oath, say that he as such Physician, attened Capt. J. E. Steed, a deceased Disabled Pensioner of said county during the last illnes of said deceased, and that the said Capt. J. E. Steed departed this life on the 22nd day of November 1909. This January 1st 1910.

(Signed of flanging MA)

Sworn to and subscribed before me, this January 1st 1910.

M. S. W. Josiu Ordinary,

Campbell County Ga.

word and filled 11/6/60 for the reason that be can be encreased it must be shown that as a result of the w which he is pendent he must be so

Judge Lindsey:

The application for increase of pension made by Capt. J. E. Steed past year has been misplaced, so I enclose your entry in reference thereto. This Sep 29, 1909.

M. S. W. Lori

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compiderate Serv	in. on a'ccin
of Said wound he	is not able to a
any morth at all-	
We have treated applicant professionally for Fw	years, and his condition, as above stated.
oce not arise from hereditary or congenitel or	auses, or from vicious or intemperate habits.
	7 A MO A
8 worn to and subscribed before me, this 2 yell.  We shay of the first 190 g	It Longino me
Ordinary.	
NOTE 1—State fully the physical condition and especially the ex- ippry, state its location, character and present condition. If from a term as understood by affaints, and the careful to fill every blank space. NOTE 2.—The physicians will be careful to fill every blank space.	tent of disability. If disability results from wound or isease, give its nature and character, and its causes or e in oath.
TATE OF GEORGIA,	Form No. 4.
Dane & bee County	
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certify that I am well acquainted with both	6 Stand Ordinary of said County,
plicant in the foregoing affidavit, and am well satisfied that the	the
ne, and he is disabled, as he claims, and I know he is the i	e statements made by him in his said affidavit are individual he represents himself to be, and that he
sides in this County and has been a bona fide regident since the	day of
also certify that the witnesses to wit 9.7. Louis, 2	15 Harry 6 85/11
1115	S. Wol of L. Chork
edit and belief, and that the full text of the affidavit was rec	tability, that their statements are worthy of full
e same.	them before they signed
Given under my official signature and seal, this	day of De plece and 190 9
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0	rdinary County beet. County.
All amending proofs must be executed with the same formality as	
	original proofs, and the ordinary must so certify.
	original proofs, and the ordinary must so certify.

Before me, the undersigned Ordinary, this day personally came B. F. Jones, W. S. Harvey and C. J. Short, all of said county, and known to me to be trustworthy citizens, and whose statements are entitled to full faith and credit, who, on oath, severally say that that they are personally and well acquainted with Capt. J. E. Steed, whose application for an increase of pension is herewith presented; that we, B. F. Jones, W. S. Harvey and C. J. Short, have known said J.E Steed for 55, 55 and 35 years respectively; that we have understood ever since the war that said applicant was wounded severely in Confederate service, and while neither of us was in his Company, we are perfect ly satisfied that he was so wounded; and now in consequence of said wound so received, he is not able to do any work at all, and is helpless on account of said wound. No member of his (Steed's) Company is present here to-day, but as his services and wound have already been satisfactorily proved, and his witnesses very feeble and inaccessible of easy attendance to day at Ordinary's Office, we think that it will not be again necessary to prove war record of applicant. Further I, B. F. Jones, was not in same Company as was applicant, but knew him before the war, saw him in actual Confederate service, and unhesitateingly say there that there can be no doubt as to his service, or of the fact that he was wounded as he says, and that he is now, on account of said wound totally unable to do any work at all, and is helpless.; further I know applicant was not wounded before war, and that I saw him at Appomattox, so badly wounded that he was unable to get home on account of said wound without help.

Sworn to and subscribed before me, this Sept'r 27th 1909.

M.S. W. Joseph,

such Physician, attened Capt. J. E. Steed, a deceased D			ease of pension is herewith presented;
er of said county during the last illnes of said deceas			arvey and C. J. Short, have known said J.
said Capt. J. E. Steed departed this life on the 22nd d 1909. This January 1st 1910.			respectively; that we have understood ev-
(Signed.) Hours	er i		plicant was wounded severely in Confeder-
			r of us was in his Company, we are perfect
Sworn to and subscribed before me, this Jamery let 191	0.		ounded; and now in consequence of said able to do any work at all, and is help-
	less	s on account of said wound	. No member of his (Steed's) Company is
Святро	pres	sent here to-day, but as h	is services and wound have already been
	seti	isfactorily proved, and his	s witnesses very feeble and inaccessible
Stord 7.3	of e	easy attendance to day at	Ordinary's Office, we think that it will
expressed and filled 11/6/00 for the reason that before	this practice not	be again necessary to prov	war record of applicant. Further I, B.
to encreased it must be shown that as a result of the	AND THE RESIDENCE OF THE PARTY		pany as was applicant, but knew him before
ich he is pendently he must be pentered helphose, themes	(2) 日本のでは、日本の		afederate service, and unhesitateingly say
der this prestant shoring.		,	abt as to his service, or of the fact that
Signet, J., T. Santony	は できた できた マイン・アンドン・マート という でんしょう でんしょう (Amanus) (Amanu	,	that he is now, on account of said wound
	利用の変数は、カーバン、エート の間		at all, and is helpless.; further I know
		1	re war, and that I saw him at Appomattox,
Judge Lindsey;		. 1	mable to get home on account of said
The application for increase of pennion a		id without help.	to got nome on account of bally
Steed past year has been misplaced, so I enclose your e	<b>107</b> 11 77 11 1		BFIL
thereto. This Sep 29, 1909.		•	The Nove
Yours truly,	Josin.		10 States
$m$ s. $\alpha$	A CONTRACTOR OF THE PARTY OF TH	م و داداناد در داداناد در داداناد در داداناد	- Soft White
	qrd'y.	n to and subscribed before	me, this Sept'r 27th 1909.  M. S. W. Loren,
		4	Promortice,
			Orgunty
		A Charles Control	$\sim$
	Stud, Filey		
	Campbell		
No.			- 4
	1891.		
	Maimed Soldiers.		
Audited1891.			
	Voucher No. 1114	a a	
COMPTROLLER GENERAL	Amount \$ 30		
	Paid to XO Strait		
	(Co		G. T.
	For Com di		
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4	Stely 18 1891.		
	Included in warrant No.		
	issued to Treasurer,		
	1891.		
		•	
Total Control of the			
	WARRANT-CLERK.		
	WARRANT-CLERK.  Geo. W. Harrison, State Printer, Atlanta.		
	Geo. W. Harrison, State Printer, Atlanta.		

7.00

COMPTROLLER GENERAL.	Amount 5 50
	(1-6 K
	For Com di
	A.L. 18
	1891.
	Included in warrant No.
	issued to Treasurer,
· · · · · · · · ·	
	1891.
	WARRANT-CLERK.
	Geo. W. Harrison, State Printer, Atlanta.
	alleration
	applicant
<b>/</b>	
	1891.
	No. 11/14
STATE OF GEORGIA	No. 11/14 Allania dia Pletro 18 1891
STATE OF GEORGIA Executive Departs	No. 11/14 Allania dia Pletro 18 1891
	No. 11/14 Allania dia Pletro 18 1891
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Executive Departs	No. 1114 MENT. } Allanta, Ga. Gleby 18 1891.
Executive Depart	No. 11/4  Allania, Ba. Gleky 18 1891.  MENT. Steep 1. of the County
Mr. Johnson	MENT. } Atlanta, Ba. Gleby 18 1891.  MENT. } Stead of the County  Bell having filed his application in the Executive
Mr. John of Carry Department for an allow	MENT. Stead of the County balll having filed his application in the Executive wance under the Act approved October 24, 1887, as amended by Acts
Mr. Of Courty  Department for an allow approved Dec. 24, 1888 a	MENT. Sollanda, Ba. Gleby 18 1891.  MENT. Sollanda, Ba. Gleby 18 1891.  MENT. Sollanda, Ba. Gleby 18 1891.  Of the County bell having filed his application in the Executive wance under the Act approved October 24, 1887, as amended by Acts and Nov. 11, 1889, and the same having been examined and allowed for
of Carry Department for an allov approved Dec. 24, 1888 a	MENT. Stled of the County bell having filed his application in the Executive wance under the Act approved October 24, 1887, as amended by Acts and Nov. 11, 1889, and the same having been examined and allowed for
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Mr. Of Carry  Department for an allov approved Dec. 24, 1888 a Character of the sentitled to receive the for such disability, the san The Treasurer will provide Department for By the Governor.  By the Governor.	MENT. Sollanda, Ba. Gleby 1891.  Allanda, Ba. Gleby 1891.  Allanda, Ba. Gleby 1891.  Allanda, Ba. Gleby 1891.  Of the Courty bell having filed his application in the Executive wance under the Act approved October 24, 1887, as amended by Acts and Nov. 11, 1889, and the same having been examined and allowed for the sum of Dollars are being the abstract due for the sum of Dollars are being the abstract due for the sum of the sum
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Mr. Of Carry  Department for an allov approved Dec. 24, 1888 a Character of the sentitled to receive the for such disability, the san The Treasurer will provide Department for By the Governor.  By the Governor.	MENT. Solled of the Courty Shell of the Courty Shell having filed his application in the Executive wance under the Act approved October 24, 1887, as amended by Acts and Nov. 11, 1889, and the same having been examined and allowed for Dollars me being the absorber due for the sum of Dollars and the same and hold his receipt on this voucher and return same to revarrant.  **Mannananananananananananananananananan
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Mr. Of Carry  of Carry  Department for an allov approved Dec. 24, 1888 a  Whe is entitled to receive to for such disability, the san  The Treasurer will p Executive Department for  By the Governor.  RECEIVED OF R. U. HARD  Aughty Lo	MENT. Sollanda, Ba. Gleby 1.891.  Ment.
Mr. Of Carry  of Carry  Department for an allov approved Dec. 24, 1888 a  He is entitled to receive t for such disability, the san  The Treasurer will p Executive Department for  By the Governor.  RECEIVED OF R. U. HARD  Output to	MENT. Solled of the County below having filed his application in the Executive wance under the Act approved October 24, 1887, as amended by Acts and Nov. 11, 1889, and the same having been examined and allowed for Dollars he being the absolute of the sum of the su

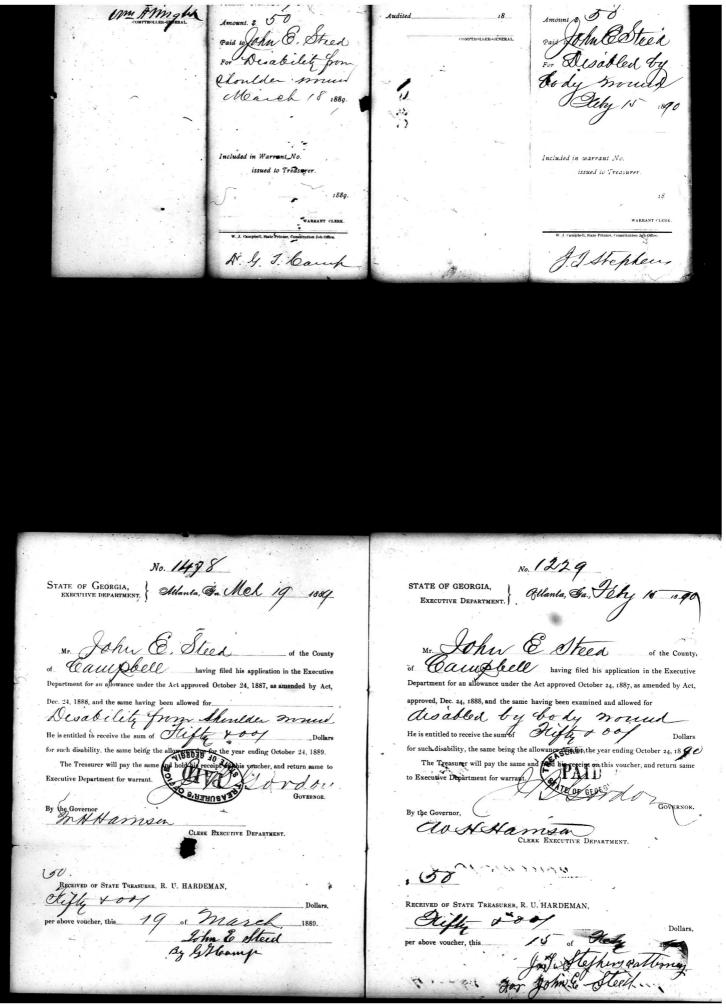
issued to Treasurer.

A. Stephen

EXECUTIVE DEPARTMENT,

issued to Treasurer.

A. G. J. Camp



		for such disability, the same being the allowance the hearthe year ending October 24, 18
for such disability, the same being the allowed the year ending October 24, 1889.  The Treasurer will pay the same to the year ending October, and return same to		The Treasurer will pay the same and the different on this voucher, and return same
10 11 17/2/10//		to Executive Department for warrant.
Executive Department for warrant.	1	The object of
GOVERNOR.		GOVERNO
By the Governor		By the Governor,
mA Hamsin	7	Clo A Hamsa
CLERK EXECUTIVE DEPARTMENT.	_ ^	CLERK EXECUTIVE DEPARTMENT.
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		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
50.	1	.00
RECEIVED OF STATE TREASURER, R. U. HARDEMAN;		
Clifty toof. Dollars,		RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
per above voucher, this 19 of March 1889.	1	Kill- vool
 per above voucher, this 19 of March 1889.  John & Alterd  By ly Hoamp	1	Dollars
B. O. M.		per above voucher, this of
ing spreamp		In the flery valloney
		The property
	lan	for formite occur
	Self-Section 1	

### Marriage License

#### State of Georgia -- Fulton County.

To any Minister of the Cospel, Judge of the Superior Court, Justice of the Peace, or other Person authorized to Solemnize :

You are hereby authorized and permitted to join in the honorable

state of Matrimony Capt John E. Steed and Miss Maggie Caldwell

Given under my Hand and Seal this 16th day of January 1882 1988

W. L. Callourer

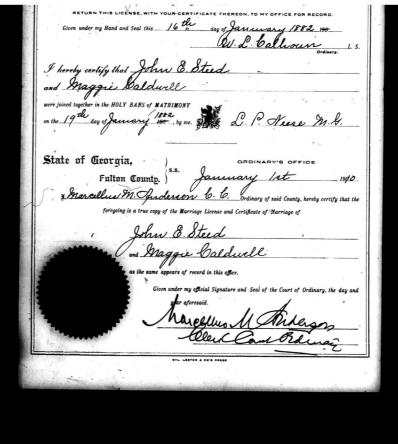
I hereby certify that John E. Steed and Maggie Coldwell

were joined together in the HOLY BANS OF MATRIMONY on the 19th day of Jeruary 1800 by me. D. P. Neese M. S.

State of Georgia,

Fulton County. 3. marcellus M. Sunderson C. C.

John & Steed



DISAPPROVED

NAME Steed J. R.

YEAR 1908 COUNTY Campbell

WHEN AND WAFRE BORN? July 25th 1838, North Carolina.

ENLIGHED FIRM AND UNITE? Sept. 17th 1861, does not state where.

HANK. Captain

CONTAIN AND RAMINENT? Co. C, 35th Regt. Georgia Vols. (Thomas' Brigade)

MALTE OF CAPTAIN AND COLONEL?

Virginia, May 6th 1864, in battle of Wilderness was wounded in the right shoulder behind the collar bone by a minnie ball; said ball ranged downward and lodged somewhere in the back part of chest where it still remains, and affects my nervous system. WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

April 9th 1865 WHEN AND WHERE GURRENDERED? Command/ Appointtox Court House Va.

IF NOT PRESENT AT SUPRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURTED.

WITNESSES. B. F. Jones - Personal knowledge. L. R. Golightley - Personal ; knowlede. MALE Steed, J.E.

YEAR 1910 COUNTY Campbell

July 25th,1838, Resident of Georgia since Dec. 1939. WHEN AND WIFEE BORNS

MNITSCHD JULY AND WHERE? Sept. 17th, 1861,

" RANG.

COMPLY AND LEGIMENT? Co.C. 35th. Regt. Ga. Vols.

MANE OF CAPLAIN AND CONCREL? Captain,

WCUIDLT? May 6,1864, wounded at the Battle of the Wilderness, State of Va., Shot in right shoulder by a Minnie Ball. Said ball entering the collar bone, ranged downward, lodging somewhere under the shoulder blade, or back of chest, said ball still remains. Wound worse CAFDERF, THE ATT WILLEY each succeeding year; causing a nervous bree (down and threstened paralysis.

PEI SASLD.

MFEN AND WAFER JULPENDERSO? April 9,1865, Appointation Court House, in State of Virginia.

THE NOT PRECENT AT SURAFIDER, WHERE WERE YOU?

DIED, WHEN AND ATTURE?

BURTED,

WITNESSES. B.A.J. Smith, Same Company-B.F. Jones, W.S. Harvey, C.J. Short, - Personal Knowledge/

RANK. Captain

COMPARY AND RESIDENT? Co. C, 35th Regt. Georgia Vols. (Thomas' Brigade)

MAME OF SAPTAIN AND COLONEL?

WOUNDED? Virginia, May 6th 1864, in battle of Wilderness was wounded in the right shoulder behind the collar bone by a minnie ball; sard ball ranged downward and lodged somewhere in the back pert of chest where it still remains, and affects my nervous system.

---- --- Acor' mone mon sease where

CAPTURED, WHEN AND WHERE?

RELEASED.

April 9th 1865,
WHEN AND WHERE GURRENDERED? Command/ Appoint tox Court House Va.

IF NOT PRESENT AT SUPRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURTED.

WIGHESSES. B. F. Jones - Personal knowledge. L. R. Golightley - Personal knowledge.

No data.

NAME, Steed, John E.

YEAR 1889 COUNT ampbell

WHEN AND WHERE BORN?

ENLISTED WHEN AND WEEKE?

RANK.

COMPANY AND REGIMENT? Sergeant & Captain Co. C. 35th. Regt. Ga. Vols. Thomas' Brisde.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Wilderness, Va. May 6th. 1864. Right lung and shoulder.

CAPTURED, WHEN AND WHERL?

RELEASED.

WHEN AND WHERE SURKENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J.T. Davenport, M.D. J.B. Mobley, M.D. No data.

RING.

Captein.

CONCLUY AND LEGIMENT? Co.C. 35th. Regt. Ga. Vols.

MANT OF CAPUALA AND CUICITEL? Captain.

WCU-Der? May 6,1864, wounded at the Battle of the Wilderness, State ( Va., Shot in right shoulder by a Minnie Ball. Said ball er tering the collar bone, ranged downward, lodging somewhere under the shoulder blade, or back of cheet, said bell still remains. Wound wor CAFTURER, INDIA ATT GIALES (down and threstened paralysis,

PEI EASLD.

MFEM AND WATER JURPEMBERGO? April 9,1865, Appomattox Court House, in State of Virginia.

TH NOT PRESENT, AT SUREFLIDER, WHERE WERE YOU?

DIED. WEEN AND JURES

RURTED,

WITNESSES. B.A.J. Smith, Same Company-No data B.F. Jones, W.S. Harvey, C.J. Short, Personal Knowledge

mh.

NAME, Steed John E.

YEAR 1890 COUNTY Campbell

WHEN AND WHERE BORN?

ENLISTED WHEN AND WILEYE?

RANK. Captain

COMPANY AND REGIMENT? Co. C. #55th. Regt. Ga. Vols. Thomas Brigade

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Wilderness. Va. May 5th 1864. Shot just above collar bone through the upper cavity of the chest and lodged under the scapular where it still remains.

CAPTURED, WILT AND WELKLY

RELEASED.

WHEN (II) WHIPL OUT NOW NEED?

IF NOT IRESERT AT CURRENDER, WHILE WELL YOU?

DIED, WEEN AND MURE?

BURIED.

WITNESSES. None.

WITNESSES. B. F. Jones - Personal knowledge.
L. R. Golightley - Personal knowledge.

No data.

BURTED,

WITNESSES. B.A.J. Smith, Same Company No data B.F. Jones, W.S. Harvey, C.J. Short, - Personal Knowledge

mh.

NAME, Steed, John E.

YEAR 1889 COUNT ampbell

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Sergeant & Captain Co. C. 35th. Regt. Ga. Vols.
Thomas' Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Wilderness, Va. May 6th. 1864. Right lung and shoulder.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SUPRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. J.T. Davenport, M.D. J.B. Mobley, M.D. No data.

NAME, Steed John E.

YEAR 1890 COUNTY Campbell

WHEN AND WHERE BORN?

ENLISTED WHEN AND ALEKE?

RANK . Captain

COMPANY AND REGIMENT? Co. C. #55th. Regt. Ga. Vols. Thomas Brigade

NAME OF CAPTAIN AND COLONEL?

WGUNDED? Wilderness. Va. May 5th 1864. Shot just above collar bone through the upper cavity of the chest and lodged under the scapular where it still remains.

CAPTURED, WILL AND WHEEL?

RELEASED.

WHEN JO JHILL SOLL NILLEL?

IF NOT IRESERT AT JURRAIDER, WHILE WELL YOU?

DIED, WELL AND GLEE?

BURIED.

WITNESSES. None.