Ordinary's Certificate

-Ordinary of said County, certify that I know

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STATE OF GEORGIA

COUNTY.

COU

Ordinary's Certificate

r affidavit and they are all truthful and trustyorthy and their statements are entitled to full faith and idit. That M.S. Neuris a pornue trusted of Greek and for statements from a first statements are entitled to full faith and idit. That M.S. Neuris are former full former for a faith statement for a faith and trustyorthy and their statements are entitled to full faith and their statements are entitled to full faith

(SEAL)

NOTES: 1. Before any questions are enswered the Ordinary shall swear applicant and witnesses in the following words:

"You do solumnly swear that you still true names make to each of the questions asked you and the evidence
you give shall be the whole truth. So shall be supported truth, by the standard of blank spaces are insufficient.

All difficults must be made before the Ordinary of the county in which the applicant or witness resides and
must be certified by such Ordinary.

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

If application is for loss of fingers or toes the proofs must be made to show the number, and points amputated. county, in said State, do hereby appoint where amputated.

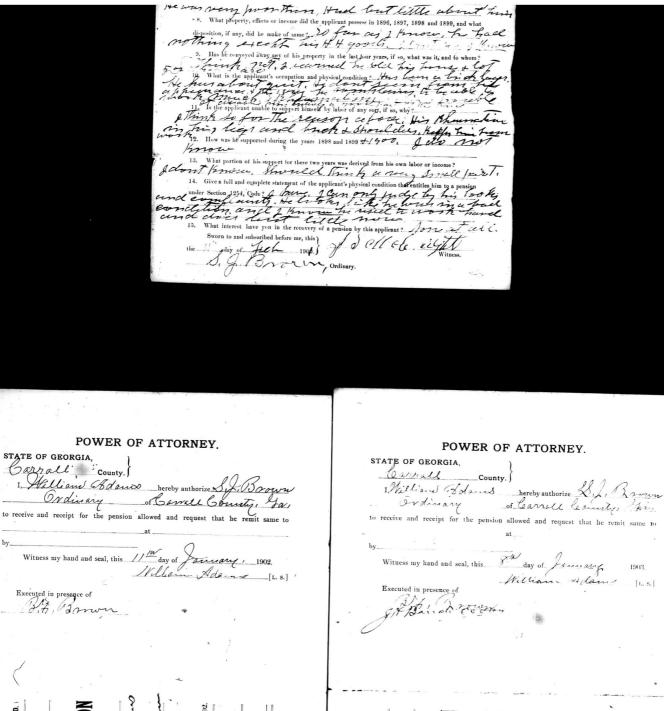
6. If papers are returned for correction, and amendments are odded to fix of the affidavits, the amendments must be made under outh before an officer, and the proofs must show that the amendments have been duly worn to.

7. Every splittation must be certified by the Ordinary of the country of the residence of the applicant.

The certificate of any other will not be received in any case. my true and lawful attorney in-fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to veceipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this day of (L. 3.) Executed in the presence of us: DIRECTION: Send money to me as follows, by County, Georgia. STATE OF GEORGIA, STATE OF GEORGIA, County. I. S. J. Program Ordinary of said County, do certify that I are well acquainted with J. J. Aburarambre the applicant in the foregoing affilavit, and am well satisfied that the statements made by him do certify that Lam well acquainted with J. Sheroroulie the applicant in the foregoing affidavit, and any well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is he is the individual he represents himself to be, and that he resides in this county. the individual he represents himself to be, and that he resides in this County. I further certify that I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and of said County, and the said affidavits and signatures thereto are genuine. signatures thereto are genuine. Given under my official signature and seal, this 4th day of Fishey 1890

Soft Brown

Ordinary County. Given under my official signature and seal, this 7th day of Fach. S. J. Brown bridinary barroll IPPLICATION FOR ALLOWANG Application



Executed in presence of

SOLDIER'S PENSI

INDIGENT

1902.

FOR THOSE ALREADY ENROLLED.

STATE OF GEORGIA,

adomo William Court

OHN W. LINDSEY,

WARRANT HANDED TO

CODESECTIONES.
(FOR THOSE ALREADY ENROLLED. LDIER'S PENSI 1903. INDIGENT No. 2561

Name Millians of Stress

WARRANT HANDED TO

IOHN W. LINDSEY,

APPUGNION FOR ALLOW TO BE OF COUNTY, CANONICAL OF STATES COUNTY, CANONICAL OF STATES AMOUNT, CANONICAL OF STATES AMMICROCAL AMMIC	Application for Allow Application of Allow Application of Allow Andmin. A. Allow Coming. But of Warrant. Act I. Entered on spond Summer recome or Warrant Insum recome or Warrant Insum recome or
For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County, Personally appears of Suburombiof Carroll county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the first day of carroy 1860, that he enlisted in the military service of the Confederate States (or at the State of during the war between the States, and served as a durintment in Company 8, of 9 It he Regiment of Jun. Volunteers Colyvieth's Brigade, that whilst engaged in such military service, at the battle of State of Mar. on the first day of June 1864, he was wounded as follows: by June 1864, he was wounded as	For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County. PERSONALLY appears County, State of Georgial who, being duly sworn, says on oath that he is a boya fide citizen and resident of said State, and has resided therein continuously ever since the first day of 1852 that he enlisted in the military service of the Confederate States (or of the General States, and served as a Limity and in Company B. of 27th Regiment of 1914. Volunteers Colymitte 's Brigade; that whilst engaged in such military service at the battle of 1914. Wounded as follows: 1864, he was wounded as follows: 1914 April 1914
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowadce to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of dollars. Smooth to and subscribed before me, this the diabetic state fully nature of wound or character of these which causes the diabetic, and explosin particularly the extent of the diabetic. POWER OF ATTORNEY. STATE OF GEORGIA County.	Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of Constant Hundred dollars, for 1884 4 1840 Sworn to and subscribed before me, this, the May of Hundred Williams of 1891. Note Assate fully nature of wound or character of disease which causes the disability, resulting from the wound or disease. POWER OF ATTORNEY. STATE OF GEORGIA,
county, in said State, do hereby appoint of county, in said State, do hereby appoint of my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason afforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of [L. s.] Executed in the presence of us:	Know all Men by these Presents, That I. County. State of Georgia, do hereby appoint County. State of Georgia, do hereby appoint 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 autorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of 1891. Executed in the presence of us:
Send money to me as follows, by to P.O. County, Georgia.	Send money to me as follows, by

STATE OF GEORGIA County. KNOW ALL MEN BY THESE PRESENTS, That 1.	POWER OF ATTORNEY.
of	Know all Men by these Presents, That I,
county, in said State, do hereby appoint of my true and lawful attorney in fact, for	of County, State of Georgia,
me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of	of
[L. S.]	day of1891.
Executed in the presence of us:	Executed in the presence of us:
DIRECTION.	DIRECTION.
Send money to me as follows, by	Send money to me as follows, by
County, Georgia.	to
	County, Georgia.
	And in the second secon
STATE OF GEORGIA. Carroll County. 1. S. J. Brown Ordinary of said county, do certify that I am well acquainted with J. J. Aberrorath'r the applicant in the foregoing afficiavit, and am well satisfied that the statements made by him in his said atfidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he repesents himself to be, and that he resides in this county. Given under my official signature and seal, this Z day of March 189 2 S. J. Brown Ordinary. County.	POWER OF ATTORNEY. STATE OF GEORGIA, County. Know all Men by these Presents, That I. J. Aburd of County, State of Georgia of County, State of Georgia of County, State of Georgia my true and lawfu me and in my name, to receive and receipt for whatever amount of money from the State of Georgia by reason of the injury received as affressaid in the Confederate States (or of this State), as stated in the foregoing affidavit my said attorney to receipt in my name for any Warrant that may be issued for any sum of money which may be coming to me for the reason sforesaid. IN WITNESS WHEREOF, I have hereunto set my had Start day of Start the 1893. Executed in the presence of us:
	Send money to me as follows, by
	County, Georgia.
•	
SOLDIER'S PENSION. 1892. FOR THE YEAR EXISTS, OF TORDER SE 1992. Name J. T., Alexandric Se 1992. Name J. T., Alexandric Se 1992. Namount, & M. H. HARRISON. Secretary of Manual Secr	Application for Allowance of the Application for Allowance of the Application for Allowance of Application for Application

POWER OF ATTORNEY.

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State of Georgia, do hereby appoint my true and lawful attorney in fact, for er amount of money I may be entitled sceived as aforesaid in the military service the foregoing affidavit; hereby authoriz-trant that may be issued by the Gover-me for the reason aforesaid, unto set my hand and seal, this ____1891. __[L. S.] P. O. nty, Georgia. ORNEY. J. T. Aherorombia State of Georgia, do hereby appoint my true and lawful attorney in fact, for amount of money I may be entitled to red as afforesaid in the military service of foregoing affidavit; hereby authorizing that may be issued by the Governor, or the reason aforesaid. into set my hand and seal, this rerombie ___[L. s]

North fists fully nature of wound or character of disease which causes the disability, and explain the disability, resulting from the wound or disease.

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA,

Carrall Personally appears J. J. Abir arambic County, State of Georgia, who, being duly sworn, says

County, State of Georgia, who, being duly sworn, says on oath that he, is a boya fide citizen and resident of Georgia, and has been such continuously since the first day of 185 g; that he enlisted in the military service of the Confederate States (or other state of during the war between the States, and served as a Limitmont in Company of 2.7 th Regiment of ya, Volunteers Colymitts Brigade; that whilst engaged in such military service at the battle of world Harbara in the State of 1864, he was wounded as follows: In grantful the Markara was worthed the same of the June 1864, he was wounded as follows: my guarran in night arm Causing farifulation of shield arm above ellastic

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of

Grade hundred Dollars for 1854, 1890 4 1541 Sworn to and subscribed before me this the 1 J T Albert crombine

2, day of MA : 1/2 1892. 50 Ordinary.

POWER OF ATTORNEY

STATE OF GEORGIA.

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

County, in said State, do hereby appoint

of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to the Confederate 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 receip in my name for any Warrant that may be issued by the Governor, IN WITNESS WHITEFEOF LINESTORY.

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

Executed in the presence of us:

[L. S.]

DIRECTION

Send money to me as follows, by

County, Georgia:

For Applicants Heretofore Allowed Pensions.

Application for Allowan

STATE OF GEORGIA,

Carroll PERSONALLY appears Q. T. Abtrocrambic of Carroll

County, State of Georgia who, being duly sworn, says on oath that he is a boya fide citizen and resident of said State, and has resided therein continuously ever since the day of Ann federate States (or of 1857; that he enlisted in the military service of the Con-States, and served as a distillment in Company &, of 27 th Regiment of States, and served as a distillment in Company &, of 27 th Regiment of States, and served as a distillment in Company &, of 27 th Regiment in the State such military service at the battle of Solution in the State first day of June 1854, he was inshort who right arm

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 36, 1893. I have heretolore been allowed a pension of Sworn to and subscribed before me, this, the

S. J. Brown Only

Norse-State fully nature of wound or character of disease which causes the disability, and replace particularly the extent of the

STATE OF GEORGIA. Carrall county.

I. S. G. Brown und do certify that I am well acquainted with Q. J. Ordinary of said County, G. J. Abercrambie the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his

said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County. I further certify that

before whom the foregoing affidavits, were made and power of attorney was signed, is a of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this / 8th day of March 1893.

S. J. Brawn, Ordinary Carroll County.

P. O.

S. G. Brown Ording
Norte State fully nature of wound or character of disease which causes the di

STATE OF GEORGIA.

Note.-State fully nature of wound or character of disease which causes the disability, and extent of the disability.

County . 1

STATE OF GEORGIA.

Know all Men by these Presents, That I.

POWER OF ATTORNEY

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA. County.

Soldier's Pension 1894.

Personally appears J. T. Aburcrombias Cearroll County, State of Georgia who, being duly sworn, says on eath that he is a bona "do citizen

and resident of said State, and has resided therein continuously ever since the day of Juny 1857; that he enlisted in the military service of the Confederate States (or of the States)

federate States (or of the State of States, and served as a States, and served as a States for States, and served as a States for States, and served as a State for States for States, and served as a for States) during the war between the

of Va, on the first day of June 1864, he was counted as follows: by annafor from right arm calaring for of Suid arm

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of Ome Hundred dollars, for the year 1893

Sworu to and subscribed before me, this, the J. J. Alber combine 7th day of March, 1894 & J. Alber combine

STATE OF GEORGIA.
County.
1. S. J. Bro

I. S. Gradinary of said County. do certify that I is well acquainted with J. J. Aborrantic the applicant in the foregoing affidavit, 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

day of March, 1894.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Carrall County.

1895.

personally appears L. Horrerombicos Canall 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 185'9; that he enlisted in the military service of the Conday of 1857; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States and served as a Licularant in Company & of 27th Regiment of Georgia Volunteers, Calquills's Brigade; that whilst engaged in such military service at the battle of 2nd Lacue Cool Har tark in the State of Va on the first day of free 1864, he was wounded as follows: Georgia Strate in Vight and State of Variable State of Variabl

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of Conce Homenel geal dollars, for the year 189

Sworn to and subscribed before me, this, the day of The frame day of The frame 1895.

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

STATE OF GEORGIA. County.

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

Given under my official signature and seal, this 19 12 day of CF. S.

Ordinary County

entitled for the year ending October 26, 1884. I have heretofore been allowed a pension of One Hundrell dollars, for the year 1882.	Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension
Sworn to and subscribed before me, this, the J. J. Aker cr. omline The day of March, 1894	Sworn to and subscribed before me, this, the day of Factor of 1895.
The day of March, 1894. S. Alber C. ormbes S. J. Bown Duy Norse fails the nature of wound or character of disease which sauses the disability, resulting from the wound or disease.	Note-State fully the nature of wound or character of disease which causes the disability
STATE OF GEORGIA.	of the disability, resulting from the wound or disease. STATE OF GEORGIA,
Carroll County	County.
do certify that I the well acquainted with J. J. Shororandic the	do certify that I am well acquainted with & T Aber comments the
in his said affidavit are true, and I know he is the individual he represents himself to be	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	and that he resides in this County. Given under my official signature and seal, this 19
day of March, 1894.	day of C
S. J. Brown ordinary County.	Ordinary Carrall County.
	County.
	\sim .
POWER OF ATTORNEY.	POWER OF A
STATE OF GEORGIA,	POWER OF ATTORNEY. STATE OF GEORGIA.
I. g. J. Stercrombie hereby authorize S. J. Qrown of County	Garroll County. S. J. Brown hereby authorize S. J. Brown
of Coursel County to receive and receipt for the pension paid hereon and request that he remit same to	of Carroll County
by	to receive and receipt for the pension paid hereon and request that he remit same to
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this_/14/7/K	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of Freby 1896.	day of the (1897
Executed in presence of us	Executed in presence of
Mr Ceace APracoga	2 / Sund
.}	
SOLDIER'S PENSION. No. 29 3 9 SOLDIER'S PENSION. I SSP 3 Name 9.7, Moverando. Disability Loars of Ann. Amount, \$100 & Ann. Secrety Keruite Department. South Market Market TO Commits. Secrety Keruite Department. Name And Ann. Secrety Keruite Department. South Market Market TO Commits Ann. Secrety Keruite Department.	100N 100N 15 1897.
ILER'S PENSI J. Whycran Course, and Short of Course of	DENSON OCHUSON OCHUSON OCHUSON Commissioner of Pra A L.I.F. OCHUSON Commissioner of Pra A SANA
IER'S PER 1. Mercon 7. Mercon 6 arrely Event 1. Mercon 7. Mercon 6 arrely Event 1. Mercon 7. Mercon 6 arrely Event 8 certain Event 8 certain Event 8 certain Event 1. Mercon	THE STATE OF THE S
For Those Already Enrolled, No. 29.39 DIER'S PENSIO 1.896.4 Auroranus Correct Enrolled III Store of Correct RICHARD JOHNSON, Serneny Enculse Poperio WAIRANT HANDED TO WAIRANT	For Those Already Enrelled, No. 2940 IN. 2940 INVALIF Governor I, \$100 00 Annual Johnson, Annual Annual Tohnson, WARRANT HANDED TO OUTH WARRANT HANDED TO OUTH OUT
SOLDIER'S PEI 1.896.4 Amount, Store of a Amount, S	SOLDIER'S PENSION No. 29 % No. 29 % IN VALIF SOLDIER'S PENSION Some g. J. Akacarakiu Disability Leas of Arm Amount, slee e.g. Amount, slee
7	7 1 V1 % N Z 8 G Z

County. 7 Detectionally appears J. Abwarmhin of Convall 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 Mary federate States (or of the State of _______) during the war between the States, and served as a first Similar, in Company & of 22th Regiment of State, Volunteers Colymitt _______'s Brigade; that whilst engaged _______, on the first day ________ as follows: day of year 1859; that he enlisted in the military service of the Con-Fine 1884, he was wounded, injured to discussed as foll 1834 gumbet in displicanne Second battle of lea Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of dollars, for the year 1895 . Sworn to and subscribed before me, this, the May of May of May of May 1896.

Sometimes of wound or character of disease which causes the disability, and explain particularly the extent NOTE-State fully the nature of wound or character of di of the disability, resulting from the wound or disease. STATE OF GEORGIA, County. 1, S. g. Brown do certify that I'am well acquainted with J. J. Abercrombie the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 15 th day of 1896.

S. J. Brow

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

RICHARD JOHNSON

1896

No. 293

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA,

RICHARD JOHNSON,

County.

No. 2940

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 Tru 160 1859; that he enlisted in the military service of the Confederate States (of of the State of 1859; that he enlisted in the military service of the Confederate States (of of the State of 160 1900) during the war between the States, and served as a character in Company Q., of 27th Regiment of 160, Volunteers, required 's Brigade, that whilst engaged in such military service in the State of 1864, he was wounded, injured or diseased of follows:

at the Battle of Gold Wahler Var.

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

Sworn to and subscribed before me, this, the 1 I Albest chill the 1 Sile day of the before me, this, the 1 Sile day of the before me, this, the 1 Albest chill the Sile day of the before me, this, the 1 Albest chill the sound of the before me, this, the 1 Albest chill the sound of the before me, this, the 1 Albest chill the sound of the before me, this, the 1 Albest chill the sound of the before me, this, the 1 Albest chill the sound of the before me, this, the 1 Albest chill the sound of the before me, this, the 1 Albest chill the sound of the before me, this, the 1 Albest chill the sound of the before me, this, the 1 Albest chill the sound of the before me, this, the 1 Albest chill the sound of the before me, this, the 1 Albest chill the sound of the before me, this, the 1 Albest chill the sound of the before me, this, the 1 Albest chill the sound of the before me, the before me, the sound of the before me, the sound of the before me, the

Norge-state fully the nature of wound or character of disease which edies the disability, and explain particularly the extent

STATE OF GEORGIA, County.

Ordinary of said County, do certify that I am well acquainted with A. Six here are 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 18 (Taday of 1897.

Affix Four scal here. Ordinary County. County.

dollars, for the year 1895 Sworn to and subscribed before me, this, the What day of Hung. 1896, Nors-State fully the nature of wound or character of disease which causes the disability, and explain particularly the attent	resident of Courty been allowed an invalid pension of Courty been allowed an invalid pension of Courty been allowed an invalid pension of Courty Dollars, for the year 1884. Sworn to and subscribed before me, this, the Courty State of the day of State of the State of the State of the sature of wound or character of disease which codes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA, County. I, Brown Ordinary of said County, do certify that I'am well acquainted with J. Abbrorowhie 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 Hun'y, 1896.	STATE OF GEORGIA, County. 1. Ordinary of said County, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this / S (T-day of 1897.
S. J. Brown Derry County.	Ordinary Cerrall -County.
POWER OF ATTORNEY. STATE OF GEORGIA, Larrall County. I. J. B. Lineronibic Mereby authorize S. J. Barune Cordinary of Carrall County. Lar. to receive and receipt for the pension paid hereon and request that he remit same to by	STATE OF GEORGIA, County. I. J. Language of Laurall 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 10/12 day of January 1898. S. J. Alex Charles [L. s.] Executed in presence of Did in Provent	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this / Y w day of Lanuary 1899. g., I, Alver crombie [L. s.] Executed in presence of B.F., Barun
County Conditions of Practice. Name Act Story INVALID SOLDIER'S PENSION. ISSUE INVALID SOLDIER'S PENSION. ISSUE INVALID County INVALID County 2/2/1 B888 RICHARD JOHNSON, Commissions of Practice. NARRANT HANDED TO S (163) TO S THEORY TO STORY TO ST	Conselled G. J. G. Conselled G. J. G. (For Those Arrany Enrolled.) No. 2327 INVALID SOLDIER'S PENSION. ISBO. Name J.G. Aberchard by. County Cond. of Deard Amount, 81.7 RICHARD JOHNSON, County Conselled 1889. RICHARD JOHNSON, County Adventor, of Praises. WARRANT HANDED TO S. J.T.O. S. J.T.O.

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Eas Manliagnes II.	
Lon Habineauts He	eretofore Allowed Pensions.
STATE OF GEORGIA,	and a remotion b.
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Carrell Cou	inty.
personally appears L.Z.	Burerombicos Carrall
County, State of Georgia, who being	duly sworn, says on oath that he is a tona fide citizen
and resident of said State, and has	resided therein continuously ever since the
day of Gear 1859	that he enlisted in the city
federate States (or of the State of	; that he enlisted in the military service of the Con-
States and served as a 7' - +	during the war between the in Company 6, of 27th Regiment
of Lurgia Volunteers	in Company 6, of 27th Regiment Colycitt 's Brigade; that whilst engaged
of Jane 1864. he	, on the / day
lato of arm alm	was wounded, injured or diseased as follows:
la sof arm about	on Virginia on the 1st engaged of Virginia on the 1st day was wounded, injured or diseased as follows:
lolo of orm about	was wounded, injured or diseased as follows: und in tright and, Coursing the elbow
By gais Shat ever Lats of arms about	was wounded, injured or diseased as follows: und in hight and, Coursing the elbow
Lads of orms about	was wounded, injured or diseased as follows: und in hight and, Couring a the elbow
By gain Shat wor Latolog arms alin	was wounded, injured or diseased as follows: und in hight and, Couring the elbow
Deponent desires to participate in	The benefits of the A
Deponent desires to participate in and the acts amendatory thereof, and entitled for the year ending October 2 resident of Court all Out Humalud	the benefits of the Act, approved October 24th, 1887, makes application for the pension to which he is 6th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189 7.
Deponent desires to participate in and the acts amendatory thereof, and entitled for the year ending October 2 resident of Lowroall	the benefits of the Act, approved October 24th, 1887, makes application for the pension to which he is 69th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897. e, this, the A. J. Aber or could a construct the pension of the year 1898.
Deponent desires to participate in and the acts amendatory thereof, and entitled for the year ending October 2 resident of Court Almaluck Sworn to and subscribed before me day of Amazing S. J. Brown	the benefits of the Act, approved October 24th, 1887, makes application for the pension to which he is 69th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897. e, this, the A. J. Aber or could a construct the pension of the year 1898.
Deponent desires to participate in and the acts amendatory thereof, and entitled for the year ending October 2 resident of Court Amalual Sworn to and subscribed before me day of Amalual Sworn to and subscribed before me day of Amalual Sworn fate fully the nature of wonder or character of the stability resulting from the wonder disease.	the benefits of the Act, approved October 24th, 1887, makes application for the pension to which he is 6th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189 7.
Deponent desires to participate in and the acts amendatory thereof, and entitled for the year ending October 2 resident of Court Sun alcold Sworn to and subscribed before in day of Americal Sun alcold Sworn to and subscribed before in the disability, resulting from the wound or character of the disability, resulting from the wound or disease. STATE OF GEORGIA,	the benefits of the Act, approved October 24th, 1887, makes application for the pension to which he is 6th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897. 1898. FOST-OFFICE.
Deponent desires to participate in and the acts amendatory thereof, and entitled for the year ending October 2 resident of Garrall Sworn to and subscribed before me day of Amalus Sworn to and subscribed before me day of Amalus Sworn to and subscribed before me day of Amalus Sworn to an desired the similarity resulting from the wound or character of the similarity resulting from the wound or disease. STATE OF GEORGIA,	the benefits of the Act, approved October 24th, 1887, makes application for the pension to which he is 6th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897. 1898. FOST-OFFICE.
Deponent desires to participate in and the acts amendatory thereof, and entitled for the year ending October 2 resident of Lournall Osward Amendated Sworn to and subscribed before me day of Lournall Sworn to and subscribed before me day of Lournall Sworn that fully the nature of wond or character of the disability, resulting from the wond or disease. STATE OF GEORGIA, County I. Darracel County I. Darracel	the benefits of the Act, approved October 24th, 1887, makes application for the pension to which he is 39th, 1888. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897. e, this, the A.J. Alber Cr. Cr. Market 1898. POST-OFFICE.
Deponent desires to participate in and the acts amendatory thereof, and entitled for the year ending October 2 resident of Laurall Sworn to and subscribed before me day of January Sworn to and subscribed before me day of January Sworn to day of January State fully the nature of wond or chairer of the disability, resulting from the wound or disease. STATE OF GEORGIA, Laurall County I, Sarvall County do certify that I am well acquainted we	the benefits of the Act, approved October 24th, 1887, makes application for the pension to which he is 89th. 1888. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897. e, this, the A J Merica Cranical and Pension of County, which were the disability, and explain particularly the extent of disease which were the disability, and explain particularly the extent of disease which were the disability, and explain particularly the extent of disease which were the disability and explain particularly the extent of disease which were the disability and explain particularly the extent of the county of the co
Deponent desires to participate in and the acts amendatory thereof, and entitled for the year ending October resident of Garnall Sworn to and subscribed before in day of January S. J. Barnalling from the disability, resulting from the wound or described of the disability, resulting from the wound or described to the disability, resulting from the wound or described to the disability, resulting from the wound or described to the disability, resulting from the wound or described to the disability, resulting from the wound or described to the disability, resulting from the wound or described to the disability, resulting from the wound or described to the disability, resulting from the wound or described to the disability, resulting from the wound or described to the disability of the disability o	the benefits of the Act, approved October 24th, 1887, makes application for the pension to which he is 6th, 1888. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897. c, this, the A J Aber or critical and the standard of the stand
Deponent desires to participate in and the acts amendatory thereof, and entitled for the year ending October resident of Garnall Sworn to and subscribed before in day of January S. J. Barnalling from the disability, resulting from the wound or described of the disability, resulting from the wound or described to the disability, resulting from the wound or described to the disability, resulting from the wound or described to the disability, resulting from the wound or described to the disability, resulting from the wound or described to the disability, resulting from the wound or described to the disability, resulting from the wound or described to the disability, resulting from the wound or described to the disability, resulting from the wound or described to the disability of the disability o	the benefits of the Act, approved October 24th, 1887, makes application for the pension to which he is 89th. 1888. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897. e, this, the A J Merica Cranical and Pension of County, which were the disability, and explain particularly the extent of disease which were the disability, and explain particularly the extent of disease which were the disability, and explain particularly the extent of disease which were the disability and explain particularly the extent of disease which were the disability and explain particularly the extent of the county of the co
Deponent desires to participate in and the acts amendatory thereof, and entitled for the year ending October 2 resident of Court Aurable Only Humalical Sworn to and subscribed before me day of Aurable Grant Fally the nature of wound or character of the disability, resulting from the wound or disease. STATE OF GEORGIA, County 1, County	orthe benefits of the Act, approved October 24th, 1887, makes application for the pension to which he is 18th, 1888. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1887. e, this, the A. J. More Cr. Clinder of the estent of the same which were the disability, and explain particularly the estent of the same well satisfied that the statements made by him to be is the individual he represents himself to be official signature and seal this and to the conficial signature and seal this and to which the conficial signature and seal this and the conficial signature and the conf
Deponent desires to participate in and the acts amendatory thereof, and entitled for the year ending October 2 resident of Court Aurable Only Humalical Sworn to and subscribed before me day of Aurable Grant Fally the nature of wound or character of the disability, resulting from the wound or disease. STATE OF GEORGIA, County 1, County	orthe benefits of the Act, approved October 24th, 1887, makes application for the pension to which he is 18th, 1888. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1887. e, this, the A. J. More Cr. Clinder of the estent of the same which were the disability, and explain particularly the estent of the same well satisfied that the statements made by him to be is the individual he represents himself to be official signature and seal this and to the conficial signature and seal this and to which the conficial signature and seal this and the conficial signature and the conf
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Deponent desires to participate in and the acts amendatory thereof, and entitled for the year ending October 2 resident of Court all Sworn to and subscribed before m day of annual Sworn to and subscribed before m day of annual Sworn to and subscribed before m day of County STATE OF GEORGIA, STATE OF GEORGIA, County I, Barrall County I, Barrall County Go certify that I am well acquainted with applicant in the foregoing affidavit, and in his said affidavit are true, and I know and that hy resides in this County. Given under my day of January	or the benefits of the Act, approved October 24th, 1887, makes application for the pension to which he is 39th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897. The this, the A J More Crander of the extent of disease which the disability, and explain particularly the extent of disease which there is the disability, and explain particularly the extent of disease which the statements made by him is the is the individual he represents himself to be official signature and seal, this 10 MM. 1898. J. J. B. M. J.
Deponent desires to participate in and the acts amendatory thereof, and entitled for the year ending October resident of Court all Osward of Court of the disability, resulting from the wound or character of the disability, resulting from the wound or disease. STATE OF GEORGIA, County I, do certify that I am well acquainted with applicant in the foregoing affidavit, and in his said affidavit are true, and I know and that he resides in this County. Given under my day of January	or the benefits of the Act, approved October 24th, 1887, makes application for the pension to which he is 39th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897. The this, the A J More Crander of the extent of disease which the disability, and explain particularly the extent of disease which there is the disability, and explain particularly the extent of disease which the statements made by him is the is the individual he represents himself to be official signature and seal, this 10 MM. 1898. J. J. B. M. J.
Deponent desires to participate in and the acts amendatory thereof, and entitled for the year ending October resident of Court all Osward of Court of the disability, resulting from the wound or character of the disability, resulting from the wound or disease. STATE OF GEORGIA, County I, do certify that I am well acquainted with applicant in the foregoing affidavit, and in his said affidavit are true, and I know and that he resides in this County. Given under my day of January	or the benefits of the Act, approved October 24th, 1887, makes application for the pension to which he is 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897. e, this, the A. J. More Constitution of 1898. POST-OFFICE Conditions which the disability, and explain particularly the extent of the particular of the extent of the particular of the extent of the same well satisfied that the statements made by him when the is the individual he represents himself to be official signature and seal, this 10 M.
Deponent desires to participate in and the acts amendatory thereof, and entitled for the year ending October resident of Lournall Sworn to and subscribed before me day of Lournally Sworn to and subscribed before me day of Lournally Sworn to and subscribed before me day of Lournally Sworn to the diability, resulting from the wound or character of the diability, resulting from the wound or disease. STATE OF GEORGIA, County I, County do certify that I am well acquainted we applicant in the foregoing affidavit, and in his said affidavit are true, and I know and that he resides in this County. Given under my day of Lournal Sworn and County Count	or the benefits of the Act, approved October 24th, 1887, makes application for the pension to which he is 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897. The this, the Address of the disability, and explain particularly the extent of disease which there the disability, and explain particularly the extent of disease which there is the disability, and explain particularly the extent of disease which there is the disability, and explain particularly the extent of disease which there is the disability, and explain particularly the extent of disease which there is the disability, and explain particularly the extent of disease which there is the individual he represents himself to be official signature and seal, this 10 MeV. 1898.

SOLDIER'S PENSI

No. 2650 INVALI 1898.

RICHARD JOHNSON,

Amount, \$/00 000

(For Those Aiready Enroller

For Applicants Heretofore Allowed Pensions.

SOLDIER'S PENSION

1899.

RICHARD JOHNSON,

91/2

INVALID

CODE SECTION 1220. (For Those Afready Enrolled.)

No. 2327

STATE OF GEORGIA,

Qurall

County.

Dersonally appears for Buncrombic of Carrall

County. State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of the Great 1855; that he enlisted in the military service of the Confederate States (and the State of daring the war between the States and served as a 12t Lieutmont in Company of of 27th Regiment of Leargia Volunteers, to alguitte 's Brigade; that whilst engaged in such military service in the State of 2 on the 12th day of James Short in the right arms, Causing the Arms the Learn Short in the right arms, Causing the Arms the Learn Short in the State of Short in the elbow.

The wormed was precised whele arm line of battle at the Second battle of Gald Harbor to the state of Short in the Short in the State of Short in the Short in th

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1809. I have heretofore under said law as a resident of County been allowed an invalid pension of Down Sundral Dollars, for the year 1898.

Sworn to and subscribed before me, this, the J. Aberthormbia day of January 1889. Fost Office Barwell, Law.

Note: Spair fully the nature of wound or character of disease when causes the disability, and explain particularly the not of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Affix your eal here

I. S. J. Borown Ordinary of said County, do certify that I am well acquainted with J. T. Bororombic 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.

refute are entitled to full faith and n by me before signing the foregon he represents himself to be and the applicant or witness resides and and witnesses in the following words: e questions asked you and the evidence ----the witness swearing to the swork J. W. LINDSEY, Commissioner of Pensi 0 Ordinary's Certificate STATE OF GEORGIA.

COUNTY.

I. J. Mullican

the applicant James of Marie of per resides in said county. That I also know davit and they are all justiful and trustworthy and their statement of the law of the statement of the law of relatements are entitled to full faith and relation of Gerral and power duty swore day of Letofer 1920 Mayeum Ordinary Ordinary County. (SEAL) oldier's Application r Act 1910-As Amended by Act of 1919. Winign Bureau J. W. LINDSEY, Commissioner of Pensi Byrd Printing Co., State Minters, Atlanta. Confederate James H. Abererombire Carroll Brown offini 11/23-1926 dance Design Ville ON WELLE A. L. the mel - Minne Jung Willow, During

I said County, certify that I know

county been allowed an invalid pension of Core Aburale Dollars, for the year 1897. Sworn to and subscribed before me, this, the John Sworn to and subscribed before me, this, the John Sworn to and subscribed before me, this, the John Sworn Core Core Core Core Core Core Core Core	County been allowed an invalid pension of Dollars, for the year 189 %. Sworn to and subscribed before me, this, the Dollars, for the year 189 %. Sworn to and subscribed before me, this, the Dollars, for the year 189 %. Sworn to and subscribed before me, this, the Dollars, for the year 189 %. Sworn to and subscribed before me, this, the Dollars, for the year 189 %. Note: Spiritually the nature of wound or character of disease what causes the disability, and explain particularly the extent of the disability results from the wound or dunnate.
STATE OF GEORGIA, County. County.	STATE OF GEORGIA, County. 1. J. Darwen County. 1. J. Darwen Ordinary of said County, do certify that I am well acquainted with J. Balencronubic 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 1714 day of January Ordinary County. Ordinary County. Ordinary County.
POWER OF ATTORNEY. STATE OF GEORGIA, County. 1. J. Abricondic hereby authorize J. J. Brown of 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 22 2 and	POWER OF ATTORNEY. STATE OF GEORGIA. Carrall County. 1. J. Abercromain hereby authorize of Darwin of Carrall County, Lat. to receive and receipt for the pension paid hereon and request that he remit same to
Executed in presence of	IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2/1 day of armany 1901. J. J. Aher crombine [L. s.] Executed in presence of IX Brown (1866)
For Those Already Enrolled.) No. 272 INVALID SOLDIER'S PENSION TOOMY County County County County County LINDSEY, Disability Love of County Marrant issued And 6 1900 JOHN W. LINDSEY, Commission of Practice. "Warrant issued And 6 1900 JOHN W. LINDSEY, Commission of Practice. "Warrant issued And 6 1900	Coursell & Coursell & Coursell & Coursell & Coursell & No. 43324 No. 43324 DISABLED SOLDIER'S PERSION I DOI. Name L. L. Alert and L. Coursell & Coursell & Coursel & Coursel & Coursell & Coursel

7.77

INVALID SOLDIER'S PENSIO INVALID SOLDIER'S PENSIO I BOOO. Name J.J. Above crander County Goomet U Disability Lova of Com Amount, \$1070 for Com Solve John W. LINDSEY, Ommissions of Prosion JOHN W. LINDSEY, Ommissions of Prosion WARRANT BANDED TO The Company Commissions of Prosion The Company Company Commissions of Prosion The Company Commissions of Company	Merceombie }
	The state of the s
For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County. Personally appears J. J. Murumking Carroll	
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 the State of the Confederate States (or of the State of during the war between the States, and served as a company U, of 2 7th Regiment of You. Volunteers, body of the State of the Company U, on the support of the State of the Stat	a d d d d d d d d d d d d d d d d d d d
Deponent makes application for the pension to which he is entitled for the year ending, October 26th, 1900. I have heretofore under said law as a resident of County been allowed an invalid pension o	ir
STATE OF GEORGIA, County. I. Ordinary of said County, do certify that I associated with J. J. Abracana the applicant in the foregoing assidavit, and answell satisfied that the statements made by him in his said assidavit are true, and I know he is the individual he represents himself to be and the he resides in this County. Given under my official signature and seal, this 2.2. Associated as a signature and seal, this 2.2.	S' do apping and
Ordinary County.	

chicameter!

For Applicants Heretofore Allowed Pensions

DISABLED SOLDIER'S PENSION

Name f. J. Afer crown bie

County Corrall

1901.

Disability Lots 37. Orm

WARRANT HANDED TO

JOHN W. LINDSEY

(For Those Already Enrolled.)

No. 2) 30

The state designed into and longions.
STATE OF GEORGIA,
Darrale County
Personally appears for Sucrembie of Carrall
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 (fcar 1857; that he enlisted in the military service of the Con
during the war between the
States, and served as a in Company 0" of 27.1 p.
of through Volunteers (Oal and the la Painteent 11)
in such military service in the State of Winginia, on the
of 1864, he was wounded, injured or diseased as follows:
My gow Shat in right and above the elbow
Coliting ampailation of the arms 1/2 way Innes
Thoulden to elbour, - Wound was reclined of
in lime at 200 battle of Coold Harrow in
Virginial, on 1st day of fund 1864.
may of fune 1804,
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 subsocibed before me, this the J. J. Aber crombie
day of January 1901. Postoffice Starmer 401
D. J. Brown Ondew
Norm-State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
ularly the extent of the disability resulting from the wound or disease which causes the disability, and explain partic-
STATE OF GEORGIA,
County.
·
I, Ordinary of said County,
do certify that I am well acquinted with the crombie the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
and and and are true, and I know he is the individual he represents himself and
and that he resides in this County.
Given under my official signature and seal, this 2/2/
day of January 1901.
MARK BOTTON
Ordinary Sarrow County.

County been allowed an invalid pension of County been allowed an invalid pension of Dollars, for the year 1895. Sworn to and subscribed before me, this, the J Allow Crombie 22 day of James J. 1900. FOST OFFICE North State fully the nature of wond or character of diams which causes the disability and crystain particularly the extent of fine disability resulting from the wound or disease. STATE OF GEORGIA, County. Ordinary of said County, do certify that I atowell acquainted with J. Abuscan the applicant in the foregoing affidavit, 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 22, day of James 200. Ordinary County. Ordinary County.	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 subsorbed before me, this the J. Aber Crombia day of January 1901. Postoffice January Law, New 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, I, Ordinary of said County, do certify that I am well acquinted with Aber Crombia the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 2 day of County 1901. Ordinary County. Ordinary County.
POWER OF ATTORNEY. STATE OF GEORGIA, County. 1. J. J. Shurcrombin hereby authorize ST Brown of Carrall County. La., to receive and receipt for the pension paid hereon and request that he remit same to by.	POWER OF ATTORNEY. STATE OF GEORGIA, County. I, County. of Leave County. to receive and receipt for the pension paid hereon and request that he remit same to
IN WITNESS WHEREOF, I have hereunto set my hand and seal this /8 day of five are 1902. Executed in presence of O, R. Drown	IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of 1903. Executed in presence of [L. s.]
CONVECTOR THOSE ANEADY ENFOLLED. NO. 1784. DISABLED SOLDIER'S PENSION 1902. Name C. Aber condit. County & Arrecle On & Regimen 27 44. Disability dear of County Anionne, 5/601. JOHN W. LINDSEY. JOHN W. LINDSEY. On the County of the County WARRANT PANDER TO COUNTY WARRANT PANDER TO COUNTY ON COUNTY ON COUNTY ON COU	CONTRICTOR OF THE CONTRICTOR O

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.
STATE OF GEORGIA,
County.
Personally appears of Lamall
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 Jean 1859; 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 Luntymontin Company O of 27 th Regiment
of Georgia Volunteers, Colquitto 's Brigade: that whilet angered
n such military service in the State of Vinginia, on the day
1864, he was wounded, injured or diseased as follows:
loy qui shot in right and while in line
of bottle at the 2 w battle of Gald Harbor
Wa-1st day of June 1864, Causing
amputation of arm are half way from ellow
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Deponent makes application for the pension to which he is entitled for the year
nding October 26th, 1902. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
One Hundred Dollars, for the year 1901.
Sworn to and subscribed before me, this the . & I which chanbe
day of January, 1912 Post-office Stopmer Ga,
o. g. Torown Ording,
Fig State fully the nature of the wound or character of disease which causes the disability, and explain systematically the extent of the disability resulting from the wound or disease.
TATE OF GEORGIA,
Carrall County.
1 - 1 8-1300
e applicant in the foregoing affidavit, and am well satisfied that the statements made by
m in his said affidavit are true, and I know he is the individual he represents himself to
and that he resides in this County.
Given under my official signature and seal, this
day of Jan 15, 1902.
J. J. Brown

(FOR THOSE ALREADY ENFOLLE

SOLDIER'S PENSI

DISABLED

Name & Lifbur crown

County Correct

JOHN W. LINDSEN WARRANT HANDED TO

mount, \$ /07 00

1902.

Carrate Con

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

(FOR THOSE ALREADY ENROLLET

Jaroll Court

SOLDIER'S PENSI

1903.

DISABLED

JOHN W. LINDSEY,

STATE OF GEORGIA,
County.)
Personally appears & S. Coercioni to of toning?
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
resident of said State, and has resided therein continuously ever since the
18 2 - hat he enlisted in the will
federate States (or of the State of) during the war between the
states, and served as a for all the 11.7 IT in Company
Volunteers (VM) / T / I D : .
mintary service in the State of Villary on the
186 , he was wounded, injured or diseased as follows:
- Ott of the off airce
It been a sattle of lotol 12 for in
is ne was minded at secretify
in matation I since to me a formation
toellow.
Deponent makes application for the pedsion 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 1 4 J Alvercrom les
day of karmand 1903. Post-office Strong
1 Brown On cliny
North State Calle to
STATE OF GEORGIA,
- Caire County.
1 × (@
do certify that I am well acquainted with & J. Die cranice
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 / 346 day of 12 12021 Yaz A 1903.
1905.
Sour
Ordinary County

Ordinary_

Dollars, for the year 1901.	1 12 1 2 2 1 1 mave neretorore, under said law, as a resident of
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day of January 1902. Post-office Stagren Late	Sworn to and subscribed before me, this the J. Alux crombia
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particularly the extent of the disability resulting from the wound or discase.	-charton Ording
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Carrall County.	STATE OF GEORGIA,
I, Ordinary of said County,	- Califu County.
do certify that I am well acquainted with full lober crown his	d County.)
the applicant in the foregoing affidavit, and am well satisfied that the statements made by	do certify that I am well acquainted with J. T. We continued
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.	the applicant in the foregoing affidavit, and am well satisfied that the statements made by
Given under my official signature and seal, this	firm in his said affidavit are true, and I know he is the individual he represents himself to
day of Jan 19, 1902.	be and that he resides in this County.
S. J. Brown Ordinary County.	Given under my official signature and seal, this / 340 day of faruna Ma 1903.
Ordinary Conty.	1 1 1 2
Nove.—Fill all blanks and of Company and Regiment. Nove.—All vouchers and affidavits must bear date after January 1, 1902.	Ordinary County
	Note.—Fill all blanks and of Company and Regiment
	Notz.—All vouchers and affidavits must bear date after January 1, 1903.
POWER OF ATTORNEY.	
CTATE OF OFFICE	POWER OF ATTORNEY.
STATE OF GEORGIA,	STATE OF GEORGIA.
Ozzyall COUNTY.	STATE OF GEORGIA,
hereby authorize	COPYTY.
De Car we of learnall County, Jan	1, Cles crowle hereby authorize
to receive and receipt for the pension paid hereon, and request that he remit same to	Manon Ord, of Currenter of
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
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. STATE OF GEORGIA, County. Personally appears L. I. L. County. Output: Output: 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 state of the confederate States (or of the State of the Confederate States (or of the State of the States) of the Confederate States (or of the State of the Confederate States (or of the State of the Confederate States) of the Confederate States (or of the State of the Confederate States) of the Confederate States (or of the State of the Confederate States) of the Confederate States (or of the State of the Confederate States) of the Confederate States (or of the State of the Confederate States) of the Confederate States (or of the State of the Confederate States) of the Confederate States (or of the State of the Confederate States) of the Confederate States (or of the State of the Confederate States) of the Confederate States (or of the State of the Confederate States) of the Confederate States (or of the State of the Confederate States) on the first day of the Confederate States (or of the Confederate States) on the first day of the Confederate States (or of the Confederate States) on the first day of the Confederate States (or of the Confederate States) on the first day of the Confederate States (or of the Confederate States) on the first day of the Confederate States (or of the Confederate States) on the first day of the Confederate States (or of the Confederate States) on the first day of the Confederate States (or of the Confederate States) on the Confederate States (or of the Confederate States) on the first day of the Confederate States (or of the Confederate States) on the Confederate States (or of the Confederate States) on the Confederate States (or of the Confederate States) on the Confederate States (or of the Confederate States) on the Confederate States (or of the Confederate States) on the Confe	FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. STATE OF GEORGIA, COUNTY. Personally appears Multicerongle of Councill 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 according of here of the State of the
Deponent makes application for the pension to which he is entitled for the year ending October, 26th, 1804. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1903.	Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1904.
Swory to and subscribed before me, this the day of the case 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 Course 1905. A John Combined Post-office of Sorver 1905. Sorre-State fully the nature of the disability resulting from the wound or clienage. Sorre-State fully the nature of the disability resulting from the wound or clienage.
STATE OF GEORGIA, County. I. Ordinary of said County, do certify that I am well acquainted with A.A. WALLE On Wit'c 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 inflividual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this J. J. Agr. Ordinary On your County. Note—Fill all blanks and of Company and Regiment. Note—All vouchers and affidavits must bear date after January 1, 1894.	STATE OF GEORGIA, COUNTY. I. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this Given under my official signature and seal, this Ordinary NOTE.—Fili all blanks and of Company and Regiment. NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

WARRANT HANDED TO or Francia Printing and Parizona Co., Atlanta Gro W. Harmson, Manager, 509 State Desette

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STATE OF GEORGIA, County. 1. Ordinary of said County. do certify that I am well acquainted with	STATE OF GEORGIA, COUNTY. I. Ordinary of said County. do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this day of 1905.
Ordinary Of yall County. Note -Fill all blanks and of Company and Regiment. Note -All vouchers and affidavits mast bear date after January 1, 1864.	Oromary County.
	Ners.—All vouchers and affidavits must bear date after January 1, 1905.
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	to receive and receipt for the pension paid hereon, and request that he remit same to
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this / 5	by
day of fame 1906. J. Alurcyonhie [L. s.]	IN WIPMESS WHEREOF, I have hereunto set my hand and seal, this
The product of	day of 1 1907.
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day of Science 1905.

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Dollars, for the year 1904.

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Nore—State fully the nature of the wound or character of disease which causes the disability resulting from the wound or disease.

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State of	Georgia,)		
Canall	County.	}		
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County, State of Geo	orgia, who, being duly swo	orn, says on oath that	he is a bona fide citizen	
and resident of said	State, and has resided to	herein continuously ev	er since the	
day of fran	185 9; that he	enlisted in the milita	ry service of the Con-	
federate States, (or	of the State of sa / St Licut Volunteers Code vice in the State of) duri	ng the war between the	
States, and served as	salet Lieut	in Company &,	of 27 th Regiment	
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One Time	· (us)	Dollars, for the year	1905.	
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day o	1- xany	(14)1906.		
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Affix } your } seal }	/ d	rdinary Corra	County.	
Nore -	Fill all blanks and of Company an		County.	
Note.—	All vouchers and affidavits must b	pear date after January 1st, 1	H)6.	

(FOR THOSE ALREADY ENROLLED

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No. 2/86-

SOLDIER'S PENS

DISABLED

1906.

Name J. G. Chineron

County Cornell.

Disability Lors of an

Amount, \$100,00

WARRANT HANDED TO

JOHN W. LINDSET

ruk	APPLICANTS	HERETOFORE	ALLOWED	PENSIONS
Sta	te of Georg	gia,		
-6	andl 1	County.		

Commissioner of Pen

JOHN W. LINDSEY,

WARRANT HANDED TO

Personally appears of T. Abla craubic or Cornell 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 1857; that he enlisted in the military service of the Conday of federate States (or of the State of) during the war between the States, and served as a / the first, in Company of I the Regiment of Lear Fid. Volunteers Colquit 's Brigade; that whilst engaged in such military service in the State of Va , on the / day Lart right arms at least Harbor,

Va - July, 12t 1864 Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of

County, been allowed an invalid pension of

Dollars, for the year 1908 Dollars, for the year 1906. Sworn to and subscribed before me, this the

A. A. Darren ord. () Postoffice Down los

__1907.

State of Georgia,

CODE SECTION 1250.
(FOR THOSE ALREADY ENROLLED)

Servismbie

No. 1633

SOLDIER'S PENS

1907.

Towall

DISABLED

County

day of faring

do certify that I am well acquainted with D. alborovante 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 undermy official signature and seal the

Carroll

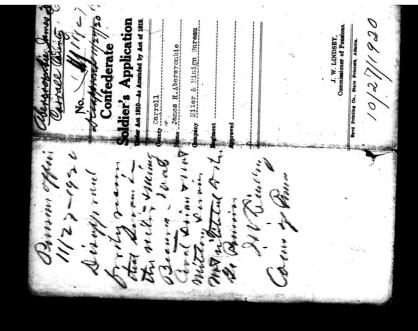
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	nd am well satisfied that the statements made	the applicant in the foregoing affidavit and am well swifed the all	
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to be, and that he resides in this County.	nature and seal, this/5	to be, and that he resides in this County. Given under my official signature and seal this	
day of	1906	day of any 1 1907	
(1)	AH Burney	J. Barren	
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Follows of Night Included in Warrant No. Included in warrant No. issued to Treasurer. applicant applicant No. 366 No. 1320 Allanta, Sa., Fely 17 199 Allanta, On Hohy 15 STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Mr. J. J. Whererente Mr. J. J Aber erombie having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act. having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec. 24, 1888, and the same having been allowed for approved, Dec. 24, 1888, and the same having been examined and allowed for Laxe of Right Clim Lass of am He is entitled to receive the Jun of (111 Hillaral 404) _Dollars He is entitled to receive the sum of One Aund red for such disability, the same being the allowance due for the year ending October 24, 1885. for such disability, the same being the allowance director, the year ending October 24, 18 90 The Treasurer will pay the same and hold is receipt on this verycher, and return same to The Treasurer will pay the same and hold his receipt on this voucher, and return same Executive Department for warrant. to Executive Department for warrant. By the Governor Co AHanison CLERK EXECUTIVE DEPARTMENT. RK EXECUTIVE DEPARTMENT. RECEIVED OF STATE THEASURER, R. U. HARDEMAN, Cuc Hereidre you RECEIVED OF STATE TREASURER, R. U. HARDEMAN, per above voucher, this of Stely (Oue Hunared + 80 __1889 of. LiAber brombie

STATE OF GEORGIA, EXECUTIVE DEPARTMENT.

of Carroll



Questions for Witness as to Service

STATE OF GEORGIA,
_CarrollCOUNTY.
N.S.Reid
of said State and County is hereby presented
as a witness in support of the application of James H. Abercrombie for the pension provided
by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to
make to the questions propounded, answers as follows:
1. What is your name and where do you residet N.S. Reid, Senoia, Coweta Co.Ga.
2. How long and since when have you known
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State,
and how do you know! Carroll County, Ga.All his life
James H. Abergroundle 4. When, where and in what Company and Regiment did
war from 1861 to 1865; (Give date and place.) Litter & Mining Bureau. I do not know date of his enlistment.
8. How did you obtain your information of this Service! I Served in the Same Bures and knew Applicant personally.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment! (Give date) I do not know do≰initely, but to the best
of my recollection some two years. When and where was his command surrendered or discharged (give date and place)
L. was discharged at Plus Hountain, Alas I do not remember if anpM cant was present. I was surrendered at close of the Waar 8. Wereyou personally present at the surrender! TSS.
9. If not, where were you and how came you there !
10. Was the applicant personally present with his command at surrender 1 L. 0.0 NO. 100 1
11. If not where was he and how came him there! I do not know.
12. When did he leave his command! I do not know. Where was his command
when he left it! I do not know For what cause did he leave! Don't know
By whose authority did he leave Pont-lenow and how
ong was he granted leavet
Il this you have stated to be true! If of your own knowledge, tell clearly and specifically I Saw publicant from stance to time curring his severice, but I do not know the ho, ontored, how the home translation is severice, for some two years 13. In what way was he presented from returning to his command?
Iow do you knowf
14. What ffort did he make to return to his command and how do you know!
15. Was applicant captured as a prisonerIf so, when and wheref
In what prison was he held?and
Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the
Ly / Millions Ordinary

Application for Soldier's Pension Under Act 1910 Amended by Act 1919 & 1920.

Questio	ons For Applicants to An	swer
STATE OF GEORGIA,		į.
Carroll	COUNTY	(5)
James H.Abercrombie	,	
for the pension provided by Act of 16	olo all st	tate and County, hereby applies
his sworm statement with his auti	910, as amended by Act of 1919, to Co	onfederate Soldiers, and submits
make to the amention	y to make out the same, and after bei	ing duly sworn true answers to
make to the questions propounded, an		
Abercrombie, Villa Rica	do you reside! (Give County and Po	
2. How long and since when have y All my life-80 year	rou been a continuous resident citizen rs	of this State !
3. Did you enlist in the Army of th 1861 to 1865; I was in the	ne Confederate States or in the organ Civil branch of the serv	nized militia of this State from
near Ringold, Ga. thence 5. How long did you remain in the thence to Little War date of discharge Hoffic Bakse	company and Regiment did you enlist the districts, miter and the total tricks. Termyth and the tricks are the tricks and the tricks are tricked to the tricks and the tricks are tricked to trick and tricked tricks are tricked to trick and tricked tricks are tricked trick	mence Battle-Greek, Tenn Many and Resiment (Give Tackson Ville Lor the surrender.
8 If you were not actually present	your command when it was surrender, state specifically and clearly where	red or discharged 1 Yes
and the same and actually present	, state specifically and clearly where	you were
a. Where was your command when y	you left it! We were disband	ed at Jacksonville, Ala
b. When did you leave the comman	dfApril_1865	3
c. For what cause did you leave?	War closed	
d. By whose authority did you leave	col.Gabbett	
e. For how long was your leave gr	anted! In what way!Indef	inite
f. Why did you not return to you	ir command after leave expired!	War was over
g. In what way were you prevented		
	ırn†	4
i Were you captured during the wa		
J 22 50, when, and where I in what	prison were you held and when were	
9. Are you drawing a pension of an	ny amount from this State or the Uni	
10. Have you ever applied for the	Georgia Pension and had it refused	t and the states i
ot allowed†	No	I and for what cause it was
Sworn to and subscribed before me,	this tt.	hercrantice
1 XI Villean	Ordinary)	
Carroll	Orunary	
1/	County.	
SEATL)		

Lose of laght Ulim	Lass of am
He is entitled to receive the sum of Clu Hundral to Dollars	He is entitled to receive the sum of Che Hundred
for such disability, the same being the allowance due for the year ending October 24, 1889.	for such disability, the same being the afterward direction the year ending October 24, 18 9 a
The Treasurer will pay the same and hold as recorpt on this vencher and return same to	The Treasurer will pay the same wedthold his receipt on this voucher, and return same
Executive Department for warrant.	to Executive Department for warrant.
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WHHamsin	By the Governor, Governor,
CLERK EXECUTIVE DEPARTMENT.	W AHanison -
	Co Alanison CLERK ENECUTIVE DEPARTMENT.
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(MeHilldreeyed) Dollars.	PECELVED OF STATE TRANSPORT D. I. MARKET
ner shows youther this	RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
J. Aber er ombie	· (Jul Hunared & Dollars,
of whiterombre	per above voucher, this 17 of Hely 1890
	A service of the serv
	per above voucher, this of Fely 1890. J. Li Abur Gronba
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NAME, Abercrombie, J T YER 1879 COUNTY Carroll	Obernombie, G. J.
1 1879 COUNT Carroll	Observanbie, G. J.
NAME, Abercrombie, J T YEAR 1879 COUNTY Carroll WHEN AMP WHERE BORDS	Observanbie, G. J.
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1 1879 COUNT Carroll	1891.
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WHEN AMP WHERE BORDS SHEISTED WHEN JO ALGES RAPK. 1st Lieut.	1891. Mained Soldiers. Noucher No. 6711
WHEN AND WHERE BORDS SHEISTED WHEN JO ALAZS	1891. Mained Soldiers.
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RAIN. 1st Lieut. COMPANY AND RUBINGTY? Company E, 27th Regt. Georgia Vols. NAME OF CAPTAIN AS COLUMNEY.	Audited 1891. Phaimed Soldiers. Voucher No. 6711 Amount \$ 16 (
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RAIN. 1st Lieut. COMPANY AND RUBINGTY? Company E, 27th Regt. Georgia Vols. NAME OF CAPTAIN AS COLUMNEY.	Audited 1891. Phaimed Soldiers. Voucher No. 6711 Amount \$ 16 (
WHEN AND MHERE RORLY ENLISTED WHEN AND ALREST RAPK. 1st Lieut. COMPANY AND RUBINGET? Company E, 27th Regt. Georgia Vols. NAME OF CAPTAIN AND COLUMN: WOUNDED? Cold Harbor, Va June 1st, 1884 - Right arm - arm amputated at middle third above the elbow. CAPTURED, WHEN AND WHERE?	Audited 1891. - Maimed Soldiers. Voucher No. 691/ Amount \$ 10 () Paid to L.S. Abcrerender For San of ann
MIEN AND MERE BORN ENLISTED WHEN AND ALRE? RAIK. 1st Lieut. COMPANY AND RUDINGT? Company E, 27th Regt. Georgia Vols. NAME OF CAPTAIN AND COLUMNIC. MOUNDED? Cold Harbor, Ve June 1st, 1864 - Right arm - arm amputated at middle third above the elbow.	Andried 1891. Noncher No. 691/ Amount \$ 10 A Paid to L.J. Aber cressler For Las & of ann Packey 12 1891.
WHEN AND WHERE RORDS RAPK. 1st Lieut. COMPANY AND RUBINGET? Company E, 27th Regt. Georgia Vols. NAME OF CAPTAIN AND COLUMNIC. WOUNDED? Cold Harbor, Ve June 1st, 1864 - Right arm - arm amputated at middle third above the elbow. CAPTURED, WHEN AND WHERE? RELEASED.	Audited 1891. - Maimed Soldiers. Voucher No. 691/ Amount \$ 10 () Paid to L.S. Abcrerender For San of ann
WHEN AND WHERE BORDS ENLISTED WHEN JOD WINGER RAPK. 1st Lieut. COMPANY AND RUBINGUT? Company E, 27th Regt. Georgia Vols. NAME OF CAPTAIN JGG COLUMNER WOUNDED Cold Harbor, Va June 1st, 1864 - Right arm - arm amputated at middle third above the elbow. CAPTURED, WHEN AND WALKER	Andried 1891. Noncher No. 691/ Amount \$ 10 A Paid to L.J. Aber cressler For Las & of ann Packey 12 1891.
WHEN AND WHERE SUPERSUPERS? WHEN AND WHERE SUPERSUPERS? WHEN AND WHERE SUPERSUPERS? WHEN AND WHERE SUPERSUPERS?	Audited 1891. Noucher No. 691/ Amount \$ 16 () Paid to L.I. N bererarder For No. 8 & Of ann Method In warrant No.
WHEN AND WHERE RORDS RAPK. 1st Lieut. COMPANY AND RUBINGET? Company E, 27th Regt. Ceorgia Vols. NAME OF CAPTAIN AND COLUMNIC. WOUNDED? Cold Harbor, Va June 1st, 1884 - Right arm - arm amputated at middle third above the elbow. CAPTURED, WHEN AND WHERE? RELEASED.	Audited 1891. Woucher No. 67 1/ Amount \$ 18 (1) Paid to Let. A 8 (reverselect) For Let & S. O. C. (1) Included in warrant No. issued to Treasurer.
WHEN AND WHERE SUTHENDED?	Audited 1891. Woucher No. 67 1/ Amount \$ 16 () Paid to L.l. N ber craredec for No. 67 1/ Paid to L.l. N ber craredec to the second
WHEN AND WHERE SUTHENDED?	Audited 1891. Woucher No. 67 1/ Amount \$ 18 (1) Paid to Let. A 8 (regarded) For So & 0 L (1) Included in warrant No. issued to Treasurer. 1891.
WHEN AND WHERE SCHOOLS WHEN AND MURIT COMPANY E, 27th Regt. Georgia Vols. NAME OF CAPTAIN AND COLUMNY WOUNDED? Cold Harbor, Ve June 1st, 1864 - Right erm - arm amputated at middle third above the elbow. CAPTAINED, WHEN AND WHERE SCHOOLDER? WHEN AND WHERE SCHOOLDER? IF NOT FRESENT AT JURRADDER, WHERE WHENE 1002	Audited 1891. Woucher No. 67 1/ Amount \$ 180 (Paid to Let. A 80 regarded) For Las & 0 Lann 1801. Included in warrant No. issued to Treasurer. 1891.
WHEN AND WHERE STREETS AT SURREDER, WHERE WHEN AND MERRY AND MERRY PROPERTY.	Audited 1891. Woucher No. 67 1/ Amount \$ 18 (1) Paid to Let. A 8 (regarded) For So & 0 L (1) Included in warrant No. issued to Treasurer. 1891.

WITNESSES. James M Hewitt, G D Creel and A J Creel
No data

WOUNDED? Cold Harbor, Va. - June 1st, 1864 - Right arm - arm amputated at middle third above the elbow. CAPTURED, WHEN AND WHERE RELEASED. WHEN AND WHERE SUPERCEDENT IF NOT PRESENT AT CHARLED IN, WHILE COLD 100? DIED, WELK AND ALTEL? WARRANT-CLERK BURTED. WITNESSES. James M Hewitt, G D Creel and A J Creel.
No data

NAME, Abercrombia, J.T. YEAR 1889 COUNTY Carroll No. 674 STATE OF GEORGIA, WHEN AND WHERE BORN? Allanta, Sa. J. Pt 12 1891. EXECUTIVE DEPARTMENT. ENLISTED WHEN AND JAEKE? RANK. COMPANY AND RUGILLEUT? 1st. Lt. Co. E, 27th. Regt. Georgia Vols. having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts Colquitt's Brigade. NAME OF CAPTAIN ALL COLOMBLY approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for Jose of arm WOUNDED? Cold Harbor, Va. 2nd. Eattle July 1st. 1864. Shot in arm above He is entitled to receive the sum of Cluftundied

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

for such disability, the same being the allowance due for the year ending October 24, 1891.

(It Hameson) SEC'V EXECUTIVE DEPARTMENT.

100.

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

Que Nundeer 100

per above voucher, this 19 of Ocely J. Shercrombie

BURIED.

RELEASED.

elbow, causing amputation.

CAPTURED, MILET AND WELLING

WHEN AND WHATL SO IN NOMED?

DIED, WHEN AND MALRE?

W.W. Fitts, M.D. W.L. Fitts, M.D. No data. WITNESSES.

IF NOT PRESENT AT SURREIDER, WHIRE WELL YOU?

ENLISTED WHEN AND WAREN

RANK.

COMPANY AND REGIMENT? 1st. Lt. Co. E, 27th. Regt. Géorgia Vols. Colquitt's Erigade.

NAME OF CAPTAIN A.D COLOREL?

WOUNDED? Cold Harbor, Va. 2nd. Eattle July 1st. 1964. Shot in arm above elbow, causing empytetion.

CAPTURED, MALEN AND WELLAR

RELEASED.

WHEN. AND WHEEL SUTKINDERED?

IF NOT PRESENT AT SURREIDER, WHILE WELL YOU?

DIED, WHEN AND MARE?

BURIED.

WITNESSES. W.W. Fitts, M.D. W.L. Fitts, M.D. No data.

Mr. Of the County

of Living filed his application in the Executive

Department for an allowance under the Act approved October 24, 1887, as amended by Acts

approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

He is entitled to receive the sum of Living Delars

for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher and return same to

Executive Department for warrant.

By the Governor.

GOVERNOR.

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

(118 N 1111 Merc) 1 0 0 Dollar

per above voucher, this 1 of 1891.

J. J. Abercroynbie

Widow's Application

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

County .. CARROLL

Name Mrs Mergeret E.Abercrombie Widow of John T. Abercrombie .. Date of Marriage October 3rd .. 1. 200.

Date of Husband's Death 1st. Aug. 1919.

Company . . . E. 27th, Ge Duy DEC 27 1937 These Gelles Director. State Dept. Public Welfare, Atlanta, Nov. 5, 1937.

John T. Abercrombie enlisted as a private in Co. E, 27th Rest Ga. Inf. Sept. 9, 1861. ... Elected 1st Lt. June 20, ... Elected 1st Lt. June 20, ... June 1, 1864. Discharged, disability, 1864.

Director Confederate "ecords Div.

STATE OF GEORGIA,

L.S. Grif, in

.. COUNTY.

Ordinary's Certificate

of said County and were duly sworn by me before signing the foregoing affidavits, and that they the witness who swears to the service of husband and/or the marriage; that both of them are now residents truthful and trustworthy and their statements are entitled to full faith and credit. citizen of said State since January 1st, 1920; that I also know..... she is the person she represents herself to be, and that she has been, continuously, a bona fide resident that I know ... hre Lergaret b. bergroumble

are. October

(SEAL OF ORDINARY)

 Refer may question are narrown the Ordinary shall event applicant and the witness in the following words: "You be substituted, to help you will true seven when when other other of the questions asked you and the evidence you shall give will be a formatter of the property o INSTRUCTIONS:

...County.

... Ordinary.

. 193.7

., Ordinary of said County, do certifythe applicant for pension; that

4 1937

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

(Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.)

QUESTIONS FOR APPLICANT TO ANSWER: STATE OF GEORGIA,

71 Mar ofe

NC: 14 1937

Director

Personally appears before melins Languret. E. Abercrombie of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:

SEC	ION I.	
1.	What is your name, and where do you reside? (Give Post Office and County)	
	Borrdon Co D Co Control of Control and County)	

Bordon, Ga . R + 2, Carroll County. Krs Margaret E. Abercrombie 2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia?..... 30 years.

Give date, or year, of your birth. December. 22nd, 1623. Age? 62 3. (1) When, (2) where and (3) to whom were you married?... October Ero 1500

John T. Abercrombie, Cullman County Ala. a. Have you married since the death of first and soldier husband?

No b. When and where did your first husband die?... August 1st 1:15.Carroll County Ge.

d. If not, how long had you resided apart?....

Are you now a widow?

Have you or your husband heretofore been paid a pension by the State?...yes. Husband

Answer the following questions if your husband was not a pensioner:

1. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.

2.	When	and	where	did	the	Commands	f your husband su	rrender or dis	scharge from the	Camila
									and the t	Sei vic

3. Was your husband personally present with his Command when it was surrendered or discharged?

4. If he was not present, state specifically and clearly where he was? 5. When did he leave the Command?

a. For what cause did he leave?____

b. By whose authority did he leave?

c. For how long was his leave of absence granted? d. In what way?

What was his ph/sical condition when he left his Command?

What effort did he make to return to his Command?

In what way was he prevented from going back to his Command?....

Was he captured by the enemy at any time?

i. If so, when and where? In what prison was he held and when was he released?.....

margaret & alasmonhi

Ordinary's Certificate

27 til, 00 Se

COUNTY.
1, Ordinary of said County, do cert
that I know. Life Leristret Apercro.mbie the applicant for pension; th
she is the person she represents herself to be, and that she has been, continuously, a bona fide reside
citizen of said State since January 1st, 1920; that I also know.
the witness who swears to the service of husband and/or the marriage; that both of them are now residen
of said County and were duly sworn by me before signing the foregoing affidavits, and that they a
ruthful and trustworthy and their statements are entitled to full faith and credit.

October 193.7 M. O. Hiff (SEAL OF ORDINARY) GORECLLCounty. of.

INSTRUCTIONS

are answered the Ordinary shall swear appl will true answers make to each of the question

Ers Largaret E.Abergrombie

LIDERAL

Date of Marriage October 3rd 1 500. Date of Husband's Death Lat. Aug. 1919

Widow of John T. Abergrombie

Widow's Application Act of 1910 -As Amended by Act of and Constitutional Amendments of 1920 and 1937

STATE OF GEORGIA.

Atlanta, Nov. 5, 1937.

side netter the virtual of blainable. If not, prove marriage, by some person, or by general reputation and fully distribution and the same of Marriage Conflictation is vogue throughout the State. A short, simple form in easier to handle, ideation from any widow who is already receiving a pension.

of.....County.

	 When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan- tic Company.
Ordinary's Certificate	try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
STATE OF GEORGIA,	
COUNTY.	With the second
I, Ordinary of said County, do certify	2. When and where did the Commands of your husband surrender or discharge from the Control of the Commands of your husband surrender or discharge from the Control of the C
that I know here Largaret abergroundie the applicant for pension; that	***************************************
she is the person she represents herself to be, and that she has been, continuously, a bona fide resident	Was your husband personally present with his Command when it was surrendezed or discharged? A Ichardenese of the command when it was surrendezed or discharged? A Ichardenese of the command when it was surrendezed or discharged?
citizen of said State since January 1st, 1920; that I also know.	7. If he was not present, state specifically and clearly where he was a
the witness who swears to the service of husband and/or the marriage; that both of them are now residents	5. When did he leave the Command?
of said County and were duly sworn by me before signing the foregoing affidavits, and that they are	For what cause did he leave? By whose authority did he leave?
truthful and trustworthy and their statements are entitled to full faith and credit.	c. For now long was his leave of absence granted?
Given under my hand and seal of office this. 16th day of Qctober 193.7	
(SEAL OF ORDINARY) M. E. Liffing, Ordinary.	What was his ph sical condition when he left his Command? What effort did he make to return to his Command?
of CORECLL County.	g. In what way was he prevented from going back to his Command?
	mas he captured by the enemy at any time?
Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: (W)	in what prison was he held and when was he released?
1. Before any questions are answered the Ordinary shall wear applicant and the witness in the following words: "You do administed the property of the property of the property of the whole truth. So help will true asswers make to each of the questions asked you and the evidence you shall give will be 2. Additional afficient may be stateded if blank specaes are insufficient. 2. The property of th	Sworn to and subscribed before me, this the
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be 5. Attach certified any of the County in which the applicant or witness resides and must be	ME Suffer Ordinary margaret & alasmorthe
Fill out the back of the application carefully. Don't use the bulky form of Marriage Certificate in varue throughout the State Askers when I was a few second in the second in	Applicant.
8. Do not take an application from any widow who is already receiving a pension.	of
	·
An Affidavit	
An Affidavit (Read carefully before making this affidavit.)	Questions for Witness as to Marriage and Service of Husband.
(Read carefully before making this affidavit.)	of the deokgia,
(Read carefully before making this affidavit.) State of Georgia,	
(Read carefully before making this affidavit.) State of Georgia, County of. CAEROLL	
(Read carefully before making this affidavit.) State of Georgia, County of CAEROLL	as a witness in support of the application of
(Read carefully before making this affidavit.) State of Georgia, County of CAEROLL Before me, the Ordinary of said County, comes Mrs Margaret. E. Abercromby, who, after being duly sworn, deposes and says:	as a witness in support of the application of
(Read carefully before making this affidavit.) State of Georgia, County of CAEROLL. Before me, the Ordinary of said County, comes Mrs Murgaret. E. Abercromby, who, after being duly sworn, deposes and says: 1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;	as a witness in support of the application of
(Read carefully before making this affidavit.) State of Georgia, County of CAEROLL Before me, the Ordinary of said County, comes Mrs Margaret . Z. Abergroundly who, after being duly sworn, deposes and says: 1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers; 2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service her was hordered.	
(Read carefully before making this affidavit.) State of Georgia, County of CAEROLL. Before me, the Ordinary of said County, comes Mrs Murgaret. E. Abergromby, who, after being duly sworn, deposes and says: 1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers; 2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension:	as a witness in support of the application of
(Read carefully before making this affidavit.) State of Georgia, County ofCARROLL. Before me, the Ordinary of said County, comes MrsMargaret . E. Abercromby who, after being duly sworn, deposes and says: 1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers; 2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension; 3. That she is unable to obtain from any person or source avidence within a connection of the state of the state of the connection of the state of the connection of the state of the state of the connection of the state of the state of	
(Read carefully before making this affidavit.) State of Georgia, County of CARROLL. Before me, the Ordinary of said County, comes Mrs Margaret . E. Abercromby, who, after being duly sworn, deposes and says: 1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers; 2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension; 3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;	
(Read carefully before making this affidavit.) State of Georgia, County of CAEROLL. Before me, the Ordinary of said County, comes Mrs Margaret Z. Abergromby, who, after being duly sworn, deposes and says: 1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers; 2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension; 3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband; 4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capital has Associated and the confederate military service as may be preserved either at the Capital has Associated and the confederate military service as may be preserved either at the Capital has Associated and the confederate military service as may be preserved either at the Capital has Associated and the confederate military service as may be preserved either at the Capital has Associated and the confederate military service as may be preserved either at the Capital has Associated and the confederate military service as may be preserved either at the Capital has Associated and the confederate military service as may be preserved either at the Capital has Associated and the confederate military service as may be preserved either at the Capital has a service as may be preserved either at the Capital has a service as may be preserved either at the Capital has a service as may be a preserved either at the Capital has a service as may be preserved either as the Capital has a service as may be preserved either as the Capital has a service as may be preserved either as the Capital has a service as may be a preserved the capital has a service as may be preserved the capital	
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2. When and where did the Commands of your husband surrender or discharge from the Service?	
Was your husband personally present with his Command when it was surrendezed or discharged?	
v	
7. If he was not present, state specifically and clearly where he was?	
b. By whose authority did he leave?	
c. For now long was his leave of absence granted?	
. * * * * * * * * * * * * * * * * * * *	
c. What was his physical condition when he left his Command?	
f. What effort did he make to return to his Command?. g. In what way was he prevented from going back to his Command?	
was ne captured by the enemy at any time?	
in what prison was he held and when was he released?	
Sworn to and subscribed before me, this the	
M & Suffine Ordinary margaret & aleason Applicant.	
Applicant.	0
(SEAL OF ORDINARY)	
* * * * * * * * * * * * * * * *	
	-
	0390
	_
* Owner to Wil	_
Questions for Witness as to Marriage and Service of Husband.	
STATE OF GEORGIA,	
as a witness in support of the application of	
provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Act	
and 1937, in said State, who, after being sworn true answers to make to the questions propounded answers	
tollow, to wit.	
What is your name and where do you reside? (Give Post Office and County)	
How long and since when have you known	
3. Where does she now reside, and since when has she been continued to	
or and state:	
How do you know?	
3. How long and since when did you know	
husband?	
me nasoand of applicant, dier	
the are applicant and her nusband living together as husband and wife at the date of the	
If not, how long did they live apart before his death? Were they divorced?	
Were they divorced? If the husband of the applicant was a pensioner, DO NOT answer the following questions. When when making the control of the state of the st	
when, where and in what Company and regiment did	
(Give date and place)	
10. How did you obtain your information of this service?	
12. When and where was his Command surrendered or discharged? (Give date and place.)	
13. Were you personally present with this Command when it was surrendered?	
and how came you there?	

and how came him should	
By whose authority did he leave his Command? and how long was he granted leave?	
and do you know all that you have stated to be true? (If of your and the true	
/	
to what cause, if you know of your own knowledge was he prevented from the cause of	
nand?	
	-
and when released?	
and substituted before me, this the	1
day of, 193 (Witness)	1
0.11	
, Ordinary	
, Ordinary	
, Ordinary	

STATE DEPARTMENT OF FUBLIC WOLFARD FURT BUILDING

ATLATA

Honorable M. E. Griffin, Ordinary, Carroll County, Carrollton, Ge rais.

Mrs. Mergaret E. Abercrombie, widow of John T. Abercrombie

has filed in this office an application for the Georgia pension allowed to widow of Carle kente veterans; and it appearing that the labe hurband of this applicant performed actual military corvice as a Confederate soldier and was knownably separated from such survice; and that applicant was married to said soldier prior to January let, 1920, and that she was not remarried; it is, therefore,

That said applicant be admitted to the pension roll of the State of Georgia for the month of Jenuery 1938, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 1937

Director, Confederate Divis State Department of Public Wolfare

	, where and in what Company and regiment didenlist
(Give	date and place)
10.	How did you obtain your information of this service?
11.	How long within your personal knowledge did he perform actual military service with at 100
pany	and Regiment? (Give dates.)
12.	when and where was his Command surrendered or discharged? (Give date and place)
	Wasser
13.	Were you personally present with this Command when it was surrendered?
If not,	where were you
	and now came you there?
14	Was the husband of applicant
If not	Was, the husband of applicant personally present with his Command at its surrender?
11 1100	where was he? and how came him there?
wnen,	where and for what cause did he leave his Command? (Give date.)
by wn	ose authority did he leave his Command?
and no	w long was he granted leave?
How a	o you know all that you have stated to be true? (If of your bown knowledge state about 7)
ncany)	

15.	For what cause, if you know of your own knowledge, was he prevented from returning to his Com-
mand?	When offers the last to the Com-
16.	What effort did he make to return to his Command and how do you know this?
	to this Confinant and now do you know this?
17.	Was be continued as a prisoner?
In who	Was he captured as a prisoner?
Conce	t prison was he held?amd when released?
Swor	n to and subscribed before me, this the
• • • • • •	day of, 193 (Witness)
	Ordinary
of	AL OF ORDINARY) County.
(SE	AL OF ORDINARY)



GREETING: When you King to Martichia

Ministry	MARRIAGE Between

· Ili Xohn	1. Aberciombre
. 0 .	AND
· Miss Marque	t be Walke
and to join them log	wether in Matrimony, and to
same in writing lot	welher in Matrimony, and to his office as required by law.

Character Carrespondence

certify the Siven under my hand, this Brk 1900.

This Certifies That There selemnized Marriage between Hr Alm T. Alexerombuna . w , , a gard for according to law at MM Malkers and lay of a talen 1900 in said ounty and Hate on the Bed day of a talen 1900 her Slow Matley

This Critificate must be filled out by party who marries this (upple and returned to Judge of Probate within thirty days. FIFTY DOLLARS FINE FOR FALLING TO DO SO.

thirty days. FIFTY DOLLARS FINE FOR PALLING TO DO SO.

1 Start I Witchell Judge of Probate in and for said (munty, in said
State, do hereby certify that the foregoing is a true and correct capy of
a Marriage Jerems issued by the Judge of Probate of said County
to James Joseph Judge of Probate on the
and Judge of Judge of 1980, with the certificate
of Judge of Judge of 1980, with the certificate
of Judge of Marriage (cremony, as some appears in Starrings
Revord 2. Hay St. in my office.

Given under

4881Code

STATE DEPARTMENT OF PUBLIC WELFARE

FURT BUILDING

ATLATT

Honorable M. E. Griffin, Ordinery, Carroll County, Cerrollton, Ge rgie.

WHERE'AS .

Mrs. Margaret E. Abercrombie, widow of John T. Abercrombie

has filed in this office an application for the Georgia pension allowed to widows of Carle kerate veterans; and it appearing that the late hurband of this applicant performed actual militury corvice as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January let, 1920, and that she was not remarked; it is, therefore,

ORDERED:

That said applicant be admitted to the pencion roll of the State of Georgia for the month of Jenury 1938, and thereafter; and that a copy of this order be sent to the Ordinary of gail County.

This, the 27th day of December 1937

Director, Confederate Division
State Department of Public
Welfure

To any Licensed Minister of the Gospel in regular communion with the Christian Church or Society of which he is a member or Judge of the Supreme, Circuit or City Court, or Chancellor within the State or Judge of Probate or Justice of the Peace within their respective Counties, or the Pastor of any religious society according to the rules profited the profit of the Peace within their respective Counties, or the Pastor of any religious society according to the rules profited to continue the Peace within their

GREETING: JOHNAN GERMAN MICHIGATION POLYMINES: MARRIAGE BETWEEN

Miss Margaret le Malke ...

Miss Margaret le Malke ...

and to you them together in Matrimeny, and to certify the same in writing to this office as required by law.

Tiven under my hand, this Irl day of October 1900.

This Certifices. That Thave solemnized Marriage between the John T. Alexantised M Margaret Malker according to law at M. Malkers day of Italia in said county and Male on the Isl day of Italia 1900 her for this tricking days first Dockars time too to so.

The criticale must be filted out by party who marries this Couple and returned to hadge of Probate within thirty days. First Dockars time too to so.

1 Horse A Mitchell Judge of Probate in and for said County in said

Metabell. Indige of Probate in and for said County, in said
State do hereby certify that the foregoing is a true audicorred copy of
a Surreger License, issued by the Indige of Probale of said County
to John State of Life State of the
Application of the State of The

4881 Code.

Sames & Mitchell

abney J. M. Cashall Co INDIGENT PENSION 1897.

WARRANT HANDED TO

STATE OF GEORGIA, receipt for the pension allowed and request that he remit same to-

POWER OF ATTORNEY.

WARRANT HANDED TO 30 SMaron 3/8/97 QUESTIONS FOR WITNESS. POWER OF ATTORNEY. STATE OF GEORGIA. Coff Course STATE OF GEORGIA, County. Carrall County. , of said State and County, having been presented as a witness in support of the application of for pension under the Act approved December 15th, 1894, and after being duly swors true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where go you reside? Leo & Omer,

Marutta La of the soll bounty to receive and receipt for the pension allowed and request that he remit same to 2. Are you acquainted with 3/20 110 abouty, the applicant, is of how long have you known him? Since 1861- 2/10 January Witness my band and seal this Where does he reside, and how long has he been a resident of this State? Carroll Co Executed in presence of ya A Abung h. Brund 4. Do you kin... 4. Do you know of his having served in the Confederate army or the Georgia militia? How do you I Serve in the Same Compay Hanan anco 5. When, where and in what company and regiment did be enlist? 1861- Big Stranty. erate soldier, and the time and circumstances of his discharge from the service? Worth 4 7 Lang Captured in Battle Loronal the Chango the Star of the Star of the Day of the Day of the Star of the Chango the 9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did his make of same? Why fittle proons which the tree Supports of the grant of the support 10. What is the applicant's occupation and physicial condition? Tallican a Physical Will 11. Is the applicant unable to support himself by labor of any sort, if so, why? age-and general dibility 12. How was he supported during the years 1895 and 1896? By Lies Labor and

Mat of his Taning.

13. What pertion of his support for these two years was derived from his own labor or income? Wolfing at all 2 worthy of Muchan.

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894: 1st Disability from Gunshoh Wound - age o diseas What interest have you in the recovery of a pension by this applicant? Nous Cobb Colle

	hen have you knownJemes H.Abererombie the applicant? about 1862
	side, and since when has he been a bona fide, continuing resident in this State,
and how do you know!	Carroll County, Ga.All his fife
	James H. Abergrombie
	what Company and Regiment did
war from 1861 to 1865? (date of his enli	Give date and place.) Litter & Mining Bureau.I do not know
and knew Applic	our information of this Service! I served in the same Bure ant personally.
6. How long within you	er own personal knowledge did he perform actual military service with this
Company and Regiment f	(Give date) I do not know definitely, but to the best
	his command surrendered or discharged (give date and place)
cant was present. 8. Were you personally pr	red at Plus Mountain Ala.I do not remember if applett.I was surrendered at close of the WAar resent at the surreader 198
9. If not, where were you	and how came you there !
	ersonally present with his command at surrender † I. QQ_RQL_LY10M
11. If not where was he a	and how came him therefI do not know
	and how came him there! I do not know
12. When did he leave his when he left it I do no	s command! I do not know Where was his command t know For what cause did he leave! Don't know
12. When did he leave his when he left it 1 I do no	command 1. 1. 40. not long
12. When did he leave his when he left it I do no By whose long was he granted leave!	command!I.do.not.know
12. When did he leave his when he left it I do no By whose long was he granted leave!	command!I.do.not.know
12. When did he leave his when he left itt. I. GO. HO By whose long was he granted leave! all that you have stated to be appulsed in I from the hone. On tored, how now that he per cor 13. In what way was he pro-	authority did he leave — Don't know — and how don't know — and how — and how don't know — and how — and how don't know — and how true! If of your own knowledge, tell clearly and specifically I Saw o to time during his service, our if so not know Lour, how how the how the control when he was a service with the horizon had been the service of the work of the control when he was a service with the horizon had been the work of
12. When did he leave his when he left it. I. 30. Ho	command . I. do not know
12. When did he leave his when he left it. J. 30. Ho By whose long was he granted leave? all that you have stated to be applying the control of the control	command . I. do not know
12. When did he leave his when he left it. J. 30. Ho By whose long was he granted leave? all that you have stated to be principle out from the leave of the leav	command . I. 40 Not Know
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12. When did he leave his when he left it. J. 30. Ho By whose long was he granted leave? all that you have stated to be principle out from the leave of the leav	command . I. do not know
12. When did he leave his when he left it. J. QQ 110 By whose long was he granted leave? all that you have stated to be applied on the leave? all that you have stated to be applied on the leave? 13. In what way was he pre How do you know? 14. What effort did he ma 15. Was applicant capture when released Sworn to and gabageribed be	command . I. 40 not low
12. When did he leave his when he left it! I. 30 HO By whose long was he granted leave! tell that you have stated to be applied and from 54m hondries. The hondries have been been been been been been been be	authority did he leave
12. When did he leave his when he left it! I. 30 Ho	command . I do not know

1. Wh Abero 2. How 3. Did 861 to 4. Wh ervice) 1. Se 6. Wh 7. Wer 8. If y	proved 1ff this WOFF from Pay 1865 until the Stryonder mand where was your company and Regiment surrended or discharged from the Service Jacksonville, Ala April, 1865 for our setually present with your command when it was surrendered or discharged! Yes you were not actually present, state specifically and clearly where you were.
2. How 3. Did 861 to 4. When the end of t	Promble, Villa Rica, Ga. **Relation of this State of this State of the State of the State of the State of the Confederate States or in the organized militia of this State from the Confederate States or in the organized militia of this State from the State of the S
3. Did 861 to 4. Wherevice hours 5. How the ate of c I Se 6. Whe	when and since when have you been a continuous resident citizen of this State! 11 my 11fe-80 years you enlist in the Army of the Confederate States or in the organized militia of this State for 1865; I was in the Civil branch of the service. In and where, and in what Company and Regiment did you enlist! (Give the arm and class law, 1962, 8th and 9th districts Mitter and Mining Bureau—Teart, 1866, 1866; I was 1867; I was
4. Who ervice) hour for the	you enlist in the Army of the Confederate States or in the organized militia of this State Ire 1865; I was in the Civil branch of the service. 1865; I was in the Civil branch of the service. 1867; I was in the Civil branch of the service. 187,1962, 8th and 9th districts Miter and Mining Bureau. 187; 187,1962, 8th and 9th districts Miter and Mining Bureau. 187; 187,1962, 8th and 9th districts Miter and Mining Bureau. 187; 188,1962, 8th and 9th districts Miter and Mining Bureau. 187; 188,1962, 8th and 9th districts Miter and Mining Bureau. 187; 188,1962, 8th and 9th districts Miter and Mining Bureau. 187; 188,1962, 8th and Street Constant Mining Bureau. 187; 188,1962, 8th and Mining
5. How the ate of c i se 6. When 7. Wer 8. If y	Ringold, Ga.; themee to Mick-s-Jack, Termythence Bettle Greek, ions did you main in the stull quitter grice with and Commany, and Resiment 1, 10 ince to Little WarriorHiver, Arts.; honce to Little WarriorHiver, Arts.; honce to Little WarriorHiver, Arts.; honce to Little WarriorHiver, Little Head and Large
7. Wer 8. If y	e you actually present with your command when it was surrendered or discharged † Yes ou were not actually present, state specifically and clearly where you were.
8. If y	ou were not actually present, state specifically and clearly where you were
a. Whe	
	re was your command when you left it? We were disbanded at Jacksonville
b. Whe	n did you leave the command fApril_1865
c. For	what cause did you leavef War closed
d. By v	rhose authority did you leavefCol.Gabbett
e. For	how long was your leave granted! In what way!Indefinite
f. Why	did you not return to your command after leave expired?
g. In w	hat way were you prevented!
h. Wha	effort did you make to return !
Were	you captured during the war!
	when, and where? In what prison were you held and when were you released?
Are ;	ou drawing a pension of any amount from this State or the United States 1 10
	e you ever applied for the Georgia Pension and had it refused and for what cause it was
allowe	df
worn t	and subscribed before me, this the
11	Carroll County
LATA .	

INDIGENT PENSION 1897. Stans Approved 7/4 1897. WAREANT HANDED TO SUMMAN STANDED TO SUMMAN SUMMAN SUMMAN.	9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did hy make of same? Hery fully further with the third form. 10. What is the applicant's occupation and physicial condition? 11. Is the applicant unable to support himself by labor of any sort, if so, why? I was a supported during the years 1895 and 1896? By two Labor and the first of the first of the property of the grow years was derived from his own labor or income? What period of his support for these two years was derived from his own labor or income? What period of his support for these two years was derived from his own labor or income? What a fill and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894. In Disability from Europelish Wound Age of disable. 16. What interest have you in the recovery of a pension by this applicant? Morre Sworn to and subscribed before me, this the Sworn to and subscribed before me, this Ordinary. Witness.
AFFIDAVIT OF PHYSIGIANS. STATE OF GEORGIA, County. Personally came before me. both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully. applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows: We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed. Sworn to and subscribed before me, this the day of 1897. Ordinary. ORDINARY'S CERTIFICATE.	Questions for Applicant. STATE OF GEORGIA, County. STATE OF GEORGIA, County. Language County and post office pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: Language County. Language County and post office. Language Cou
STATE OF GEORGIA, County. I. Gresident of this State on the first day of January, 1894, and that the witnesses, viz: I. County. I. Gresident of this State on the first day of January, 1894, and that the witnesses, viz: I. County. I. Gresident of this State on the first day of January, 1894, and that the witnesses, viz: I. Gresident of this State on the first day of January, 1894, and that the witnesses, viz: I. Gresident of this State on the first day of January, 1894, and that the witnesses, viz: I. Gresident of this State on the first day of January, 1894, and that the witnesses took the only the foregoing questions, the applicant and each witnesses witnesses are first day of January. In my opinion the foregoing clain is made in good faith. Witness my hand and seal of office, this Gresident day of January. In my opinion the foregoing clain is made in good faith. Witness my hand and seal of office, this Gresident day of January. In my opinion the foregoing clain is made in good faith. Witness my hand and seal of office, this Gresident day of January. Ordinary Ordinary Ordinary Ordinary Ordinary of County. NOTE. Before any questions are answered, the Ordinary shall were explicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the witnesses or on shall give will be the whole truth, so help you God."	13. What property, effects or income did you possess and its gross value: New Harding of the Country of the Cou

STATE OF GEORGIA, County. I. S. A. County. Ordinary in and for said County, hereby certify that the applicant. Tesides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed. I further certify that the tax digests of County show that applicant returned for taxation in his name in 1895. A County show that applicant dollars.	13. What property, effects or income do you possess and its gross value? I cathing 14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? Acting 15. In what County did you reside during those years and what property did you thea return for taxation? 16. How were you supported during the years 1895 and 1896? By the same hold. 17. How much did your support cost for each of those years, and what protein did you contribute thereto by your own labor or income? HOS. 18. What was your employment during 1895 and 1896? What may did you receive in each year?
of property, and in 1896, dollars of property. In my opinion the foregoing clain is made in good faith. Witness my hand and seal of office, this day of Half of County. PAOTE. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answere make to each of the questions aked of you, and the evidence you shall give will be the whole truth, so help you God." Additional affidavits may be attached if blank spaces are insufficient.	19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I is such that I Children, Support? Have they a homestead? I is such that I Children, Support? Have they a homestead? I is such that I Children, Support? Have they a homestead? I would be a homestead? Support of the such that I can be a homestead? 20. Are you receiving any pension, if so what amount and for what disability? I rone, Sworn to and subscribed before me this the Young day of January 1897. Ordinary. Ordinary. Ordinary. County.
POWER OF ATTORNEY. State of Georgia. Land Berry hereby authorize D. Borner of Learnal Canaly Land 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 Landary 1898. Executed in presence of A. Jones L. Sorum (Color) Color C	POWER OF ATTORNEY. STATE OF GEORGIA, Lourge County. In the Bony of Lourse County, to receive and receipt for the pension sllowed, and request that he remit same to at by Witness my hand and seal this 20 day of Jennary 1809. Executed in presence of BATTORNEY. Additionally the pension of Lourse County, 2day, at the pension of Lourse County, 2day, at the pension sllowed, and request that he remit same to at the pension of Lourse County, 2day, at the pension of Lourse Cou
NO. 2447 NO. 2447 INDIGENT SOLDIER'S PENSION, LEOB. Name And	Canboll Co. Canboll Co. Cool 10. 134. (For These Already Enrolled.) No. 7400 INDIGENT SOll DIER'S PENSION, 1899 WARRANT ISSUED WARRANT ISSUED WARRANT ISSUED WARRANT ISSUED WARRANT ISSUED WARRANT INSUED WARRAN

INDIGENT SOLDIER'S PENSION NAME ALLA COURT ASTURE COURT ASTURE COURT ALLA COURT WARRANT ISSUED	Carboll Co. 1716. Carboll Co. 1844. (For These Alrady Enrolled.) No. 2490 INDIGENT SOLDIER'S PENSION, 18499. NAME ANT ISSUED WARRANT ISSUED WARRANT ISSUED WARRANT HANDED TO SE COMMISSUED WARRANT HANDED WARRANT HANDE
Personally appears Allowed Pensions. STATE OF GEORGIA, County. Personally appears Allowed County. County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the all day of his life 18. ; that he is \$19\$ years old and by occupation a Accessing; that he enlisted in the military service of the Confederate States (or of the State of during the war between the States, and served for the term of Struct 4 forces in Company Allow, of 18 th Regiment of Lear give Valenties. ; that his physical condition is as follows: Start broadle, Suchtmedical Security Secural delicities.	For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County. Personally appears County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of all his life. 1858; that he is 60 years old and by occupation as Fazzure; that he enlisted in the military service of the Confederate States (or of the State of during the war between the States, and served for the term of others 3 years in Company. It is not between the State of the Confederate States (or of the State of States, and served for the term of others 3 years in Company. It is not between the States of the Confederate States, and served for the term of others. In January that his physical condition is as follows: Surface of the Confederate States, the State of States, and State of the Confederate States, and served for the term of others. Surface of the Confederate States, and served for the term of others. Surface of the Confederate States, and served for the term of others. Surface of the Confederate States, and served for the term of others. Surface of the Confederate States, and served for the term of others. Surface of the Confederate States, and served for the term of others. Surface of the Confederate States, and served for the term of others.
of the value of 10 av 1.5 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of wrial county been allowed a pension for the year 1897. Sworn to and subscribed before me, this, the day of American 1898. Ordinary. Ordinary.	of the value of 10 ty 12 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of Danall county been allowed a pension for the year 1895. Sworn to and subscribed before me, this, the day of January 1899. Ordinary.
State of Georgia, County. I, County. Ordinary of said County, do certify that I am well acquainted with I 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	State of Georgia, County. I. Brancon Ordinary of said County, do certify that I am well acquainted with Abracy 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 surary 1899.

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1899.

is entitled for the year 1889. I have heretofore as a resident of Carrall county been allowed a pension for the year 1897. Sworn to and subscribed before me, this, the day of farmary 1898. Grand Ordinary. Ordinary.	sentitled for the year 1899. I have heretofore as a resident of Garralle county been allowed a pension for the year 1895. Sworn to and subscribed before me, this, the day of January 1899.
State of Georgia, County. I, Secret County. Ordinary of said County, do certify that I am well acquainted with I 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 given under my official signature and seal, this Ordinary County. Ordinary County. Note—The blank spaces must be filled.	State of Georgia, County. I. Drawer Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 20 have day of lawary 1899. Signature and seal, this 20 have day of lawary 1899. Note—The black spaces must be filled. Note—The black spaces must be filled. Note—Affidavit abould not be attested before January 1st, 1899.
POWER OF ATTORNEY. STATE OF GEORGIA,	POWER OF ATTORNEY. STATE OF GEORGIA.
Witness my hand and seal, this 17 th day of Jane 19, 1900. Executed in presence of Brown Line [L. S.]	County. 1. Most bruy hereby authorize of horns Detardinate of Lawrel County, far to receive and receipt for the pension allowed and request that he remit same at by Witness my hand and seal, this grant day of Tebruary 1901. Lexecuted in presence of Milarian Even Milarian Even Milarian Even
For Those Aiready Envilled.) NO. 13-83 INDIGENT SOLDIER'S PENSION, IDOO. Name J.M. Alarmy County G. W. LINDSEY, JOHN. W. LINDSEY, Commission of Partier. T. Y. T. WONDSEY, Commission of Partier. T. Y. T. WONDSEY, T. W	SOLDIER'S PENSION. Sonatis WARRANT ISSUED W
/ 2	- U

W. Chinad

(for Those Already Enrolled.)	SOLDIER'S PENSIO 1900.	County 16 CCT SUED WARRANT ISSUED JOHN. W. LINDSEY, Committees of Pents	WARRAND DANDER TO	(For Those Already Enrolled.	INDIGENT SOLDIER'S PENSIO 1901.	Namic A. M. C. L. Z. L.	MARRINAT LINDSEY, NARRINAT LINDSEN TO MARRINAT LINDSEN TO MARRINAT LINDSEN TO
For Ap	plicants Hereto	fore Allowed Pe	ensions.	For A	pplicants Here	tofore Allowe	d Pensions.
County, State of and resident of since the by occupation a erate States (or	p appears J. M Ab f Georgia, who being duly swo said County and State, and day of his life James : that he e	has resided in said State con 18 ; that he is 6.1. ullisted in the military service) during the war between in Company. A., of 181. ; that his physical congruence of the service of	bona fide citizen ntinuously ever years old and to f the Confed- teen the States, th Regiment of condition is as	December 2	of Georgia, who being duly f said County and State, a day of a Cl fis to a harmonic to the state of the state of the term of about it wed for the term of about it was a Valuation,	sworn, says on oath that yd has resided in said S for 18; that he is hat he enlisted in the milit # Jyss. in Company M that his p a lod wound M in the milit that his p a lod wound M in the milit that his p	tate continuously ever s G years old and tary service of the Conneg the war between the many of the Regiment physical condition is as which is a first through the same of the
Deponent d 1894, and the Ac is entitled for th county been allow Sworn to an	62	applied for. sucfits of the Act, approved I akes application for the pension re as a resident of 66	or labor, and December 15th,	Deponent 1894, and the sis entitled for county been all Sworn to a	poverty he is unable to sup so no pension but the one I desires to participate in the Acts amendatory thereof, an the year 1901. I have here lowed a pension for the year und subscribed before me, to ay of The rusary	poort himself by his own nerein applied for. the benefits of the Act, ap ad makes application for t tofore as a resident of	proved December 15th, the pension to which he
do certify that I applicant in the fin his said affiday and that he reside	County. S am well acquainted with J oregoing affidavit, and am wel it are true, and I know he is es in this County.	a satisfied that the statements the individual he represents ial signature and seal, this 1900.	himself to be	I, - do certify that applicant in the in his said affid and that he res	I am well acquinted with a foregoing affidavit, and am avit are true, and I know lides in this County. Given under my officion of the state of the	well satisfied that the state is the individual he replied signature and seal, this and seal, this are stated as a seal, the satisfied seal, the satisfied seal seal, the satisfied seal seal, the satisfied seal seal seal seal seal seal seal seal	atements made by him presents himself to be

is entitled for the year 1900. I have heretofore as a resident of county been allowed a pension for the year 1894. Sworn to and subscribed before me, this, the day of 1900. State of Georgia, Ordinary. State of Georgia, Ordinary. Ordinary of said County, do certify that I am well acquainted with A.	county been allowed a pension for the year 1700 Sworn to and subscribed before me, this the State OF GEORGIA, County.
POWER OF ATTORNEY. STATE OF GEORGIA, County. I. J. M. Rowy Ordinary of Catrall County. to receive and receipt for the pension allowed and request that he remit same to at by Witness my hand and seal, this / Y day of January 1902. M. Abrey Executed in presence of D. F. Brown Executed in presence of	POWER OF ATTORNEY. STATE OF GEORGIA. County. I. A. Bruy hereby authorize for the pension allowed and request that he remit same to at by. Witness my hand and seal, this 15 day of January 1985. Executed in presence of the pension allowed and request that he remit same to at the pension allowed and request the
SOLDIER'S PENSION INDIGENT SOLDIER'S PENSION IBO2. Name JAM Beginent 8 M County Solve all S	COMPLETE OF THE STATE OF THOSE ALREADY ENFOLLED, NO. 21 V.F. INDIGENT SOLDIER'S PENSION IDOS 3. V.F. S. C. Comity Co. H. Regiment Co. H. Regiment R. C. H. Regiment Co.

DAD I DDI IA I MMA HEDDMADADE IVI AWARD DONALA	
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.	
STATE OF GEORGIA,	
Personally appears f. M. Abarury of Sarrall County, State of Geoogia, who being duly sworm, says on oath that he is a bone fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of all lies life 18; that he is 63 years old and that he enlisted in the military service of the Confederate States (or of the State of during the war between the States, and served for the term of ansaly 44 for in Company A', of / 8 th Regiment	
States, and served for the term of availy 4 grs in Company A", of 18 th Regiment of Lear give Valuations: it that his physical condition is as follows: Suffering with heart trouble, hidney trouble and from all wound in the Shoulder, hindrey trouble mobile to carry a Sappart by him later, the hard property consists of the following items I from horse, I cow-	
Dollars, that by reason of his physical poddition and poverty he is unable to support himself by his own exertion or labor, and hat he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 894, and the Acts amendatory thereof, and makes application for the pension to which he entitled for the year 1802. I have heretofore as a resident of which the county been allowed a pension for the year 1901. Sworn to and subscribed before me, this the day of amany 1802. Ordinary.	ı
TATE OF GEORGIA, County, Cordinary of said County, certify that I am well acquainted with J. M. A bring	
e applicant in the foregoing affidavit, and am well satisfied that the statements made by n in his said affidavit are true, and I know he is the individual he represents himself to and that he resides in this County. Given under my official signature and seal, this	

Co I Regiment 1814

JOHN W. LINDSEY.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atla

Name Jim Abour

(FOR THOSE ALREADY ENROLLED.)

arroll Court

We sale

SOLDIER'S PENSION

1903.

INDIGENT

No. 25 776

(FOR THOSE ALREADY ENROLLED.

No. 2896 INDIGENT

· Charley 4.11.

SOLDIER'S PENSIO

1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Brown day

WARRANT HANDED TO

LOTZIN VALLILLE

Darnall

JOHNW. LINDSEY,

STATE OF GEORGIA,
County,
Personally appears
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and Spate, and has resided in said State continuously
since the day of All his life 18; that he is 65 years old and
by occupation a farmul, that he enlisted in the military service of the Con-
States, and served for the term of 26 7 7 7
States, and served for the term of eline 3 fr in Company A", of 18 th Regiment
of Lorgia Valentins; that his physical condition is as follows: June Shatin Shoulder, heart direase,
Life to the to the
Lisation ruptures to June 1 2 18 danne,
about the second
that his property consists of the following items:
that his property consists of the following items: ato product except,
of the value of hinty 5 . flat Dollars, that by reason of his physical
Position and its intable to support nimself by his own evertion and its
the receives no pension but the one herein applied for
Deponent desires to participate in the benefits of the Act, approved December 15th,
And the Acts amendatory thereof, and makes application for the pension to which he
is cuttled for the year 1903. I have heretofore as a resident of O ATI 311
county been allowed a pension for the year 1102
Sworn to and subscribed before me, this the
1 7 0
- O. J. Brown, Ordinary.
STATE OF GEORGIA,
County.
I) 1 - 12 - 12 - 12 - 12 - 12 - 12 - 12
do certify that I am well acquainted with
the applicant in the foregoing affidavit, and any well entired all and
and amount are true, and I know he is the individual learning
in this county.
Given under my official signature and seal, this
day of 1903.
your soul

1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1802. I have heretofore as a resident of county been allowed a pension for the year 1901. Sworn to and subscribed before me, this the day of day of the subscribed before me, this the	Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of county been allowed a pension for the year 1100. Sworn to and subscribed before me, this the desired was a subscribed before me, this the least of the subscribed before me, this
STATE OF GEORGIA, County Ordinary County County County County Nore Affidavit should not be attested before January 1st, 1992	day of 22 1903. STATE OF GEORGIA, County. I. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this day of 1903. Ordinary 1972 County. Nore—The blank spaces must be filled. Nore—Affidavit should not be attested before January 1st, 1903.
POWER OF ATTORNEY. STATE OF GEORGIA,	POWER OF ATTORNEY.
I. Louis Courty. State authorize A. D. Priville Ordinary of Courtell County San	STATE OF CEORGIA, COUNTY. I, County. A decrey hereby authorize to receive and receive for the proving Monday of Convolle County, da,
by	to receive and receipt for the pension allowed, and request that he remit same to at by WITNESS my hand and seal, this 14 day of January 1905. Executed in the presence of And Allowey [L. S.]
by Witness my hand and seal, this // day of / 1904.	by

PALLOCE COUNTY (FOR THOSE ALREADY ENFOLLED.	No. 3991	OLDIER'S PENSIO	1904.	County La sy Cl	RRANT ISSUI	JOHN W. LINDSEY. Commissioner of Pensions	WARRANT HANDED TO	10.00
· 	l ji	. <u>.</u>	Z	Cou				

Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

VARRANT HANDED TO

STATE OF GEORGIA, STATE OF GEORGIA. County. Carrall County. Personally appears J.M. Abruy of Corroll Personally appears A. M. Alexander of Cartall County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the all day of her life 18; that he is a years old and by occupation a Tarmers , that he enlisted in the military service of the Conand resident of said County and State, and has resided in said State continuously ever day of all his life 18 ; that he is (6 6 years old and by occupation a STATIFICAL , that he enlisted in the military service of the Confederate States (or of the State of federate States (or of the State of____ during the war between the States (or of the State of

States, and served for the term of

States, and served for the term of

the term of

that his physical condition is as
follows:

Suffacility

Authority

Author during the war between the States and served for the term of sugal, 4, for in Company A", of 18 th Regiment of Learning Later States and served for the term of sugar, that his physical condition is as follows: Justinian from all averaged, heart trouble, age infimity and poverty. that his property consists of the following items: At for ofarty that his property consists of the following items: of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and of the value of Dollars. I am now earning, Dollars per month. That by reason of his that he receives no pension but the one herein applied for. physical condition and poverty he is unable to support himself by his own exertion or Deponent desires to participate in the benefits of the Act, approved December 15th, labor, and that he receives no pension but the one herein applied for. 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of which the Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he County been allowed a pension for the year 1903 is entitled for the year 1905. I have heretofore as a resident of Cowall Sworn to and subscribed before me, this the County been allowed a pension for the year 1904. day of January 1904. Sworn to and subscribed before me, this the fine of the flere of the f STATE OF GEORGIA, Canall County. STATE OF GEORGIA, I, Ordinary of said County, County) I, Ordinary of said do certify that I am well acquainted with I m. Along 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 the applicant in the foregoing affidavit, and am well satisfied that the statements made to be, and that he resides in this County. by him in his said affidavit are true, and I know he is the individual he represents himself Given under my official signature and seal, this to be, and that he resides in this County. 1904 Given under my official signature and seal, this... day of January Ordinary Harroll

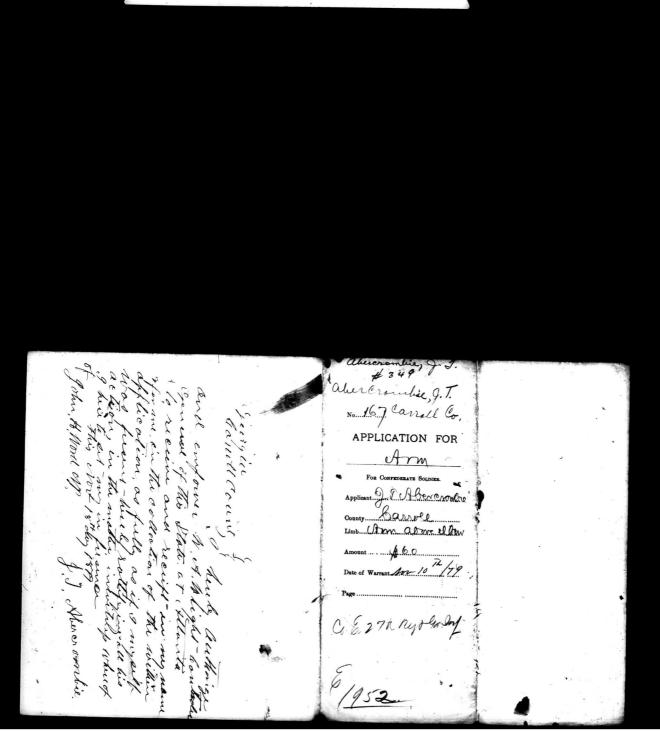
Affix your Seal here

Note.—The blank spaces must be filled.

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

Sworn to and subscribed before me, this the	1894, and the Acts amendatory thereof, and makes application for the pension to which h is entitled for the year 1905. I have heretofore as a resident of
day of January 1904. Ordinary.	Sworn to and subscribed before me, this the
STATE OF GEORGIA, County. I, Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this day of 1904. Ordinary David County. Nore.—The blank spaces must be filled. Nore.—Affidavit should not be attested before January 1st, 1904.	STATE OF GEORGIA, County I, do certify, that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal, this day of Affix Ordinary County. Nore—The blank spaces must be filled. Nore—Affidavit should not be attested before January 1st, 1905.
POWER OF ATTORNEY.	DOWER OF ATTORNEY
POWER OF ATTORNEY. STATE OF GEORGIA, COUNTY. I hereby authorize A Daniel County, of long all locusty, Las, to receive and receipt for the pension allowed, and request that he remit same to at by WITNESS my hand and seal, this Executed in the presence of	POWER OF ATTORNEY. STATE OF GEORGIA, County. I, A lereby authorize to receive and receipt for the pension allowed, and request that he remit same to at WITNESS my hand and seal, this Y day of Jany 1907. Receuted in presence of

no date



TOP INDIVIDUAL WAS ALLE	
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.	
State of Georgia,	
Personally appears In Grey, of Corrall	
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen	
and resident of said County and State, and has resided in said State continuously ever	
since the day of him 18; that he is 68 years old and	
by occupation a, that he enlisted in the military service of the Con-	
federate States (or of the State of) during the	
States, and served for the term of Mearly 4 Jasin Company A", of 18th Regiment	
of region Valo, that his physical condition is as	
follows: firming our freeze	
*	
that his	
that his property consists of the following items: a re farefully,	
of the value of Dollars. I am now earning	
by my vabor, Dollars per month That	
paysical condition and poverty he is unable to support himself by his	
labor, and that he receives no pension but the one herein applied for.	
Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he	
is entitled for the year 1906. I have heretofore, as a resident of Danall	
County, been allowed a pension for the year 1905.	
Sworn to and subscribed before me, this the	
17 Tday of 1 1906	
All Danieu Ordinary.	
State of Georgia,	
County.	
I, J. G. Barron, Ordinary of said County,	
do certify that I am well acquainted with	
the applicant in the foregoing affidavit, and am well satisfied that the	
by him in his said affidavit are true, and I know he is the individual he represent the	
to be, and that he resides in this County.	
Given under my official signature and seal, this	
day of 2011 1908.	
M. J. M. Barrow	
Grdinary Carroll County	
Norz.—The blank spaces must be filled. Norz.—Affidavit should not be attested before January 1st, 1606.	
Amusyl snould not be attested before January 1st, 1906.	

CONF. SECTION 1234.
(FOR THOSE ALREADY ENROLLES

No. 59720

ind hinto

Levis L

Name L. J. Joresh.

County Lainall

Regiment S

WARRANT ISSUED

WARRANT HANDED TO

JOHN W. LINDSEY.

SOLDIER'S PENSI

19061

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

JOHN W. LINDSEY,
Commissioner of Pension

WARRANT HANDED TO

GRO. W. BARRINON, STATE PRINTER, ATLANTA.

COR THOSE ALREADY ENROLLED)

No. 46>8

SOLDIER'S PENSIO

1907.

- Coo woll

State of Georgia,
County.
Personally appears Riller About of Convol
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continued
since the all day of left 18; that he is 69 years old
and by occupation a Rouss, that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served for the term of two 5 grain Company Q, of 18 th Regiment
of Lorgia 1/6 11.7-12
of Leargia Variation ; that his physical condition is as follows: infirmity and pertury.
To be the same of
that his property consists of the following items! No harajusty
The second secon
The second secon
of the value of OO Dollars. I am now earning
by my labor, —O O Dollars per month. That by reason of his "
physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1907. I have heretofore, as a resident of Go wall
County, been allowed a pension for the year 1906.
Sworn to and subscribed before me, this the
J day of Jan of 1907. In along
84-4- 86
State of Georgia,
Cowall Country
Lowall County Ordinary of said County,
do certify that I am well acquainted with Line will being
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/ 4
day of
Jer Jack and
Ordinary Ocaral County.
Note.—The blank spaces must be filled.

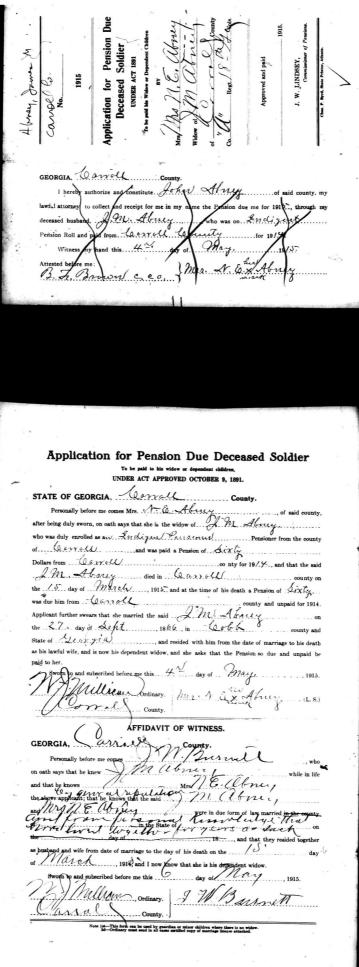
1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of County, been allowed a pension for the year 1905. Sworn to and subscribed before me, this the days of the Act approved December 15th, 1906. Ordinary.	1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of low will county, been allowed a pension for the year 1908. Sworn to and subscribed before me, this the day of the year 1907. Jan allowed a pension for the year 1908. Sworn to and subscribed before me, this the low year 1907. Jan allowed a pension for the year 1907. Ordinary.
State of Georgia,	State of Georgia,
do certify that I am well acquainted with	County Jo certify that I am well acquainted with Line Albertary 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
GEORGIA, Carrell County. [. W.J.Milliers that I personally know. Mre.N.E.Abney is the lawful widow of J.M.Abney the Indigent Pension Roll of said. a Pension from. Carrell of his death on the 15 day of. him and unpaid his Pension of Sixty of Georgia, and I know. J.W.Burnett witness, and he is of a truthful and trustworthy char Given under my hand and seal this. 19 day	the applicant, and that she and was on Carroll county, and was paid county for 1914, and at the time March 1915, there was due to Dollars from the State the within
	Carroll County.
Application for Pension Due Deceased Soldier UNDER ACT 1891 To be paid has Wader or Deceased Coldier WATHER ACT 1891 To be paid has Wader or Deceased Colliders WHO MAN AND M. C. WATHER WITHOUSE OF MAN AND M. C. WATHER WITHOUS OF MAN AND M	On 'W' Regt. 8 Communication of Practices Communication of Practices Communication of Practices Communication of Practices Com P. Bert. Russ Practice, Adaptat.
	of said county, my the the Ponsion due me for 1912, through my who was on 2002, the said On a 1915 On a 1915

labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December, 15th,

labor, and that he receives no pension but the one herein applied for.

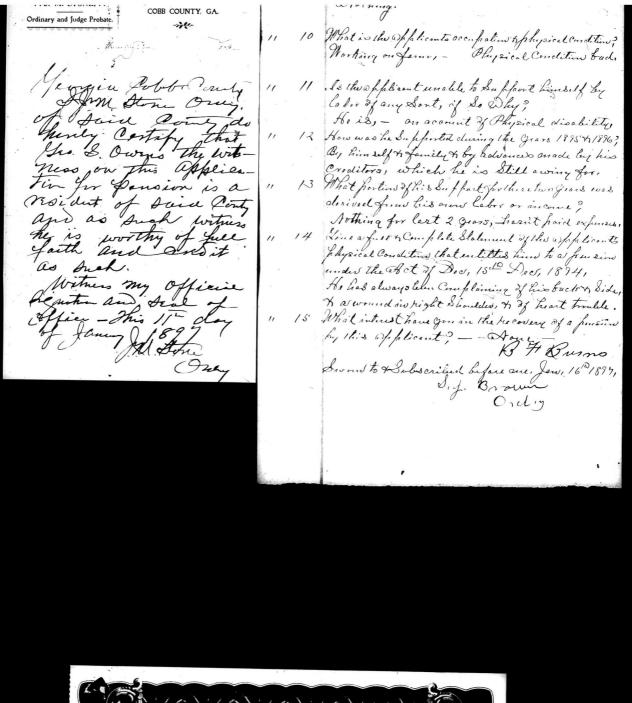
Deponent desires to participate in the benefits of the Act approved December 15th,



ÁFEIDA	AVIT OF WITNESS.
GEORGIA, arriel	M. Burnell
Personally before me come on oath says that he knew	abril while in life
on oath says that he knew	mrs/1 & alfray
the above applications of which the show that the sa	M. albruc,
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as bustand and wife from date of mailriage to t	
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Mullian Ordina	
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	mty. J by guardina or minor children where there is no widow. all same certified copy of marrisgs lisease stateshed.
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STATE OF GEORGIA, COUNTY OF COBB	Carrall bounty Georgia,
COURT OF ORDINARY. S. S.	Son Burns of Said State Hourty having he
1. John J. Molley Clerk of the Court of Ordinary of said County, do hereby certify	Insented as a witness in So hhort of the abbition to
that have compared the foregoing copy of	for sented as a witness in Suffort of the application of In Aboney for fourier under the Act afformed S. c. 15.10 18831, and after being only Sum I true
COPY OF MARRIAGE LICENSE AND CERTIFICATE OF MARRIAGE.	Dec. 15.10 1881, and after being only burn I true
JAMES ARNER AND ELISEPETH VARBER	an swer & to make to the following questions,
Î :	deposes and answers so fullows;
	Dees 1 What is your crower where do you keride? B.F. Burns
with the original record and files thereof, now remaining in this office, and the same is a correct transcript therefrom and of the whole of such ariginal record and file and that said Court is a Court of	Cowall County
script therefrom, and of the whole of such original record and file, and that said Court is a Court of re- cord.	2 is 2 Ate gon acquainted with I mich buy, the applicant,
In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court of Ordinary this the	of so how long have you travour him I am,
Jno 2 Novan cco	Narown Time about 18 gears,
	11 3 When does he reside to have for how how he
	of this State - Carroll Country house
**	To my travoldege about 18 Brans.
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COUNTY OF COBE, COURT OF ORDINARY.	any, or dai mitital Do not,
I, J. M. GANN, Ordinary of said County, and presiding Magistrate of the Court of Ordinary	If So Stow De Com time this;
Thereof, do hereby certify that the above attestation subscribed by John T. Donsey. as Clerk Court of Ordinary is sufficient and in due form of law, and that his signature thereto is genuine.	11 5 Mhun, where thow what Company to Right did he
and that full faith and credit are due to his official acts. Witness my hand and official signature, this. 5 that of 1. 12	enlist ? Don't Trow,
Ordinary.	ance, and vianow,
	11 6 Here gon a number of the Lone Conspany?
STATE OF GEORGIA,	I was not,
COUNTY OF ORBE, COURT OF ORDINARY.	11 7 How long did he her formed the gular willton det &
I. John T. Borsey Clerk of the Court of Ordinary, of the County of Cobb, do hereby	what do Boundarows I his Surviver an a Sold 13 24
certify that J. M. GANN, whose name is subscribed to the preceeding certificate, is the presiding Magis-	The time to Circumstances of his discharge of
trate of the Ordinary's Court of the County of Cobb, duly elected, sworn and qualified, and that the signature of said Magistrate to said certificate is genuine.	If How long did he fer form to gular military duty, to what do gentown of his bervice as a Soldier of the time to Circumster cos of his discharge from the Service? - Drit How -
Witness my, hand and Seal of said Court, this	
Clerk of the Court of Ordinary.	" What property, effects or income has the applicant?
	Northing.

4. Do gout now of his having burded in the Confiderate any, or La mitities Do not, STATE OF GEORGIA, COURT OF ORDINARY. If So How Do you how this? I, J. M. GANN, Ordinary of said County, and presiding Magistrate of the Court of Ordinary thereof, do hereby certify that the above attestation subscribed by .John .T. Dorsey 5 When, where to in What Company to Right did he as Clerk Court of Ordinary is sufficient and in due form of law, and that his signature thereto is genuine. and that full faith and credit are due to his official acts. -Witness my hand and official signature, this. 50 of 1 May 1915.

Ordinary. enlist ? Don't Trow, Here gon a muniter of the Same Constrany; STATE OF GEORGIA, COUNTY OF COBB, COURT OF ORDINARY. How long did he fer form He gular military duty, to What do gon town of his bervice as a Soldier? to the time to Cicumstances of his discharge from I. John T. Dorsey Clerk of the Court of Ordinary, of the County of Cobb, do hereby certify that J. M. GANN, whose name is subscribed to the preceeding certificate, is the presiding Magistrate of the Ordinary's Court of the County of Cobb, duly elected, sworn and qualified, and that the the Service, - Don't How signature of said Magistrate to said certificate is genuine. What property, effects or income has the applicant? What property effects or income did the applicant for some in 1875 4 1896 to what disposition, if any, died he anake of the Some? OFFICE OF ORDINARY, ...J. M. STONE, ...: Hacking. COBB COUNTY, GA. Ordinary and Judge Probate. 10 What is the what licento occupation tophy sical Condition? Morking on farmy - Physical Condition bad. Jengin Jobb andy of Jaine Conty do handy Certify that Yes & Owans the wit-ness on this applies tim for pension is a roidet of Jain Conty le the applicant unable to Su phort himself by later of any Sort, if So Why? Ho is, - an account of Physical disability, How was he Supported during the Gears 1895 41896? By himself to family to by bedvances made by his Creditors, which he is Still awing for. 13 What porting of his Enfant yorther two grans was derived from his own labor or income? he is worthy of file faith and and it Nothing for last 2 gears, Lariet paid expurses, Line a free to Complete Statement of the wafaptionts physical Condition that entitled him to a funcion as such. under the Bet of Dec, 15.10 Dec, 1894, Withers my officie Regular Shis 15 day of Janey 1899 He has always lelen Complaining of his buctory Side, I a wound in right shoulder, It of heart trouble 15 What interest have gon in the recovery of a pursion by this officent? - - Age & Busno Sword to & Subscribed before one, Jaw, 16 2/897, Sig. Brown Ordin





To any Judge, Justice of the Peace, or Minister of the Gospel

VOU ARE HEREBY AUTHORIZED TO Join

JAMES ANTER

In the Holy State of Matrimony, according to the Constitution and Laws of this State and for so doing this shall be your License.

And you are hereby required to return this License to me, with your Certificate hereon of the fact and date of the Marriage

Given under my hand and seal this 15th, day of September, 1866. 101 John 3.Campbell (L.S.)

State of Georgia CERTIFICATE County of Cohina

I CERTIFY that Jules Abner, and Slisebeth Marber were joined in Matrimony by me this 27th, day of September, 1866. Nanotomy Mundaded

Recorded Rovember 20th, 1570.499 of September, 1866. Nanotomy Mundaded

John G.Compbell;

ORDINARY

NAME Abney, J.M.

YEAR 1897 COUNTY Carroll

WHEN AND WHERE ECRN? 1838 In Cobb County, Ga.

INLIGHED WHEN AND WHERE? 1861 Cobb County, Ga. 1861. witness states he enlisted at Big Shanty, Ga.

HANK.

COMPANY AND REGULENT? Co. A, 18th. Regt. Ga. Vols.

NAME OF CATTAIN AND GULONEL?

WOUNDED? Gunshot wound in aright shoulder

CAPTURED, WHEN AND WHENEY Captured and carried to Point Lookout, Md.

RELEASED. At close of war.

WHEN AND WHERE SURREMONSED? Paroled from prison at Point Lockout 1865

IF NOT PRESENT AT SUBJECTIVE, WHILE WINE YOU? In prison.

DIED, WHEN AND MERCY

BURIED.

WITNESSES. George S. Owan, same command - No data.

PRIISTED WHEN ALL WHERE? 1861 Cobb County, Ge. 1861. witness states he enlisted at Big Shanty, Ge.

HANK.

COMPANY AND RECHIENT? Co. A, 18th. Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL?

WCUMDED? Gunshot wound in right shoulder

CAPTURED, WHEN AND MERKEY Captured and carried to Point Lookout, Md.

RELEASED. At close of war.

WHEN AND WHERE SURRENDERED? Paroled from prison at Point Lockout 1865

IF NOT PRESENT AT FURGITURE, WHITE WIRE YOU? In prison.

DIED, WHEN AND MIERA?

BURIED.

WITNESSAS. Ceorge S. Owan, same command - No data.

JWT -

Carroll County

Widow's Application

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

County Carroll

Name Nancy E.Abney

Widow of J.M.Abney Co."A" 18th Ga.Reg.

Approved

J. W. LINDSEY

Chas. P. Byrd, State Printer, Atlanta.

10/20-1911

there ombie Co & 27h Ryoland APPLICATION FOR Gandle Court hereby leuthorige of Might boutedle and emformer General of this State at The collection of the within of liclation as fully as if I myself was freely his list in all his retired where the his which where the form of John Hood of John Hood of John Hood of

Not 167 and Co.

AN ACT

HENRY R. GORTCHIUS, Secretary House Rep W.M. A. HARRIS, Secretary Senate, Approved, September

Widow of J.M.Abney Co. "A" 18th Ga. Reg. 10/20-1911 WIDOW'S AFFIDAVIT. STATE OF GEORGIA, Carroll County. Personally before me comes Nancy E.Abney who, after being duly sworn, on oath says, that she is the widow of J.M.Abney to whom in the County of State of Georgia she was married on the 27th day of Sept. 1866and that she remained his wife, and resided with him to the date of his death March 15 19 15 and that she has not since his death remarried. At the time of his death he was a resident of Carroll County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$ 60.00 in Carroll County for 19 15 per annum, on account of being a soldier in Company
"A" Regiment 18th, Ga. Reg. (Volunteers of State Militia.) To Be Put on Roll in Her Own, Right, when Husband Was on Roll at Death. Widow's Application At the death of J.M.Abney he was in the use and possession of the following property No property at all of the cash value of \$ What property of any kind and of any value have you in your use, control and possession n the cash value, (State fully.) Household and Kitchen furniture, Val. \$25.00 Acres land Horses and Mules Hogs, Cows. etc. ... Total Cash value of all property . That she is now a bona fide resident citizen of said County of for a period of 42 years day of day of Carroll and she continuously resided since day of Sworn to and subscribed before me, this the Millien Carro Affidavit of Witnesses to Prove Marriage and to Whom-Date of Death of Husband. STATE OF GEORGIA,

Co."A" 18th Ga.Reg.

Nancy E.Abney

Personally before me come least Alams known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say; that of their own personal knowledge Mrs. Autor least under who main the foregoing affidavit, is the lawful widow of the foregoing affidavit, is who died in an autocounty in said State of Carpan on John of May, 1915 and that she said State of Wary and on 'I' day of 'I'M. 19 1.2 and that she has not since remarried. That she became the wife of M. Athory on the 2-1 day of 18 and the she and he had resided together as man and wife continuously since.

day of 18 and that the M. Athory was the same man who was on the pension roll of said State from Barrull County.

pt 191 5 adlised

		Carros		County.	
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Affidavit	of Witnesse				homDate
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said State of.	Cedrona	on //.	d' don -1///	11	
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	ORDINARY'S	OFD TIPIO . TO	
STATE OF GEO		ERTIFICATE	•
Carroll		1	
	County.	,	*
I, W.J.Mil		Ordinary of said	County, do certify, tha
know Mrs. Nancy E.A	bney the ap	plicant for this parti-	County, do certify, tha
she represents herself to t	oe, and that she is a bona fide	continuing resident	n and that she is the per
4th of Nov.1908	191	continuing resident of	said County and was on
That I also know	Melissa Adams		
			to marriage and I also kr
J.H.Barr & J.M. Smi	th	Th	
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Carroll Co.

No. 26 6 8

APPLICATION FOR ALLOWANCE

Applicant, Jackson Adams
County Warroll Amount 50 Date of Warrant Mily 13 ed on Record 1889 1889

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NOTES.

In order to avoid numeroscary delays to applicate, and to enable all parties interested to understand be law granting allowances to discloded subdergate the discovered touching the paramete provided, the following argu-stream are admitted; the parameter provided, the following argu-stream are admitted; the parties of the stream of the second signal to enterthing and fully set disclosed; I replicated claims been wounded, the description of the second signal to enterthiny and fully set disclosed; I replicated claims should be given training the disability by positive procedure at all and carefully stated as a few many controls of the second states along the second states are all and carefully stated as a few many controls and the second states are all the second states and a sectionly unders.

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For Use of Applicants Who Have not Heretofore Drawn.

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ble all parties interested to understand adopted by the Governor touching the

useless for ordinary pursuits of life, etc." the arm or leg, but the limb must for all

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added to any of the affidavits, the amend-must show that the amendments have been be a fair construction of the Act, and quire the constant use of crutch or st

the the applicant.

STATE OF GEORGIA, Personally appears Jukenn Adams of Curroll county, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the first day of January, 1840; that he enlisted in the military service of the Confedert States (and the Confedert S fed ate States (as) during the war between the in Company 6, of 34 th Regiment States, and served as a of Ga. Volunteers Con 's Brigade; that whilst engaged in such military service, at the battle of Ga. you the 3/st of Ga. in the benefits of the Act, approved October 2. and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year thereunder ending October 26, 1889. Sworn to and subscribed before me, this the 9 th day of Drynt 1889 Jackson Hamis S. J. Down Duly B. G. K.
North State fully nature of wound or character of disease Shick causes the disability, and contains a superior of disease Shick causes the disability.

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

	County.)	
PERSONALLY can of a commissioned office Volunteers, and that wounds (or contracted and that wounds (or	State of Georgia, er in Company , of deponent knows I the disease) in the military of disease) permanently disable	of the county, who, being duly sworn, says that he was Regiment of , and that he received the service, as stated in his foregoing affidavit s the said.
	as stated by him in said affi	idavit. Deponent further states that said
		bona fide citizen of this State and resides

		 n or	this State an	d resides
	county.			

NOTES.

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

It an applicant the following suggestions are submitted.

If an applicant of the bear wounded, the description of the wound should be carefully and fully set forth by a plant. The bear wounded, the description of the wound should be carefully and fully set forth by a plant and the bear wounded by a plain statement of facts showing the extent of the disability. If applicant elements and sollowed by a plain statement of facts showing the extent of the disability. If applicant elements are not a law and the special particular the statement of the service. It is all and carefully such is story of the disability where the service is all and carefully such as constaintly useless.

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

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

5. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments made to make made worth before an officer, and the proofs must show that the amendments have been date. Every application must be certified by the Ordinary of the country of the residence of the applicants to these points.

APPLICATION FOR ALLOWANCE

monn

The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

STATE OF GEORGIA, Carroll PERSONALLY came W. L. Craver W. L. Alexander and G. W. Chambers citizens of barrall county, in said State. who, being duly sworn, say that they are acquainted with Jackboon Adams and know that he received the wounds for contract disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (as disease) permanently disables applicant, as stated by him; that said applicant is a bona hide citizen of this State, and resides in law of county, and we are well satisfied that all the statements in his affidavit are true Swarp to and subscribed before me, this

The day of its upnet 1884

Norre Abore affidicit must be made by three citizens of the county of applicant, residence. if the west for STATE OF GEORGIA, (111.40 PERSONALLY comes before me. Ordinary of said county, L' Iss Ereso and V I Shice me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined sooksen .illan. examination say that the applicant has been injured as follows: 109 obenit they of the right side own the liver strike ing the flooting riber and produce ing con Lucion of the liver hearting in planties of the liver and surrounding to some Rufture of rectionens and note muncle on right are tire loose allowing bounds drap diview Inqual Hernia of left side produced by Shalls impression towals by shall tresult from would in abetily to shift houte and on atility latery of mulet from Suparied Sworn to and subscribed before me, this

day of Oring

S. g. Brown, ORDINARY.

IPPLICATION FOR ALLOWANG

. Ordinary of said county, do certify that I am well acquainted with Jackson Adams 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. I also certify that the foregoing witnesses, are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said alfidavits and signatures thereto are genuine.

Given under my official signature and seal, this 9 thday of August, 188 9 S. J. Brown
Ordinary County.

Power of Attorney.

STATE OF GEORGIA, Carroll County.

Know all Men by these Presents, That I, Jackson Adums

county, in said State, do herebecappoint J. M. Hiwitt
of Darroll County, Gell, 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 form 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 August,

Executed in the presence of us:

Jackson Adams

Il & operandes-J. Brown Carroll Co, que

of said county, and the said affidavits and signatures of said county, and the said affidavits and signatures of said county, and the said affidavits and signatures of said county, and the said affidavits and signatures of said county, and the said affidavits and signatures of said county, and the said affidavits and signatures of said county, and the said affidavits and signatures of said county, and the said affidavits and signatures of said county, and the said affidavits and signatures of said county, and the said affidavits and signatures are said affidavits and signatures and seal, this I shall affidavits and signatures are said affidavits and signatures are said affidavits and signatures and seal, this I shall affidavits and signatures and seal, this I shall affidavits and signatures are said affidavits and signatures and seal, this I shall affidavits and signatures are said affidavits and signatures are s			
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Included in warrant No. issued to Treasurer. WARRANT CLEEK. WARRANT CLEEK.	Auditor acquet 18 1889 Um John John	Maimed Eclaiers. Toucher No. D. S. Amount & S.C.	
Included in warrant No. issued to Treasurer. WARRANT CLEEK. WARRANT CLEEK.	Auditor acquet 13 1889	Maimed Eclaiere. Toucher No. I.O.S. Amounts SO. Paid to Mich Vin Welling	
Included in warrant No. issued to Treasurer. WARRANT CLEIK. W. I Complete State Printer condition Advisors.	um smight.	Maimed Ecldiers: Toucher No. 2008. Amounts 50. Paid to Mich VIII (Volum) For Desately from	
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issued to Treasurer. 288. WARRANT CLEIK. W. J. Panipled, Sale Printer condition Job (1982)	um smight.	Maimed Ecldiers: Toucher No. 2008. Amounts 50. Paid to Mich VIII (Volum) For Desately from	
issued to Treasurer. 288. WARRANT CLEIK. W. J. Panipled, Sale Printer condition Job (1982)	um smight.	Maimed Ecldiers: Toucher No. 2008. Amounts 50. Paid to Mich VIII (Volum) For Desately from	
issued to Treasurer. 288. WARRANT CLEIK. W. J. Panipled, Sale Printer condition Job (1982)	um smight.	Maimed Ecldiers: Toucher No. 2008. Amounts 50. Paid to Mich VIII (Volum) For Desately from	
issued to Treasurer. 288. WARRANT CLEIK. W. J. Panipled, Sale Printer condition Job (1982)	um smight.	Maimed Ecldiers: Toucher No. 2008. Amounts 50. Paid to Mich VIII (Volum) For Desately from	
WARRANT CLEEK. WARRANT CLEEK.	wm smgle	Maimed Ecidiers. Found to Methorn welcoms For Desatelis, from Cley 13. 1869.	
WARRANT CLEEK. W. J. vanished). Scale Printer condition John Office.	wm smgle	Maimed Ecidiers. Found to State hours welling from Body rowned for 13. 1869. Included in warrant No.	
WARRANT CLEEK. W. J. vanished). Scale Printer condition John Office.	wm smgle	Maimed Ecidiers. Found to State hours welling from Body rowned for 13. 1869. Included in warrant No.	
W. J. Campbell, Seate Printer condition Adventure	wm smgle	Maimed Ecidiers. Toucher No. I.O. S. Amount & S.C. Paid to Mit horn exclusions For Desatelis, from No dry received (May 13. 1864. Included in warrant No. 1 issued to Treasurer.	
W. J. Campbell, Seate Printer condition Adventure	wm Amgle	Maimed Ecidiers. Toucher No. I.O. S. Amount & S.C. Paid to Mit horn exclusions For Desatelis, from No dry received (May 13. 1864. Included in warrant No. 1 issued to Treasurer.	
J.M. Norwill	um smight.	Maimed Ecidiers. Toucher No. I.O. S. Amounts S.C. Paid to Mit horn every from Body France Muy 13. 1864. Included in warrant No. 1554 1884.	
J.M. Nredell	wm Anny les	Maimed Ecidiers. Toucher No. I.O. S. Amounts S.C. Paid to Mit horn every from Body France Muy 13. 1864. Included in warrant No. 1554 1884.	
Jim, Vin cache	um smight.	Maimed Ecidiers. Toucher No. I.O. S. Amounts S.C. Paid to Mit horn every from Body France Muy 13. 1864. Included in warrant No. 1554 1884.	
404 1077	wm smight.	Maimed Ecidiers. Founder No. 2008. Amount & SO. Paid to Mit hour welling Body from 13. 1804. Included in warrant No. issued to Treasurer. White amphabit state Printer sometime has conver.	
	wm sningly	Maimed Ecidiers. Foucher No. 2008. Amount & S.C. Paid to Mich VIII Wallett For Desartal, from Body France (My 13. 1864. Included in warrant No. issued to Treasurer. WARRANT CLEEK. WARRANT CLEEK.	

Included in warrant No. issued to Treasurer. - J.M. Nowell Georgin-Carroll County Dersorally came W.L. Crawin No. 2008 who, on outh Lays that he was STATE OF GEORGIA, with Jackson Adaras of Co, le, Executive Department. (Blanta, Sa. Ulijush 13. 1859. 34th regiment Gu. Voluntees on the 31st day of August 1864, and Saw Said Adams when Mr. Hels on Notains he was wounded, and knows of Carrell that he was badly wounded having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act. and has Known Suil Adams Dec. 24, 1888, and the same having been allowed for

Lesabeles, from Bound

He is entitled to receive the sum of the same disability, the same being the allowance due for the year ending October 24, 1880.

The Treasurer will pay the same and hold his receipt of this boother, and return same ever since and knows that he is hadily disabled on areant of Said wound and is unable to perform the usual avoca. Lions of life. He also "karene Said Jackson Adams before he was wounded, and persons to Executive Department for warrant. rdon By the Governor, Harrista that he was a stant ablebodied man, CLERK EXECUTIVE DEPARTMENT. Swann to & Subscribed before me, this 9th day of August, W. L. Cerawan who signed the Trifty of Muguet 1889. per above voucher, this dackhan the Land above officianit is a quartice of the searce in this County, and is writing of belief. I for many

0

34th regiment, esu Voluntero on the 31st day of sugart, 1864, and Saw Said Adams when Mr. Heks on Adams he was wounded, and knows of the County of Carrell having filed his application in the Executive that he was badly wounded Department for an allowance under the Act approved October 24, 1887, as amended by Act. Dec. 24, 1888, and the same having been allowed for

Lisability, from Book Thomas Dollars

He is entitled to receive the sum of the same due for the year ending October 24, 1889.

The Treasurer will pay the same and had its receipt of this yearcher, and return same and has Known Suish Adams ever since and knows that he is hadly disabled on a want to perform the usual avoca-tions of life. He also "kensur Said Jackson schams before he was wounded, and knows GOVERNOR. By the Governor,

A Harrista

CLERK EXECUTIVE DEMARTMENT. that he was a stout ablebodied man, M. L. Craven Sworn to & Subscribed before me, this 9th day of August, RECEIVED OF STATE TREASURER, R. U. HARDEMAN. J. Brown E.C. Dellars, of August 1880. per above voucher, this W. L. Ceravan who digned the Jackhan & Land above officianit is a quartice of the searce in this County, and is worting of belief. I f. Boutons

No.

The second secon	
Widow's Pen	sion
Under Act 1910—as Amended by	

Name ... Malissa Adams Widow of --- William Adams Company -Co.-"B"-Cobb's Legion. Regiment Cobb's Legion.

> J. W. LINDSEY.
> umissioner of Pensions Corr

Ordinary's Certificate

STATE OF GEORGIA,

Carroll

COUNTY.

....Ordinary of said County, do certify

that I know 6186

is the person she represents herself to be and she is a bona fide conti A the applicant for pension.

and was on the 4th November 1908; that I also know. the witness who swears to the service of husband; that both of them are now residents of said County and inging resident citizen of said County

worthy, and their statements are entitled to full faith and credit were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-

(SEAL)

ETSleet

March 19:1

Ordinary,

Carrie County.

NOTES: I before my punctions are asserted by Collings shall worst applicant and the vitness in the following worths:

"You do downly spear that we still true and the control to each of the questions asked you and the critical
and and gree will be the truth. So takely out Gall,"

"More than the control of the control of

Gergen GanellCound Wet Might Contra and emformer General of this State at Allanta to receive and receipt in my name for me in the collection of the within application as fully as if I myself was freens - hereby rottifying all his action, in the matter intuitible where I this work 18th of Monor orabic. & J Aber or orrhie ohn & Word of

Personally came
Personally came. January Mchemiett After 72566 (who, being duly sworn, depose and say they are acquainted with January 100 Mayor Mayor 100 Mayor
who, being duly sworn, depose and say they are acquainted with 1511 701 promised
and know that he lost an a rul L in the military service duty at the
and know that he lost an a rul L in the military service duty at the
that said. A 27 LL was amonated Higher Thing about 1600
that said a 1-11 was amoutated this (de This) about (bout
; that he is a bona fide
eitizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.
Sworn to and subscribed before me this & It fells Hewitt,
Sworn to and subscribed before me this Att KWITT Sworn to and subscribed before me this Att KWITT Solar of Manager 1878 Solar of Manag
County,
County,)
1 2/2 fection Ordinary of Co11244
ounty, do certify that I am well acquainted with Jolu T Cb : Croubit
he applicant for a , and am well satisfied that the facts stated by him in the foregoing
Midavit are true, and that I am well acquainted with a constant Mental Affrica
ne citizens who make their affidavit, that they are respectable citizens of this county, and that the facts
Given under my hand and official scal, this face;
day of Arceice 6 1879
1 B hehan (rehen)

tener than once in five years.	
Sec. IV. Be it further enacted by the authority aforesaid,	That all laws and parts of laws in court with this Act h
e same are hereby repealed.	

STATE	OF	GEORGIA
-------	----	---------

Carroll County.

enlisted in the military service of the Confederate States, or of this State, as a1864, he was wounded in the My fal alim and that the same was amoutated and michelle and a love the bour that the has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September done so, he prefers to supply himself with an artificial 2.2.1. Sworn to and subscribed before me this... Mork.—The alove affidavit must be made before some officer or County Court, Justice of the Peace, Clerk of the Superior Court I Alercrombi COMMISSIONED OFFICER'S AFFIDAVIT -

STATE OF GEORGIA,

County.

Personally came before me., State of Georgia, who, being duly sworn, de in said Company, and that this deponent knows that said,.... lost ain the military service as said in the above affidavit. Sworn to and subscribed before me this......

Note.—If the affidavit of the count be furnished.

plicant and the witness in the following words: h of the questions asked you and the evidence

e of the person to be sworn and certified by

prove marringe, by some person, or by general

by of Mass 199

Carrie County

id that they both are truthful, trust-

m are now residents of said County and

suntinging resident citizen of said County the applicant for pension. She

----Ordinary of said County, do certify

ate

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

Questions for Applicant
STATE OF GEORGIA,
County.
Personally before me comes
and, after being duly sworn, says that she desires to apply for a pension allowed under the Act
of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to
the following questions to-wit:
1. What is your name, and where do you reside! Malissa Adams Clem, Gs. Rts #2.
2. How long and since when have you been a continuing resident of the State of Georgia1
All my life, 66 years next October,
3. When, where and to whom were you married? . Dec. 3d 1873 Carrollton Ga.
William Adams.
a. Have you married since the death of first and soldier husband?
4. When, where and in what Company and Regiment flid your husband enlist as a soldier in Con-
lederate Army or Georgia Militia! (State the arms and class of Service.) In 1861 aither in
June of August: At Bowdon Gs. Bowdon Volumeters
5. When and where did the commands of your husband surrender or discharge from the army! 9th day of April, 1865; At Appomattox Court house. Surrendered with. 6. Was your husband personally present at the lime of the surrendered with.
9th day of April, 1865; At Appoint tox Court house, Surrendered with
YAS
The was not present state clearly where he was He was present.
c. where was his command when he left!Command_had_surrendered
a. For what cause did he leave his command - Commandhad surrendered, and was discharged
b. By whose authority did he leave his command! NBR discharged.
c. For how long was he granted leave of absence ! Was discharged
e. What was his physical condition when he left his command!Don!t know.
f. What effort did he make to return to his command? . None. War. was over.
g. In what way was he prevented from going back to Command _ War was over .
n. Was he captured by the enemy at any time?No
i If so, when and where captured and where held as a prisoner, and when and for what cause released?
Not captured.
j. When and where did your first husband dief 18th.day.of.August.1915 At Roopville, Ga.
were you residing together when he died!Yes
I If not, how long had you resided apart! Were residing together.
m. Are you now a widow t
9. Have you or your husband heretofore been paid a pension by the State! Yes, my husband has.
f so, when and for what cause were you or your husband placed on the roll!
My husband drew a pansion for several years and up till his death.
Sworn to and subscribed before me this the
8th day of March 1921
El Steed Ordinary)
f Carroll

Ordinary's	Certificate

I know	-	Nalis	en G	Jam	2/the	ry of said Co	r pension	. She
was on the 4th					ntinuing res	ident citizen	of said (County
vitness who swea					are now re	aregn		
duly sworn by								
by, and their sta								
orn under my h	and and offici	ial seal of of	fice this	8da	y of	Marc	h 1	921
EAL) .		<u></u>		6	1. Slee	2	Ordinary	<i>c</i> ,
΄,					Car		Со	ounty.
		-			*			
2. Additional a 3. Only widows 4. All affidavit	e will be the truti ffidavits may be who married pr s must be made	h. So help you attached if b ior to Januar before the O	God." lank space y 1st, 188 rdinary of	s are insufficiently are entitled the residence	ent. q	n to be sworn	and the ev	idence
2. Additional a 3. Only widows 4. All affidavit	e will be the truti ffidavits may be	h. So help you attached if b ior to Januar before the O	God." lank space y 1st, 188 rdinary of	s are insufficiently are entitled the residence	ent. q	n to be sworn	and the ev	idence
3. Only widows 4. All affidavit	e will be the truti ffidavits may be who married pr s must be made	h. So help you attached if b ior to Januar before the O	God." lank space y 1st, 188 rdinary of	s are insufficiently are entitled the residence	ent. q	n to be sworn	and the ev	idence

ne present state clearly where he was ne was present.
8. Where was his command when he left!Command had surrendered.
a. For what cause did he leave his command1 . Commandhad .surrendered, and was discharge
b. By whose authority did he leave his command t Nas discharged.
c. For how long was he granted leave of absence !WOS_discharged
e. What was his physical condition when he left his command? Don;t know.
f. What effort did he make to return to his command! None. War was over.
g. In what way was he prevented from going back to Command . War. was over.
h. Was he captured by the enemy at any time?
i If so, when and where captured and where held as a prisoner, and when and for what cause released?
Not captured.
j. When and where did your first husband diet 18th day of August 1913. At Roopville, G
k. Were you residing together when he died!Yes
I If not, how long had you resided spart?Were residing together
m. Are you now a widow!Yea.
9. Have you or your husband heretofore been paid a pension by the State!Yesmy_husband has.
If so, when and for what cause were you or your husband placed on the roll!
My husband drew a pension for several years and up till his death.
Sworn to and subscribed before me this the
8th day of March 1921
El Ster & Ordinary)
ofCarrollCounty.
(SEAL)

	comment to a company
Questions for Witnesses as to Service of Husband and Marri	a ve
STATE OF GEORGIA,	u.g.c
10000001	
COUNTY.	
Personally before me comes L. S. MeGright wh	o. after
seing duly sworn, true answers to make to the following questions answers as full-	
1. What is your name and where do you reside! I.S. M. Unight, Le wild	U
2. How long and since when have you known hors, Malina Adams, ap	
3. How long and since when has she continuously resided in this State! (Give date.). Along as I have known have.	
As long as I have known how,	
Then and to whom was she married ! It was an a format	
5. How long and since when did you know Walli and A dam A.	
usband Drog Swew Bio. 1800,	
6. When and where did William Adams.	
he husband of applicant, die 1 M and M y arroll County, don't Demine	La cont Ma
were the applicant and her husband living together as husband and wife at the date of his	death ?
8. If not, how long did they live apart before his death! Well living to getting	
9. When, where and in what Company and Regiment did Milliam Adams Co. 3" Orther Legion, at Bowlon, La.	
10. Were you a member of the same Company! I was - W englistenest	1 /
11. How long within your personal knowledge did he perform actual military service with his Cor	mpany .
12 When and where did his Command surrender, and was discharged A. Aphom a Cruth hours, when Lin, Lu Surrinders 1.	7.
15. Were you personally present when it was surrandered?	
om himy.	my
em h way. 14. Was the husband of applicant personally present at surrender! ht was.	f not
the was he :	
nority did he leave his Command *	
g was be granted leave 1. The Wes discher grad . How do you know all I as an present at the time	
	<u> </u>
o. For what cause, if you know of your own knowledge was he provided	
archarged,	
b. What effort did he make to return to his Command and how do you know the command and how the command and ho	
wledge or how! N. THE - Was War Wins.	own
worn to and subscribed before me this the	
day of March 1926 And Wright	
ET Steer Ordinary)	
Carroll, County.	
AL)	3

2	Galans, meli	200 (30gg)
	For Carroll	County
	Application Expenses of	Last
	(UNDER ACT OF 1	
	M.E.Griffin,	, Crdinary
	For: Mrs. Melissa Adam (Name of Pensions	ıв <u>.</u>
	Date of Death: June 16t Amount: \$ 165.00	h , 198 6
-	PAID TO ORDINARY ON THE	HIS CLAIM:
WINDSPROPERTY WAS	231-36 CXC	90 ··
į	Approved, and opdered	paid,
President and Street	JUL 6 MGG	198

1 ED

HENSON, Director

5. How long and since when did you know William Adams, her
husbandt ever Since Div. 1860, her 6. When and where did William Adams,
the husband of applicant, diet he died in he arroll County, don't remember ward and
7 War the self-self and self-self-self-self-self-self-self-self-
7. Were the applicant and her husband living together as husband and wife at the date of his death?
8. If not, how long did they live apart before his death 1 . W. W. S. Living to guttur. Were they divorced 1. 205
9. When, where and in what Company and Regiment did Malliann Adams enlist! Ch. 3" Letter Lagion at Boundon Ta.
10. Were you a member of the same Company! I war to tradistrum & director as
11. How long within your personal knowledge did he perform actual military comits with him
and Regiment from date of intistment, 1861, to date of Lumender,
12. When and where did his Command surrender, and was discharged 1 the Marin attex. Crust hours, when Lin Lev Surrenders.
13. Were you personally present when it was surrendered?
were you and how came you there! (A/A) and I care!
Company.
14. Was the husband of applicant personally present at surrender! At MAA: If not where was he! MAA:
when, where and for what cause did he leave Command? (Give date.) Was Lummand & dirchay! By whose
authority did he leave his Command .
long was he granted leave! AL WAS discharged . How do you know all this?
I was present at the time How do you know all this?
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command 1. Man made at X. M. way direchanged
16. What effort did he make to return to his Command and how do you know this? Of your own
knowledge or how! now war war war with
Sworn to and subscribed before me this the 7th day of Mach 1926 ET Start Ordinary)
i Carroll, county.
SEAL)

No.

Widow's Application
To Be Put on Roll in Her Own Right When
Husband Was in the Indigent Roll or
Put on Under Act of July 11, 1810—
As Amended by Act of 1918.

CountyCa	mas	û	
Name Mrs.	Mal	4	Dam
Widow of 27			
Company C	2 "	3"	
Regiment (LR	Leg	in
Approved	`` -		
	4		

J. W. LINDSEY, Commissioner of Pensions.

Yarbrough and Mrs. Malissa Adams, is one and the same person. IN WITHESS WHEREOF 1 have hereunto set my hand and affixed the seal of this office, this March 8th, 1921. MARRIAGE LICENSE AND

Georgia, Carroll County.

I. E. T. Steed, Ordinary in and for said County, do hereby certify that the within marriage license is a true and correct copy of the marriage license issued to William Adams and wiss Malissa Yarbrough on the 3d day of December, 1873, as is shown by the remords in this office. I further certify that Malissa

marin + oti

J. W. LINDSEY, missioner of Pensions

	ORDINARY'S CERTIFI	CATE
STATE OF GEORGIA,)	
Carroll	COUNTY.	
	,	
	SteedOr	
	damethe applicant	
person she represents herself t	to be, and that she is a bona fide conti	nuing resident of said County and wa
on the day of	March 19.2/	
That I also knowEl1	sabeth Abney	vitness as to marriage, and I also kno
	; that both of	the foregoing were duly sworn by m
before signing the respective a	ffidavits, and that they are truthful	and trustworthy and their statement
are entitled to full faith and o	eredit.	
Sworn under my hand as	nd official scal of office this 8th	day of
(SEAL.)	89	Steel Ordinary.
		Carroll County.
	are answered the Ordinary shall usear appliar that you will true answers make to	
you shall give will be th 2. Additional affidavits must be 4. Only widows who marri 5. Attach certified copies of reputation. 6. Widows of Disabled Pa	ar that you will true analysis and and allower apply etruth. So kep you God." The etruth of the you God. The was a series and the series are insuffici- ty be attached if blank spaces are insuffici- ment before the Ordinary of the county of of marriage license if obtainable. If set, pro- sides the series of the obtainable of the set, proposed of service and was not require the no proof of service and was not require	of the questions asked you and the evidence int. residence. recove marriage, by some person, or by genera
No. Vidow's Application Be Put on Bell Her Own Right When Rushand Was on the Indigent Bell or Fut on Under Act of July 11, 1810. An Amended by Act of 1919.	Comy Carrell Besser Nam Man Male Chair Widow of William Chair Company Co "A" "A" Regiment College Control	J. W. LINDSEY. Commissioner of Pensions. Profit Co. State Frience, Athens.

Widow's Application
To Be Pet on Reil is far from Right Whe
Hunbard Wa on the Indigent Roll or
Pet on Under Act of 1818.
An Annended by Act of 1818.

Application for Payment of Expenses of Last Illness and Funeral (Under Act of 1919) (To be disbursed by the Ordinary)

	GEORGIA.	Carroll	· · · · · · · · · · · · · · · · · · ·			
	Before m	e, the Ordinary of	said County, comes		ne	
			, of said Coun	tv. who, after bein	g duly every or coth	y
	that he knew			lat	e of said County, a Confe	d
	erate pensione	r, and that said per	rson is the identical	person named and	described in the attache	ec
	cerunea copy o	of burial certificate	; and that said pensi	oner LEFT NO WI	DOW and NO ESTATE	oi
	ANY KIND OF	R VALUE sufficien	t to pay the expense	s of last illness and	d funeral, which amounte	
	to the sum of \$	165.00	, as shown by swo	rn statements FU	LLY and COMPLETEL	Y
	ITEMIZED, he	reto attached.			,	
		d subscribed before	me,)			
	this the 20	day of June	1936	fayne	7	
	ME	Giffine, o	rdinary.)	_
8		//	,			
	CEOPCI	CERTIFIC	ATE OF T	HE ORDIN	IARY	>
	GEORGIA,	ARTIOTI	Co	ounty.		
	I certify th	at C.L.Payr	ie .	`	who subscibe	
1	to the foregoing	g affidavit is known	to me to be a person	whose statement i	s entitled to full faith an	4
•	credit. I further	certify that I knew	w Mrs.Melissa	Adams,	45.	
1	regularly enrolle ceased pensione certificate, was	ed as a pensioner o	oing affidavit and the n the records of file erson named and des	nat said deceased in my office. I fur	was at the time of death ther certify that said de ted certified copy of buria ficient to pay the expense	h
	Given unde	er my hand and sea	al of office, this the	20th day of Ju	ine , 193 6	
_	(Seal of Or		h	1.6 tuff	Ordinary.	
_	-					:
			INSTRUCTION			
	1st. Certified co	opy of Burial Certificat	te must accompany this	application.		
g	iving each item an	hose claiming expenses d the value of it, and a	of last illness and funer	ral, to make out their a	ccounts in fully itemized form,	
	3rd. Each acco	unt must be sworn to l	efore the Ordinary, and	in the following for		
be			rendered for services in , who died witho			
	4	1.5	who died witho	ut owning sufficient pro	operty to new this bill	

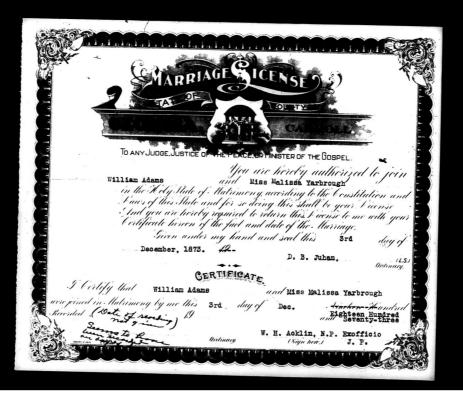
properly receipted, to the Veterans Service Offi

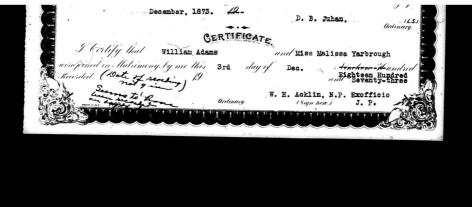
WIDOW'S AFFIDAVIT

STATE OF GEORGIA,
Cerroll COUNTY.
Personally before me comesof said County,
who, after being duly sworn, says that she is the widow ofWilliam Adama.
to whom, in the County of Carroll State of _Gaorgiashe was married ou
the 3d day of Dec 18.75, and that, she remained his wife, and resided with him to the
date of his death in August 18th, 1918 and that she has not since his death remarried. At
the time of his death he was a resident of
of Georgia, and he was on theIndigentPension Roll of the State and paid a pension
of \$.60.00 inCounty for 19_13per annum, on account of being a soldier in
Company Qo Regiment Qobh's Lagion (Volunteers or State Militia)
That she is now a bona fide resident citizen of said County ofand she
has so continuously resided since her day of 30 th October 49
Sworn to and subscribed before me, this the
8th day of March 19 21.
ET. Slee Ordinary Meliesa adams
ofCarroll
Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband
STATE OF GEORGIA,
County.
Personally before me comes
esponsible and truthful persons, residing in said County, who after having been duly sworn, say: that
f their own personal knowledge Mrs
who made the foregoing
ffidavit, is the lawful widow of
ffidavit, is the lawful widow of
ounty in said State of . Georgieon. 18thday ofAngust
ounty in said State ofGaorgia
ounty in said State ofGaorgia
ounty in said State ofGaorgia
ounty in said State of Gaorgia
ounty in said State of Gaorgia
ounty in said State ofGeorgia

F	the membran person named and described in the attached
certified copy of burial certificate; and	that said pensioner LEFT NO WIDOW and NO ESTATE of
	ay the expenses of last illness and funeral, which amounted
to the sum of \$ 165.00	shown by sworn statements FULLY and COMPLETELY
	shown by sworn statements FULLY and COMPLETELY
TEMIZED, hereto attached.	1 ()
Sworn to and subscribed before me,	
his the 20 day of June , 1936	- Hayne
Mo Suffine, Ordinar	у. \ /
CEDTIFICAT	
CERTIFICAT	E OF THE ORDINARY
EORGIA, Carroll	County.
I certify that C.L.Payne	who subscibed
	e to be a person whose statement is entitled to full faith and
redit. I further certify that I knew. Mr	
ased pensioner is the identical person	iffidavit and that said deceased was at the time of death records of file in my office. I further certify that said denamed and described in the attached certified copy of burial and left no estate of any kind sufficient to pay the expenses is made,
Given under my hand and seal of	office, this the 20th day of June , 193 6
(Seal of Ordinary)	Mi & Suffin Ordinary.
	INSTRUCTIONS:
1st. Certified copy of Burial Certificate must	Marine A.A.
3rd. Each account must be sworn to before	the Ordinary, and in the following form:
of Mrs.Melissa Adams,	ed for services in the last illness (or funeral expenses, as the case may , who died without owning sufficient property to pay this bill.
attached neatly to this blank, after this blank	ill is perfectly legitimate in every respect, and properly sworn to, and
5th. The completed voucher—this blank and no money must be paid out until it is returned	
	d to you as your authority to make the payment
6th. Return this application, and attached bil	d to you as your authority to make the payment, lls, properly receipted, to the Veterans Service Office.

	of Georgia, and he was on thePension Roll of the State and paid a pension
	of \$-60.00_in 6arroll County for 19_12per annum, on account of being a soldier in
	CompanyQo. Regiment Cobb! a Lagion (Volunteers or State Militia)
	That she is now a bona fide resident citizen of said County ofCarrolland she
	has so continuously resided since her day of 50 th October 49
	Sworn to and subscribed before me, this the
	8th day of March 19 21.
	ET Elect Ordinary Mathiese dance
	ofCarroll County.
	(NKAL)
	Affidavit of Witnesses to Prove Marriage and to Whom.
	Date of Death of Husband
	STATE OF GEORGIA,
	COUNTY.
	Personally before mc comes. s. Elizabeth Abney known to be
	responsible and truthful persons, residing in said County, who after having been duly sworn, say: that
	of their own personal knowledge Mrs. Malissa Adams , who made the foregoing
	affidavit, is the lawful widow of
	County in said State of Georgia on 18th day of August 1913
	and that she has not since remarried. That she became the wife ofWilliam Adamson
	the_3rdday of _ Dec18,73 _, and that she and he had resided together as man and
	wife continuously since. 3rd day of Dec18.73, and that the William Adamswas
	the same man who was on the pension roll of said State - Gaorgia
	Countytill August_18th, 1912, when he died.
	Sworn to and subscribed before me, this the
	8th day of Wareh 1921.
	& T. Steel Ordinary Elizabeth & above
13	ofCounty.
	(SEAL)
	1 1





WAR DEPARTMENT, THE ADJUTANT GENERAL'S OFFICE, WASHINGTON. Oct, 3,1921

spectfully returned to minissioner of Pensions

Manta the information that Dellea m

dam Let lo 13 Sufty a. Cola. Sentisted only 20/as of the sent of the se

perted present in

ny later record , and

P. C. Nami The Adjutant General m No. 160-2--A. G. U.
d. Mar. 3-21-15,000

> E. T. STEED, Ordinary Carroll County

> > Carrollton, Ga., March 8, 1921.

Hon W. Lindsey, Atlanta, Ga.

Dear Sir :-

I am enclosing herewith application of Mrs. Malissa Adams for pension. I have not doubt at all as to the merits of her claim.

With kindest regards, 1 am-

ETS Cook, Ordinary.

Atlanta, Georgia

Adjutant-General,

JOHN W. LINDSEY Commissioner of Pensions

Washington, D. C.

his claim for a pension.

Dear Sir:

Please furnish me with such record as may be found in the 'Adjutant-General's Office of the War Department of Cobbs La Lynn Min Aclans of Cobbs La Lynn

9/38-1921

He is an applicant under the Georgia law for a Confederate soldier's pension, and his record in your Department, whether it is of his company roll or prison record, is wanted as evidence in

Yours respectfully,

RECEIVED A 1-1824misshoner of Pensions of Georgia.

OLD RECO! S LIVE. Carrollton, Ga. Sept 3rd OF M.E.Griffin, Ordinary inety & No/100----- Dollars,

> payment on funeral expenses of Melissa Adams, deceased pensioner Carroll County, who died 6/16/56

Martin-Almon Company Funeral Directors

CARROLLTON, GA.

165.00

Date June 19, 1936 CHARGED To Mrs. Melissa Adams, Deceased

Carrellton, Ga. #1

DATE SOLD June 16, 1936 FOR

Casket & Box

Vault

Flowers

Personal Service Telephone-Telegrams

Opening Grave

Funeral Notices

Georgia, Carroll County; AL

The above and foregoing account is rendered for service for funeral expenses of Mrs. Melissa Adam Deceased, who died without owning sufficient prop-

erty to pay this bill. lomasti. Martin - Almon Co.

STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

PERMIT FOR BURIAL OR REMOVAL

A SATISFACTORY DEATH CERTIFICATE having been filed with me, permission is hereby granted Carrollton, Georgia

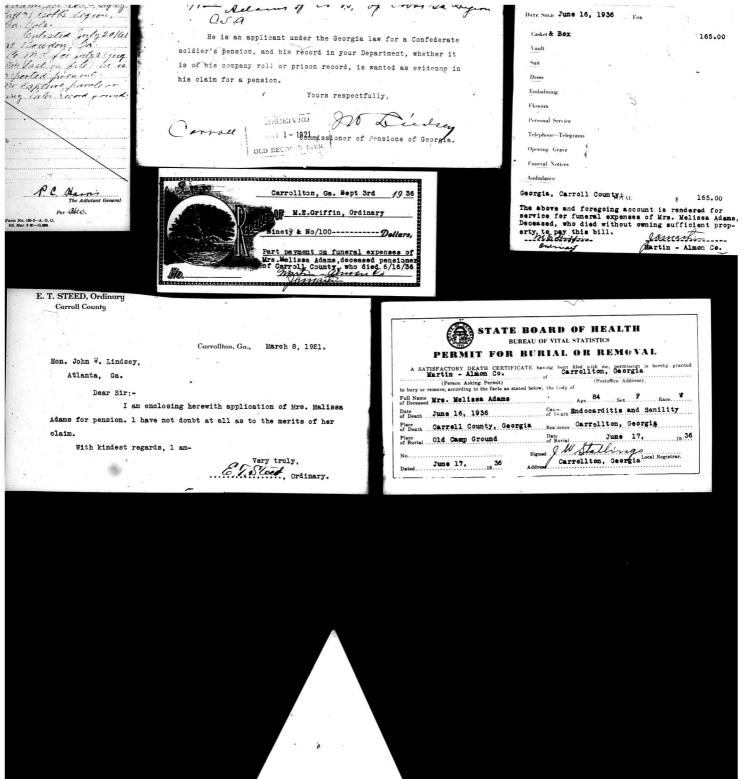
:.... of . (Person Asking Permit)
ve, according to the facts as stated below, the body of (Postoffice Address)

Age 84 Sex F Race W Full Name Wrs. Welissa Adams

Date Greath June 16, 1936 Cause Endocarditis and Senility Place of Death Carrell County, Georgia Residence Carrollton, Georgia

Place of Burial Old Camp Ground

Date June 17, 19
Signed Carrellton, Georgia Local Registrar. Dated.....June 17, 36



Widow's	Pension

Under Act 1910—as Amended by Act of 1949.

Company "B"

Regiment ... lat Ga . Rag.

Name Mrs. Mary J. Adams ... Widow oIsaac M.Adams

Figure amend and state if in Ga.

Segt., and was Infantry or Cavalry-Ws it of the
State Troops or Militia or of the Confederate
Anny- Give name of Col., Lieut., Col., and MajorThen prove all amanded Statements to be true,
You say Regt., surrendard at Alianta was the
Regt., there present at surrender. Isaac W. idams, Carroll Co.

Merch 9, 1920.

J. .. Linda,

Com. d

Pensions.

Ordinary's Certificate

STATE OF GEORGIA, Carroll COUNTY.

is the person she that I know I,W.J.Millican represents beside to be and she is a bana fide continuing resident citizen of said County lirs, lary J. Adams Ordinary of said County, do certify the applicant for pension. She

the witness who swears to the service of husband; that both of them are now residents of said County and and was on the 4th November 1908; that I also know

were duly sworn by me before signing the foregoing affidavits and that worthy, and their statements are entitled to full faith and credit Sworn under my hand and official seal of office this 19 day of September they both are truthful, trust-

- fill LL Ochel Ordinary,

(SEAL)

Carroll

NOTES: I, laters any questions are accorded by Ordinary shall award applicant and the vitages in the following words:

"And of commity award they use all time assets to cash of the questions asked you said the criticals:

"And of commity award the state of the properties."

"And of the properties of the properties of the properties.

To they whome who married properties of the properties.

And of the properties of the properties of the properties.

And of the properties of the properties of the properties of the person to be seven and certified by reputation. County

y of September

Lille Belle Ordinary.

County

I that they both are truthful, trust-

rare now residents of said County and

ntinuing resident citizen of said County

...Ordinary of said County, do certify the applicant for pension.

om.d Pensions. state if in Ga. Arealry-W s it of the of the Confederate sut., Col. and Majorments to be true. It Atlanta-was the render. Linda,

Pension Office, Merch 9, 1920.

J. W. LINDSEY.

issioner of Pensi

rove marriage, by some person, or by general

of the person to be sworn and certified by

eant and the witness in the following words: of the questions asked you said the evidence

4 ,. Ordinary's Certificate

STATE OF GEORGIA,	
Carroll	COUNTY.
I,W.J.Willican	Ordinary of said County, do certify
hat I know Mrs. Hary J.A	the applicant for pension. She
and was on the 4th November 1908; that I	also know
he witness who swears to the service of hus	band; that both of them are now residents of said County and
eere duly sworn by me before signing the	foregoing affidavits and that they both are truthful, trust-
orthy, and their statements are entitled to	full faith and credit.
Sworn under my hand and official seal of	f office this 19 day of September 1919
(SEAL)	Carroll County

NOTES: I. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:

'You an advantage wear that you will true massers make to each of the questions asked you and the evidence you shall give will be stated of that you give the control of the questions asked you and the evidence and the evidence of the property of the person to be swern and certified by the property of the property of the property of the person to be swern and certified by the property of the property of the person to be swern and certified by the property of the property of the person to be swern and certified by the property of the property of the person to be swern and certified by the property of the person to be swern and certified by the property of the person to be swern and certified by the property of the person to be swern and certified by the property of the person to be swern and certified by the property of the person to be swern and certified by the property of the person to be swern and certified by the person to be person to be swern and certified by the person to be swern and certified by the person to be swern as the person to be

Widow's Pension

Carres Hdams,

Under Act 1910-as Amended by Act of 1949. Name Mrs. Mary J. Adams. Widow of Sanc M. Adams ... lst Ga.Reg. "B" Company

J. W. LINDSEY. Byrd Printing Co. . State

Isaac M. ldams, Carroll Co.

Pension Office, March 9, 1920.

Picuse amend and state if in Ga., Regt., and was Infantry or Cavalry-W.s it of the State Troops or Militia or of the Confederate Army- Give name of Col., Lieut., Col., and Major-Then prove all ampheds statements to be trus. You say Regt., surrendered at Atlanta- was the Regt., there present at surrender.

J. .. Linds,

Pensions. Com.d

county, do certify that I am well acquainted with Jolice 7 18 60 10 1000 162 the applicant for a ... A , , and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with vacco My Hewith A ylorec Y &D Conce the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts · stated by them are true. Given under my hand and official seal, this four day of ADICCICA 1879 . 1 13 Juhan Miching PPLICATION FOR ALLOWA

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

County.

	. ,	2
Personally came before me		of
the county of	State of Geo	rgia who heing duly
and says that he was	in Company	Positore.
and that	the above	deponent was a
in said Company, and that this deponent	knows that said,	
lost ain the military so	ervice as said in the above effici	avit.
Sworn to and subscribed before me this)	
day of	18 }	
Andrew Control of the	***************************************	
Note.—If the affidavit of the commission must be furnished.	ned officer is not obtainable, the follo	wing affidavit of three responsible citizen-

STATE OF GEORGIA,

Corroll

County. Personally appears of J Abover ombicof Carroll county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the first January federate States (ar of the 1863; that he enlisted in the military service of the Conoduring the war between the States, and served as a Sund Jund in Company 6. of 27th Regiment of Georgia Volunteers Rolquill is Brigade; that whilst engaged in such military service, at the battle of Ind Land of Roldola, in the State of Will you the fide of India 186th, he was wounded as follows: By green that whomever about the Chour Remember of what the Chour Remember of Chour Remembers of) during the war between the

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

Sworn to and subscribed before me, this the 14 Tay of Het 1888 J. Sher crombie 14 t day of 416 1888 J. Shererontie

14 t day of 416 1888 J. Shererontie

North State last fully nature of wound or character of disease which causes the disability, and explain parts the extent of the disability.

STATE OF GEORGIA, leamell

Personally comes before me I Music Ordinary of said county,

me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined and after such examination say that the applicant has been injured as follows: Night unn

off not below the shoulder

Sworn to and subscribed before me, this) & Horous CORDINARY. W.W. hitts MIS

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

Regt., and was Infantry or Cavalry-W.s it of the State Troops or Militis or of th. Confederate Army-Gye name of Col., Lieut., Col., and Major-Then prove all amended Statements to be trus. You say Regt., surrendered at Atlanta- was the Regt., there present at surrender. J.... Linder, Com.d Pensions. Questions for Witnesses as to Service of Husband and Marriage Application for Pension by a Widow Under Act of 1910 STATE OF CENTER Personally before me comes Superior and follows: 0 As Amended by Act of 1919 Questions for Applicant being duly sworn, true answers to make to the following marging, answering follows:

Yhat is your name and where do you reside you and the state of the following marging follows:

Yhat is your name and where do you reside you are side you will be supported by the state of the following marging follows: STATE OF GEORGIA, Carroll --- COUNTY. 2 How long and since when have you known.

July 1 How long and since when have you known.

How long and since when has shy continuously resided in this State! (Give date.). All to me the has she continuously resided in this State! (Give date.). All to me the how how was she married!

When and to whom was she married!

Land May How do you know! Line 1 How do you kn of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to the following questions to-wit: 5. How long north since when did Sun know.

husband! AMAMA Marrie 600 4 1000 4400 her 6. When and where did from Maday, the husband of applicant, die! from Ornal Co. Ta. 7. We gree the applicant and her husband living together as husband and wife at the dayte of his dorth?

8. If not, how long did they live apart before his death!

Were they divorced? a. Have you married since the death of first and soldier husband! a. Have you married since the death of tirst and soldier husband!

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederal Army or Geogram Mijitia! (State the arms and class of Service.) **LUMENT OF COLOR OF COLO Were they divorced!

9. When, whose and in what Company and Regiment did the Manager Management of the same Company of Management of the same Company of Management of Man 6. Was your husband personally present at the time of the surrender or discharge of this command !. b. Was your misonant personanty presents as pure time of the sufference of misonance of time. 7. If he was not present state clearly where he was I..... When and where did his Command surrender and was discharged! Albania Ta 8. Where was his command when he left!
a. For what cause did he leave his command!
b. By whose authority did he leave his command! 13. Were you personally present when it was surrendered? and how came you there! and line ! c. For how long was he granted leave of absence? e. What was his physical condition when he left his command! 2000.

f. What effort did he make to return to his command! 14. Was the hisband of applicant personally present at surrender:

When was he?

When, where and for what cause did be leave. Command: (Give date.)

By whose g. In what way was he prevented from going back to Command h. Was he captured by the enemy at any time 1 ______ 220 authority did he leave his Command i If so, when and where captured and where held as a prisoner, and when and for what cause released? long way he grayed leave!

How do you know all this?

How do you know all this?

Light Add Land Long the state of the stat j. When and where did your first husband die! McV 10. 1906, nun Bowty & k. Were you residing together when he died1 mand?

16. What effort did hymnice to return to his Command and how do you know this?

Your own knowledge or you this?

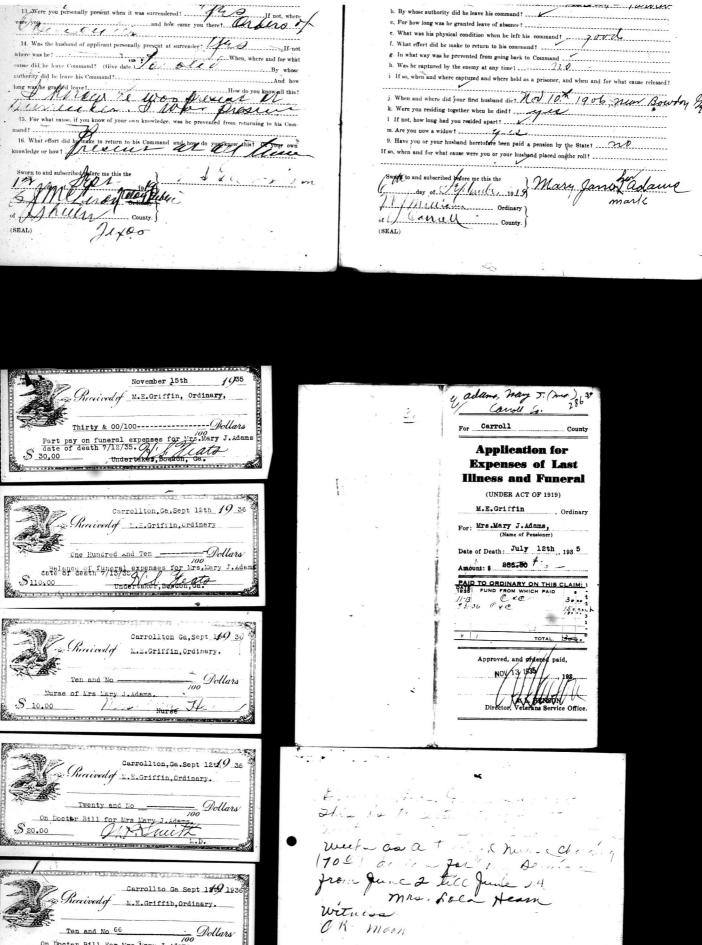
Your own knowledge or you this? m. Are you now a widow!

9. Have you or your husband heretoffre been paid a pension by the State! If so, when and for what cause were you or your husband placed on the roll? to and subscribed before me this the Mary Jano Jadame -day of 8/1/ /will 1 1919 Milliam Ordinary) Canul County. 21400 (SEAL)

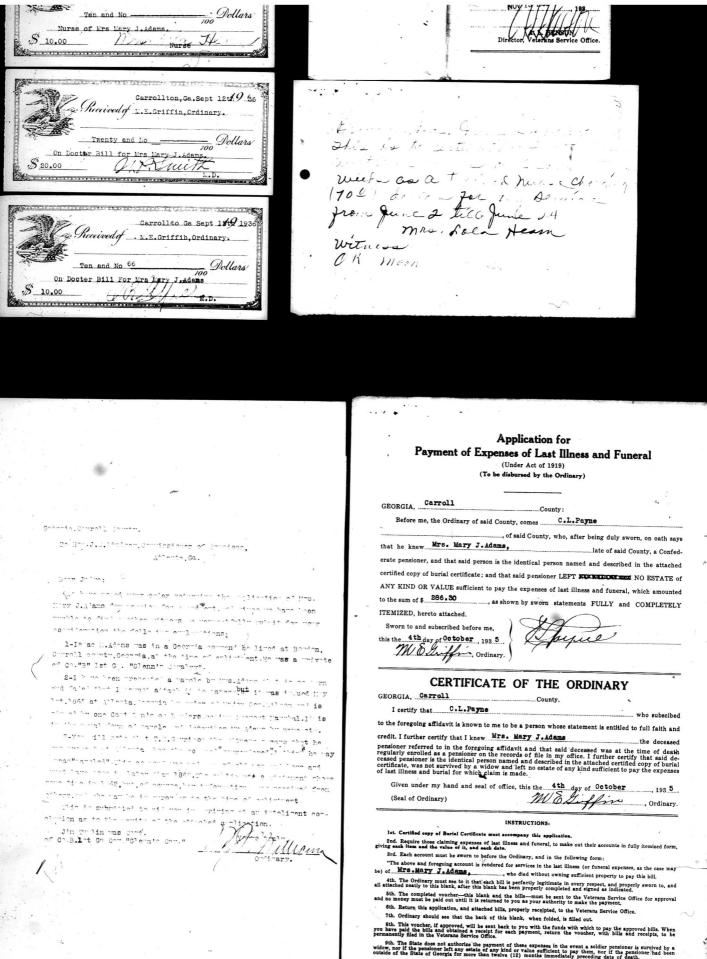
Isaso M. Adams, Carroll Co.

Morch 9 1920.

Please amend and state if in Ga.



Ten and No 66 100 Ool On Doctor Bill For Wrs Lary J. Adems \$ 10.00



.

consideration the felle inc employations: W. & Suffer, Ordinary. 1-Israc M.Adoms was in a Georgia commend he lived at Bordon, Couroll county Georgia. at the time of onlight ent Ho was a wrivete of Co."B" 1st Go. "Glenn's Coralry". 2-I have been presented a manufa by it's Adams that it's a time CERTIFICATE OF THE ORDINARY and faded that I common attacked to range but it mas found Hay GEORGIA, Carroll Act. 1865 at Atlanta. Consola to man of Motor Con. Allega and is County. I certify that C.L.Payne of and by one Cant I mae or Larens action beyond Hambal. I' is who subscibed in the usual form of variety may december in Afone by your obt. to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and E-Yem will not be to 5.3.3 mminor the offeren chang that he credit. I further certify that I knew Mrs. Mary J.Adams the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expension of last illness and burial for which claim is made. mon 'one'"T form he may ייים לי מיים ביות לי לי מיים לי Given under my hand and seal of office, this the 4th day of October
(Seal of Ordinary) some tire in 1 162, but of course her information to meaching from 193 5 offers, out the tar he is every se to the time of antictuent Ordinary. This is submitted to add now in training of an inteligent conof Co.B.1ot Go Com. "Glernic Co..." INSTRUCTIONS: 1st. Certified copy of Burial Certificate must accompany this app Millem 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date. 3rd. Each account must be sworn to before the Ordinary, and in the following form: ary. "The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of Mrs.Mary J.Adams, , who died without owning sufficient property to pay this bill. 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated. all absorbed uneary to this usual, asper time from a measured property completed until agency as immarked.

Stb. The completed woutset—this blaff, wind the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment. 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office. 7th. Ordinary should see that the back of this blank, when folded, is filled out. 5th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filled in the Veterant Service Office. by the State does not authorise the payment of these expenses in the event a soldier pensioner is survived by a work of the pensioner left any setate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

Georgia, Carroll County.

Office of Ordinary.

I, W. J. Millican, Ordinary in and for said county, do hereby certify the within is a true and exact copy of the original thereof as the same appears of record on marriage record, Book "1866-1875", Folio 250 which said record is now of file in said office.
Witness my hand and seal this September 19th, 1919.

MARRIAGE LICENSE August 17th, 1872 230 Issac M.Adams OF. M. J. Copeland Recorded on Page





TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL.

#

Jen are herety authorized to join and Mass M.J. Orgeland in the Kely State of Matimeny according to the Constitution and Fours of this State and for so doing this shall be your Discusse and you are hereby required to return this Discuss to me with your Certificate herein of the fact and date of the Marinage.

Since under my hand and soul this 17th day of

August ,1872

D.B. Juhan

day of Ordinary.

STATE OF GEORGIA GERTIFICATE COUNTY OF CARROLL

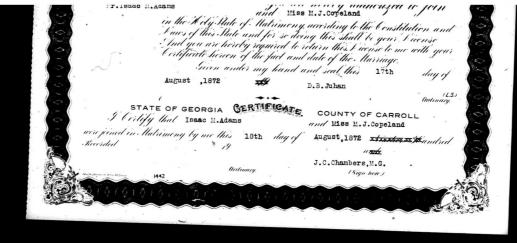
were joined in Matrimony by me this 18th day of . Recorded

and Miss M.J.Copeland

August 1872 " mode

J.C.Chambers,M.G.

(Sign her.)



STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS PERMIT FOR BURIAL OR REMOVAL A SATISFACTORY DEATH CERTIFICATE having been filed with me, permi (Person Asking Permit) to bury or remove, according to the facts as stated below, the body of of (Postoffice Address) The body or regions, starting to the same as residence of Deceased of Death New Manual South of Burial States 1951 No. Signed Address State Am Local Registrar. Address State Am Local Registrar.

OF THIS STATEMENT IS INCORRECT PLEASE RETURN AT ONCE SO IT MAY BE CORRECTED

BOWDON DRUG CO.

The Renall Sime

Pure Drugs, Fair Prices & Courteous Treatment BOWDON, GEORGIA

Mas M. J. adams

STATEMENT OF ACCOUNT FOR 7-1835

42135 14 68129 43135 14 68128

1.50

1.50

1.00

Bayuchen Pring 60.

250

H. S. YEATS

FUNERAL DIRECTOR

AMBULANCE SERVICE

BOWDON, GA., July 12

NIGHT PHONE 80

To Casket 100.00 To embalming To hearse service To metal box cover \$ 25.00 \$140.00

The above service rendered for burial of Mrs. Mary Jane Adams a deceased Pensioner of The State of Georgia, who died without owning sufficient property to pay this bill.

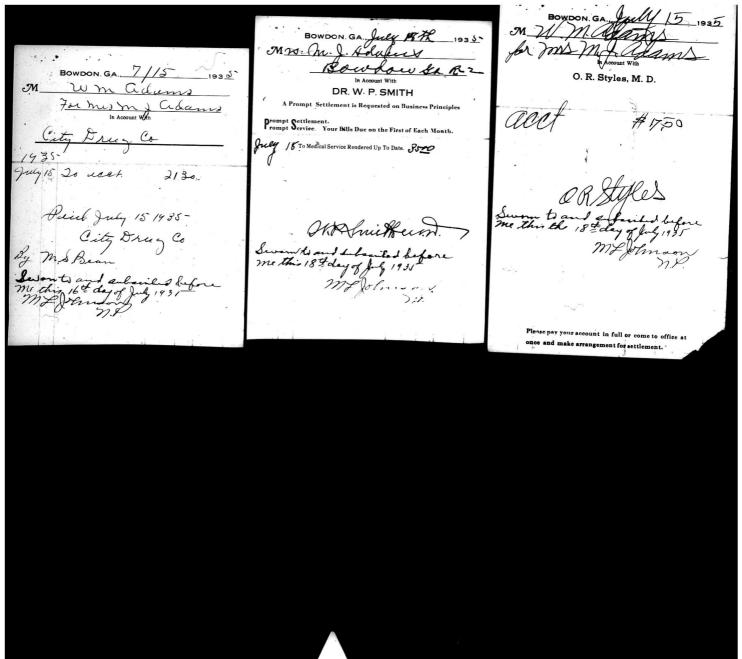
W.S. Flats me this 8th day of July 1931

4F 1HIS STATEMENT IS INCORRECT PLEASE RETURN AT ONCE SO IT MAY BE CORRECTED

C. E. DOWNS

W. O. DOWNS BOWDON DRUG CO. The Renall Sime H. S. YEATS Pure Drugs, Fair Prices & Courteous Treatment FUNERAL DIRECTOR Licensed Embalmer Mas M. J. adums DAY PHONE SO AMBULANCE SERVICE BOWDON, GA., / July 12 STATEMENT OF ACCOUNT FOR 1-18 To Casket 100.00 To embalming
To hearse service
To metal box cover Hallar 14 68129 Hallar 18, 68128 \$ 25.00 10.00 5.00 1.50 1.00 By Sejucion Pray 60. \$140.00 250 The above service rendered for burial of Mrs.Mary Jane Adams a deceased Pensioner of The State of Georgia, who died without owning sufficient property to pay this bill. Signe me this 18 day of \$ 1935 Seven to and substitute defore me this 8th day of July 1935 BOWDON GA JALY 15 1935 Mrs. Mr. J. Holders Bowlow & RZ BOWDON. GA., 7//5 1935 O. R. Styles, M. D. wm adams DR. W. P. SMITH For mis my Cidamis A Prompt Settlement is Requested on Business Principles Prompt Settlement.

Prompt Service. Your Bills Due on the First of Each Month. City Drug Co July / To Medical Service Rendered Up To Date. 3520 July 15 20 west. 2130. Paid July 15. 1435-OKA Smithern. By ma Bean me this 18 t day of July 1931 who Reson to and arbanes before
my thing 16th day of July 1931 Please pay your account in full or come to office at once and make arrangement for settlement.



adams arroll

Widow's Application

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

County	
Name Mrs Rosa Adams	
Widow of Z.T.Adams	
Date of Marriage Nay 12th 1992	
Date of Husband's Death Sept 26 1 916	_
Company.	
Regiment 63 secrete Ala.	
Approved DEC 27 1937 193	
M. Iman of ellen	-
Director.	

State Dept. Public Welfare, Sept. 17, 1937.

Zachariah Taylor Adams enlisted as a private in Co. B, 63d Regt. Alabama Inf. Aug. 15, 1864, Roll for Sept.-Oct. 1864, Last.on file, ahars him "Absent, sick, sique Oct. 17, 1864. Captured, Lakely Ala., Apr. 9, 1865. Received by Confederate Agent at Camp Town-send for exchange May 6, 1865.

Above is true copy of record obtained from the War Dept., Washington, D. C.

Director Confederate Division.

the should be seen provisions are asserted the Ordinary shall seven apparant one to the evidence you shall give will be the whole truth. So help you Godge asserts make to each of the questions asked you and the evidence you shall give will be Additional Editories may be attached if hash spaces are insufficient.

1. All greators who married prior to January 1st, 1920, are estitled:
1. All greators who married prior to January 1st, 1920, are estitled:
1. All greators are considered to the Ordinary of the County in which the applicant or witness resides and must be catalacted by path Ordinary. It may be the County in which the applicant or witness resides and must be a Marriage Council for a policitation carefully.
1. Due to the date of the application carefully.
1. Due to the date of the application carefully.
1. Due to the county of the provider of the county in the county of the provider of the pr (SEAL OF ORDINARY) INSTRUCTIONS: of. ., Ordinary. -- County.

Given under my hand and seal of office this . . 3rd . ME 2 193.7

truthful and trustworthy and their statements are entitled to full faith and credit.

the witness who swears to the service of husband and/or the marriage; that both of them are now residents

were duly sworn by me before signing the foregoing affidavits,

and that they

citizen of said State since January 1st, 1920; that I also know.....

she is the person she represents herself to be, and that she has been, continuously, a bona fide resident

that I know.

Mrs Rosa Adems .M.E.Griffin

....., Ordinary of said County, do certify the applicant for pension; that

STATE OF GEORGIA,

Ordinary's Certificate

CARROLL COUNTY.

of said County and

... Ordinary of said County, do certify continuously, a bona fide resident the applicant for pension;

ge; that both of them

oregoing affidavits

and are now residents

that they

., Ordinary.

. 193

...County.

1937

SEP 9 1937

Confederate Division. Zachariah Taylor Adams enlist as a private in Sec. 1964, 1 Lor Salvana Int. 1864, 1864, 1 Lor Salvana Lasent, 1864, 1 Lasten ables him Absent, 1864, 1 Lasten Odt. 17, 1864, 65, 1866, 186 the War De Above is true obtained from the Washington, D. C Director

> Mrs Rose Adams Date of Marriage May 12th.

Widow of Z.T. Adams

CARROLL

Dept. Public Welfare, 17, 1937.

State

and found

Widow's Application

nder Act of 1910—As Amended by Act 1919, and Constitutional Amendments of 1920 and 1937.

id the witness in the following words: "You d you and the evidence you shall give will be

sge, by some person, or by general reputation

and-

Date of Husband's Death Sept. 26.1 916.

Ordinary's Certificate
STATE OF GEORGIA,
CARROLL COUNTY.
I,, Ordinary of said County, do certify
that I know
she is the person she represents herself to be, and that she has been, continuously, a bona fide resident
citizen of said State since January 1st, 1920; that I also know.
the witness who swears to the service of husband and/or the marriage; that both of them are now residents
of said County and were duly sworn by me before signing the foregoing affidavits, and that they are
truthful and trustworthy and their statements are entitled to full faith and credit.
Given under my hand and seal of office this . 3rdday of September
(SEAL OF ORDINARY) ME Juffing, Ordinary.
of Carroll County.
INSTRUCTIONS:
1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You the style when the system of the questions saked you and the system words."

able. If not, prove marriage, by some person, or by general reputati ste in vogue throughout the State. A short, simple form is easier to handle.

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

(Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.)

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA, -----CARROLL

Personally appears before me, Mrs. Sosa Adama of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and after being duly sworn, true answers to make to the questions propounded, answers as follow, to wit: SECTION I What is your name, and where do you reside? (Give Post Office and County)...

 Mrs. #088. Adams, Temple. Ga, Carroll. Bounty. 2. How long and since when have you been, continuously, a bona fide resident citizen of the State All Life: Give date, or year, of your birth. 16th December 1863 Age? 63 3. (1)When, (2)where and (3)to whom were you married?... May 30th 1912.... Temple Ga Carroll County, Z.T. Adams.

a. Have you married since the death of first and soldier husband? . I.P. When and where did your first husband die?..... September 26th 1916, Temple Ge. d. If not, how long had you resided apart?.... e. Are you now a widow? g. If so, when and for what cause were you or your husband placed on the roll? Answer the following questions if your husband was not a pensioner: 1. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops. Enlisted 1863 or 1864 in Company F. Captain Long Reignent State Troops 2. When and where did the Commands of your husband surrender or discharge from the Service? Was your husband personally present with his Command when it was surrendered or discharged? 4. If he was not present, state specifically and clearly where he was? When did he leave the Command?... 5. a. For what cause did he leave? b. By whose authority did he leave? For how long was his leave of absence granted? d. In what way? . . . e. What was his ph sical condition when he left his Command? What effort did he make to return to his Command?.... In what way was he prevented from going back to his Command?..... Was he captured by the enemy at any time? If so, when and where? . In what prison was he held and when was he released?..... Sworn to and subscribed before me, this the

Rosa adams



Irtuan mile

STATE OF GEORGIA.

learnice county. & Poroun do certify that I am well acquainted with by A shire truckle the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to wit:

Sugar Min Flag are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a athdavits were made and power or attorney was signed, is a
of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this III day of IIII, 1888

Ordinary learning County.

POWER OF ATTORNEY

STATE OF GEORGIA.

County.

Know all Men by these Presents, That I

county, in said State, do hereby appoint

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

In witness whereof I have hereunto set my hand and seal, this

day of

Executed in the presence of us:

(L.S.)

30 3141c

DIRECTION:

Send money to me as tollows, by

County, Georgia.

the extent of the disability.

STATE OF GEORGIA,

leavoll

Ordinary of said county,

and WE FILLS Personally comes before me & both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined

examination say that the applicant has been injured as follows: Night unn

off not below the Shoulder

W.W. Fitts M. S. 1. Sworn to and subscribed before me, this) day of Fiel 1889

S & Horouse ORDINARY.

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

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and tollowed by a plain statement of facts showing the extent of states of the state of the disease should be given, treating the disability beyond the service, a full and carefully state history of the disease should be given, treating the disability positive proofs to the service.

2. The law makes no allowance for an arm or leg, unless the arm or leg has been readered substantially and essentially useless. So allowed the state of the service of the service.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is equalification to the clause of the Act in reference to the arm or leg, but the limb must for all purpose the service of the service

Ordinary's Certificate
STATE OF GEORGIA,
CARROLL COUNTY.
1, M.E.Griffin , Ordinary of said County, do certify
that I know
she is the person she represents herself to be, and that she has been, continuously, a bona fide resident
citizen of said State since January 1st, 1920; that I also know.
the witness who swears to the service of husband and/or the marriage; that both of them are now residents
of said County and were duly sworn by me before signing the foregoing affidavits, and that they are
truthful and trustworthy and their statements are entitled to full faith and credit.
Given under my hand and seal of office this .3rdday of September
MS. G. DA
of Cerroll County.
INSTRUCTIONS County.
Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do selemn's were that you will come the whole truth. So belp you Got," answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So belp you Got," as a support of the whole truth. So belp you Got, and the state of the bank papeas are insufficient. Only widows who married prior to January 1st, 1900, are entitled. Only widows who married prior to January 1st, 1900, are entitled. Attach Coffinger, to consider the state of the Contrary of the Country in which the applicant or witness resides and must be certified by such Ordinary, to the Country of the Country in which the applicant or witness resides and must be certified by such the back of the application carefully. Attach certified oncy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation. Fill out the back of the application carefully. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle. Do not take an application from any widow who is already receiving a pension.
a. A. A. C. Lauria
An Affidavit
(Read carefully before making this affidavit.)
State of Georgia,
County of
Before me, the Ordinary of said County, comes MrsRosa -Adams - who, after being duly sworn, deposes and says:
1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;
That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;
That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;
That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-Ceneral, Washington, D. C. Roda adams
Sworn to and subscribed before me, this the
3rd day of September, 193 7.

Carroll

	1
2.	When and where did the Commands of your husband surrender or discharge from the Service?
3.	Was your husband personally present with his Command when it was surrendered or discharged?
4.	[[hamman]
5.	If he was not present, state specifically and clearly where he was?
а.	When did he leave the Command?
ь.	For what cause did he leave?
c.	By whose authority did he leave? For 'how long was his leave of absence granted?
e.	What was his ph sical condition when he left his Command?.
f.	What effort did he make to return to his Command?
g.	In what way was he prevented from going back to his Command?
h.	Was he captured by the enemy at any time?
i.	If so, when and where? In what prison was he held and when was he released?
	orn to and subscribed before me, this the
	Stra. day of Sentember 1937 Poda adams Applicant.

as a witness in support of the provided by the Act of 1916 and 1937, in said State, who as follows, to-wit: 1. What is your name ar 2. How long and since w 3. Where does she now rof this State? 4. When and to whom w 5. How long and since with the she with the	application of, as amended by the after being sworn to discount of the after being sworn to discount of the after being sworn to discount of the after being sworn of t	of said State and County is Act of 1919 and the Constitutional Am te answers to make to the questions pro te? (Give Post Office and County). has she been, continuously, a bona fide	applicar
as a witness in support of th provided by the Act of 1914 and 1937, in said State, who as follows, to-wit: 1. What is your name ar 2. How long and since w 3. Where does she now r of this State? 4. When and to whom w 5. How long and since w husband? 6. When and where did the husband of applicant, did 7. Were the applicant an	application of, as amended by the after being sworn to discount of the after being sworn to discount of the after being sworn to discount of the after being sworn of t	of said State and County is Act of 1919 and the Constitutional Am te answers to make to the questions pro te? (Give Post Office and County). has she been, continuously, a bona fide	applicar
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and 1937, in said State, who as follows, to-wit: 1. What is your name ar 2. How long and since w 3. Where does she now rof this State? 4. When and to whom w 5. How long and since w husband? 6. When and where did the husband of applicant, did 7. Were the applicant an	after being sworn to d where do you resi een have you known eside, and since whe is she married? een did you know.	ee answers to make to the questions pro ef (Give Post Office and County). has she been, continuously, a bona fide	applicar
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3. Where does she now r of this State? 4. When and to whom w 5. How long and since w husband? 6. When and where did the husband of applicant, did 7. Were the applicant an	eside, and since whe	has she been, continuously, a bona fide How do you know?	, resident citize
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When and where did_ the husband of applicant, die Were the applicant an	····································		h
the husband of applicant, die 7. Were the applicant an	······································		
Were the applicant an			
7. Were the applicant an			
	her husband living	together as bush-u-l 1 1	
	massana nym	together as nusband and wife at the da	ite of his death
8. If not, how long did th	v live apart before	s death?	
Were they divorced?	y are apare before	s death?	
If the husband of the	annlicant	nsioner, DO NOT answer the follow	
9. When, where and in wi	at Company and so	ment did	ing questions
(Give date and place)	at Company and re	ment dia	enlist
10. How did you obtain y	our information of t	s service?	
11. How long within your	personal knowledge	id he perform actual military service	
pany and Regiment? (Give	ates)	a ne pertorm actual military service	with this Com
12. When and where was h	s Command surrend	red or discharged? (Give date and place	.)
13. were you personally p	resent with this Con	nand when it was surrendered?	
i not, where were you		id how came you there?	

 Was the husband of ar 	plicant personally p	sent with his Command '-	
I not where was he?		and how came him there?	
where alle for what car	se did he leave his (mmand? (Cive dote)	
y whose authority did he lea	e his Command?		
nd now long was ne granted	eave?		
low do you know all that you	have stated to be t	ie? (If of your own knowledge state cla	orlegand seems
····· / · · · · · · · · · · · · · · · ·			
13. Por what cause, if you	know of your own k	owledge, was he prevented from returnic	ng to his Com
10. What effort did he mal	e to return to his C	nmand and how do you know this?	
17. was ne captured as a p	isoner?	If so, when and where?	
what prison was he held?		amd when released?	
Sworn to and subscribed before		Rofa adams	
3rd day of Septem	ber, 193.7.	(Witness)	
(SEAL OF ORDINARY)	, County.		
(OUAL OF ORDINARY)			

	7 Word the applicant - 3th 1 th 1 th
3rdday of September, 193. 7.	Were the applicant and her husband living together as husband and wife at the date of his death?
M & Giffin Ordinary,	
	8. If not, how long did they live apart before his death?
County.	were they divorced?
	if the husband of the applicant was a pensioner. DO NOT answer the following
	9. When, where and in what Company and regiment did
	(Give date and place)
	10. How did you obtain your information of this service?
· · · · · · · · · · · · · · · · · · ·	How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.)
	12. When and where was his Command surrendered or discharged? (Give date and place.)
	Command sufferingled of discharged? (Give date and place.)
	13. Were you personally present with this Command when it was surrendered?
	If not, where were you
	14. Was the husband of applicant personally present with his Command at its surrender?
	If not where was he? and how came him there?
	When, where and for what cause did he leave his Command? (Give data)
	By whose authority did he leave his Command?
	and now long was ne granted leave?
	How do you know all that you have stated to be true? (If of your own knowledge, state clearly and speci-
	fically)saccuteariyimia speci-
	15. For what cause, if you know of your own knowledge was he proved to
	mand?
	16. What effort did he make to return to his Command and how do you know this?
	,
	17. Was he captured as a prisoner?
	In what prison was he held?amd when released?
	Sworn to and subscribed before me, this the
	(Witness)
	O. Duffin , Ordinary
	ofCarroll'/, County. (SEAL OF ORDINARY)
A Company of the Comp	
Georgia Haralson County,	
T the man	
I, Anne Cheatwood, Glerk o	f the Court of Ordinary in and
I, Anne Cheatwood, Clerk of foresting one page of printing and type	f the Court of Ordinary in and extify that the within and
I, Anne Cheatwood, Clerk of forestid State and County, do hereby of foresting one page of printing and type	ewriting contains a transfer
I, Anne Cheatwood, Clerk of foresting one page of printing and type	ewriting contains a transfer
I, Anne Cheatwood, Glerk of for said State and County, do hereby of foregoing one page of printing and type correct copy of the marriage of Z. T. Page 85.	writing ontains a true and adams and Miss Rosa Brown, Marriage Record Book 2,
I, Anne Cheatwood, Glerk of for said State and County, do hereby of foregoing one page of printing and type correct copy of the marriage of Z. T. Page 85.	writing ontains a true and adams and Miss Rosa Brown, Marriage Record Book 2,
I, Anne Cheatwood, Clerk of foresting one page of printing and type	writing ontains a true and adams and Miss Rosa Brown, Marriage Record Book 2,
I, Anne Cheatwood, Clerk of for said State and County, do hereby of foregoing one page of printing and type correct copy of the marriage of Z.T. as appears of record in this office in Page SS. Witness my hand and official of September 1937.	earthing contains a true and adams and Miss Rosa Brown, Marriage Record Book 2,
I, Anne Cheatwood, Clerk of for said State and County, do hereby of foregoing one page of printing and type correct copy of the marriage of Z.T. as appears of record in this office in Page SS. Witness my hand and official of September 1937.	writing ontains a true and adams and Miss Rosa Brown, Marriage Record Book 2,
I, Anne Cheatwood, Clerk of for said State and County, do hereby of foregoing one page of printing and type correct copy of the marriage of Z.T. eas appears of record in this office in Page CS. Witness my hand and official of September 1937.	earthing contains a true and adams and Miss Rosa Brown, Marriage Record Book 2,
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I, Anne Cheatwood, Clerk of for said State and County, do hereby of foregoing one page of printing and type correct copy of the marriage of Z.T. eas appears of record in this office in Page CS. Witness my hand and official of September 1937.	evriting contains a true and adams and Miss Rosa Brown, Marriage Record Book 2, al signature this ath day Mark Cleatured Herk Court of Ordinary
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for said State and County, do hereby of foregoing one page of printing and typ ocreet copy of the marriage of Z. T. Page 85. Witness my hand and official of September 1937.	evriting contains a true and dams and Miss Rose Brown, Marriage Record Book 2, al signature this ath day MARRIAGIER Court of Ordinary Book 2, AND SEED AND
I, Anne Cheatwood, Clerk of for said State and County, do hereby of foregoing one page of printing and type correct copy of the marriage of Z.T. as appears of record in this office in Page SS. Witness my hand and official of September 1937.	evriting contains at rue and dams and Miss Rose Brown, Marriage Record Book 2, al signature this ath day Marke Cleatured Herk Court of Ordinery MARRIAGOUR COURT OF Ordinery

19 conses.

of Carroll County.

'(Witness)

Georgia Haralson County,

I, Anne Cheatwood, Clerk of the Court of Ordinary in and foregoing one page of printing and typewriting contains a true and correct copy of the marriage of Z. T. Adams and Miss Rosa Brown, as appears of record in this office in Marriage Record Book E, Page 85.

Witness my hand and official signature this ath day of September 1937.

MARRIAGE on page LICENSE

Gene Cheaturod

of Marriage Licenses.

MARRIAGE LICENSE

AND

14		434343434343434	
1 A-2.	(10)	The state of the s	
Mark	āds	W Sign	new
	ac Auri		TOE
State of Gi	ornia Q	A CONTRACTOR	<u> </u>
•		G Haralson	
To any Ju	DGE, JUSTICE OF THE P	ACE, OR MINISTER OF THE GOS	PEL.
Z. T. Adams,	The state of the s	ou are hereby authory	red to join
	Holy Hale of Mast	Miss Rosa Brown,	
Fan	of this Hate and for	incry according to the Cor see doing this shall be go and to return this I wonse to	stitution and . ar-License.
Certi	you are hereby regue Junto hereon of the Lin	red to return this License to Land date of the Marring	ne with your
′		and and seal this 29th	day of
Ц ау	// 18	W. T. Eaves	Undinary.
STATE OF	GRORGIA CERTIFI	CATE HARALMON COU	TY and the storage
I Certify that	Z. T. Adems,	mind Miss Rosa Bro	
were joined in Hatrime, and Twelve	ny by nu this 30th	day of May . lin	deen Hundred
Recorded .	19	John F. Bryce, G. M.	
2		John F. Bryce, G. M.	

viaie of Georgia aralson County TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL. You are hereby authorized to join Z. T. Adams, Miss Rosa Brown, and in the Holy State of Matrimony according to the Constitution and Laws this State and fir so long this shall be gour License. And you are hereby required to return this License to me with your Cortificate hereon of the fact and date of the Matringe. Siven winder my hand and soul this 89th // 18 W. T. Raves METATE OF GEORGIA CERTIFICATE HARALMON COUNTY I Certify What Z. T. Adams, Miss Rosa Brown, und were joined in Matrimony by methis 30th day of . linder Hundred May and Twelve Recorded

John F. Bryce, G. M.

PARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED

11

STATE DEPARTMENT OF PUBLIC WELFARE HURT BUILDING

ATLAIT/

Honorable M. E. Griffin, Ordinary, Carroll County, Carrollton, Georgia.

WHEREAS:

MRS. ROSE ADAMS, WIDOW OF Z. T. ADAMS,

has filed in this office an application for the Georgia pension allowed to widows of Confederate weterans; and it appearing that the late humbund of this applicant performed actual military corvice as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to Jenuary let, 1920, and that she was not remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the Louth of January 1938, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of Dcember 1937

Director, Confederate Divisio State Department of Public Welfare

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLAUTA

Honorable M. E. Griffin, Ordinary, Carroll County, Carrollton, Georgia.

WHEREAS:

MRS. ROSE ADAMS, WIDOW OF Z. T. ADAMS,

has filed in this office an application for the Georgia pension allowed to widows of Confederate weterams; and it appearing that the late husband of this applicant performed actual nilitary corvice as a Confederate soldier and was honorably soperated from such service; and that applicant was married to said soldier prior to Johanny let, 1920, and that she was not remarried; it is, therefore,

ORDERED:

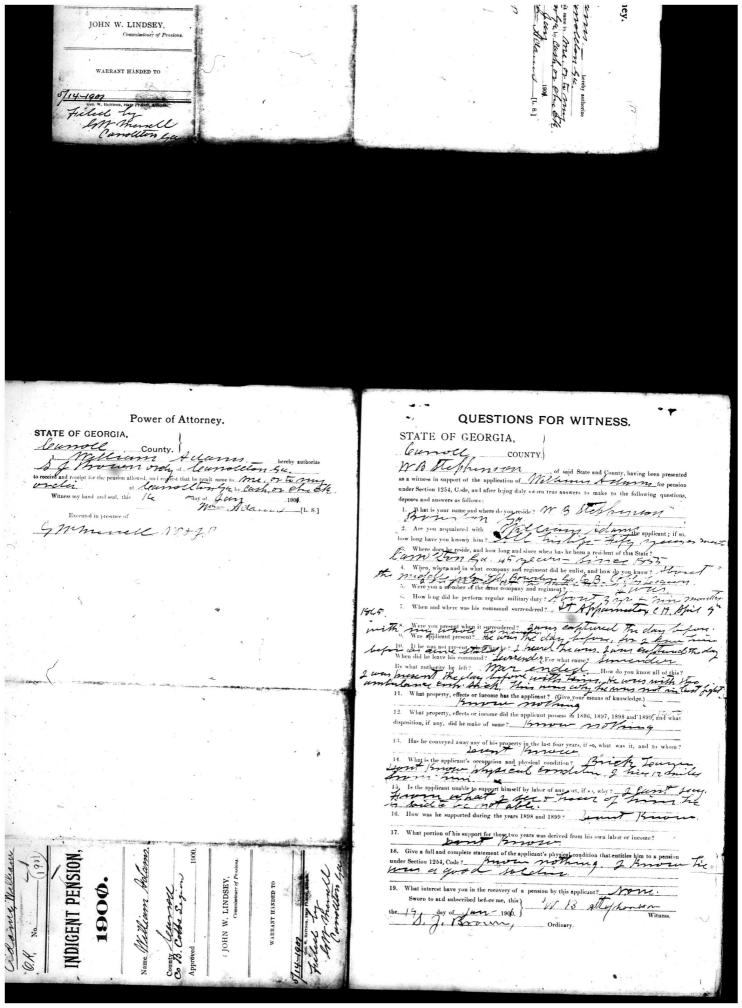
That said applicant be admitted to the pension roll of the State of Georgia for the month of January 1938, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of Dcember

Director, Confederate Division State Department of Public Wolfare

[190] INDIGENT PENSION, 190Ø. Name William Holams. County learned Co B. Colle Segion JOHN W. LINDSEY, WARRANT HANDED TO Give W. Herroon, buy France, allowed Giller Try Mountain Garantetton Garanteton Garantet

STATE OF GEORGIA,



12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? / however most many 13. Has be conveyed away any of his property in the last four years, if so, what was it, and to whom? 14. What is the applicant's occupation and physical condition? Briefs Lourier Separate Lourier Lourier Street Lourier 15 Is the applicant unable to support himself by labor of any ort, if so, why? I furn. Sure that I that I have of him he had been not able. 16. How was he supported during the years 1898 and 1899? 17. What portion of his support for these two years was derived from his own labor or income? 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?

Amount nothing I from the form of the pension of th LINDSEY WARRANT HANDED TO' 19. What interest have you in the recovery of a pension by this applicant? Sworn to and subscribed before me, this W 13 affly should be 19 day of Sworn 1996. Ordinary. × AFFIDAVIT OF PHYSICIANS. Questions for Applicant. STATE OF GEORGIA, STATE OF GEORGIA, STATE OF GEORGE.

RELITION OF Said State and County, desiring to avail himself of the Pension Act (Section 1264, Code), hereby submits his proofs, and after being duiy sworn true answers to make to the following questions, deposes and answers as follows: Carroll COUNTY Personally came before 7. 9. hours and both known to me as reputable physicians said County, who, being severally sworn, by on oath that they have examined carefully.

Attorns, applicant for pension under Section 1254, Code, and after 1. What is your name and where do you reside? (give State, County and post office)

Milliam Adams. Counsellore Council of the State?

2. How long and since when have you been a resident of this State? 47 plury, Since such personal examination say that his precise physical condition is as follows: Roberous Phenometion in very but of or one also 3. When and where were you born? /840 Seft 9, In Canvoll & C.

4. When and where and in what company and regingent did you enlist or serge? On on when I want to the first of the formal of the first of chracial broughed harble with bring are flororius from daing any march tefor of my consequence. They further say on oath that the physical condition of applicant renders him unable to labor at 6. When and where was your company and regiment surrendered and discharged? Affail 7-154.55 any work or calling sufficient to carn a support for himself, and that we have no interest in said pensio. Illa Sheats. mis 7. Were you present with your company and regiment when it was surrendered? I www.
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I want Therefore. J. R. Camp m. D. Syern to and subscribed before me, this the 10. What has been your occupation since 1805.

11. Upon which of the following grounds do you have your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "diffusions and poverty," by you could not earn your support." It upon the first ground, state bay long you have been in such condition that you could not earn your support? It upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state-back letter you are totally blind and when and where you lost your sight?

12. What property, real or personal, or income, do you possess, and its gross value?

13. What property, real or personal, did you possess, in 1891, 1895, 1866, 1897, 1898 and 1899, and 19 whotspiessition, if any, by sile or gift, have you made, of same? Most, 1866, 1897, 1898 and 1899, and 19 S. Trown, ORDINARY'S CERTIFICATE. STATE OF GEORGIA, Leavell COUNTY! , Ordinary in and for said County, hereby certify that the applicant when I down the policient when I said County, and has been a bona fide resident of this State since the last of Jan 19 1890 + 1. and that the witnesses, viz. 1813, I therefore the statements are entitled to full faith and credit. what slips sition, if any, by sale or gift, have you made of same? M. 1895, 1896, 1897, 1898 and 1899, and 1900 what slips sition, if any, by sale or gift have you made of same? M. 1894 the first state of the same of the s I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed. same was signed.

I further certify that the tax digests of County show that applican returned for taxation in his name in 1899 \$1120 of property, and in 1899 / 907 In my opinion the foregoing claim is_ Witness my hand and seal of office, this day of Month Ordinary __made in good faith. of learns Itsfore any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will the whole truth, so help you find," iod."

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

3. In every case the Orlinary must certify to the character of the witness, and as to the execution of the proof as about 21. Have you ever made an application for pension before? I like in 1996 Them is way,
22. How many applications have you ever made and under what class? Drilly one. Turneler

Swarp to and subscribed before me this the

17 The day of Jany, 1904

Ordinary,
of Darrow Ordinary,
County.

that the applicant that the applicant of this State since the day of Jane 1890 to and that the witnesses, viz. W.B. Jackhaman J. W. Merright are of trustworthy character, and that their statements are cutiffed to full faith and credit. 13. What property, real or personal, or income, do you possess, and its gross value. The property of the prope 14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and 1900 what its position, if any, by sale or gift, have you made of same? In 1891 the first of parties to the first of the first I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed. same was signed.

I further certify that the tax digests of County show that applicant returned for taxation in his name in 1899 of property, and in 1898 / 907 \$1/200 Dollars of property. What was our employment during 1898 and 1899? What was did you receive in each year? 40 has a life of the state of the sta In my opinion the foregoing claim is_ Witness my hand and seal of office, this day of May .. Ordinary, of barrs 1. Before any questions are answered, the Ordinary shall awar applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will the whole truth, so help you God," 21. They you ever made an application for pension before? I clied in 1896. They it is us,
22. How many applications have you ever made and under what class? Only one. Viscolar

Same Set as I do Mair.

Same bet as I do Millian Adams

Applicant

Only of Jany 1901

Applicant

County. Additional affidavits may be attached if blank spaces are insufficient.
 In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above -4. QUESTIONS FOR WITNESS. STATE OF GEORGIA. A 3 me length a witness in support of the application of Milliam Adum for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside from 3 In length to the house to the following the specific forms of the second to the following the applicant; if so deposes and answers as follows: how long have you known him? Horty will or more Where does be reside, and how long and since when has be been a resident of this State? Pencles of Courselling. It. Pencled Free Prince 1840.

July 1861. B. Cotty Lagran, 2 entirely with the company and regiment did he enlist, and how do you know? How 7145 5. Were you a member of the same company and regiment? 2 was How long did he perform regular military duty, and what do you know of his service as a Confederate 6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from he service. I want 8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what 8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same 2. Of the asy of formour, the back of the same of the sa 11. Is the applicant unable to supert himself by labor of any soft, if so, why?

A think so for the requirement of the soft of the thousand winds in the supert of the shoulders, keffy him have work?

Now was he supported during the years 1888 and 1899 \$1900. July not 13. What portion of his support for these two years was derived from his own labor or income?

Jaront Farmen. Small of the applicant's physical condition that entitles him to a pension and under Section 1254, Code? I then, I can only find by him took of the section 1254, Code? I then, I can only find by him took of the section 1254 to the section of Sworn to and subscribed before me, this July of feet 1906. If I collecte eight Witness.