RECEIVED of J. B. Lewis, Olerk Superior County, of Chattoogs County, Oa, and Ex-Officio seting Clerk of Court of Ordinary, of Said County, SIMPLY-SIGHT & SO/100 (\$96.50) Dollars, for payment in full of the Transpal expenses of Thos L. Tapp, who died while being a Pensioner This 30th day of March, 1930. Trion Department Hore By Jes Baker Ludertaker TRION DEPARTMENT STORE TRION. GA., CC+ 8th 1029 SOLD TO W. E. Tapp Trion in Oct 8. To Casket Complete 6000
Higher Stille 3000
850 \$9850 The above and for young account is rendered for services for funeral expenses of Those & Takes, I who died without owning sufficient property to Trion Department State By Stoo Baker tundertaker Sworn to and subscribed before me this /O day of Oatsber 1929.

- Way say Ill

# Application for Pension Due to a Deceased Pensioner (To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)

(Under Act Approved August 15, 1904)

W. E. Tap	y before me, the Ordi	nary of said Cot	inty, comes	ty, who, after being	
says that he ki	new Thos. L	. Тарр	of	said County and the	sworn, o
was on the Pen	sion Roll of said Count	y at the time of	death, which occurre	d in Chattoon	a
County, in this	State, on the 7th	day of	October	1	029
Pension of	Fifty	(	s5Q.QQ	) Dollars was du	nenslens
unpaid at the t	me of pensioner's deat	h, and that pens	ioner left no widow	or dependent childre	n survivin
no estate of any	value sufficient to pay	y these funeral e	xpenses, which amo	unted to the sum of	s 98.50
worn statement	s fully and completely	ITEMIZED h	ereto attached.		
. Sworn to	and subscribed before r	me	Li		
	sting o	ordinary 7	28,7	.11.	
Cha	ttooga	County C.	7 Ex I	wife	
(Seal of Ord		in	man	, ,	

nty, do certify
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fafth and credit; d that this was
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) Dollars
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, 1929
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County
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The second section is a second
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ue, unpaid," etc.)
ue, unpaid," etc.)
ed neatly to this
ney must be paid

INSTRUCTIONS: 1st. 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. 2md. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "Just, true, due, unpaid," etc.) ...., who died without owning sufficient property to pay this bill." sed. The treiniary must see to it that each bill is perfectly legitmate in every respect, and properly sworn to, and all attached neatly to this ank, after this blank has been properly completed as indicated. th. The completed rouches—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment. Sth. The Ordinary signs pay red, at Ordinary, for the pension and then disburses the money himself and takes recepts.
Str. Section this application, and strandard bills, with your final settlement to the Pension Department.
This Ordinary should set that the beach of this basines, when folded, it filled out:

....., County

# ORDINARY'S CERTIFICATE

OK 1820					
Widow's Application  De Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910—	NOTES: 1. Before any question Year of beofernity Year of be obtainly year of beofernity to the first term of the first t	Sworn under my (SEAL.)	before sugging the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit	person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the Hambley of Market Hambles and I also know it that I	STATE OF GEORGIA
anne Hoas & D Gate	questions are ausered the feedingly seem to you will be will be the truth. So bely y fedderict may be attached if a mark he made before the wab married prior to first. Bed copies of marriage ireas bed copies of marriage ireas the depth of the made no proof of so use he made no proof of so	Sworn under my hand and official seal of office this (SEAL.)	retive affidavits, and t	the state of the second that the second seco	Sate
intown of Matter 1915.  Impany 196 1006.  Igiment 23 Mr. Afte	Ordinary shall seem application make to each of the manners make to each of the control of the c	of office this RE	hat they are truthful	the is a bona fide con	COUNTY.
proved	incant and the witness of the questions sale of the questions sale out fresidence fresidence fresidence fresidence and state and prevent of to do so	2 Shirton	i that both of the foregoing were duly sworn by mo bey are truthful and trustworthy and their statements	tinuing resident of said ('ounty and was	E Ordinary of said County, do certify that I E
J. W. LINDSEY, Commissioner of Pensions.  Byrd Printing Co., State Printers, Atlanta.	in the following words: d you and the evidence person, or by general e full term of hubband's	19/9. County.	duly sworn by me	aid County and was	nty, do eertify that I
9-1-1919					

		ORDINA				
STAT	E OF GEORGIA,		}			
	11	and the	COUNTY.			
1,	To so	Rate .				inty, do certify the
know		IHIL				and that she is
	she represents hersel			c continuing	resident of	said County and
on the	If day of		10/1			
T)	ist I also know XX	30000				age, and I also kn
before	signing the respective	e affidavits, and				duly sworn by
	itled to full faith and				untwortiny i	and their statemen
Sw	forn under my hand	and official sea	l of office this	28	ny of De	19/
(8	EAL.)		g	020	hestor	Ordinary.
			1	1 lon	Mis	County
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Pate 6.10. Mus

#### WIDOW'S AFFIDAVIT

WIDOW'S AFFIDAVIT
STATE OF GEORGIA,
To hortson go COUNTY
Personally before me comes Hitts & 49 17 att
who, after being duly aworn, says that she is the widow of Mart Jatt
to whom, in the County of Mathet State of Burgist she was married o
the day of Met 1870, and that, she remained his wife, and resided with him to the
the time of his-death he was a resident of 12 Her.
of Georgia, and he was a resident of
of \$40 in Malket County for 19/1 per annum, on account of being a soldier in
Company At 23/52 Regiment of the Company (Volunteers or State Militia
That she is now a bonk fide resident citizen of said County of Countries or State Militar
has so continuously resided since 24 day of July 1844 19
Sworn to and subscribed before me, this the
21 day of 222914 19/9
20 gornesto Ta Ordinary & D You to
of the transfer County
(SEAL)
Affidavit of Witnesses to Bosses M.
Affidavit of Witnesses to Prove Marriage and to Whom.
Date of Death of Husband
Date of Death of Husband STATE OF GEORGIA,
Date of Death of Husband STATE OF GEORGIA, COUNTY
Date of Death of Husband STATE OF GEORGIA,  GRANICO AND COUNTY  Personally before me comes 1880 St. S.
Date of Death of Husband  STATE OF GEORGIA,  COUNTY  Personally before me comes HHE GE ASSOCIATION known to be responsible and truthful persons, residing in said County, who also begin as a second county.
Date of Death of Husband STATE OF GEORGIA,  COUNTY  Personally before me comes IMPO HI Altorith known to be responsible and truthful persons, rending in said County, who after having been duly sworn, say: that of the truthful personal knowledge Mrs. At BIRTE
Date of Death of Husband  STATE OF GRORGIA,  Dersonally before me comes MASS ST. B. Storich. known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that who made the foregoing affidavit, is the lawful widow of MASS STATE. who made the foregoing affidavit, is the lawful widow of MASS STATE. who shed in MASS STATE.
Date of Death of Husband  STATE OF GRORGIA,  COUNTY   Personally before me comes MHO GRANTOTH known to be responsible and truthful persons, reading in said County, who after having been duly sworn, say: that of surpersonal knowledge Mrs. A Date who made the foregoing affidavit, is the lawful widow of MHO County in said State of MAD THE COUNTY in sa
Date of Death of Husband  STATE OF GEORGIA,  COUNTY  Personally before me comes MAN Grant State having been duly sworn, say; that of sharp own personal knowledge Mrs. I Date who made the foregoing affidavit, is the lawful widow of Mrs. State  County in said State of Many on 10 day of High 1950 to and that she has not since remarried. That she became the wife of Mark. Mark.
Date of Death of Husband STATE OF GEORGIA,  COUNTY  Personally before me comes Many St. B. State A. known to be responsible and truthful persons, reading in said County, who after having been duly sworm, say: that who made the foregoing affidavit, is the lawful widow of Many of
Date of Death of Husband  STATE OF GEORGIA,  COUNTY  Personally before me comes MHO ST Delto the known to be responsible and truthful persons, rending in said County, who after having been duly sworn, say; that of state own personal knowledge Mrs.  JALL who made the foregoing affidavit, is the lawful widow of MALL on day of Staffel 1916 to and that she has not since remarried. That she became the wife of MALL on the MALL of Staffel 1916 to the MALL on the MALL on the MALL on the MALL of MALL of MALL on the MALL of MALL on the MALL of MALL o
Date of Death of Husband STATE OF GEORGIA,  Personally before me comes MAN STATE OF GEORGIA  Of State
Date of Death of Husband STATE OF GEORGIA,  COUNTY  Personally before me comes MADO SEE SECTION SHOWN to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that who made the foregoing affidavit, is the lawful widow of Mado SALL SALL who made the foregoing affidavit, is the lawful widow of Mado Office SALL SALL ON the country in said State of Mado on Mado Sall State of Mado on the Mado State of Mado on the Mado SALL SALL ON the continuously small in day of Mado SALL SALL SALL SALL SALL SALL SALL SAL
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wife continuously since to day of OM 1894; and that the left to was the same man who was on the pension roll of said State State from Willer Sworn to and subscribed before me, this the Lanni Stout (SEAL)

Widow's Pension

UNDER ACT 1910.

J. W. LINDSEY,

CTAT					Widow					
SIAL	E OF	GEOR	GIA.		)					
		atto		Coun						
_				less.	100	Ma.				
and afte	ersonal	ly before	me come	. ////PO	La A	1149	Us	of said	State an	d C
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lowing o	question	ns to wit:	o, una s	10111 1 100	timony to in	nxe out the	same, t	rue answe	rs makes	to t
1.	Wha	t is your n	ame, and	where de	you reside?	11Km 10 to	Jay	forthe	Horas	16
2.	How	long and	since wh	en have	ou been a c	ontinuing r	esident i	n the Stat	e of Geor	gia?
mes	vu.	NI.	266	1801						
3.	When	n, where a	and to w	hom were	you marrie	d 2 12 12 14	yes a.	11/81/1	" Rone	27
federate	Army	or Georgia	Militia?	(State 1	ny and Regi he arms and	ment did yo	our husbs	ind enlist	A FRAME	r in
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- WILL	1.126	7166	11110	MASS	1-1960					
о.	Was	your husba	and perso	nally pres	ent at the ti	me of the su	rrender o	or discharg	e of this (	'omi
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leased?	,	when and	where co	aptured a	nd where he	Hee	oner, and	when and	for what	OHU
4 i.								/		
j.	When	and wher	e did yo	ur husbai	d die? We	ere you resid	ding toge	ther when	he died	· I
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how long l 9.	" Hat		e by iter	ns.) /7/	eres ?	- CP1 12A	value	UM AS B.	285-	-00
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9. Nov. 4, 1:	908. ( - Zee	property o	of any kir	nd have ye	ou sold or give thereof? ((	ven away sir	nd cash v	4, 1908?	What wa	# rec
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Widow's Pension

Widow's Pension

UNDER ACT 1910.

WHOW of B & MATERY

Name WHO & Commission of Processing Pro

1. What is your name and where do you resid	or In Backer - Breaire S.
2. How long and since when have you known	mrs Da Jaylor applicant? 50. 400
3. How long and since when has she continuous	y resided in this State? '(Give date.)
and the second	
4. When and to whom was she married? How do	you know? Bline Jayle -
5. How long and since when did you know	Office day lor her
husband? So od years	
6. When, where and in what Company and Reg	dment did College War for enlist?
HOMERONG ME . Lad Careere . Jameson	Level Rannonal whose at what blace
Southers (Sig to Barriey	
7. Were you a member of the same Company? 8. How long within your personal knowledge did	the perform actual military service with his Com-
pany and Regiment? All ist world and the	eder al manatorn 210
9. When, and where did his Command surrender	, and was discharged? Alex 26 1160
allen to his a	The second of th
10. Were you personally present when it was surre	endered? If not where
were you/	and how came you there?
	Z
1 Was the husband of applicant personally pre-	ment at surrender? / If not
where was he?	when, where and for what
cause did he leave Command? (Give date.)	By whose
authority did he leave his Command?	and how
long was he granted leave?	
Do you state if of your own personal knowledge? Fr. (Sta 12. For what cause, if you know of your own knowledge)	te all you know fully, and how you know it )
Command?.	
<ol> <li>What effort did he make to return to his Co</li> </ol>	mmand and how do you know this? Of you &
own knowledge or how?	Marketine and the second of th
Sworn to and subscribed before me this the	J.N. Barker
day of Col 194	
day of College 194	rdinary.
of Article Te	County.
AFFIDAVIT OF TWO	FREEHOLDERS
STATE OF GEORGIA,	THE THE TENT
STATE OF GLONGIA,	
Dhattacga County.	
Personally before me comes & J Banker	4 ANT BOTTOLL
are freeholders of said County and that they know Months of said County and know what property she owned on 4th	Da Saylor
of said Courty and know what property she owned on 4th :	Nov. 1908, and its cash value to be as set out by
Schedule (A) as follows /70 /1 Crass / K. M.A.	HOLDER HOLLE
Personal property Northeller	dixxitthuc prove or
Notes and accounts due.	. ~
Total	1871
Schedule (B).	
We know the property sold or given away since Nov	4th 1908, its cash value to be as follows:
Personal property	hore ,
Money, Notes and accounts	
Schedule (C).	The state of the s
We also know what property she has now in her pos	
Acres of land worth	1 .
Horses and Mules	THE STREET STREET
Cows and Hogs	*** *** *** ** *** ** ** ** ** ** ** **
Other property	provide the second seco
Total Value of all property an	4-4
Sworn and subscribed before me this the	d ellecte
19th dalet . 11	2.15ansa,
OC DOMESTO	done Till
of Manufacture	County

#### ORDINARY'S CERTIFICATE

STA	T	E OF GEORGIA,	
************		County.	
		Ordinary of said County do	ertify
is the	P	know the applicant for pension. the applicant for pension she represents herself to be and the is a bonafide continuing resident citizen of	She
Count	y n	and was in the 4th Nov., 1908	milita
	T	hat I also know	
the fo	lde		onn c
		La Re. W.	
1908	8	hat the Tax Returns for 1910 s Returned for Tax	s for
		worn under my hand and official seal of office this	AT
1910			ac.ma.
	SE	EAL. Ordinary.	
	(8)	(EAL.)	inty
NOTES	1.	You do solemnly awar that you will true ordinary shall swear applicant and the witness in the following w	ords:
	2	you shall give will be the truth. So help you God,?" Additional affidavits may be attached if blank spaces are insufficient.	dence
	4		
	5	Only widows who married prior to first January 1870, are entitled.  Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by eral reputation.	gon-
		the state of the s	

hitting Application for Pension Due Deceased Pensioner Under Act 1904. 90 ge Render Ordinary. Chattorn County. Regiment Approved and Ordered Paid 190\_\_ J. W. LINDSEY, Commissioner of Pensions

hereby authorize and sty, my lawful attorney, to collect and receipt for Pension Roll from said County

for 190\_



#### STATE OF GEORGIA, Houston County.

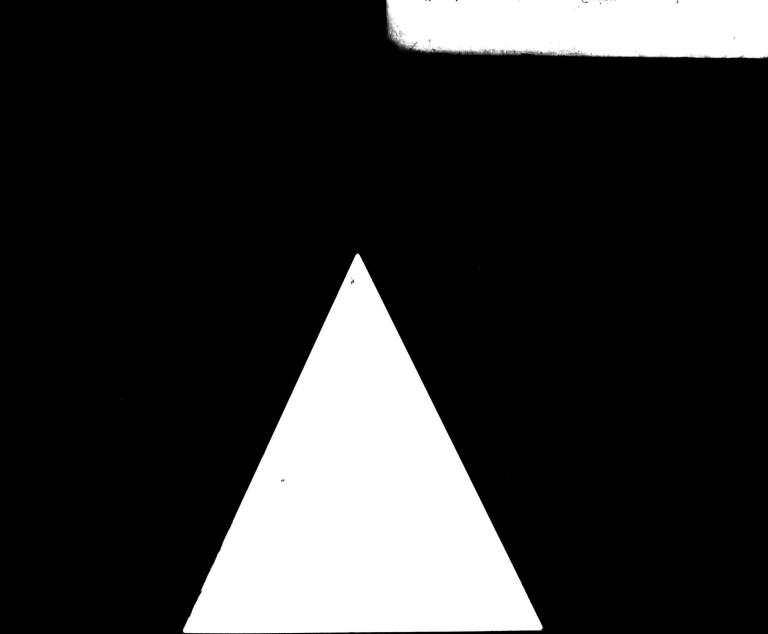
To any Judge, Justice of the Peace or Minister of the Gospel, or other Person Authorized to Solemnize:

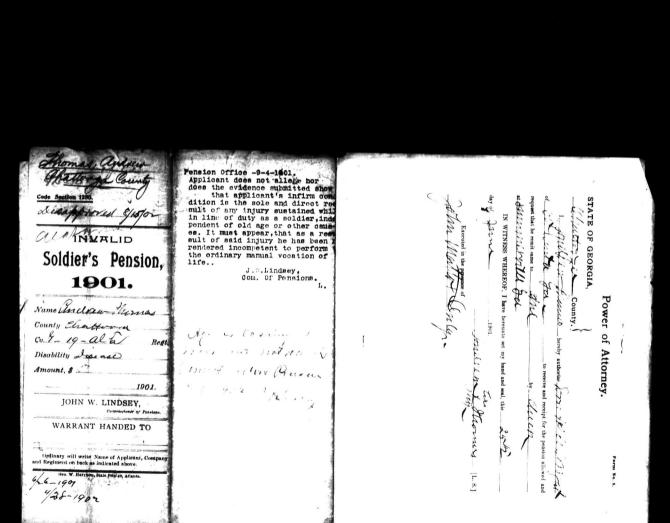
\	to Soleminze.	
YOU ARE HERE	BY AUTHORIZ	E,D.
To Join	. ~ .	
in the H-ly State of Matrimony, according and for a doing this shall be your sufficier		of this State;
LICE	ENSE	
And yet are keeby required to return on, of the fact and date of the marriage.	this License to me, with your e	ertificate here-
Gas $e^{-i}$ denotes that fixed small this	day of	Life .
• 1	ر' لار) Ordi	nary. (Hīgh)
GEORGIA, Houston Co	ounty.	
I Centiny that	U	
and.	were joined in Matr	imony by me
Circ	. Sheteen Hundred.	1
Recorded	J' 4.	`
1 2	Ordinary.	
		••••••

#### Application for Pension Due to a Deceased Pensioner,

UNDER THE ACT OF AUGUST 18, 1904, TO BE PAID TO THE ORDINARY FOR PUNERAL EXPENSES AND EXPENSES OF LAST ILLNESS.

Georgia, Lhattooga County.
Personally before me, the Ordinary of said County, comes
g & Ballette said County, who, after being sworn on
oath, says that he knew Mes Da Raylor of said County, and
that was on the 1910 Pension Roll of Chestroge
County of the time of backdeath, which occurred in All 1992 County, in this State, on the 28 day of Derritable 1962, and
that a Penalon of Sinth Dollars was due her and
unpaid at the time of he death. That he left no widow or dependent children surviving
hat and no estate of any value sufficient to pay hat funeral expenses, which amounted to
the sum of Dollars, as per sworn statement,
item sed, hereto, attached.
Sworm to and subscribed before me, this
25 day of Spilet 1969 John I. ( Delot 1
De Ganasta Ordinary
County.
Georgia, Phattoope County.
I, Godonester , Ordinary of said County, do certify
that I personally know, who is a resident
citizen of said County, and that he is of a truthful and trustworthy character, entitled to
full faith and credit.
I also knew while in life;
that the was the same person whose name appears on the
Pension Roll of County, and was paid a Pension of
Dollars in said County for 1963
and I now believe back to be dead.
Given under my hand and official seal, this 25 day of Murch 1963
period surprise in a good for the ordinary,
County.





County.

They will bereby authorize first fell in spect request that he remit same to 2716

mother inchartle Dec

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25-12

souls in to stormy [L.8.]

Executed in the presence of willy.

# For Use of Applicants Who Have Not Heretofore Drawn.

	STATE OF GEORGIA,
	County.
ਨੂੰ	PERBONALLY appears & Mayer Money of said Chattery
Þ	County, State of Georgia, who being duly sworn, says on oath that he was born on the
Ą	1898, that he is a bona fide citizen and resident of Georgia, and has been
2	continuously since the word 15 th day of December 1865, that he enlisted
0	in the military service of the Confederate States (or the State of) on the
9	about 5 mday of try 1861, during the war between the States, and
, +	served in Company of 19th th Regiment of Clebanes Volunteers
D D	Brigade, and was honorably discharged on the L2 day of the vil 1867; that whilst engaged in such military service, and in line of duty in
Ä	1865 : that whilst engaged in such military service, and in line of duty in
н	the State of day of 1862.
ğ	he was disabled or wounded as follows: of was thrown from an
9	Mule my foot earyh in succee strong
Н	Tice groth higher and relieved me fortun
þe	The Mule but I was would wounded by
73	said fall in the hip and a outture of any
ä	test bell process can veries into the Serola
+3	and from this constout irrelation and other
٥ ۲	of extorne & any totales we after the
t o	a suffert for my self by manual lafor
ő	I also suffer from Cheumstin and personness
Q Q	The wormen in my hat have never becoming any the Herrice is
10	more regularies fitte of the affections are the head reach of wound place
ď	Where was command surrendered? Anyoule from grow grownsons of &
th C	Was applicant present? Ho
d	was he? I say with the songenetow come there? Augustu Gangue
Ē	And by whose authority? State fully: Even I thurten's work to Coff- Thise Counter towards
ď	
H	The state of the s

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1902.

Post Office of music wills

Norz.—State fully nature of wound or character of disease which causes the disability, and exploits particularly to the class of the disability. It claim is based on disease, give full and connected history of disease, tracing it directly to the control of the

PERSONALLY appears before me, the undersigned Ordinary in and for said County\_ personally known to me to be trust with the cach of whom, being duly sown according to law, severally may.

under onth, that they are personally and well acquainted with, didler . Tizzient whose application is herewith presented for a pension, that he has resided in this State continuously since the

1867 , that he served in Company

145 (the Regiment of Sect). Brigade, and from our personal knowledge, he while in line of duty, was injured by the service of follows: (give full statement, and tell in your onen language when, where and how the injury happened, or the discuse was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what,)

Of allien dige for for Left , Su O. who were i don blandic since bot lower to afing trick with double prightenes mallanding thicking in the Causing instruct file world for four set relained IN Mil is obles live softietisis try so and was to seek off det fleet ac il burantel Practiculty & southally .111 for for later of many desired

We personally know above stated facts. We were with him in the Army and have known him ever since.

He was honorably discharged or retired from the service on.

1865 . Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18 & 3 We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this/

Note 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.

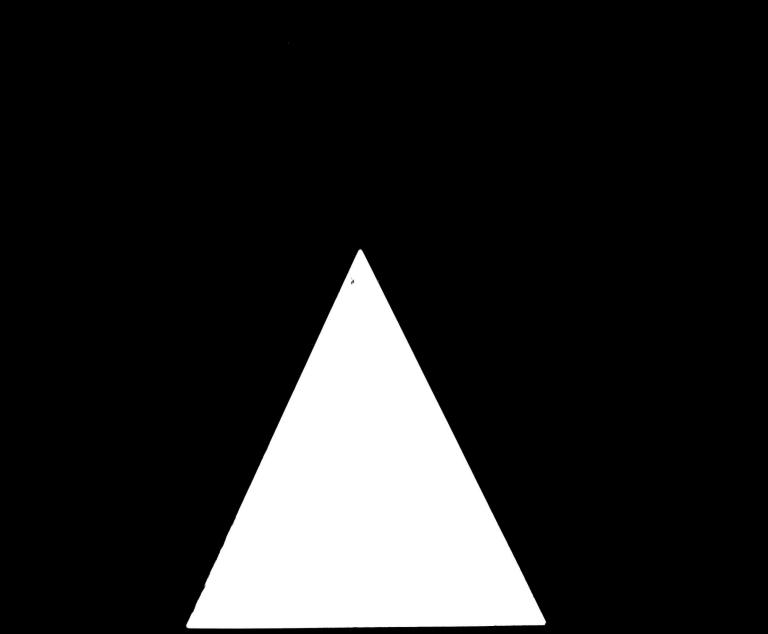
Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
 All blank spaces must be filled when signed.
 Three witnesses are required.

#### Physicians' Affidavit.

•
STATE OF GEORGIA,
Chattorya County.
01 10.14
Presentative comes before me All Marie Ordinary of said County,
try of not at the and officery and both known to
ne as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully
examined Andrew Times and after such personal examination, say that the present
condition of applicant is as follows: suffering from service from
left sine to an extent that ourably him
to any time of Mounal cubon, Enforcing to come
a suffer also from nucular of Ensumation and
Newwood prostration two lost constitung wice from
exposure while in Configurate in vice and from with
ne will penn belinged
and that such condition is permanent. Said condition arises from the following facts:   while in
Confessionate proces is was attached with Theumat
and Irestan justinhow which at that time so visible
in that is was released from risky duty and our
to Milling senties of los expresses to water comme
We have treated applicant professionally for More then to years, and his condition, as above stated,
loce 11': 14' arise from hereditary or congenital course, or from vicious or intemperate habits.
Sworn to and subscribed before me, this
3/- day of May 1901. 1. V. Jugant. 11.4
film sudition.
Ordinary.  Note 1.—State fully the physical condition and especially the extent of disability. If disability results from record or
Fig. 1.— Note 1.—Note fully the physical condition and especially the extent of disability. If disability results from wound or moves, state its meating, therefore and present condition. If from disease, yere its nature and character, and its causes or rigin, as understood by affants.  Not 2.—The physicians will be careful to fill every blank space in eath.
The physician will be during to the every diank space in oath.
STATE OF GEORGIA,
Aller Harris County.
1 detu Halley
o certify that I am well acquainted with Andrew Mary of said County,
pplicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are
rue, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he
esides in this County and has been a bona fide resident since the
also certify that the witnesses, to wit: 111 ( Dec 14)
nd Tilm; he are persons of respectability, that their statements are worthy of full restit and belief, and that the full text of the affidavit was read to and understood by them before they signed
ile same.
Given under my official signature and seal, this day of day of 1901.

All amending proofs must be executed with the same formality as original proofs, and pre Ordinary must so certify

Lingen Collectory . Go -In weldehouse inffect of betievery heatofre Made in afflication of Senter whomes for Process one bothy that his playment to white and you at debetety was longht on him by a would be upt life by a face from a muce his fort laught in ityruk the distoration was necessary lot the offert upon the confector homomoder go of the Hip wountsince to any and accorded by the dispersention from the in. Red From Sufamite just were seems second and time grow toones with changes incerted to increasing ege from the wound or radio from Rome louse that processed the hit application he has a presencent-Acouse the en they would insofice take him for any were of a not at lake, to weeky be some haffel himself tordere in new Married America here of theme, and Merrow frontation he physical Condition as Rush that he torse man become one has it origin tume in the seed in the Army from wound and - there is he is shoulderly man, tolary surfly to color The the finance is well Land Man Joy 11 To 1 100 Migil or lace rock . 4776/502 Solin Matter Cadinay Hom Wally Shiterion of dantospe Court you Ancheesting that the other mund withours My geridient, dity Paryon the humanstog o or tiable-Tiller under my land and of ficial gral This april refluse + The y Citte Conciones



SOLDIER'S PENSION  1897.  Name Ton Pursual  Sounds Frederica Sufficient Suffi	Juania Office - 4/10 1497. It mill be noticed that the physicious which stating that applicant now how eight armatically in a not that any to what ight do not show that to he is treated the in disable he is from the whom many moment wo want to the fact of showing that the fact of order many moment or many that the air chile to may be spirit in a minimum or maximum define - It ought to he state so that and other or have more that and other or have more a that and the the transact.  Rich brauman Comment Pursuant	request that he remit same to.  by  IN WITNESS WHEREOF, I have hereun say of Historical 1897.  Executed in presence of:  [SALAR 4] Heristers  [Milital Mark Market 1897]	POWER OF STATE OF GEORGIA.  COUNTY.  1.  1.  1.  1.  1.  1.  1.  1.  1.
Amount, & SOCE  RICHARD JOHNSON, Chammissioner of Pensions.  WARRANT HANDED TO  SEC. W. HARRISON, STATE PRINTER, ATLANTA  24/15-97  5/18/00	my tusing	These with the House [L. 8.]	suthorize — Hara Collista & College and to receive and receipt for the personnel allowed and

STATE	OF	GEORGIA,
/ - >		

1, hereby authorize 9125 Cliving & Councillate

\_\_\_\_to receive and receipt for the pension allowed and

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

Truly of 1 1 Thomas 16 81

Executed in presence of:

Cuar V. Hopeon

#### For Use of Applicants Who have Not Heretofore Drawn.

STATE	OF	GEORGIA,
0171	$\circ$	GEORGIA

County, State of Georgia, who being duly sworn says on oath that he was born on the

day of Jayara 1875, that he is a bona fide citizen and resident of Georgia, and has been continuously since the 163 day of Assess

that he enlisted in the military service of the Confederate States (or the State of

in Company 5 of th Regiment

of Sat for Brazel Volunteers Col 120 . Brigade; that whilst engaged in such milltary service, grid in line of duty in the State of Advance ....

186 , he was disabled or wounded as follows: horner and in bouch start or in A Leveler wire oring dans to the series sistend

Entered this , a september percentilly wir somering

solve dec. to det made and discharg wine picting wasted by his release I sieling in the away

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 thereunder, ending October 26th, 1897.

Sworn to and subscribed before me, this the \ Ired red IR Hromes

RICHARD JOHNSON

RICHAR Norz.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of Motinal Blanch of disease, for four disease, for some disease, tracing it directly to the service, Norz.—Do not trouble to mention wounds which do not disable,
Norz.—The Ordinary will see that of blank popes are filled when the affixed its regimed. Pusin Office -4/10 1497. It mis he notice a that the thraicions while stating that ACT 24th October. applicant non tow enfine come an ship to as result of the our-ice as not any to what what he is disabled at least they do WITNESS not show that he is fractically in compe and to perform the odemary manual over tims GEORGIA, WHEREOF . The facts showing the 1897. the airchity may & wish in POWER a min inum or maximum de. Name Tox. Fre - It ought to be state so that doubt should be trommed - Rich forming (Russian) /County L'ecc Tire 유

Disability roma dinare Amount, \$ 5000

1897

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

EO. W. HARRIBON, STATE PRINTER, ATLANTA

2/15-97

hand

ATTORNEY

STATE OF GEORGIA, Whatting County.)

PERSONALLY appears before me, the undersigned, Ordinary in and for said County,

Le Illichten I. f densy and ( personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, under eath, that they are personally well nequainted with Je JH Herrisa &

whose application is herewith presented for a pension, that he has resided in this State continuously since the 26 day of 6.14 1855, that he served in Company

of the 3 Regiment of of acades bout Brigade, and from our

personal knowledge he was injured by the service as follows: (give full statement, and tell in your own language when and how the injury happened, and how budly applicant is disabled from work. If he does any

labor, or can do any, state what.)

Cenas hemided at the of Com, Shill Statemy him on The Shaldes and he also disabled with full cutar minar which Render from mable to fruitorn manyal laker la Hal a food and from falder, in find faithfully milet Thesirender Custila money not land her hasse lack redering in Caraldes dustice

We personally know above stated facts. We were with an in the army and have known him ever since. He was honorably discharged or retired from the service on 1/2. 1865 . Applicant is permanently disabled as stated and has been so to . We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this the form of the fluid to

All blank spaces must be filled when signed Three witnesses are required.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,

Chattor ya County

PERSONALLY comes before me Attitute County, Ordinary of said County,

St gill willias to A. and I I herewas Hit , both known to me as reputable physicians of said county, who being severally sworn, say on oath, that they have care-

fully examined J L' Il Thomas and after such personal examination,

say that the present condition of applicant is as follows:

his Hyour superich by in trucake to two courses in the to Russit Sheet want fragment of there stratum shouse

column derived the free is applied over a particle for only my of former of tematics interesting from your sometimes of interesting to the second of the second developed to the second of the second and that the condition is permanent.

, We further say that said condition arises from the following facts:

the was prominen while in live I date is a surremark sugar in The Ratta of Brushow hora in a sex must in sauch show theying From the the Same their & down for the grould as portent intheir L'avec entremeter, une testien su une which on say formen humanist

We have treated applicant professionally for a treasurer, 25 years, and his condition, as above

intemperate habits.

Sworn to and subscribed before me, this 112 day of 115%

1897. ]. L. L. - rem 110

resulting therefore.

Note 2. If claim is for disability resulting from disease, state Aour the disease is known to result from the service as a Also state how long physicians have known and treated applicant.

18 3 — The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA. Cratter 211

COUNTY.

. Interior hartes do certify that I am well acquainted with . A A Versel the

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County. I also certify that the foregoing witnesses, to wit In Mary ag, T. P. thurp, Is of Song, If & Sharing & Morney are persons of respectability, that their statements are worthy of full credit and belief and that the full text

of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this. 11 day of FER 1897.

Ordinary Lilattery County.

#### POWER OF ATTORNEY.

to receive and receipt for the NEW Get,  IN WITNESS WHERI day of Cary  Executed in presence	e pension paid hereon and request by Chica  EOF, I have hereunto set my hand a	that he remit same to
File of former milk  Homes 1795 L. R.  For These Arreity Enrolled.  INVALID  SOLDIER'S PENSION.	Name T. R. Thomas County Challwaya Disability Mouna + deteras, Amount, \$ 500°	RICHARD JOHNSON, Commissioner of Fractions, WARRART HANDED TO  MARK C  THE REPORT AND THE STATE OF THE AND THE STATE OF TH

	of October 1802, he was wounded, injured or diseased as follows:
	By land shew or five of Rund Shew Striking
	my his left showen wer shinal column while
	Tet to pertial of oraly ors of left Rice four &
	Ly also from Aldermation Alicelar which
	was training to endrouse in Service
	the Confecuety states as a Radie
	Deponent decises to Southing to the Long Co.
	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
her reserved to greature of identification	entitled for the year ending October 26th, 1898. I have largetime under said law as a resident of Challor 1 a county been allowed an invalid persion of
+ to proceed one in a hear of Francisco vi	1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
o the town on Ensure the further tate	Sworm to and subscribed before me, this, the
are or a breakly colone condy no and	day of flery 1898. POST-OFFICE Acu Seco
There in whit we stoke in The second years	Why Market Ordy
isthon how as a styricase make to	Nork-State fully the nature of seemed or character of disease which causes the disability, and explain particularly the extent
ing rue the orinners seater degening of a	STATE OF GEORGIA,
	Challasty County.
Tax value 200	. Dorger V Vac dd
1 ) 10 mas 118	Ordinary of said County,
1 /	do certify that I am well acquainted with A Monney 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 seed this

For Applicants Heretofore Allowed Pensions.

Dersonally appears A. A. Momen of Chertsonies County, State of Georgia, who being duly sworn, says on oath that he is a tona fide citizen and resident of said State, and has resided therein continuously ever since the 24/2

1824; that he enlisted in the military service of the Con-

) during the wan between the in Company A, of 3. th Regiment

, on the

's Brigade; that whilst engaged

County.

Ordinary deadlingy

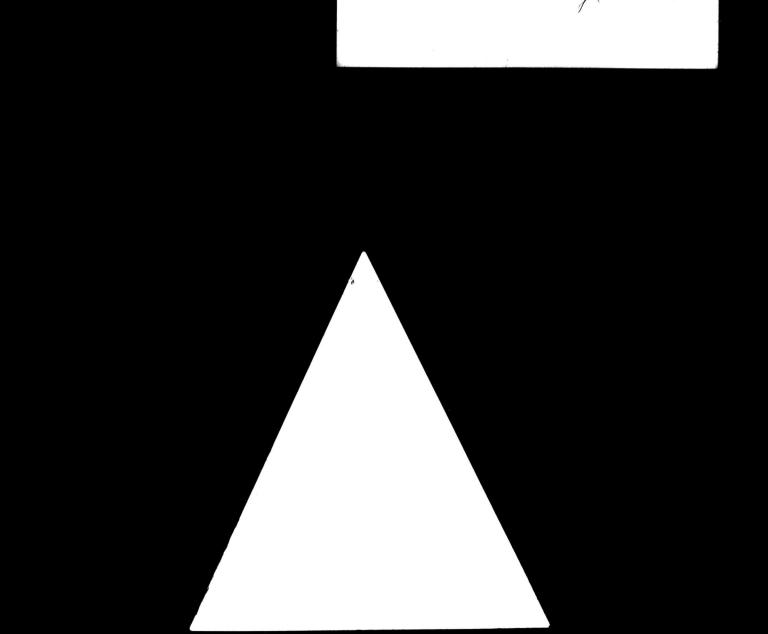
STATE OF GEORGIA. loha Hora

federate States (or of the State of

States, and served as a 11.1166 of Da Cerrilay. Volunteers, Willy

in such military bervice in the State of Stal Eliza

day of Erymi



Widow's Pension UNDER ACT 1910 Name June Morras
Willow of A Jellioners
6.19. 212. Left. J. W. LINDSEY. Commissioner of Pensions Chas. P. Byrd, State Printer

	cation for Pension by a Widow Under Act of 1910Questions for Applicant.
STA	TE OF GEORGIA,
7	
- Kent	CANTO COUNTY.
P	ersonally before me comes MIN Don + a Majilan of said State and Country
and afte	resonally before me comes. Mills South Walling of said State and County, being duly sworn, on oath says that she desires to apply for a pension allowed under the Act
01	1910, and submit testimony to make out the same true appropriate to the
towning c	destions to-wit:
1.	What is your name, and where do you reside? Janu Montas Hore
di	How long and since when have you been a continuing resident of the State of Georgia?
Car	When, where and to whom were you married it to little LINTTO age
4.	When, where and in what Company and Regiment did your husband culist as a soldier in
Confeder	ate Army or Georgia Milita? (State the arms and class of Service.) Let 1 (19/16)
5.	When and where did the Commands of your husband sarrender or discharge from the army?
6, mand?	Was your husband personally present at the time of the surrender or discharge of this Com-
8	If he was not present state clearly where he was  Where was his command when he left?
a.	The state of the s
b.	Provide the second seco
С.	
	For how long was he granted leave of absence?  What was his physical condition when he left his Command?
1.	NO
g.	A hat effort did he make to return to his Command?  In what way was he prevented from going back to Command?
h.	Was he captured by the enemy at any time?
i.	If so, when and where captured and where held as a prisoner, and when and for what cause
cleased?	He Privarily
j.	When and where did your husband die? At 19 214 1904
k.	Were you residing together when he died?
1.	If not, how long had you resided apart? with fiving brainst
9.	What property of any description did you own, hold or control for your use and its cash
alue, Nov	4, 1908? (State same by items.)
10	What property of any kind have you sold or given away since Nov. 4, 1908? What was re-
cived for	it and what did you do with the proceeds thereof? (Give items and cash value.)
	(Give items and cash value.)
	L.W. L. L.
14.	What property of any description of any value have you now?
	nd cash value
	What are your annual earnings or income and their value? Ittellier
17	Have you have for how with the second
so, when	Have you heretofore been paid a pension by the State?  and for what cause were you struck from the Roll? ILLOTH DRUGH DEUM
Swo	in to and subscribed before me this the
<b>V</b>	GODD AND OPPORTUNE

Widow's Pension

UNDER ACT 1910

WILLOW STATES STAT

Questions for the Witnesses as to Service of Husband and Marriage.	AFFIDAVIT OF TWO FREEHOLDERS.
STATE OF GEORGIA,	STATE OF GEORGIA,
CANTTOO County	
Personally before me comes IM Bayley who after	EllaTTe ga County
being duly sworn time answers bemake, to the following questions, answers as follows:	Personally before me comes grade Marting to a Walter who on gath says that they
1 What is your name and where do you reside? If Ill Bushy Jurly for	are freeholders of said County and that they know MAT. But the County and know what property she owned on the Nove 1908, and its cash value to be as set out
2 How long and since when have you known MIND AND Office of Special Competitions of the State of	by Schedule (A) as follows
3. How long and since when has she continuously residual in this Size 2 (C) 1.	Personal property.
36 years since 1874	Notes and accounts due.
When and to whom was she married? 1867 How do you know? Resultord or who	Total S My
5. How long and since when did you know. At Quality	Schedule (B). We know the property sold or given away since Nov. 1th, 1908, its cash value to be as follows:
husband 56 Grates diorec 1800	Personal property \$ Z
6. When and where the A. S. Chronias	Money, Notes and Accounts.
the hysband of Applicant the arrayerst 21st 190 touch stronge Co	Schedule (C)
Were the applicant and her hisband living together as husband and wife at the date of his	We also know what property she has now in her possession, use and control to wit:
death	Acres of land worth Model 8 20
& It not how long that they live apart before his death? Much Living together	Horses and Mules
Were they divorced:	Cows and Hogs 1/
". When where and in what Company and Regiment did A. G. Shorttan enlist?	Other Property !! \$ 27
auguest 14 1861 at Hunty Mala	Income and Earnings
Compony & 19" ala Infantry	Total Value of all property and effects S
to Were son a member of the same Company HO Tea H 19 ala Dorfanting	Sworn and subscribed before me this the
11 How long within your personal knowledge did he perform actual military service with his	Handay of low 19/1
the party and Komman from personal knowledge did he perform actual military service with his	go go forestarte co d. dullor
Company and Regiment from the Met May 1861 To Surveyeder	of Charterga County.
12 When and where did his Command surrentler, and was discharged ites Mills	
	ORDINARY'S CERTIFICATE.
1) Were you personally present when it was surrendered? Here If not where	STATE OF GEORGIA.
and how came you there?	Chattern County.
the second secon	a good of the state of
1) Was the husband of applicant personally present at surrender. If not	Ordinary of said County do certify
when, where and for what	that, I know the person she represents derself to be and she is a home fide continuing resident citizen of said
cause fiel he leave Command (Cave date)	County and was on the 4th Nov., 1908
authority did he leave his Command	That I also know It III Bugley the witness who swears
long was he granted leave. How do you know all this?	to the service of husband, and
we wer suighborn and well acquainted.	
and belonged to dame Regioner	signing the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to full faith and credit.
15. For what cause, if you know of your own knowledge, was he prevented from returning to	Character of the second
his Command:	That the Tax Returns Returned for Tax is for
16. What effort did be make to return to his Command and how do you know this? Of your	Sworn under my hand and official seal of office this.
own knowledge or how?	Oltober 10/
	(SEAL.) Johnston Ordinary
Sworn to and subscribed before me this the	Challoson .
al day or Ollo Feet 19/1	(SEAL.)
90 Hornston	MOTES 4
Control of the state of the sta	Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "Fou do solemnity swear that you will true answer make to each of the questions asked you and the witness you shall give will be the truth. So help you God?"  2. All affidatis must may be stacked to blank spaces are insufficient.  4. Only widows who married prior to first January 1870, are entitled.  5. Attach certified copies of marriage license it Ordainable. If not prove marriage by some nerson, of hy see
of County.	All amdavits must be made before the Ordinary.     Only widows who married prior to first January 1870, are entitled.
U	<ol> <li>Attach certified copies of marriage license if obtainable. If not prove marriage by some person, or by general reputation.</li> </ol>

# Application for Pension Due

# Deceased Pensioner

(UNDER ACT 1904)

(To pay expenses of last illness or funeral)

Approved and ordered paid. 5 71

19 2 3 1999 J. W. LINDSEY, Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Office with your receipted pay-rolls to be permanently filed with them. Do not keep this application in

Index Printing Co., Atlanta, Go.

Summerville, Ga., May 4

-In Account With-

#### DR W I BRYANT

1 1 m	4 30	Visil 4	med		
" /	y	ver se	4	130	
" 2	0 "	-,"	"	100	
1, 2	2 1/2	٠, لاه	"	3 4	
			1	12.00	

Jacksta, JHATT OCA JOULTY.

The above ar : fore-coing account is remiered for fur eral expenses inxine of Mrs. June Thomas who died without owning pufficient property to pay this bill.

Sworm to and subscribed before) ) 1410. 12. me, this the 2" day of /mis)

111111821

ORDITARY CHATTOOCA COULTY, CA.)

74 27 2 114 77 014 700 77.

The above and foregoing account to rendered for services in the last illeans of Mrs. Jare Thomas, who aled without earlier sufficient property to pay this bill.

". this 4th lay of May, 1912. 1

PEDITARY CHARTOON COUNTY, SA.)

SUMMERVILLE. GA. FEly 23 = 10 M Thomas

Jos Surial Experime for Mother

SOURCE CLEGHORN BROS.

DEALERS IN GENERAL MERCHANDISE

THE COMPANY WO SHOP THE STORY OF THE STORY O

## Application for Pension Due to a Deceased Pensioner

(Under the Act of August 15, 1904)

To Be Paid to the Ordinary for Funeral Expenses and Expenses of Last Illness

GEORGIA, County.	
Personally before me, the Ordinary of said Cour	nty, comes
	said County, who, after being sworn, on oath says
that he know Whos Bore a Mis re	said County, who, after being sworn, on oath says
was on the Addiguest Pension Roll of	Oounty at the
time of death, which occurred in	
	estimated, 1998, and that
a Pension of Off Mills	Dollars was due pensioner and
unpaid at the time of pensioner's death. That he lef	t no widow or dependent children surviving, and
no estate of any value sufficient to pay these funeral	expenses, which amounted to the sum of \$760
per sworn statement fully and completely itemised, he	reto attached.
Sworn to and subscribed before me	
this B day of will 5 1922	an Thomas
gogonistor 6 Ordinary	
County.	20
AFFIDAVIT OF	ORDINARY
1. gorpoherstor	Ordinary of said County, do certify
that I personally know Blader	Ordinary of said County, do certify, who is a resident
that I personally know A Louise of a transition of said County, and that said person is of a transition of the said person is of the said pe	Ordinary of said County, do certify who is a resident uthful and trustworthy character, entitled to full
that I personally know A Louise of a transition of said County, and that said person is of a transition of the said person is of the said pe	Ordinary of said County, do certify who is a resident uthful and trustworthy character, entitled to full
that I personally know A L SHOP TO citizen of said County, and that said person is of a transit and credit.  I also knew MAN RELIGIOUS	Ordinary of said County, do certify who is a resident uthful and trustworthy character, entitled to full while in life and that this
that I personally know A Share residence of said County, and that said person is of a traith and credit.  I also knew MAN ARL II. Was the same person whose name appears on the	Ordinary of said County, do certify
that I personally know A Short recitisen of said County, and that said person is of a traith and credit.  I also knew Man Alla Alla County was the same person whose name appears on the Roll of	Ordinary of said County, do certify  the property of said County, do certify  who is a resident  uthful and trustworthy character, entitled to full  while in life and that this  gradient Pension  County, and was paid a Pension
that I personally know BL SILOTT citisen of said County, and that said person is of a tr faith and credit.  I also knew MAN BR 11 M was the same person whose name appears on the Roll of BR 11 M Roll of BR 1	Ordinary of said County, do certify  the property of said County, do certify  who is a resident  uthful and trustworthy character, entitled to full  while in life and that this  gradient Pension  County, and was paid a Pension
that I personally know BUSIONS citisen of said County, and that said person is of a tr faith and credit.  I also knew MIDS BB 14 M was the same person whose name appears on the Roll of DAL BUILDER MANAGEMENT I now believe said pensioner to be dead.	Ordinary of said County, do certify  The property of said County, do certify  Who is a resident  While in life and that this  Pension  County, and was paid a Pension  County and was paid a Pension  County of 1994, and
that I personally know Black Processing of a translation of said County, and that said person is of a translation and credit.  I also knew Black	Ordinary of said County, do certify  The property of said County, do certify  Who is a resident  While in life and that this  Pension  County, and was paid a Pension  County and was paid a Pension  County of 1994, and
that I personally know BUSIONS citisen of said County, and that said person is of a tr faith and credit.  I also knew MIDS BB 14 M was the same person whose name appears on the Roll of DAL BUILDER MANAGEMENT I now believe said pensioner to be dead.	Ordinary of said County, do certify  The property of said County, do certify  Who is a resident  While in life and that this  Pension  County, and was paid a Pension  County and was paid a Pension  County of 1994, and
that I personally know Black Front is of a tradition of said County, and that said person is of a tradition and credit.  I also knew Mass the same person whose name appears on the Roll of Black Front Shadewall for the Roll of Black Front Shadewall for I now believe said pensioner to be dead.  Given under my hand and official seal, this and the same person whose name appears on the Roll of Black Front Fron	Ordinary of said County, do certify  The property of said County, do certify  Who is a resident  While in life and that this  Pension  County, and was paid a Pension  County and was paid a Pension  County of 1994, and
that I personally know Black Processing of a translation of said County, and that said person is of a translation and credit.  I also knew Black	Ordinary of said County, do certify  The property of said County, do certify  Who is a resident  While in life and that this  Pension  County, and was paid a Pension  County and was paid a Pension  County of 1994, and

ANTITUOTIONS.

ANTITUOTIONS IN THE PROPERTY IN

# "OUGH CLEGHORN BROS.

DEALERS IN GENERAL MERCHANDISE

1 Pr Bund Gloves 1 Ca Pins 30 1 Pattern 975 H's yos berge 50 spent Silk 1 gown 1 Im suskiit John Flormas

MERCANTILE COMPANY

\_\_ of said County, who, after being sworn, on oath says Who Rong at The recent of said County, and that said pensioner Addingst Pension Roll of Buttonga unpaid at the time of pensioner's death. That he left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 7600 per sworn statement fully and completely itemized, hereto attached. Sworn to and subscribed before me an Thomas this & day of die 15 192 6 Bhattona County.

#### AFFIDAVIT OF ORDINARY

Ordinary of said County, do certify 211 S/100000 citizen of said County, and that said person is of a truthful and trustworthy character, entitled to full faith and credit.

Man Ber 14 Mines 11 cent while in life and that this Dry Bur a Sid med bout to Dollars in said County for 1991, and I now believe said pensioner to be dead.

Given under my hand and official seal, this B day of (SEAL)

ist. For use in all cases where pensioner died in INSTRUCTIONS:
and died without owning sufficient property to pay such expenses. The widow of a seldier, if the fa irring, has prior claim
over these superses, and must make application on Fullow blank.
The widow of a seldier, if the fa irring, has prior claim
or the superses, and must make application on Fullow blank.

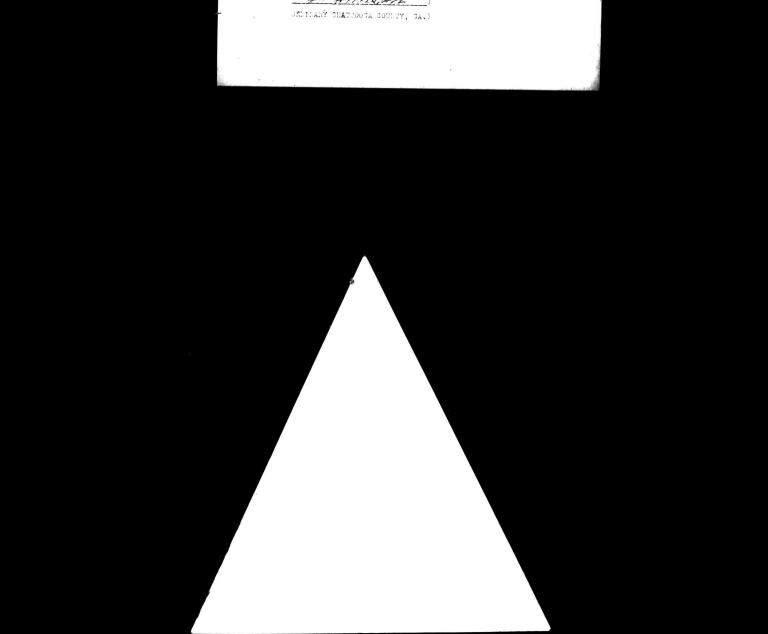
The widow of a seldier, if the fa irring, has prior claim
in fully Remined form, giving each item and the value of it, and each date.

The supersession of the supersession of

this application, and attached bills, prin your final settlement to the Pension Office.

It is application, and attached bills, prin your final settlement to the Pension Office with a settlement of greatest factor from the principles overlay and the principles of the principles of

TO any JUDGE JUSTICE of the PEACE OF MINISTER of the GOSPEL Section Shirings and Same Verty gutherized to join in the Holy State of Hatrimony according to the Constitution and Laws of this State and for so doing this shall be your Laune . Ind you are hereby required to return this I wense to me with your Colfred herein of the fact and date of the Harrings Gover under my hand and seat this LAIIC GAICKE 125 Urdenay STATE OF GEORGIA CHATTOOGA COUNTY I Calify that Acceptato Theorems and Back Look un proden laterany by me this My the day of & Chethere 78/864 Star of your a precepting of marine Principles . Above at 1 foresoft a about the rendered for foreral expenses of Mrs. Jare Thomas, who died without owire mediciont property to pay the bi wor to and mortines to core Layfor Mucantile teo. me, this \_\_\_\_ day of May,1922.) AT ILARY CHATTOURA BOUTTY, CA.)



OF GEORGIA 1895. POWER OF ATTORNEY. RICHARD JOHNSON,

#### POWER OF ATTORNEY.

STATE OF GEORGIA. M. County. The 11 Comment of Aller Jour receive and receipt for the pension allowed and request that he remit same to - ### wed in thelay by Cleek 

#### OUESTIONS FOR APPLICANT.

## STATE OF GEORGIA, Rtrutter, C

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 2 (give State, County and post office) Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
- Dan Factor Den Since 1874 3. When and where were you born ? Filiting to tree 1874/
- 1. Did you volunteer in the Confederate Army or in the Georgia Militin ! Cost eller to Com
- 5. When and where did you culist " 3/ Il diagray day /36/2 / Sign fline the
- 6. In what company and regiment did you enlist? The Company and regiment did you enlist?
- 7. How long did you remain in that company and regiment putite heaveners 1565 8 11 you were discharged from some and joined another, or if you were transferred to another, give an account of such discharge or transfer . her her
- 9. For how long a period did you discharge regular military duty " 7.4 . 2 15 11 11 11 11 11
- 10. When, where and under what circumstances were you discharged from service." Long Shay 1865 Cat Mornit forther that
- 11. What is wher present occupation" Carrie C 22032 12. How much can your earn per annum by your own exertions or labor? The Kine
- 13. What has been your occupation since 1865 ? Thereing Allemity Continued
- 11. What sum would be necessary for your support for this persion year, and how much are you able to
- contribute thereto either in labor or income" Correl the year of the contribute thereto either in labor or income"
- 15. What is your present physical condition and how long have you been in such condition?
- sien, I in back health In Ellerman of old
- 16. Upon which of the following grounds do you base your application for pension, viz. first, "age and poverty," second "infirmity and poverty" or third "blindness and poverty". At love
- 17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight:
- In commentary with the termed in them to I cam beefu & dicinone in trench ou 18. What property, effects or income do you posted & Pronce
- 19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? Fire that to and floored to the floorene
- 20/ In what County did you reside during those years and what property did you then return for taxation?
- Elitter for 60 ger 9 1 153-1105 in 1851+ \$9 00'00 21. How were youl supported during the years 1893 and 1894 B. Misse of fine is
- 22. How much did your support cost for each of those years, and what portion did you contribute thereto
- by your own labor or income : cibert \$1040 Contileter about \$1000 23. What was your employment during 1893 and 1894? What pay did you receive in each year? Janima don't Their
- 24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support? Las shift hiry Il Unitedition And calling on w- In the har I Low litry agree - expentionly Lix-20 18-14-14 In 12 m 10 for 8- file grade joe 8 t- reasy Dayster of age - degree Service Deforming fire or one by

in ware hum

Sworn to and subscribed before me this the STATE OF GEORGIA. 7. = day of CW1.CC Mulhad Milli gillo Ordinary Personally came before me Flank Codice of the three , both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully QUESTIONS FOR WITNESS. 111 Mornistry , applicant for pension under the Act of 1894, and after STATE OF GEORGIA. such personal examination, say that his precise physical condition is as follows: Recurrence atice toyiou Jun shot wown in the Rattle & Ocean Your Florian County. of said State and County, having been presented Rail would was inflicen by a Minie bace Rhibing the moth as a witness in support of the application of " " Meriefier 1 under the Act approved December 15th, 1804, and after being duly aworn true answers to make which following questions, deposes and answers as follows: Nit on left side fructioning the nit are hoping backware The The lung, prostrong the elevath sit near its astremention with The Factor of wither the la low. Mentional Column Solentheodown hor or that he has present at rape town of with I menting heart's from our presence, excellent from constitute atom we bridling places him We further say on outh that the physical condition of applicant renders him unable to labor at for L. 2. Are you acquainted with the how long have you known him? College & Jane & John Strangeline & John Strange , the applicant, if sque, 22 (04) any work or calling sufficient to earn a support for himself, and that we have no interest in said pension 3. Where does he reside, and how long has he been a resident of this State? 4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this having served in the Confederate army or the Georgia militia? How do you know this hotely for the first the fir Sworn to good subscribed before me, this the 262 day of Police 1895.) Frank (in Ale In) 5. When, where and in what company and regiment did be enlist?" I me him as a silvier in 16 12. In he N- 13 they took 6. Were you a member of the same company and regiment? 450 How long did he perform regular military duty, and what do you know of his service as a Confed-ORDINARY'S CERTIFICATE. erate soldier, and the time and circumstances of his discharge from the service? It 10 , 1171 21418 1170 the in net in the way sefort & flow - I prof Joint por Choting What property effects or ingrome has the applicant tieve your means of knowledge.) STATE OF GEORGIA. County. with ing - bring acquainted with his 1. \_\_\_ // Control of the certify that . Ordinary in and for said County, hereby certify that What property, effects or income did the applicant possess in 1888 and 1894, and what disposition, the applicant . // // // // // resides in said County, and was a bona if any which be make of same " You A Soi to go 2" 411 /8 5. f dragge fide resident of this State on the first day of January 1894, and that the witnesses, vir , Ital & Citt Alel or Daile on his aleko 116 Cell Brunett, Day- Filena ( notice of Sknetine 10 What is the applicant's occupation and physical condition to the securpation; is whenthe is buch or more to the treiter are of trustworthy character and that their statements are entitled to full faith and credit circle to far Deanne . Commence is any south culture I further certify that before answering the foregoing questions, the applicant and each witness took 11 Is the applicant unable to support himself by labor of any sort, if so, why? the eath hereon prescribed, and that the full text of the affidavits was read to the applicant and witnesses Line wir Care Book Com att the before same were signed. 12 How was he supported during the years 1893 and 1896 For Street with attention I turther certify that the tax digests of ( 110/600 100 County show that applicant returned for taxation in his name in 1893, What portion of he support for these two years was derived from his own labor or income? dollar of property, and in 1894, dollars of property. curent 935 1 9H. C. Le. Cinca 14 Give a full and complete statement of the applicant's physical condition that entitles him to a pension Witness my hand and seal of office, this - day of - William under the Act of December 15th, 1894? V/St C. . 11 Calle Calling 18 72 secure to that he comment care very thether Line to resport for heindag 15. What interest have you in the recovery of a pension by this applicant? 92,24 Sworn to and subscribed before me, this the . - . - day of 697 2 1895.1 The limited Comment M. A. 18 com the Applicant. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words. "You shall rue answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you find

AFFIDAVIT OF PHYSICIANS

25. Are you receiving a pension under any law of this State, if so what amount and for what disability?

#### POWER OF ATTORNEY

County Name

ii ,

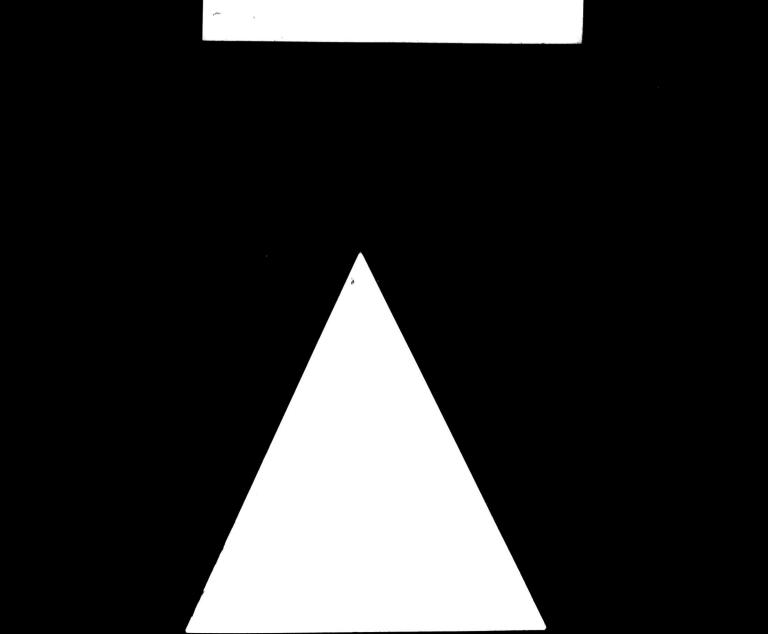
#### For Applicants Heretofore Allowed Pensions.

#### STATE OF GEORGIA. County. Dersonally appears. The Contract of Contract States County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continously ever since day of season 1841 ; that he is 5 4 \_years old and by occupation a ( . . . ; 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 ale, and the in Company A, of 25th Regiment of ; that his physical condition is as follows: Trumer liver my It but minus ( lowin und and to to face a it to by by sons that his property consists of the following items 1: 11/19. To it ingo the onde of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of county been allowed a pension for the year 189\_ Sworn to and subscribed before me, this, the 112 day of 3 c C Ordinary STATE OF GEORGIA. County. Ordinary of said County, do certify that I am well acquainted with 17 10000001 applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be

and that he resides in this County.

Given under my official signature and seal, this day of

Ordinary Colored County



IGENT PENSION, 1901. Challooga Co B-8- to State One of M's 1901. ATTORNEY. JOHN W. LINDSEY, WARRANT HANDED TO iry will write Name of Applicant, Company ent on back as indicated above. o. W. Barrison, State Printer, Atlanta.

#### POWER OF ATTORNEY. Questions for Applicant. STATE OF GEORGIA. STATE OF GEORGIA (Lattoria County) Wheth's County. to avail binself of the Pension Act (Section 1204, Code), hereby submits his proofs, and after being duly Hord In a Maifun aworn true grawers to make to the following questions, deposes and answers as follows: L. What is your name and where do you reside? (give State, County and post office) to receive and receipt for the pension allowed, and request that he remit same to in decement will a by Chick silm in Mun men Chattorale bor to hummerilles Witness my hand and seal, this - 1015 anday of fall 2. How long and since when have you been a resident of this State ?.... 1001. 11 3. When and where were you born? AN 10th 1818 - destro field Sistell. Executed in presence of 1, When and where and in what company and regiment did you enlist or serve? State of Charges 1863 - Lawrenger State Lee B. 510 See Regi 5. How long did you remain in such company and regiment ? 11: Will Fish my 42 lowt Ly Dunks 6. When and where was your company and regiment surrendered and discharged? ISK IK'S 1867 Were you present with your company and regiment when it was surrendered? Gels If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?. 9. How much can you earn (gross) per annum by your own exertions or labor? Hassett to know 10. What has been your occupation since 1865? Acres 11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Attack. 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? Abird Suplan gray 13. What property, real or personal, or income, do you possess, and its gross value? 132 cf 14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899 and 1900 and what disposition, if any, by sale or gift, have you made of same? 12 suining the contract 15. In white Quanty did you could during those years, and what property did you then return for taxation? In Suisint Co Sa. 16. How were you supported during the years 1899 and 1900? Light die done of the 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 ? Ist Lus hour 50 a Ge Larlows, abot 15 120, 18. What was your employment during 1898 and 1899? What pay did you receive in each year? 19. Have you a family? If so, who composes shot family? Give their means of support? Have they 12 X 1 ( in 1219 \$721 .... Jon 21 Cuil tous sed bis: Atchel 20. Are you receiving any pension? If so, what amount and for what disability? 21. Have you ever made an application for pension before? 22. .. How many applications have you ever made and under what class? Till × to serve beach is the one Thurmon . Sworn to and subscribed before me this the

Applicant.

#### QUESTIONS FOR WITNESS.

7	600,	8	
Z,	13.	TATE OF GEORGIA.	
S	12	Do The 1/2	
1	10	COUNTY.)	
60	1	M. Hawking been presented	
3	John n	witness in support of the application of 1.11 / MM? Media	
31	und	ler Section 1254, Code, and after being down sworn true answers to make to the following questions.	
2	& acb	What is your pame and where discour reside? I M. Hawkims m	
Ž.	2	De Kall Comin	
10	3 2	Are you acquainted with 40 th 12 feet and 1 the applicant; if no.	
Y,		long have you known him? Des, deviding nearly	
8	מיו	Wheregology he regider and how long and shoe when har he been a resident of this State?	
2	N. O.	in Challange leon by. Sixty perio to my Briswle	de
to	10	when, where and in what company and regiment did he entire med how do south out	0
Ž	38	Aug 1863 In All anta. Ceo B. 8th Sa. State troops.	
13	D 5.	Were you a member of the same company and regiment? I was	
7	b 0.	How long did he perform regular military duty from six months	
2	3 .	When and where was his command sperendered? First day of February 1	84
2	a. A	it savannah Ga.	
3	3 ×	Were you present when it surrendered ? was	
3	3 11	Was applicant present " He was.	
7	\$10.	If he was not present, where was he? & M. Haukeres	
3.	•	en did he leave his command? For what cause?	
6	300	what authority he left?	
		A Section of the Control of the Cont	
1			
()	11	What A	
()	11.	What property, effects or income has the applicant? (Give your means of knowledges) 12771	
()			1.71
()	12.	What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899 and 1900, and	0.712
()	12.		
()	12. what	What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899 and 1900, and disposition, if any, did he make of same?	
6	12. what	What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899 and 1900, and disposition, if any, did he make of same? Thrus  Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?	
()	12. what 13.	What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899 and 1900, and disposition, if any, did he make of same? There are the conveyed away any of his property in the last four years, if so, what was it, and to whom? What is the applicant's occupation and physical condition? There are the conveyed away any of his property in the last four years, if so, what was it, and to whom?	
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	12. what 14	What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899 and 1900, and disposition, if any, did he make of same? North Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? What is the applicant's occupation and physical condition? If the control of the same of the applicant's physical condition that entitles him to a pension rection 1254, Code? Let l	
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	12. what 14	What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899 and 1900, and disposition, if any, did he make of same? North Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? What is the applicant's occupation and physical condition? If the control of the same of the applicant's physical condition that entitles him to a pension rection 1254, Code? Let l	

## AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA.	٣,
Personally same before me both most preside Counts who being soverally sworm, say an oath that they have each personal examination say that his precise physical condition is as follows:	n to the as reputable physicians camined carefully.  der Section 1254, Code, and after
Much from the list air of his	
They further say on oath that the physical condition of applicant any work or calling sufficient to care a support for himself, and that we	
Sworn to and subscribed, before me, this the day of Saph 1901.	Stores 200 K.
ORDINARY'S CERTIFIC	ATE.
that the applicance of this State since the Communication of the State since of trustworthy character, and that their statements are entitled to full if	
I further certify that before answering the foregoing questions the	
te oath hereon prescribed, and that the full text of the affidavits was reac efore same was signed.  I further certify that the tax digests of. Multivaya	
sturned for taxation in his name in 1899 / frame	Dollars
property, and in 1900	Dollars of property.
Witness my hand and seal of office, this 10 15 day of a	de in good faith. 1901. Ordinary,
of Clautho	County
1. Before any questions are answered, the Ordinary shall swear applicant of	and the witnesses in the following

 Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the followin words: "You shall true answer 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 suffering the major has a tached (f) high same are investigated.

 In every case the Ordinary must certify to the character of the witness, and as to the execution of the proas above set out.

#### POWER OF ATTORNEY

eive and receipt	for the pens	of L. C.	by authorize CZ	21 mil	
erve and receipt	for the pens				
MILLER	226.	at ,	nd-request that h	e remit same to	111
Witness my hand	and seal, this	day o	H. Shann	1902.	
xecuted in present	e of				
	×				
No. 33 2.7 INDIGENT	1902.	in principal of Marianian	WARRANT ISSUED  -//? ISP.2. JOEN W. LINDSEY.	WARRANT HANNED TO	na iak
	xecuted in present	executed in presence of	executed in presence of	PENSION  BENT  PENT  PEN	PENSION PENT PENT PENT PENT PENT PENT PENT PEN

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

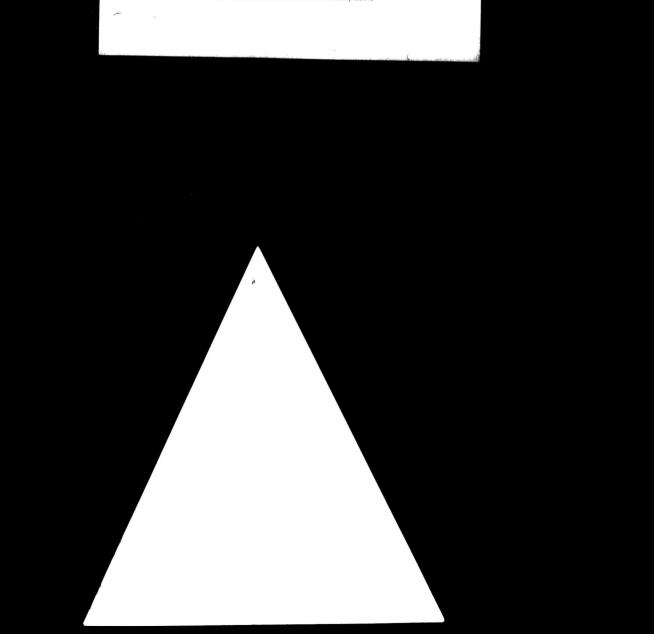
STATE OF GEORGIA,
W. Tion County.
Personally appears Sciences IT de Missionen of Michitage
Personally appears Called II dr. 11/21/0211 of L 1.21 Cl Co
County, State of Geoogla, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the day of Lati 1820; that he is years old and
by occupation a fee deriver that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of & electron in Company B, of & th Regiment
of Brogs of forth french ; that his physical condition is as
follows: - the Collection of the second william and
Eight have the with the factor
inith for a living-
that his property consists of the following items 22 par 9. 17
7 4 67 10 1 1 4
. 4
of the value of Dollars, that by reason of his physical
condition and poverty he is unable to support himself by his own exertion or labor, and
hat he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th,
1864, and the Acts amendatory thereof, and makes application for the pension to which he
s entitled for the year 1002. I have heretofore as a resident of
ounty been allowed a pension for the year 180/ I H. Thurston.
Sworn to and subscribed before me, this the
26 12 day of 2602. 19412.
Market Cordinary.
STATE OF GEORGIA.
Manthy Let County.
De Marie County.)
1. De Mi LE (Lettot) Ordinary of said County,
o centify that I am well acquainted with france / hemitire
ne applicant in the foregoing affidavit, and am well satisfied that the statements made by
im in his said affidavit are true, and I know he is the individual he represents himself to
e and that he resides in this County.
Given under my official signature and seal, this
day of DCk 1002.
And Define

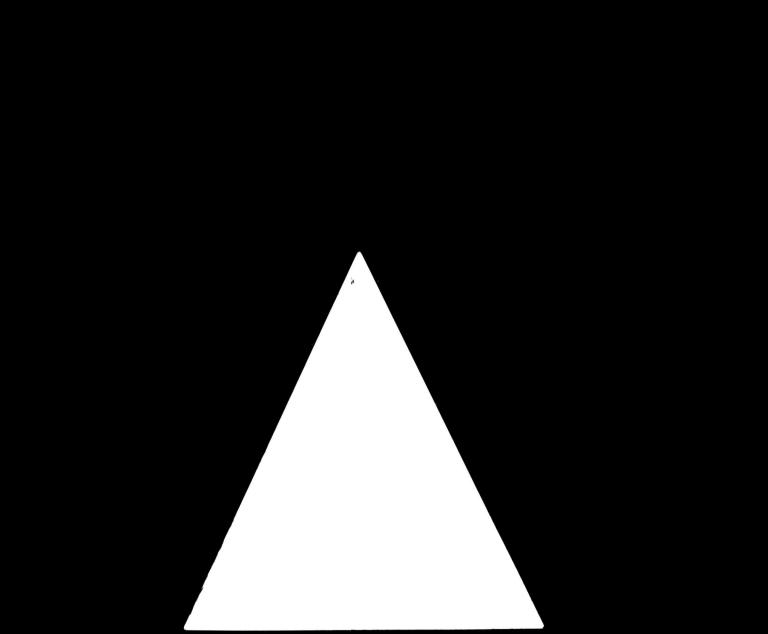
Artha Francis

Ordinary. L. 120 Hoy County.

Nork.—The blank spaces must be filled.

Nork.—Affidavit should not be attested before January 1st, 1982





Turker, 73 J. Chattorn a C INVALID Soldier's Pension, POWER OF 1898. County Colecel West Amount, \$ 50 001 1898 RICHARD JOHNSON,

#### POWER OF ATTORNEY.

STATE OF GEORGIA, herely authorize Itry allen placements Cex Pan Ker Son Mr. Belcoh

For Use of Applicants Who have Not Heretofore Drawn.

letrextores County County County County of mid Charleryo County, State of Georgia, who being duly sworn says on oath that he was born on the 18 /// , that he is a ligna file citizen and resident of Georgia, and has been 11 day of dep Seember 1844, that he enlisted in

STATE OF GEORGIA.

werved in Company 12 of 41/1 th Regiment of Bropse Notunteers

Anacelle try buch, though of 1st ing

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 thereunder, ending

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

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

RICHARD JOHNSON

ARRANT HANDE

#### STATE OF GEORGIA

J'an das

County.

PERSONALLY appears before me, the undersigned, Ordinary in and for said County,

personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, on ler outh, that they are personally well acquainted with . De Linaker

whose application is herewith presented- for a pension, that he has resided in this State continuously since the 18 4/, that he served in Company Sel

Regiment of Brigade, and from our personal knowledge he was injured by the service as follows: sque full statement, and tell in your own language when, where and how the injury hap-

Widel, wie " duty ava Conxalunte Soldier in asup medicined late applicant had been on Pichett Time Heater Saw the true Coming towards be tou him Sunches and Causing Said Sphine to be pour Thorga Dem and remained there for Some while at viche bourg in the later part of lay 1864 Still mor thedring The percarder of the sour applicant camed do but little the boling in mollin and throng a waggon of like labor personally knyr aboyo sated hors. We were with him if the army of laye known him over since.

He was hopembly discharged or retired from the arrive on Orphila stoly 3th 1864

Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18 6 3

Note 1 - The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are 'egully

Witnesses are asked to make their statements full and explicit, tracing disability to its true cause All blank paces must be filled when signed.

#### PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,
That/orga County
PERSONALLY Compr before me. John Mary Ordinary of said County.
o M D Just and 12 D Joses both known to
the as reputable physicians of said Cosmity, who being severally sworn, say on oath, that they have carefully
examined 3 J. Inoiser and after such personal examination, say that
the present condition of applicant is as follows:
Should is now additioning from se of The spe
and Ridney the Would of augun sustania
from a falling Ins while it deupo in 100.1862
and as a moult of the ofor described.
injury the applicant is unable to berform
Andunal loter
and that such condition is permanent. Said condition arises from the following facts:

Thomas is now addering from se of The of
and Ridney the visual 1 of august pustamia
Ann a falling Ins while it daugo in for 186
and as a moult of the ofore described
insury The oblidant is mobile to bertome
and that such condition is permanent. Said condition arises from the following facts:
and continue a permanent. Find continues around the inflowing faces:
We have treated applicant professionally for /6 years, and his condition, as above stated,
does. Make arise from hereditary or congenital causes, or from vicious or intemperate habits.
Sworn to and subscribed before me this & L. Mr. L. France Rossald
22 march DA Jan 62
1) or 18 xx
Ordinary.
NOIR 1 - State fully the physical condition and especially the extent of disability. If disability coults from would ac injury,
state its location, character and present condition. If from ossense give its nature and character, and its causes or origin, as understood by iffinite.
Norz 2 - The physicians will be careful to fill every blank space in oath
torm 4.
STATE OF GEORGIA,
a Mallorga Sounty
1. John Merley . Ordinary of said County.
do cerely that I am well acquainted with A. J. Lecher
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are
true, and he is disabled, as he classes, and I know he is the individual he represents himself to be, and that
he resides in this County I also certify that the witnesses, posit: 200 ( ) If or as
and AMATEUR are persons of respectability,
that their statements are worthy of full credit and belief and that the full that I the affiliavit was read to and
understood by them before they signed the same.
Given under my official signature and seal this A - day of Mch
John Merker

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certif

Ordinary Chellogga

#### POWER OF ATTORNEY.

FOWER OF ATTORNET.
STATE OF GEORGIA,
Chattary County.
Blu Inches hereby authorize Arm Ir a maight
of Cel lanta bu-
to receive and receipt for the pension paid hereon and request that he remit same to
me by Check
at Inento
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of Big Milhar [L. s.]
Bix Inches [L. S.]
Mash
Executed in presence of
20 Jacker
Arm Hally Ordinary
*
INVALID INVALID INVALID INVALID INVALID SERVENS  TESPO  THE STATE ALL  THE STATE
INVALITE  INVALI
RYS PE  RYS PE  RYS PE  RYS PE  RYS PE  RAND JOHNS  COMMISSION  CO
NO V
S Z E Z Z E Z Z Z Z Z Z Z Z Z Z Z Z Z Z
SOLDI Source & Source
SOLD Sound A Name County A Amount,
N S S G A
- Page 1

POWER OF ATTORNEY
STATE OF GEORGIA,
County.
1 63 Mills bereby authorize that Will
of the fluid yes
to receive and receipt for the pension paid hereon and request that he remit same to
at french free
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of formacy 1900.
Provide [L. 8]
Executed in presence of
In follot Ordinary
*
*

County (Muttery 4)

Amount, \$\_\_\_\_\$7

Name (2) Jarelly 15

(For These Arresty Enrolled.)
No. 3 VC &
INVALID
SOLDIER'S PENSION
1900.

JOHN W. LINDSEY,
Omnissions of P.
WARRANT HANDED TO

Oco. W. Barrison, State Philips

件

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Milacitaryel County.
personally appears to inches of Chatteryon
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 Effects 1847; that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served as a Linitett in Company/L, of/ Regiment
of Michael Volunteers, Summing 's Brigade; that whilst engaged
of Galliary service in the State of Translate , on the LUK day of Galliary service in the State of Translate , on the LUK day
By store falling on thin while in his
The Miston by Janen strong striking
by weak - that the Can not seemed
me at most of the time we while to
Deponent makes application for the pension to which he is entired for the year end-
ing October 26th, 1899. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Sworn to and subscribed before me, this, the 1 10 a linguisting
day of sermany 1899. Post OFFICE / 1. 112.60 Can
willes and a longer
York State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
County.
tounty.)
1. John Marty D Ordinary of said County,
do certify that I am well acquainted with the de timehan 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 Alland
day of fransura 1899
Ani Market Market
here
Ordinary Made County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Matteria County.
personally appears B. I Milli of Charly
personant appears of the arrivers of the transfer
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 1850; that he enlisted in the military service of
the Confederate States (or of the State of ) during the war be-
tween the States, and served as a Dilitaria in Company /2, of/ th
Regiment of Straige Volunteers dumining 's Brigade; that whilst
engaged in such military service in the State of State of on the 2008/
day of CG 1862, he was wounded, injured or diseased as follows:
INOW liremeled by falling fort.
Ged No. 12 is Cuer - Alles While Frelay
General unal to the white frelay
If som hildiant to refin a liston.
• //
From the commence of the comme
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
Clarific County been allowed an invalid pension of
A. C. Zy f (952 og Dollars, for the year 1889)
Sworn to and subscribed before me, this, the
13/4 day of fleccients 1900, Post office Preside Tack
~ + .
7, 12 41 ( Mex Cyclinary -
Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
# _ i
(Macthory County.)
I The Michigan Ordinary of said County,
do certify that I am well acquainted with 39 darget 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.
10 1
Given under my official signature and seal, this
Ang. day of 11411 (3.14 1900.



# POWER OF ATTORNEY. STATE OF GEORGIA. Leading to the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that here pension paid hereon and request that here pension paid hereon and request that here pension paid hereon

SOLDIER'S PENS

DÍSABLED

STATE OF GEORGIA, 1. 8 Concher hereby authorize det 11. C to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal this (G12) day of 1602.

Executed in presence of FOR THOSE ALREADY ENROLLED. IER'S PENS OHN W. LINDSEY, DISABLED

POWER OF ATTORNEY.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County)
Personally appears Con Michigan of Checkthy
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 tast 18/(Y; 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 Significant in Company 2 of casth Regiment
of tite. Volunteers, Czczii 's Brigade; that whilst engaged
of 2 + 16.7 Volunteers, Cargon 's Brigade; that whilst engaged in such military service in the State of 1997 1996 of the day
of 186 he was wounded, injured or diseased as follows:
distance of such the true Part
7 11 miles North Hit There was the
to sound or support don mines
to sound it truited du millace
is in retiration to the The total
and the same
Deponent makes application for the pension to which he is entitled for year end-
ing October 26th, 1901. I have heretofore under said law as a resident of
Dollars for the year 1900
Sworn to and subscribed before me, this the
day of Jores 1901. Postoffice Zinia Ja
There y ilette Ledy-
Note. State fully the nature of the wound or character of disease which causes the disability, and explain particular in the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA.
(U. County.)
Said County,
do certify that I am well acquinted with the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
7.4
Given under my official signature and seal, this
day of Crice 1901.
(An) July 4: Coller
Ordinary Colocotte County.
County.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Mutto ofe County.
Personally appears & Million of Guertone
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 18///; that he collisted in the military service of the Con-
federate States (or of the State of
States, and served as a line of the Regiment
of Transfer Volunteers, Charles and 's Brigade: that whilst engaged
in such military service in the State of 22222 - on the
of 41 42 1 1862, he was wounded, injured or diseased as follows:
ing of were to in, All occione in
office wine at the brick . Emilie
200 - Male Mar Cola Person of
on in the state of the contraction
Time the Heater in miner - we in organitioning
sexuel overtieredly unevery from which
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1902. I ave heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1901
Sworn to and subscribed before me, this the L. Contract 1201241
day of Jolly Post-office / Fre Fee
Cinily Belle Code
Norze. State fully the nature of the wound or character of disease which causes the disability, and exploin particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
County.
1. Juliu xallation Predinary of said County,
do certify that I am well acquainted with

be and that he resides in this County.

Given under my official signature and seal, this day of 1909

Ordinary Court to see Count

Nors.—Fill all blanks and of Company and Regiment Nors. —All vouchers and affidavits must hear date after January 1, 1902.

Salkin Ville Siz

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

#### POWER OF ATTORNEY.

STATE OF GEORGIA. County. hereby authorize En 1 111 or ut floreston bar. to receive and receipt for the pension paid hereon and request that he remit same to Attilite to. IN WITNESS WHEREOF, I have hereunto set my hand and seal this

SOLDIER'S PENS

Executed in presence of

#### POWER OF ATTORNEY.

STATE OF GEORGIA. by mundo ba IN WITNESS WHEREOF, I have hereunto set my hand and seal, this. 11/5

DISABLED **JER'S PE** 

140

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County.
Personally appears
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 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 Frie in Company , z of th Regiment
of Volunteers, 's Brigade; that whilst engaged
in such military service in the State of, on the day
of
- Al. Commenter ( 12 of Receiving the
- Breinge thetin decition to me
window have a distanced and training
william want the franchice to will fin
· · L · · · · · · · · · · · · · · · · ·
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1903. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1902.
Dollars, for the year 1902.
day of 1903. Post-office
Notage States 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.
CONTROL OF THE STATE OF THE STA
STATE OF GEORGIA,
County.
I. Ordinary of said County,
do certify that I am well acquainted with
the applicant in the foregoing affidavit, and am well satisfied that the statements made by
him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this
day of
Ama }
ordinary County.
NormFill all blanks and of Company and Regiment.
Note:—All vouchers and affidavits must bear date after January 1, 1903.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Whattorpa County.
Personally appears ( 1 111/20) of structures
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of spil State, and has resided therein continuously ever since the 11/2 day of 1814; that he calisted in the military service of the Con-
federate States (or of the State of
during the war between the States, and served as a formal in Company 12. of the Regiment
of Volunteers Williams 's Brigade; that whilst engaged
in such military service in the State of fine on the far day
The line was wounded, injured or diseased as follows:
for history - dendy sing in smake to
the arting section and property from me
More oftal write in service of the immy
of the englicing
<i>†</i>
Deponent makes application for the pension to which he is entitled for the year
County, been allowed an invalid pension of
Dollars, for the year 1903.
Sworn to and subscribed before me, this the
2 day of see 1904. ( ) 1904.
Post-office / Post-office / Post-office /
Note. State fully the nature of the wound or character of disease which causes the disability, and explain- portionizing the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
, ,
I. Him ricelly Ordinary of said County,
do certify that I am well acquainted with with it is
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County
Given under my official signature and seal, this
day of Jecuciary 1904.
/ )
Adis pour Diwith-
Ordinary Clertory County.
Note - Fill all blanks and of Company and Regiment.
Norm - All vouchers and affidavits must bear date after January 1, 1984

	×		) }	GEORGIA.	STATE OF
	creby authorize	hor	Treker	11. O' 1	(/
		request that he	sion paid hereon, and by . G'1		15
	[1.8.]	7.1	hereunto set my hau 1905.		
				ted in the presence	
*			9		
no bate	TARRYN HANDED TO	Amounta, 5    MAR 7   Hata,   Company   Hata,   Company   Hata,   Company   Hata,   Company   Company	Name 1 (11); County 2. P. C. A. & & Co. A. Regiment // / Disability Sea block in 90 for Book	SOLDIER'S PENSION 1905.	FOR THOSE ALREADY ENROLLED.

County Missi Ingre

Name . D

1906.

SOLDIER'S PENSION FOR THOSE ALREADY ENROLLED. DISABLED No. 746

WARRANT BANDED TO

JOHN W. LINDSEY.

JAN 27

Amount, \$ Disability

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
6 hallogd ( COUNTY. )
Personally appears 3 1 Luchice of Charlege
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 18//; that he enlisted in the military service of the Con-
federate States (or of the State of , ) during the war between the
federate States (or of the State of , ) during the war between the States, and served as a // / / // in Company 2, of // the Regiment
of Cherrica Dr Volunteers. Che mentange's Brigade; that whilst engaged
in such military service in the State of 201010 , on the Knat days
of Milesce 1862, he was wounded, injured or diseased as follows:
of Peterson 1862, he was wounded, injured or diseased as follows:  Note dampful and transported from he was  not white xouch fust of the being relieved  in a less and back while tendero wine  conditions a real back while tendero wine  conditions a real back when tendero wine
Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1904.  Sworn to and subscribed before me, this the day of 1905.  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,  COUNTY.  1. Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this day of 1905.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ordinary 2. "Alle". County.

Note -Fili all blanks and of Company and Regiment. Note - All vouchers and affidavits must bear date after January 1, 1906 FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

The state of the s
State of Georgia,
Ulattooga County.
Personally appears Dd Lucher of Whillenger
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 Alfat 1841; that he enlisted in the military service of the Con-
federate States, (or of the State of) during the war between the
States, and served as a 12 11 11 in Company 1, of 11 th Regiment
of Charita Molunteers (Gun tanuary 's Brigade; that whilst engaged
in such military service in the State of 111(11, on theday
of UCTOSI'L 1862, he was wounded, injured or diseased as follows:
Iron transded by a true tabling one
this both and his tent infiling
execut that the is let ableto lader
The second secon
the state of the s
and the second s
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1906. I have heretofore, under said law, as a resident of
County, been allowed an invalid pension of
Dollars, for the year 1905.
Sworn to and subscribed before me, this the
day of 1961 1908.
Jel Joznaslen Ordenary
Norm.—Safe 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,
Whatterga County.
1, Printed Ordinary of said County
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of fell 1 1908.
Affix
ordinary County.

Nors.-Fill all blanks and of Company and Regiment. Nors. - All vouchers and affidavite must bear date after January Lat, 1906

## POWER OF ATTORNEY.

I Inc	(111		the pe	herof.	aid her	eon, a	nd and s	est the	As he r	emit sar	me to
ay of .	Brecute De Jan	ed in prese	nce of		4	$\mathcal{B}_{f i}$	J X mar	Ja Va		Ecz [	L. S.]
Code Section 150. (FOR THOSE ALREADY EMBOLLED)	No. 1386	SOLDIER'S PENSIO	1907.	Name 13 1 Justin	Co. A Regiment #1.1/4	Disability	Amount, # FEB 1900	JOHN W. LINDSEY,  Commissioner of Pension	WARRANT HANDED TO	On W Brown, com Prosta, Arrest	

Tucker, 13.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,	
Chattroga County.	
Personally appears B. T. Jareker of Chatter an	
County State of Georgia who being duly group garage at the	
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 At lat 18#; that he enlisted in the military service of the Con-	
federate States (or of the State of) during the war between the	
federate States (or of the State of) during the war between the States, and served as a	
of Line Voluntary (Management of Line Company 17, of 17) th Regiment	
of 1/14 Volunteers (Quining 's Brigade; that whilst engaged	
in such military service in the State of Jakust, on the 31 day	
of October 1862, he was wounded, injured or diseased as follows:	
21 october 1842	
De Tille potale in line of duty	
111 October 1842	
A E I I I I I I I I I I I I I I I I I I	
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	
County, been allowed an invalid pension of Dollars, for the year 1908.	
Sworn to and subscribed before me, this the day of Jolice Rive	
day of 101 1 1907.	
gar politystapping Postoffice Mella in	
The formation of the state of t	
Nors -State fully the nature of the would or character of disease which causes the disability, and seplete per decided the extent of the disability resulting from the would or disease.	
State of Georgia,	
Who Thouga County.	
1 De De Constant Office Cons	
B TT T	
do certify that I am well acquainted with Sure Chil	
the applicant in the foregoing affidavit, and am well satisfied that the statements made	
by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.	
Given under my official signature and seal this	
day of 1907.	
- Defination	
AMI	
Ordinary A La Montony County.	

State of Georgia & I It A Dooper Ordina) Daughar County & of said County do chity That I am well aquanted with SH. Mandain & n. mosly and m. J -Judhun The witness presented to Sustini The cline of & I Tucker for pension came before the and taken the outh required by lim o that the full tex of the offid-Sugning the Same; That they live in Said Douty and that their affidavits one intilled to full faith and ordit Leven surder Why hand and Seal of Effect this the 29" day of Jany 1898. MA Doller Orling

GEORGIA, Telentteroge County I. Ordinary of said county, do certify that I personally know Man & a Coucher, the applicant, and that she is the lawful widow of .... B. J. Jereker the Alisabella... Pension Roll of said. Bhethto Att. county, and was paid Pension from Delinition got of Georgia, and I know. A B Horre of Three the within witness, and he is of a truthful and trustworthy character and entitled to full credit. Given under my hand and seal this. The day of Stilly 1918 1916 & gothuston ordinary County County Pension Soldier ucher 8.3 W. LINDSEY, UNDER ACT Application for Deceased Walker County GEORGIA, lawful attorney to collect and receipt for me in my name the Pension due me for 1918 ..., through my deceased husband, B. J. Zucker who was on Canfedualt Pension Roll and paid from ... Chatterga ... for 1917 ... Attested before me:

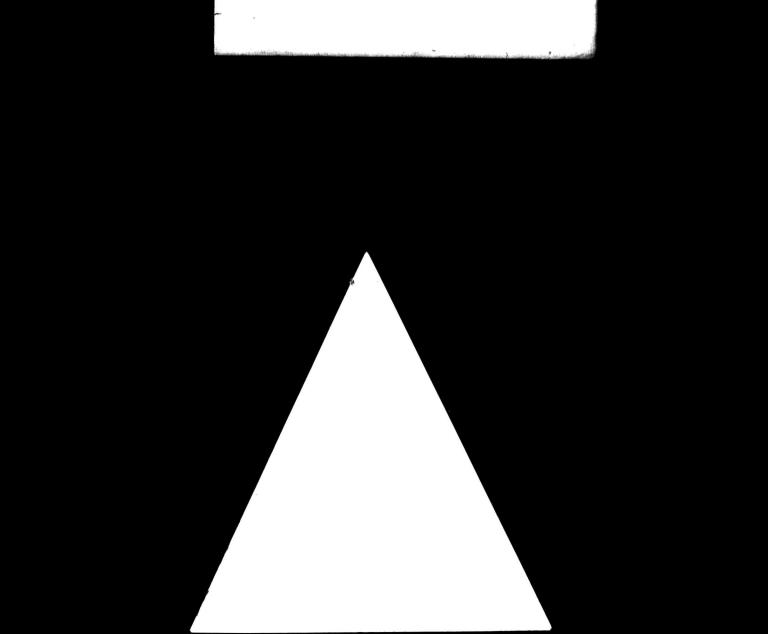
M. L. Stansell

Ordinary

## Application for Pension Due Deceased Soldier

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

STATE OF GEORGIA, Malker County.
Personally before me comes Mrs. S. a Jucka of said county.
after being duly sworn, on oath says that she is the widow of B-T-T-106.
who was duly enrolled as a Candidate Pensioner from the county
of Challoga and was paid a Pension of Louis Sixty
Dollars from 4 Chattoga county for 19/7, and that the said
St J. Lucker died in Malker county on
the 17 day of fail, 1918, and at the time of his death a Pension of 8 10 22
was due him from . Lhallotga county and unpaid for 1917
Applicant further swears that she married the said B. Jucken on
the 6" day of Sec 1860 in Langlas county and
State of Language 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. 7' day of FCL 1918.
The state of the s
Malker Malker Mrs & Atolechen (L.S.)
Walker County mark
AFFIDAVIT OF WITNESS.
GEORGIA, Malker County.
GEORGIA, Walker County.  Personally before me comes & B. Hermphres , who
GEORGIA, Walker County.  Personally before me comes G. B. Humphres , who on oath says that he knew B.J. Lucker while in life
GEORGIA, Malker County.  Personally before me comes and I trumphries who on oath says that he knew B.J. Trusker while in life and that he knows This Midau Mrs. S. A. Trusker
GEORGIA, Walker County.  Personally before me comes G. B. Hermphries who on oath says that he knew B. J. Lucker while in life and that he knows This Medow Mrs. S. A. Lucker the above applicant; that he knows that the said B. J. Lucker
GEORGIA, Walker County.  Personally before me comes G. B. Hermphries who on oath says that he knew B. J. Lucker while in life and that he knows This Medow Mrs. S. A. Lucker the above applicant; that he knows that the said B. J. Lucker
GEORGIA, Malker County.  Personally before me comes G. B. Iku mphricis who on oath says that he knew B. J. Lucker while in life and that he knows Lies Midden Mrs. S. A. Lucker the above applicant; that he knows that the said B. J. Lucker and S. A. Lucker that he knows that the said B. J. Lucker were in due form of law married in the county of San they found the lunty of Campher were in due form of law married in the county of the state of Lucy said.
Personally before me comes and I form phases who on oath says that he knew B. J. Lucker while in life and that he knows I show that he said B. J. Lucker the above applicant; that he knows that the said B. J. Lucker were in due form of law married in the county of Local the short that he should be state of the state
Personally before me comes and Thumphries who on oath says that he knew B. J. Lucker while in life and that he knows Bics Widow Mrs. S. A. Lucker the above applicant; that he knows that the said B. J. Lucker were in due form of law married in the county of Bouglas in the State of Lucy on the day of Del 1860, and that they resided together as husband and wife from date of marriage to the day of his death on the day
Personally before me comes and Thumphries who on oath says that he knew B. J. Lucker while in life and that he knows Bics Widow Mrs. S. A. Lucker the above applicant; that he knows that the said B. J. Lucker were in due form of law married in the county of Bouglas in the State of Lucy on on the day of Selection of Lindows and that they resided together as husband and wife from date of marriage to the day of his death on the 17 day of London 1918, and I now know that she is his dependent widow.
Personally before me comes  B.J. Lucker  who on oath says that he knew  B.J. Lucker  Mrs. S. A. Lucker  the above applicant; that he knows that the said  B.J. Lucker  and  A. Humberger  of Locality  were in due form of law married in the county  be the bound of the found, of families  the bound of the found of the family of families  in the state of families  the bound of the family of families  on  the of day of the families  for day of the death on the families  for families  for families  for families  for day of Jell day of Jell day of the death on the families  for day of Jell day o
Personally before me comes and Thumphries who on oath says that he knew B. J. Lucker while in life and that he knows Bics Widow Mrs. S. A. Lucker the above applicant; that he knows that the said B. J. Lucker were in due form of law married in the county of Bouglas in the State of Lucy on on the day of Selection of Lindows and that they resided together as husband and wife from date of marriage to the day of his death on the 17 day of London 1918, and I now know that she is his dependent widow.



Tucker, P. J. Chuttaga Co. "it broken Confederate Soldier's Application. UNDER ACT 1910. Name Po Traker CHAS P. BYRD, State Printer, Atlanta.

UNDER ACT 1910. r's Application.

# APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

37.4	
STA	TE OF GEORGIA
	County
DIR FORE	of safe fiste and County, hereby applies peaken previded by Ast of 1910, to Confederate Soldiers, and submits his seven statement, with mony to make out the same, and effer being duly sworn brue answers to make to the questions and, asserted as follows; by the same statement, with the policy of the same statement of the same sta
	a sattler Butonewille Sullette
	How long and since when have you been a continuous resident citizen of this State?
. 8	Did you enlist in the Army of the Confederate States or of the Organised Militia of this State
from 18	81 to 1868? Mart of the Mark Alletter
of Servi	When and where, and in what Company and Befinent did you enlist? (dive the arm and class oc)
- 5	How long edid you remain in the actual Military Service with wild Company and Dady
(Give d	ate of discharge) della transfer de during for a 10% of
0	when and where was your company and Regiment surrendered or discharged from the Service?
	TE 1845 at Maceri Georgia
7	. Were you actually present with your Command when it was surrendered or discharged?
8	If you were not actually present, state specifically and clearly where you were.
	Where was your Command when you left it?
b.	When did you leave the Command?
c.	
d.	
0.	For how long was your leave granted? In what way?
f.	Why did you not return to your Command after leave expired?
g.	
h.	
í.	Were you captured during the war?
j.	If so, when, and where? In what prison were you held and when were you released?
9.	What property of every description was owned, in the use, possession and control of yourself
nd wife,	and its each value on the 4. Nov. 1908? (Make list by items and value.)
	Cherry At 1825
10	. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov.
908. To	whom and for what price?
11.	What property of any description of any kind, and of any value now owned and in the use, a and control of yourself and wife and its gesh value? (Make itemited list)
	Marie State goods was \$200
12.	What annual or monthly income or earnings of yourself and wife and she source derived have
ou?	Омания ванина взо
18.	Are you drawing a pension of any amount from this State or the United States?
14.	

#### QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Chatter of County.	
160 1	
a. aurba	DAD - Z
as a witness in support of the application of	for the penalen provided
	ing sworn true answers to make to the questions propounded
answers as follows:	Potent land
1. What is your name and where do	you reside? Q. W. D.
2. How long and since when have you	2000
2. How long and since when have you	the applicant?
	e when has he been a bona fide, continuing resident in this
State and how do you know?	a egalo bus has her ed
1 x 1 The State of	Erree/863
4. When, where and in what Company	
war from 1861 to 1865? (Give date and place	1863 attanta Galor A- Selenony
5. How did you obtain your informati	on of this Service? was sures and
came corre	lanny
	al knowledge did he perform actual military service with
	and years, from 868 to 1865
	surrendered or discharged (give date and place)
	use beargin
8. Were you personally present at the	
9. If not, where were you and how cam	//
s. If not, where were you and now can	e you there?
10. Was the applicant personally preser	at with his Command at surrender?
	im there?
11. If not where was no and now came in	Walter Committee
12 When did he leave his Command?	Where was his Command
	for what cause did he leave?
/	aveand how
	How do you know
	own knowledge (Tell clearly and specifically)
	Marupary
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 prisone	If so, when and where?
In what prison was he held?	and when released
	· Muserute
	Missorite 1
Sworn to and subscribed before me, this	C 0
24 day of Of 1916	she S linon
24 day of Of 1916	C 0

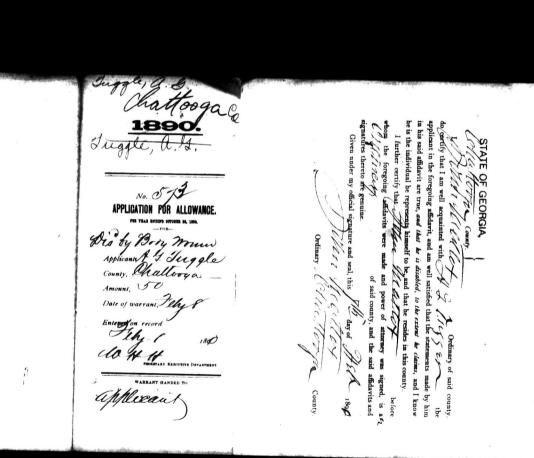
#### AFFIDAVIT OF TWO FREEHOLDERS.

			τ, .
SIALE	OF GEO	OKGIA.	County.
100	14275	44	
.i dierrichier	M. Carried Mills	- Contraction	County,

Personally before me comes of the latest and we know the property that is now in the use, possession and control of himself and wife and of its eash value to wit: (Make Lies by items and value).		
19087	What property, if any, has been sold or given away by the applicant or his wife since 4 Nov	
	When and to whom was it sold or given to?	
	What was the price paid or stated to be paid?	
	What relation is the party to applicant?	
	What dispesition was made of the proceeds of the sale?	
0 <b>F WM</b>	Was the disposition of this property made in good feith and full values?  ande to obtain a pension?  no and guberibed before me, this the	
	day of Off 1916 ordinary	
	of Delitaring County.	
· terrare	-	
	ORDINARY'S CERTIFICATE.	

County.
I. Ordinary of said County, certify that I know
the applicant for Pension is the person he represents himself to be and resides in
said County. That I also know The Little To the witness swearing to the
service and first file that the T. who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavis and
they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and
they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the
Tax Returns of Matter Tille shows that To Tiller and wife
value for tax is in 1908 \$
for 1911 \$
DITT Det

Sworn to and subscribed before me, this the Show day of Charles and the Continuous County.



STAJE OF GEORGIA,

County

County

Ordinary of said do cortify that I am well acquainted with A Lity 5 25 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 IIII before whony the foregoing (affidavits were made and power of attorney was signed, is a \*z 614/110cts of said county, and the said affidavits and natures thereto are genuine.

Given under my official signature and seal, this the day of the day o signatures thereto are genuine.

STATE OF GEORGIA, )
Cohallaries Conniy.
do eertify that I am well acquainted with An Ingel. the
do eertify that I am well acquainted with And Ingel. the
applicant in the foregoing afficiavit, 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 LLLL Ticy
before whom the foregoing affidavits were made and power of attorney was signed, is a
signatures thereto are genuine.
Given under my official signature and seal, this / day of 1891:
Liter Vicattex
Ordinary Correctioning County
· ·
*
10 B 10 1 5 E

## For Applicants Heretofore Allowed Pensions.

Tot Applicants Reference Amount Lensions.
STATE OF GEORGIA,
le la thempe County.
PERSONALLY appears flam Hufflot Cetae Rouge 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 Car La day of
El CLCTTL 1886, that he enlisted in the military service of the Con-
federate States (or of the State of
States, and served as a first 2000 in Company of fith Regiment
of Hereich Volunteers Marie 's Brigade; that whilst engaged
in such military service, at the battle of Military for such in the State of 171 1/4/21 4. og the 12 day of Military 1861 he was.
of 171 Galia opthe 122 day of May 1864 he was, wounded as follows: by Gill And to gle and the
lift hit hanging reiner and en
the redayed incurrent The reason of
the Weley and the horde of testally
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
Swort to and subscribed before me, this the
The day of 1890 1890
Mille Many Courses
NOTE State fully nature of wound or character of disease which causes that disability, and explain particularly the extent of the disability.
L
POWER OF ATTORNEY.
STATE OF GEORGIA
County.
KNOW ALL MEN BY THESE PRESENTS, That I,
of
county. A said State, do hereby appoint
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
[1 S.]
Executed in the presence of us:
Send money to me as follows, by
to P.O.
P.O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Concettorites County
Personally appears of county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen an resident of said State, and he resident has been said state.
County, State of Georgia, who, being duly sworn, says on oath that he is a horse
federate States (or of the State of) during the war between the
federate States (or of the State of ) during the war between the States, and served as a lin Company of 27 th Regimer
in such military service at the battle of Truse Much Polaricome in the State
in such military service at the battle of Trusc Hereffelder in the State of Life and State of Lay of Life 1864, he was wounded as follows:
wounded as follows: I will will at the light with in he
more to the first of the little wire they per
Ahire har the
Deponent desires to participate in the benefits of the Act, approved October 24, 1887 and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of dollars, for
POWER OF ATTORNEY. STATE OF GEORGIA, COUNTY.
Know all Men by these Presents, That I.
of Citanter County, State of Georgia, do hereby appoint
County, State of Georgia, do hereby appoint
of me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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:
Executed III the presence of us:
DIRECTION.
Send money to me as follows, by
P. O.
County, Georgia.

County, Georgia. County, Georgia. Maimed Soldiers. 1891. Maimed Soldiers. Voucher No. 57 Audited 1891. Audited Voucher No. 1332 Amount s. 50. Amount \$ 00 COMPTROLLER GENERAL. COMPTROLLER GENERAL Paid to a. J. Jugglo) Inconsect to searrant No Included in warrant No. issued to Treasurer. issued to Treasurer 1891 18 WARRANT CLERK. WARRANT CLERK appleaux

Mr A. G. Tuggle
Mr Challoga haring 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 Desabled by body nound
He is cutiled to receive the sum of Hifly 400 Dollars for such disability, the same being partiowance due for the year ending October 24, 18 90 The Treasurer will pay the sanganghry his receipt on this concher, and return same to Executive Department for warrant (CON Harrison) CLERK EXECUTIVE DEPARTMENT : 50 RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

of the Courty of Cheller Go. 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, 1883 and Nov. 11, 1889, and the same having been examined and allowed for the is entitled to receive the sum of Dollars for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the allowance due for the year ending October 24, 1891.

The Treasurer will pay the allowance due for the year ending October 34, 1891.

Governor.

By the Governor.

Allanta, Sa. Vely 20 1891.

150

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

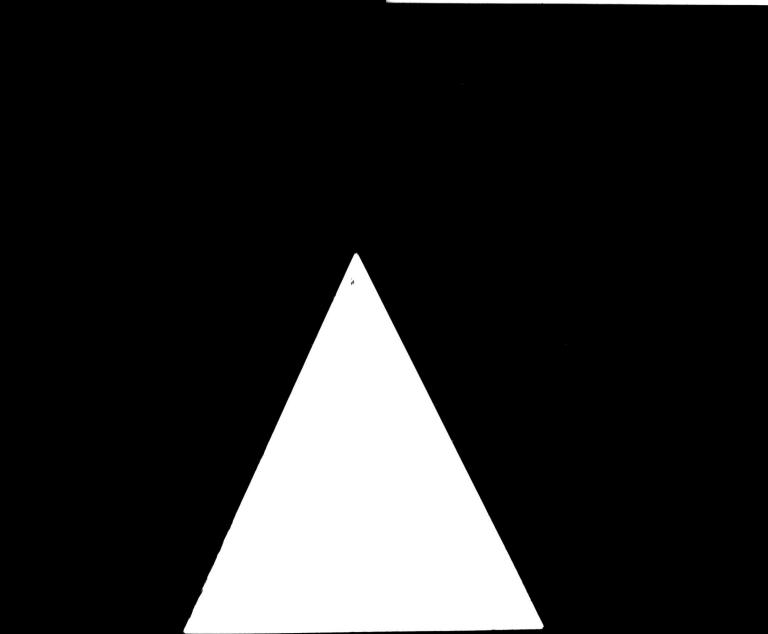
STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

per above voucher, this of Dally 1891.

- & & Truggle

SEC'Y EXECUTIVE DEPARTMENT



)	
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	ſ
)	K.

Ordinary's Certificate		
Α,		
COUNTY		
Joinston. Ordinary of said County, certify that I know	-	knov
for pension is the person he represents himself to be and	Φ,	e and

STATE OF GEORGI

of Chicksen, kla. mc before signing the forego-

the witness swearing to the

ing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and

Ordinary County

Sworn under my hand and officeal seal of office this.

181

(SEAL)

NOTES: I Select any quantum are married the Ordinary shall event applicant and extension in the "You of notembry near the year will be made truth. So hely you God." In that to each of the quantum asked you by Noticean different may be strated of both spown are instingent, in each of the particular that the property of the country in which the applicant or an interferent.

J. W. LINDSEY. Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

Confederate

Soldier's Application inder Act 1910—As Amended by Act of 1919. County CHATTEC IA Name J. H. Tylor. Company Shumack's Company. Regiment ar rove's -at.

Approved ..... 

#### Ordinary's Certificate

	rumary a corumono
STATE OF GEORGIA, CHATTOO JA	COUNTY.
I, J. P. Johnston,	Ordinary of said County, certify that I know
the applicant J. H. Tyler	for pension is the person he represents himself to be and
resides in said county. That I also kn	now T. S. Kilzore the witness swearing to the
J. H. TS 1 or 1 s w service; that the or residents of	asid county/and when duly sworn by me before signing the forego.  J. H. Tyler
ing affidavit and they are all truthful	and trustworthy and their statements are entitled to full faith and
eredit.	
Sworn under my hand and official se	eal of office this 1st day of April 19.21.
of CHA TOOM	Ordinary }
(SEAL)	County. )
"You do solemnly swear that you you give shall be the whole truth. So 2. Additional affidavits may be atta	sched if blank spaces are insufficient, ore the Ordinary of the county in which the applicant or witness resides and



# Application for Soldier's Pension Under Act 1910 Amended by Act 1919

# Questions For Applicants to Answer

STATE OF GEORGIA,
CHATTOOGA COUNTY
COUNTI.)
J. H. TYLOT 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)
J. H. Tyler, Chattoogs County, mear Trien, Ga.
2. How long and since when have you been a continuous resident citizen of this State?
All my life,73 years, since 1848.
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from
1861 to 1865; Army of Confectorate States,
4. When and where, and in what Company and Regiment did you enlist! (Give the arm and class of
Service In Aug. 1664, in Chattooga Co, Capt. Shumack's Co. Maj. Hargrowe's Wefford's Brigade, Cavalry.  5. How long did you remain in the actual military service with said Company and Regiment! (Give
date of discharge) From Aug., 1864 to May 1865.
6. When and where was your Company and Regiment surrendered or discharged from the Service?
At Kingston, Ga. May 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 Present.
o. If you were not actually present, and openitoring and clearly where you were Assessment
a. Where was your command when you left it † 0000
b. When did you leave the command 1QQQQ
c. For what cause did you leave! 0000
d. By whose authority did you leave! 999999
e. For how long was your leave granted! In what way! 000000
f. Why did you not return to your command after leave expired! 00000
g. In what way were you prevented 10 100000
h. What effort did you make to return 1 00000
i Were you captured during the warf NQ.
j If so, when, and where? In what prison were you held and when were you released?
No prisoner.
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! Have never applied.
Sworn to and subscribed before me, this the
0542
1000
The Manual Ordinary
of CHATTOOGA County
(SEAL)

year of an all after the sections of the sections of

Oment	fin	Witness	-4 463	0
Questi	OHE TOP	TWY IT DOES	AS TO	Jervice

GRADY COUNTY
We S. Kilgore
as a witness in support of the application of
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! I reside at Chickasha, Grady County, Oklahoma.
2. How long and since when have you known Sixty-five years or more the applicant?
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!Trion. Georgia. Has. lived in the game.gonuty all his
4. When, where and in what Company and Regiment did
war from 1861 to 1865! (Give date and place.) Chattogs. County. In 1864. Aug. Capt. Sh Co. Hargroves Batillion, W. T. Wafford's Augment Brigade. 5. How did you belian your information of this Service. He and I belonged to the same company
6. How long within your own personal knowledge did he perform actual military service with this
Company and Regiment! (Give date) From date of Inlistment until paroled
7. When and where was his command surrendered or discharged (give date and place)
Kingeton, - Gar - in- Kay - 1865
8. Were you personally present at the surrender!no, I was a prisoner at that tim
9. If not, where were you and how came you there! . I. was . a. prisoner,  Captured at Turner Hill
. 10. Was the applicant personally present with his command at surrender 1 Yes
11. If not where was he and how came him theref
12. When did he leave his command?Where was his command
when he left it 1For what cause did he leave 1
By whose authority did he leave and how
long was he granted leave!
all that you have stated to be true? If of your own knowledge, tell clearly and specifically
pensuse I was living in the same heighborhood and I knew all about i
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
when released
Sworn to and subscribed before me, this the  Ath day of Narah 1921
Sth. day of March 1921)
County.)
SBAL)

SOLDIER'S APPLICATION

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

Name

Company

C. E. McGREGOR.

Commissioner of Pensions.

Ordinary's Certificate

STATE OF GEOR

the applicant for pension; that he is the person

fide resident citizen of said

Ordinary of said County, certify that I know

service; that 1ary 1st, 1920 ntitled to full faith and credit the foregoing affidavits, and they

(SEAL OF ORDINARY.)

hand and official seal of office

ary shall wear applicant and the witness in the following words: wers make to each of the one tions asked you and the evidence

truthful and trustworthy and their Ordinary County

APPLICATION Pel of. ONFEDERATE E SOLDIER'S

#### Ordinary's Certificate

TATE OF GEOR Ordinary of said County, certify that I know the applicant for pension; that he is the person sents numself to be, and that he has been, continuously, a bopp fide resident citizen of said telapri resitions & Chille swe is to the service; that both of them are now residents of said County and were duly sworn by . Letter againg the foregoing affidavits, and they are truthful and trustworthy and their tatements are estitled to full faith and credit Sworp under my hand and official seal of office this Ordinary (SEAL OF ORDINARY) County

#### Instructions:

- Before and an element are new real the Ordinary shall award applicant and the witness in the following words: Vacable selement, were that you will trea awards make to each of the questions asked you and the evidence on give shall be the whole truth. So help you God." Maintain all afforms its may be attached if blank apages are insufficient.
- 2. All officiarts must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
  Fill out the back of the application carefully.

# APPLICATION FOR PENSION BY A SOLDIER

Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendment of 1920.

## QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA.

CHATTOOGA

COUNTY

Personally appears before me, James H. Tyler. Feronany appears octore me.

#BRES IN FYSON THE PROPERTY OF ARCHITECTURE OF ARCHITECTURE OF ARCHITECTURE OF THE PROPERTY OF ARCHITECTURE OF AR

- 1. What is your name and where do you reside? (Give County and Post Office) James H. Tyler, Trion, Ga. Chattooga County, Trion, Ga.
- 2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? Seventy-six years.
- 3. Did you enlist in the Army of the Confederate States, or in the organized militia, of this State from 1861 to 1865? Army of Confederate States.
- 4. When and where, and in what Company and Regiment did you enlist? (State the arm and class of service, and give name of Colonel and Captain.) July, 1864. Chattooga County, Ga. Shumate's Co. Hargroves Bat. Wofford's Brigade, Cavalry.
- 5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge.) From date of enlistment to May, 1865.
- 6. When and where was your Company and Regiment surrendered or discharged from the Service? Kingston, Ga. May, 1865.
- 7. Were you personally 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 Fresent.
- a. Where was your Command when you left it?
- b. When did you leave the Command?
- c. For what cause did you leave?
- d. By whose authority did you leave?
- e. For how long was your leave of absence granted? In what way?
- f. Why did you not return to your Command after leave expired?
- g. In what way were you prevented?
- h. What effort did you make to return?
- i. Were you captured by the enemy at any time? No.
- j. If so, when, and where? In what prison were you held and when were you released? No prisoner.
- 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? If so, for what cause was it not allowed? Application lost/ in Pension office.

Sworn to and subscribed before me, this the

June. . 192 4, ADTIA IN LET 4. Ordinary Chattoogd County

(SEAL OF ORDINARY.)

# Questions of Witness as to Service

STATE OF CROIMER OKLAHOMA	
GRADY	
W. S. Kilgore County.	
	sente
as a witness in support of the application of JEEGON H. Tyler for the p provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendm	ensi
1920 in said State who often being away to 1919 and the Constitutional Amendm	ent
1920, in said State, who, after being sworn true answers to make to the questions propo- answers as follows, to-wit:	ınde
1. What is your name and where do you reside?	
nickasha, Oklahoma,	
2. How long and since when have you known James H. Tylor. the appl	
3. Where does he now reside, and since when has he been, continuously, a bona fide resid	ent i
this State, and how do you know? He has resided in Chatooga County. So all his life; was born and raimed there.	or,
4. When, where and in what Company and Regiment did James H. Tyler	enlist
(Give date and place) Shumate's Company; Hargraves Cat.,	
Woffords Brigade, in July, 1864 in Chatooga Co., Reorgia. Ca	val
5. How did you obtain your information of this Service? . He was private in sam	e '
in which I was second Leiutement.	
6. How long within your own personal knowledge did he perform actual military service	wit
this Company and Regiment? (Give dates.) From 1864 until close of war.	
7. When and where was his Command surrendered or discharged? (Give date and place.) In 1865 at Kingston, Sewerkia	
8. Were you personally present when it was sur endered? No. IXNERXERY PRESERVE	
9 If not where were you? I was to set to the	d ho
came you there? Was captured in February, 1865.	
10. Was the applicant personally present with his Command when it was surrendered? You	3.
11. If not, where was he? and how came him there?	
12. When, where and for what cause did he leave his Command? (Give date.)	
Lance Management of the Control of t	
By whose authority did he leave his Command?	
and how long was he granted leave?	lo yo
know all that you have stated to be true? If of your own knowledge, state clearly and speci	
13. In what way, if you know of your own knowledge, was he prevented from returning	n hi
Command? (State clearly and specifically.)	
14. What effort did he make to return to his Command and how do you know this?	
15. Was applicant captured as a prisoner? No. if so, when and where?	
in what prison was he held?	and
when released ?	
Sworn to and subscribed before me, this the	
Sworn to and subscribed before me. this the  10 day of June 1924  Witness  Witness	
of Grady County	
(SEAL OF ORDINARY)	

assunded referention

#### STATE OF RECEVIA, CHATTOOGA COUNTY.

Personally appeared before me. J. H. Tyler, who, being duly aporn, on oath, ways that to the best of his resollection he was in the State Militia; he knows well that he was in Shumate's Company, Hargroves Batallion, and Wofford's Trigate, Cavalry.

Toponent further states that he was very yours, and does not resollest whether or not there was any Lieut. Col., but ... .. Hil ore was Second Lieut. of the Company he was in, who was captured at Turnell Hill, Ca., and was hell a prisoner until the war sloped.

Deponent further states that he was detailed to carry a commade, Green Ellison, home, who was killed rear LaFayette, Ga., and who lived in Floyd County, Ga. warrendered at Einsenter, Ga., under Con. Mofford, in 1866.

of Shabe

protections Courty Carl

arrended, Pros

#### STATE OF OKLAHOMA, GRADY COUNTY.

u. S. Wyord

(Give name of his Col., Lieut. Col., and Major.) Q was a

Puterant July warundy mig

sworn to and subscribed before)
me, this 19 day of may)

(County Judge

(SEAL)

J.H. Tyler, Chattooga, Co. STATE of GEORGIA, Pension Office, E/8/gg/

Applicant must amend and state if his command was of the State Troops or Militia of Ga. Was it Cavalry. Give name of his Col., Lieut Col., and Major. name of his Col., Lieut Col., and Major. J. W. Lindsey. Commissioner of Pensions.



Carlian County in said State, do hereby appoint of Allin beaux

Know all Men by these Presents, That I.

of HUMML Julling heart 5.

me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Solder, as stated in the foregoing affidiart; 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

hand and seal, this

¥

WITNESS WHEREOF. day of

me at

Pension

1891

Warrant Issued

AND HANDED TO

Harrison, State Printer, Atlanta

SPATE OF GEORGIA, | County.)

Know all Men by these Presents, That I,

County in said State, do, hereby, appoint Who Mountain of Holden books 4 m. 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 as a widow of a Confederate Soldier, 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

The state of the s



Affidavit to be Made by the Widow.

STATE OF GEORGIA,

In person came before me, the undersigned Ordinary

Richmond Va in the Died April 38 th 1862 of Intumoria

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 9 th day of the control of the day of the

on the 23d day of December, 1890, and since said date she has not lived in any other. State or locality, Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Norm.1. State in blanc above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is those a positively to have resulted from the service of the soldier in the Army and not from any other cause.

State of Georgia m and for said County, witnesses teach known to Rid Attesting Officer as truthful, the riberts who soverally say under oath, that, from their of n personal knowledge, That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or 10 de day of March 1802 That while in said service, or by

reason of and service in the Army, he lost his life as follows

and Va in the Rospital of Muneumo-- Mia do we were informed and believe as he were returned to his lume, wither has be ever been heard of Dince

an his remains often be died line! die a number of the

County of the State of Georgia

Certificate of Ordinary of the County of Applicant's Residence.

State of Georgia.

State of Georgia, hereby certify that I am acquainted with Mrs. the applicant for a pension in this case, and know, from my own knowledge, or from presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1830, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be trushful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign,

In Witness Whereof, I have hereung set my hand and affixed the seal of my office, this, the

folia hearthan

Form No 4.

The pension is only payable to certain classes of widows

Those whose husbands were killed in service.

Those whose husbands died in the army of wounds or disease contracted in the service.

Those whose husban is went to the army and have never been heard from since the war,

Those whose husbands were wounded in the army and have since died from the direct effects

Those whose husbands contents I don use in the service, and who after the war, died of the disease caused by the service. The disease decelly causing the death,

No widow is entitled unless she was the wife of the soldier during the war, and has never

The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act

The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.

Widows who have married since the service of their husbands in the army are not entitled.

There is no need of employing a lawer or other agent to attend to these claims. Department will furnish full and specific instructions, and give ample opportunity to every claimant.

If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary of their County and testify. The attestation of a Justice of the Peace or Notary will not

If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine.

Fill out Power of Attorney authording some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.

Fill out the "directoms" below Power of Attorney, so that your Agent will know where and how to send the money.

By order of the Governor.

W. H. HARRISON,

Sec. Ex. Department.

Certificate of Ordinary of the County of Applicant's Residence. STATE OF GEORGIA, County of Ordinary in and for said County of worm State of Georgia, hereby certify that I am acquainted with Mrs. the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on \*December 23, 1890 and has not lived out of the State since that date. That she is the A Vanpelldeceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893. In Witness Whereof, I have hereunto set/my hand and affixed the seal of my office, \*am day of Ordinary POWER OF ATTORNEY. Form No. 3. STATE OF GEORGIA KNOW ALL MEN BY THESE PRESENTS, That I, County in sgid State, do hereba appoint of Julin Oning 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 as a widow of a Confederate Soldier, 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 WATNESS WHEREOF, I have hereunto set my hand and seal, this Executed in the presence of us

# For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Dersonally comes Mrs.
County of Challer on flo Vaufelt
who being sworn, says on oath, that she is a bona fide resident of said County of
State of Georgia, and that she has resided in said State
continuously ever since 1860 That she is the Widow of
H Vanhelt who was a Soldier in Company of the 35 Regiment of Ja Vols
Valunteers, that he enlisted in said Regiment on or about the month of Mch
1862 and served in the Army up to 30 April 1862 That he lost his
1862 and served in the Army up to 30 April 1862 That he lost his life on the 30 th day of April 1862 (State here
full particulars of the husband's, death, when, where and from what cause.) (
dol died of Messes and Inenumin
the died of Muslo and Inemmonia
April 30th 1862

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18.5%; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

Any of July 1894.

Post-office Lineard Fa

STATE OF GEORGIA, County of Ordinary in and for said County of State of Georgia, hereby certify that I am acquainted with Mrs. the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892 In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the day of Ordinary. Form No. 3 POWER OF ATTORNEY. STATE OF GEORGIA, & Calle KNOW ALL MEN BY THESE PRESENTS, That 1 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 as a widow of a Confederate Soldier, 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 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Se Il renselt[1.8] Executed in the presence of us: DIRECTIONS Send amount by 36 handoblige

HERETOFORE

PAID.

# For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, County of Chattery who being sworn, says on oath, that she is a bona fide resident of said County of State of Georgia, and that she has resided in said State continuously ever since 1863 That she is the Widow of Mh & Carport who was a Soldier in Company To of the 37 Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of March 1862 and served in the Army up to Musik 1862. That he lost his life on the 31 day of Ofend 1864 (State here full particulars of the husband's death, when, where and from what cause) ( Dres thiston we to a above a/11/2 / 1 1 1 2

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 18 : that Georgia is her home and she resided in this State 23d day of December. 1890, and his not lived in any other State or locality sinco that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893

Sworn to and sul scribed before me, this

STATE OF GEORG	
County of Chatte	The Laupert
who being sworn, says on oath, th	nat she is a bona fide resident of said county of
/ / 77	State of Georgia, and that she has resided in said State
continuously ever since	1819 That she is the Widow of
1.UL. 30.p.	who was a Soldier in Company
of the 335	Regiment of OZzapica
Volunteers, that he enlisted in said	d Regiment on or about the month of
1862 and served in the Army up	p to Coprice 30th 1862 That he lost his
life on the Sun	day of Clara 1862. (State here
	rath, when, where and from what cause.) (
Since of The	and at Perinant
Pinginia	and the state of t
- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Annual Company of the	

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1857£, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

# Certificate of Ordinary of the County of Applicant's Residence

STATE OF GEORGIA, County of Milithyyn 1. John Matter Ordinary in and for said County of Schafferen State o State of Georgia, hereby certify that I am acquainted with Mrs. .....the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesse-,) that she resides in this County, and that she resided in the State of Georgia, on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Il I Drinfell deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this 4. The Shilas Ordinary

## POWER OF ATTORNEY.

STATE OF GEORGIA, Stattinga herely nuthorize / but HI can & decentles to receive and receipt for the pension paid hereon and request IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20-2 day of 111111 1897. (L. 8.)

WARRANT ISSUED

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA County of Chatterya He died in the Mospital at Michmund Va Hust hook Meales and then had Typhord Nemoria

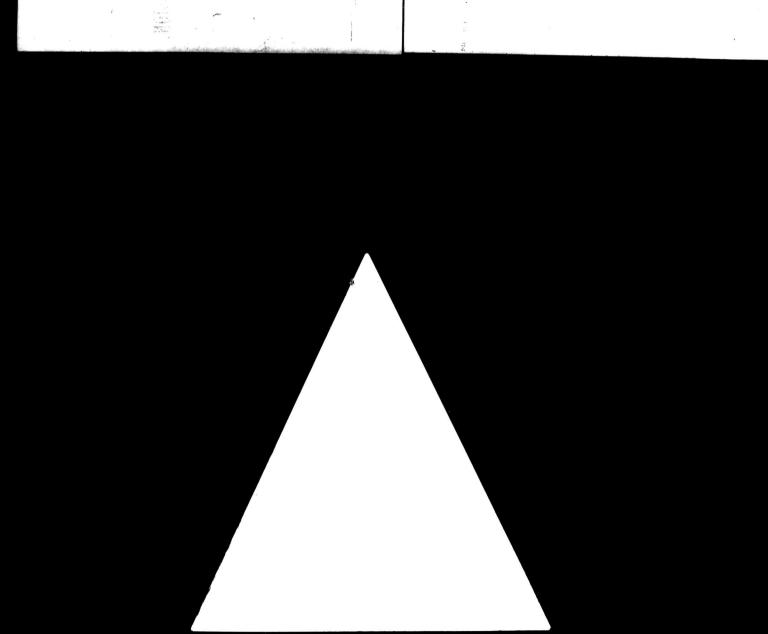
Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1824. that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in the State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Derganally Comes V
County of alla Horga	Le Lupel
telectorya	says on eath, that she is a bona fide resident of said county.  State of Georgia, and that she has RESIDED in said Sta
continuously ever since	1875 — That she is the Widow who was a Soldier in Compan
	Who was a Soldier in Compar
186 and served in the Army up to	(1 / ) in a flat 1862 That he lost h
full particulars of the husband's death, when,	day of liftlice to they is L - State her
Har 1561 of Many	me minus on water
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· ·

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1855 that Georgia is her home and she resided in this Statz 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897

Sworn to and subscribed befo	ore me, this	/ /	
2 1 day of Lens y		1.6.8	bringeit
John houth	Ordinary.	Post-office	Minerick
/ /			



POWER OF ATTORNEY

CHATTOGA CO.

# widow's Indigent Pension.

1901.

Named wan Emplet County Chattering Widow of Offer as Tombon pelt Cod- 6 ta Cavalry

> JOHN W. LINDSEY. Commissioner of Pensions.

WARRANT HANDED TO

130-1907

Approved

tien W Harrison, State Printer, Atlanta, Ga.;

### POWER OF ATTORNEY.

TOWER OF ATTORNEY.
STATE OF GEORGIA,
County.
I was a damped bereby authorized me was some par
of Ata (1827) (Howles) County, to receive and receipt for the pension allowed and that he remit the same to me at. 1214 (
Witness my hand this Lis - day of Floring 190/
Frankly ordinary. Fisher for Last Jan Jet L. S.
The Milla Continuery. Instrument length L. s.
( stage )
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WIDOW'S WIDOW'S  TOOI.  "CLATE STATE  "CLATE STATE  "CLATE STATE  "CLATE STATE  "CLATE STATE  "CONTROLL STATE  "CONTROLL STATE  "CONTROLL STATE  "There are From LANDED TO
NAM SALINGER WAS PROPERTY OF THE PROPERTY OF T
Indig

# Questions for Applicant.

	STATE OF GEORGIA,
	AT OF GBORGIA,
	County.
	my Sheen Danselt
	avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1900, herby submits her proofs, and after being dul) sworn true answers to make to the following questions, depose and nassers as follows:
	1. What is your name and where do you reside? (Give State County and But Office)
	The second of the weeks of the total of the
`	2. How long and since when have you been a resident of this State? Annex here
	+011
	3. When and where were you born? 1838- Last Time
	4. When and where was your husband born—state his full name, and when wore you and he married?
	5. When and where, and in what Company and Regiment did your husband enlist or serve during the
	between the States? In They 1868 - at leasterstille bas In
•	6. How long did your husband serve in said Company and Regiment? Language 181. 3-
	7. When and where did your hysband's Company and Regiment surrender and was discharged?
	o. Was your husband present at the time and place when his Company and Regiment surrendered?
	7/201 4/27
	mend for what course and bearing and specifically where he was, when he left com-
	dervice - When Command woodful of her
	and lame hand to fore first stech he
	Steel fit which of the following grounds do you have your application for Pension, viz: First—Age and
	Poverty; Second—Infirmity and Poverty, or Third—Blindness and Poverty?
	TENT IN TATA
	12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the
	white whether you are totally blind, and when and where you lost your sight?
	and grown or your singe & Cornell Sama
	What has been from the
1 0	13. What has been rour occupation since your Munband's death? It to about 1554
nostes	15. What properly real or small state exercision or labor? In thing
	o in personal, or income do you have or possess, and its gross salue?
	16. What property, real or personal, did you possess at death of husband or he left you, and of the year
	1899-1900, and what disposition, if any, by sale or gift, have you made of the same? Officers
	the way receive the start themed one is a med
	17. In what counties did you reside in 1890 and 1900, and what property did you return for taxation?
	the transfer of the transfer o
Que	10. Itow have your been auphorted alone death of hosband and and and a second
'/	1 185 44 mg Maria distriction of 1853 - 1811 and appearing the first of the second of the second of the second of these years, and how much did your support cust for each of those years, and how much did you continue by your
	20. What was your employment during 1899 and 1900-how much did you receive for each year?
	Dack the confidences recised
	1/1/4//14 200
	21. Have you a faulty? If so, who composes such family? Give their means of support? Have they any lands or other property? Have they
	22. Have you ever made an application for pension before?
	23. How many applications have you made for a Pension, and under what class?
	you make for a remain, and under what class?
	Eworn to and subscribed before me this 25 13
	dayof many bought
	May Martin
	Ordinary,

# Questions for Witnesses.

STATE OF GEORGIA, County. Lavid A. Williamson of said State and County hoping been presented as a witness in support of the Application of Mrs. Suc. Som. Van Vill for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, deposes and answers as follows. following questions deposes and answers as follows.

The Whot or year name and where do you resulte & av vol A. Williamson.

Though the content of year.

2. Are you acquainted with the applicant, Mrs. Sue Saw Van Pell. Fed.

11 so, how long have you known her House (40 years. County que to my Knowle and how long and since when has before a resident of this State ? In Challogs 4) When and where In she born & Sont Know, by Were you ever acquainted with her pushend Yelo county. Ga When and to whom was be married Soultnew, that Inavried when first knew When and where was he born Dout Knou , . 9. How long have you known time thoule 40 years, 10. When and where did Abraham Van All-10. When and where doi NOTA han Van Pell enter in the war before any muchous the States, and in what Company and Regiment that project any any know the States and in what Company and Regiment of U.S. of Member of the earns Co. If a Call Nath Voll Citaes a nember of the earns Co. If a Call Nath Voll Was then in Some Co. If the Call C Part in Treenito, o 140 Ca. 1865 (April / Mart Edulational Control 14 Were proported the command when it surrandered to be came away with equality and the way for a large to the legisland of depleant presents. hr, He had been detailed as blacks with for registrate the mount of popular present the te 16 It is a present, where you had to the Command have left'it that I tenore is the leave his Command have left'it that I tenore is Hym de you know gill this State tilly and clearly; & Was a menter of the range leo and or cal March 1886. In Flora Go. 4 a. About 40 years to my Knowledge 1) som har ogn knowledge kryge that applicate je the lawful whilm of Abrukan Vantella yes, the was his wife while he was in we war.

Yes, and is slight the widow on knowledge the has none, dired have her four part of more and how do you know the of four part of your knowledge the has none, dired hear her for part -Mingroperty fleets or monge did applicant process in 1899 not 1930 and was deposition did sha make of at MA Acad houle 24 Hyapphoans conveyed any property up had two years or given any away, if so what was it said to whom " Sal has no C.

helplus, and a more blivial conditions and her chances and applitude capture a support? She is old

and thursel to which use to the will be blic 28. How much did applicant contribute to her support for last two years? Nothing helpeles Che a full and complete statement of applicant's physical condition?, She is a bold helpeles Che a compete blend 30. What interest bave you in the recovery of this pension by the applicant \* Sworm to and subscribed before me this 25'' J. A. Williamson 10th Ja aigodinary To a rupy I was I A Willia mean is willed " Affidavits of Physicians." " Color STATE OF GEORGIA. County. J. Join o Mw. Personally before me comes 11/ Bunct 711 49 physicism of said county, who, being severally sworn say on oath that they have examined carefully Mrs. Durine Vaupill applicant for a Pension under Act of 1900, and after Stud as a significant of grant of gran old and we have no interest in said pension if allowed.

Sworn to and subscribed before me this silm Gilallet Ordinary ORDINARY'S CERTIFICATE STATE OF GEORGIA. Moutherin Letten Misaltor ... Ordinary in and for said county, hereby certify that the applicant, Mrs Julius Roughelt county and has been a bonn fide resident of this State since /- day of Lang 1810 , and that the witnesses, Mr. A Graces were are outil to full fall fand credit. are of trustworthy character, and that their statements do further certify that before answering the foregoing questions, the applicant and said witnesses took the onth herein prescribed, and the full text of the affidavits was read to the applicant and witnesses infore the same I turther certify that the tax digest of Macticages of country shows that applicant 1 verting returned for taxation in her own name in 1890. Witness my band and official seal, this SEAL I. listone on question are answered, the Ordinary shall swear applicant field the witnesses in the following words. A various adomity issuer that you will true answers make to fisch of the questions asked of your and the evidence of the second of the questions asked of your and the evidence of the second of the questions asked of your additional affidaxis may be attached. If this host in this holly not into the property of the second of the property of the second of the property of the pro

whom the has not,

Norse I. Hefore any questions are answered, the trillings shall wave applicant by the witnesses in the following words. I you do solvenily sweet that you will true answers make to which of the questions asked of you and the evidence you shall give will be the whole truth. So hely you the solvenily were that you will true answers make to which of the questions asked of you and distributed and the evidence you shall give will be the whole truth. So hely you think so hely you will be the whole truth. So hely you then the species asked of you and distributed and distributed and distributed and species are insufficient.

Additional affairs is may be stracked, if blank spaces are insufficient.

Only will not a supplicant's physical conditional and the will not be a supplicated and the evidence you had gold you and are you will down.

Witnesses and two Physicians are necessary to make out claims.

INVALID Soldier's Pension, GEORGIA. POWER OF ATTORNEY. County Controlly Amount, \$ 50 1898 RICHARD JOHNSON, WARRANT HANDED TO 1/27.99

# POWER OF ATTORNEY.

STATE OF GEORGIA. berely authorize for 12 Co Minight a cet lanta request that he remit same to modern in intelition IN WITNESS WHEREOF, I have hereunto set my hand and seal, this /43/6 -8 (11' Roberts

# For Use of Applicants Who have Not Heretofore Drawn.

STATE OF GEORGIA. & heettorra County, PERSONALLY ROBERTS 6 Macle County, State of Georgia, who being duly sworn says on oath that he was born on the 1846, that he is a bonu fide citizen and resident of Georgia, and has been the military service of the Confederate States for the State of day of JE potenties 1864 , during the war between the States, and Served in Company 72 of 25 th Regiment of Progress
For alvairs Brigade, and was honorably discharged on the 10-1 18625, that whilst engaged in such military service, and in line of duty in the he was disabled for wounded as follows Tob countral stormed The antinue I dan to seen his orber to minh and Total work in a great-deal of paris and Suffering to much or that the fire

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 thereunder, ending

Sworn to and subscribed before me, this the

Norse. State fully natured wound or character of disease which causes the inhabity, and epitate pretendants the extent obtability. If the faint is based on disease, give held not connected states of disease, tracing it directly to the service. Norse.—Do not trouble to mention wounds which do not disable, Norse.—The Ordinary will see that off blank spaces are filled when the affidictit are significantly will see that of blank spaces are filled when the affidictit are significant.

WARRANT HANDED

**Soldier**'s Pension

PERSONALLY appears before me, the undersigned, Ordinary in and for said County,

personally known to me to be trustworthy citizens, each of whom, being dayly sworn according to law, severally say, under oath, that they are personally well acquainted with 5. W. Grade

whose application is herewith presented for a pension, that he has resided in this State continuously since the 18 day of October 1866, that he served in Company K

38th Regiment of La Yole, Gordons Brigade, and from our personal knowledge he

by was about turned lift long in the hattle at Potheylvania Court have tironers, on the 13th day of may, 1864, and he es undered unfit for inter l'ecoure he is affected with a hard dry cough, and his light arm is almost weeker from much of soid wound; the arm frequently smalle to an aknowment size and hoth his left ling and left arm continuously faire him; we steros this by hence after in In . correspond and hearing him ! somplain of these injures; he is therefore, in confacilable from monual labor to such extent that he could not made a larring of dependent rolly where his more work, but defined whom the recentance of he laught, pr a suffertine some place a little; south use a hor orax except with his wast aim, and that to auto cheffing fine wood, or atter such light work as can be done with and land. No enflere almost westernoundly with mugant stor, dange and for only errof arm, and can no : ft a dave work at any time

We personally know above stated facts. We were with him in the army and have known him ever since He was beneated disharded or retired from the service on As the termination of the total

Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18 We have no interest in the recovery of a pension by

the their statements full and explicit, tracing disability to its true can

Tipy that I m man Muchalano - grafour a

# PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, Cafiattonya

County. Personally comps before me.

18 1 Cartiful Ordinary of said County,

me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined Crock & Mar to and after such personal examination, say that

the present condition of applicant is as follows:

Succe Appliant to duffine, from affect of Constat women in left land Mounted tall entire left how overlying invento let from the lang complete bolished I long sow a gest, are astheren of claimed munkouse on them take a gone joby the thet were not bell him commencing to see of These transvers that and Long town contrapen steery the last, so greathend as about entirely looking to sight last in Enflow from to what lough me poor jugant practice of removable Union tremovine and that such condition is permanent. Said condition arises from the following facts:

In lift Long is tolorafied, swind " go see cut of long fromthat ticker our an act conflicte adherin of Florist mentioned have on south a later , again to right Long in except of torone were you is retimed in stook away to worky george when through the warrace left ing there gest leave to the control large and Swalners We have treated applicant profession for years, and his condition, as above stated,

arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me this 1 P & strong on M. A 18th day of Chances 1809) Com Mally

NOTE 1 -State fully the physical condition and especially the extent of disability. If disability results from wound or injury state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as under

Note 2 -The physicians will be careful to flil every blank space in oath

STATE OF GEORGIA,

Wattryer County. 1. Jetten Allelle

. Ordinary of said County,

do certify Mat I am well acquainted with & I Macle

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that

he reguldes in this County I palso certify that the witnesses, to-wit: 913 Dudlicil A Mond

that their statements are worthy of full credit and belief and that the full text of the uffidurit was read understood by them before they signed the same

Given under my official signature and sent this 13th day of Carrens

#### POWER OF ATTORNEY.

STATE OF GEORGIA, 1. E. I have berely nuthorize for 11 ac mylat w cet lanta to receive and receipt for the pension allowed and request that he remit same to IN WITNESS WHERLOF, I have bereinto set my hand and seal, this 13/2 Gira Med & Chair any.

For Use of Applicants Who have Not Heretofore Drawn.

STATE OF GEORGIA. Chattorra County PERSONALLY ROBERTS 6 D Walle County, State of Georgia, who being duly sworn says on oath that he was born on the 1846, that he is a bona fide\_citizen and resident of Georgia, and has been the military service of the Confederate States for the State of day of St Weereden 1869 , during the war between the States, and served in Company 12 of 25 th Regiment of Very in Brigade, and was honorably discharged on the # 5 - 1 () 18625: that whilst engaged in such military service, and in line of duty in the State of Dir Rivier on the 19112 day of Mary does is in a creat-deal of paris Suffering to Amuch do that olifellel to neine assistance

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 thereunder, ending October 26th, 1895

Sworn to and subscribed before me, this the

Note.—State fully natured wound or character of dissense which causes the disability, and explain pertondarly the extent of the siteability. In claim is based on dissans, given full and concerded belowy of dissans, tracing it directly to the service.

Note.—Do not treable to mention wounds which do not disable.

Note.—The Orlinary will be that all blanks appears are filled when the affidevits are signed.

WARRANT

# POWER OF ATTORNEY. STATE OF GEORGIA. hereby authorize in Illinit or other you to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal this Executed in presence of John The little SOLDIER'S PENSICATION. 1901. Name Z. N., Medical County Disability Amount, § 77.

# POWER OF ATTORNEY. STATE OF GEORGIA, County. I. County. I. County. In the pension paid hereon and request that he remit same to by the pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pension paid hereon and request that he remit same to be pensio

SOLDIER'S PENSI

INVALID

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.
County
Personally appears
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the /2 12
day of C, 1817; that he collisted in the military service of the Con-
federate States (or of the State of ) during the war between the
States, and served as a in Company of Sth Regiment
of
of \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Some of flying to the rown
La Company Control of the Control of
and dinie in flient to rome
10 hat yn Hickory. W.
,
•
Deponent makes application for the pension to which he is entitled for yearnered
ing October 26th, 1901. I have heretofore under said law as a resident of
County been allowed an invalid pension of
Dollars, for the year 1900
Sworn to and subscribed before me, this the
_ day of 1900.   Postoffice /
Min Matax Cong
Note. State fully the nature of the woo nd or character of disease which course the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
County.
I, Ordinary of said County, do certify that I am well acquinted with & Macci the
do certify that I am well acquinted with & // (cc) the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affilavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this
day of CC 190
Ordinary (1000000 County.
Ordinary (((c)(C) ) County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
County.	
( )	
personally appears a him of Mathy	
County, State of Georgia, who being duly sworn, says on oath that he is a bora fide citizen	
and resident of said State and County, and has resided therein continuously ever since the	
day of eleters 18/6; that he enlisted in the military service of	
the Confederate States (or of the State of tween the States, and served as a description of the company of the	
tween the States, and served as a 221, of It in Company 12, of It	
Regiment of January Volunteers, Or (1) 11 's Brigade: that whilet	
engaged in such military service in the State of 7 (3 144 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
day of 11 the was wounded, injured or diseased as follows:	
and themsend ionial King's feet	
day of Mary 1864, he was wounded, infured or diseased as follows:	
and intestmedicity, herius-	-
*	
Deponent makes applications for the pension to which he is entitled for the year	
ending October 26th, 1900. I have heretofore under said law as a resident of	
County been allowed an invalid pension of	
Dollars, for the year 1822.	
Sworn to and subscribed before me, this, the	
Sworn to and subscribed before me, this, the take the tak	
and the same of th	(, ~
- Little Collar Concerning	
Norz -State fully the resigns of wound or character of disease which causes the Mability, and explain particularly the extent of the disability resulting from the wound or disease.	
STATE OF GEORGIA.	
, (	
County.	
harden Cottest o odina dalla	
do certify that I am well acquainted with E	
applicant in the foregoing affidavit, and am well satisfied that the statements made by him	
in his said affidavit are true, and I know he is the individual he represents himself to be	
and that he resides in this County.	
Given under my official signature and seal, this	
day of a colored to the same of the same o	



Ordinary Clarettox