

Pension office  
 11/27-1920  
 Disapproved  
 for my reason  
 that I was not  
 the soldier's  
 because I was  
 not a soldier  
 military service  
 not entitled to it  
 so I was  
 not a soldier  
 because I was  
 not a soldier

Abernethie James H.  
 Carroll County  
 No. 111427  
 Disapproved 11/27/20  
**Confederate**  
**Soldier's Application**  
 Under Act 1910—As Amended by Act of 1919.  
 County Carroll  
 Name James H. Abernethie  
 Company River & Union Bureau  
 Regiment \_\_\_\_\_  
 Approved \_\_\_\_\_  
 J. W. LINDSEY,  
 Commissioner of Pensions.  
 Byrd Printing Co., State Printers, Atlanta.

10/27/1920

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words:  
 "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence  
 you give shall be the whole truth. So help you God."  
 2. Additional affidavits may be attached if blank spaces are insufficient.  
 3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and  
 must be certified by such Ordinary.

STATE OF GEORGIA  
 Carroll COUNTY  
 I, W. H. Sullivan Ordinary of said County, certify that I know  
 the applicant James H. Abernethie for pension is the person he represents himself to be and  
 resides in said county. That I also know Chas. R. R. R. the witness swearing to the  
 service; that they residents of said county and were duly sworn by me before signing the forego-  
 ing affidavits and they are all truthful and trustworthy and their statements are entitled to full faith and  
 credit. That Chas. R. R. R. is a former resident of Carroll and per-  
 sonally known to me and was duly sworn  
 before me in my hand and official seal of office this 15 day of October 1920  
W. H. Sullivan Ordinary  
 of Carroll County.  
 (SEAL)

Ordinary's Certificate

STATE OF GEORGIA  
 Carroll COUNTY  
 I, W. H. Sullivan Ordinary of said County, certify that I know  
 the applicant James H. Abernethie for pension is the person he represents himself to be and  
 resides in said county. That I also know Chas. R. R. R. the witness swearing to the  
 service; that they residents of said county and were duly sworn by me before signing the forego-  
 ing affidavits and they are all truthful and trustworthy and their statements are entitled to full faith and  
 credit. That Chas. R. R. R. is a former resident of Carroll and per-  
 sonally known to me and was duly sworn  
 before me in my hand and official seal of office this 15 day of October 1920  
W. H. Sullivan Ordinary  
 of Carroll County.  
 (SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words:  
 "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence  
 you give shall be the whole truth. So help you God."  
 2. Additional affidavits may be attached if blank spaces are insufficient.  
 3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and  
 must be certified by such Ordinary.

of  
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 ser-  
vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby  
authorizing my said attorney to receipt in my name for any Warrant that may be issued by  
the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

day of \_\_\_\_\_ 188

(L. S.)

Executed in the presence of us:

**DIRECTION:**

Send money to me as follows, by

to

P. O.

County, Georgia.

**STATE OF GEORGIA,**

*Carroll* County.

I, *S. J. Brown* Ordinary of said county,  
do certify that I am well acquainted with *J. T. Abernethie* 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 *4th* day of *Feb* 1890

*S. J. Brown*  
Ordinary *Carroll* County.

**STATE OF GEORGIA,**

*Carroll* County.

I, *S. J. Brown* Ordinary of said County,  
do certify that I am well acquainted with *J. T. Abernethie* 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 *7th* day of *Feb* 1891

*S. J. Brown*  
Ordinary *Carroll* County.

**APPLICATION FOR ALLOWANCE.**

No. *1320*

*Loza of Mr*  
Applicant, *J. T. Abernethie*  
County, *Carroll*

Amount, *100*

Date of warrant, *July 17*

Entered on record  
*Feb 17 1890*

*do do*

*17th*

*applicant*

**Application for Allowance**

No. *1311*

*Loza of Mr*  
Applicant, *J. T. Abernethie*  
County, *Carroll*

Amount, *100*

Date of Warrant, *Feb 17*

Entered on record  
*Feb 17 1891*

*do do*

*17th*

*applicant*



I was very poor then. Had but little about time.

\* 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? 20 far as I know, he had nothing except his 4 good horses & 2 cows.

9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?  
50 I think not. I earned by my big farm a lot

10. What is the applicant's occupation and physical condition? His main work is sugar planting. He has about quit. He don't seem from his appearance, at the way he is working, to be able to do much more. He has been sick some times.

11. Is the applicant unable to support himself by labor of any sort, if so, why?  
I think so for the reason above. His rheumatism in his legs and back & shoulders keeps him from working.

12. How was he supported during the years 1898 and 1899 + 1900. I do not know.

13. What portion of his support for these two years was derived from his own labor or income?  
I don't know. Would think a very small part.

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code of Laws. I can only judge by his looks and capability. He looks like he wants a bad condition, and I know he used to work hard and does not like now.

15. What interest have you in the recovery of a pension by this applicant? None at all.

Sworn to and subscribed before me, this }  
the \_\_\_\_\_ day of Feb 1906 } J. D. McNeill  
S. J. Brown, Ordinary. Witness.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Barrell County.

I, William Adams hereby authorize S. J. Brown  
Ordinary of Camell County, Ga.

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

Witness my hand and seal, this 11<sup>th</sup> day of January, 1902

Witness my hand and seal, this 11<sup>th</sup> day of January, 1902.

Executed in presence of

*B. H. Brown*

(FOR THOSE ALREADY ENROLLED.)  
CODE SECTION 1254.

No. 2849

**INDIGENT**

# SOLDIER'S PENSION 1902.

Name Wm Adams  
County Carroll  
Co. B, 6th Regiment

WARRANT ISSUED

1902. 36

JOHN W. LINDSEY,

*Committee of Persons*

**WARRANT HANDED TO**

1

1

Geo. W. Harrison, State Printer, Atlanta.

vs late

Adams, William  
Carroll County

CODE SECTION 134.  
(FOR THOSE ALREADY ENROLLED.)

No. 2561

**INDIGENT**

# SOLDIER'S PENSION 1903.

Name William F. Adams  
County Carroll  
Co. "B" Regiment 60th

WARRANT ISSUED  
Ligia

1602

JOHN W. LINDSEY

WARRANT HANDED TO  
Commissioner of Penitents.

1164

no data

1890.

No. 13220

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 24, 1887.

J. S. Abercrombie

Applicant, J. S. Abercrombie

County, Carroll

Amount, \$100

Date of warrant, July 1, 1887

Entered on record, July 1, 1887

J. S. Abercrombie

J. S. Abercrombie

J. S. Abercrombie

J. S. Abercrombie

J. S. Abercrombie

J. S. Abercrombie

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J. S. Abercrombie

J. S. Abercrombie

J. S. Abercrombie

J. S. Abercrombie

J. S. Abercrombie

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Carroll County,

PERSONALLY appears J. S. Abercrombie of 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 1860, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Lieutenant in Company B, of 27th Regiment of Georgia Volunteers Colquhoun's Brigade; that whilst engaged in such military service, at the battle of Cold Harbor in the State of Va. on the first day of June 1864, he was wounded as follows: by gunshot fire right arm causing loss of said arm above elbow.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of One Hundred dollars.

Sworn to and subscribed before me, this 7th day of Feb. 1891, J. S. Abercrombie  
J. S. Brown Ord. & C. Co.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

KNOW ALL MEN BY THESE PRESENTS, That I,

county, in said State, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

## DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Carroll County,

PERSONALLY appears J. S. Abercrombie of 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 resided therein continuously ever since the first day of Jan. 1857, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Lieutenant in Company B, of 27th Regiment of Georgia Volunteers Colquhoun's Brigade; that whilst engaged in such military service at the battle of Cold Harbor in the State of Va. on the first day of June 1864, he was wounded as follows: by gunshot fire right arm causing loss of said arm above elbow.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of One Hundred dollars, for 1887 & 1890.

Sworn to and subscribed before me, this 7th day of Feb. 1891, J. S. Abercrombie  
J. S. Brown Ord. & C. Co.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

Know all Men by these Presents, That I,

of County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

## DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

# POWER OF ATTORNEY.

STATE OF GEORGIA

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, do hereby appoint

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

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

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of County, State of Georgia, do hereby appoint

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

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

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

## STATE OF GEORGIA.

County.

I, S. J. Brown

Ordinary of said county,

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

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

S. J. Brown

Ordinary

County.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I, J. T. Abernethie

of County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18th day of March 1893.

[L. S.]

Executed in the presence of us:

S. J. Brown

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

SOLDIERS' PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name J. T. Abernethie

County Carroll

Disabling Loss of arm

Amount, \$ 100

Entered on record

1892.

W. H. HARRISON,

Secretary of the Pension Department

AGENT.

Applicant

See W. Harrison, State Printer, Atlanta

Abernethie J. T.  
Carroll Co  
1893.

Application for Allowance

No. 324.

For the Year Ending October 31, 1893.

Name J. T. Abernethie

County Carroll

Amount, \$ 100

Date of Warrant, 3/21

Entered on record, 1/21

1893.

W. H. HARRISON,

Secretary of the Pension Department

AGENT.

Applicant

See W. Harrison, State Printer, Atlanta

# SOLDIER'S PENSIO

1892.

FOR THE YEAR ENDING OCTOBER 26, 1891

Name *J. T. Abernethy*  
County *Carroll*  
Disabling *Loss of Arm*  
Amount \$ *100*  
Entered on record *Met 3*

W. H. HARRISON,  
Secretary of War

AGENT

*Application*  
Don. W. Harris at State Printer, Atlanta

*Abernethy, J. T.*  
*Carroll*  
1893.

# Application for Allowan

FOR THE YEAR ENDING OCTOBER 26, 1891.

Name *J. T. Abernethy*  
County *Carroll*  
Disabling *Loss of Arm*  
Amount \$ *100*  
Entered on record *Met 3*

1892.

FOR THE YEAR ENDING OCTOBER 26, 1891.

Name *J. T. Abernethy*  
County *Carroll*  
Disabling *Loss of Arm*  
Amount \$ *100*  
Entered on record *Met 3*

1892.

Name *J. T. Abernethy*  
County *Carroll*  
Disabling *Loss of Arm*  
Amount \$ *100*  
Entered on record *Met 3*

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Carroll* County.

PERSONALLY appears *J. T. Abernethy*  
of *Carroll* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the *first* day of *January* 1859; that he enlisted in the military service of the Confederate States (as of the State of *Georgia*) during the war between the States, and served as a *Lieutenant* in Company *2* of *27*th Regiment of *4th* Volunteers *Colquhitt* Brigade; that whilst engaged in such military service at the battle of *Cold Harbor* in the State of *Va.*, on the *first* day of *June* 1864, he was wounded as follows: *by gunshot in right arm causing amputation of said arm above elbow*

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

*One hundred* Dollars for *1889, 1890 & 1891*

Sworn to and subscribed before me this *2* day of *March* 1892.

Ordinary.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA,

*Carroll* County.

Know all Men by these Presents, That I, *J. T. Abernethy* of

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 *March* 1892.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia:

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Carroll* County.

PERSONALLY appears *J. T. Abernethy* of *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 resided therein continuously ever since the *first* day of *January* 1859; that he enlisted in the military service of the Confederate States (as of the State of *Georgia*) during the war between the States, and served as a *Lieutenant* in Company *8*, of *27*th Regiment of *4th* Volunteers *Colquhitt* Brigade; that whilst engaged in such military service at the battle of *Cold Harbor* in the State of *Va.*, on the *first* day of *June* 1864, he was wounded as follows: *by gunshot in right arm causing loss of right arm above elbow*

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

*One Hundred* dollars, for *1890, 1891, 1892*

Sworn to and subscribed before me, this *18* day of *March* 1893.

*S. G. Brown* Ordinary.

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

STATE OF GEORGIA,

*Carroll* County.

I, *S. G. Brown* Ordinary of said County,

do certify that I am well acquainted with *J. T. Abernethy* 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 said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *18* day of *March* 1893.

*S. G. Brown* Ordinary *Carroll* County.

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

## POWER OF ATTORNEY.

STATE OF GEORGIA.

County, *Carroll*

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of *March* 1892.

Executed in the presence of us:

[L. S.]

### DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

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

STATE OF GEORGIA.

County, *Carroll*

I, *S. G. Brown*

Ordinary of said County,

do certify that I am well acquainted with *J. T. Abernethy* 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 *18th* day of *March* 1892.

*S. G. Brown*  
Ordinary *Carroll* County.

## POWER OF ATTORNEY.

STATE OF GEORGIA.

County, *Carroll*

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *7th* day of *March* 1894.

Executed in the presence of us:

[L. S.]

### DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

County, *Carroll*

KNOW ALL MEN BY THESE PRESENTS, That I,

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *19th* day of *June* 1895.

Executed in presence of us

[L. S.]

### DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

(For Those Already Enrolled)

Soldier's Pension.

1894.

Name *J. T. Abernethy*

County *Carroll*

Disability *Loss of arm*

Amount, \$ *100*

1891.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

*J. T. Abernethy*

Gen. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled)

SOLDIER'S PENSION.

1895.

Name *J. T. Abernethy*

County *Carroll*

Disability *Loss of arm*

Amount, \$ *100*

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

*J. T. Abernethy*

Gen. W. Harrison, State Printer, Atlanta.

For These Already Enrolled  
Hereafter Enrolling  
No. 313

## Soldier's Pension. 1894.

Name *J. T. Abernethy*  
County *Carroll*  
Disability *loss of arm*  
Amount *\$100*

1894.  
W. H. HARRISON,  
Secretary Executive Department.

WARRANT HANDLED TO  
*J. T. Abernethy*  
Gen. W. Harrison, State Printer, Atlanta

For These Already Enrolled  
Hereafter Enrolling  
No. 452

## SOLDIER'S PENSION. 1895.

Name *J. T. Abernethy*  
County *Carroll*  
Disability *loss of arm*  
Amount *\$100*

1895.  
RICHARD JOHNSON,  
Secretary Executive Department.

WARRANT HANDLED TO  
*J. T. Abernethy*  
Gen. W. Harrison, State Printer, Atlanta

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
*Carroll* County.

PERSONALLY appears *J. T. Abernethy* *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 resided therein continuously ever since the  
day of *January* 1857; that he enlisted in the military service of the Con-  
federate States (or of the State of *Georgia*) during the war between the  
States, and served as a *Lieutenant* in Company *E*, of *27th* Regiment  
of *Georgia* Volunteers *Calquhoun's* Brigade; that whilst engaged in  
such military service at the battle of *Second Cold Harbor* in the State  
of *Va.* on the *first* day of *June*, 1864, he was  
wounded as follows: *by gunshot fire right*  
*arm causing loss of said arm*  
*above the elbow.*

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

Sworn to and subscribed before me, this, the *7th* day of *March*, 1894, *J. T. Abernethy*  
*S. J. Brown* Only.

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,  
*Carroll* County.

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

Given under my official signature and seal, this *7th*  
day of *March*, 1894.



*S. J. Brown*  
Ordinary *Carroll* County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
*Carroll* County.

PERSONALLY appears *J. T. Abernethy* *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 resided therein continuously ever since the  
day of *January* 1857; that he enlisted in the military service of the Con-  
federate States (or of the State of *Georgia*) during the war between the  
States, and served as a *Lieutenant* in Company *E*, of *27th* Regiment  
of *Georgia* Volunteers *Calquhoun's* Brigade; that whilst engaged in  
such military service at the battle of *Second Cold Harbor* in the State  
of *Va.* on the *first* day of *June*, 1864, he was  
wounded as follows: *gun shot in right arm*  
*half way from elbow to shoulder, causing loss*  
*of arm near the shoulder.*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,  
and the acts amendatory thereof, and makes application for the allowance to which he is  
entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of  
*One Hundred* dollars, for the year 1894.

Sworn to and subscribed before me, this, the *19th* day of *Feb.*, 1895, *J. T. Abernethy*.

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,  
*Carroll* County.

I, *S. J. Brown* Ordinary of said County,  
do certify that I am well acquainted with *J. T. Abernethy* 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 *19th*  
day of *Feb.*, 1895.



Ordinary *Carroll* County.



entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of One Hundred dollars, for the year 1893.  
Sworn to and subscribed before me, this, the 7th day of March, 1894. J. J. Abercrombie  
S. J. Brown Only.  
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,

Carroll County.  
I, S. J. Brown Ordinary of said County, 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 7th day of March, 1894.



S. J. Brown  
Ordinary Carroll County.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of One Hundred dollars, for the year 1893.  
Sworn to and subscribed before me, this, the 19th day of Feb, 1895. J. J. Abercrombie

STATE OF GEORGIA,

Carroll County.  
I, S. J. Brown Ordinary of said County, 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 19th day of Feb, 1895.



Ordinary Carroll County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Carroll County.  
I, J. J. Abercrombie hereby authorize S. J. Brown of Carroll County to receive and receipt for the pension paid hereon and request that he remit same to  
by \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th day of Feb, 1896.

Executed in presence of us

S. J. Brown  
Wm. Peace

POWER OF ATTORNEY.

STATE OF GEORGIA,

Carroll County.  
I, J. J. Abercrombie hereby authorize S. J. Brown of Carroll County to receive and receipt for the pension paid hereon and request that he remit same to  
by \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18th day of Feb, 1897.

Executed in presence of

S. J. Brown  
J. H. Brown

ACT OF MARCH, 1887.  
(For Those Already Enrolled.)

No. 2939

**SOLDIER'S PENSION.**

**1896.**

Name J. J. Abercrombie  
County Carroll  
Disability Loss of arm  
Amount, \$100.00

1896

3/6  
RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

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

ACT OF MARCH, 1887.  
(For Those Already Enrolled.)

No. 2940

**INVALID**

**SOLDIER'S PENSION.**

**1897.**

Name J. J. Abercrombie  
County Carroll  
Disability Loss of arm  
Amount, \$100.00

1897

3/3  
RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

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

ACT OF OCT. 1887.  
(For Those Already Enrolled.)

No. 2939

## SOLDIER'S PENSION. 1896.

Name J. T. Abernethy  
County Carroll  
Disability Loss of arm  
Amount, \$ 100.00  
3/6

1896

RICHARD JOHNSON,  
Secretary Executive Department.

WARRANT HANDLED TO

WARRANT HANDLED TO

WARRANT HANDLED TO

ACT OF OCT. 1887.  
(For Those Already Enrolled.)

No. 2940

## INVALID SOLDIER'S PENSION. 1897.

Name J. T. Abernethy  
County Carroll  
Disability Loss of arm  
Amount, \$ 100.00  
3/6

1897

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDLED TO

WARRANT HANDLED TO

WARRANT HANDLED TO

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Carroll County.

Personally appears J. T. Abernethy of 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 resided therein continuously ever since the day of Nov 1859; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a First Lieut. in Company E, of 22th Regiment of Vol. Volunteers, Colquitt's Brigade; that whilst engaged in such military service in the State of Va., on the first day of June 1864, he was wounded, injured or diseased as follows:

By gunshot in right arm at  
second battle of Cold Harbor  
Va. causing amputation  
of arm about the elbow

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 Carroll county been allowed a pension of One Hundred dollars, for the year 1895.

Sworn to and subscribed before me, this, 14th day of Feb, 1896, by J. T. Abernethy  
S. J. Brown, Ord.

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

STATE OF GEORGIA,

Carroll County.

I, S. J. Brown Ordinary of said County, do certify that I am well acquainted with J. T. Abernethy 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 15th day of Feb, 1896.

S. J. Brown  
Ordinary Carroll County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Carroll County.

Personally appears J. T. Abernethy of 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 resided therein continuously ever since the day of The year 1859; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Lieut. in Company E, of 22th Regiment of Vol. Volunteers, Colquitt's Brigade; that whilst engaged in such military service in the State of Va., on the first day of June 1864, he was wounded, injured or diseased as follows:

By gunshot in right arm,  
at the battle of Cold Harbor Va.,  
which caused amputation of said  
arm above the elbow.

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

Sworn to and subscribed before me, this, 15th day of Feb, 1897, by J. T. Abernethy  
S. J. Brown, Ord.

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

STATE OF GEORGIA,

Carroll County.

I, S. J. Brown Ordinary of said County, do certify that I am well acquainted with J. T. Abernethy 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 15th day of Feb, 1897.

S. J. Brown  
Ordinary Carroll County.



Carroll County been allowed a pension of One Hundred dollars, for the year 1895.

Sworn to and subscribed before me, this, the 14th day of February, 1896. J. T. Abercrombie  
S. J. Brown, Ordinary

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

STATE OF GEORGIA,  
Carroll County.

I, S. J. Brown Ordinary of said County, do certify that I am well acquainted with J. T. 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 15th day of February, 1896.



S. J. Brown  
Ordinary Carroll County.

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

Sworn to and subscribed before me, this, the 15th day of February, 1897. J. T. Abercrombie  
S. J. Brown, Ordinary

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

STATE OF GEORGIA,  
Carroll County.

I, S. J. Brown Ordinary of said County, do certify that I am well acquainted with J. T. 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 15th day of February, 1897.



S. J. Brown  
Ordinary Carroll County.

### POWER OF ATTORNEY.

STATE OF GEORGIA,  
Carroll County.

I, J. T. Abercrombie Ordinary of Carroll County, Ga. hereby authorize S. J. Brown to receive and receipt for the pension paid hereon and request that he remit same to by

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th day of January, 1898.

Executed in presence of

J. T. Abercrombie [L. S.]

### POWER OF ATTORNEY.

STATE OF GEORGIA,  
Carroll County.

I, J. T. Abercrombie Ordinary of Carroll County, Ga. hereby authorize S. J. Brown to receive and receipt for the pension paid hereon and request that he remit same to by

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th day of January, 1898.

Executed in presence of

S. J. Brown  
J. T. Abercrombie [L. S.]

(For These Already Enrolled.)

No. 2650

INVALID

SOLDIER'S PENSION.

1898.

Name J. T. Abercrombie

County Carroll

Disability loss of arm

Amount, \$100.00

2/21 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

5903

SEE IN RECORDS OFFICE, ATLANTA

Abercrombie, J. T.  
Carroll Co.

(For These Already Enrolled.)

No. 2327

INVALID

SOLDIER'S PENSION.

1899.

Name J. T. Abercrombie

County Carroll

Disability loss of arm

Amount, \$100.00

2/16 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

5903

SEE IN RECORDS OFFICE, ATLANTA

110666

*Carroll Co*  
 No. 2650  
 INVALID  
 SOLDIER'S PENSION  
 1898.  
 Name *J. T. Abernethy*  
 County *Carroll*  
 Disability *Loss of arm*  
 Amount, \$100.00  
 2/21 1898  
 RICHARD JOHNSON,  
 Commissioner of Pensions.  
 WARRANT HANDED TO  
 5973  
 SEC. W. HARRISON, STATE PRINTER, ATLANTA

*Abernethy, J. T.*  
 No. 2327  
 INVALID  
 SOLDIER'S PENSION.  
 1898.  
 Name *J. T. Abernethy*  
 County *Carroll*  
 Disability *Loss of arm*  
 Amount, \$100.00  
 2/16 1898  
 RICHARD JOHNSON,  
 Commissioner of Pensions.  
 WARRANT HANDED TO  
 5973  
 SEC. W. HARRISON, STATE PRINTER, ATLANTA

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Carroll* County.

Personally appears *J. T. Abernethy* of *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 resided therein continuously ever since the day of *Geor* 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 *First Lieut* in Company *C*, of 27th Regiment of *Georgia* Volunteers, *Calquitt*'s Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *1st* day of *June* 1864, he was wounded, injured or diseased as follows:

*By gun shot wound in right arm, causing loss of arm above the elbow*

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 20th, 1898. I have heretofore under said law as a resident of *Carroll* county been allowed an invalid pension of *One Hundred* Dollars, for the year 1897.

Sworn to and subscribed before me, this, *10* day of *January* 1898, *J. T. Abernethy*

*S. J. Brown, Clerk*

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,

*Carroll* County.

I, *S. J. Brown* Ordinary of said County, do certify that I am well acquainted with *J. T. Abernethy* 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 *10* day of *January* 1898.

*S. J. Brown*  
 Ordinary *Carroll* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Carroll* County.

Personally appears *J. T. Abernethy* of *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 resided therein continuously ever since the day of *the Geor* 1859; 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 *1st Lieutenant* in Company *B*, of 27th Regiment of *Georgia* Volunteers, *Calquitt*'s Brigade; that whilst engaged in such military service in the State of *W. Va.*, on the *1st* day of *June* 1864, he was wounded, injured or diseased as follows:

*By gun shot in right arm, causing the arm to be amputated above the elbow. The wound was received while in line of battle at the Second Battle of Cold Harbor in W. Va. 1st day of June 1864.*

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of *Carroll* County been allowed an invalid pension of *One Hundred* Dollars, for the year 1898.

Sworn to and subscribed before me, this, *17* day of *January* 1898, *J. T. Abernethy*

*S. J. Brown, Clerk*

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,

*Carroll* County.

I, *S. J. Brown* Ordinary of said County, do certify that I am well acquainted with *J. T. Abernethy* 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 *17* day of *January* 1898.

*S. J. Brown*  
 Ordinary *Carroll* County.



resident of Carroll County been allowed an invalid pension of One Hundred Dollars, for the year 1897.  
Sworn to and subscribed before me, this, the 10<sup>th</sup> day of January 1898, by J. T. Abercrombie POST OFFICE S. J. Brown, Ordry  
S. J. Brown, Ordry  
Notar 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,

Carroll County.

I, S. J. Brown Ordinary of said County, do certify that I am well acquainted with J. T. 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 10<sup>th</sup> day of January 1898.

S. J. Brown  
Ordinary Carroll County.



County been allowed an invalid pension of One Hundred Dollars, for the year 1898.  
Sworn to and subscribed before me, this, the 17<sup>th</sup> day of January 1899, by J. T. Abercrombie POST OFFICE Carroll, Ga.  
S. J. Brown, Ordry  
Notar 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,

Carroll County.

I, S. J. Brown Ordinary of said County, do certify that I am well acquainted with J. T. 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 17<sup>th</sup> day of January 1899.

S. J. Brown  
Ordinary Carroll County.



### POWER OF ATTORNEY.

STATE OF GEORGIA,

Carroll County.

I, J. T. Abercrombie hereby authorize S. J. Brown of Carroll 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<sup>nd</sup> day of January 1900.

Executed in presence of

J. T. Abercrombie [L. S.]

### POWER OF ATTORNEY.

STATE OF GEORGIA,

Carroll County.

I, J. T. Abercrombie hereby authorize S. J. Brown of Carroll County, Ga. 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 21<sup>st</sup> day of January 1901.

Executed in presence of

J. T. Abercrombie [L. S.]  
S. J. Brown  
J. T. Brown

COPIES SECTION TWO  
(For Those Already Enrolled.)

No. 272

INVALID

SOLDIER'S PENSION.

1900.

Name J. T. Abercrombie  
County Carroll  
Disability Loss of arm  
Amount, \$ 102.00  
Warrant issued Feb 16 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

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

COPIES SECTION ONE  
(For Those Already Enrolled.)

No. 3730

DISABLED

SOLDIER'S PENSION.

1901.

Name J. T. Abercrombie  
County Carroll  
Disability Loss of Arm  
Amount, \$ 100.00

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

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

COIN RECTOR 1890.  
(For Those Already Enrolled.)

No. 272

INVALID

SOLDIER'S PENSION  
1900.

Name J. T. Abercrombie  
County Carroll  
Disability Loss of arm  
Amount, \$ 100  
Warrant issued Feb 16 19

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Warrant

Gen. W. Harrison, State Printer, Atlanta.

COIN RECTOR 1890.  
(For Those Already Enrolled.)

No. 2730

DISABLED

SOLDIER'S PENSION  
1901.

Name J. T. Abercrombie  
County Carroll  
Disability Loss of Arm  
Amount, \$ 100

1901

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Warrant

Gen. W. Harrison, State Printer, Atlanta.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Carroll County.

Personally appears J. T. Abercrombie 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 year 1859; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Lieut. in Company E, of 27th Regiment of Ga. Volunteers, Colquitt's Brigade; that whilst engaged in such military service in the State of Va., on the 1st day of June, 1864, he was wounded, injured or diseased as follows:

By gunshot in right arm at 2nd Battle of Cold Harbor, Va. causing amputation of said arm above the elbow.

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 Carroll County been allowed an invalid pension of One Hundred Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 22 day of Jan 7, 1900. J. T. Abercrombie POST OFFICE

S. J. Brown Only

Notary—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,

Carroll County.

I, S. J. Brown Ordinary of said County, do certify that I am well acquainted with J. T. 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 22,

day of Jan, 1900.

Ordinary Carroll County.



## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Carroll County.

Personally appears J. T. Abercrombie of 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 resided therein continuously ever since the day of Jan 1859; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a 1st Lieut. in Company E, of 27th Regiment of Georgia Volunteers, Colquitt's Brigade; that whilst engaged in such military service in the State of Virginia, on the 1st day of June, 1864, he was wounded, injured or diseased as follows:

By gunshot in right arm above the elbow causing amputation of this arm 1/2 way from shoulder to elbow. Wound was healed while in line at 2nd Battle of Cold Harbor in Virginia, on 1st day of June 1864.

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

Sworn to and subscribed before me, this the 21 day of Jan 1901. J. T. Abercrombie Postoffice Stagnum, Ga.

Notary—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,

Carroll County.

I, S. J. Brown Ordinary of said County, do certify that I am well acquainted with J. T. 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 21st

day of Jan, 1901.

Ordinary Carroll County.



Carroll County been allowed an invalid pension of  
One Hundred Dollars, for the year 1899.  
Sworn to, and subscribed before me, this, the 22<sup>nd</sup> day of Jan'y, 1900. J. J. Asher Crombie  
S. J. Brown Only  
Notary 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,

Carroll County.

I, S. J. Brown Ordinary of said County, do certify that I am well acquainted with J. J. Asher Crombie 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 22<sup>nd</sup> day of Jan'y, 1900.  
S. J. Brown  
Ordinary Carroll County.



ing October 26th, 1901. I have heretofore under said law as a resident of  
Carroll County been allowed an invalid pension of  
One Hundred Dollars, for the year 1900.  
Sworn to and subscribed before me, this the 21<sup>st</sup> day of January, 1901. J. J. Asher Crombie  
S. J. Brown Only  
Notary 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,

Carroll County.

I, S. J. Brown Ordinary of said County, do certify that I am well acquainted with J. J. Asher Crombie 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 21<sup>st</sup> day of January, 1901.  
S. J. Brown  
Ordinary Carroll County.



### POWER OF ATTORNEY.

STATE OF GEORGIA,

Carroll County.

I, J. J. Asher Crombie Ordinary of Carroll County, Ga., hereby authorize S. J. Brown to receive and receipt for the pension paid hereon and request that he remit same to by.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 18<sup>th</sup> day of January, 1902.

Executed in presence of P. J. Brown [L. S.]

### POWER OF ATTORNEY.

STATE OF GEORGIA,

Carroll County.

I, J. J. Asher Crombie hereby authorize S. J. Brown of Carroll County to receive and receipt for the pension paid hereon and request that he remit same to by.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 18<sup>th</sup> day of January, 1902.

Executed in presence of J. J. Asher Crombie [L. S.]

Carroll Co. 72  
CODE SECTION 1781  
(FOR THOSE ALREADY ENROLLED.)  
DISABLED  
SOLDIER'S PENSION  
1902.  
Name J. J. Asher Crombie  
County Carroll  
Co. C Regiment 27<sup>th</sup> Reg  
Disability Loss of arm  
Amount, \$100.00  
1902.  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
Only  
Geo. W. Harrison, State Printer, Atlanta.

Carroll Co. 72  
CODE SECTION 1782  
(FOR THOSE ALREADY ENROLLED.)  
DISABLED  
SOLDIER'S PENSION  
1903.  
Name J. J. Asher Crombie  
County Carroll  
Co. C Regiment 27<sup>th</sup> Reg  
Disability Loss of arm  
Amount, \$100.00  
1903.  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
Only  
Geo. W. Harrison, State Printer, Atlanta.



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

## STATE OF GEORGIA,

*Carroll* County.)

Personally appears *J. T. Sherscrombie* of *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 resided therein continuously ever since the day of *Jan* 1857; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *1st Lieutenant* in Company *E*, of *27th* Regiment of *Georgia* Volunteers, *Colquitt's* Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *12th* day of *June* 1864, he was wounded, injured or diseased as follows:

*By gun shot in right arm while in line of battle at the 2nd battle of Cold Harbor Va - 12th day of June 1864, causing amputation of arm on half way from elbow to shoulder.*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of *Carroll* County, been allowed an invalid pension of *One Hundred* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *18th* day of *January*, 1902. Post-office *Stagun Va.*  
*S. J. Brown, Ordly.*

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

## STATE OF GEORGIA,

*Carroll* County.)

I, *S. J. Brown* Ordinary of said County, do certify that I am well acquainted with *J. T. Sherscrombie* 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*

day of *Jan'y*, 1902.

*S. J. Brown*  
Ordinary *Carroll* County.

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

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

## STATE OF GEORGIA,

*Carroll* County.)

Personally appears *J. T. Sherscrombie* of *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 resided therein continuously ever since the day of *1857*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *1st Lieutenant* in Company *E*, of *27th* Regiment of *Georgia* Volunteers, *Colquitt's* Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *12th* day of *June* 1864, he was wounded, injured or diseased as follows:

*By gun shot in right arm at the second battle of Cold Harbor Va - he was wounded so severely as to require amputation of right arm above elbow.*

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

Sworn to and subscribed before me, this the *18th* day of *January*, 1903. Post-office *Stagun Va.*  
*S. J. Brown, Ordly.*

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

## STATE OF GEORGIA,

*Carroll* County.)

I, *S. J. Brown* Ordinary of said County, do certify that I am well acquainted with *J. T. Sherscrombie* 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 *18th*

day of *January*, 1903.

*S. J. Brown*  
Ordinary *Carroll* County.

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

*Carroll Co.*  
CODE SECTION 100.  
(FOR THOSE ALREADY ENROLLED)  
No. *1881*  
DISABLED  
SOLDIER'S PENSION  
1902.  
Name *J. T. Sherscrombie*  
County *Carroll*  
Co. *E* Regiment *27th*  
Disability *Loss of arm*  
Amount, \$ *100.00*  
1/24  
JOHN W. LINDSEY,  
Commissioner of Pensions  
WARRANT HANDED TO *Ordly*  
Geo. W. Harrison, State Printer, Atlanta.  
*No date*

*Carroll County*  
CODE SECTION 100.  
(FOR THOSE ALREADY ENROLLED)  
No. *1882*  
DISABLED  
SOLDIER'S PENSION  
1903.  
Name *J. T. Sherscrombie*  
County *Carroll*  
Co. *E* Regiment *27th*  
Disability *Loss of arm*  
Amount, \$ *100.00*  
1/24  
JOHN W. LINDSEY,  
Commissioner of Pensions  
WARRANT HANDED TO *Ordly*  
Geo. W. Harrison, State Printer, Atlanta.  
*No date*

1



*Abacrombie, J. J.*  
*Carroll County*

CODE SECTION 1260.  
(FOR THOSE ALREADY ENROLLED.)

No. *1784*

DISABLED

SOLDIER'S PENSION

1904.

Name *J. J. Abacrombie*  
County *Carroll*  
Co. *8* Regiment *27th Regt*  
Disability *Loss of right arm*  
Amount, \$*22*

FEB 11 3 1905

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDLED TO  
*Abacrombie, J. J.*  
Carroll County

On W. Harrison, Near Printer, Atlanta.

*Abacrombie, J. J.*  
*Carroll County*

CODE SECTION 1260.  
(FOR THOSE ALREADY ENROLLED.)

No. *1689*

DISABLED

SOLDIER'S PENSION

1905.

Name *J. J. Abacrombie*  
County *Carroll*  
Co. *6* Regiment *27*  
Disability *Loss of right arm*  
Amount, \$

FEB 10 3 1905

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDLED TO  
*Abacrombie, J. J.*  
Carroll County

On W. Harrison, Near Printer, Atlanta.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
*Carroll* County.

Personally appears *J. J. Abacrombie* of *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 resided therein continuously ever since the day of *1857*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *1st Lieutenant* in Company *E* of *27th* Regiment of *Georgia* Volunteers *Colquhoun's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *1st* day of *June*, *1864*, he was wounded, injured or diseased as follows:  
*He was wounded in the State of Georgia on the 1st day of June, 1864, in the right arm by a gunshot, which caused the arm to be amputated below the elbow.*

Deponent makes application for the pension to which he is entitled for the year ending October, 26th, 1904. I have heretofore, under said law, as a resident of *Carroll* County, been allowed an invalid pension of *One Hundred* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *15th* day of *January*, 1904. *J. J. Abacrombie*  
*J. J. Brown* Post-office

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

STATE OF GEORGIA,  
*Carroll* County.

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

Given under my official signature and seal, this *12th* day of *January*, 1904.

*J. J. Brown*  
Ordinary *Carroll* County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
*Carroll* County.

Personally appears *J. J. Abacrombie* of *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 resided therein continuously ever since the day of *his life* *18* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *1st Lieutenant* in Company *E* of *27th* Regiment of *Georgia* Volunteers *Colquhoun's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *1st* day of *June*, *1864*, he was wounded, injured or diseased as follows:  
*lost left and right arm*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of *Carroll* County, been allowed an invalid pension of *One Hundred* Dollars, for the year 1904.

Sworn to and subscribed before me this the *15th* day of *January*, 1905. *J. J. Abacrombie*  
*J. H. Barron* Post-office *Douglas ga*  
*P. O. No 3*

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

STATE OF GEORGIA,  
*Carroll* County.

I, *J. H. Barron* Ordinary of said County, do certify that I am well acquainted with *J. J. Abacrombie* 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 *9th* day of *January*, 1905.

*J. H. Barron*  
Ordinary *Carroll* County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

Dollars, for the year 1903.  
Sworn to and subscribed before me, this the 12th day of January 1904. J. J. Abner  
Post-office Powell  
Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,  
Carroll County.

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

Given under my official signature and seal, this 12th day of January 1904.

Ordinary, Carroll County.

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

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

Dollars, for the year 1904.  
Sworn to and subscribed before me this the 9th day of January 1905. J. J. Abner  
Post-office Powell  
Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,  
Carroll County.

I, J. J. Abner, Ordinary of said County, do certify that I am well acquainted with J. J. Abner 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 9th day of January 1905.

Ordinary, Carroll County.

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

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

### POWER OF ATTORNEY.

STATE OF GEORGIA,

Carroll County.

I, J. J. Abner, hereby authorize J. J. Abner, Ordinary of Carroll County, Ga., 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 15th day of January 1903.

Executed in the presence of

J. J. Abner  
J. J. Abner

[L. S.]

### POWER OF ATTORNEY.

STATE OF GEORGIA,

Carroll County.

I, J. J. Abner, hereby authorize J. J. Abner, Ordinary of Carroll County, Ga., 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 12th day of January 1907.

Executed in presence of

J. J. Abner  
J. J. Abner

[L. S.]

Copy Section 1903.  
(FOR THOSE ALREADY ENROLLED.)

No. 1288-

DISABLED  
SOLDIER'S PENSION  
1903.

Name J. J. Abner

County Carroll

Co. E Regiment 27th

Disability Loss of arm

Amount, \$100.00

1903.

JOHN W. LINDSEY

Commissioner of Pensions.

WARRANT HANDLED TO

The Pensioners and Pensions Co., Geo. W. Lindsey, Sec.

Copy Section 1904.  
(FOR THOSE ALREADY ENROLLED.)

No. 1633

DISABLED  
SOLDIER'S PENSION  
1907.

Name J. J. Abner

County Carroll

Co. E Regiment 27th

Disability Loss of arm

Amount, \$100.00

1907.

JOHN W. LINDSEY

Commissioner of Pensions.

WARRANT HANDLED TO

The Pensioners and Pensions Co., Geo. W. Lindsey, Sec.

no date

Cons Section 1200.  
(FOR THOSE ALREADY ENROLLED.)

No. 2198-

DISABLED  
SOLDIER'S PENSION  
1906.

Name J. J. Abercrombie  
County Carroll  
Co. C Regiment 27th  
Disability Loss of arm  
Amount, \$ 100.00

1  
FEB 12  
JOHN W. LINDSEY  
Commissioner of Pensions

WARRANT HANDED TO

For Pension Payments and Publications See, Vol. 10, Instructions, No. 1

Cons Section 1200.  
(FOR THOSE ALREADY ENROLLED.)

No. 1633

DISABLED  
SOLDIER'S PENSION  
1907.

Name J. J. Abercrombie  
County Carroll  
Co. C Regiment 27th  
Disability Loss of arm  
Amount, \$ 100.00

19  
JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDED TO

For Pension Payments and Publications See, Vol. 10, Instructions, No. 1

700 date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Carroll County.

Personally appears J. J. Abercrombie  
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 Jan 1857; that he enlisted in the military service of the Confederate States, (or of the State of Georgia) during the war between the States, and served as a 1st Lieut. in Company C of 27th Regiment of Georgia Volunteers Colquhoun's Brigade; that whilst engaged in such military service in the State of Va, on the 12 day of July 1864, he was wounded, injured or diseased as follows:  
By gun shot in right arm while in line of battle at 2nd Battle Cold Harbor, in the 1st day of June 1864. Causing loss of arm above elbow.

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1906. I have heretofore, under said law, as a resident of Carroll County, been allowed an invalid pension of One Hundred Dollars, for the year 1906.

Sworn to and subscribed before me, this the 15 day of Jan 1906.  
J. N. Barron  
Post-Office Lawson, Va.  
R. F. D. No. (3)

Notary 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,  
Carroll County.

I, J. H. Barron, Ordinary of said County, 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 day of Jan 1906.  
J. N. Barron  
Ordinary Carroll County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Carroll County.

Personally appears J. J. Abercrombie of 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 resided therein continuously ever since the day of 1857; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a 1st Lieut. in Company C of 27th Regiment of Georgia Volunteers Colquhoun's Brigade; that whilst engaged in such military service in the State of Va, on the 12 day of July 1864, he was wounded, injured or diseased as follows:  
Lost right arm at Cold Harbor, Va. July, 12th 1864

Deponent makes application for the pension to which he is entitled, for the year ending October 20th, 1907. I have heretofore, under said law, as a resident of Carroll County, been allowed an invalid pension of One Hundred Dollars, for the year 1906.

Sworn to and subscribed before me, this the 12 day of Jan 1907.  
J. N. Barron  
Postoffice Lawson Va. R. D. - 3

Notary 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,  
Carroll County.

I, J. H. Barron, Ordinary of said County, 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 12 day of Jan 1907.  
J. N. Barron  
Ordinary Carroll County.

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

in such military service in the State of Georgia, on the 1 day of July 1864, he was wounded, injured or diseased as follows:  
By gun shot in right arm while in line of battle at 2nd Battle of Gettysburg, Va. 1st day of July 1864, causing loss of arm above elbow.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Carroll County, been allowed an invalid pension of One Hundred Dollars, for the year 1905.

Sworn to and subscribed before me, this the 15 day of Jan 1906.  
J. N. Barron Post-Office Bowden Va. Rd. 3  
W. H. D. No (3)

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

State of Georgia,  
Carroll County.

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

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

J. N. Barron  
Ordinary Carroll County.

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

of July 1864, he was wounded, injured or diseased as follows:  
Last right arm at Cold Harbor, Va. July 12th 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 Carroll County, been allowed an invalid pension of One Hundred Dollars, for the year 1906.

Sworn to and subscribed before me, this the 12 day of Jan 1907.  
J. H. Berger Postoffice Bowden Va. Rd. 3  
J. N. Barron

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

State of Georgia,

Carroll County.

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

Given under my official signature and seal this 12 day of Jan 1907.

J. N. Barron  
Ordinary Carroll County.

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

Audited Feb. 15 ~ 1889.  
Wm. A. M. Galt  
COMPTROLLER GENERAL

Carroll  
Maimed Soldiers.  
Voucher No. 566  
Amount \$ 100  
Paid to J. N. Barron  
For Loss of Right Arm  
July 15 1889.

Included in Warrant No.  
issued to Treasurer.

1889

WARRANT CLERK

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

Applicant

Audited 18  
COMPTROLLER GENERAL

Carroll  
Maimed Soldiers.  
Voucher No. 1320  
Amount \$ 100  
Paid to J. N. Barron  
For Loss of Arm  
July 17 1890.

Included in warrant No.  
issued to Treasurer.

18

WARRANT CLERK

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

Applicant

For Loss of Right Arm  
July 15 1889

Included in Warrant No.  
issued to Treasurer.

1889.

WARRANT CLERK

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

applicant

For Loss of Right Arm  
July 17 1890

Included in warrant No.  
issued to Treasurer.

18

WARRANT CLERK

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

applicant

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 1366.

Atlanta, Ga. July 15 1889

Mr. J. I. Abernethie of the County  
of Carroll having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act.

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

Loss of Right Arm  
He is entitled to receive the sum of One Hundred and 00/100 Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1888.

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

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Dollars.

per above voucher, this 15 of July 1889.

J. I. Abernethie

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 1320

Atlanta, Ga. July 17 1890

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

Loss of Arm  
He is entitled to receive the sum of One Hundred and 00/100 Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890.

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Dollars,

per above voucher, this

17 of July 1890.

J. I. Abernethie

# Questions for Witness as to Service

STATE OF GEORGIA,

Carroll COUNTY.

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 reside? N. S. Reid, Seneca, Coweta Co., Ga.
2. How long and since when have you known James H. Abercrombie the applicant? Since about 1862
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
4. When, where and in what Company and Regiment did James H. Abercrombie enlist during war from 1861 to 1865? (Give date and place.) Niter & Mining Bureau. I do not know date of his enlistment.
5. How did you obtain your information of this Service? I served in the same Bureau 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 definitely, but to the best of my recollection, some two years.
7. When and where was his command surrendered or discharged (give date and place)? I was discharged at Blue Mountain, Ala. I do not remember if applicant was present. I was surrendered at close of the war.
8. Were you personally present at the surrender? Yes
9. If not, where were you and how came you there?

10. Was the applicant personally present with his command at surrender? I do not know
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? Don't know and how long was he granted leave? Don't know How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically. I saw applicant from time to time during his service, but I do not know when he entered, how long he served nor when he was discharged. Just know that he performed this kind of service for some two years.

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

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

15. Was applicant captured as a prisoner? If so, when and where? In what prison was he held? and when released?

Sworn to and subscribed before me, this the 15th day of October, 1920

N. S. Reid Ordinary

of Carroll County.

(SEAL)

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

### Questions For Applicants to Answer

STATE OF GEORGIA,

Carroll

COUNTY.

James H. Abercrombie

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

1. What is your name and where do you reside? (Give County and Post-office) James H. Abercrombie, Villa Rica, Ga.
2. How long and since when have you been a continuous resident citizen of this State? All my life-80 years
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? I was in the Civil branch of the service.
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) May, 1862, 8th and 9th districts, Niter and Mining Bureau, West near Ringold, Ga.; thence to Nick-a-Jack, Tenn; thence to Little Creek, Tenn;
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) thence to Little Creek, Ala.; thence to Jacksonville, Ala. April, 1866, after the surrender. I served in this work from May, 1862 until the surrender.
6. When and where was your Company and Regiment surrendered or discharged from the Service? Jacksonville, Ala. April, 1865
7. Were you actually present with your command when it was surrendered or discharged? Yes
8. If you were not actually present, state specifically and clearly where you were.
- a. Where was your command when you left it? We were disbanded at Jacksonville, Ala.
- b. When did you leave the command? April, 1865
- c. For what cause did you leave? War closed
- d. By whose authority did you leave? Col. Cobbett
- e. For how long was your leave granted? In what way? Indefinite
- f. Why did you not return to your command after leave expired? War was over
- g. In what way were you prevented?
- h. What effort did you make to return?
- i. Were you captured during the war? No
- j. If so, when, and where? In what prison were you held and when were you released?
9. Are you drawing a pension of any amount from this State or the United States? No
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the

15th day of October, 1920

James H. Abercrombie Ordinary

of Carroll County.

(SEAL)

*Handwritten notes and stamps:*

Carroll County

James H. Abercrombie

Niter & Mining Bureau

Confederate

Soldier's Application

Under Act 1910 - As Amended by Act of 1919

County Carroll

Name James H. Abercrombie

Company Niter & Mining Bureau

Regiment

Approved

10/27/1920

J. W. Lindsey  
Commissioner of Pensions  
By: Printing Co. State Printer, Albany

*Other handwritten notes:*

Discharge office

11/27-1920

Discharge

for my name

that I was in

the military service

from 1862 to 1865

Carroll County, Ga.

William S. Reid

My name is

James H. Abercrombie

Carroll County, Ga.



Loss of Right Arm  
He is entitled to receive the sum of *One Hundred and 00/100* Dollars

for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor

*W. H. Harrison*

GOVERNOR.

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this *15* of *July* 1889.

*J. J. Abercrombie*

Loss of Arm  
He is entitled to receive the sum of *One Hundred and 00/100* Dollars

for such disability, the same being the allowance due for the year ending October 24, 1890.

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

By the Governor,

*W. H. Harrison*

GOVERNOR.

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this *17* of *July* 1890.

*J. J. Abercrombie*

NAME, Abercrombie, J. T. YEAR 1879 COUNTY Carroll

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK. 1st Lieut.

COMPANY AND REGIMENT? Company E, 27th Regt. Georgia Vols.

NAME OF CAPTAIN OR COLONEL?

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 SURRendered?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. James M Hewitt, G D Creel and A J Creel

No data

Audited \_\_\_\_\_ 1891.

COMPTROLLER GENERAL

*Abercrombie, J. T.*

1891.

Maimed Soldiers.

Voucher No. *674*

Amount \$ *100*

Paid to *J. J. Abercrombie*

For *Loss of arm*

*July 17* 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

*applied*

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 SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

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

Included in warrant No.  
issued to Treasurer.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

NAME, Abercrombie, J.T.

YEAR 1889 COUNTY Carroll

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

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

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Cold Harbor, Va. 2nd. Battle July 1st. 1864. Shot in arm above  
elbow, causing amputation.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

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

STATE OF GEORGIA.  
EXECUTIVE DEPARTMENT.

1891.

No. 674

Atlanta, Ga. July 12 1891.

Mr. J. J. Abercrombie

of the County  
having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Acts  
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for  
Loss of arm  
He is entitled to receive the sum of One Hundred Dollars  
for such disability, the same being the allowance due for the year ending October 24, 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.

(W. H. Harrison)

Sec'y EXECUTIVE DEPARTMENT.

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

One Hundred 00/100 Dollars,  
per above voucher, this 12 of July 1891.

J. J. Abercrombie



RANK.

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

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Cold Harbor, Va. 2nd. Battle July 1st. 1864. Shot in arm above elbow, causing amputation.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN, AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

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

EXECUTIVE DEPARTMENT. )



Mr. J. J. Arnold of the County of Carroll, having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

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

(L.H. Harrison)

SEC'Y EXECUTIVE DEPARTMENT

100.

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

One Hundred and 00/100 Dollars,  
per above voucher, this 1<sup>st</sup> of July 1891.

J. J. Abercrombie

*Abercrombie Margaret*  
 RECORD O. K.  
*Carroll County*

### Widow's Application

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

County CARROLL  
 Name Mrs. Margaret E. Abercrombie  
 Widow of John T. Abercrombie  
 Date of Marriage October 3rd. 1900.  
 Date of Husband's Death 1st. Aug. 1919.  
 Company E.  
 Regiment 27th, Ga. Inf.  
 Approved DEC 27 1937  
H. T. Gellman 193  
 Director.

State Dept. Public Welfare,  
 Atlanta, Nov. 5, 1937.

John T. Abercrombie enlisted as a private in Co. E, 27th Regt Ga. Inf. Sept. 9, 1861. ...Elected 1st Lt. June 20, 1862. Lost arm, Cold Harbor, Va., June 1, 1864. Discharged, disability, 1864.

*William Anderson*  
 Director Confederate Records Div.

### Ordinary's Certificate

STATE OF GEORGIA.

COUNTY.

I, Margaret E. Abercrombie

that I know Mrs. Margaret E. Abercrombie the applicant for pension, that 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 18th day of October, 1937.

(SEAL OF ORDINARY)

M. G. H. Ordinary.  
 of CARROLL County.

#### INSTRUCTIONS:

1. No fee any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear the foregoing statements are true and correct to the best of your knowledge and belief."
2. The Ordinary shall read the questions asked you and the evidence you shall give will be the whole truth. So help you God."
3. Only witnesses who married prior to and in said State are sufficient.
4. Affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Affidavit must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
6. Affidavit must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

State Dept. Public Welfare,  
Atlanta, Nov. 5, 1937.

John T. Abercrombie enlisted  
as a private in Co. E, 27th  
Reg. Inf., Sept. 9, 1861.  
Served 1st Lt. June 20,  
1862. Lost arm at Cold Harbor,  
Va., June 1, 1864. Discharged,  
disability, 1864.

Director Confederate Records Div.

### Widow's Application

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

County: Carroll  
Name: Mrs. Margaret E. Abercrombie  
Widow of John T. Abercrombie  
Date of Marriage: October 3rd, 1860.  
Date of Husband's Death: 1st Aug. 1919.  
Company: E  
Regiment: 27th, Ga. Inf.  
Approved: DEC 27 1937  
M. O. Sullivan, Director.

### Ordinary's Certificate

STATE OF GEORGIA,

Carroll County.

I, M. O. Sullivan, Ordinary of said County, do certify  
that I know Mrs. Margaret E. Abercrombie the applicant for pension; that  
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 16th day of October, 1937.

(SEAL OF ORDINARY)

M. O. Sullivan, Ordinary.  
of Carroll County.

#### INSTRUCTIONS:

- Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
- Additional affidavits may be attached if black spaces are insufficient.
- Only widows who married prior to January 1st, 1920, are entitled.
- All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
- Attach certified copy 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.
- Don't take an application from any widow who is already receiving a pension.

cate

Director.

NOV 14 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,

Carroll County.

Personally appears before me Mrs. Margaret 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:

#### SECTION I.

- What is your name, and where do you reside? (Give Post Office and County).  
Borden, Ga., R. F. 2, Carroll County, Mrs. Margaret E. Abercrombie.
- How long and since when have you been, continuously, a bona fide resident citizen of the State  
of Georgia? 20 years.
- (1) When, (2) where and (3) to whom were you married? Age? 89.  
October 3rd, 1860. John T. Abercrombie, Cullman County, Ala.
- Have you married since the death of first and soldier husband? No.
- When and where did your first husband die? August 1st, 1919, Carroll County, Ga.
- Were you residing together when he died? Yes.
- If not, how long had you resided apart?
- Are you now a widow? Yes.
- Have you or your husband heretofore been paid a pension by the State? Yes. Husband.
- If so, when and for what cause were you or your husband placed on the roll? One Arm Confederate  
Soldier lost arm in service. Always drew pension in Carroll County.

#### SECTION II.

- 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.

- 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?
- If he was not present, state specifically and clearly where he was?
- When did he leave the Command?
  - For what cause did he leave?
  - By whose authority did he leave?
  - For how long was his leave of absence granted? d. In what way?
- What was his physical 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

day of November, 1937.  
M. O. Sullivan, Ordinary.  
of Carroll County.

Margaret E. Abercrombie  
Applicant.

# Ordinary's Certificate

STATE OF GEORGIA,

CARROLL COUNTY.

I, M. E. Luffin, Ordinary of said County, do certify that I know Mrs. Margaret E. Abernethy the applicant for pension; that 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 16th day of October, 1937.  
(SEAL OF ORDINARY) M. E. Luffin, Ordinary.  
of CARROLL County.

## INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

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 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. 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?
6. What was his physical condition when he left his Command?
7. What effort did he make to return to his Command?
8. In what way was he prevented from going back to his Command?
9. Was he captured by the enemy at any time?
10. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

16th day of October, 1937.  
M. E. Luffin, Ordinary Margaret E. Abernethy  
of CARROLL County. Applicant.  
(SEAL OF ORDINARY)

## An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of CARROLL.

Before me, the Ordinary of said County, comes Mrs. Margaret E. Abernethy, 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 Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Sworn to and subscribed before me, this the

16th day of October, 1937.  
M. E. Luffin, Ordinary,  
CARROLL County.

## Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

CARROLL COUNTY.

of said State and County is hereby presented as a witness in support of the application of Margaret E. Abernethy for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give Post Office and County) Margaret E. Abernethy
2. How long and since when have you known Margaret E. Abernethy applicant?
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State?
4. When and to whom was she married? Margaret E. Abernethy How do you know?
5. How long and since when did you know Margaret E. Abernethy her husband?
6. When and where did Margaret E. Abernethy the husband of applicant, die?
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?

Were they divorced?

If the husband of the applicant was a pensioner, DO NOT answer the following questions.

9. When, where and in what Company and regiment did Margaret E. Abernethy enlist? (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 this Company and Regiment? (Give dates)
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? If not, where were you Margaret E. Abernethy and how came you there?
14. Was the husband of applicant personally present with his Command at its surrender? If not where was he? Margaret E. Abernethy and how came him there? When, where and for what cause did he leave his Command? (Give date) By whose authority did he leave his Command? and how long was he granted leave? How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically)
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
16. What effort did he make to return to his Command and how do you know this?
17. Was he captured as a prisoner? Margaret E. Abernethy If so, when and where? In what prison was he held? Margaret E. Abernethy and when released?

Sworn to and subscribed before me, this the  
day of October, 1937.  
M. E. Luffin, Ordinary  
of CARROLL County.  
(SEAL OF ORDINARY)

(Witness)

10. How did you obtain your information of this service?  
 11. 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.)  
 13. Were you personally present with this Command when it was surrendered?  
 If not, where were you and how came you there?  
 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 date.)  
 By whose authority did he leave his Command?  
 and how long was he granted leave?  
 How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically.)  
 15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?  
 16. What effort did he make to return to his Command and how do you know this?  
 17. Was he captured as a prisoner? If so, when and where?  
 In what prison was he held? and when released?  
 Sworn to and subscribed before me, this the  
 day of 193  
 Ordinary  
 of County.  
 (SEAL OF ORDINARY)  
 (Witness)

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

WHEREAS:

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

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 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 December 1937.

Director, Confederate Division  
 State Department of Public Welfare

The State of ALABAMA County of ELMAN  
**Marriage License**

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 ordered or custom established by such society

GREETING:

You are hereby authorized to solemnize  
**MARRIAGE**  
 BETWEEN

Mr. John T. Abercrombie  
 AND  
 Miss Margaret E. Walker  
 and to join them together in Matrimony, and to certify the same in writing to this office as required by law.  
 Given under my hand, this 3rd day of October 1900.  
 J. L. Fuller  
 JUDGE OF PROBATE

This Certifies That I have solemnized Marriage between  
 Mr. John T. Abercrombie and Miss Margaret E. Walker  
 according to law at Mrs. Walker's  
 in said County and State, on the 3rd day of October 1900  
 Rev. J. L. Whalley

This Certificate must be filled out by party who marries this couple and returned to Judge of Probate within thirty days. FIFTY DOLLARS FINE FOR FAILING TO DO SO.

I, J. L. Mitchell, Judge of Probate in and for said County, in said State, do hereby certify that the foregoing is a true and correct copy of a Marriage License issued by the Judge of Probate of said County to John T. Abercrombie and Margaret E. Walker on the 3rd day of October 1900, with the certificate of Rev. J. L. Whalley who performed the Marriage Ceremony, as same appears in Marriage Record 2, Page 132, in my office. Given under my hand and official seal, this 2nd day of Oct 1937.  
 J. L. Mitchell  
 JUDGE OF PROBATE.

PORT BUILDING

ATLANTA

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

WHEREAS:

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

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1900, 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 December 1937.

*H. W. Seaman*  
Director, Comoderate Division  
State Department of Public  
Welfare

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 ordained or custom established by such society.

## GREETING:

*You are hereby Authorized to solemnize*  
**MARRIAGE**  
BETWEEN

*Mr. John T. Abercrombie*  
AND

*Miss Margaret E. Wacker*

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

Given under my hand, this 2nd day of October 1900.  
*S. L. Fuller*  
JUDGE OF PROBATE

This Certifies That I have solemnized Marriage between

*Mr. John T. Abercrombie* and *Miss Margaret Wacker*  
according to law at *W. W. Waller's*  
in said County and State, on the 2nd day of October 1900  
*Rev. J. L. Whitley*

This Certificate must be filled out by party who marries this couple and returned to Judge of Probate within thirty days. FIFTY DOLLARS FINE FOR FAILING TO DO SO.

*Henry F. Mitchell* Judge of Probate in and for said County, in said State, do hereby certify that the foregoing is a true and correct copy of a Marriage License issued by the Judge of Probate of said County to *John T. Abercrombie* and *Margaret E. Wacker* on the 2nd day of Oct 1900, with the certificate of *Rev. J. L. Whitley* who performed the Marriage Ceremony, as same appears in Marriage Record 2 Page 34, in my office. Given under my hand and official seal, this 2nd day of Oct 1900.  
*Henry F. Mitchell*  
JUDGE OF PROBATE

4881 Code.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Carroll County.

I, J. M. Abney hereby authorize  
J. M. Abney of Carroll County  
to receive and receipt for the pension allowed and request that he remit same to

Witness my hand and seal this 4 day of February 1897.

Executed in presence of  
J. M. Abney }  
J. M. Abney

J. M. Abney  
at

Abney, J. M.  
Carroll Co  
No. 2811

INDIGENT PENSION  
1897.

Name J. M. Abney  
County Carroll

Approved 7/1 1897.

WARRANT HANDED TO

S. M. Brown

W. W. HARRIS, STATE PRINTER, ATLANTA.

3/8/97

WARRANT HANDED TO

*S. J. Brown*

W. H. HARRISON, STATE PRINTER, ATLANTA.

3/8/97

LEV.

hereby authorize  
only same to  
by  
1897.

*J. M. Abney*

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Carroll* County.

I, *J. M. Abney* hereby authorize

*S. J. Brown* of *Carroll* County  
to receive and receipt for the pension allowed and request that he remit same to

at \_\_\_\_\_ by \_\_\_\_\_

Witness my hand and seal this *7* day of *January* 1897.

Executed in presence of

*John Brown* } *J. M. Abney*

*J. M. Brown*  
*W. H. HARRISON*

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

*Cobb* County.

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

1. What is your name and where do you reside? *Geo. S. Owen, Marietta Ga.*
2. Are you acquainted with *Will Brown*, the applicant, is of how long have you known him? *Since 1861 - Yes*
3. Where does he reside, and how long has he been a resident of this State? *Carroll Co. Ga.*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *Yes, I served in the same Company with him*
5. When, where and in what company and regiment did he enlist? *1861 - Big Shanty - Co. A 18th Ga. regt.*
6. Were you a member of the same company and regiment? *Yes*
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? *About 4 years of time - he made a good soldier, was captured in battle toward the close of the war*
8. What property, effects or income has the applicant? (Give your means of knowledge.) *None from neighbors - living near by*
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? *Very little income - sent to the support of the family*
10. What is the applicant's occupation and physical condition? *Farming - A Physical Weak*
11. Is the applicant unable to support himself by labor of any sort, if so, why? *Yes - Age and General Debility*
12. How was he supported during the years 1895 and 1896? *By his labor and that of his family*
13. What portion of his support for these two years was derived from his own labor or income? *Nothing at all mostly of friends*
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 gunshot wound - Age & disease*
15. What interest have you in the recovery of a pension by this applicant? *None*

Sworn to and subscribed before me, this *11* day of *January* 1897. *Geo. S. Owen* Witness.

*J. M. Brown* Ordinary.

*Cobb County*

INDIGENT PENSION

1897.

Name *J. M. Abney*  
County *Carroll*

Approved *7/1* 1897.

WARRANT HANDED TO

*S. J. Brown*

W. H. HARRISON, STATE PRINTER, ATLANTA.

3/8/97



2. How long and since when have you known James H. Abercrombie the applicant?  
Since about 1862

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

4. When, where and in what Company and Regiment did James H. Abercrombie enlist during war from 1861 to 1865? (Give date and place.) Witer & Mining Bureau, I do not know date of his enlistment.

5. How did you obtain your information of this Service? I served in the same Bureau 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 definitely, but to the best of my recollection some two years.

7. When and where was his command surrendered or discharged (give date and place.)  
I was discharged at Blue Mountain, Ala. I do not remember if applicant was present. I was surrendered at close of the War.

8. Were you personally present at the surrender? Yes

9. If not, where were you and how came you there?

10. Was the applicant personally present with his command at surrender? I do not know

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? Don't know and how long was he granted leave? Don't know How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically. I saw applicant from time to time during his service, but I do not know when he entered, how long he served nor when he was discharged. I just know that he performed this kind of service, for some two years.

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

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

15. Was applicant captured as a prisoner? If so, when and where?

In what prison was he held? and

when released

Sworn to and subscribed before me, this the  
19th day of October, 1920  
D. S. Reid Ordinary  
of Carroll County.  
(SEAL)

make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office.) James H. Abercrombie, Villa Rica, Ga.

2. How long and since when have you been a continuous resident citizen of this State?  
All my life-80 years

3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? I was in the Civil branch of the service.

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service.) May, 1862, 8th and 9th districts, Witer and Mining Bureau, Witer near Ringold, Ga.; thence to Nick-a-Jack, Tenn; thence Battle Creek, Tenn; thence to Little Warrior River, Ala.; thence to Jacksonville, Ala.

5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) Left Jacksonville, Ala. April 1865, after the surrender. I served in this work from May, 1862 until the surrender.

6. When and where was your Company and Regiment surrendered or discharged from the Service? Jacksonville, Ala. April, 1865

7. Were you actually present with your command when it was surrendered or discharged? Yes

8. If you were not actually present, state specifically and clearly where you were.

a. Where was your command when you left it? We were disbanded at Jacksonville, Ala.

b. When did you leave the command? April, 1865

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 granted? In what way? Indefinite

f. Why did you not return to your command after leave expired? War was over

g. In what way were you prevented?

h. What effort did you make to return?

i. Were you captured during the war? No

j. If so, when, and where? In what prison were you held and when were you released?

9. Are you drawing a pension of any amount from this State or the United States? No

10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the  
19th day of October, 1920  
D. S. Reid Ordinary  
of Carroll County.  
(SEAL)

James H. Abercrombie

Wm. H. M. Carroll  
No. 2611

**INDIGENT PENSION 1897.**

Name J. M. Abney  
County Carroll

Approved 7/1 1897.

WARRANT HANDED TO S. J. Brown  
3/8/97

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? Very little income - sent to the support of the family.

10. What is the applicant's occupation and physical condition? Farming  
A Physical Weak

11. Is the applicant unable to support himself by labor of any sort, if so, why? Age and General Debility

12. How was he supported during the years 1895 and 1896? By his Labor and that of his family

13. What portion of his support for these two years was derived from his own labor or income? Nothing at all worth of mention

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: Disability from gunshot wound - Age & disease

15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this 11 day of Jan, 1897. E. S. Quinn Witness.  
J. M. Abney Ordinary.  
Cobb Collier

# **AFFIDAVIT OF PHYSICIANS.**

STATE OF GEORGIA,  
Carroll County.

Personally came before me S. J. Brown and S. J. Harris, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully J. M. Abney applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:  
He is a man of middle age, and is suffering from a gunshot wound in the back of the head, which has rendered him partially insane.

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 11 day of Jan, 1897. J. M. Abney Ordinary.

# **ORDINARY'S CERTIFICATE.**

STATE OF GEORGIA,  
Carroll County.

I, S. J. Brown, Ordinary in and for said County, hereby certify that the applicant J. M. Abney resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: S. J. Harris are of trustworthy character and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.

I further certify that the tax digests of Carroll County show that applicant returned for taxation in his name in 1895, Twenty dollars of property, and in 1896, Nothing dollars of property.

In my opinion the foregoing claim is made in good faith.

Witness my hand and seal of office, this 22 day of Feb, 1897. S. J. Brown Ordinary.  
Carroll County.

# **NOTE.**

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

# **Questions for Applicant.**

STATE OF GEORGIA,  
Carroll County.

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

1. What is your name and where do you reside? (give State, County and post office) J. M. Abney, Carroll Co. Ga., P. O. Lyons Ga.

2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? Carroll Co. Ga. - President of Abney & Co. for 15 years.

3. When and where were you born? 1833, - in Cobb Co. Ga.

4. When and where and in what company and regiment did you enlist or serve? Enlisted 1861 in Cobb Co. Ga. Co. 1st 18th Regt. Ala. Volunteers.

5. How long did you remain in such company and regiment? until the close of the war.

6. For how long a period did you discharge regular military duty? nearly four years.

7. When, where and under what circumstances were you discharged from service? Paroled in 1865 at Point Lookout.

8. What is your present occupation? Farming.

9. How much can you earn (gross) per annum by your own exertions or labor? Nothing, I am not able to do any work at present.

10. What has been your occupation since 1865? Farming.

11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? Infirmary & Poverty.

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

13. What property, effects or income do you possess and its gross value? Nothing

14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? Nothing

15. In what County did you reside during those years and what property did you then return for taxation? Carroll Co. Ga. - no property except household.

16. How were you supported during the years 1895 and 1896? By the assistance of my family.

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? \$0.00, not more than 5 or ten dollars.

18. What was your employment during 1895 and 1896? What pay did you receive in each year? Farming - was able to do nothing.

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have, wife & 2 children, supported by their own labor - have no homestead.

20. Are you receiving any pension, if so what amount and for what disability? None.

Sworn to and subscribed before me this the 11 day of January, 1897. J. M. Abney Applicant.  
S. J. Brown Ordinary.  
Carroll County.

Every Question MUST be Answered.

## STATE OF GEORGIA,

Carroll County.

I, J. J. Brown, Ordinary in and for said County, hereby certify that the applicant J. M. Abney resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: R. F. Brown are of trustworthy character and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions, the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.

I further certify that the tax digests of Carroll County show that applicant returned for taxation in his name in 1895, fifteen dollars of property, and in 1896, nothing dollars of property.

In my opinion the foregoing claim is nothing made in good faith.

Witness my hand and seal of office, this 22 day of Feb 1897.

J. J. Brown Ordinary  
of Carroll County.

## NOTE.

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

## Every Question

13. What property, effects or income do you possess and its gross value? Nothing
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? Nothing
15. In what County did you reside during those years and what property did you then return for taxation? Carroll Co; gave no property except household.
16. How were you supported during the years 1895 and 1896? By the assistance of my family.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? \$0.00, not more than \$ or ten dollars.
18. What was your employment during 1895 and 1896? What pay did you receive in each year? Earning when able to do anything.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have, wife & 2 children, supported by their own labor - have no homestead.
20. Are you receiving any pension, if so what amount and for what disability? None.

Sworn to and subscribed before me this the

7<sup>th</sup> day of January 1897.

J. J. Brown Ordinary.

of Carroll County.

J. M. Abney Applicant.

## POWER OF ATTORNEY.

State of Georgia,

Carroll County.

I, J. M. Abney hereby authorize J. J. Brown, Ordinary of Carroll County, Ga. 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 8<sup>th</sup> day of January 1898.

J. M. Abney [L. S.]

Executed in presence of

J. J. Brown  
J. N. Darden  
COOCC

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Carroll County.

I, J. M. Abney hereby authorize J. J. Brown, Ordinary of Carroll County, Ga. to receive and receipt for the pension allowed, and request that he remit same to at

Witness my hand and seal this 20<sup>th</sup> day of January 1899.

Executed in presence of

J. J. Brown } J. M. Abney (L. S.)  
J. N. Darden

Carroll Co.  
(For Those Already Enrolled.)

NO. 2447

INDIGENT

SOLDIER'S PENSION,  
1898.

Name J. M. Abney  
County Carroll

WARRANT ISSUED

1-27

1898.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO

S. J. G.

W. W. HARRISON, STATE PRINTER, ATLANTA

Abney J. M.  
Carroll Co.  
CODE REG. 1284.  
(For Those Already Enrolled.)

NO. 2900

INDIGENT

SOLDIER'S PENSION,  
1899.

Name J. M. Abney  
County Carroll

WARRANT ISSUED

4-4

1899

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO

J. Brown

W. W. HARRISON, STATE PRINTER, ATLANTA

(For Those Already Enrolled.)  
 NO. 2447  
**INDIGENT**  
**SOLDIER'S PENSION**  
**1898.**  
 Name J. M. Honey  
 County Carroll  
**WARRANT ISSUED**  
1-27 1898  
 RICHARD JOHNSON,  
 Commissioner of Pensions  
**WARRANT HANDLED TO**  
S. J. Brown  
 S. W. HARRISON, STATE PRINTER, ATLANTA.

(For Those Already Enrolled.)  
 CODE REC. 1894.  
 NO. 2990  
**INDIGENT**  
**SOLDIER'S PENSION,**  
**1899.**  
 Name J. M. Honey  
 County Carroll  
**WARRANT ISSUED**  
1-27 1899  
 RICHARD JOHNSON,  
 Commissioner of Pensions  
**WARRANT HANDLED TO**  
S. J. Brown  
 S. W. HARRISON, STATE PRINTER, ATLANTA.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Carroll County.

Personally appears J. M. Honey of Carroll 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 1st day of this life 1899; that he is 59 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of about 4 years in Company "A", of 18 th Regiment of Georgia Volunteers; that his physical condition is as follows: Heart trouble, ruptured in left side, a  
gun shot in the right shoulder, general debility.

that his property consists of the following items Household goods

of the value of 10 or 15 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 Carroll county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, 8th day of January 1898. S. J. Brown Ordinary.

State of Georgia,

Carroll County.

I, S. J. Brown Ordinary of said County, do certify that I am well acquainted with J. M. Honey 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 8th day of January 1898.

S. J. Brown Ordinary Carroll County.



NOTE.—The blank spaces must be filled.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Carroll County.

Personally appears J. M. Honey of Carroll 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 1st day of this life 1898; that he is 60 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of about 3 years in Company "A", of 18 th Regiment of Georgia Volunteers, Infantry; that his physical condition is as follows: Suffering from gun shot in right shoulder  
in heart trouble, ruptured in left side, rendering  
him unable to labor sufficient to earn a support for himself.  
 that his property consists of the following items Household goods

of the value of 10 or 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 Carroll county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, 20th day of January 1899. S. J. Brown Ordinary.

State of Georgia,

Carroll County.

I, S. J. Brown Ordinary of said County, do certify that I am well acquainted with J. M. Honey 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 20th day of January 1899.

S. J. Brown Ordinary Carroll County.



NOTE.—The blank spaces must be filled.

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

is entitled for the year 1898. I have heretofore as a resident of Carroll county been allowed a pension for the year 1897.  
Sworn to and subscribed before me, this, the 8th day of January, 1898.  
S. J. Brown Ordinary.

State of Georgia,

Carroll County.

I, S. J. Brown Ordinary of said County, do certify that I am well acquainted with J. M. Almy 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 8th day of January, 1898.



S. J. Brown  
Ordinary Carroll County.

NOTE.—The blank spaces must be filled.

1898, 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 Carroll county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the 20th day of January, 1899.  
S. J. Brown Ordinary.

State of Georgia,

Carroll County.

I, S. J. Brown Ordinary of said County, do certify that I am well acquainted with J. M. Almy 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 20th day of January, 1899.



S. J. Brown  
Ordinary Carroll County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1899.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Carroll County.

I, J. M. Almy hereby authorize S. J. Brown of Carroll County to receive and receipt for the pension allowed, and request that he remit same to \_\_\_\_\_ at \_\_\_\_\_ by \_\_\_\_\_.

Witness my hand and seal, this 17th day of January, 1900.

J. M. Almy [L. S.]

Executed in presence of

S. J. Brown

W. H. Brown

POWER OF ATTORNEY.

STATE OF GEORGIA,

Carroll County.

I, J. M. Almy hereby authorize S. J. Brown of Carroll County, Ga. to receive and receipt for the pension allowed and request that he remit same to \_\_\_\_\_ at \_\_\_\_\_ by \_\_\_\_\_.

Witness my hand and seal, this first day of February, 1901.

J. M. Almy [L. S.]

Executed in presence of

S. J. Brown

W. H. Brown

CODE SEC. 1264.

(For Those Already Enrolled.)

NO. 1585

INDIGENT

SOLDIER'S PENSION,  
1900.

Name J. M. Almy  
County Carroll

WARRANT ISSUED

January 23 1900.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDLED TO

S. J. Brown  
W. H. Brown, State Printer, Atlanta.

W. H. Brown

Almy, J. M.  
Carroll

CODE SECTION 1264  
(For Those Already Enrolled.)

NO. 4027

INDIGENT

SOLDIER'S PENSION.  
1901.

Name J. M. Almy  
County Carroll

WARRANT ISSUED

Feb 1 1901.  
JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDLED TO

W. H. Brown  
W. H. Brown, State Printer, Atlanta.

5002 REC. 1284.  
(For These Already Enrolled.)

NO. 1385

INDIGENT

SOLDIER'S PENSIO  
1900.

Name J. M. Abney  
County Carroll

WARRANT ISSUED

January 23

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

L. J. Brown

JOHN W. LINDSEY, JR.

Commissioner of Pensions

Abney, J. M.  
Jan 29 1900

CODE SECTION 104

(For These Already Enrolled.)

No. 4027

INDIGENT

SOLDIER'S PENSIO  
1901.

Name J. M. Abney  
County Carroll

WARRANT ISSUED

Jan 29

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

Brown

JOHN W. LINDSEY, JR.

Commissioner of Pensions

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Carroll County.

Personally appears J. M. Abney of Carroll 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 61 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of 3 yrs in Company A, of 18th Regiment of Geo. Vols. Inf.; that his physical condition is as follows: I suffer from a gun shot in my right shoulder, rec'd at Gaines Farm, during the battle in Va. and from heart trouble which renders me unable to earn a support; that his property consists of the following items: I have no property

of the value of 00 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 1900. I have heretofore as a resident of Carroll county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this 17th day of January, 1900. J. M. Abney Ordinary.

State of Georgia, Carroll County.

I, S. J. Brown, Ordinary of said County, do certify that I am well acquainted with J. M. Abney 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 17th day of January, 1900. S. J. Brown Ordinary Carroll County.



Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1900.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Carroll County.

Personally appears J. M. Abney of Carroll 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 18; that he is 62 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of \_\_\_\_\_) during the war between the States, and served for the term of about 4 yrs in Company A, of 18th Regiment of Georgia Volunteers; that his physical condition is as follows: Suffering from old wound in right shoulder said wound received while in service in Va. 1862, and from heart trouble, rendered him unable to earn a support; that his property consists of the following items: no property

of the value of 00 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 1901. I have heretofore as a resident of Carroll county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this first day of February, 1901. J. M. Abney Ordinary.

STATE OF GEORGIA, Carroll County.

I, S. J. Brown, Ordinary of said County, do certify that I am well acquainted with J. M. Abney 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 first day of February, 1901. S. J. Brown Ordinary Carroll County.



Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1900.



is entitled for the year 1900. I have heretofore as a resident of Carroll county been allowed a pension for the year 1899  
Sworn to and subscribed before me, this, the 17th day of January, 1900.  
S. J. Brown Ordinary.

State of Georgia,  
Carroll County.  
I, S. J. Brown Ordinary of said County,  
do certify that I am well acquainted with J. M. Abney 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 17th  
day of January, 1900.  
S. J. Brown  
Ordinary Carroll County.

Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1901.

is entitled for the year 1901. I have heretofore as a resident of Carroll county been allowed a pension for the year 1700  
Sworn to and subscribed before me, this the 17th day of February, 1901.  
S. J. Brown Ordinary.

STATE OF GEORGIA,  
Carroll County.  
I, S. J. Brown Ordinary of said County,  
do certify that I am well acquainted with J. M. Abney 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 17th  
day of February, 1901.  
S. J. Brown  
Ordinary Carroll County.

Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1901.

### POWER OF ATTORNEY.

STATE OF GEORGIA,  
Carroll County.  
I, J. M. Abney hereby authorize S. J. Brown  
Ordinary of Carroll County, Ga.  
to receive and receipt for the pension allowed and request that he remit same to  
at  
by  
Witness my hand and seal, this 17th day of January, 1902.  
J. M. Abney [L. S.]

Executed in presence of  
B. F. Brown

### POWER OF ATTORNEY.

STATE OF GEORGIA,  
Carroll County.  
I, J. M. Abney hereby authorize S. J. Brown  
Ordinary of Carroll County, Ga.  
to receive and receipt for the pension allowed and request that he remit same to  
at  
by  
Witness my hand and seal, this 18th day of January, 1903.  
J. M. Abney [L. S.]

Executed in presence of  
B. F. Brown  
J. A. Brown

CODE SECTION 134.  
(FOR THOSE ALREADY ENROLLED.)  
No. 2896  
INDIGENT  
SOLDIER'S PENSION  
1902.  
Name J. M. Abney  
County Carroll  
Co. A Regiment 18th  
Georgia Volunteers  
WARRANT ISSUED  
11/30 1902.  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDLED TO  
Org  
Geo. W. Harrison, State Printer, Atlanta.

no date

CODE SECTION 134.  
(FOR THOSE ALREADY ENROLLED.)  
No. 2896  
INDIGENT  
SOLDIER'S PENSION  
1903.  
Name J. M. Abney  
County Carroll  
Co. A Regiment 18th  
Georgia Volunteers  
WARRANT ISSUED  
1/4 1903.  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDLED TO  
S. J. Brown  
Geo. W. Harrison, State Printer, Atlanta.

no date



CODE SECTION 154.  
(FOR THOSE ALREADY ENROLLED)

No. 2896

INDIGENT

SOLDIER'S PENSION  
1902.

Name J. M. Abney  
County Carroll  
Co. "A" 18th Regiment  
Georgia Volunteers  
WARRANT ISSUED  
11/30/1901

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
079

Geo. W. Harrison, State Printer, Atlanta.

ms. date

CODE SECTION 154.  
(FOR THOSE ALREADY ENROLLED)

No. 2896

INDIGENT

SOLDIER'S PENSION  
1903.

Name J. M. Abney  
County Carroll  
Co. "A" 18th Regiment  
Georgia Volunteers  
WARRANT ISSUED  
11/30/1901

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
079

Geo. W. Harrison, State Printer, Atlanta.

ms. date

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

### STATE OF GEORGIA,

Carroll County,

Personally appears J. M. Abney of Carroll

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 18; that he is 63 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served for the term of nearly 4 yrs. in Company "A", of 18th Regiment of Georgia Volunteers; that his physical condition is as follows: Suffering with heart troubles, kidney troubles and from old wound in the shoulder rendering him unable to earn a support by his labor; that his property consists of the following items 1 pony horse, 1 cow and household goods

of the value of 40 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 1902. I have heretofore as a resident of Carroll county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this the 17 day of January 1902.

J. J. Brown Ordinary.

### STATE OF GEORGIA,

Carroll County,

I, J. J. Brown Ordinary of said County, do certify that I am well acquainted with J. M. Abney 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 17 day of January 1902.

J. J. Brown Ordinary Carroll County.

Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1902.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

### STATE OF GEORGIA,

Carroll County,

Personally appears J. M. Abney of Carroll

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 18; that he is 65 years old and by occupation a Farmer that he enlisted in the military service of the Confederate States (or of the State of ) during the war between the States, and served for the term of about 3 yrs. in Company "A", of 18th Regiment of Georgia Volunteers; that his physical condition is as follows: Gun Shot in Shoulder, leg disease, distended, ruptured, general poor health,

that his property consists of the following items: 1 cow, 1 pony horse & household goods.

of the value of Thirty Eight 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 1903. I have heretofore as a resident of Carroll county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the 18 day of January 1903.

J. J. Brown Ordinary.

### STATE OF GEORGIA,

Carroll County,

I, J. J. Brown Ordinary of said County, do certify that I am well acquainted with J. M. Abney 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 day of January 1903.

J. J. Brown Ordinary Carroll County.

Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1903.

1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Carroll county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this the 17 day of January, 1902.  
J. J. Brown, Ordinary.

STATE OF GEORGIA,

Carroll County.

I, J. J. Brown, Ordinary of said County, do certify that I am well acquainted with J. M. Abney, 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 17 day of January, 1902.

J. J. Brown  
Ordinary, Carroll County.

Note.—The blank space must be filled.  
Note.—Affidavit should not be attested before January 1st, 1902.

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 Carroll county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the 18 day of January, 1903.  
J. J. Brown, Ordinary.

STATE OF GEORGIA,

Carroll County.

I, J. J. Brown, Ordinary of said County, do certify that I am well acquainted with J. M. Abney, 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 day of January, 1903.

J. J. Brown  
Ordinary, Carroll County.

Note.—The blank spaces must be filled.  
Note.—Affidavit should not be attested before January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Carroll County.

I, J. M. Abney, hereby authorize J. J. Brown, Ordinary of Carroll County, Ga., to receive and receipt for the pension allowed and request that he remit same to me at \_\_\_\_\_ by \_\_\_\_\_.

Witness my hand and seal, this 17 day of January, 1904.

Executed in presence of \_\_\_\_\_

POWER OF ATTORNEY.

STATE OF GEORGIA,

Carroll County.

I, J. M. Abney, hereby authorize J. J. Brown, Ordinary of Carroll County, Ga., to receive and receipt for the pension allowed, and request that he remit same to me at \_\_\_\_\_ by \_\_\_\_\_.

Witness my hand and seal, this 14 day of January, 1905.

Executed in the presence of \_\_\_\_\_

COPIES SECTION 1284.  
(FOR THOSE ALREADY ENROLLED.)

No. 3491

INDIGENT

SOLDIER'S PENSION  
1904.

Name J. M. Abney

County Carroll

Co. 4th Regiment 18th

WARRANT ISSUED

1/11 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

C. C. L.

Geo. W. Harrison, State Printer, Atlanta.

COPIES SECTION 1284.  
(FOR THOSE ALREADY ENROLLED.)

No. 4048

INDIGENT

SOLDIER'S PENSION  
1905.

Name J. M. Abney

County Carroll

Co. 4th Regiment 18th

WARRANT ISSUED

FEB 10 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

C. C. L.

Geo. W. Harrison, State Printer, Atlanta.

no data

*Alley & M. Carroll County*  
 (FOR THOSE ALREADY ENROLLED.)  
 No. 3991  
 INDIGENT  
**SOLDIER'S PENSION**  
**1904.**  
 Name J. M. Alley  
 County Carroll  
 Co. 4th Regiment 18th  
 Warrant issued 7/11 1904  
 JOHN W. LINDSEY,  
 Commissioner of Pensions  
 WARRANT HANDED TO CC  
 GEO. W. HARRISON, STATE PRINTER, ATLANTA.

*Alley & M. Carroll County*  
 (FOR THOSE ALREADY ENROLLED.)  
 No. 4000  
 INDIGENT  
**SOLDIER'S PENSION**  
**1905.**  
 Name J. M. Alley  
 County Carroll  
 Co. 4th Regiment 18th  
 Warrant issued 7/10 1905  
 JOHN W. LINDSEY,  
 Commissioner of Pensions  
 WARRANT HANDED TO no data  
 GEO. W. HARRISON, STATE PRINTER, ATLANTA.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

### STATE OF GEORGIA,

Carroll County.

Personally appears J. M. Alley of Carroll 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 his life 18 that he is 66 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of about 4 yrs in Company 4th, of 18th Regiment of Georgia Volunteers; that his physical condition is as follows: suffering from old wounds, rheumatism, lameness and general debility

that his property consists of the following items: no real property

of the value of Forty 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 1904. I have heretofore as a resident of Carroll County been allowed a pension for the year 1902.

Sworn to and subscribed before me, this 11th day of January 1904. J. M. Alley Ordinary.

### STATE OF GEORGIA,

Carroll County.

I, J. M. Brown Ordinary of said County, do certify that I am well acquainted with J. M. Alley 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 11th day of January 1904.

J. M. Brown Ordinary Carroll County.

NOTE.—The blank spaces must be filled.  
 NOTE.—Affidavit should not be attested before January 1st, 1904.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

### STATE OF GEORGIA,

Carroll County.

Personally appears J. M. Alley of Carroll 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 67 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of about 4 yrs in Company 4th, of 18th Regiment of Georgia Volunteers; that his physical condition is as follows: suffering from old wounds, heart trouble, age infirmity and poverty

that his property consists of the following items: no property

of the value of 00 Dollars. I am now earning, by my labor, 00 Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of Carroll County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this 14th day of January 1905. J. M. Brown Ordinary.

### STATE OF GEORGIA,

Carroll County.

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

Given under my official signature and seal, this 14th day of January 1905.

J. M. Brown Ordinary Carroll County.

NOTE.—The blank spaces must be filled.  
 NOTE.—Affidavit should not be attested before January 1st, 1905.

1897, 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 Carroll County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the 11<sup>th</sup> day of January, 1904.  
J. J. Brown, Ordinary.

STATE OF GEORGIA,  
Carroll County.

I, J. J. Brown, Ordinary of said County, do certify that I am well acquainted with L. H. Brown 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 11<sup>th</sup> day of January, 1904.



J. J. Brown  
Ordinary Carroll County.

NOTE.—The blank spaces must be filled.

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

applicant desires to participate in the Act approved December 10th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of Carroll County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 14<sup>th</sup> day of January, 1905.  
J. N. Barron, Ordinary.

STATE OF GEORGIA,  
Carroll County.

I, J. N. Barron, Ordinary of said County, do certify that I am well acquainted with L. H. Brown 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 14<sup>th</sup> day of January, 1905.



J. N. Barron  
Ordinary Carroll County.

NOTE.—The blank spaces must be filled.

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

### POWER OF ATTORNEY.

STATE OF GEORGIA,  
Carroll County.

I, J. H. Brown, Ord. of Carroll County, Ga. hereby authorize J. H. Brown to receive and receipt for the pension allowed, and request that he remit same to \_\_\_\_\_ at \_\_\_\_\_ by \_\_\_\_\_

WITNESS my hand and seal, this 17 day of January, 1906.

Executed in the presence of

J. J. Brown  
J. N. Barron

Consolidated  
Come Section 1234.  
(FOR THOSE ALREADY ENROLLED.)

No. 59120

INDIGENT  
SOLDIER'S PENSION  
1906.

Name L. H. Brown  
County Carroll  
Circuit 18  
Regiment 18  
Warrant Issued

FEB 14 1906

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

U.S. PATENT OFFICE, PHOTODUPLICATION SERVICE, 700 W. BROAD ST., ATLANTA, GA.

### POWER OF ATTORNEY.

STATE OF GEORGIA,  
Carroll County.

I, L. H. Brown, hereby authorize J. H. Brown Ord. of Carroll Co. Ga. 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, 1907.

Executed in presence of

J. J. Brown  
J. N. Barron

Come Section 1234.  
(FOR THOSE ALREADY ENROLLED.)

No. 6678

INDIGENT  
SOLDIER'S PENSION  
1907.

Name L. H. Brown  
County Carroll  
Circuit 18  
Regiment 18  
Warrant Issued

1907.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

U.S. PATENT OFFICE, PHOTODUPLICATION SERVICE, 700 W. BROAD ST., ATLANTA, GA.

no data

I hereby certify  
 that I have received of the State of Virginia  
 the sum of \$100.00 in my name  
 for the purchase of the arms  
 and accoutrements of the  
 27th Virginia Infantry  
 as per receipt of the  
 Quartermaster General  
 of the State of Virginia  
 of the 10th day of May 1862  
 J. J. Abercrombie

Abercrombie, J. J.  
 #349  
 Abercrombie, J. T.  
 No. 167 Carroll Co.  
 APPLICATION FOR  
 Arm  
 FOR CONFEDERATE SOLDIER  
 Applicant J. J. Abercrombie  
 County Barro  
 Limb Arm above elbow  
 Amount \$60  
 Date of Warrant Dec 10<sup>th</sup> 1862  
 Page  
 Co E 27th Regt Va Inf  
 6/952

(FOR THOSE ALREADY ENROLLED)

No. 59120

INDIGENT  
SOLDIER'S PENSION  
1906.

Name John W. Lindsey

County Carroll

Co. A Regiment 18

WARRANT ISSUED

FEB 14

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

OFFICE OF THE COMMISSIONER OF PENSIONS, ATLANTA, GA.

(FOR THOSE ALREADY ENROLLED)

No. 4678

INDIGENT  
SOLDIER'S PENSION  
1907.

Name John W. Lindsey

County Carroll

Co. A Regiment 18

WARRANT ISSUED

FEB 14

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

OFFICE OF THE COMMISSIONER OF PENSIONS, ATLANTA, GA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Carroll County.

Personally appears John W. Lindsey of Carroll 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 1868; that he is 68 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of over 4 years in Company A, of 18th Regiment of Georgia Vol. Infantry; that his physical condition is as follows: infirmity and poverty

that his property consists of the following items: no property

of the value of no Dollars. I am now earning by my labor, 3 or 4 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 1906. I have heretofore, as a resident of Carroll County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 17 day of January, 1906. J. H. Barron Ordinary.

State of Georgia,  
Carroll County.

I, J. H. Barron, Ordinary of said County, do certify that I am well acquainted with John W. Lindsey, 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 17 day of January, 1906. J. H. Barron Ordinary Carroll County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Carroll County.

Personally appears John W. Lindsey of Carroll 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 1869; that he is 69 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of over 3 years in Company A, of 18th Regiment of Georgia Vol. Infantry; that his physical condition is as follows: infirmity and poverty

that his property consists of the following items: no property

of the value of 00 Dollars. I am now earning by my labor, 00 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 Carroll County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 14 day of January, 1907. J. H. Barron Ordinary.

State of Georgia,  
Carroll County.

I, J. H. Barron, Ordinary of said County, do certify that I am well acquainted with John W. Lindsey, 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 14 day of January, 1907. J. H. Barron Ordinary Carroll County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1907.



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 Carroll County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this 17 day of January, 1906.

J. H. Barrow Ordinary.

State of Georgia,  
Carroll County.

I, J. H. Barrow, Ordinary of said County, do certify that I am well acquainted with J. M. Abney, 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 17 day of January, 1906.

Note.—The blank spaces must be filled.  
Note.—A Affidavit should not be attested before January 1st, 1906.

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 Carroll County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this 14 day of January, 1907.

J. H. Barrow Ordinary.

State of Georgia,  
Carroll County.

I, J. H. Barrow, Ordinary of said County, do certify that I am well acquainted with J. M. Abney, 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 14 day of January, 1907.

Note.—The blank spaces must be filled.  
Note.—A Affidavit should not be attested before January 1st, 1907.

GEORGIA, Carroll County.

I, W. J. Millican, Ordinary of said county, do certify that I personally know Mrs. N. E. Abney, the applicant, and that she is the lawful widow of J. M. Abney, and was on the Indigent Pension Roll of said Carroll county, and was paid a Pension from Carroll county for 1914, and at the time of his death on the 15 day of March, 1915, there was due to him and unpaid his Pension of Sixty Dollars from the State of Georgia, and I know J. W. Burnett, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 19 day of May, 1915.

W. J. Millican Ordinary.  
Carroll County.

Abney, James M.  
Carroll Co.  
No. 1915

Application for Pension Due  
Deceased Soldier  
UNDER ACT 1891

To be paid the Widow or Dependent Children

BY  
Mrs. N. E. Abney  
Widow of J. M. Abney  
of Carroll County  
Co. Regt. 18-18-18

Approved and paid  
1915.  
J. W. LINDSEY,  
Commissioner of Pensions.  
Chas. F. Reed, State Printer, Atlanta.

GEORGIA, Carroll County.

I hereby authorize and constitute John Abney of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1915, through my deceased husband, J. M. Abney, who was on Indigent Pension Roll and paid from Carroll County for 1915.

Witness my hand this 4 day of May, 1915.

Attested before me:  
B. T. Barrow c. c. o. } Mrs. N. E. Abney  
mark



Abney, James M.  
cancelled.

No. \_\_\_\_\_ 1915

**Application for Pension Due Deceased Soldier**  
UNDER ACT 1891  
To be paid his Widow or Dependent Children

BY  
Mrs. M. E. Abney  
Widow of J. M. Abney  
of Carroll County  
"A" Regt. 18 Regt. 1889

Approved and paid \_\_\_\_\_ 1915.

J. W. LINDSEY,  
Commissioner of Pensions.

Chas. F. Reed, State Printer, Atlanta.

GEORGIA, Carroll County.

I hereby authorize and constitute John H. Hugg of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1915, through my deceased husband, J. M. Abney who was on Indigent Pension Roll and paid from Carroll County for 1915.

Witness my hand this 4<sup>th</sup> day of May, 1915.

Attested before me:  
B. F. Brown c. c. o. } Mrs. M. E. Abney

### Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.  
UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Carroll County.

Personally before me comes Mrs. M. E. Abney of said county, after being duly sworn, on oath says that she is the widow of J. M. Abney who was duly enrolled as a Indigent Pensioner Pensioner from the county of Carroll and was paid a Pension of Sixty Dollars from Carroll County for 1914, and that the said J. M. Abney died in Carroll County on the 15<sup>th</sup> day of March, 1915, and at the time of his death a Pension of Sixty was due him from Carroll County and unpaid for 1914. Applicant further swears that she married the said J. M. Abney on the 27<sup>th</sup> day of Sept, 1886, in Carroll County and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 4<sup>th</sup> day of May, 1915.

W. J. Williams Ordinary. Mrs. M. E. Abney (L. S.)  
Carroll County.

### AFFIDAVIT OF WITNESS.

GEORGIA, Carroll County.

Personally before me comes J. W. Barnett, who on oath says that he knew J. M. Abney while in life and that he knows Mrs. M. E. Abney, the above applicant, that he knows that the said J. M. Abney and Mrs. M. E. Abney were in due form of law married in the County of Carroll in the State of Georgia for years or such on the 27<sup>th</sup> day of Sept, 1886, and that they resided together as husband and wife from date of marriage to the day of his death on the 15<sup>th</sup> day of March, 1915, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 6<sup>th</sup> day of May, 1915.

W. J. Williams Ordinary. J. W. Barnett  
Carroll County.

# GEORGIA, Carrall County.

AFFIDAVIT OF WITNESS.

Personally before me comes J. M. Gann, who  
on oath says that he knows J. M. Gann while in life  
and that he knows Mrs. J. E. Gann  
the above applicant; that he knows that the said  
J. M. Gann and Mrs. J. E. Gann were in due form of law married in the county  
Carrall in the State of Georgia on  
the 15 day of March, 1914, and that they resided together  
as husband and wife from date of marriage to the day of his death on the 15 day  
of March, 1914, and I now know that she is his dependent widow.  
Sworn to and subscribed before me this 6 day of May, 1915.  
J. W. Bassett Ordinary. J. W. Bassett  
Carrall County.

Now say: This form can be used by justices or notary public when there is no widow.  
No Ordinary must read in all cases certified copy of marriage license attached.

## STATE OF GEORGIA, COUNTY OF COBB COURT OF ORDINARY. S. S.

I, Jos. D. Dorsey, Clerk of the Court of Ordinary of said County, do hereby certify  
that I have compared the foregoing copy of.....

COPY OF MARRIAGE LICENSE AND CERTIFICATE OF MARRIAGE  
JAMES ARNER AND ELIZABETH KERRER

with the original record and files thereof, now remaining in this office, and the same is a correct trans-  
cript therefrom, and of the whole of such original record and file, and that said Court is a Court of re-  
cord.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court of Ordinary  
this the 6 day of May, 1915.

Jos. D. Dorsey C. C. O.

STATE OF GEORGIA, }  
COUNTY OF COBB, } S. S.  
COURT OF ORDINARY.

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,  
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 5 day of May, 1915.

Ordinary.

STATE OF GEORGIA, }  
COUNTY OF COBB, } S. S.  
COURT OF ORDINARY.

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 preceding certificate, is the presiding Magis-  
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.

Witness my hand and Seal of said Court, this 5 day of May, 1915.

Jos. D. Dorsey

Clerk of the Court of Ordinary.

Carrall County, Georgia,  
B. H. Burns of said State & County, having been  
presented as a witness in support of the application  
of J. M. Gann for papers under the Act approved  
Dec. 15<sup>th</sup> 1891, and after being duly sworn I now  
answer to and to the following questions,  
deposes and answers as follows:

- Ques 1 What is your name & where do you reside? B. H. Burns  
Carrall County
- Ques 2 Are you acquainted with J. M. Gann, the applicant,  
if so how long have you known him? I am,  
known him about 18 years.
- " 3 Where does he reside, & how long has he been a resident  
of this State, - Carrall County - been a resident  
to my knowledge about 18 years.
- " 4 Do you know of his having served in the Confederate  
Army, or in Militia? Do not, I  
if so how do you know this?
- " 5 When, where & how what Company & Regt. did he  
enlist? Don't know,
- " 6 Were you a member of the same Company?  
I was not,
- " 7 How long did he perform regular military duty, &  
what do you know of his service as a Soldier? &  
the time & circumstances of his discharge from  
the Service? - Don't know -
- " 8 What property, effects or income has the applicant?  
Nothing

STATE OF GEORGIA,  
COUNTY OF COBB,  
COURT OF ORDINARY. } S. S.

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, 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 5th day of May, 1915.  
Ordinary.

STATE OF GEORGIA,  
COUNTY OF COBB,  
COURT OF ORDINARY. } S. S.

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 preceding certificate, is the presiding Magistrate 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.

Witness my hand and Seal of said Court, this 5th day of May, 1915.  
John T. Dorsey,  
Clerk of the Court of Ordinary.

4. Do you know of his having served in the Confederate Army, or Militia? Do not, If so How do you know this?
5. When, where & in what Company & Regt. did he enlist? Don't know,
6. Were you a member of the same Company? I was not,
7. How long did he perform regular military duty, & what do you know of his service as a soldier? & the time & circumstances of his discharge from the service? - Don't know -
8. What property, effects or income has the applicant? Nothing

J. M. STONE,  
Ordinary and Judge Probate.

OFFICE OF ORDINARY,  
COBB COUNTY, GA.

Georgia Robt County  
J. M. Stone Ord.  
of said County do  
hereby Certify that  
Geo. S. Owens the wit-  
ness on this applica-  
tion for Pension is a  
resident of said County  
and as such witness  
he is worthy of full  
faith and credit  
as such.

Witness my official  
Signature and Seal of  
Office - this 11th day  
of January 1897  
J. M. Stone  
Ord.

9. What property, effects or income did the applicant possess in 1895 & 1896 & what disposition, if any, did he make of the same? Nothing.
10. What is the applicant's occupation & physical condition? Working on farm, - Physical Condition bad.
11. Is the applicant unable to support himself by labor of any sort, if so why? He is, - on account of Physical disability.
12. How was he supported during the years 1895 & 1896? By himself & family & by advances made by his creditors, which he is still owing for.
13. What portion of his support for these two years was derived from his own labor or income? Nothing for last 2 years, hasn't paid expenses.
14. Give a full & complete statement of the applicant's physical condition that entitles him to a pension under the Act of Dec, 15th Dec, 1894. He has always been complaining of his back & side, & a wound on right shoulder, & of heart trouble.
15. What interest have you in the recovery of a pension by this applicant? - None.  
R. H. Burns  
Sworn to & Subscribed before me, Jan, 16th 1897,  
J. J. Brown  
Ord.

Jos. J. Stone,  
 Clerk of the Court of Ordinary.

the Service? - Don't Know -

8 What property, effects or income has the Applicant?  
 Nothing

J. M. STONE,  
 Ordinary and Judge Probate.  
 OFFICE OF ORDINARY,  
 COBB COUNTY, GA.

Georgia Robt County  
 J. M. Stone Orgy.  
 of said County do  
 hereby Certify that  
 Geo. E. Owens the wit-  
 ness on this applica-  
 tion for Pension is a  
 resident of said County  
 and as such witness  
 he is worthy of full  
 faith and credit  
 as such.

Witness my official  
 signature and Seal of  
 Office - This 11th day  
 of January 1897  
 J. M. Stone  
 Orgy

9 What property, effects or income did the Applicant  
 possess in 1875 & 1876? What disposition, if any,  
 did he make of the same?  
 Nothing.

10 What is the Applicant's occupation & physical condition?  
 Working on farm, - Physical Condition bad.

11 Is the Applicant unable to support himself by  
 labor of any sort, if so why?  
 He is, - on account of Physical disability.

12 How was he supported during the years 1875 & 1876?  
 By himself & family & by advances made by his  
 creditors, which he is still owing for.

13 What portion of his support for these two years was  
 derived from his own labor or income?  
 Nothing for last 2 years, hasn't paid expenses.

14 Give a full & complete statement of the Applicant's  
 physical condition that entitled him to a pension  
 under the Act of Dec, 15th Dec, 1874.  
 He has always been complaining of his back & sides,  
 & a wound in right shoulder, & of heart trouble.

15 What interest have you in the recovery of a pension  
 by this Applicant? - None.

B. F. Brown  
 Sworn to & Subscribed before me, Jan, 16th 1897,  
 J. J. Brown  
 Orgy

Georgia Cobb County  
J. M. Stone Ordinary.  
of said County do  
hereby Certify that  
Geo. E. Owens the wit-  
ness on this applica-  
tion for Pension is a  
resident of said County  
and as such witness  
he is worthy of full  
faith and credit  
as such.

Witness my official  
Signature and Seal of  
Office - This 11<sup>th</sup> day  
of January 1897  
J. M. Stone  
Ordinary

- 11 10 What is the applicants occupation & physical condition?  
Working on farm - Physical Condition bad.
- 11 11 Is the applicant unable to support himself by  
labor of any sort, if so why?  
He is, - on account of Physical disability.
- 11 12 How was he supported during the years 1885 & 1886?  
By himself & family & by advances made by his  
creditors, which he is still owing for.
- 11 13 What portion of his support for these two years was  
derived from his own labor or income?  
Nothing for least 2 years, hasn't paid expenses.
- 11 14 Give a full & complete statement of the applicants  
physical condition that entitled him to a pension  
under the Act of Dec, 15<sup>th</sup> Dec, 1894.  
He has always been complaining of his back & side,  
& a wound in right shoulder, & of heart trouble.
- 11 15 What interest have you in the recovery of a pension  
by this applicant? - None.

B. F. Brown  
Sworn to & Subscribed before me, Jan, 16<sup>th</sup> 1897,  
J. F. Brown  
Ordinary

927

# MARRIAGE LICENSE

STATE OF GEORGIA

COUNTY OF COBB

To any Judge, Justice of the Peace, or Minister of the Gospel  
YOU ARE HEREBY AUTHORIZED TO JOIN

JAMES ABNER and ELISEBETH YARRER

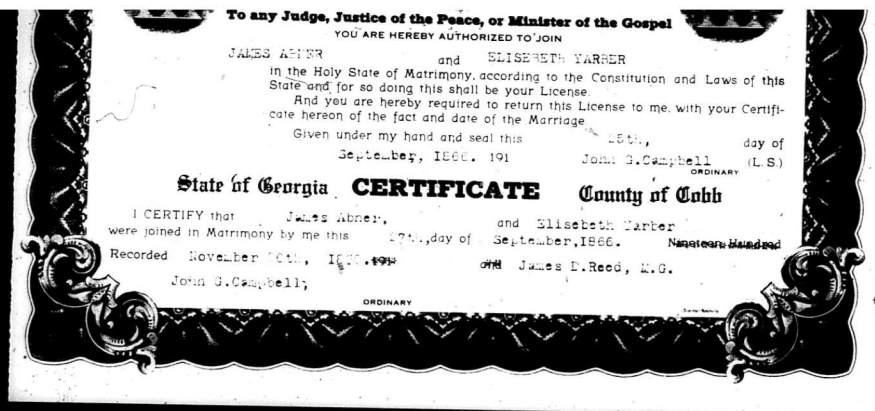
in the Holy State of Matrimony, according to the Constitution and Laws of this  
State and for so doing this shall be your License.  
And you are hereby required to return this License to me, with your Certifi-  
cate hereon of the fact and date of the Marriage.

Given under my hand and seal this 15<sup>th</sup>, day of  
September, 1886. 191 JOHN G. CAMPBELL (L.S.)  
ORDINARY

State of Georgia **CERTIFICATE** County of Cobb

I CERTIFY that James Abner, and Elisebeth Yarrer  
were joined in Matrimony by me this 27<sup>th</sup> day of September, 1886. *Notary Hand Seal*

Recorded November 26<sup>th</sup>, 1886. 191  
John G. Campbell,  
ORDINARY



To any Judge, Justice of the Peace, or Minister of the Gospel  
YOU ARE HEREBY AUTHORIZED TO JOIN

JAMES ABNER and ELIZABETH YARRER  
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 18th, day of  
September, 1866. 191 JOHN B. Campbell (L.S.)  
ORDINARY

State of Georgia **CERTIFICATE** County of Cobb

I CERTIFY that James Abner, and Elizabeth Yarrer  
were joined in Matrimony by me this 18th, day of September, 1866. ~~Witness: Standard~~  
Recorded November 18th, 1866. 191 JWM James D. Reed, M.G.  
John B. Campbell;  
ORDINARY

NAME Abney, J.M.

YEAR 1897 COUNTY Carroll

WHEN AND WHERE BORN? 1836 In Cobb County, Ga.

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

RANK.

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

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Gunshot wound in right shoulder

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

RELEASED. At close of war.

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

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In prison.

DIED, WHEN AND WHERE?

BURIED.

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

JWT

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

HANK.

COMPANY AND REGIMENT? Co. A, 16th. Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Gunshot wound in right shoulder

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

RELEASED. At close of war.

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

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In prison.

DIED, WHEN AND WHERE?

BURIED.

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

JWT



Abney, Nancy E.  
Carroll County  
No.

### 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  
Commissioner of Pensions

Chas. P. Byrd, State Printer, Atlanta.

10/20-1915

I, Arthur H. Wright  
 of the County of  
 Wilkes, do hereby  
 in my name  
 the within  
 I myself  
 hereby ratify  
 and confirm  
 the within  
 and do hereby  
 certify that  
 the within  
 is true and  
 correct.

C. E. 27th Rep. Gen. Asy  
 1952

# 671  
 Arthur H. Wright, Jr., J. T.  
 No. 167 Carroll Co.  
 APPLICATION FOR  
 Arm  
 For CONFEDERATE SOLDIER.  
 Applicant, J. L. H. Wright  
 County, Carroll Co.  
 Limb, Arm  
 Amount, \$60  
 Date of Warrant, Dec 15, 1899  
 Page, 1  
 C. E. 27th Rep. Gen. Asy  
 1952

Georgia  
 Carroll County  
 I, Arthur H. Wright, Jr.  
 and enforce W. A. Wright - Confederate  
 General of the State at Atlanta  
 to receive and receipt - in my name  
 for me, in the collection of the within  
 application, as fully as if I myself  
 was present - hereby ratifying all his  
 action, in the matter, in which I was  
 present - my in person  
 this 18th day 1899  
 John H. Wood, Jr.  
 J. J. Sherrill, Secy.

# AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877:  
 SECTION I. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such needful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars, for a leg not extending above the knee, seventy-five dollars; for an arm extending above the elbow, sixty dollars, for an arm not extending above the elbow, forty dollars: Provided the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.  
 SEC. II. Be it further enacted by the said authority, That such application shall contain proof of such applicants being entitled to the benefits of this act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not, if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.  
 SEC. III. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this act oftener than once in five years.  
 SEC. IV. Be it further enacted by the authority aforesaid, That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.  
 HENRY R. GORTCHUS,  
 Secretary House Representatives.  
 WM. A. HARRIS,  
 Secretary Senate.  
 Approved, September 6th, 1879  
 A. O. BACON,  
 Speaker House Representatives.  
 RUFUS E. LEWIS,  
 President Senate.  
 ALFRED H. COLQUHITT, Governor.

Printed by J. Byrd, State Printer, Atlanta

28th day of August 1915  
W. J. Millican  
Ordinary  
Carroll County

**Affidavit of Witnesses to Prove Marriage and to Whom--Date of Death of Husband.**

STATE OF GEORGIA,  
Carroll County

Personally before me come Melissa Adams 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. Nancy E. Abney, who made the foregoing affidavit, is the lawful widow of J. M. Abney, who died in Carroll County in said State of Georgia on 15 day of Mar, 1915 and that she has not since remarried. That she became the wife of J. M. Abney on the 27 day of Sept 1866 and they she and he had resided together as man and wife continuously since 27 day of Sept 1866 and that the J. M. Abney was the same man who was on the pension roll of said State from Carroll County when he died.

Sworn to and subscribed before me, this the 15 day of Sept 1915  
W. J. Millican  
Ordinary  
Carroll County

*Original copy of marriage record of file in office of Pension Commissioner, in connection with application for pension, 1915*

**AFFIDAVITS OF TWO FREEHOLDERS.**

STATE OF GEORGIA,  
Carroll County

Personally before me comes J. H. Barr & J. M. Smith who after being sworn on oath says, that they are freeholders of said County, and that they know Mrs. Nancy E. Abney of said County and knew her said husband J. M. Abney at his death on the 15th day of March 1915 that she and he were in the use, possession and control of the following property at his death to wit: Household & Kitchen Furniture, Val. \$25.00

of the value of \$                      That she is now in the use, possession and control of the following property to wit: Household & Kitchen Furniture, Val. \$25.00

of the value of \$                       
Sworn to and subscribed before me, this the 15th day of September 1915  
J. H. Barr  
J. M. Smith  
Ordinary  
Carroll County

**ORDINARY'S CERTIFICATE.**

STATE OF GEORGIA,  
Carroll County

I, W. J. Millican Ordinary of said County, do certify, that, I know Mrs. Nancy E. Abney the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 4th of Nov. 1908 1915

That I also know Melissa Adams witness as to marriage and I also know J. H. Barr & J. M. Smith who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Carroll County shows that they returned property to the amount of                      for 1908 \$                      for 1909 \$                      for 1910 \$                     

Sworn under my hand and official seal of this 15th day of Oct, 1915  
(SEAL) W. J. Millican Ordinary  
Carroll County

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words.  
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. All affidavits must be made before the Ordinary.  
4. Only widows who married prior to first January 1870, are entitled.  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.

I, W. J. Millican, Ordinary, certify that a certified copy of marriage record of applicant is of file in office of pension commissioner, the same having been filed in connection with application to receive pension of deceased husband, 1915. This 15th day of Oct, 1915.

W. J. Millican  
Ordinary

of the value of \$ . That she is now in the use, possession and control of the following property to wit: Household & Kitchen Furniture, Val. \$25.00

of the value of \$ .

Sworn to and subscribed before me, this the 18th day of October, 1915

*W. J. Millican* Ordinary,  
of Carroll County.

### ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Carroll County.

I, W. J. Millican Ordinary of said County, do certify, that, I know Mrs. Nancy E. Abney the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 4th of Nov. 1908

191 That I also know Melissa Adams witness as to marriage and I also know

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

That the tax Books of Carroll County shows that they returned property to the amount of \$ . for 1908 \$ . for 1909 \$ . for 1910 \$ .

Sworn under my hand and official seal this 18th day of Oct. 1915  
(SEAL.) *W. J. Millican* Ordinary,  
Carroll County.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words. "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. All affidavits must be made before the Ordinary.  
4. Only widows who married prior to first January 1870, are entitled.  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.

I, W. J. Millican, Ordinary, certify that a certified copy of marriage record of applicant is of file in office of pension commissioner, the same having been filed in connection with application to receive pension of deceased husband, 1915. This October 18th, 1915.

*W. J. Millican*  
Ordinary.

In order to avoid unnecessary delays to applicants and to enable all parties interested to understand the latest guidance, illustrations to related legislation were sought and the advice supplied by the Veterinary Licensing Board (VetLB) is provided. The following seven issues are summarised:

1. If it is provided that the following wordings are submitted:  
*...to the Registrar of the Veterinary Surgeons, under the description of the animal should be accurately and fully ascertained.*  
*...if it is possible to do so, the animal should be given a plain statement of facts showing the extent of the disability.*  
If applicant claims disability from the animal, then the following wordings should be submitted:  
*...history of the disease should be given, tracing the disability by positive evidence, a full and carefully stated and carefully considered opinion, in accordance with an exam or a leg, unless the exam or leg has been certified as *unsatisfactory* and *conditional* on a further examination.*
2. It will not answer to say that an exam or a leg is "substantially useless for ordinary purposes of life for all purposes," "substantially and essentially useless," "substantially useless for ordinary purposes of life for all purposes," "substantially and essentially useless."
3. If it is provided that the following wordings are submitted:  
*...the words above should be submitted for a wounded leg, it would seem to be a fair construction of the Act, and that the leg is not "substantially useless for all purposes of life for all purposes."*  
If it is provided that the following wordings are submitted:  
*...the words above should be submitted for a wounded leg, it would seem to be a fair construction of the Act, and that the leg is not "substantially useless for all purposes of life for all purposes."*
4. If papers are returned for *discretion*, and *amendments* are made to any of the affidavits, the amendment must be made *under seal* before an officer, and the *provisos* must show that the amendments have been made.
5. Every application must be verified by the Ordinary of the county of the residence of the applicant. The certificate of any other official is not valid.
6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

No. 26 c 8

PUR

Amount 50  
Date of Warrant Aug. 13

Date of Warrant Aug 13  
Entered on Record

Entered on Record  
Aug 13 1889  
MNH  
SECRETARY EXECUTIVE DEPARTMENT.

Gr. Hewitt

Date of Warrant *Aug 13*  
*1889*  
 SECRETARY EXECUTIVE DEPARTMENT.  
*Fin. Hewitt*

...counties of the residence of the applicant.  
 ...to call the attention of the physicians  
 ...the arm or leg has been rendered substantially  
 ...the constant use of crutch or stick,  
 ...added to any of the affidavits, the applicant  
 ...must show that the amendments have been  
 ...be a fair construction of the Act, and the  
 ...the arm or leg; but the limb must for all  
 ...be a fair construction of the Act, and the  
 ...the constant use of crutch or stick,  
 ...added to any of the affidavits, the applicant  
 ...must show that the amendments have been  
 ...be a fair construction of the Act, and the  
 ...the arm or leg; but the limb must for all

## NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, the following suggestions are submitted.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physicians, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
  2. The law makes no allowance for an arm or a leg, unless the arm or leg has been rendered substantially and essentially useless.
  3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
  4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
  5. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
  6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.
- The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

## For Use of Applicants Who Have not Heretofore Drawn.

### STATE OF GEORGIA,

*Carroll* County, *Georgia*  
 PERSONALLY appears *Jackson Adams* of *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 since the *first* day of *January*, 1840; that he enlisted in the military service of the Confederate States (as of the State of *Georgia*) during the war between the States, and served as a *private* in Company *C.*, of *34*th Regiment of *Ga.* Volunteers *Curran*'s Brigade; that whilst engaged in such military service, at the battle of *Donelson* in the State of *Ga.* on the *15th* day of *August*, 1862, he was wounded as follows:

*by bomb shell in right side over the liver, producing contusion of the liver, resulting in the inflammation of the liver and surrounding tissues rupture of peritoneal sack and right muscles on right side are torn loose, allowing bowels to drop down in great number of left side, rendering dependent unable to perform manual labor*

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 thereunder ending October 26, 1889.

Sworn to and subscribed before me, this the *9th* day of *August*, 1889, *Jackson Adams*  
*S. G. Brown, Ord. G. C.*

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

### Commissioned Officer's Affidavit.

#### STATE OF GEORGIA,

County, }  
 PERSONALLY came before me of the county of State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company of Regiment of Volunteers, and that deponent knows, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said as stated by him in said affidavit. Deponent further states that said is a bona fide citizen of this State and resides in county.

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:

#### APPLICATION FOR ALLOWANCE

No. *2168*

Resident of *Carroll* County  
 Applicant, *Jackson Adams*  
 County *Carroll*  
 Amount *50*  
 Date of Warrant *Aug 13*  
*1889*  
 SECRETARY EXECUTIVE DEPARTMENT.  
*Fin. Hewitt*

*Carroll Co.*



Adams, Jackson  
Carroll Co  
No. 2668  
APPLICATION FOR ALLOWANCE  
FOR  
Disability from Service  
Applicant, Jackson Adams  
County, Carroll  
Amount 50  
Date of Warrant Aug 13  
Entered on Record  
Aug 13 1889  
1774 H  
SECRETARY EXECUTIVE DEPARTMENT  
J. H. Hewitt

Sworn to and subscribed before me, this the  
9th day of August, 1889 } Jackson Adams  
S. J. Brown, Ord. C. C.  
NOTE—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

Commissioned Officer's Affidavit.  
STATE OF GEORGIA,  
County }

PERSONALLY came before me \_\_\_\_\_ of the county  
of \_\_\_\_\_ State of Georgia, who, being duly sworn, says that he was  
a commissioned officer in Company \_\_\_\_\_ of \_\_\_\_\_ Regiment of  
Volunteers, and that deponent knows \_\_\_\_\_, and that he received the  
wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit,  
and that wounds (or disease) permanently disables the said \_\_\_\_\_  
as stated by him in said affidavit. Deponent further states that said \_\_\_\_\_  
is a bona fide citizen of this State and resides  
in \_\_\_\_\_ county.

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 affidavits of three responsible citizens should be furnished:

STATE OF GEORGIA,  
Carroll County }

PERSONALLY came W. L. Craven, W. L. Alexander  
and S. W. Chambers  
citizens of Carroll county, in said State,  
who, being duly sworn, say that they are acquainted with Jackson  
Adams and know that he received the wounds (or contracted the  
disease) in the military service, as stated by him in the foregoing affidavit; that said wounds  
(or disease) permanently disables applicant, as stated by him; that said applicant is a bona  
fide citizen of this State, and resides in Carroll county, and we  
are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this  
9th day of August, 1889 } W. L. Craven  
S. J. Brown, Ord. C. C. } W. L. Alexander  
S. W. Chambers

NOTE—Above affidavit must be made by three citizens of the county in applicant's residence.

STATE OF GEORGIA,  
Carroll County }

I, S. J. Brown, Ordinary of said county,  
do certify that I am well acquainted with Jackson Adams, 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. 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 affidavits and signatures  
thereto are genuine.

Given under my official signature and seal, this 9th day of August, 1889  
S. J. Brown  
Ordinary Carroll County.

STATE OF GEORGIA,  
Carroll County }

PERSONALLY comes before me \_\_\_\_\_ Ordinary of said county,  
and \_\_\_\_\_, both known to  
me as reputable physicians of said county, who, being severally sworn, say on oath that  
they have carefully examined Jackson Adams and after such

examination say that the applicant has been injured as follows: by a shell that  
struck the right side over the liver striking the floating ribs and  
producing a fracture of the liver resulting in inflammation  
of the liver and surrounding tissue rupture of intestines  
Jackson's intestines on right are torn loose allowing contents  
to drop down on equal to him of left side produced by shell  
and compression of shell, head to form wound in ability to  
perform his military duty and on ability to perform his military duty

Sworn to and subscribed before me, this  
9th day of Aug 1889 } S. J. Brown  
S. J. Brown, Ord. C. C. } J. H. Hewitt M.D.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,  
Carroll County }

Know all Men by these Presents, That I, Jackson Adams  
of Carroll County, Ga., 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 ser-  
vice 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 9th  
day of August, 1889

Executed in the presence of us: Jackson Adams (L.S.)  
W. L. Alexander  
S. J. Brown  
Ordinary, Carroll Co, Ga

permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this State, and resides in Carroll county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

9th day of August, 1889

S. J. Brown  
Ordinary of Carroll

Note—Afore affidavit must be made by three citizens of the county of applicant's residence.

# STATE OF GEORGIA,

County, }  
Carroll

PERSONALLY comes before me, S. J. Brown Ordinary of said county,

J. C. Brown and J. C. Brown, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Jackson Adams and after such

examination say that the applicant has been injured as follows: By a bullet shot on the right side over the liver striking the floating ribs and producing a fracture of the ribs resulting in inflammation of the liver and surrounding tissue rupture of vessels and laceration of muscles and are two large sloughing wounds to deep bones on right side of left side produced by shells and compressor limbs by shell, bullet from wound in ability to move a little, right side, then non-existence of motion from wound in condition of health and ability to perform ordinary labor.

Sworn to and subscribed before me, this

9th day of Aug 1889

S. J. Brown  
ORDINARY.

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

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 9th day of August, 1889

S. J. Brown  
Ordinary Carroll County.

## POWER OF ATTORNEY.

### STATE OF GEORGIA,

County, }  
Carroll

Know all Men by these Presents, That I, Jackson Adams of Carroll

county, in said State, do hereby appoint J. M. Hewitt of Carroll County, Ga. 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 ~~and 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 9th day of August, 1889

Executed in the presence of us: Jackson Adams (L.S.)

Th. S. Alexander  
S. J. Brown  
Ordinary Carroll Co, Ga

Audited August 13 1889

Wm. S. Smith

Carroll

#### Maimed Soldiers.

Voucher No. 2558

Amount \$ 50.

Paid to Jackson Adams

For Disability from

Body wound

Aug 13. 1889.

Included in warrant No. \_\_\_\_\_  
issued to Treasurer.

WARRANT CLERK.

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

J. M. Hewitt

Included in warrant No.   
 issued to Treasurer

1887

WARRANT CLERK

W. P. Campbell, State Printer & Constitution Job Office

J. M. Norrell

Georgia - Carroll County

Personally came W. L. Craven, who, on oath, says that he was with Jackson Adams of Co. C, 34th Regiment, Ga. Volunteers on the 31st day of August, 1864, and saw said Adams when he was wounded, and knows that he was badly wounded, and has known said Adams ever since and knows that he is badly disabled on account of said wound and is unable to perform the usual avocations of life. He also knows said Jackson Adams before he was wounded, and knows that he was a stout able-bodied man.

W. L. Craven

Sworn to & subscribed before me, this 9th day of August, 1889.

S. J. Brown  
Ordinary C. C.

W. L. Craven who signed the above affidavit is a justice of the Peace in this County, and his worth of belief. S. J. Brown

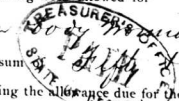
No. 2538

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

Atlanta, Ga. August 13, 1889.

Mr. Jackson Adams of the County of Carroll 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

Disability from  \$250.00

He is entitled to receive the sum of \$250.00 Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

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

J. T. Gordon  
GOVERNOR.

By the Governor,

W. N. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Fifty & 00/100

per above voucher, this

13

of August 1889.

Jackson Adams

34th Regiment, Ga. Volunteers  
on the 31st day of August 1864,  
and saw said Adams where  
he was wounded, and knows  
that he was badly wounded,  
and has known said Adams  
ever since and knows that  
he is badly disabled on account  
of said wound and is unable  
to perform the usual <sup>manual</sup> avoca-  
tions of life. He also "knows"  
said Jackson Adams before  
he was wounded, and knows  
that he was a stout able-  
bodied man.

W. L. Craven  
Sworn to & subscribed before  
me, this 9th day of August,  
1889.

S. J. Brown  
Ordinary C. C.

W. L. Craven who signed the  
above affidavit is a justice  
of the Peace in this County, and  
his worthy of belief. S. J. Brown

EXECUTIVE DEPARTMENT.

Wm. L. Craven 20. 1889.

Mr. Jackson Adams  
of the County  
of Carroll  
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

Disability from <sup>1864</sup> 1864 to 1865

He is entitled to receive the sum of <sup>50.00</sup> Fifty Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

J. D. Gordon  
GOVERNOR.

By the Governor,

R. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

50.00  
RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Fifty 00/100  
per above voucher, this 13  
Dollars,

of August 1889.  
Jackson Adams

STATE OF GEORGIA.

Ordinary's Certificate

Carroll COUNTY

1.

I, know

Ordinary of said County, do certify that I know

the person who represents herself to be and she is a bona fide continuing resident citizen of said County

and was on the 4th November 1918, that I also know

the witness who swears to the service of husband, that both of them are now residents of said County and

were duly sworn by me before signing the foregoing affidavits and that they both are truthful, true,

worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this

(SEAL)

Ordinary.

County.

NOTES: 1. Before any questions are answered the Ordinary shall verify his name and the address in the following words:

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

3. All affidavits must be sworn to before the Ordinary of the residence of the person to be sworn and certified by

4. The Ordinary must be sworn to before the Ordinary of the residence of the person to be sworn and certified by

5. The Ordinary must be sworn to before the Ordinary of the residence of the person to be sworn and certified by

Adams, Melissa  
Carroll County

No.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Carroll

Name Melissa Adams

Widow of William Adams

Company Co. Cobb's Legion.

Regiment Cobb's Legion.

Approved

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

often than once in five years.

Sec. IV. Be it further enacted by the authority aforesaid, That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HENRY R. GORTCHINS,  
Secretary House Representatives.  
Wm. A. HANING,  
Secretary Senate.  
Approved, September 6th, 1879.

A. O. BACON,  
Speaker House Representatives.  
HUGH E. LESTER,  
President Senate.  
ALFRED H. COLQUHITT, Governor.

Georgia  
Carroll County }  
and empower N. A. Wright - Controller  
General of this State at Atlanta  
to receive and receipt in my name  
for me, in the collection of the within  
application, as fully as if I myself  
was present - hereby ratifying all his  
actions in the matter, in witness whereof  
I hereunto set my hand and seal  
This 18th day of Nov 1879  
John H. Wood Off. J. J. Shercombie.

STATE OF GEORGIA,

Carroll County.

Personally came James McKenitt A. J. Clerk & L. D. G. (

who, being duly sworn, depose and say they are acquainted with John T. A. G. (

that said A. J. Clerk was amputated in the military service during the late war; that he is a bona fide citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

STATE OF GEORGIA,

Carroll County.

I, J. B. G. (

Given under my hand and official seal, this 18th day of Nov 1879

STATE OF GEORGIA.

Carroll County.

Personally appeared before me J. J. Shercombie of the county of Carroll, State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a 1st Lieut in Company B 27th Regiment of Georgia Volunteers that while engaged in such military service, to-wit: at the battle or engagement of Coldwater in the State of Virginia on the 18th day of June 1864, he was wounded in the right arm and that the same was amputated at middle of arm; that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has not supplied himself with an artificial arm; or that, not having done so, he prefers to supply himself with an artificial arm.

Sworn to and subscribed before me this 18th day of Nov 1879 J. J. Shercombie

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

County.

Personally came before me. of the county of State of Georgia, who, being duly sworn, deposes and says that he was in Company Regiment and that the above deponent, was in said Company, and that this deponent knows that said lost a in the military service as said in the above affidavit. Sworn to and subscribed before me this day of 1879

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

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

Ordinary of said County, do certify  
the applicant for pension. She  
continuing resident citizen of said County  
J. M. Wright  
in are now residents of said County and  
that they both are truthful, trust-  
worthy, and the witness in the following words:  
of the questions asked you and the evidence  
of the person to be sworn and certified by  
proof marriage by some person, or by general  
reputation.

### Ordinary's Certificate

STATE OF GEORGIA,

Carroll COUNTY.

I, E. T. Stead Ordinary of said County, do certify  
that I know Malissa Adams the applicant for pension. She  
is the person she represents herself to be and she is a bona fide continuing resident citizen of said County  
and was on the 4th November 1908; that I also know J. S. McCreight  
the witness who swears to the service of husband; that both of them are now residents of said County and  
were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-  
worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 8th day of March, 1911.

(SEAL) E. T. Stead Ordinary,  
Carroll County.

NOTES: 1. Before any questions are answered the Ordinary shall swear to the truth of the following words:  
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence  
you shall give will be the truth. So help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. Only widows who married prior to January 1st, 1881, are entitled.  
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by  
such Ordinary.  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general  
reputation.

### Widow's Pension

Under Act 1910—As Amended by Act of 1919

No. 1919-49  
County Carroll  
Name Malissa Adams  
Widow of William Adams  
Company Co. B. Cobb's Legion.  
Regiment Cobb's Legion.  
Approved \_\_\_\_\_

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

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

#### Questions for Applicant

STATE OF GEORGIA,

Carroll COUNTY.

Personally before me comes Malissa Adams of said State and County,  
and, after being duly sworn, says that she desires to apply for a pension allowed under the Act  
of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to  
the following questions to-wit:

1. What is your name, and where do you reside? Malissa Adams, Clem, Ga. Rte #2.
2. How long and since when have you been a continuing resident of the State of Georgia? All my life, 66 years next October.
3. When, where and to whom were you married? Dec. 3d, 1873, Carrollton, Ga., William Adams.
4. Have you married since the death of first and soldier husband? No.
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) In 1861, either in June or August, at Bowdon, Ga. Bowdon Volunteers, Co. B. Cobb's Legion.
6. 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 Gen. Lee's Army.
7. Was your husband personally present at the time of the surrender or discharge of this command? Yes.
8. If he was not present state clearly where he was? He was present.
9. Where was his command when he left? Command had surrendered.
10. For what cause did he leave his command? Command had surrendered, and was discharged.
11. By whose authority did he leave his command? Was discharged.
12. For how long was he granted leave of absence? Was discharged.
13. What was his physical condition when he left his command? Don't know.
14. What effort did he make to return to his command? None. War was over.
15. In what way was he prevented from going back to Command? War was over.
16. Was he captured by the enemy at any time? No.
17. If so, when and where captured and where held as a prisoner, and when and for what cause released? Not captured.
18. When and where did your first husband die? 16th day of August 1913, at Rockville, Ga.
19. Were you residing together when he died? Yes.
20. If not, how long had you resided apart? Were residing together.
21. Are you now a widow? Yes.
22. Have you or your husband heretofore been paid a pension by the State? Yes, my husband has.
23. 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, 1911.

E. T. Stead Ordinary,  
of Carroll County.  
(SEAL)



*Carroll County*

No. \_\_\_\_\_

# Widow's Pension

Under Act 1910—as Amended by Act of 1919

County Carroll

Name Mollie Adams

Widow of William Adams

Company Co. "B" Cobb's Legion

Regiment Cobb's Legion

Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

Bird Printing Co., State Printers, Atlanta.

8. Where was his command when he left? Command had surrendered.

a. For what cause did he leave his command? Command had surrendered, and was discharged

b. By whose authority did he leave his command? Was 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.

h. 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 die? 18th day of August 1913. At Rockville, Ga.

k. Were you residing together when he died? Yes

l. If not, how long had you resided apart? Were residing together.

m. Are you now a widow? Yes.

9. Have you or your husband heretofore been paid a pension by the State? Yes, my 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, Mollie Adams

E. T. Stued Ordinary

of Carroll County.

(SEAL)

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

STATE OF GEORGIA,  
Carroll COUNTY.

Personally before me comes L. S. McBright who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? L. S. McBright, Carroll County.

2. How long and since when have you known Mrs. Mollie Adams applicant? Known her for 20 years.

3. How long and since when has she continuously resided in this State? (Give date.) As long as I have known her.

4. When and to whom was she married? William Adams How do you know? He long as I have known her.

5. How long and since when did you know William Adams her husband? ever since Dec. 1860.

6. When and where did William Adams the husband of applicant, die? he died in Carroll County, don't remember exact date

7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes.

8. If not, how long did they live apart before his death? were living together.

Were they divorced? no.

9. When, where and in what Company and Regiment did William Adams enlist? Co. "B" Cobb's Legion, at Rowden, Ga.

10. Were you a member of the same Company? I was, at enlistment & discharge.

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from date of enlistment 1861 to date of surrender.

12. When and where did his Command surrender, and was discharged? at Appomattox Court House, when Gen. Lee surrendered.

13. Were you personally present when it was surrendered? I was. If not, where were you was there and how came you there? was in same Company.

14. Was the husband of applicant personally present at surrender? he was. If not where was he? was there. When, where and for what cause did he leave Command? (Give date.) was surrendered & discharged. By whose authority did he leave his Command? And how long was he granted leave? he was discharged. How do you know all this? I was present at the time

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? War ended & he was discharged.

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? none - war was over.

Sworn to and subscribed before me this the \_\_\_\_\_

7th day of March, 1921, L. S. McBright

E. T. Stued Ordinary

of Carroll County.

(SEAL)

Sworn to and subscribed before me this the  
7<sup>th</sup> day of March 1926 } J. L. McCarroll  
Ordinary }  
of Carroll County.

(SEAL)

RECEIVED  
JUN 22 1933  
IN SERVICE OFFICE  
HENSON, Director

G. Adams, Melrose (N.Y.)  
Carroll

For Carroll County

## Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

M.E.Griffin, Ordinary

For: Mrs. Melissa Adams  
(Name of Pensioner)

Date of Death: June 16th, 1936

Amount: \$ 165.00

PAID TO ORDINARY ON THIS CLAIM:

DATE 1935	FUND FROM WHICH PAID	
--------------	----------------------	--

8-31-36 Cxe 90

1	700

[illegible]

x 1/0		TOTAL.	
-------	--	--------	--

\_\_\_\_\_

Approved, and ordered paid.

III. *g. 14*

198

11/11/11

*[Signature]*  
T. J. HENSON

Director, Veterans Service Office.

for day 7

del

\_\_\_\_\_

No. \_\_\_\_\_

---

---

**Widow's Application**

To Be Put on Roll in Her Own Right When  
Husband Was on the Indigent Roll or  
Put on Under Act of July 11, 1910—  
As Amended by Act of 1919.

County Carroll

Name Mr. Malin, Dan

Widow of *William* *W.*

Company: C "B"

Regiment *Col. L. P.*

1. *Abstract*

\_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions

Byrd Printing Co., State Printers, Atlanta.

\_\_\_\_\_

TOTAL	
Approved, and ordered paid,	
JUL 8 1921	1921
J. W. HENSON, Director, Veterans Service Office.	

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

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 Miss Malissa Yarbrough on the 3d day of December, 1873, as is shown by the records in this office. I further certify that Malissa Yarbrough and Mrs. Malissa Adams, is one and the same person.  
IN WITNESS WHEREOF I have hereunto set my hand and affixed the seal of this office, this March 8th, 1921.

MARRIAGE LICENSE

OF

AND

Issued \_\_\_\_\_ 19 \_\_\_\_\_

and Recorded on Page \_\_\_\_\_ Book \_\_\_\_\_

\_\_\_\_\_ of Marriage License.

\_\_\_\_\_ Ordinary.

### ORDINARY'S CERTIFICATE

STATE OF GEORGIA,  
Carroll COUNTY.  
I, E. T. Steed, Ordinary of said County, do certify that I know Mrs. Malissa Adams, the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 8th day of March, 1921.  
That I also know Elisabeth Abney, witness as to marriage, and I also know \_\_\_\_\_; that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.  
Sworn under my hand and official seal of office this 8th day of March, 1921.  
(SEAL) E. T. Steed, Ordinary.  
Carroll County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."  
2. Additional affidavits may be attached if blank space are insufficient.  
3. All affidavits must be made before the Ordinary of the county of residence.  
4. Only widows who married prior to first January, 1881, are entitled.  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.  
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

No.

### Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1900—As Amended by Act of 1919.

County Carroll

Name Mrs. Malissa Adams

Widow of William Adams

Company C. "B"

Regiment Col. L. L. L.

Approved \_\_\_\_\_

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

No.

**Widow's Application**  
To Be Put on Roll in Her Own Right When  
Husband Was on the Indigent Roll or  
Put on Under Act of July 11, 1910—  
As Amended by Act of 1919.

County Carroll  
Name Mrs. Melissa Adams  
Widow of William Adams  
Company Co. "B"  
Regiment Col. 1st Regt.  
Approved \_\_\_\_\_

J. W. LINDSEY  
Commissioner of Pensions  
Byrd Printing Co., State Printers, Albany.

### Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)  
(To be disbursed by the Ordinary)

GEORGIA, Carroll County:  
Before me, the Ordinary of said County, comes C. L. Payne  
of said County, who, after being duly sworn, on oath says  
that he knew Mrs. Melissa Adams late of said County, a Confed-  
erate pensioner, and that said person is the identical person named and described in the attached  
certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of  
ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted  
to the sum of \$ 165.00, as shown by sworn statements FULLY and COMPLETELY  
ITEMIZED, hereto attached.

Sworn to and subscribed before me,  
this 20 day of June, 1936.  
M. E. Kiffin, Ordinary.

### CERTIFICATE OF THE ORDINARY

GEORGIA, Carroll County.  
I certify that C. L. Payne who subscribed  
to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and  
credit. I further certify that I knew Mrs. Melissa 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 de-  
ceased 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 expenses  
of last illness and burial for which claim is made.

Given under my hand and seal of office, this 20th day of June, 1936.  
(Seal of Ordinary) M. E. Kiffin, Ordinary.

#### INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 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:  
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of Mrs. Melissa 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 hereto to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and 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.
- 8th. 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 filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate 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.

### WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Carroll COUNTY.  
Personally before me comes Melissa Adams of said County,  
who, after being duly sworn, says that she is the widow of William Adams  
to whom, in the County of Carroll State of Georgia she was married on  
the 3d day of Dec. 1873, and that she has not since his death remarried. At  
date of his death in August 18th, 1913 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 1913 per annum, on account of being a soldier in  
Company Co. "B" Regiment Cobb's Legion (Volunteers or State Militia)  
That she is now a bona fide resident citizen of said County of Carroll and she  
has so continuously resided since her birth day of 30th October, 1855.  
Sworn to and subscribed before me, this  
8th day of March, 1936.  
E. T. Stead Ordinary. Melissa Adams  
of Carroll County.  
(SEAL)

### Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband

STATE OF GEORGIA,

Carroll COUNTY.  
Personally before me comes 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. Melissa Adams who made the foregoing  
affidavit, is the lawful widow of William Adams who died in Carroll  
County in said State of Georgia on 18th day of August, 1913,  
and that she has not since remarried. That she became the wife of William Adams on  
the 3rd day of Dec. 1873, and that she and he had resided together as man and  
wife continuously since 3rd day of Dec. 1873, and that the William Adams was  
the same man who was on the pension roll of said State Georgia from Carroll  
County till August 18th, 1913, when he died.  
Sworn to and subscribed before me, this  
8th day of March, 1936.  
E. T. Stead Ordinary. Elizabeth Abney  
of Carroll County.  
(SEAL)

certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of \$ 165.00, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,  
this the 20 day of June, 1935.  
M. E. Luffin, Ordinary.

## CERTIFICATE OF THE ORDINARY

GEORGIA, Carroll County.

I certify that C. L. Payne who subscribed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew Mrs. Melissa 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 expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 20th day of June, 1935.  
(Seal of Ordinary) M. E. Luffin, Ordinary.

### INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 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:  
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of Mrs. Melissa 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.
- 5th. The completed voucher—this blank and 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.
- 8th. 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 filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate 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.

of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$60.00 in Carroll County for 19.12 per annum, on account of being a soldier in Company Co. "B" Regiment Cobb's Legion (Volunteers or State Militia).

That she is now a bona fide resident citizen of said County of Carroll and she has so continuously resided since her birth day of 30 th October 1855.

Sworn to and subscribed before me, this the 8th day of March 1921.  
E. T. Slutz Ordinary  
of Carroll County.  
(SEAL)

## Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband

STATE OF GEORGIA,

Carroll County.

Personally before me comes 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. Melissa Adams who made the foregoing affidavit, is the lawful widow of William Adams who died in Carroll County in said State of Georgia on 18th day of August 1913 and that she has not since remarried. That she became the wife of William Adams on the 3rd day of Dec. 1873, and that she and he had resided together as man and wife continuously since 3rd day of Dec. 1873, till his death, Aug. 18th, 1913, and that the William Adams was the same man who was on the pension roll of said State Georgia from Carroll County till August 18th, 1913, when he died.

Sworn to and subscribed before me, this the 8th day of March 1921.  
E. T. Slutz Ordinary  
of Carroll County.  
(SEAL)

Elizabeth x Abney  
mark

**MARRIAGE LICENSE**

TA OF OF

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

You are hereby authorized to join  
William Adams and Miss Melissa Yarbrough  
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 proven of the fact and date of the Marriage.

Given under my hand and seal this 3rd day of  
December, 1873. D. B. Juhan, (L.S.)  
Ordinary.

**CERTIFICATE**

I Certify that William Adams and Miss Melissa Yarbrough  
were joined in Matrimony by me this 3rd day of Dec.  
Recorded (Date of recording) 19  
Seems to be  
an original  
Ordinary  
W. H. Acklin, N.P. Exofficio  
(Sign here) J. P.  
Seventeen Hundred  
Eighteen Hundred  
and Seventy-three

December, 1873.

D. B. Juhan,

(L.S.)  
Ordinary.

**CERTIFICATE**

I certify that William Adams and Miss Melissa Yarbrough were married in Baltimore by me this 3rd day of Dec. ~~fourteen~~ <sup>eighteen</sup> Hundred and Seventy-three.  
Signed at Baltimore  
W. H. Aoklin, N.P. Exofficio  
J. P.

JOHN W. LINDSEY  
Commissioner of Pensions  
Atlanta, Georgia

Adjutant-General,  
Washington, D. C.

Dear Sir:

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

*Mrs. Melissa Adams of Co. B. of Cobb's Ga. Legion*  
O.S.A.

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 his claim for a pension.

Yours respectfully,

*Carroll* RECEIVED *John W. Lindsey*  
JUN 1 - 1891 Commissioner of Pensions of Georgia.  
OLD RECORD DIV.

Carrollton, Ga. Sept 3rd 1936

RECEIVED OF M.E. Griffin, Ordinary

Ninety & No/100-----Dollars,

Part payment on funeral expenses of Mrs. Melissa Adams, deceased pensioner of Carroll County, who died 6/16/36

*James H. Martin*

E. T. STEED, Ordinary  
Carroll County

Hon<sup>ble</sup> John W. Lindsey,  
Atlanta, Ga.

Dear Sir:-

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

With kindest regards, I am-

Very truly,  
*E. T. Steed*  
....., Ordinary.

**Martin-Almon Company**

Funeral Directors  
CARROLLTON, GA.  
Phone 33 Night 57-476

Date June 19, 1936

CHARGED TO Mrs. Melissa Adams, Deceased

ADDRESS Carrollton, Ga. #1

DATE SOLD June 16, 1936 FOR

Casket & Box 165.00

Vault

Suit

Dress

Embalming

Flowers

Personal Service

Telephone-Telegrams

Opening Grave

Funeral Notices

Ambulance

Georgia, Carroll County, GA. \$ 165.00

The above and foregoing account is rendered for service for funeral expenses of Mrs. Melissa Adams, Deceased, who died without owning sufficient property to pay this bill.

*James H. Martin*  
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 **Martin - Almon Co.** of **Carrollton, Georgia** (Person Asking Permit) (Postoffice Address)

to bury or remove, according to the facts as stated below, the body of

Full Name of Deceased **Mrs. Melissa Adams** Age **84** Sex **F** Race **W**

Date of Death **June 16, 1936** Cause of Death **Endocarditis and Senility**

Place of Death **Carroll County, Georgia** Residence **Carrollton, Georgia**

Place of Burial **Old Camp Ground** Date of Burial **June 17, 1936**

No. **1** Signed **J. W. Stallings** Local Registrar

Dated **June 17, 1936** Address **Carrollton, Georgia**

Carroll County, Ga. Vol. 1  
Enlisted July 3, 1861  
at Bowdon, Ga.  
Co. 1st Regt. Ind. Inf.  
10th Mass. Inf. Regt.  
reported present  
the capture, parole, or  
any other record found.

P. C. Nunn  
The Adjutant General  
Per Nunn.

Form No. 100-2-A. G. O.  
Ed. Mar. 3-31-1930

11-Release of ... of ... region  
Q59

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 his claim for a pension.

Yours respectfully,

Carroll

RECEIVED  
JUN 1-1936  
OLD RECORDS DIV.

Commissioner of Pensions of Georgia.

DATE SOLD June 16, 1936 — For

Casket & Box 165.00

Vault

Suit

Dress

Embalming

Flowers

Personal Service

Telephone-Telegrams

Opening Grave

Funeral Notices

Ambulance

Georgia, Carroll County, AL. \$ 165.00

The above and foregoing account is rendered for service for funeral expenses of Mrs. Melissa Adams, Deceased, who died without owning sufficient property to pay this bill.

M. E. Griffin  
Owner

J. W. Stallings  
Martin - Almon Co.

Carrollton, Ga. Sept 3rd 1936

RECEIVED OF M. E. Griffin, Ordinary

Ninety & No/100-----Dollars.

Part payment on funeral expenses of Mrs. Melissa Adams, deceased pensioner of Carroll County, who died 6/16/36

No. *M. E. Griffin*

E. T. STEED, Ordinary  
Carroll County

Carrollton, Ga., March 8, 1921.

Hon. John W. Lindsey,  
Atlanta, Ga.

Dear Sir:-

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

With kindest regards, I am-

Very truly,  
E. T. Steed, Ordinary.

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 to bury or remove, according to the facts as stated below, the body of

(Person Asking Permit) of (Postoffice Address)

Full Name Mrs. Melissa Adams Age 84 Sex F Race W

Date of Death June 16, 1936 Cause of Death Endocarditis and Senility

Place of Death Carroll County, Georgia Residence Carrollton, Georgia

Place of Burial Old Camp Ground Date of Burial June 17, 1936

No. June 17, 36 Signed J. W. Stallings Local Registrar.

Dated June 17, 1936 Address Carrollton, Georgia



# Ordinary's Certificate

STATE OF GEORGIA.

Carroll

COUNTY

I, W. J. Allison

that I know

Mrs. Mary J. Adams

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

is the person who represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1918; that I also know

the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are entitled, true, 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 1919.  
(SEAL)

W. J. Allison Ordinary,  
Carroll County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness to the following truths:  
2. Applicant give with sworn affidavit that you will true answers make to each of the questions asked you and the witness.  
3. Additional affidavits may be attached if black spaces are indicated.  
4. All affidavits must be made before the Ordinary of the County of the residence of the person to be sworn and certified by him.  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some persons, or by general reputation.

Adams, Mary J. (Mrs)  
Carroll  
County  
No.

## Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Carroll  
Name Mrs. Mary J. Adams  
Widow of Isaac M. Adams  
Company "B"  
Regiment 1st Co. Reg.  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Isaac M. Adams,  
Carroll Co.  
Pension Office,  
March 9, 1920.

Please amend and state if in Ga.,  
Regt., and was infantry or Cavalry—was it of the  
State Troops or Militia or of the Confederate  
Army—Give name of Col., Lieut., Col., and Major—  
then prove all amended statements to be true.  
Isaac M. Regt., surrendered at Atlanta—was the  
Regt., there present at surrender.

J. W. Lindsey,  
Comm'r of Pensions.

Pension Office  
March 9, 1920.  
J. W. Lindsey,  
Com. & Pensions.

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

I am and the witness in the following words:  
of the questions asked you and the evidence  
of the person to be sworn and certified by  
me marriage, by some person, or by general  
reputation.

County of Carroll  
y of September 1919.  
Ordinary.

I am now residents of said County and  
I that they both are truthful, trust-  
worthy, and their statements are entitled to full faith and credit.

Ordinary's Certificate

STATE OF GEORGIA.

Carroll COUNTY.

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

Sworn under my hand and official seal of office this 19 day of September 1919.  
(SEAL) J. W. Lindsey, Ordinary.  
Carroll County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:  
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence  
you shall give will be the truth. So help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. Only witnesses who married prior to January 1st, 1901, are entitled.  
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by  
said Ordinary.  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general  
reputation.

Adams, Mary J. (Mrs.)  
Carroll County  
No. 1919-20

Widow's Pension

Under Act 1910-as Amended by Act of 1919.

County Carroll  
Name Mrs. Mary J. Adams  
Widow of Isaac M. Adams  
Company 729  
Regiment 1st Ga. Reg.  
Approved

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

Isaac M. Adams,  
Carroll Co.

Pension Office,  
March 9, 1920.

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

J. W. Lindsey,  
Com. & Pensions.

county, do certify that I am well acquainted with John T. A. Crowder  
the applicant for a license, and am well satisfied that the facts stated by him in the foregoing  
affidavit are true, and that I am well acquainted with James M. Hewitt A. J. Crowder  
750 Creek  
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 fourth  
day of November, 1888  
J. B. Johnson

NOTE.—The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior  
or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

County.

Personally came before me, ..... of  
the county of ..... State of Georgia, who, being duly sworn, deposes  
and says that he was ..... in Company ..... Regiment  
and that ..... the above deponent, was .....  
in said Company, and that this deponent knows that said .....  
lost a ..... in the military service as said in the above affidavit.  
Sworn to and subscribed before me this .....  
..... day of ..... 18.....

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

STATE OF GEORGIA,

Carroll County.

PERSONALLY appears J. J. Sherron of 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  
January, 1863; 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 First Lieutenant in Company E, of 27th Regiment  
of Georgia Volunteers Colquhoun's Brigade; that whilst engaged  
in such military service, at the battle of Red Bank of Coldwater in the State  
of Texas on the 14th day of July, 1864, he was  
wounded as follows: By gunshot wound above  
the elbow, causing amputation above  
the elbow.

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 14th day of Feb, 1889, J. J. Sherron

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

STATE OF GEORGIA,

Carroll County.

PERSONALLY comes before me J. J. Sherron Ordinary of said county,  
W. L. Hitt and W. L. Hitt both known to  
me as reputable physicians of said county, who, being severally sworn, say on oath that  
they have carefully examined ..... and after such  
examination say that the applicant has been injured as follows: right arm  
off, not below the shoulder

Sworn to and subscribed before me, this 14th day of Feb, 1889, J. J. Sherron

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

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

Lowry, J. B.  
Applicant, 750 Creek  
County Carroll  
Amount 100.00  
Date of Warrant July 14  
Entered on record July 14, 1889  
J. B. Johnson  
NOTARY PUBLIC DEPARTMENT

Applicant

Carroll Co.

No. 566.

Ordinary will  
Make affidavit  
Real & return  
to Ex. Secy

Adams, Mary J. Adams  
Carroll Co. Ga.  
No.

### Widow's Pension

Under Act 1910 as Amended by Act of 1919

County Carroll  
Name Mrs. Mary J. Adams  
Widow of Isaac M. Adams  
Company "B"  
Regiment 1st Ga. Reg.  
Approved

J. W. LINDSEY  
Commissioner of Pensions  
Bris. Printing Co. State Printer, Atlanta.

Isaac M. Adams,  
Carroll Co.

Pension Office,  
March 9, 1920.

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

J. W. Lindsey,  
Com. of Pensions.

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

STATE OF GEORGIA

County Carroll

Personally before me comes Isaac M. Adams who, after  
being duly sworn, true answers to the following questions as follows:

1. What is your name and where do you reside? Isaac M. Adams, Carroll Co. Ga.

2. How long and since when have you known Isaac M. Adams applicant?

3. How long and since when has he continuously resided in this State? (Give date.) Since 1865, he has resided in Carroll Co. Ga.

4. When and to whom was she married? He was married to Mary J. Adams in Carroll Co. Ga.

5. How long and since when did you know Isaac M. Adams her husband?

6. When and where did Isaac M. Adams the husband of applicant, die?

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?

9. When, where and in what Company and Regiment did Isaac M. Adams enlist?

10. Were you a member of the same Company?

11. How long with Isaac M. Adams personal knowledge did he perform actual military service with his Company and Regiment?

12. When and where did his Command surrender and was discharged?

13. Were you personally present when it was surrendered?

14. Was the husband of applicant personally present at surrender?

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?

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

Sworn to and subscribed before me this the 12th day of April 1920

of Carroll County.

(SEAL)

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

#### Questions for Applicant

STATE OF GEORGIA

County Carroll

Personally before me comes Mary James Adams of said State and County, and, after being duly sworn, says that she desires to apply for a pension allowed under the Act of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? Mary James Adams, Bowdon Ga.

2. How long and since when have you been a continuing resident of the State of Georgia?

3. When, where and to whom were you married?

4. Have you married since the death of first and soldier husband?

5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.)

6. When and where did the commands of your husband surrender or discharge from the army?

7. Was your husband personally present at the time of the surrender or discharge of this command?

8. If he was not present state clearly where he was?

9. Where was his command when he left?

10. For what cause did he leave his command?

11. By whose authority did he leave his command?

12. For how long was he granted leave of absence?

13. What was his physical condition when he left his command?

14. What effort did he make to return to his command?

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

16. Was he captured by the enemy at any time?

17. If so, when and where captured and where held as a prisoner, and when and for what cause released?

18. When and where did your first husband die?

19. Were you residing together when he died?

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

21. Are you now a widow?

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

23. If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the 12th day of April 1920

of Carroll County.

(SEAL)

13. Were you personally present when it was surrendered? *Yes* If not, where were you? *Orders of* and how came you there?

14. Was the husband of applicant personally present at surrender? *Yes* If not where was he? *No* When, where and for what cause did he leave Command? (Give date.) *Dec 10 1906* By whose authority did he leave his Command? *By his own* And how long was he granted leave? *He was granted leave for 30 days* How do you know all this? *I know he was present at the surrender and I was present*

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?

16. What effort did he make to return to his Command and how do you know this of your own knowledge or how? *Present at the surrender*

Sworn to and subscribed before me this the *1st* day of *Nov* 19*35* at *Carrollton, Ga.* County of *Carroll* (SEAL) *J. E. Griffin*

b. By whose authority did he leave his command? *By his own*

c. For how long was he granted leave of absence? *30 days*

e. What was his physical condition when he left his command? *Good*

f. What effort did he make to return to his command? *He made no effort*

g. In what way was he prevented from going back to Command? *He was prevented by the enemy*

h. 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?

j. When and where did your first husband die? *Nov 10 1906 near Bowtown, Ga.*

k. Were you residing together when he died? *Yes*

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

m. Are you now a widow? *Yes*

n. Have you or your husband heretofore been paid a pension by the State? *No*

If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the *1st* day of *Nov* 19*35* at *Carrollton, Ga.* County of *Carroll* (SEAL) *J. E. Griffin*

*Mary J. Adams* marks

Received November 15th 1935  
M.E. Griffin, Ordinary,  
Thirty & 00/100-----Dollars  
Part pay on funeral expenses for Mrs. Mary J. Adams  
date of death 7/12/35. *H. J. Feato*  
\$ 30.00 Undertaker, Bowdon, Ga.

Received Carrollton, Ga. Sept 12th 1936  
M.E. Griffin, Ordinary  
One Hundred and Ten -----Dollars  
Balance of funeral expenses for Mrs. Mary J. Adams  
date of death 7/12/35. *H. J. Feato*  
\$ 110.00 Undertaker, Bowdon, Ga.

Received Carrollton, Ga. Sept 14 1936  
M.E. Griffin, Ordinary.  
Ten and No -----Dollars  
Nurse of Mrs. Mary J. Adams.  
\$ 10.00 *Nurse H.*

Received Carrollton, Ga. Sept 12 1936  
M.E. Griffin, Ordinary.  
Twenty and No -----Dollars  
On Doctor Bill for Mrs. Mary J. Adams.  
\$ 20.00 *H. J. Feato* M.D.

Received Carrollton, Ga. Sept 14 1936  
M.E. Griffin, Ordinary.  
Ten and No 66 -----Dollars  
On Doctor Bill For Mrs. Mary J. Adams  
\$ 10.00 *H. J. Feato* M.D.

*Adams, Mary J. (ma)* 37  
*Carroll, Ga.* 286  
For Carroll County  
**Application for Expenses of Last Illness and Funeral**  
(UNDER ACT OF 1919)  
M.E. Griffin, Ordinary  
For: Mrs. Mary J. Adams,  
(Name of Pensioner)  
Date of Death: July 12th, 1935  
Amount: \$ 286.00  
PAID TO ORDINARY ON THIS CLAIM: 1935  
FUND FROM WHICH PAID  
11-3 CXC 30.00  
22-36 CXC 15.00  
TOTAL 45.00  
Approved, and ordered paid,  
NOV 13 1935  
A. A. PARSONS  
Director, Veterans Service Office.

*This is to certify that I have paid Mrs. Mary J. Adams a total of \$45.00 for her funeral expenses from June 2 till June 24 1935.*  
*Mrs. Helen Hearn*  
*Witness*  
*O. R. McGinn*

NOV 14 1988  
A. J. BENSON  
Director, Veterans Service Office

17041  
 week as a + ...  
 17041  
 from June 2 till June 24  
 Mrs. Sala Hearn  
 witness  
 O R Mear

## Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)  
(To be disbursed by the Ordinary)

GEORGIA, Carroll

\_\_\_\_County:

Before me, the Ordinary of said County, comes **C.L. Payne**

....., of said County, who, after being duly sworn, on oath says that he knew Mrs. Mary J. Adams, ..... late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT ~~NO ESTATE~~ NO ESTATE OF ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of \$ 286.30 ..... as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me,  
this the 4th day of October, 1935  
W E Griffin, Ordinar

**CERTIFICATE OF THE ORDINARY**

GEORGIA, Carroll

County.

I certify that.....C.L.Payne

to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and 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 regular and 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 expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 4th day of October, 193 5.  
(Seal of Ordinary) W E Griffin Ordinary.

**INSTRUCTIONS.**

1st. Certified copy of Burial Certificate must accompany this application.

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:

"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 having 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.

5th. The completed voucher—this blank and 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.

8th. 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 filed in the Veterans Service Office.

9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, even if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

Ordinary.



# MARRIAGE LICENSE

OF

Issao M. Adams

AND

M. J. Copeland

Issued August 17th, 1872

and Recorded on Page

230


Book

"1866-875"

of Marriage Licenses.

D. B. Juhan

Ordinary.



## MARRIAGE LICENSE

STATE OF **GEORGIA**, COUNTY OF **CARROLL**

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

Mr. Issao M. Adams  
and Miss M. J. Copeland

*You are hereby authorized to join  
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 17th day of  
August, 1872

D. B. Juhan  
*(L.S.)*  
Ordinary.

---

STATE OF GEORGIA **CERTIFICATE** COUNTY OF CARROLL  
I Certify that Issao M. Adams and Miss M. J. Copeland  
were joined in Matrimony by me this 18th day of August, 1872 ~~at the Court House~~  
Recorded at  
J. C. Chambers, M. G.  
*(Sign here.)*

1442

I, **Isaac M. Adams**  
 and **Miss M.J. Copeland**  
 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 proven of the fact and date of the marriage.  
 Given under my hand and seal this **17th** day of  
**August, 1872** **D.B. Juhan** (L.S.)  
 Ordinary.

STATE OF GEORGIA **CERTIFICATE** COUNTY OF CARROLL  
 I certify that **Isaac M. Adams** and **Miss M.J. Copeland**  
 were joined in matrimony by me this **18th** day of **August, 1872** **at**  
**Recorded** **J.C. Chambers, M.C.**  
 Ordinary (Sign here)

**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  
 to **M. M. Adams** (Person Asking Permit) of **Bowdon, Ga.** (Postoffice Address)  
 to bury or remove, according to the facts as stated below, the body of  
 Full Name of Deceased **Mary Jane Adams** Age **75** Sex **Female** Race **White**  
 Date of Death **July 12, 1935** Cause of Death  
 Place of Death **Bowdon, Ga.** Residence **Bowdon, Ga.**  
 Place of Burial **Cent. Church South** Date of Burial **July 13, 1935**  
 No. **1** Signed **H. A. Yeatts** Local Registrar.  
 Dated **July 12, 1935** Address **Bowdon, Ga.**

IF THIS STATEMENT IS INCORRECT PLEASE RETURN AT ONCE SO IT MAY BE CORRECTED  
 C. E. DOWNS WILEY LOOSE LEAF CO., ATLANTA

**BOWDON DRUG CO.**  
 The **Rexall** Store  
 Pure Drugs, Fair Prices & Courteous Treatment  
 BOWDON, GEORGIA

Mrs. **M. J. Adams**

PHONE 17 STATEMENT OF ACCOUNT FOR **7-18** 1935

DAY	ARTICLES	CHARGES	CREDITS
July 12	Rx 68124	1.50	
July 12	Rx 68125	1.00	
		2.50	
			2.50

6-31-35 paid  
 Bowdon Drug Co.  
 By **B. H. Jones**  
 Known to and subscribed  
 before me this 18th day of July 1935  
 M. J. Adams

**H. S. YEATS**  
 FUNERAL DIRECTOR  
 Licensed Embalmer

DAY PHONE 88 AMBULANCE SERVICE NIGHT PHONE 88  
 BOWDON, GA. July 12 1935

To Casket	100.00
To embalming	\$ 25.00
To hearse service	10.00
To metal box cover	5.00
	-----
	\$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.

**H. S. Yeatts**  
 Known to and subscribed before  
 me this 18th day of July 1935  
**M. J. Adams**

# BOWDON DRUG CO.

*The Russell Store*

Pure Drugs, Fair Prices & Courteous Treatment  
BOWDON, GEORGIA

Mrs. M. J. Adams

PHONE 17 STATEMENT OF ACCOUNT FOR 7-18 1935

DAY	ARTICLES	CHARGES	CREDITS
7/18	Rx 68124	1.50	
7/18	Rx 68128	1.00	
		2.50	
			2.50

6-21-35 paid  
Bowdon Drug Co.  
By B. H. Jones

Sworn to and subscribed  
before me this 18th day of July 1935  
M. L. Johnson M.P.

# H. S. YEATS

FUNERAL DIRECTOR  
Licensed Embalmer

DAY PHONE 88

AMBULANCE SERVICE

NIGHT PHONE 88

BOWDON, GA., July 12 1935

To Casket	100.00
To embalming	\$ 25.00
To hearse service	10.00
To metal box cover	5.00
	-----
	\$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.

H. S. Yeats

Sworn to and subscribed before  
me this 8th day of July 1935  
M. L. Johnson M.P.

BOWDON, GA., 7/15 1935

M. W. M. Adams  
For Mrs. M. J. Adams  
In Account With

City Drug Co

1935  
July 15 To acct. 21.30

Paid July 15, 1935-

1 City Drug Co

By Mrs. Bean

Sworn to and subscribed before  
me this 16th day of July 1935  
M. L. Johnson M.P.

BOWDON, GA., July 15 1935

Mrs. M. J. Adams  
Bowdon Ga. R. R.  
In Account With

DR. W. P. SMITH

A Prompt Settlement is Requested on Business Principles

Prompt Settlement.  
Prompt Service. Your Bills Due on the First of Each Month.

July 15 To Medical Service Rendered Up To Date 30.00

M. L. Smith M.D.

Sworn to and subscribed before  
me this 18th day of July 1935

M. L. Johnson M.P.

BOWDON, GA., July 15 1935

M. W. M. Adams  
for Mrs. M. J. Adams  
In Account With

O. R. Styles, M. D.

acct

#17.50

O. R. Styles

Sworn to and subscribed before  
me this 18th day of July 1935

M. L. Johnson M.P.

Please pay your account in full or come to office at  
once and make arrangement for settlement.

BOWDON, GA. 7/15 1935

M. Wm Adams  
for Mrs M J Adams  
In Account With  
City Drug Co

1935-  
July 15 To acct. 2130.

Recd July 15 1935-  
City Drug Co

By M. S. Bean

Sworn to and subscribed before  
me this 16<sup>th</sup> day of July 1935  
M. S. Bean  
M.P.

BOWDON, GA. July 18<sup>th</sup> 1935

Mrs. M. J. Adams  
Bowdon Ga. Ga.

In Account With  
DR. W. P. SMITH

A Prompt Settlement is Requested on Business Principles

Prompt Settlement.  
Prompt Service. Your Bills Due on the First of Each Month.

July 18 To Medical Service Rendered Up To Date. 30.00

M. S. Smith

Sworn to and subscribed before  
me this 18<sup>th</sup> day of July 1935  
M. S. Smith  
M.P.

BOWDON, GA. July 15 1935

M. Wm Adams  
for Mrs M J Adams  
In Account With  
O. R. Styles, M. D.

acct #1750

O. R. Styles

Sworn to and subscribed before  
me this 18<sup>th</sup> day of July 1935  
M. S. Johnson  
M.P.

Please pay your account in full or come to office at  
once and make arrangement for settlement.

Above is true copy of record  
obtained from the War Dept.,  
Washington, D. C.  
*Samuel P. Anderson*  
Director Confederate Division.

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

4 SEP 9 1937

## STATE OF GEORGIA,

CARROLL COUNTY.

that I know..... Mrs Rosa Adams....., Ordinary of said County, do certify

site 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

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 3rd day of September 1937.

(SEAL OF ORDINARY)

*W. E. Smith*

10

of Carroll County.

[illegible]

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

Zachariah Taylor Adams enlisted  
as a private in Co. B, 65d Regt.  
Alabama Inf. Aug. 15, 1864. Roll  
for Sept.-Oct. 1864, last on file  
shows him "Absent, sick, since  
Oct. 17, 1864. Captured, likely  
Ala., Apr. 9, 1865. Received by  
Confederate Agent at Camp  
send for exchange May 6, 1865.

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

Director Confederate Division.

### Widow's Application

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

County CARROLL

Name Mrs Rosa Adams

Widow of Z.T. Adams

Date of Marriage May 12th 1912

Date of Husband's Death Sept 26 1916

Company

Regiment 63 Georgia Ala.

Approved DEC 27 1937

Director

### Ordinary's Certificate

STATE OF GEORGIA,

CARROLL COUNTY.

I, M.E. Griffin, Ordinary of said County, do certify  
that I know Mrs Rosa Adams the applicant for pension; that  
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 3rd day of September 1937.  
(SEAL OF ORDINARY) M.E. Griffin, Ordinary.  
of Carroll County.

#### INSTRUCTIONS:

- Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
- Additional affidavits may be attached if black copies are insufficient.
- Only widows who married prior to January 1st, 1920, are entitled.
- All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
- Attach certified copy 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.

SEP 8 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,

CARROLL COUNTY.

Personally appears before me, Mrs Rosa Adams 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 Rosa Adams, Temple, Ga, Carroll County
- How long and since when have you been, continuously, a bona fide resident citizen of the State  
of Georgia? All Life
- Give date, or year, of your birth. 16th December 1862 Age? 63
- (1) When, (2) where and (3) to whom were you married? May 30th 1912  
Temple, Ga Carroll County, Z.T. Adams.
  - Have you married since the death of first and soldier husband? No
  - When and where did your first husband die? September 26th 1916, Temple, Ga.
  - Were you residing together when he died? yes
  - If not, how long had you resided apart? yes
  - Are you now a widow? yes
  - Have you or your husband heretofore been paid a pension by the State? no
  - If so, when and for what cause were you or your husband placed on the roll?

#### SECTION II.

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

- 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 1862 or 1864 in Company F. Captain Long Regiment State Troops
- 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?
- If he was not present, state specifically and clearly where he was?
- When did he leave the Command?
  - For what cause did he leave?
  - By whose authority did he leave?
  - For how long was his leave of absence granted? d. In what way?
- What was his physical 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

2nd day of September 1937.  
M.E. Griffin, Ordinary  
of Carroll County.  
(SEAL OF ORDINARY)

Rosa Adams  
Applicant.

NOTE: - Please fully insure or wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

Leanne

County

PERSONALLY comes before me *S. P. Brown* Ordinary of said county,  
*W. W. Hitts* and *W. L. Hitts* both known to  
me as reputable physicians of said county, who, being severally sworn, say on oath that  
they have carefully examined and after such  
examination say that the applicant has been injured as follows: *right arm*

*off, just below the shoulder*

Sworn to and subscribed before me, this

14<sup>th</sup> day of July 1889

*S. P. Brown*

ORDINARY.

*W. W. Hitts M.D.*  
*W. L. Hitts M.D.*

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

STATE OF GEORGIA,

Leanne

County

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

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

before whom the foregoing

I further certify that  
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 14<sup>th</sup> day of July 1889

*S. P. Brown*

Ordinary Leanne County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County

Know all Men by these Presents, That I,

of

county, in said State, do hereby appoint

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

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

day of

188

(L. S.)

Executed in the presence of us:

DIRECTION:

Send money to me as follows, by

to

County, Georgia.

P. O.

NOTES.

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

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

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

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

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

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.

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



# Ordinary's Certificate

STATE OF GEORGIA,

CARROLL COUNTY.

I, M. E. Griffin, Ordinary of said County, do certify that I know Mrs. Rosa Adams the applicant for pension; that 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 3rd day of September, 1937.  
(SEAL OF ORDINARY) M. E. Griffin, Ordinary.  
of Carroll County.

## INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Only widows who married prior to January 1st, 1920, are entitled.
3. Additional affidavits may be attached if blank spaces are insufficient.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness reside and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

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 Regiment State Troops
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. 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?
6. What was his physical condition when he left his Command?
7. What effort did he make to return to his Command?
8. In what way was he prevented from going back to his Command?
9. Was he captured by the enemy at any time?
10. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

3rd day of September, 1937.  
M. E. Griffin, Ordinary  
of Carroll County.  
(SEAL OF ORDINARY)

Rosa Adams  
Applicant.

# An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of Carroll

Before me, the Ordinary of said County, comes Mrs. Rosa 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;
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 Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Sworn to and subscribed before me, this the

3rd day of September, 1937.  
M. E. Griffin, Ordinary,  
Carroll County.

Rosa Adams

# Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

COUNTY.

of said State and County is hereby presented as a witness in support of the application of for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give Post Office and County).
2. How long and since when have you known applicant.
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State?
4. When and to whom was she married? How do you know?
5. How long and since when did you know her husband?
6. When and where did the husband of applicant, die?
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? Were they divorced?

If the husband of the applicant was a pensioner, DO NOT answer the following questions.

9. When, where and in what Company and regiment did enlist? (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 this Company and Regiment? (Give dates.)
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? If not, where were you and how came you there?
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 date.) By whose authority did he leave his Command? and how long was he granted leave? How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically).

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
16. What effort did he make to return to his Command and how do you know this?

17. Was he captured as a prisoner? If so, when and where? In what prison was he held? and when released?

Sworn to and subscribed before me, this the  
3rd day of September, 1937.  
M. E. Griffin, Ordinary  
of Carroll County.  
(SEAL OF ORDINARY)

Rosa Adams  
(Witness)

3rd day of September, 1937.  
M. E. Luffin, Ordinary,  
Carroll County.

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?  
Were they divorced?
- If the husband of the applicant was a pensioner, DO NOT answer the following questions.
9. When, where and in what Company and regiment did ..... enlist?  
(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 this Company and Regiment? (Give dates.)
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?  
If not, where were you ..... and how came you there?
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 date.)  
By whose authority did he leave his Command?  
and how long was he granted leave?  
How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically.)
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
16. What effort did he make to return to his Command and how do you know this?
17. Was he captured as a prisoner? ..... If so, when and where?  
In what prison was he held? ..... and when released?  
Sworn to and subscribed before me, this the  
3rd day of September, 1937.  
M. E. Luffin, Ordinary  
of Carroll County.  
(SEAL OF ORDINARY)

Rosa Adams  
(Witness)

Georgia Haralson County,

I, Anne Chestwood, Clerk of the Court of Ordinary in and for said State and County, do hereby certify that the within and foregoing one page of printing and typewriting contains a true and correct copy of the marriage of Z. F. Adams and Miss Rosa Brown, as appears of record in this office in Marriage Record Book 2, Page 85.

Witness my hand and official signature this 4th day of September 1937.

Anne Chestwood  
Clerk Court of Ordinary

MARRIAGE LICENSE  
of

AND

Issued

and recorded on page

Book of Marriage Licenses.

Ordinary

Georgia Haralson County,

I, Anne Chestwood, Clerk of the Court of Ordinary in and for said State and County, do hereby certify that the within 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 2, Page 85.

Witness my hand and official signature this 4th day of September 1937.

Anne Chestwood  
Clerk Court of Ordinary

MARRIAGE LICENSE  
OF

AND

Issued \_\_\_\_\_ to \_\_\_\_\_

and recorded on page \_\_\_\_\_

Book \_\_\_\_\_ of Marriage License.

Ordinary.

*Amie Cheatum*  
Clerk Court of Ordinary

MARRIAGE LICENSE  
OF

AND

Issued \_\_\_\_\_ 10

and recorded on page \_\_\_\_\_

Book \_\_\_\_\_ of Marriage Licenses.

Ordinary.

RECORDED & INDEXED BY \_\_\_\_\_

No. \_\_\_\_\_

**Marriage License**

State of Georgia Haralson County

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

*You are hereby authorized to join*

Z. T. Adams, and Miss Rosa Brown,

*in the Holy Rite 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 29th day of May 1912

F. T. Hayes  
Ordinary.

STATE OF GEORGIA CERTIFICATE HARALSON COUNTY

*I Certify that* Z. T. Adams, and Miss Rosa Brown,  
*were joined in Matrimony by me this* 30th day of May *between* Twelve  
*and* Twelve

Recorded \_\_\_\_\_ 19  
Ordinary.

John F. Bryce, G. M.

PARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED

State of Georgia Haralson County

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

Z. T. Adams,

and Miss Rosa Brown,

*You are hereby authorized to join*  
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.

May

19 18

F. T. Eaves

29th

day of

(L.S.)

Ordinary

STATE OF GEORGIA

CERTIFICATE

HARALSON COUNTY

I Certify that Z. T. Adams, and Miss Rosa Brown,  
were joined in Matrimony by me this 30th day of May  
and Twelve

Recorded

19

John F. Bryce, G. M.

Ordinary

PARTY PERFORMING CEREMONY RETURN TO ORDINARY TO BE RECORDED

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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  
veterans; and it appearing that the late husband  
of this applicant performed actual military ser-  
vice as a Confederate soldier and was honorably  
separated from such service; and that applicant  
was married to said soldier prior to January 1st,  
1920, and that she was not remarried; it is, there-  
fore,

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 December, 1937.

*L. C. Griffin*  
Director, Confederate Division  
State Department of Public  
Welfare

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

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

MEMORANDUM:

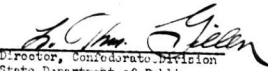
MRS. ROSE ADAMS, WIDOW OF Z. T. ADAMS,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 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 December 1937.

  
Director, Confederate Division  
State Department of Public  
Welfare

Power of Attorney.  
STATE OF GEORGIA.

*Carroll Co.*  
*Adams, William*  
County, *Carroll*

I, *William Adams*, of the County of *Carroll*, State of *Georgia*, do hereby authorize  
to receive and receipt for the pension allowed, and to sign any receipt therefor, my  
lawful agent, *John W. Lindsey*, of the County of *Carroll*, State of *Georgia*,  
Witness my hand and seal, this *14* day of *June*, 1900.  
*John W. Lindsey* [L. S.]

Executed in presence of  
*William Adams* 1900

*Carroll Co.*  
*Adams, William*

O.K. No. *4*  
*1901*

INDIGENT PENSION,  
1900.

Name *William Adams*  
County *Carroll*  
Co. *10. Cobb Legion*  
Approved \_\_\_\_\_ 1900.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

*714-1902*  
Filed by  
*W. H. Merrill*  
*Commissioner*



4-1907  
 Mrs. W. Harrison, East Prussia, Europe  
 Richard Taylor  
 L. M. Maxwell  
 Consultants Co.

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? know nothing

13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? don't know

14. What is the applicant's occupation and physical condition? brick layer, don't know physical condition, I live 12 miles from here

15. Is the applicant unable to support himself by labor of any sort, if so, why? I don't see, I have what I see & hear of him he is able to be not able.

16. How was he supported during the years 1898 and 1899? don't know.

17. What portion of his support for these two years was derived from his own labor or income? don't know.

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? know nothing. I know he is a good worker.

19. What interest have you in the recovery of a pension by this applicant? none.

Sworn to and subscribed before me, this 19 day of Jan, 1900. W B Stephenson W. B. Stephenson  
S. J. Brown, Ordinary. Witness.

of Wassell County.

1. S. J. Brown, Ordinary in and for said County, hereby certify that the applicant William Adams resides in said County, and has been a bona fide resident of this State since the 1st day of January, 1890, and that the witnesses, viz: W. B. Stephenson, J. D. McLeight and J. A. Mitchell are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digests of Carroll County show that applicant returned for taxation in his name in 1899 \$112.50 Dollars of property, and in 1900 \$112.50 Dollars of property.

In my opinion the foregoing claim is made in good faith.  
Witness my hand and seal of office, this 10th day of May, 1904.  
S. J. Brown, Ordinary,  
of Carroll County.

NOTE.  
1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will the whole truth, so help you God."  
2. Additional affidavits may be attached if blank space are insufficient.  
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

1. Have you ever been, since you were a child, and when and where you lost your sight? Yes, I have been blind since I was a child, and I have been blind ever since I was a child.  
2. How many applications have you ever made and under what class? Only one, under the same Act as I do now.  
3. Sworn to and subscribed before me this the 17th day of January, 1904.  
S. J. Brown, Ordinary,  
of Carroll County.

1. Have you ever been, since you were a child, and when and where you lost your sight? Yes, I have been blind since I was a child, and I have been blind ever since I was a child.  
2. How many applications have you ever made and under what class? Only one, under the same Act as I do now.  
3. Sworn to and subscribed before me this the 17th day of January, 1904.  
S. J. Brown, Ordinary,  
of Carroll County.

### QUESTIONS FOR WITNESS.

STATE OF GEORGIA,  
Carroll COUNTY.

J. B. McLeight of said State and County, having been presented as a witness in support of the application of William Adams 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? James B. McLeight, Huxman P.O., Carroll Co. Ga.
2. Are you acquainted with William Adams the applicant; if so how long have you known him? Forty years or more.
3. Where does he reside, and how long and since when has he been a resident of this State? Resides at Carrollton, Ga. Resided here since 1860.
4. When, where and in what company and regiment did he enlist, and how do you know? July 1861, Co. B, 10th Georgia, I enlisted with him.
5. Were you a member of the same company and regiment? I was.
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 the service? From 3 years 1/2 to 4 years, I was discharged with him at Appomattox. I do not know of his service as a Confederate soldier, but I know he was a member of Co. B, 10th Georgia, and I know he was a member of Co. B, 10th Georgia, and I know he was a member of Co. B, 10th Georgia.
7. What property, effects or income has the applicant? (Give your means of knowledge.) I have not seen about his house in 4 or 5 years. He was very poor then. Had but little about him.
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? 20 feet of land, he had nothing else. His H & G goods.
9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? Yes, I think a lot. I learned he sold his house a lot.
10. What is the applicant's occupation and physical condition? Has been a brick layer. He has about quit. I do not know of his occupation, but I know he was a brick layer. He has about quit. I do not know of his occupation, but I know he was a brick layer.
11. Is the applicant unable to support himself by labor of any sort, if so, why? I think so for the reason above. His rheumatism is in his legs and back & shoulders. He has been working.
12. How was he supported during the years 1898 and 1899 & 1900? I do not know.
13. What portion of his support for these two years was derived from his own labor or income? I do not know. Should think a very small part.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? I can only judge by his looks and complaints. He looks like he has in a bad condition, and I know he is not able to work hard and does not look like he is.
15. What interest have you in the recovery of a pension by this applicant? None at all.

Sworn to and subscribed before me, this the 10th day of Feb, 1904.  
S. J. Brown, Ordinary,  
Witness.