	County.		
Personally	appears A. S. drom	of Chewho	<i>.</i>
ounty, State of C	Georgia, who being duly sworn, s	ays on oath that he is a bona	fide citizen
	d State, and has resided therein		
ay of Spail	1835; that he enl	isted in the military service of	of the Con-
ederate States (or	of the State of) during the war b	etween the
states, and served	as a Private	in Company 3 , of 2 th	Regiment
f Sa	as a Private Volunteers, Calquits	's Brigade; that whil	st engaged
n such military se	rvice in the State of	on the	day
f	1862 , he was woun	ded, injured or diseased as fo	llows:
(income	Sxpasion token &	Come En a marche	1
Sett 8		in the contract of the contrac	Company and the second
200	300	The second secon	
	W W Gentle Grand	*	· · · · · · · · · · · · · · · · · · ·
	Table to the second		-
CAMPAGE TO THE RESIDENCE OF THE PARTY OF THE			
ng October 26t	h, 1901. I have heretofore	mtu baan allamad an innalid	esident of
ng October 26t	h, 1901. I have heretofore	under said law as a re	esident of
ng October 26t	h, 1901. I have heretofore	under said law as a re	esident of
ng October 26t	h, 1901. I have heretofore Lacukes Com Dollars, for subscribed before me, this the of flag 1901.	under said law as a re	esident of
Sworn to and Solver day of the fully the full the fu	h, 1901. I have heretofore Lacukes Com Dollars, for subscribed before me, this the of flag 1901.	under said law as a reality been allowed an invalid or the year 1900. A L Arch Postoffice	pension of
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Sworn to and Sworn to and Sworn to and Sworn to the case of the	h, 1901. I have heretofore Land Ress. Con Dollars, fo subscribed before me, this the flay 1901. 1901. EORGIA, Rese County.	under said law as a reality been allowed an invalid or the year 1900. A L A L A L A L A L A L A L A L A L A	ezplain partic-
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Sworn to and Sworn to and "day of Norn.—State fully garly the extent of the of ETATE OF G Coccrtify that I a poplicant in the fo. this said affidavity	h, 1901. I have heretofore Low Rose Compolars, for Subscribed before me, this the of fury 1901, the nature of the wound or character of di lisability resulting from the wound or disc EORGIA, County. Low Well acquinted with A regoing affidavit, and am well said are true, and I know he is the in this County.	under said law as a reanty been allowed an invalid or the year 1900. A L A L A L A L A L A L A L A L A L A	explain particular country, the
Sworn to and " day of Norn.—State fully starty the extent of the of STATE OF G Language I,	the nature of the wound or character of disability resulting from the wound or disability result	under said law as a reanty been allowed an invalid or the year 1900. A L A L A L A L A L A L A L A L A L A	explain partic-
Sworn to and " day of " day of " And of "	h, 1901. I have heretofore Local Composition of the subscribed before me, this the wound or discounty. LEORGIA, LEOR	under said law as a reanty been allowed an invalid or the year 1900. A L A L A L A L A L A L A L A L A L A	explain particular country, the
Sworn to and " day of " day of " And of "	the 1901. I have heretofore Con Dollars, for Dollars, for subscribed before me, this the of flay 1901. the nature of the wound or character of disability resulting from the wound or disability and are true, and I know he is the in this County. Given under my official signa of flay 196	under said law as a reanty been allowed an invalid or the year 1900. A L. A.	explain partic-
Sworn to and " day of " day of " And of "	h, 1901. I have heretofore Dollars, for Dollars, for Subscribed before me, this the wound or discussion of subscribed before me, the subscribed before the subscribed before me will acquired with subscribed before me, this the subscribed before me, th	under said law as a reanty been allowed an invalid or the year 1900. A L A L A L A L A L A L A L A L A L A	explain particular to be

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Personally app	Kee County	•)		
	1 2 0	,	of Cherok	2,
County, State of Ge	orgia, who being duly sv	yorn save on oath		
nd resident of said	State, and has resided	therein continuen	dat ne is a oona ji	ae citizei
ay of	1871 - that	he enlisted in the	military service of	.1 0
ederate States (or o	of the State of			
tates, and served			during the war be	
2 Ga				
sich military san	vice in the State of	2/4	rigade; that whils	engage
such minutary ser	- Inseressed Japane	ua	on the	da
	1867 , he was	wounded, injured	or diseased as foll	ows:
j p	14 0 7			
J.	HOW ALL	ye		
	1			
(1) [X			V 3	
<u> </u>) jamilion 0		14	
	promoted .			
O			7	
AC C	seus Ordes	02. Post-office	listry \$	let
	ne nature of the wound or onar	noter of disease which ound or disease.	causes the disability,	and explain
TATE OF GE	ORGIA,		1	
Churchy	County.			
Churley I.	Chain	10 20 100 pani	Ordinary of said	County,
Cherolice L. Certify that I am	well acquainted with	And due	121	
certify that I am	well acquainted with foregoing affidavit, and a	m well satisfied th	at the statements	made by
I, Carrify that I am capplicant in the f	well acquainted with foregoing affidavit, and a vit are true, and I know	m well satisfied the is-the individu	at the statements	made by
certify that I am c applicant in the fm in his said affida and that he resides	well acquainted with foregoing affidavit, and a vit are true, and I know s in this County	m well satisfied the is-the individu	at the statements al he represents hi	made by
I	well acquainted with foregoing affidavit, and a vit are true, and I know s in this County.	m well satisfied the he is-the individu	at the statements al he represents hi	made by
I	well acquainted with foregoing affidavit, and a vit are true, and I know s in this County	m well satisfied the is-the individu	at the statements al he represents hi	made by
certify that I am applicant in the fin in his said affida and that he resides	well acquainted with foregoing affidavit, and a vit are true, and I know s in this County liven under my official si lay of	m well satisfied the he is-the individu	at the statements al he represents hi	made by
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certify that I am applicant in the fun in his said affida and that he resides	well acquainted with foregoing affidavit, and a vit are true, and I know a in this County. I'm, liven under my official silay of Jacob Cord	m well satisfied the is-the individual process of the individual proce	at the statements all he represents his this 18	made by

UESTIONS FOR WITNESS.

	OR WITTABOS
TATE OF GEORGIA,	
Cherohee COUNTY.	
O L O- D COUNTY.)	
J. 10. Johnson	of said State and County, having been presented
a witness in support of the application of Samuel	il D. Alred for pension
der section 1254, Code, and after being duly sworn tru	e answers to make to the following questions, deposes and
swers as follows:	6 Johnson, reside in
	afunion, mariena
Cheroper County Hat	10 100 1
Are you acquainted with supplied	the applicant; if so, how
	nown him since 186/
Where does he reside, and how long and since when he	ne State Arres 1861.
When, where and in what company and regiment die	
July 9. 1861, at Sasper Sia 600	9 20" Sa Reg
Were you a member of the same company and regin	
	Albomatto a Court House Va.
When and where was his command surrendered?	A for fill habit to the the transfer with the transfer to the
	1512 - 1 1 1
Were you present when it surrendered?	and the many that the said of
Was applicant present?	
If he was not present, where was he? at her	ne on furlough,
sen did he leave his command? March 18	64 For what cause? By lean & his Co
what authority he lest ? By Fronlough	How do you know all of this?
I was brekent with	him'
What property, effects or income has the applicant?	(Give your means of knowledge.)
nothing but House	
What property, effects or income did the applicant p	possess in 1901, 1902, 1903, 1904, 1905, 1908 and 1907,
about same as n	
what disposition, if any, did he make of same?	not disposed of any
Has he conveyed away any of his property in the las	t four years; if so, what was it, and to whom?
none	
What is the applicant's occupation and physical po	ndition? All has no acompation
row, bu is not able to	work
our; see an issue of	A St. A. M. Mary Comments and the state of t
	1/1
Is the applicant unable to support himself by labor	
cason of his age & a	infrientis !
How/was he supported during the years 1901, 1902,	1903, 1904, 1905, 1906 and 1907?
	rdining
What portion of his support for these four years was	derived from the own labor or income?
	and the second s
Very Mille	
Give a full and complete statement of the applicant	
Give a full and complete statement of the applicant	
Give a full and complete statement of the applicant tion 1254, Code	t forder the
Give a full and complete statement of the applicant tion 1264, Code	t forether
Give a full and complete statement of the applicant tion 1254, Code	t forether
Give a full and complete statement of the applicant tion 1264, Code	Children's ages and their earning capacity?
Give a full and complete statement of the applicant tion 1204, Code Light, Inginization Who composes family? What property have they?	Ohildren's ages and their earning capacity?
Give a full and complete statement of the applicant cition 1264, Code Light, Indianation 1264, Code Light, Indianation Who composes family? What property have they?	Ohildren's ages and their earning capacity?
Give a full and complete statement of the applicant tion 1264, Code Gyl, Anguarantee Who composes family? What property have they? The Transfer of the American State of the S	Ohildren's ages and their earning capacity?

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA, COUNTY.	
Personally came before me John	M. Truck and
of estimates, who, being severally sworn, my on oath to	, both known to me as reputable physicians that they have examined carefully pplicant for pension under Section 1254, Code, and after
such personal examination say that his precise physical of the applicants in a 9	
by manual lotor He is	unoble to support himas
and that we have no interest in said pension being allowed Swors to and subscribed before me, this the One of the thing	John M. Jun N. 168.
ORDINARY'S	CERTIFICATE.
STATE OF GEORGIA, County, I. W. J. Mild that the applicant Samuel S	Orilinary, in and for said County, hereby certify
seen a bona fide resident of this State since the and that the witnesses, viz	M. Tank and 189
re of trustworthy character, and that their statements are	entitled to full faith and credit.
I further certify that before answering the foregoing	ng questions the applicant and each witness took the oath
sereon prescribed, and that the full text of the affidavits we	as read to the applicant and witness before same was signed.
I further certify that the tax digest of	erollee County shows that applicant
eturned for taxation in his name in 1901	Dollars of
	Ч.:
matte 200 A	Dollars of property; in 1808
Tartie ?	Dollars of property ; in 1904
10 01.	Dollars of property; in 1905
	The state of the s
	Dollars of property; in 1907
	Dollars of property.
In my opinion the foregoing claim is	made in good faith.
Witness my hand and seal of office, this	day of Sept 190 8
	1 Al
	of Dundle County.
Before any questions are answered, the Ordinary words: "You shall true answers make to each of the questions."	shall swear applicant, and the witnesses in the fall-
	shall swear applicant, and the witnesses in the following stone asked of you, and the evidence you shall give will be set are insufficient. tracter of the witness, and as to the expedition of the proof
as above set out.	tracter or the witness, and as to the execution of the proof

allred, S.D. Che Rokee/Co. For CHEROKEECounty 1928 **Application for Pension** Due Deceased Pensioner (UNDER ACT 1919) (To pay expenses of last illness and funeral) Frank Burt Ordinary For S.D.Allred. ----Date of Death October 15th, ... 192.8. Amount \$/00 00 Approved and ordered paid JOHN W. CLARK, X. Commissioner of Pensions.

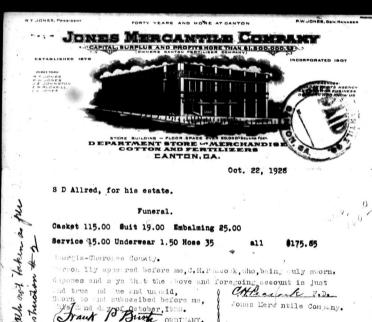
Ordinary: Fill out above in full and send this blank to Pension Department for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Department with your receipted payrolls to be permashently filed with them. Do not keep this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

3280 10000

1. Before any questions are asserted, the Ordinary shall error applicant, and the witnesses in the following words: "Four shall five surveys make to each of the questions saked of you, and the evidence you shall give will be the whole truth, so hally you God."

2. Additional siffsaries may be stateable if blank spaces are insufficient.

3. In every case the Ordinary must certify to the character of the witness, and as to the expedition of the proof



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)

GEORGIA, CHEROKEE	
	d County, comesA.L.Allred,
	of said County, who, after being sworn, on oat
says that he knewS.D.Allred,	of said County, and that said Pensione
was on the Pension Roll of said County at the	time of death, which occurred in Cherokee
County, in this State, on the Fifteenth	day of October 192.8.
and that pensioner left no widow surviving, an	d no estate of any value sufficient to pay these funera
expenses, which amounted to the sum of \$.I7	5.85 , per sworn statements fully and completel
ITEMIZED hereto attached.	
Sworn to and gubscribed before me,	
Frank & But , Ordinary	his
Cherekee County	A.L. XAllred.
(Seal of Ordinary)	
(Boni of Ordinary)	,
	TE OF ORDINARY
	,
GEORGIA, Cherokee	
GEORGIA, Cherokee I, Frank P.Burtz	County.
TEORGIA, Cherokee I, Frank P.Burtz that I personally know	County. Ordinary of said County, do certif
IEORGIA, ————————————————————————————————————	County. Ordinary of said County, do certify, who is a residen
CEORGIA, ————————————————————————————————————	County. Ordinary of said County, do certify Truthful and trustworthy character, entitled to fu
TEORGIA, Cherokee I, Frank P.Burtz that I personally know A.L.Allred, citizen of said County, and that said person is contained and credit; that I also know	County. Ordinary of said County, do certify, who is a resident fruthful and trustworthy character, entitled to full said and that this was a resident for the said and that this was a said and the said and
TEORGIA, Cherokee I, Frank P.Burtz that I personally know A.L.Allred, citizen of said County, and that said person is co faith and credit; that I also know	County. Ordinary of said County, do certify, who is a resident fruthful and trustworthy character, entitled to full salars. County, and c
TEORGIA, Cherokee I, Frank P.Burtz That I personally know. A.L.Allred, citizen of said County, and that said person is co faith and credit; that I also know S the same person whose name appears on the Pe was paid a Pension of	County. Ordinary of said County, do certify, who is a resident fruthful and trustworthy character, entitled to furthful and trustworthy character, entitled to furthful and that this was unsion Roll of the county, and that the county, and that the instructions at the county.
Cherokee I, Frank P.Burtz Chat I personally know. A.L.Allred, citizen of said County, and that said person is a call and credit; that I also know \$ the same person whose name appears on the Pewas paid a Pension of Two Hundred. In said County for 1027, and I now believe so toot of this youcher have been carefully observed.	County. Ordinary of said County, do certify, who is a resident fruthful and trustworthy character, entitled to furthful and trustworthy character, entitled to furthful and that this was unsion Roll of the county, and that the county, and that the instructions at the county.
TREORGIA, Cherokee I, Frank P.Burtz That I personally know. A.L.Allred, citizen of said County, and that said person is c faith and credit; that I also know S the same person whose name appears on the Pe was paid a Pension of Two Hundred. In said County for 1027. , and I now believe s cot of this voucher have been carefully observ ached hereto.	County. Ordinary of said County, do certify, who is a resident fruthful and trustworthy character, entitled to further trustworthy characteristics and that the instructions at the ed in making up this voucher and the bills which are at
TREORGIA, Cherokee I, Frank P.Burtz That I personally know. A.L.Allred, citizen of said County, and that said person is c faith and credit; that I also know S the same person whose name appears on the Pe was paid a Pension of Two Hundred. In said County for 1027. , and I now believe s cot of this voucher have been carefully observ ached hereto.	County. Ordinary of said County, do certify, who is a resident fruthful and trustworthy character, entitled to furthful and that this was unsion Roll of the county, and that the instructions at the red in making up this voucher and the bills which are at the county of th
TREORGIA, Cherokee I, Frank P.Burtz That I personally know. A.L.Allred, citizen of said County, and that said person is c faith and credit; that I also know S the same person whose name appears on the Pe was paid a Pension of Two Hundred. In said County for 1027. , and I now believe s cot of this voucher have been carefully observ ached hereto.	
TREORGIA, Cherokee I, Frank P.Burtz That I personally know. A.L.Allred, citizen of said County, and that said person is c faith and credit; that I also know S the same person whose name appears on the Pe was paid a Pension of Two Hundred. In said County for 1927, and I now believe s oot of this voucher have been carefully observ ached hereto. Given under my hand and official seal, this.	County. Ordinary of said County, do certify, who is a resident fruthful and trustworthy character, entitled to full and trustworthy character, entitled to full and county, and county, and county, and county, and county, and county and pensioner to be dead; and that the instructions at the red in making up this voucher and the bills which are at

4th. The completed voucher—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.

8th. Return this application, and attacfied bills, with your final settlement, to the Pension Department.

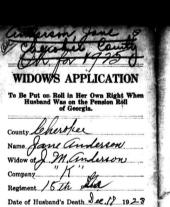
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

..., who died without owning sufficient property to pay this bill.

6th. Ordinary should see that the back of this blank, when folded, is filled out.

4th. The completed voucher—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. 5th. Return this application, and attached bills, with your final settlement, to the Pension Department. 6th. Ordinary should see that the back of this blank, when folded, is filled out.



Date of Marriage Man, 6th
Approved Sec. 5, 19

STATE OF GEORGIA,

235 Lassey COUNTY the applicant for pension; that she is the person Ordinary of said County, do certify that I

and credit. marriage, and that both the foregoid were duly sworn by me before signing the respective affi davits, and that they are truthful and trustworthy and their statem Given under my hand and official seal of office this 15 day of ents are entitled to full faith

January 1st, 1920; that I also know

(SEAL OF ORDINARY) wor Mosey

Instructions.

Instructions.

Instructions.

Instructions.

Instructions are asserted the Ordinary shall seem applicant and the witness in the following words:

Injury result that you will true answersy make to each of the questions about you and the evidence

for will be the true. So help you God:

Influstra may be attached if baint spaces are instruction.

Injury the many indeed the Ordinary of the County of residence.

Injury the many indeed the Ordinary of the County only preventions of the County (1981), are entitled.

Injury the many indeed the Ordinary of the County only preventions of the County (1981) are entitled.

bled Pensioners must use the Blue Application Blank and state and prove full term of hus-because Disabled Pensioners made no proof of service and were not required to do so.

she represents herself to be, and that she is continuously a bona fide resident of said County since the witness as to

Ordinary's Certificate

REPERENCES: BRADSTREETS AGENCY ANY BANK OR BUSINESS CONCERN WHO KNOW US

Mercantile Com CAPITAL SURPLUS AND PROPITS HORE THAN \$1,500,000.55



STORE BUILDING - PLOOR SPACE OVER BOODD SQUARE FEET DEPARTMENT STORE - MERCHANDISE COTTON AND FERTILIZERS CANTON, DA.

Aug. 18th. 1927

Mr W H Anderson,

City

For Funeral Account Mother.

Casket -- Dress -- Embalming -- Service

\$250.00

Ordinary's Certificate

192

Date of Husband's

to

18

APPLICATION

WIDOW

STATE OF GEORGIA.

и /	2		
6 nextee	COUNTY.		
6 heroker	assey	Ordinary of said County	, do certify that I
know Mrs.	, the a	pplicant for pension; that	she is the person
she represents herself to be,	and that she is continuous	sly a bona fide resident of	said County since
January 1st, 1920; that I a	lso know		the witness as to
marriage, and that both the	foregoing were duly sworn	n by me before signing	the respective affi
davits, and that they are t	ruthful and trustworthy ar	nd their statements are en	titled to full faith
and credit.		- //	
Given under my hand a	and official seal of office thi	is 15 day of James	192d/
(SEAL OF ORDINARY	aut (missey.	Ordinary,
		la la de la	

Instructions.

eral reputation. Wishows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of hus-band's service—because Disabled Pensioners made no proof of service and were not required to do so.

MARRIAGE CERTIFICATE.

STATE OF GEORGIA. PAULDING COUNTY.

This certifies that John M. Anderson and Jane Adoock were united in the holy bonds of matrimony by John Adderson, M.G. on the 6th day of March 1873, as appears of record in my office in marriage record book "B" page 115.

This 31st day of January, 1924.

W.J.Baker, Ordinary.

GEORGIA, CHEROKEE COUNTY.

I, Jacob Massey, Ordinary and ex-officio clerk of the Court of Ordinary of said County, do hereby certify that the above and foregoing is a correct copy of marriage certificate as filed in my office with and for application for pension by Mrs. Jane Anderson.

This 24 day of May, 1924.

Ordinary and ex-officio 0.0.0

^{1.} Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
"You solemnly swear that you will true answers make to each of the questions asked you and the evidence
you shall give will be the virth. So help you God."
2. Additional affidavits may be sitteded if blank spaces are insufficient.
2. Additional affidavits may be sitteded if blank spaces are insufficient.
3. Only widows who are marriage the Ordinary of the County of residence.
4. Only widows who are marriage license if obtainable. If not, grove marriage, by some person, or by general results of the ordinary of the Ordinar

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be Used by the Widow of a Disabled Soldier Pensioner.)

STATE OF GEORGIA,
COUNTY.
Personally before me comes Mis, I me medezane of said County,
who, after having been duly sworn, says that she is the widow of M. andersow
to whom, in the County of Bheshee State of Sw she was married on
theday of18, and that she remained his wife, and resided with him to
the date of his death in
the time of his death he was a resident of County, in said State
of Georgia, and he was on the Indagaut Pension Roll of the State and paid a pension
of \$ 1015 in Cherolice County for 1923 (per annum), on account of being a soldier in
Company Regiment 18 (Volunteers or State Militia).
That she is now a bona fide resident citizen of said State of and she
has, continuously, resided there since the day of the 19.
Sworn to and subscribed before me, this the
15 day of minary, 192 d.
Sworn to and subscribed before me, this the day of onwary, 1920/ actor Markey, Ordinary of Cheroles County.
of lesterofice County.
(SEAL OF THE ORDINARY.)
Affidavit of Witness to Prove Marriage and Date of Death of Husband.
STATE OF GEORGIA,
COUNTY.
Personally before me comes known to be
a responsible and truthful person, residing in said County, who after having been duly sworn, says
that of deponent's own personal knowledge, Mrs. , who made the foregoing
affidavit, is the lawful widow of who died in
County in said State ofon theday of, 19,
and that she has not since remarried; that she became the wife of
the da y of, 18; that she and he had resided together as husband
and wife, continuously, since day of 19, and that
was the same man who was on the pension roll of said State from
County when he died.
Sworn to and subscribed before me, this the
day of , 19
Ordinary
of County.

(SEAL OF ORDINARY)

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)

GEORGIA,CHEROKEE. County.
Personally before me, the Ordinary of said County, comes
of raid County, who, after being sworn, on oath
says that he knew Mrs. Jane Anderson of said County, and that said Pensioner
was on the Pension Roll of said County at the time of death, which occurred in CHEROKEE
County, in this State, on the Fourteenth day of August 1927, and that
WELLANDE IN MARKET IN MARK
washing the street of the stre
no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$250.00, per
sworn statements fully and completely ITEMIZED hereto attached.
Jours to and subscribed before me Jours P Burt Ordinary Outscribe - County
(Seal of Ordinary)
I,Frenk P. Burtz,
the same person whose name appears on the Pension Roll ofCherokeeCounty, and was paid a Pension ofOne_Hundred_and_F4fty(\$.150*) Dollars in said County for 192.7., and I now believe said pensioner to be dead; and that the instructions at the foot of
this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.
Given under my hand and official seal, this. Nineteenth day of August
INSTRUCTIONS: the value of it, and each data- times and funeral, to make out their accounts in fully itemised form, giving each item and
the value of it, and send side. In the same of the same should be sended to the same should be same same same same same same same sam
and. The Ordinary must see to it that each bill is perfectly lesitmate in every respect, and properly sworn to, and all attached neatly to this blank has been properly completed as indicated. 4th. The completed roughes—this blank and the bills—must be sent to the Persion Department for approval and no money must be paid out until it is eventualed to row as your authority to make the parament.

County.

(SEAL OF ORDINARY)

anderson, Jane (Mrs.) Cherokee Co

For ____CHEROKEE ____County

192

Application for Pension Due Deceased Pensioner (UNDER ACT 1919) (To pay expenses of last illness and funeral)

Burk Ordinary

For Mrs. Jane Anderson

Date of Death August 14th, 1927.

Amount \$ IOO.OO

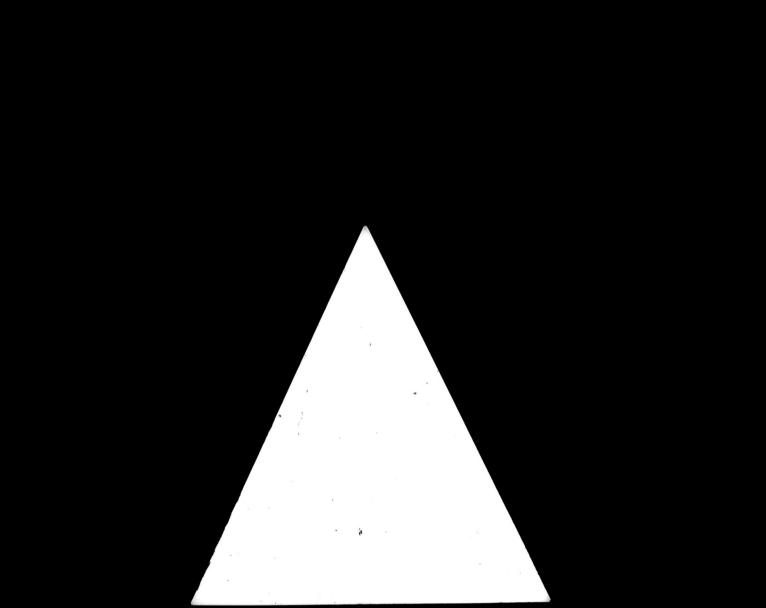
Approved and ordered paid

olin W. Celand

Ordinary: Fill out above in full and seed this blank to Pension Department 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 Department, with your receipted payrolls to be permanently filed with them. Do not keep this application in your office.

this blank and the bills—must be sent to the Pension Department for approval and no money must be paid

8th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburse the mency himself and te 6th. Beturn this application, and attached bills, with your final settlement, to the Pension Department. 7th. Ordinary should see that the back of this blank, when folded, is filled out.



	Yestorellesopher	wall of the second second	And the second	ETTE MELLEGRAPH (III)		5784 Juli 474-	X Daniel III vernese
anderson to M.		β		a na A			
C. N. Julyo					7 3	L. moetre	STATE OF G
INDIGENT PENSION					talous my h escuted in p	and reddip	OF GRORGE
190.9						pt for the p	The San H
Name J. M. anderson		ing the basis				nsion allor	E WO
county Chesities.		A				red and re	₹ OF
Approved 190					Jo Ang	post that	1
JOHN W. LINDSEY, Commissioner of Finsions.					À	of the remit san	POWER OF ATTORNEY
WARRANT HANDED TO	n special second					16 to	K.
						berety	
Ordinary will write some of Applicant, Company and Regiment on back as indicated above: One, F. Rynt, 1849 Printe, Attack, Gr.				h Part	L 83	authori	
Otac. F. Syrk, State Printer, Atlanta, Ut.							
to de la companya de	and the state of t		ici i praelijski i stalij	Library Designation 1	4514.451.00	40	A He was a series

POWER OF ATTORNEY.

STATE OF GEO	ORGIA,	× 11				
	COUNTY	1				
Ι,		·			hereby authori	7.6
			of			
to receive and rec	eipt for the pension allow	ed and reques	t that he ren	nit same to		
	at		by	·.,		
Witness m	y hand and seal, this		day of		190	
	************				(L. 8	.)
Executed i	n presence of					

QUESTIONS FOR APPLICANT. self of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: word up a market or time to the tourning question of the State Country and Postoffice.) Into Mr. Uniderson, Russile at Ball Ground where were you born? Mov. 29, 1843, Dorayth 1861, in Bartow Co. Comp If not present, state specifically and slearly where you were, when you left you command, for what own exertions or labor?.... 10. What has been your occupation since 1865? Carbustus 11. Upon which of the following grounds do you base your application for pension, vis: first, "aggand poverty," second, "infirmity and poverty," or third, "blindness and poverty?".... 12. If upon the first ground, state how long you have been in such condition that you could not earn your, If upon the second, give a full and complete history of the infirmity and its extent. If upon the 17. How much did your support cost of each of those years, and what portion did you contribute thereto

receive in each year? Worked as Carpenter, received reasonable 10. Have you a family? If so, who composes such family? Give their means of su homestead, or other property? Their ages and how employed?...

Are you receiving any pension? If so, what amount and for what disability?....

21. Have you ever made an application for pension before?.

How many applications have you ever made and under what class?

Sworn to and subscribed before me this the

....County.

none

190 9

LINDSEY WARRANT HANDED

QUESTIONS FOR WITNESS.

	6
ST	ATE OF GEORGIA,
10.00	

	Cak Forelar of said State and County, having bean presented
	witness in support of the application of
une	ler section 1284. Code, and after being duly aware true and the section 1284.
and	answers as follows:
1	. What is your name and where do you reside?
	# 209 Means St. attenta Sa Fella Counts
2	
long	s have you known him? Amerilla 9 24 days frame 1461
	Where does he reside, and how long and since when has the been a realdent of this State?
	when the sure of days fine 1861. To my knowledge
at	All Stournes War
7	The state of the s
5.	Were you a member of the same company and regiment?
6.	How long did he perform regular military duty?
7.	
	When and where was his command surrendered?
****	The state of the s
8.	Were you present when it surrendered? alka was transferred to 3 detake Marshotus
9.	Was applicant present?
10.	
Whe	n did he leave his command?For what cause?
By v	what authority he left? Caralid How do you know all of this
	by bound the same tringed
	J. J. Land M. M. Market M.
11.	What property, effects or income has the applicant? (Glas years)
	What property, effects or income has the applicant? (Give your means of knowledge.)
12.	What Man W
	What property, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and
1909	home to my knowledge
and v	that disposition, if any, did he make of same?
13.	Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
14.	What is the applicant's occupation and physical condition? Lanhantin
	A. A. T
	condition had
15.	Is the applicant unable to support himself by labor of any sort; if so, why?
	summet postively state and do not live mar him
22	and the mean man
	know hid exact I condition
16.	How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909?
	I do not know
17.	What portion of his support for these four years was derived from his own labor or income?
	do not known
18.	Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under	Section 1254, Code I do mot know
10	Who comes for the Williams
	Who composes family? What property have they? Children's ages and their earning capacity?
	I to wit know any of family except him
20.	What interest have you in the recovery of a pension by this application of the second
	Syorn to and subscribed before me, this the
#1	Adams O Clots
tost	r.r.ro
n	Ordinary.
L.	buch ceeply the the above when is
Tu.	Had all all all all all all all all all a
	The same of the sa
-un	Suk / William of

AFFIDAVIT OF PHYSICIANS

CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	Britania Britania de Caracteria de Caracteri
STATE OF GEORGIA,	
Cherike College	
Personally came before me. W. Will	and and
A Contraction of the Contraction	, both known to me as reputable physicians
of safe County, who, being severally sworn, say on oath tha	t they have everyined constalled
John March Control	, applicant for pension under Section 1984
Code, and after such personal examination say that his pre-	cles physical condition is as follows:
grange from sites	war Theunaler
of the Jelistus nature	and hartil Paralysis
and Ridney Tygutter	In in reparetales
I gan a luffert for	inself title burnan
determination of	
and that we have no interest in said pension being allowed.	As A berill . I a
Sworn to and subscribed before me, this the	My Willing hum h
190.9.	In Batio mo
My Nepo ord	hary
ORDINARY'S CEI	TIPICA TIPI
ORDINARYS CEI	CI IFICA I'E.
STATE OF GEORGIA.	
Obserth 10	
W CUMY	
certify that the applicant One M. and	Ordinary, in and for said County, hereby
been a hour first west and the second	resides in said County, and has
soon a bona fide resident of this State since the	day ofine life
and that the witnesses, vis IV IN Millians	nam & m /satto
are of trustworthy character, and that their statements are	
I further certify that before answering the foregoing quath hereon prescribed, and that the full text of the appearance was signed.	sestions the applicant and each witness took the
ath hereon prescribed, and that the full text of the affidavi	ts was read to the applicant and witness before
0/	6
I further certify that the tax digest of	County shows that appli-
ant returned for taxation in his name in 1901	Dollars of
roperty, and in 1903	
3 Palina	Dollars of property; in 1905
The land	Dollars of property; in 1906
19 Jan	Dollars of property; in 1907
1113	
Hyper-	Dollars of property; in 1909
gift	Dollars of property.
In my opinion the foregoing claim is.	made in good faith.
Witness my hand and seal of office, this 20	1.11
7// 0	Multiple Ordingry,
	of Chewhal County.
ROTE	County.
Before any questions are answered, the Ordinary s llowing words: "You shall true answers make to each of the all give will be the whole truth, so help you God."	hall swear applicant, and the witnesses in the
2. Additional affidavits may be attached if blank man	es are insufficient.
 In every case the Ordinary must certify to the charge proof as above set out. 	oter of the witness, and as to the execution of
	AND THE ALL PROPERTY OF THE PARTY OF THE PAR

CERTIFICATE OF ORDINARY

	10	S.
	STATE OF GEORGIA, Chart Co. Georgia.	
	I, Jacob Markey , Ordinary of said (County, do certify
	that I personally know boul Quelevant, the application of the specific personal transfer of the specific per	
	1/1/ (200)	, and was on
	the Condiguest Pension Boll of said Cherufcu Coun	ty, and was paid
	a Pension from la herdree County for 1923	
	of his death on the / day of December 192 3,	
	him and unpaid his Pension of Oue Handled Dollar	from the State
	of Georgia, and I know	
	witness, and he is of a truthful and trustworthy character and entitled to full	eredit.
	Given under my hand and seel this 18	
	(Seal of Ordinary)	
	Land Massey	, Ordinary
	Cherolace	, County
	<i>37</i>	
rig		
0		1 4848
1	2	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
		1 1 1 1
3	1924 1924 Cation for Pension of UNDER ACT 1891) Daid to his Wistow of 1 By Children) By Children And Ale,	nata in
Į,	Application for Pen Deceased Sold (UNDER ACT 1891) (To be paid to his Widow of Children) BY Rion of Antinga, Mel. b. Net of Marriage, Mel. b. Net of Dath Sel. 17 Approved and ordered 1	De de la del
herokee	192. 192. Deceased S Deceased S Deceased S Chidren) BY BY Approved and orde Approved and orde Approved and orde	pay he P
e R	ation of the state	F Y O P
5	Level Company of Approved Approved	in in it
	2 2	Dia a a a
Jan J		01111
Salas	A STATE OF THE PARTY OF THE PAR	
	GEORGIA, Schervice County	
•	21-1	
	I hereby authorize and constitute W. H. Guelerson, of	
į	lawful attorney to collect, and receipt for me in my name, for the Pension due	
	through my deceased husband, who was	on the
w 1	Pension Roll and paid from Cheroku Co	inty for 19.2.3

witness my hand this.

Assested before me:

Application for Pension Due Deceased Soldier (To Be Pald to His Widow or Dependent Children)

(UNDER ACT APPROVED OCTOBER 9, 1891

ATE OF GEORGIA, Cheseles County.	
Personally before me, the Ordinary of said County, comes Mry Land anderson	<u>r</u>
signCounty, who after being duly sworn, on oath says that she is the widow of	
J. M. anderson	
that said Pensioner was on the Pension Roll of Lensonses Cour	ntv
was paid a Pension of Que Hundred (\$100) Dolle	ara
Sherefue County for 19.2. 3 and that the said Pension	ner
in County	on
day of Sec, 1927 and at the time of his death a Pension of \$100	~
due him from Sherbliu County and unpaid for 1999 dean further swears that she married the said Ar M. Anderson	24.
can further swears that she married the said & M. anderson	on
6 day of March 1823, in Looth County a	ınd
of Lear gw., and resided with him from the date of marriage to his death as l	his
l wife, and is now his dependent widow, and she asks that the Pension so due and unpaid	be
to her.	
Sworn to and subscribed before me this day of , 19	24
Land (Manna and)	
	18
	٠.,
(Seal of Ordinary)	·.,
(Seal of Ordinary)	_
pherette , county)	_
(Seal of Ordinary) AFFIDAVIT OF WITNESS	=
(Seal of Ordinary) AFFIDAVIT OF WITNESS E OE GEORGIA, County.	_
(Seal of Ordinary) AFFIDAVIT OF WITNESS E OF GRORGIA, County. ersonally before me comes. w	ho
(Seal of Ordinary) AFFIDAVIT OF WITNESS E OE GEORGIA. County. ersonally before me comes. which says that he knew while in li	ho
(Seal of Ordinary) AFFIDAVIT OF WITNESS E OE GRORGIA, County. ersonally before me comes. which says that he knew while in little knows Mrs. t	rho ife
(Seal of Ordinary) AFFIDAVIT OF WITNESS E OE GEORGIA, County. ersonally before me comes. which says that he knew while in litate knows Mrs. tapplicants and knows that the said.	rho ife
(Seal of Ordinary) AFFIDAVIT OF WITNESS E OF GEORGIA, County. Personally before me comes. which says that he knew while in limit hat he knows message with the knew while in limit hat he knows message with the knows that the said. Were in due form of law married in the County.	rho ife the
(Seal of Ordinary) AFFIDAVIT OF WITNESS E OF GEORGIA, County. Personally before me comes. which says that he knew while in limit he know were in due form of law married in the Counting the know while in limit he know while in limit has a policiarly and know while in limit he know while in limit	ho ife the ty
(Seal of Ordinary) AFFIDAVIT OF WITNESS E OF GEORGIA. County. County. Personally before me comes. th says that he knew. while in limit hat he knows that the said. were in due form of law married in the Countin the State of	ho ife the ty
(Seal of Ordinary) AFFIDAVIT OF WITNESS E OF GEORGIA, County. Personally before me comes. which says that he knew while in limit he know were in due form of law married in the Countin the State of day of his war is and that they were residue.	rho ife the
(Seal of Ordinary) AFFIDAVIT OF WITNESS E OF GEORGIA, County. ersonally before me comes. which says that he knew while in limit he know were in due form of law married in the Country of the know were in due form of law married in the Country of the know were in due form of law married in the Country of the know were in due form of law married in the Country of the know were in due form of law married in the Country of the know were in due form of law married in the Country of the know while it is the know while in limit has a shad and wife at the time of his death on the while were residued.	rho ife the
(Seal of Ordinary) AFFIDAVIT OF WITNESS E OF GEORGIA. County. Personally before me comes. th says that he knew. while in limit hat he knows while in limit hat he knows while in limit hat he knows where in due form of law married in the County in the State of day of day of tash under a husband and wife at the time of his death on the day 19 and that she is his dependent widow.	the che on of
(Seal of Ordinary) AFFIDAVIT OF WITNESS TO GENORGIA, County. Personally before me comes. which says that he knew while in limit hat he know while in limit hat he know were in due form of law married in the County. Were in due form of law married in the County in the State of law of law married in the County were as husband and wife at the time of his death on the day law of law married in the County were as husband and wife at the time of his death on the day law of law married in the County were as husband and wife at the time of his death on the law married in the County were as husband and wife at the time of his death on the law married in the County were as husband and wife at the time of his death on the law married in the County were as husband and wife at the time of his death on the law married in the County were as husband and wife at the time of his death on the law married in the County law married	the che on of
(Seal of Ordinary)	the che on of

NERROUTIONS:

The form is for wideou of facrice and placed in the property of the street operation of the property of the street operation of the property of the street operation there are no street or the property of the

(Seal of Ordinary)



This Certifies that

Jane. Adcock.

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

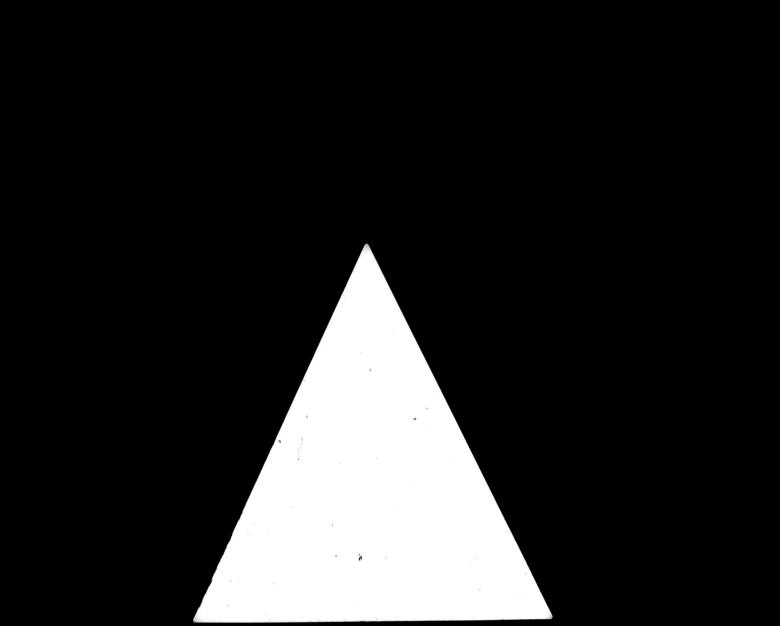
By John. Anderson M G.

On the 6th day of March in the year of our Lord 1898 1873

as appears of record in my office in Marriage Record, book B

page 115 . This 31st day of January

tr grs aller



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

If an applicant and physician, and followed by a plain statement of facts showing the carefully set forth by applicant and physician, and followed by a plain statement of facts showing the carefully set forth by applicant and physician, and followed by a plain statement of facts showing the carefully set of the disease should be given, tracing the disability by positive pools to the service.

The law makes no allowance for a crippled danal, nor for a crippled foot, nor for an arm or leg, the state arm or leg has been rendered substantially useless for ordnary pursuits of life, ekc."

There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

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

5. It is more difficult to say when an arm is "substantially useless." The words are strong ones, however, and the injury must be very severe, and the arm in a badly clamaged condition to entitle one to the allowance mentioned in the Act. The Legislature intended to limit these payments to such as were must seriously is such as or require the conduct of the amendments are substantially and cesen that we have been always the present law does not reach many worthy, needy cases. It was inaugurated as an experiment: if abused, it will naturally become unpopular and be repeated. If properly administered, will do great good.

6. If payers are returned for correction, and amendments are added to any of the affidavits, the amendments must be m

have been duly swom to the condition of applicants better than the Governor or his Secretaries, and they are camestly requested to discourage any man from making application there have. Hundreds of applications have been received and disabled so as to entitle them under the law. This entails much unnecessary work upon this office: it causes delays if making payments to those who are entitled; it puts parties to expense and routed in the end causes bitter disappointment and mortification.

S. Every application must be certified by the Ordinary of the country of the residence of the applicants. The certificate of any other will not be prevened in any case.

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

Application for Allowance Loss of Jeeiger applicant John F. Hadren County Cheroke Amount ...

Andrew, John

Cherokee Co

Date of Warrant Day 23/ Entered on Record.

May 28 1889

MALL Roberts Brewiths Department.

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully

set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully assaulty. It applicant claims dissolutely from stated continued to the disease should be given, tracing the disability by positive proofs to the service.

2. The law makes no allowance for a crippled hand, nor for a crippled foot, nor for an arm or

leg, unless the arm or leg has been rendered substantially and essentially useless.

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

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

5. It is more difficult to say when an arm is "substantially and essentially useless." The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condiare strong ones, no to the allowance mentioned in the New Year. The Lugislature intended to limit the components to such as well as the such as the su inaugurated as an experiment ; if abused, it will naturally become unpopular and be repealed. If properly administered, will do great good.

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments

The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discourage any man from making application unless he is entitled under the law. Hundreds of applications have been received and disallowed because they were not disabled so as to entitle them under the law. This entails much unnecessary work upon this office; it causes delays in making payments to those who are entitled; it puts parties to expense and trouble, and in the end causes bitter disappointment and mortification.

8. Every application must be certified by the Ordinary of the county of the residence of the appli-The certificate of any other will not be received in any case.

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

Application for Application for Application for Formand County Che. Amount Che. Amount Ship. Finered on Record Fine & France of Warrand Che. Finered on Record Che.	John J.	Allowance	Jeegs Freeze	may seef	4. 1889	1
2 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2	8 4 41	1	XXX	* E	" >	AUR

STATE OF GEO	
Dawson	County.
	John 2 1

Personally appears John F. State of Georgia, who, being duly sworn,	1 1	10 che	oller
State of Georgia who had a duly and	Manur	of Pullotto	county,
State of Georgia, who, being duty sworn,	says on oath that he	e is a bona fide citizen ar	d resident of said
State, and has been such since the	day of	√	1857 ; that he
enlisted in the military service of the Con-	federate States (or o	of the State of	
during the war between the States, and se	erved as a	ivate in Co	ompany J, of
38 th Regiment of Grange	Volunteers	Vacoleus	's Brigade; that
whilst engaged in such military service, at	the battle of Acre	undays figh	/- in
whilst engaged in such military service, at the State of Verginia wounded as follows:	, on the 27 day	y of June	186 4, he was
was Shot in his right; disabling all the Junge Pulm of his hand solumble to chep or work	hand take	ing of his let	te finger
desabling all the finge	ry by draw	vino There de	18 Th
Palm of his hand Sol	hat there	ound reno	les him
unable to chap or work	and re	uders him	manlele
to do any thing run	dering lus	in Sulstan	les unabl
to do any thing ren	dering it p	emantly 9 dutes	tany wells

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes application for the allowance to which he is entitled thereunder.

Sworn to and subscribed before me, this the

of wound or character of disease which causes the disability, and explain particularly the extent

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA.

County.

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

citizen of this State, and resides in

county.

Sworn to and subscribed before me, this

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

	Danson County.	
	PERSONALLY Came John Le Richardson. D. J. Bust	
	and Baalam Harben	
	citizens of Jauvarn county in said State, who, being duly sworn, say that they are acquainted with John F. Andsews	
	and know that he received the wounds (or contracted the	
	disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or	
	disease) permanently disables applicant, as stated by him? that said applicant is a bona fide citizen of this	
	State, and resides in Olies office county, and we are well satisfied that all the state-	
	ments in his affidavit are true. Sworn to and subscribed before me, this with like arrown	
	19 day of February 18891 D. J. Burt	
	Ordinary Danson Do Balaan Hacken	
	Nore.—Above affidavit must be made by three citizens of the county of applicant's residence.	
	, por	
	STATE OF GEORGIA, Anisotropic County.	
	Personally comes before me Jan Lyn JP Ordinary of said county	
L	M. H. Druwking and , both known to	
	me as reputable physicians of said county, who, being severally sworn, say on oath that they have	
	carefully examined of Logic Andrews and after such examination say that the	
	applicant has been injured as follows: He has last the little finger	
	The right, hand Disabled by bring drawn	
-	Said injury Malerially disables dais officent	
	from performing Manuel abos.	1
	A. A. F. Banking M.D.	
	Sworm to and subscribed before me, this	
	19th day of Murch 1867	
	J.C.M. Lyon J.P.	

Sin	•
TATE OF GEORGIA,	
County.	
I, Ochan M. Prolinain . Ordinary of se	id county,
certify that I am well acquainted with John P. Andrews	the
plicant in the foregoing affidavit, and am well satisfied that the statements made by him	n his said
idavit are true, and I know he is the individual he represents himself to be, and that he	resides in
is county. I also certify that the foregoing witnesses are persons of respectability, and	that their
atements are worthy of full credit and belief.	
I further certify that & & Co hospand before whom the	foregoing
idavits were made and power of attorney was signed, is a Junford of the peace	
said county, and that the said affidavits and signatures thereto are genuine.	
Given under my official signature and seal, this 26 day of Manch	1887
Liew W. Chimano	2 2
Ordinary Whentheel	County.
POWER OF ATTORNEY.	,-:·;
TATE OF GEORGIA, Character County.	
Know all men by these presents, That I Ad not Amuseuse of Churches	

AM Roberts county, in said State, do hereby appoint of 2 tale of Jeorgin Whooker Co my true and lawful attorney in fact, for

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

In witness whereof I have hereunto set my hand and seal, this Virtual of Dorth day of The role.

(ohn his & Andrewo [L.S.]

Executed in the presence of us:

ON Putnam ordinary

STATE	OF GEOR	RGIA,
loh.	ivolui	County.

t, Octains of Sainanne.

Ordinary of said county, do certify that I am well acquainted with Colon P. Sanctinens.

the applicant in the foregoing affidavit, and aim 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

whom the foregoing affidavits were made and power of attorney was signed, is a

bf said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 15 day of Worch 1890.

Oction M. Pretname

ry Lohenotcee

County.

STATE OF GEORGIA, Ordinary of said County, do certify that I am well acquainted with F. Hudseus 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 regides in this County. I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said County, and the said affidavits and Given under my official signature and seal, this 2 day of Mroh 1891. Ordinary Chirpsel County. polication

Solivoteed PERSONALLY appears John & Ancerewo of 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 present 1888; that he enlisted in the military service of the Con-) during the war between the federate States (or of the State of States, and served as a Private in Company / of 58 th Regiment Volunteers Lawtons. 's Brigade; that whilst engaged of Inhantry in such military service at the battle of Auro Formit in the State 1862, he was wounded as follows: Been Short privileing the fourth or hattle Finnger of the night hime, the binger amprilated at the Konolell arient

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of 1224.

Sworn to and subscribed before me this the

15' day of moroh 1890 from Thance

U.S. State fully nature of wound or character of disease which causes the disability, and ceptum particularly the extent to disability.

POWER OF ATTORNEY. STATE OF GEORGIA,

Know all Men by these Presents, That I. Shoulf Amougant

county, in said State, do hereby appoint Alfred (M Rolusto

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

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

Eleventh day of Vine

John Francesewo [1.

Executed in the presence of us:

DIRECTION

Send money to me as follows, by

P. O

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokel County.
PERSONALLY Appears Jet aucheus of Churofel
County, State of Georgia, who, being duly sworn, says on oath that he is a hona fide citizen and
resident of said State, and has resided therein continuously ever since the
day of 1840; that he enlisted in the military service of the Con-
during the war between the
States, and served as a fourth in Company M., of & th Regiment of Nolunteers Successful States, and served as a fourth in Company M., of & th Regiment of Sax Nolunteers Successful States, and served as a fourth in Company M., of & the Regiment of Sax Nolunteers Successful States and Sax Nolunteers Successful States Succes
in such military service at the battle of thour days with Rich the State
of Vac on the 27 day of June 1862, helyon
wounded as follows: Little frieger or night have
all the
was a second of the second of
The second secon
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
fruis dollars, for 889 2 1890
Sworn to and subscribed before me, this, the
2 day of March 1891.) mork
J.S. Surfree A. P. H. Der which causes the disability, and explain perturbarh the extent of the disability, resulting from the wound or disease.
POWER OF ATTORNEY
STATE OF GEORGIA,)
Cherofeel County.
Know all Men by these Presents, That I. J.T. andreway
of Cherokel County, State of Georgia, do hereby appoint
. All Mora
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
2 day of March 1804 Surdunia [1.8]
Executed in the presence of us:
DEANNIE ED. DO
Coll Colleges Conduction of Both Horson.
Send money to me as follows, by
P. O.
County, Georgia.

.Ordinary of said county, do certify that I am well acquainted with ... applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he repesents himself to be, and that he resides in this county. Given under my official signature and seal, this, Ordinary SOLDIERS

POWER OF ATTORNEY.

of me and in my name, from the State of Ge	f Manual Acceptance of the control o	County, Sta	y true and lawful nount of money I as aforesaid in the	attorney in fac may be entitle military servi
IN WITNES	S WHEREOF, I	have hereunto	set my han	
11/21/	day of Marc	d ; 1893.	179 1 120	
	· · · · Wareham	- June June Will	nu Fx deval	reports [
Executed in the	presence of us:] (marle	
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For Applicants Heretofore Allowed Pensions, serving of Greenghan.

	For Applicants Heretotore Allowed Pensions.
	STATE OF GEORGIA,
	County.
	Personally appears find the tricks we
	of County, State of Georgia, who, being duly sworn, says
	on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
	since the day of inval 1840; that he enlisted
	in the military service of the Confederate States (or of the State of
	during the war between the States, and served as a Character in Company A.,
	of the Pariment of the States, and served as a William In Company. L.,
	of 5% th Regiment of Navana Volunteers Lawley 's
	Brigade ; that whilst engaged in such military service at the battle of Sertend clope higheling
	in the State of West on the Operating Sounds day of
	1862, he was wounded as follows: Lag au land black.
	and the will have be every a swood or Enthrong of the little
	Species 1865, he was wounded as follows: by ou Man & bat.
	And the second s
	Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and
	the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of
	Dollars for 86. 12 181
5	Swarp to and subscribed before we this the Y
	Ordinary,
	NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
	POWER OF ATTORNEY.
	STATE OF GEORGIA,
	County.
	Know all Men by these Presents, That I,
	of Warter
	County, in said State, do hereby appoint
	of my true and lawful attorney in fact, for
	me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
	IN WITNESS WHEREOF, I have hereunto set my hand and seal this
	day of
	Executed in the presence of us:
	Sta Price
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	DIRECTION.
	Send money to me as follows, by
	P. O. 4

PERSONALLY ap	pears for	m # And	Circus o	bho	content	
County, State of Ge resident of said Stat	eorgia, who, being e, and has reside	g duly sworn, se d therein contin	ys on oath th	nat he is a &	ma fide citizer	
day of Alex	ile !	8.40 ; that he	enlisted in th	e military e	ervice of the	C
rederate States (or d	of the State of			Audio sk	The second second	CONT.
States, and served a	sa Toner	alli	in Come	anu 12'-1		
01	Voluntee	TB. HOULDON	4 '4 1	broade , the	subline and	1606
such military service	at the battle of	LADLAN	Dun			在整度小化区
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wounded as follows:	Gustal	mi Reght	- Wand	house	20 //a	Was
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Deponent designation designates the acts amendatory the year ending Oct						1
Sworn to and s	bscribed before i	me, this, the	John F	1000 1890	181111192	1
Nora—State fully natu disability, resulting from the	re of wound or charact	er of disease which ca	uses the disability,	and enplain par	Moularly the extent	of the
	44	County Louis	(a			
STATE OF	LORGIA,	1 .0			1,	C
DEREASE	Sere County	?)		1		
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					y or said Col	
do certify that I am						the
applicant in the foreg	oing affidavit, ar	d am well satisf	ied that the s	tatements n	ade by him in	his.
said affidavit are true	, and that he is a	lisabled, to the e	vient he clain	us, and I ke	ow he is the	e in-
dividual he represent	himself to be, a	nd that he reald	enderthin Co.	9		
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signatures sheseto er	expensioe.	tabe	cr amount	the the	military service	0.01
Given under my	official signature	and seal, this	18 th day	of Man	torney in fact,	893.
O1	Mon, 6,60	Count	y, State of	remains qu	-hereby app	oue
Know all Men	by these Pre	Ordinary That I	Chos	was a comment	ti war	inty.
STATE OF G	EORGIA.					
	BOME	SOFAL	TORN	ÉĄ.		1

POWER OF ATTORNEY.

STATE O	F GEORGIA)		,
Chonos	4)	UNTY.		
Know all Me	n by these Presents,	That I. John	A. Amdrows	
		point 27, AV	bhoookow	
County, State of	Georgia, do hereby app	mint 27, 24,	Nagnison	
	Ilanta ba	According to according	my true and lawful	
State of Georgia States (or of this	by reason of an injury State), as stated in	received as aforesaid the foregoing affide	ant of money I may be in the military service avit; hereby authorizi	of the Confederate ng my said Attor-
which may be con	ning to me for the res	on aforemid	by the Governor, or found and seal, this.	
day of	rach	1894.	W F + Amolas	
Execute	d in the presence of u	gon	muak.	[L, S,]
	mv. oadano		////-	
2. 6,60	rrvi, Odduno	2/		
		DIRECTION	S. Chook	
Send money	to me as follows, Jy	. 16	bom way . b	amter no
1080	ookse	County, Georgia.	warm wing . w	emil 10.
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POWER OF ATTORNEY.

	STA	TE OF	GEORGIA,	43	9			*	
]		MEN BY THESE	PRESENTS,	That I,	H. Din	Anows		-
	Count of		Georgia, do hereby a	appoint.	of Let	Wang RI		enou iu Gu	
	States in my be con	d in my na of Georgia (or of this name for a ning to me	me, to receive and re by reason of an injury State) as stated in the ny Warrrant that may for the reason aforesa	y received as a e foregoing affi- y be issued by id,	ver amount of foresaid in the lavit; hereby of the Governor	f money I m ne military s nuthorizing n r, or for any	ny be entit ervice of t ny said Att sum of me	led to from	n the derate
			SS WHEREOF, J	have hereunto					
	day of	Execute	ed in presence of us	1895.	13	phis Din	Arous	· [ı s.]
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34	, s	1,10	to me as follows, by_		0	, burn	a ord		
			Chorekou	County, Ge	orgia.				P. O.
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5	For Those Already Enrolled	1		3 -	nge !	NON,	tive D	٤. ا	Atlants
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STAJE OF GEORGIA,	
Charokoe county.	
PERSONALLY appears from Fr. Smda.	os so bhorokod
County, State of Georgia, who, being duly sworn	n, says on oath that he is a bona fide citizen
and resident of said State, and has resided there	in continuously ever since the
day of 1840 ; that he en	alisted in the military service of the Con-
federate States for of the State of	
States, and served as a Private	1 0 00
of Goorgoo Volunteers Lawton	o 's Brigade; that whilst engaged in
such military service at the battle of Read	mond Va in the State
of Va, on the 35	day of June 1862 he was
such military service at the battle of Rich of 2/a, on the 3, wounded as follows:	Rog All Word canning

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

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

A. b. borry, Ordanag

Note. Nate 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, bhoadhow county.

I. J. b. learn Ordinary of said County.

do certify that I am well acquainted with firm Fr. Indianal 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 Manch

1894.

Affix your seal here.

At tomore County.

For Applicants Heretofore Allowed Pensions.

Tot hppirounts mototoro mitoriou Tousions.
STATE OF GEORGIA,
Personally appears of Johnson of Schemakes
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 1840; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the
States, and served as a Possale in Company (T, of of the Regiment of Lange's Volunteers, Loudons 's Brigade; that whilst engaged in
s Brigade; that whilst engaged in
of 280 on the 27 day of Luma 2 1862 he was
such military service at the battle of 2011 bays in the State of 200 in the State of 2
one finger
Fig. 1 and a second of the sec
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension
of File dollars, for the year 1894
Sworn to and subscribed before me, this, the
day of March 1895. The And November 1895. North
Norn-State fully the nature of wound or character of disease which causes the disability, and cretain nurtherlands the extent
of the disability, resulting from the wound or disease.
STATE OF GEORGIA.
County.
I, J. L. Comm Ordinary of said County,
do certify that I am well acquainted with J. Indrages 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 Manch 1895.
Affix
(real here
Ordinary & Chonekow County.

POWER OF ATTORNEY.

STATE OF GEORGIA,	untv.		
1. foton to a	lands o we her	eby authorize	6,60mm
to receive and receipt for	the pension paid	hereon and request	that he remit same to
	major j	by	***************************************
at			
IN WITNESS WHE			d seal, this /
day of July	1896.	· 1.1 - Au	10
	March de l'action de la	down the	Andraes [L. S.]
Executed in prese			

	STATE OF GEORGIA. Chareful County. I. felm F. Amsternes hereby authorize Is "Allerige of Marthe four of Marthe four to receive and receipt for the pension paid hereon and request that he remit A. C. burn, willing by check at bandon four Island in WITNESS WHEREOF, I have hereunto set my hand and seal, this of day of Field 1897. Executed in presence of A. C. burne, or of	same to
Checokee Bunky	SOLDIER'S PENSION. INVALID SOLDIER'S PENSION. ISSP7. Name [chm.#. U.i.d. cond. cond. chm.#. U.i.d. cond. cond. chm.#. U.i.d. cond. cond.	Dr. R. MANNER, ST. COTA.

POWER OF ATTORNEY.

(For Those Already Enrolled.) No. 1952

SOLDIER'S PENSION. 1896.

Name of thon J. Dondo

RICHARD JOHNSON, Secretary Executive Depa

WARRANT HANDED TO

5000

STATE OF GEORGIA, Le herochee County.
personally appears forin F. Andrews of Charoline
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 1840; 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 Porton of the Company M. of St. Regiment
of Loggan Volunteers, Saw Tons 's Brigade; that whilst engaged
in such military service in the State of 2a , on the 22 day
of farme 1862, he was wounded, injured or diseased as follows:
lownshot in Raitt hand causing Laws
of and Finger
Led - state a substitution of the state of t
Extra contract and a second contract and a s
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1896. I have heretofore as a resident of
Chorachoe county been allowed a pension of Tinge
The state of the s
Sworn to and subscribed before me, this, the day of Leby 1896.
(8) day of Tre by 1898. Athen Manus
day of Freby 1896. S mork
S. b. born roding
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, \
Chonohoo County.
I, Ordinary of said County,
do certify that I am well acquainted with fohn, Fr. An Mapes 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
Ame
Jones D. C. Borro
Ordinary Chorokow County.
Ordinary Chorokee County.

For Applicants Heretofore Allowed Pensions.

_ County.
Personally appears felin, Fe Andrews of chereker
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 of18 40; 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 Preside in Company L., of F th Regiment
of La Volunteers, Santone 's Brigade; that whilst engaged
in such military service in the State of 26 , on the 212 day
of function 186 C, he was wounded, injured or diseased of follows:
buss stat in Right Warel carring Leas of one
of June 1862, he was wounded, injured or diseased of follows: Sussel in Rogalt Warred carreing deas of one farger
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Calculus — county been allowed an invalid pension of Figure — Dollars, for the year 1896. Sworn to and subscribed before me, this, the day of High Cost of the World of the Market of the disability, respecting form the wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or character of disease.
STATE OF GEORGIA,
Charoline County.
I, A, b. lever C Ordinary of said County,
do certify that I am well acquainted with falon, Franklices 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 Fee 1897.
Affix pour A le learne
Ordinary checkes County.
Cidinal y

			PO	WEF	OF A	OTTA	RNE	Y.		
	STAT	E OF	GEORGIA,)					•
	ch	ino		ounty.						
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31	For Those Aready Enrolled	No. 3309	INVAD	M	43	3	1	RICHARD JOHNSON Commissioner of	WARRANT HANDED TO	B
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v				yohn	X	And.	rasus[L. s.]
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For	_ _	!	T E	Disability Amount,		×		i 6
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Jan Range

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Chino	(County.)
Dersonal	In appears Ino Fandrews of Cherokee
	of Georgia, who being duly sworn, says on oath that he is a lona fide citize
	f said State, and has resided therein-continuously ever since the
day of	18 40; that he enlisted in the military service of the Con
	(or of the State of) during the war between the
	rved as a Private in Company 72, of 38th Regimen
of Ta	Volunteers, Rowlons 's Brigade; that whilst engaged
	y service in the State of Virginia, on the 27 day
of Jun	in the man mountain, injured of discused as follows.
By In	in shot, cousing lass of little for
on Re	ght hamid.
	restrict and the second section and the second section of the second section of the second section section sections and the second section sec
	The state of the company of the state of the
nd the acts an	desires to participate in the benefits of the Act, approved October 24th, 1887, tendatory thereof, and makes application for the pension to which he is
nd the acts an ntitled for the esident of	year ending October 20th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189.
nd the acts and intitled for the esident of Sworn to a	endatory thereof, and makes application for the pension to which he is year ending October 26th, 1898. I have heretofore under said law as a Churchus
nd the acts an ntitled for the esident of	year ending October 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897.
Sworn to a	rendatory thereof, and makes application for the pension to which he is year ending October 20th, 1808. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189 The and subscribed before me, this, the Sono Fall Services of the county of Talk 1808. POST-OFFICE County of Services of the Service
Sworn to a Nore—Nate full Nore—Nate full Nore—Nate full Nore—Nate full Nore—Nate full Nore—Nate full	rendatory thereof, and makes application for the pension to which he is year ending October 20th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189 This and subscribed before me, this, the how the form of the year 189 This work of the action of the pension of
sworn to a summer of the state	rendatory thereof, and makes application for the pension to which he is year ending October 20th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189 The and subscribed before me, this, the store of the year 189 The said subscribed before me, this, the store of the said or dearened of the said or dearened of the said
Sworn to a Norz-Nate full Me disability, result TATE OF	rendatory thereof, and makes application for the pension to which he is year ending October 20th, 1808. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189 This and subscribed before me, this, the how the form the year 180 This are the subscribed before me, this, the how the form the year 180 This are the subscribed before me, this, the how the form the subscribed before me, this, the how the subscribed before me, the
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Sworn to a	rendatory thereof, and makes application for the pension to which he is year ending October 20th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 189 The and subscribed before me, this, the properties of the sature of the same and of the same

For Applicants Heretofore Allowed Pensions.

TATE OF GEORGIA,
charekoe County.
personally appears Nohn Te. An. Notice of Characters of Characters, 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 ay of 1842; that he enlisted in the military service of the Consederate States (or of the State of) during the war between the tates, and served as a Provale in Company Noolds the Regiment Nounters, Santon 's Brigade; that whilst engaged a such military service in the State of 1862, he was wounded, injured or diseased as follows: Summer State on Rocket Round which accessed Mee
Deponent makes application for the pension to which he is entitled for the year end- ng October 20th, 1899. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1890. Sworn to and subscribed before me, this, the day of facers 1899. POST-ORFICE
A les Coor or a Cooling Nora-Natic fully the nature of wound or character of diseases which causes the disability, and explain particularly the tent of the dishability resulting from the wound or disease.
TATE OF GEORGIA, Cho. who o County.
I, Ordinary of said County, o certify that I am well acquainted with foreign affidavit, and am well satisfied that the statements made by him this said affidavit are true, and I know he is the individual he represents himself to be nd that he resides in this County.
Given under my official signature and seal, this or
day of Ganry 1899. Ana 1899. All County. Ordinary Charokie County.

POWER OF ATTORNEY.

STATE OF GEORGIA,	
-	hereby authorize M. A. Marge Ett
	of Attantic ba
	aid hereon and request that he remit same to
A 6 Comi ordy	by 84004
)	hereunto set my hand and seal, this 23
day of Jan 1900.	
	folin F + desidrasus [L. S.]
Executed in presence of	nich
A. b. borniera	,

SOLDIER'S PENSION

INVALID

(For These Aiready Enrolle

No. 2070

ne folia F. Handroom

Cheretice

1900.

Varrant issued Popul 13 1900.

JOHN W. LINDSEY,

WARRANT HANDED TO

m date

	POWE	R OF A	TTOE	RNEY.		,
STATE OF GE		J. mil	y 1: -	1		1
	Coun_		. 10			
I John.	F. Andres	h h	ereby auth	orize		
1.6.60	ma bas	ling of	Cher	whoe 6	and	_
	or receive and receipt for the pension paid hereon and request that he remit same to					
	e					
at lognition					-1	
IN WITNES	s whereof,	I have here	unto set m	u band and a	aal 41:- 2	. "
day of fany			unto set in	y nand and s	ear tuis_2	
00			100-	Friday	1	
		0	, viri	mil	a repus	.[L. S.]
Executed	in presence of					
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S. b. bon	n, ora	y				
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Enrolled.)	WSTON.	Com	wasen	'2 1901.	mer of Pensions.	, Atlanta

JOHN W. LINDS

WARRANT HANDED

Conservatifilm F.

Churcher G.

Core section is.

(For Those Already Envilled.)

No. 2436

No. 2436

DISABLED

SOLDIER'S PENSION.

1901.

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or Amplicants Heretofore Allowed Pensions

- 2	County.	
A Company of the Comp		. 0 0
	care folier & And resus of	
A STATE OF THE PARTY OF THE PAR	gia, who being duly sworn, says on oa	
	ate and County, and has resided ther	
day of		listed in the military service of
the Confederate States	(or of the State of	during the war be-
tween the States, and	served as a Private	in Company of of th
	Volunteers, Leveler	
	ary service in the State of 22 a	
day of freece	. 1862, he was wounded, injur	ed or diseased as follows:
Sunah	at in Right Hand ca	usury Sans of
me pergen		,
V 2 2		The state of the s
e de la companya de l	A STATE OF THE STA	
		Commence of the commence of th
- J. I. L.	Dollars, for the year	ar 189 9
Sworn to and sub-	scribed before me, this, the following 1900.	11 1899 City Standards
Sworn to and sub	scribed before me, this, the fold	FICE TEXTORIES
Sworn to and sub-	scribed before me, this, the fold	FICE TEXTORIES
Sworn to and sub-	scribed before me, this, the foldown in 1900. POST OF	FICE TEXTORIES
Sworn to and sub-	scribed before me, this, the following the first term of wound of character of disease which causes from the wound or disease.	FICE TEXTORIES
Sworn to and sub-	scribed before me, this, the foot 1900. POST OF 1900. POST OF 1900 of character of disease which causes from the wound of disease.	FICE TEXTORIES
Sworn to and sub- day of day o	scribed before me, this, the 1900. POST OF 1	The Association of the disability, and ceptain perticularly the
Sworn to and sub- day of day o	scribed before me, this, the 1900. POST OF 1	The Association of the disability, and explain particularly the
Sworn to and sub- A Louiss A Louis	neuron of character of disease which causes from the would or disease. RGIA, County.	FICE the disability, and explain particularly the
Sworn to and sub- A day of the leaves Nora.—State fully the material of the disphility resulting STATE OF GEO Che. Who. I, H. d. lo certify that I am w	Seribed before me, this, the good 1900. POST OF 1900. POST	the disability, and explain particularly the Ordinary of said County,
Sworn to and sub- day of Nort.—State fully the material of the disability resulting STATE OF GEO Che. Who I, H. L. M. L.	scribed before me, this, the 1900. POST OF 1	the disability, and explain particularly the
day of da	RGIA, County. Count	the disability, and explain particularly the Ordinary of said County, the at the statements made by him
Sworn to and sub- day of	RGIA, County.	the disability, and explain particularly the Ordinary of said County, the at the statements made by him all he represents himself to be
Sworn to and sub- day of	Accounty. County. C	the disability, and explain particularly the Ordinary of said County, the at the statements made by him all he represents himself to be
Sworn to and sub- day of	RGIA, County. Count	ordinary of said County, the disability, and explain particularly the Ordinary of said County, the at the statements made by him al he represents himself to be and seal, this 25
Sworn to and sub- day of	RGIA, County. Count	the disability, and explain perticularly the Ordinary of said County, the at the statements made by him al he represents himself to be and seal, this 25
Sworn to and sub- day of	RGIA, County. Count	the disability, and explain particularly the Ordinary of said County, the at the statements made by him al he represents himself to be and seal, this 23
Sworn to and sub- day of Mora. State fully the milited for the dispubliky resulting STATE OF GEO Che. Who. I. M. S. O certify that I am w pplicant in the foregon his said affidavit are and that he resides in	RGIA, County. Count	the disability, and explain particularly the Ordinary of said County, the at the statements made by him al he represents himself to be and seal, this 23

For Applicants Heretofore Allowed Pensions.

STATE OF GE		
	County.	~ 1. 0
Personally appe	iars John F. And	rews of Cherekae
		ys on oath that he is a bona fide citizen
		ontinuously ever since the
day of	1840; that he enli	sted in the military service of the Con-
States and served as a	e State of	in Company of set the Regiment
of la	Volunteers Low time	's Brigade; that whilst engaged
	in the Case of Ob	a sha ha " day
of Sune	1862, he was wound	ded, injured or diseased as follows:
lum	stat in Ri	At hand causine.
Hora of a	le'sson	
_ 0000 gj W	an garger	
<u> </u>	Accessed to the contract of th	
Emiliar Commission of the Comm	40.040	
Sworn to and subsci	Dollars, for the tribed before me, this the large 1901.	John Fix Hndrews
	ture of the wound or character of di ty resulting from the wound or dises	sease which causes the disability, and explain partic-
STATE OF GEOR	ty resulting from the wound or dises	sease which causes the disability, and explain partic ase.
STATE OF GEOR	ty resulting from the wound or dises	sease which causes the disability, and explain partic asc.
Chererke	RGIA,	M6.
I, A.	RGIA, County.	Ordinary of said County
I, A, a do certify that I am we	RGIA, County. Classification with Acceptance of the second	Ordinary of said County
I, A do certify that I am we applicant in the foregoing	RGIA, County. classification with the second of these second of the sec	Ordinary of said County Chan. Fr. Andrews the
I, — A. do certify that I am we applicant in the foregoin in his said affidavit are	RGIA, County. classification with true, and I know he is the	Ordinary of said County Chan. Fr. Andrews the
I, A do certify that I am we applicant in the foregoing	RGIA, County. classification with true, and I know he is the	Ordinary of said County Chan. Fr. Andrews the
do certify that I am we applicant in the foregoin in his said affidavit are and that he resides in the	RGIA, County. classification with true, and I know he is the his County.	Ordinary of said County And State of the disability, and explain particular. Ordinary of said County the disability of the disability, and explain particular,
lonewhee I, A do certify that I am we applicant in the foregoli in his said affidavit are and that he resides in the Giron China and that he resides in the control of the	RGIA, County. classification with true, and I know he is the his County. county.	Ordinary of said County Chan F. Andrews the issied that the statements made by hin individual he represents himself to be ture and seal, this 22 "
do certify that I am we applicant in the foregoin in his said affidavit are and that he resides in the Giron China and that he resides in the control of the	RGIA, County. classification with true, and I know he is the his County.	Ordinary of said County Chan F, Andrews the issisted that the statements made by him individual he represents himself to be ture and seal, this 23 "
lonewhee I, A do certify that I am we applicant in the foregoli in his said affidavit are and that he resides in the Giron China and that he resides in the control of the	RGIA, County. County	Ordinary of said County Chan, F. Andrews the isfied that the statements made by hin individual he represents himself to be ture and seal, this 22 " OI. A. B. C
lonewhee I, A do certify that I am we applicant in the foregoli in his said affidavit are and that he resides in the Giron China and that he resides in the control of the	RGIA, County. County	Ordinary of said County Chan F. Andrews the issied that the statements made by hin individual he represents himself to be ture and seal, this 29 "

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Dis affriend	A applicant want,
	for Ludymor Drum
INDIGENT PENSION,	in con der Cr - but
1902.	Mode on this apple
Name John I Curdows	Colin as his from
County Horse th	assabilition an most
Co. Reg'm't	neut of the migures
Approved	por while he is
	200
JOHN W. LINDSEY,	Cons ay Onni
The Court	
WARRANT HANDED TO	
SH of her	
Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.	
Geo. W. Harrison, State Printer, Atlanta.	

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

to receive and receipt for the pension allowed, and request that he remit same to.

Witness my hand and seal, this

Executed in presence of

1902.

_[r. s.]

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Foreyth COUNTY. & 9N Thomas
A. M. Palarina, B. M. Holland, of said State and County, having been presented
0.0 0.0
under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and
1. What is your name and where do you reside? A. M. Celgann. R. M. Hoolland
2. Are you acquainted with John F. Condrews , the applicant; If so, how
long have you known him? The have Trucker him 4 7 rd
3. Where does he reside, and now long and since when has he been a resident of this State?
4. When, where and in what company and regiment did he enlist and how do you know?
Wilnesses Cano answer from Ion grustion
5. Were you a member of the same company and regiment? Lo The 11/3
6. How long did he perform regular military duty?
7. When and where was his command surrendered?
8. Were you present when it surrendered?
9. Was applicant present?
10. If he was not present, where was he?
When did he leave his command?For what cause?
By what authority he left?How do you know all of this?
11. What property, effects or income has the applicant? (Give your means of knowledge?) MANY That The third for the form of the applicant possess in 1896, 1897, 1898, 1899, 1900 and 1901, and what disposition, if any, did he make of same? Let Some the same than the s
13. Has be conveyed away any of his property in the last four years, if so, what was it, and to whom?
14. What is the applicant's occupation and physical condition? Farming his through
Condition is back he is confined to his bud from
15. Is the applicant unable to support himself by labor of any sort, if so, why? he is known
bring Confirmed to his fed from Paralysis
The state of the s
16. How was he supported during the years 1898, 1899, 1900 and 1901? By Lie file of
17. What portion of his apport or these four years was derived from his own labor or income?
18. Give a full and complete statement of the applicant physical condition that entitles him to a pension under
Section 1254, Code? He is now Confined to his ben
with Jarafy ais an confud himself nor
all my typing
19. What interped have you in the recovery of a pension by this applicant?
y Mary my All Gilgram
At May of Mov 1902. Solding A M. Rollane Witness.
grand Ordinary. 9 2 N Shamas
for State

)	AFFIDAVIT OF PHYSICIANS.	0
STA	TE OF GEORGIA,	
	Parayth COUNTY.	7
Pe	resonally came before me I & Lefacomb	and
	both known to me as repu	table physicians
of said Co	ounty, who, being severally sworn, say on oath that they have examined carefully.	
such perso	onal examination say that his precise physical condition is as follows:	Code, and after
11	most a complet Paralysis &	
20	that he cannot move his hands nor,	1.7
neis	they can be talk so as to be under	Tard.
Re	is not physically able to do as	
Kin	I of labor his to deserving me	1
and that v	we have no interest in said pension being allowed. I & Lifecomet.	200
Sw	forn to and subscribed before me, this the	No.
as-	day of Hor 1902. Andel, Smehlan	d, In
-34	V Jours Ordinary.	
	ODDINADAMO ODDINA	
	ORDINARY'S CERTIFICATE.	
STA	ΓE OF GEORGIA,	
of	county.	
	101 01 a	(1)
that the a	pplicant John II De drews resides in said County	, hereby certify
4-	na fide resident of this State since the I find day of States	
	the witnesses, viz.:	
	tworthy character, and that their statements are entitled to full faith and credit.	
I ft	urther certify that before answering the foregoing questions the applicant and each witne	ss took the oath

hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digest of... County show that applicant returned for taxation in his name in 1899. property, and in 1900. Dollars of property. In my opinion the foregoing claim is. made in good faith.

Witness my hand and seal of office, this 25

1. Before any questions are answered, the ordinary shall swear applicant and the witnesses in the following orde: "You shall true nawwas to each of the questions asked of you, and the evidence you shall give will be 2. Additional similaries may be attached if blank spaces are insmillent.

3. In every case the ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

		TEL LORGINESI.	
STATE OF GE	ORGIA,	or of the comment of	
	ofee County.		
I, Joh	n. F. Blandore is	hereby authorize	
1.6.0	Som	of charokee com	4
to receive and rec	ceipt for the pension paid	d hereon and request that he	remit same to
	ne	by.	
at bank	en sa		
IN WITNES	S WHEREOF, I have he	ereunto set my hand and seal th	is 24 "
day of fary	1902.		
VIE TE	7.17	John Fx Undren	20 [L. S.]
Executed in t	presence of	much	

Comy before the source of the

ramo s

STATE OF CHORGIA,

Ab. borre, braz

FOR APPLICANTS HERETORORE ALLOWED PENSIONS.

Georgia Hall County fore in the Ordinary of Raid County, personally appeared John Co. Richards a resident of Raid bounty wall known to me To be a cridible witness, who whom being duly swoon, says upon outh that he is personally soll adjuanted with John F. Andrews now a resident of la heroke los. Georgia. The wine both murbers of 60. N. 38. Rig. Isa. Vols Mitures was ardly. Eigh of The co. The rows together in the Sevendays fight around Richmond ha in June 1862 Said Andrivo was wounded through right hand in that battle. Several others of our Campany souse sounds in same battle. I was detailed to take said Andrews and There other woulded men home to Dawson loo. La. Soon after getting home Iwas appointe Lay Collector of Daven co to fell a vacancy. After that I was elected to that Office. Huce was athom till was includ, I know that Raid Andrews did not desert nor was he absurt without liane. Hes wounded have was in such condition that he could not handle agun or doany server. His furlaugh rows agtinded from time to time by the board of examinous till war ended. I have no inherest in his claim to pursuon.

I certify the afficient was plainly read to soitues before he signed the some of Rudolph Yhis habriany 22th 1898-A Rudolph Orely.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

	ppears from # x	Indreses	of Chanshoo)
county, State of	Georgia, who being duly	sworn, says on oath	that he is a bona fide citizen
	aid State, and has reside		
			military service of the Con-
ederate States (o	r of the State of)	during the war between the
tates, and serve	d as a modate	in Company	during the war between the
1 ba	Volunteers, Lan	vtono 's B	rigade; that whilst engaged
n such military s	ervice in the State of	la.	on the 21 day
1 June			l or diseased as follows:
· ·	umshat in Ric	XI hand	
v , .	4 50 %	3	
	100		1
	The surprise of	to and and continues to the second	The second second second second second second
£.	Yangay 2		
	25.00		he is entitled for the year
Sworn to and	subscribed before me, this y of Jany	s the John :	lowed an invalid pension of 1901. The fall melre and consess the disability, and copies
	EORGIA.		
TATE OF G	Ree County.		
	oound,		
Cheno	111	4	and the second
Cheno	1. b. barger	0-0 No	Ordinary of said County,
I, certify that I	am well acquainted with	John H. S	Ordinary of said County,
I, o certify that I a	am well acquainted with e foregoing affidavit, and	am well satisfied to	Ordinary of said County,
I,	am well acquainted with e foregoing affidavit, and davit are true, and I kno	am well satisfied to	Ordinary of said County, and reads that the statements made by tal he represents himself to
I,	am well acquainted with ee foregoing affidavit, and davit are true, and I kno des in this County.	w he is the individu	nat the statements made by
I,	am well acquainted with e foregoing affidavit, and davit are true, and I kno des in this County. Given under my official	well satisfied to we he is the individual signature and seal,	nat the statements made by
I,	am well acquainted with ee foregoing affidavit, and davit are true, and I kno des in this County.	whe is the individuding signature and seal,	this 24"
I,	am well acquainted with e foregoing affidavit, and davis are true, and I kno davis in this County. Given under my official day of	whe is the individual signature and seal,	this 24"
I, 2 certify that I is applicant in the m in his said affi	am well acquainted with e foregoing affidavit, and davit are true, and I kno des in this County. Given under my official day of	signature and seal, 1902. J. b. b. ordinary b. h.e.	this 24"
I, o certify that I is the applicant in the im in his said affi e and that he resi	am well acquainted with e foregoing affidavit, and davit are true, and I kno des in this County. Given under my official day of	a win wen satisfied to whe is the individual signature and seal, 1902, 1902, 1904, 1905, 1	this 24"

- Hali of Brorger & John I andrews of said Forsyth County & State and County desiring to interease his pension hurby submito his prof and offer being dely down, I reside in Forsyth Cour, Gol, O. Coal MI- Pan. on the Tension roll of Cheroker Co, Ga and Thereby Submite the evidence that is me his application for a fusion di The Thranlid list as a fast of his proof for This application and ask for an increase as he is entirely peopless and hashothing to live report, and the evidence of his aughboro to establish his fover's and Leblemes and States further that he has no property oither Real or Gerooms Nor has not had Since the year 1894 up to the present -Sibberiled to before me John To Cuchows nov 7-1902 H & Jone , Aren Georgia I He I Jours Ordinary Foragth Cours for and for said County hereby certify, That John Fo Queldeurs lis now prost= rallo with Paralyais and is wholy unable to Suffort himself buil Unable to worts Que has no visible means of Suffer 1- Wilauss Juy homes and Deal of Office This Word 8- 1902 Louis Aru

Cherokie Maimed Soldiers. Maimed Soldiers. 1891. Voucher No. 2580 Mained Soldiers. Voucher No. 22911 Amount \$ 5 Voucher No. 396 Amount, & Paid to John F. Sudrens Amount & Co Paid to John Hudrews Paid to y Desceduces For Hory of For Jaex of Cone For Cusa de One of mager Cine Oliver. May 28 · March og Included in Warrant No. Included in Warrant No. Included in warrant No. issued to Treasurer. issued to Treasurer issued to Treasurer. WARRANT CLERK W. J. Campbell, State Printer, Constitution Job Office. V. Al. Roberts A.CO. Roberts.

STATE OF GEORGIA.

Allanta, Da May 23 1889

Mr John F. Judices, " (herolle

dax of audregen

having filed his application in the Executive

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

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

He is entitled to receive the sum of Leve & Dollars

for such disability, the same being the alloward due lorathe year ending October 24, 1889

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

By the Governor

Here vod Dollars. 23 ma

No. 2880 Allanta, Sa., May 28 1840

We John J. Audrewe

Cohero Koo 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 Joes of one funger

He is entitled to receive the sum of the for such disability, the same being the allowance due for the year ending October 24, 189 ϕ

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

to Executive Department for warrant.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Tive Too

of May 189 0

per above voucher, this

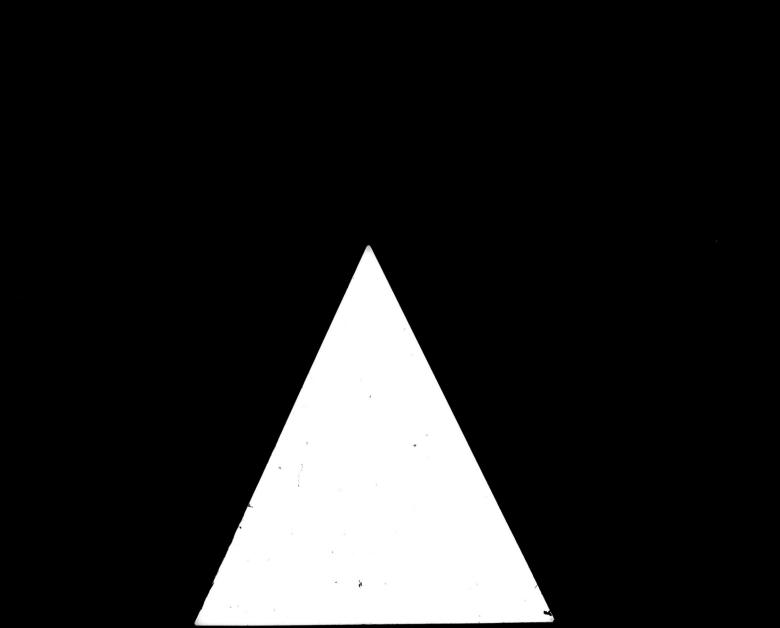
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Georgia Varion County - 11 you Danson leaning Personally Come before me DI De est to me well Known & Ordinary in and for Said After hing Sivera Says That County J. F. andrews to me well he has known J. J. andrews all his life and believes Known and after being duly Levon deposeth and Layth on Outh that he culisted in 38 " La Rost Nol. this afficiant here to attached on the man, 1862 under Capl is true I was not with me Blackburn and was wounded Undrew or in the army but and lost his right little finger Iluline futher I Saw a withe battle around Richmond letter from the Commissioner on the 24 rday of June 1862. perceiones Stating that he how was regletarly ferloughed how and that he was kamind leasted in 1864, I am Satisfied Chat his Pro by a Bound of Dochers at Decature Clearly 1 & Awent to the Federal Grania and Chat Said Board anny and feither he believes Secil him back to his horne There or way lees a mistake in deported futher sevent that the siames of the levo Brothers he had a Brother W. andrews who entitled in Both Regt. 11/862 Sevenilo and Sulvege , bed begin me 13/1 Jan 1898. and desuled Said Command Birtan Hard Df But Lee 1864 and went and Joined the Federal anny Ordinary of o Sworn to and Aubreribed Deren Court Before me 31 Jan 1898. X Cridrews Balan. Harher Orelinary Dawson Co la

Carosan Vo yo Ball Growne Se 9.6.10" 1897 This is to certify that we have Examined of A Andrews and find that his imprimity is such that he cound care a support with the Small Pinson he is getting and recommend that he alourd. an increase he is whom any hy what habes he can do, having but one good hand and tame back oninginals Sun down Swom to Vachonibele Capre me Hig 10/5, A. H. F. Hawkins M. D. Alborn and Ef M. Orior M.D. cherolit burns &

State of Googna Chanether Comity I. a.b. bum anding in yor Yard leunf. worlds that A. M. & Nawhine Y of M. Perice are Each of them, Prostioning. Physicians of the county of trusteworth charector whose Hatements are Entitled to full faith Youdate evet my Hand What Fig 10 11084 A, 6, born, ord



NOTES

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the larg garding library delays of the shift, as well as the rules adopted by the Governor touching the parties provided the following subject, as well as the rules adopted by the Governor touching the parties of the parties of the state of the state of the carried parties of the parties of the state of daly sworn to.

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

The Ordinaries of the several countries are specially requested to call the attention of the physician.

Archer, Columbura

APPLICATION FOR ALLOWANCE

No.2602

ft Um Dei's Apprecant Colember Litrober County Chero He

Amount Date of Warrant Seff

1889

SECRETARY EXECUTIVE DEPARTMENT.

applicant)

NOTES.

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

payments provided, the following suggestions are submitted.

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

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

2. The law makes no allowance for an arm or a leg, unless the arm or leg nas een rennered measurance and essentially useless.

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

4. If the application is for a wounded leg; it would seem to be a fair construction of the Act, and the Act, and the leg is not "substantially and essentially useless."

5. If a substantially and essentially useless."

5. It papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been

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

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

For Use of Applicants Who Have not Heretofore Drawn.

And the second s
STATE OF GEORGIA,
CrestAle County.
Personally appears Courseles Columb Columb County,
State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has been such since the day of
Maren 1840; 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 Product in Company of And the Regiment
of Volunteers . Volunteers 's Brigade, that whilst Angered
in such military service, at the battle of 11.0 Hogy & Charge in the State of may 1864, he was wounded as follows: In the Life Cross by a Care that
of the van day of may 1864, he was
wounded as follows: In May be Course by a Quest that
In bati passing through un Elfon jain and
in de wine we sound and which the arminene
in a land wound . The form is The
and acquired to an action to the me with the
and it blackerit line provide the ward of the
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year thereunder ending October 26, 1889.
With the state of the state of
day of Carrier 188
Olion M. Outnand, ordinary
Norn: -State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
Commissioned Officer's Affidavit.
STATE OF GEORGIA,
(*)
(III)
A The state of the
Volunteers, and that deponent knows O. L. Wreter, and that he received the
wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said b. L. Wicher
and that would (or assesse) permanently disables the said

as stated by him in said affidavit. Deponent further states that said is a bona fide citizen of this State and resides county.

STATE OF GEORGIA,	STATE OF GEORGIA, Loher often County. I. Oction W Parlmann Ordinary of said county.
Personally came	do certify that I am well acquainted with Lolumbres to Arother th
citizens of county, in said State,	applicant in the foregoing affidavit, and am well satisfied that the statements made by him
who, being duly sworn, say that they are acquainted with	in his said affidavit are true, and I know he is the individual he represents himself to be
and know that he received the wounds (or contracted the	and that he resides in this county. I also certify that the foregoing witnesses, are person
disease) in the military service, as stated by him in the foregoing affidavit; that said wounds	of respectability, and that their statements are worthy of full credit and belief.
(or disease) permanently disables applicant, as stated by him; that said applicant is a bona	I further certify that Q & B Lugon
fide citizen of this State, and resides in county, and we	before whom the foregoing affidavits were made and power of attorney was signed, is
are well satisfied that all the statements in his affidavit are true.	Garafrie of the Peace of said county, and the said affidavits and signature
Sworn to and subscribed before me, this	thereto are genuine.
day of 188	Given under my official signature and seal, this 2 day of Angarat 1889
	Ochaw M. Partman
Notx.—Above affidavit must be made by three citizens of the county of applicant's residence.	Ordinary Lohurolew County
OTATE OF OFFICE A	
STATE OF GEORGIA,	Power of Attorney.
County.	
PERSONALLY comes before me Confinery of said county,	STATE OF GEORGIA,
102 March and R. M. M. Core , both known to	County.
me as reputable physicians of said county, who, being severally sworn, say on oath that	Know all Men by these Presents, That I,
they have carefully examined Volcent bus L. VICILI and after such	of
examination say that the applicant has been injured as follows:	county, in said State, do hereby appoint
would through the ilbow of the left.	of my true and lawful attorney in fact, for
and fracturing the found, from which	me and in my name, to receive and receipt for whatever amount of money I may be entitled
ununglain har laken place, the museles	to form the State of Georgia by reason of the injury received as aforesaid in the military ser-
of the horner on freshed and	vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby
Sucher 10 Lecter your proportioning the	authorizing my said attorney to receipt in my name for any Warrant that may be issued by
relievel wocations of light mingho	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 2159
1	day of August 1889
day of Angent 1889 \ KM, MWOW MI, T,	Executed in the presence of us: Wolumbus & Archer (L.S.)
Odian M. Patram	

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

DW Particus coverincing

STATE	OF	GEO	RGIA,
Cher	oke	/	County.

1; Octions W. Pastroans Ordinary of said county, do certify that I am well acquainted with Locambase & Stroken the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

I further certify that before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and

signatures thereto are genuine.

Given under my official signature and seal, this 4" day of Pelan

Odraw W. Pirknams

County.

APPLIATION FOR ALLOWINGE.

THE TANK ALLOWINGE.

Applicant, Color of Worder,
County, Chero Lee

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STATE OF REORGIA,
Chiroly County
I. Ow Pulliture Qrdinary of said County.
grdinary of said County,
do certify that I am well acquainted with Columbus Larcher the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is
the individual he represents himself to be, and that he resides in this County.
I further certify that Jibi &4 Pri
I to the certify that give our productions
before whom the foregoing affidavits were made and power of attorney was signed, is a
Holding Rublic & by flees J. D. of said County, and the said affidavits and
signatifies thereto are genuine.
Given under my official signature and seal, this 9 day of My 1891.
Ochand W P Mound
Ordinary Strokes County.
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Application for Allowance

Application for Allow

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the A or decemble "Budgete Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, PERSONALLY Appears Columbus Larcher of Chinkey 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 1840; that he enlisted in the military service of the Confederate States (or-) during the war between the States, and served as a Company Q, of 43 th Regiment 's Brigade; that whilst engaged 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 POWER OF ATTORNEY. STATE OF GEORGIA. Cherokee County. Know all Men by these Presents, That I, Columber & Souther County, State of Georgia, do hereby appoint of Milantai. Tradition because the my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Government. nor, or for any sum of money which may be coming to me for the reason aforesaid. WITNESS WHEREOF, I have hereunto set my hand and seal, this Solumbus LArcher [L. S.] Send money to me as follows, by

County, Georgia.

P. O.

1

County, Georgia.

Given under my	official signature	and seal, this	des in this count		1892
	وردة	Ordinary	LT. LEVERCU		County.
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S	S. Mark	County	Amount	,	

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	Grings	DIRECTION		- n
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1	lasa Volument	711	Company.	hat whilst engaged

For Applicants Heretofore Allowed Pensions, STATE OF GEORGIA, Prais SALLY appears

For Applicants Heretofore Allowed Pensions.
County.
PERSONALLY appears Columban & Ancher
of Where less County, State of Georgia, who, being duly sworn, says
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
in the military service of the Confederate States (or of the State of
during the war between the States, and served as a Projectic in Company A.
of 1/5 th Regiment of Volunteers Savall 's
Brigade ; that whilst engaged in such military service at the battle of New holps, letarorche
in the State of Nierrace on the Novemby fright day of many 1861, he was wounded as follows: by April Sheet.
many 1864, he was wounded as follows: by show Shoot.
not lift Anni. alter good they, arms tresteal and rendered
AS TORSE ON THE STATE OF THE ST
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of
Dollars for 162 161
Sworn to and subscribed before me this the Columbus & Archer
1892.)
ON Morans Ordinary.
Nore.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
POWER OF ATTORNEY.
STATE OF GEORGIA
County.)
Know all Men by these Presents, That I. Live And S. Arthur
County, in said State, do hereby appoint
of Allerthic Trackers As and Trachit 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 foregoiffy 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 INTERS WHEREOF, I have hereunto set my hand and seal this Plantale.
day of the confer
Executed in the presence of us:
ON Prinam contining
J. S. Dutue
DIRECTION.
Send money to me as follows, by
County, Georgia,

For Applicants Heretofore Allowed Pensions.

Mysen Here	County.	7	٠,
PERSONALLY ap	pears, balantina d	Lazolar of	La sassicus
County, State of Ge	orgia, who, being duly	sworn, says on oath that I	ne is a bona fide citizen and
resident of said State	e, and has resided there	in continuously ever since	the 13 a ret
lay of the land	1840;	that he enlisted in the m	ilitary service of the Con-
ederate States (or o	i the State of) d	uring the war between the
tates, and served a	B B	in Company	the war between the
Landa de de de la companya de la com	Volunteers	's Brige	th Regiment the character of the charact
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17	de de conseniente de la conseniente de		ed October sath, 1887, and to which he is entitled for pension of
Sworn to and st	bscribed before me, this,	the Chartest of the Control of the C	cher
Alexander L	manifestation and the state of the state of	Kithip	(-)
Norz-State fully natur	re of wound or character of disea	se which causes the disability, and	inglain particularly the extent of the
		hirman an	
TATE OF C	,	16 2	(1)
- defendant de	County.	W. A. OM.	
1, Calibra	10000000		Ordinary of said County,
certify that I am w	well acquainted with		the the
			ments made by him in his
14 -004	Attractional life and and a	ren sammed that the state	ments made by him in his
d amdavit are true,	, and that he is alsabled,	, to the extent he claims, s	and I know he is the in-
	s himself to be, and that	he resides in this County	
vidual he represents	that 1 '. 1.50 12' 1. 1	The Grands of 1117	101 11 11
NA ALLA VINE		to the best of the best to the	at arm 3 to the
I further certify t	going affidavits were	made and power of a	totdey was signed, is a
I further certify t	going affidavita were	made, and power of al	tottley was algoed, is a
I further certify to		of said County	and the said affidavits and
I further certify to	Pgeralne.	of said County	and I may be called to in the military service of multiple and allowers
I further certify to	rgenume. official signature and se	oal, this day of	the uniterest state and the uniterest state of the uniterest state o
I further certify to	Ogenate, official signature and se	al, this 22 day of	the uniterest state and the uniterest state of the uniterest state o
I further certify to	Ogenate, official signature and se	al, this 22 day of	1893.
further carries to fore whom the fore whom the fore whom the fore whom the fore wife with the carries with t	official signature and se	oal, this day of	the uniterest state and the uniterest state of the uniterest state o
I further certify to	official signature and se	al, this 22 day of	1893.

POWER OF ATTORNEY.

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f of my nar tate of Georgia fates (or of this ey to receipt in a chich may be cor IN WITNE	Georgia, do hereby: ATTA TO ne, to receive and reby reason of an injustification of the many manual for any Wining to me for the ress WHEREOF, I	eccipt for whatever mry received as afor in the foregoing arrant that may be cason aforesaid.	my to amount of mon resaid in the mi affidavit; here issued by the Go	ne and lawful a ey I may be litary service of by authorizing overnor, or for	of the Confederate g my said Attor-
A, &, &	d in the presence of correct to me as follows, I	linaz DIRECTI	ONS Bho	o k	Banton P. O
(For Those Already Enrolled.)	soldier's Pepsion.	were - Loturn Sous & Andra hor	isability Ocedor mount, is 50	W. ff. HARRISON. Secretary Executive Department.	WARRAST BANDED TO

POWER OF ATTORNEY

TOWER OF ATTORNET.	
STATE OF GEORGIA,	
County.	
KNOW ALL MEN BY THESE PRESENTS, That I, 19 5 . No a had	
of lehowolese	
County, State of Georgia, do hereby appoint IT and Maght of Tuellor	
ofmy true and lawful attorney in fact, for	
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	
day of Tel, 1896. 640.	
10 1 Wicker [14]	
Executed in presence of us	
A. le lovem de damas	
ck)	
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DIRECTIONS.	
Send money to me as follows, by . Check To . N. lo . borres ochony	
to brooker County, Georgia.	
County, Georgia.	
20, a, usacer.	
The state of the s	
ISBER'S PENSION 1885. 1895. 1896. 1897.	
I SO SA ACCORDANCE OF SO	
SOLD South	
I GZ I K S Ä Ä	

For Applicants Heretofore Allowed Pensions.

STATE OF GEO	RGIA.
Cherelle	County.

PERSONALLY appears bole m but Aneloof lohonokno 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 21.75 day of Mann 1840: that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Princale in Company I, of & 3 th Regiment Volunteers Liveosto 's Brigade; that whilst engaged in of 400,000 such military service at the battle of The whope Uhurah in the State of Linguis on the 21th day of Hon 1864, he was wounded as follows: Ly instit m slbeed from 1st ann and 4toff T Provided 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 allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of dollars, for the year 1897

A.t. birm, wadanang

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

STATE OF GEORGIA.

Country Country

. D. le lavoros I. D. b. borrow Ordinary of said County. do certify that I am well acquainted with bollermbes t. Aroker the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County ...

Given under my official signature and seal, this /2 1894.

day of March

County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEO	RGIA,		
Cherokoo	County.		1
	6911	2 - 5	61

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 25 1844; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Privaly in Company I, of 43 th Regiment of Looneniu Volunteers, Sloonell 's Brigade; that whilst engaged in such military service at the battle of Wie hotes Cheroch 1864, he was wounded as follows: Lume hot in Elbert fund

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887. and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension dollars, for the year 189/ = 2 = 2 14

Sworn to and subscribed before me, this, the day of 314, 1895.

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

STATE OF GEORGIA, County,

A bearing Ordinary of said County, do certify that I am well acquainted with L. L. Wroher 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 Js



Ordinary & County.

POWER OF ATTORNEY.	POWER OF ATTORNEY.
STATE OF GEORGIA, bhoadkod County.	STATE OF GEORGIA,
I. C. Locker hereby authorize D. b. Com	County.
Ordinary of Character bernth,	1, le, & Archer hereby authorize Mm, A. Wraght
to receive and receipt for the pension paid hereon and request that he remit same to	to receive and receipt for the pension paid hereon and request that he remit same to
me)	Ale born, anding by chook
at leanton ba	at leaston lea.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15.	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20
day of 1896.	day of Febra
_ 6 farcher [L. S.]	(4, L. Archer, [L. s.]
Executed in presence of us	Executed in presence of
Mc ancher	It, B. Archer,
v 1	
	* ,
7	No. 177 9
	Z
DIER'S PENSI No. 1953. No. 1953. No. 1953. DIER'S PENSI 1896. Namber hard Secretary Executive Department of the Namber of St. 1900. Secretary Executive Department of the Namber of St. 1900. Secretary Executive Department of St. 1900. Sec	INVALITE Sold State INVALITE INVA
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No. 19 1 1000 A 19 10 10 10 10 10 10 10 10 10 10 10 10 10	INV
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SOLDIER'S PENSION No. 1953. No. 1953. No. 1953. SOLDIER'S PENSION 1896. Sounty Exactive harm Disability Ann Secrety Execute Department Secrety Execute Department WARRANT HANDEL TO WARRANT HANDEL TO ONE BY CATA	Cherry Chines Church Church County Errilled. (For Those Already Errilled. No. 2182 INVALID SOLDIER'S PERSI 18897. IMPORALID SOLDIER'S PERSI 18897. Same (A. Marchen Sounty Eleccetted Sounty Eleccetted Sounty Eleccetted Sounty Eleccetted Sounty Eleccetted MARCHARD JOHNSON, RICHARD JOHNSON, RICHARD JOHNSON, AREANT ELEBBED TO "D. A. D. WARRANT ELEBBED TO "D. A. D. "A. D
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For Applicants Heretofore Allowed Pensions.

Chorohos	County.
	bolumbus Draher of Chowhee
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 March	1840; 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	in Company , of 45 th Regiment
in such military samina in the	ers, Movalla 's Brigade; that whilst engaged e State of Lorenca , on the 25 day
of May 1864	day
Leun akat	he was wounded, injured or diseased as follows:
, AS MITHE BAILOR	an Lage arm as il bow fant
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	the same and the same of the contract of the same of t
	The second secon
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ntitled for the year ending	of, and makes application for the pension to which he is October 26th, 1896. I have heretofore as a resident of been allowed a pension of Heller
titled for the year ending country lollars, for the year 1895. Sworn to and subscribed be day of Alba.	October 26th, 1896. I have heretofore as a resident of been allowed a pension of Haffley
ntitled for the year ending country country lollars, for the year 1895. Sworn to and subscribed be day of Holy Country lollars, for the disability, resulting from the wound or	October 26th, 1896. I have heretofore as a resident of been allowed a pension of Hoffe, been allowed as a resident of been allowed a pension of Hoffe, as a resident of been allowed a pension of Hoffe, as a resident of been allowed a pension of Hoffe, as a resident of been allowed a pension of Hoffe, as a resident of been allowed a pension of Hoffe, as a resident of been allowed a pension of Hoffe, as a resident of been allowed as a resident
ollars, for the year ending country ollars, for the year 1895. Sworn to and subscribed by day of Hab. A laborrow. Norra-metal fully the neture of wound or the disability, resulting from the wound or the disability.	October 26th, 1896. I have heretofore as a resident of been allowed a pension of Hollar to the state of the s
ollars, for the year ending country ollars, for the year 1895. Sworn to and subscribed by day of flat, when the disability, resulting from the wound or STATE OF GEOR Chandles Co	October 26th, 1896. I have heretofore as a resident of been allowed a pension of Holder to be a pension of the beautiful
country of the year ending country of the year 1895. Sworn to and subscribed by day of Albandary of the disability, resulting from the wound or the disability from the wound or the disability from the wound or the disability from the wound or	October 26th, 1896. I have heretofore as a resident of been allowed a pension of Holds, been allowed a pension of Holds, before me, this, the 1896. 1896. That have here to be a resident of the pension of the pensio
country of the year ending country of the year 1895. Sworn to and subscribed by day of Hill. A le borrow. Norra-Blate fully the nature of wound or the disability, resulting from the wend or the disability, resulting from the wend or certify that I am well acquain	October 26th, 1896. I have heretofore as a resident of been allowed a pension of Heretofore as a resident of been allowed a pension of Heretofore as a resident of been allowed a pension of Heretofore as a resident of been allowed a pension of Heretofore as a resident of been allowed as pension of Heretofore as a resident of been allowed as pension of Heretofore as a resident of been allowed as pension of Heretofore as a resident of been allowed as a re
observed that I am well acquain opplicant in the foregoing affida	October 26th, 1896. I have heretofore as a resident of been allowed a pension of Hollar to been allowed a pension of Hollar to be a sension of Hollar to be a sension of Hollar to be a sension of the sension of the sension of the sension of disease. GIA, Dunty. Ordinary of said County, the with Lolumbus L. Monday the with and am well satisfied that the statements made by him with and am well satisfied that the statements made by him
occurring that I am well acquain poplicant in the foregoing affidath is said affidavit are true, and	October 26th, 1896. I have heretofore as a resident of been allowed a pension of Holder to be a lower a pension of Holder to be a resident of been allowed a pension of Holder to be a resident of the beautiful that the same tha
ntitled for the year ending county behaviors county follars, for the year 1895. Sworn to and subscribed be day of II have been subscribed being the disability, resulting from the wound or the disability, resulting from the wound or cretify that I am well acquain pplicant in the foregoing affidath his said affidavit are true, and that he resides in this County behavior of the said affidavit are true, and that he resides in this County behavior of the said affidavit are true, and that he resides in this County behavior of the said affidavit are true, and that he resides in this County behavior of the said affidavit are true, and that he resides in this County behavior of the said affidavit are true, and that he resides in this County behavior of the said affidavit are true, and that he resides in this County behavior of the said affidavit are true, and that he resides in this County behavior of the said affidavit are true, and that he resides in this County behavior of the said affidavit are true, and that he resides in this County behavior of the said affidavit are true, and that he resides in this County behavior of the said affidavit are true, and that he resides in this County behavior of the said affidavit are true, and the said affidavit are true, and the said affidavit are true, and the said affidavit are true.	October 26th, 1896. I have heretofore as a resident of been allowed a pension of Holder been been allowed a pension of Holder been been allowed a pension of Holder been been allowed as a resident of been allowed as pension of Holder been allowed as pension of Holder been allowed as a resident of
countiled for the year ending county county lollars, for the year 1895. Sworn to and subscribed be day of I land the county of I land the limit of wound or the disability, resulting from the wound or the disability, resulting from the wound or the disability, resulting from the wound or county of the disability, resulting from the wound or the disability of the disability	October 26th, 1896. I have heretofore as a resident of been allowed a pension of Holder been been been been been been been be
countiled for the year ending behaviors county to lollars, for the year 1895. Sworn to and subscribed be day of I have the disability, resulting from the wound or the disability, resulting from the wound or the disability, resulting from the wound or cretify that I am well acquain pplicant in the foregoing affidant his said affidavit are true, and that he resides in this Count that I have the resides in this County of the disability of the said affidavit are true, and that he resides in this County of the said affidavit are true, and that he resides in this County of the said affidavit are true, and that he resides in this County of the said affidavit are true, and that he resides in this County of the said affidavit are true, and that he resides in this County of the said affidavit are true, and that he resides in this County of the said affidavit are true, and that he resides in this County of the said affidavit are true, and that he resides in this County of the said affidavit are true, and that he resides in this County of the said affidavit are true, and that he resides in this County of the said affidavit are true, and that the resides in this County of the said affidavit are true, and that he resides in this county of the said affidavit are true, and the said affidavit are true, and the said affidavit are true.	October 26th, 1896. I have heretofore as a resident of been allowed a pension of Holder been been allowed a pension of Holder been been allowed as the high the same been allowed as the disability, and explain particularly the extent disease. Ordinary of said County, the with, and am well satisfied that the statements made by him it know he is the individual he represents himself to be atty. deer my official signature and seal, this 15
countiled for the year ending county county lollars, for the year 1895. Sworn to and subscribed be day of I land the county of I land the limit of wound or the disability, resulting from the wound or the disability, resulting from the wound or the disability, resulting from the wound or county of the disability, resulting from the wound or the disability of the disability	October 26th, 1896. I have heretofore as a resident of the been allowed a pension of Hollar to the land of the been allowed a pension of Hollar to the land of the
ntitled for the year ending county to be national county to lollars, for the year 1895. Sworn to and subscribed be day of the disability, resulting from the wound or the disability, resulting from the wound or certify that I am well acquain pplicant in the foregoing affidath his said affidavit are true, and that he resides in this County Given un	October 26th, 1896. I have heretofore as a resident of been allowed a pension of Holder been been allowed a pension of Holder been been been been been allowed as the disability, and explain particularly the estent disease. Of disability, and explain particularly the estent disease. Ordinary of said County, the with solution and am well satisfied that the statements made by him if I know he is the individual he represents himself to be try, deer my official signature and seal, this 15 Mb.
countiled for the year ending county county lollars, for the year 1895. Sworn to and subscribed be day of I land the county of I land the limit of wound or the disability, resulting from the wound or the disability, resulting from the wound or the disability, resulting from the wound or county of the disability, resulting from the wound or the disability of the disability	October 26th, 1896. I have heretofore as a resident of the been allowed a pension of Holder 1896. I have here a resident of the been allowed a pension of Holder 1896. I have here as a resident of the beautiful the sale of the sale o

For Applicants Heretofore Allowed Pensions.

County.
Dersonally appears D. Inches of charther
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 March , 1840; that he enlisted in the military service of the Con
federate States (or of the State of) during the war between the
States, and served as a free ale in Company of 418 th Regimen
of Sa Volunteers,
in such military service in the State of La on the 215
of flay, he was wounded, injured or diseased of follows:
Gunshot in Light Sibe fint which caused
Said arm to almost Butisely, useless
Annual Control of the
The second support of the second seco
D
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1897. I have heretofore under said law as a
resident of Charoftes county been allowed an invalid pension of Juffy; Dollars, for the year 1896.
Sworn to and subscribed before me, this, the L. L. Storcher,
20 day of Zuly 1897. POST OFFICE
Ile larmondinas
Note-Biate 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.
of the disability, resulting from the wound or disease.
STATE OF GEORGIA.
County.
county.)
I, Alelerma Ordinary of said County
I, A. Lellown Ordinary of said County, to certify that I am well acquainted with L. Loraler the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
pplicant in the foregoing affidavit, and am well satisfied that the statements made by him n his said affidavit are true, and I know he is the individual he represents himself to be
applicant in the foregoing affidavit, and am well satisfied that the statements made by him n his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
applicant in the foregoing affidavit, and am well satisfied that the statements made by him n his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
applicant in the foregoing affidavit, and am well satisfied that the statements made by him n his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this
upplicant in the foregoing affidavit, and am well satisfied that the statements made by him n his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 20 th day of truey 1897.
applicant in the foregoing affidavit, and am well satisfied that the statements made by him n his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this
piplicant in the foregoing affidavit, and am well satisfied that the statements made by him n his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 20 th day of the said and seal
upplicant in the foregoing affidavit, and am well satisfied that the statements made by him n his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County. Given under my official signature and seal, this 20 th day of truey 1897.

POWER OF ATTORNEY.

STATE OF GEORGIA, Churcher County.	}	
I, Columbus & Ares		
com A. Wright.	of artauta	Georgia
to receive and receipt for the pension A. E. Comme at Courton Ga.	on paid hereon and request	that he remit same to
IN WITNESS WHEREOF, I	have hereunto set my hand a	and seal, this 14
day of Tuk	_1898. Lolnich	a Larche [L. S.]
Executed in presence of Wubb Course)	
	- Parameter	,

SOLDIER'S PENSION.

1898.

INVALID

(For Those Aiready Enrolled.)

2122

No.

Name Columbus L. Brehen

Disability Left arm

Amount, \$ 50 00

County Cherokee

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r	1	1	
		1. 10	In file

RICHARD JOHNSON,

3/1/2

WARRANT HANDED TO

reper, Columbon L.

CODE SECTION 1264 (For Those Aiready Enrolled.)

No. 1738

POWER OF ATTORNEY.

STATE OF GEORGIA,
I. b. L. Archon hereby authorize Lord, A. Mangall
I. 6, V. Archon hereby authorize Mr. A. Wingall
of attenta ba
to receive and receipt for the pension paid hereon and request that he remit same to
I, E, burn, ordy by aboak
at bantin law
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 30 11
day of Jannoy) 1899. (L. S.)
Executed in presence of
M. I archer,

SOLDIER'S PENSION. INVALID

Name Colemnibus, & Dochar 1899.

Disability Seach Book, Ame

RICHARD JOHNSON, -51/2

WARRANT HANDED TO

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherolee County.
Personally appears Columbus L. Archer of Cherokee
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 25
day of march 1840 that he enlisted in the military service of the Con-
federate States for of the State of " Land and American Land
of Sa. Volunteers, Storalls 's Brigade; that whilst engaged
of Ja. Volunteers, Storall's 's Brigade; that whilst engaged
in such military service in the State of Georgia , on the 25 day
of may 1864, he was wounded, injured or diseased as follows:
Received from Shot in left allow joint at the Bartle of new Nope in the year 1864 which could his arm to become stiff.
the Battle of new Nope in the year 1860
which carried his arm to become still.
Analysis and an experience of the contract of
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1898. I have heretofore under said law as a
resident of Cherokee county been allowed an invalid pension of
Dollars for the year 189 7
Sworn to and subscribed before me, this, the Columbia harcher
14 day of Feet. 1898. POST-OFFICE
Allen, 6. Com.
Norr-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,
Cherokee County.
111
do certify that I am well acquainted with Columbus L. Archer the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this 14
day of 445 1898.
Allen & Cours
Ordinary Cherokee County
Ordinary Chir ofece County.
County.

For Applicants Heretofore Allowed Pensions.

STATE OF	Care I		
	County.	1	
Personally	appears & Lanchen	of chambre)
County, State of	Georgia, who being duly sworn	, says on oath that he is a bor	a fide citizen
	aid State, and has resided there		
	1842; that he e		
States and served	as a Convalu	in Company of ri	th Regiment
of Contract of	Volunteers, Store	's Brigade: that w	hilst engaged
in such military s	service in the State of	on the	25" day
of May,	1864, he was wound	led, injured or diseased as fo	llows:
Len	shat in Last 8	el fint	
•			
			Alexander of the later of the l
Analysis (see the second particular and			
• • • • • • • • • • • • • • • • • • • •			
ing October 26	akes application for the pension of	re under said law as a County been allowed an inva	resident of
	Hiff Dollars, fo	or the year 1890.	,
	d subscribed before me, this, th		u.
	of famay 1 189		The same of the sa
Ale	le comadin	21	
Nors-State fully	the nature of wound or character of disease resulting from the wound or disease.	which causes the disability, and explo	in particularly the
		•	
STATE OF			4
Clien	Ree County.		
	Alelarm	0.1	
An annifor that T	am well acquainted with.	Ordinary of	t said County,
	foregoing affidavit, and am well		
	vit are true, and I know he is t		
	les in this County.		
	Given under my official s	ignature and seal, this	20 11
AMX	day of Jany) 1899.	
your	Manufacture and the comment of		
	Ordinary_	doohee	County

POWER OF ATTORNEY

STATE OF GEORGIA, Cherekee County. I. A. Stroker hereby authorize W. M. Ming KT of Milan Lou La	
to receive and receipt for the pension paid hereon and request that he remit same to	
at Canto bu	
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	
day of Frey, 1900. 6, de archer-[1. a]	
Executed in presence of	*
A. b. borin ordy	Auditor Sept 32 1889
For Those Arrang Errelted, No. 2067 INVALID SOLDIER'S PERSION. TOOO. Name Lo L. Marange L. County L. Marange L. Disability dr. T. 2. 124.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	
" I 04 Z 2 A 4 B	•

Cherokee Maimed Soldiers.

Voucher No. 2602/

For Left ann For Left ann Des ab-less

Included in warrant No.
issued to Treasurer.

WARRANT CLERK.

applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA

Cherchic County.		
personally appears 6 L. doro	,	The state of the s
County, State of Georgia, who being duly s	worn, says on oath that l	ne is a <i>bona fide</i> citizen
nd resident of said State and County, and	has resided therein conti	nuously ever since the
LS day of Murch 184	; that he enlisted in	the military service of
he Confederate States (or of the State of) during the war be-
he Confederate States (or of the State of ween the States, and served as a frank	ate in Con	pany , of # th
Regiment of See Volunteer	rs, Stwall 's	Brigade: that whilst
ngaged in such military service in the Sta	ite of bearing	on the Js
ay of May 1864, he was	wounded, injured or disc	eased as follows:
, Geneshat we	energy de La	102 10
fourt fint staff a	and and	to of the
Julia governo sange	and ann ats	nost usellas
the second secon		
The second secon		***************************************
Sworn to and subscribed before me, this	s, the 1 12 41	archer.
day of any	1900.) POST OFFICE	The second second second second
1164		
X. E. Ciser (Croling		
Norm.—State fully the nature of wound or character of	disease which causes the disability	, and explain particularly the
Note.—State fully the nature of wound or character of ent of the disability resulting from the wound or disease.	disease which causes the disability	, and explain particularly the
Nors.—State fully the nature of wound or character of ent of the disability resulting from the wound or disease.	disease which causes the disability	, and explain particularly the
Norz.—State fully the nature of wound or observed or of the disability resulting from the wound or disease. TATE OF GEORGIA,	disease which causes the disability	, and esplain particularly the
Note: State fully the nature of wound or character of out of the disability resulting from the wound or disease. TATE OF GEORGIA, Language County.		, and explain particularly the
Nortz.—State fully the nature of round or character of month of the disability resulting from the wound or disease. FATE OF GEORGIA, Listen Character County.	. Ordi	nary of said County.
Nora-State fully the nature of wound or chartefar of ont of the disability resulting from the wound or disease. FATE OF GEORGIA, Engrelise County. I, A E. Courte	. Ordi	nary of said County.
Nortz.—State fully the nature of wound or character of month of the disability resulting from the wound or disease. FATE OF GEORGIA, List. Close County. I, A C. County. certify that I am well acquainted with	& S. H. rched	nary of said County,
North-State fully the nature of wound or character of mot the disability resulting from the wound or disease. FATE OF GEORGIA, Linculate County. I. A C. County. certify that I am well acquainted with plicant in the foregoing affidavit, and am w	fe F. Hrohen	inary of said County, the
North-State fully the nature of round or character of ent of the disability resulting from the wound or disease. FATE OF GEORGIA, Learne line County. I, Certify that I am well acquainted with plicant in the foregoing affidavit, and am whis said affidavit are true, and I know he is	fe F. Hrohen	inary of said County, the
North-State fully the nature of round or character of end disability resulting from the wound or disease. TATE OF GEORGIA, Linear County. I, Certify that I am well acquainted with plicant in the foregoing affidavit, and am whis said affidavit are true, and I know he is d that he resides in this County.	Ordi	nary of said County, the tements made by him recents himself to be
North-State fully the nature of round or chardefur of and it the disability resulting from the wound or disease. TATE OF GEORGIA, Linculate County. I, Certify that I am well acquainted with plicant in the foregoing affidavit, and am whis said affidavit are true, and I know he is d that he resides in this County. Given under my of	Ording the Second of the Secon	nary of said County, the tements made by him resents himself to be
Nortz.—State fully the nature of round or character of and the disability resulting from the wound or disease. TATE OF GEORGIA, L. County. I. Certify that I am well acquainted with plicant in the foregoing affidavit, and am whis said affidavit are true, and I know he is d that he resides in this County. Given under my of	Ordivell satisfied that the star s the individual he reprincial signature and seal,	the tements made by him resents himself to be
North-State fully the nature of wound or chardefur of the disability resulting from the wound or disease. TATE OF GEORGIA, Language County. I, A County. I, A County. I am well acquainted with plicant in the foregoing affidavit, and am whis said affidavit are true, and I know he is d that he resides in this County. Given under my of	Ording the Second of the Secon	the tements made by him resents himself to be
Norg. State fully the nature of wound or character of an of the disability resulting from the wound or disease. CATE OF GEORGIA, L. County. I, OR CLUSTED County. I that I am well acquainted with oblicant in the foregoing affidavit, and am whis said affidavit are true, and I know he is a that he resides in this County. Given under my of day of Seekly.	Ordivell satisfied that the star s the individual he reprincial signature and seal,	the tements made by him resents himself to be

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

At Charles, Bu. Diff. 3

1889.

Mr. Columbas L. Archer of the County of Receive Department for an allowance under the Act approved October 24, 1887, as amended by Act.

Dec. 24, 1888, and the same having been allowed for Such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will paythe same and light his receiption this yeacher, and return same to Executive Department for warrant.

Governor.

By the Governor.

For Received of State Treasurer, R. U. HARDEMAN, Stifly - V-O of

per above voucher, this

Sept les

1889. L. An

4.

Richer, Columbus & Charoper Maimed Soldiers. 1891, Voucher No. 283 Maimed Soldiers. Voucher No. 545 Amount & 50 Audited paid to & Archen Amount \$ 50 Paid to Columber L Archer For Eigh ann For arm did disables Hely V Included in warrant No. Included in warrant No. issued to Treasurer. issued to Treasurer. 1891. 18 WARRANT CLERK. WARRANT-CLERK ES. Prall

Audited

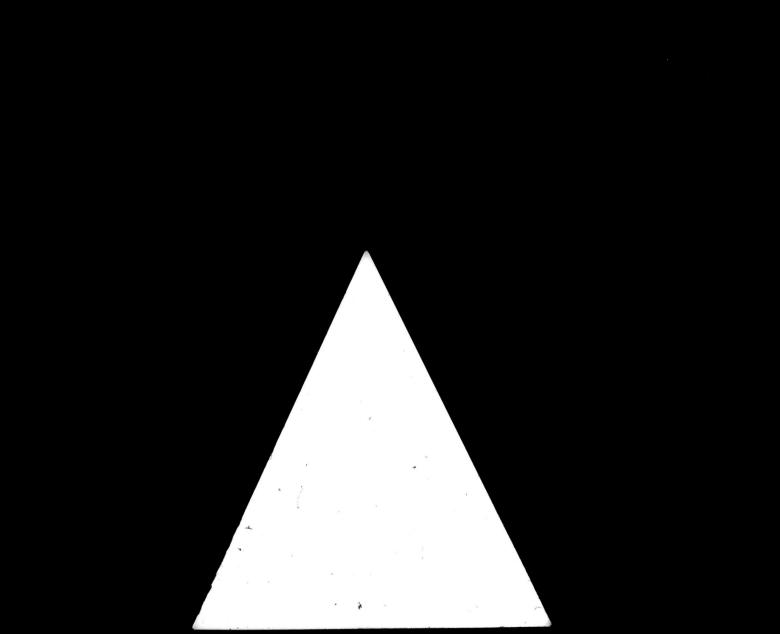
COMPTROLLER GENERAL.

	1001.			
	No. 545			
STATE OF GEORGIA,	4.4	· . 20	11 1891.	
EXECUTIVE DEPARTMENT.	Allant	a, Ga. Dory	1891.	
Mr. Column	bug L.	Archer	of the County	
of Cherokee	hav	ing filed his applica	tion in the Executive	
Department for an allowance unde	er the Act approve	d October 24, 1887,	as amended by Acts	
approved Dec. 24, 1888 and Nov. 11	, 1889, and the sam	ne having been exam	ined and allowed for	
He is entitled to receive the sum of.				
for such disability, the same being the	Mowance due for	the year ending Oc	tober 24, 1891.	
The Treasurer will pay the same	e and hold his rece	ipt on this voucher	and return same to	
Executive Department for warrant.	and the state of t	26.2	white	, ,
•	Santiana de la composition della composition del		GOVERNOR.	
By the Governor.	mial	*		
- Maria	Sec'v Exe	CUTIVE DEPARTMENT.		
			<i>)</i>	
. (57)				

STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Mr. C. L. Archen of the County Cherollee 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 He is entitled to receive the sum of Bliffy VOT for such disability, the same being the allowance due for the year ending October 24, 18 90 The Treasurer will pay to Executive Department for parra By the Governor, CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

+ Jones My



Widow's Pension UNDER ACT 1910. County Onersitue. Widow of L. F. Armstrong J. W. LINDSRY,
ENTERED COSTER OFFICE PORTIONS. Widow's Pension

Widow's Pension

UNDER ACT 1910.

WHOM & ANTONIANTED THE MANUAL PROPERTY.

ENTERED SSEED OFFICE OF Former.

PANN OFFICE OFFICE OF FORMER.

One F. Bird, But Frame.

Application for Pension by a Widow Under Act of 1910.--Questions for Applicant.

STATE OF GEORGIA,
County.
Personally before me comes Many - Amount of said State and County, and after being duly sworn, on oath says that she desires to apply to a pension allowed under the Act
of
1. What is your name, and where do you reside Helly L. asmstrong Cherokee 60 3
2. How long and since when have you been a continuing resident in the state of Georgia?
3. When, where and to whom were you marked? Mey 22, 1844, to J. Dannimung in Fr. 4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
federate Army of Georgia Militia? (State the arms and class of Service.) Endurated on Mars 1864
S. When and where did the Companies of your husband surrender or discharge from the army? May 1865. at Arm safew 14
6. Was your husband personally present at the time of the surrender or discharge of this Command?
7. If he was not present state clearly where he was
8. Where was his Command when he left?
b. By whose authority did he leave his Command?
c. For how long was he granted leave of absence?
e. What was his physical condition when he left his Command?
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command?
h. Was he captured by the enemy at any time?
lensed?
A A
J. When and where did your husband die? Jul 10, 1876 and toragth to yo
k. Were you residing together when he died?
1. not, not roug the you resided aparts
9. What properly of any description did you own, hold or control for your use and its cash value. Noy. 4, 1908. (State same by items.) Little thereof, with the same of the same by items.)
Durch, my and wat write short \$300
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received
for it and what did you do with the proceeds thereof? (Give items and cash value.)
11. What property of any description of apy value have you now? I am a a a core
Give list and cash value of 200, worth of land
12. What are your annual earnings or income and their value? The landings
13. Have you heretofore been naid a pension by the States Ma
13. Have you heretofore been paid a pension by the State?
Sworn to and subscribed before me this the Aug I channel on the star of the sword of the star of the sword of

Questions for the Witnesses as to Service of Husband and Marriage.	
STATE OF GEORGIA,	STAPE
County.	64
Personally before me comes A. H. Henderson to Mandelinto after	Pers
being duly sworn the answers to make, to the following questions, answers as follows: 1. What is your name and where do you reside: Berry Hendersons Charles 60.7	
The state of the s	of said Cou
2. How long and since when have you known A hadded by this State? (Give dated)	Schedule (
4. When and to whom was she married?	
5. How long and since when did you know. her	*
husband? Start Color of the Start of the Sta	Well
the husband of Applicant die? Jets. 10. 18.96 Januar Janany Jorsodh Co.	and the same of th
7. Where the Aplicant and her husband living together as husband and wife at the date of his	<i>7</i> a
death?	
8. If not, how long did they live spart before his death?	Wes
Were they divorced?	30
9. When, where and in what Company and Regiment did . C. A.	
Sand S. G. H. Fine a ser A. Co. S. Co. Jan Standard Color F.	
La amis Ballalida, Mosfold's Britade	
10. Were you a member of the same Company?	9
11. How long within your personal knowledge did he perform actual military service with his Com-	Swor
pany and Regiment?	
12. When, and where did his Command suprender, and was discharged?	3.
Visible (65 at many factor and asserting that addinated at Ming	
1) 134 Were you personally present when it was surrendered?	2
	TATE
were you	3170
14. Was the husband of applicant personally present at surrender?	, 1
where was he?	that, I know is the person
cause did he leave Command? (Give date.)	County and
authority did he leave his Command?	That
long was he granted leave?	to the serv
	freeholders.
	full faith an
15. For what cause, if you know of your own knowledge was he prevented from returning to his	That
Command2	1908 \$
10 What effort did he make to return to his Command and how do you know this? Of your	191 J
own knowledge or how?	SEAL
Sworn to and subscribed before me this the	JEAL
day of	(SEA
	NOTES 1. Be
Ordinary,	2 Ad 4 All
ofCounty.	3 On 5 Att

AFFIDAVIT OF TWO FREEHOLDERS

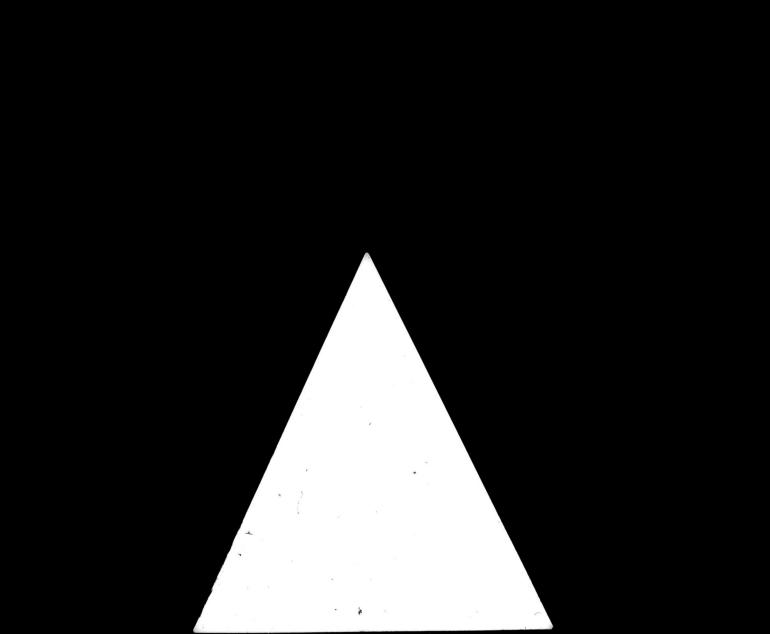
STATE OF GEORGIA,	LDERS.
County.	
Personally before me comes A.M. Sichaly T. C. A. Phills	<i>Y</i>
are freeholders of said County and that they know Mary L. Ax	MANAGER SAYS that they
of said County and know what property she owned on 4th Nov. 1908, and	ita coah value The as and and h
Schedule (A) as follows.	2 0 0 0
Personal property	
Total	
Schedule (B),	
We know the property sold or given away since Nov. 4th 1908, its co	ash value to be as follows:
Personal property Noul	
Money, Notes and accounts	s
Schedule (C).	-
We also know what property she has now in her possession, use and	I control to wit.
3.0 Acres of land worth	, 300,
Horses and Mules	\$ 0 0 0 /
Compand Harry	5
Cows and Hogs.	
Other property	
income and earnings	
Total Value of all property and effects	8
of Charofter	a. Shilly of
s the person she represent herself to be and she is a bounde con	inary of said County do certify he applicant for pension. She Unuing resident citizen of said
maria Barra Harada	
11/20 1 1 1 0 0	the witness who swears
o the service of husband, and IM Bishoft + 6 a Oh	eleps who are
recholders. That all of them are now residents of said County and were die he foregoing affidavits and that they all, are truthful, trustworthy, and sulfath and oredit. That the Tax Returns Many L Aumstrong	their statements are entitled to
908 \$ 600, Cfor 1910 \$ 6001	Returned for Tax is for
Sworn under my hand and official seal of office this	day of Oct
SEAL. W MA	U.
SEAU.	Ordinary,
() D h	County County
(SEAL.)	
2 Additional affidavits may be attached if blank spaces are insufficient. 4 All affidavits must be made before the Ordinary. 3 Only widows who married prior to first January 1870, are entitled.	the witness in the following words: stions asked you and the evidence sriage, by some person, or by gen-

Questions for the Witnesses as to Service of Husband and Marriage. STATE OF CEORGIA. Chiroku ----- County. Personally before me comes Derry Aunderson being duly sworn true answers to make, to the following questions, answers as follows: 1. What is your name and where do you reside? Derry Menderson Churke 60 2. How long and since when have you known Mary L. Granating applicant; 20 773, 3. How long and since when has she continuously resided in this State? (Give date.)_____ all her life When and to whom was she married 2001 24 flight How do you know? Information, How long and since when did you know . I of armstrong husband 2 5 gura V. F. armotrony. 6. When and where did ... the husband of Applicant die? Let 10, 1896, in Fortetto 60. 30 7. Were the applicant and her husband living together as husband and wife at the date of his death? (YUR, li(yot, how long did they live apart before his death? Were they divorced? 270 9. When, where and in what Company and Regiment did V. J. Gramshory enlist; Usig. 1864, storegeth bo ya, born U Graham Batteling WAArds Britade, " 0. Were you a member of the same Company? _________ 11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From any 1864 tell May 1862 at Surm 12. When and where did his Command surrender, and was discharged May 1865 at Ringston In 13. Were you personally present when it was surrendered? 418. If not where were you I was friend and how dime you there? 14. Was the husband of applicant personally present at surrender? July 11. 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? ______ How do you know all this?____ · Personal Knowledge, Novas in same Dervice 15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? 16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Sworn to and subscribed before me this the -----Ordinary

Georgia Forest County. It I Jones Ordinary of said county and Keeper of the records and seal of said office hereby certify the wishin to be a true copy of manage Lience as appears of record in Book C. Page 333 in my office, Given under my hand and seal of office This Oct 9th 1911 H. V. Jones Groy.

This Oak 9th 1911 H. W. Jones Ordy MARRIAGE LICENSE

REFERENCES Yoware heroby authorized to join in the Holy State of Matrimeny bearding to the Constitution and Laws of this State and for so doing this shall be your License. And you are hereby required to return this Liverise to me, with your And you are herety required to common the Marriage Certificate hereon of the fact and date of the Marriage Given under my hand and seal this dayof Ordinary . STATE OF GEORGIA GERHINGAED. FORSTIH COUNTY Westerfy that V. a. (Duckney and M. L. Heesel were joined in Matrimony by me this & day of November 1865. A 18. Juch allo



aryond, homest No. 189 Cherokee Co. APPLICATION FOR Utm FOR CONFEDERATE SOLDIER. Applicant Phan 22 in Transport County Kanoline Limb Ragat Trong Amount Am abour elbow Date of Warrant 4 60

STATE OF GEORGIA.
Cherokee County

Cherofice County.)
Personally appeared before me Italiannana July Thenter with al
the county of
enlisted in the military service of the Confederate States, or of this State, as a William Lawrence in Company E. a. J
that while engaged in such military service, to-wit: at the battle or engagement of Mac. Military service.
in the State of Warginain on the Sagattan day of
in the State of
200 1804, he was wounded in the Taght thorner, and
that the same was amputated A. Cone Ind Edine 28
that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into
effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September
20th, 1879; that he has and the hammelf with an artificial Alonnam, or that, not having
done so, he prefers to supply himself with an artificial
Sworn to and subscribed before me this
Partition day of Rates without 18/2 Shows W. Donners
NOTE.—The above allidavit must be made before some officer authorized to administer oaths, a Judge of the Superior County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.
COMMISSIONED OFFICER'S AFFIDAVIT.
STATE OF GEORGIA,
Cherelie County.
Personally came before meof
the county of, State of Georgia, who, being duly sworn, deposes
and says that he was
and that, the above deponent, was a
in said Company, and that this deponent knows that said,
lost ain the military service as said in the above affidavit.
Sworn to and subscribed before me this

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

AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877:

Section I. He it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who culisted in the military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied bimself with such needful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars, for a leg not extending above the elbow, sixty dollars, for an arm not extending above the elbow, sixty dollars, for an arm not extending above the elbow, sixty dollars, for an arm not extending above the elbow, altry dollars. For an arm not extending above the elbow, altry dollars in the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply bimself with the said artificial limb.

Siz: II. Be it further enacted by the said authority. That such application shall contain proof of such applicants being entitled to the benefits of this act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not; if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

Sec. III. Be it further enacted by the said authority. That no applicant shall receive the sum allowed under this act oftener than once in five years.

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

HENRY R. GORTCHUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate,
Approved, September 0th, 1879.

A. O. BACON,

Speaker House Representatives,
RUFUS E. LESTER,

President Senate.

ALFRED. H. COLQUITT, Governor.



STATE OF GEORGIA,
County.
Personally came Mala La Mala Control
Sirlago halt
who, being duly sworn, depose and say they are acquainted with Macron and Alba According the late war;
hat said Annual was amputated. About Man. Collaboration ; that he is a bona fide
itizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.
Sworn to and subscribed before me this
(D. Primais, Endinary " " politica
STATE OF GEORGIA,
Cherokee County,
1. ON Pratingent Ordinary of Lakerotese
ounty, do certify that I am well acquainted with Thumanah 211, Planas on the
he applicant for and
ffidavit are true, and that I am well acquainted with 20 . To While Gran
Tal & Lochb and galez, Gall
he citizens who make their affidavit, that they are respectable citizens of this county, and that the facts tated by them are true.
Given under my hand and official seal, this S. Sankarian
day of Detal and one in sea, time
Cherokee County Ja
consoner & county for

STATE OF GEORGIA,

County.

1, Our pulment of said county.

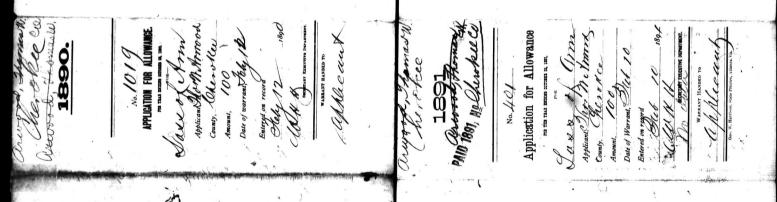
do certify that I am well acquainted with applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this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

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

Given under my official signature and seal, this 10 day of Tilly 1890 Ampriment.

Ordinary Churokur County.

STAJE OF Q'EORGIA.
Mey vlu county.
I, O. W. Pilly our, Ordinary of said County,
I, O. W. P. W. M. D. W. Ordinary of said County, of certify that I am well acquainted with The IV CLY Word the
oplicant in the foregoing affiliavit, and am well satisfied that the statements made by him
his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is
te individual he represents himself to be, and that he resides in this County. I further certify that f .S., Lu Bus
For whom the foregoing affidavits were made and power of attorney was signed, is a willing full full for affidavits and gnature thereto are genuine.
gnatures thereto are genuine.
Given under my official signature and seal, this J day of Zulg 1891.
Land Williamons
Ordinary heretal County.



Tot Applicants Heretotote Allow	ved relisions.
STATE OF GEORGIA,	
Charolin and	. 1. 1
PERSONALLY appears This W. anworld	hiroku county,
State of Georgia, who, being duly sworn, says on oath tha	
resident of said State, and has been such continually since th	
	e military service of the Con-
federate States (or of the State of	.) during the war between the
States, and served as a Privoul in Compan	y 6, of th Regiment
of Murgia Volunteers Andlingon in such military service, at the battle of Wildliam	s Brigade; that whilst engaged
	Uly 1864, he was
and the same of th	Aught Cerm
	bout the eller
Clist- h the Skoulder.	ica em vivi
6.1.	e.
	*
Denouent designed months are the total total total	
Deponent desires to participate in the benefits of the Ac and the acts amendatory, thereof, and makes application for entitled for the year ending October 26, 1890. I have here of Act and authority of the Sworn to and subscribed before me, this the	the allowance to which he is
of an humber of deflars	tofore been allowed a pension
Sworn to and subscribed before me, this the	WAnwood
day of City 1890	
ON Pumane combany	
NOTE.—State fully nature of wound or character of disease which causes the disability.	sy, and explain particularly the extent of
POWER OF ATTOR	NEV
STATE OF GEORGIA	CIVIZI.
}	
KNOW ALL MEN BY THESE PRESENTS, That I,	
of	
county, in said State, do hereby appoint	¥
of my true a me and in my name, to receive and receipt for what ever amou	nd lawful attorney in fact, for
me and in my name, to receive and receipt for what ever amou to from the State of Georgia by reason of the injury received	nt of money I may be entitled
to from the State of Georgia by reason of the injury received survice of the Confederate States (or of this State), as stathereby authorizing my said attorney to receipt in my name issued by the Covernor or to survive of the state of the s	ed in the foregoing affidavit;
issued by the Governor, or for any sum of money which in the	coming to me for the reason
aforesaid. IN WITNESS WHEREOF, I have hereunto set	my hand and seal, this
day of	189
	[L. S.]
Executed in the presence of us:	
	N .
Sand money to the se follows by	
Send money to me as follows, by	P.O.
	P.O. Georgia.
County	Georgia.

STATE OF GEORGIA,
Cherokie County.
PERSONALLY appears Thos OF Arwood of Churche
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 and the said State and has resided therein continuously and the said State.
day of that he enlisted in the will.
federate States (or of the State of) during the war between the
States, and served as a fine Company of Tab D.
in such military service at the battle of Malernes in the State
on the sout day of 1864 he was
in such military service at the battle of Moderner in the State of North International State of North I
Company of the Compan
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 Account and the Account of the Act and the Account of the Act approved to the Act approved to the Act approved to the Act approved October 24, 1887, and the Act approved October 25, 1891. I have the Act approved October 24, 1887, and the Act approved October 24, 1897, and the Act approved October 24, 1887, and the Act approved October
Sworn to and subscribed before me, this, the This W Anwood
9 day of 744 1891.
4.S. Du Pred 11719
Nors. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
POWER OF ATTORNEY.
STATE OF GEORGIA,
County
Know all Men by these Presents, That I,
of County, State of Georgia, do hereby appoint
With the same of t
of my true and lawful attorney in fact for
of me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service 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
1891.
Executed in the presence of us:
DIRECTION.
Send money to me as follows, by
, P. O.
County, Georgia.

STATE OF GEORGIA. Chirolie County. Ordinary of said county, do certify that I am well acquainted with I some Mc Armonel applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he repesents himself to be, and that he resides in this county. Given under my official signature and seal, this 1st day of march **PENSION** H. HARRISON SOLDIERS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County, State of Georgia, who, being unly sworth sures on pain that he is a *bown fide* chizen such that of said State, and has a sheef the rest continuously fiver since the day of the State of the State of the Confederate States (or of the State of States, and served as a the Confederate States, and served as a the Confederate States of the Confederate States, and served as a the Confederate States, and served as a States, and served as a States, and served as a states of the Confederate States and served as a states of the Confederate States and served as a states of the Confederate States and served as a states of the Confederate States and served as a states of the Confederate Stat

wounded in follows:

**A the state of the partie of the state of the s

The property of the presence of the property o

or entranged of the case which can be and about and call of the second

of County, State of Georgia, do hereby appoint of County, State of Georgia, do hereby appoint of the state of Georgia processes 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 Diffestion "affiditing 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.

INTUITIONS "WHEREOF, I have hereunto set my hand and seal, this county to the control of th

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I

POWER OF ATTORNEY.

For Applicants Hardeters Allewed Desci-
For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,
County.
PERSONALLY appears Thursdo M. Symuode
of Lehenolees County, State of Georgia, who, being duly sworn, says.
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously
since the 14 day of Aprile 1859; that he enlisted
in the military service of the Confederate States (or of the State of
during the war between the States, and served as a Privale in Company lo.,
of y th Regiment of Morgan Volunteers Andersons 's
Brigade; that whilst engaged in such military service at the battle of Mrs. Maldennio
in the State of Var , on the DropMr day of
more in the right arm. arm amprovaled as follows: by Bank Short in the sight arm. arm amprovaled at the shorteder
me the right liver, live amportaled at the Shoulder
Sound on the Der with Long of many rolly
Victoria de la companya del companya de la companya del companya de la companya d
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for
the year ending October 26, 1892. I have heretofore been allowed a pension of
One hundred Dollars for 1870 - 1871
Sworn to and subscribed before me this the \ Thomas W. Cleavool
Try day of march 1892.)
O'W Salmond Ordinary,
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
POWER OF ATTORNEY
STATE OF GEORGIA.
County. §
Know all Men by these Presents, That I,
of
County, in said State, do hereby appoint
of my true and lawful attorney in fact, for
from the State of Geografia by groups of the lighter whatever amount of money I may be entitled to
my said attornes 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 geason aforesaid.
IN IPITNESS WHEREOF, I have hereinto set my hand and seal this.
day of1892.
[L. s.]
Executed in the presence of us:
DIRECTION.
Send money to me as follows, by
P. O.
F. 0.

	F GEORGIA				V40.
Cher	elles Con	aty. S	心、恐惧 。它	1300	
PERSONALLY	appears Thom	as narev	and of t	horsel	ear
County, State of	Georgia, who, beir	o duly sworn, as	ve on much that h	habbah sara	200 AVE. 1945
resident of said S	tate, and has reside	ed therein continu	cataly aver since	ha in I	
day of white	ise	18 <i>52</i> ; that he e	nilisted in the mi	litary service	of the Con-
Control States (o	r of the State of	() du	ring the wa	between the
States, and served	day a Ton	uales	in Company	6, 01 7	th Regiment
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of 2 das an	an the	11 18	moress		in the State
wounded as follow		2 posces	aday of Ma	Ocel 1	186.4., he was
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the acts amendato	sires to preligipate ry thereof, and ma dober 26, 1803.	kes application fo	r the allowance	to which he l	s entitled, for
X/ac	sed sed	dellars Co	been allowed a	pension of	me
Sworn to and	subscribed before	me, this, the	r HAU HOOD	4 78974 /S	182
	day of Mare		Thomas	m Ones	road
		,,,			
W. A. A. A.	n' b.benne	rade saas		No.	
disability, resulting from	ature of wound or characthe wound or disease,	ter of disease which caus	see the disability, and e	plain particularly	the extent of the
STATE OF	GEORGIA	.)	79.5		1
	Jeff LA VICENIA		67	are with	
	Many b. bes		La "		t wild in
				Ordinary of	said County,
do certify that I an					
applicant in the for	egoing affidavit, a	nd am well satisfie	d that the staten	ients made l	ov him in his
said affidavit are tr	ue, and that he is	disabled, to the ex	tent he claims as	nd I know i	Section 15
dividual he represe	nte himself to be	and that he emilds	- N-41- C-		id is the m-
	Charliste V. E.O.			Law Prop	Law
or any simpermore	A court which may be	See and to Bustiness	rm. respect vene		1
before whom the f	bledbild blidging	ware medenan	d power of att	orney was	algned, in a
the Confederation	GOTOR DY TERES	of the mental reco	of said County a	nd the said	fidavite and
elBurrhies spireton nom the State of C the Confederate A	are genuine. 114 :	rahi la julian	ir time or tol mor	tey Lanay b	a control to
Given under n	ny official signature	e and seal, this	day of	March	λημήσου του 1 893 .
01	2111	V. b. bonn	, State of Grand	ia, do hep	oy appoint
Know all M	on by these Pr	That I			and a second second
	Courte.	Ordinary	Choros	22	County.
ELVIE OF	CECHOIN.	Way to			
A MILL MARTINE	CONTRACTOR COLL				

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Know all Mo County, State of of me and in my na State of Georgia	OF GEORGI Co en by these Presents Georgia, do hereby a me, to receive and re by reason of an inju is State), as stated	OUNTY.	ofm er amount of foresaid in the	y true and lawful money I may be military service	attorney in fact, for entitled to from the of the Confederate
ney to receipt in which may be co IN WITNE	my name for any Wi ming to me for the re SS WHEREOF, 1	arrant that may rason aforesaid, have hereunto s	be issued by the	d scal, this.	rany sum of money
Execute	ed in the presence of	us .)			[L, S,]
Send money	to me as follows, b	DIRECT y to County, Ge	orgia.		Р. О.
(For Those Already Enrolled.)	Soldier's Pension.	ame I. M. Man wood	Lar at Com	W. H. HARRISON. Secretary Exercite Department.	Apleast ASDED TO

POWE	ER OF ATTORNEY.	
STATE OF GEORGIA,) .	
Count		
KNOW ALL MEN BY THESE	PRESENTS, That I,	
	of.	,
County, State of Georgia, do hereby a	appointmy true and la	
me and in my name, to receive and re State of Georgia by reason of an injury States (or of this State) as stated in the in my name for any Warrrant that may be coming to me for the reason aforesal	recipt for whatever amount of money I may y received as aforesaid in the military ser a foregoing affidavit; hereby authorizing my y be issued by the Governor, or for any s id.	be entitled to from the vice of the Confederate
day of	have hereunto set my hand and seal, this	
Executed in presence of us	1000,	-[In 8.]
Send money to me as follows, by_	DIRECTIONS.	P. O.
(for These Abreaty Euroled.) No. 53/ OLDIER'S PENSION. 1895.	Name J. H. Mall vector County, Ch. Sh. Sh. Manuel, St. M. Sh. Manuel, St. M.	"Sacretary Executive Department. "Sacretary pages To

STATE OF GEORGIA,
Chorollow County.
PERSONALLY appears 9, 96. Dawood of Whooksel
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 14
day of Afond 1839; 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 Proportion in Company 6, of 7 th Regiment
of Liongia Volunteers Imdonom''s Brigade; that whilst engaged in such military service at the battle of Middonomas in the State
such military service at the battle of Mildonmond in the State
of Vanpaman, on the b day of Man, 1864, he was
wounded as follows: Bg, Bermbotoll in Roott game
wounded as follows: Bg, Bermbodell man Rogett arms backer form amportation at the same backer form.
Shoulder fornt
U

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

Sworn to and subscribed before me, this, the fift day of Mann h 1894. A, b, born andimang)

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

STATE OF GEORGIA

Dolom, b. bom . Ordinary of said County. do certify that I am well acquainted with J. H. Anword 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 FATE day of Moon h 1894.

Delon le bonn

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
personally appears T. N. Dowood of Chombod
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citize and resident of said State, and has resided therein continuously ever since the 144 day of Abarla 1839; that he enlisted in the military service of the Confederate States (or of the State of during the war between the States, and served as a Panhala in Company & , of / the Regimes of Lourge of Volunteers, Androneso shrings with the State of States, and served as a Panhala in Company & , of / the Regimes of Lourge of Volunteers, Androneso in the State of Volunteers, Androneso in the State of Volunteers, States, and served as a least of the States of Wounded as follows: By Stylesonory Hammbohala 1864, he we wounded as follows: By Stylesonory Hammbohala
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W 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Deponent desires to participate in the benefits of the Act, approved October 24th, 188 and the acts amendatory thereof, and makes application for the allowance to which he

entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension One Wundred dollars, for the year 189/=2=8 14

Sworn to and subscribed before me, this, the deword day of Hely 1895.

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

STATE OF GEORGIA.

County. D. b. bom

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

Given under my official signature and seal, this 17 day of Tok



A.lo. borns

County.			8.	
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to receive and receipt for the pension	n paid hereon and	d request	that he rem	it same to
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day of	1896.			•
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er in a	1896.			[L. S.

	County. /	
I,	hereby authorize	
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to rece	ive and receipt for the pension paid hereon and request that	he remit same to
	by	
at	orthogonalisma (see, established)	
IN	WITNESS WHEREOF, I have hereunto set my hand and s	seal, this
day of	1897.	

Executed in presence of

STATE OF GEORGIA,

SOLDIER'S PENSION. 1897.

INVALID

No. 2147

For Those Area (Sounts) (For Those Already Enrolled.)

poant

Disability Lower of amon RICHARD JOHNSON, Name Horomon W. On County Chorolton

WARRANT HA

(For Those Aiready Enrolled.)

No. 6/9

SOLDIER'S PENSION

1896.

Secretary Executive Depart

RICHARD JOHNSON,

Disability Lass of asom

A Amount, \$100,00 Jalles

2/28

Name J. W Sowood

County Chardhoe

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	of GEORGIA,				
	appears Thomas		of 6h	ane how	
	Georgia, who being du				tizen
	said State, and has resi				
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of benesa	Volunteers, Q	and on poor	's Brigad	e: that whilst eno	noed
in such military	service in the State of	of 2/2		on the 6	dav
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Schone	how County	/. ∫			
T 50	b. bom		0		
	am well acquainted with		. 19 N	dinary of said Cou	unty,
	foregoing affidavit, and				
	vit are true, and I know les in this County.	v ne is the	individual he r	epresents himself	to be
nd that he resid		- M -1 -1 -1		with	
1	Given under my	omeiai signa		nis / / / ·	
(uay of	er o trattere. Fritzer i versi e de la casa	1896.		
AMX		4	100		
here.	#mark-comm.		D, B. 6.	~	
			Charolos	1	
	O	rdinary	Dhomatod)	Cor	unty

County.
Dersonally appears T. M. Arewood of chorokee
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 Acres 1807; 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 Princete in Company a, of 2 th Regimen
of La Volunteers, and service is Brigade; that whilst engaged in such military service in the State of La , on the 6th day
of 1864, he was wounded, injured or diseased of follows:
Surshot in Right am new Shulder
- Sireshot in Right am now Shulder - agh ampertatoot at Shoulder frint
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887 and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Charles Dollars, for the year 1898. Sworn to and subscribed before me, this, the TW Orward day of the by the Act of the year 1897. POST OFFICE
Note-State fully the nature of wound or character of disease which causes the disability, and explain particularly the extens of the disability, resulting from the wound or disease.
of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
herekoe County.
I, Abborred Ordinary of said County, do certify that I am well acquainted with T, M. arms and the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County. Given under my official signature and seal, this 20
diven under my omeial signature and seal, this
day of Feely 1897.
John Albert
) soal (
Ordinary chenklies County.
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STATE OF GEORGIA,			
County.			
of			
to receive and receipt for the pension paid hereon and request that he remit same to			100
by	- 1		Charoker
at			
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this			Maimed Soldiers.
day of1898.	3		Voucher No. 1019
[L. S.]			voucher No.7 019
Executed in presence of	Audited	18	Amount & 100.
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For Those Already Enroll LONG AND STATE INVALID INVALI			· · · · · · · · · · · · · · · · · · ·
			WARRANT
SOLDIER'S Soldine Alras INVA SOLDIER'S TESP Mame They W County electro Disability leve of Amount, \$ 100 of Amou			W. J. Campbell, State Printer, Constitution Job Offi
			1110 : 1

Mos U. Arnood lass of Arm

WARRANT CLERK.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,
Dersonally appears Thas. W. Krivard of Churchen
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 lay of Africa 1839; that he enlisted in the military service of the Confederate States (or of the State of Karraia) during the war between the States, and served as a Private in Company 6, of 7 th Regiment of Lorgia Volunteers, andurano 's Brigade; that whilst engaged n such military service in the State of Vargania, on the day of May 1864, he was wounded, injured or diseased as follows: The Grant States of Vargania Sauth of Williams in Caght farm in Sauth of Williams when years 1864, by Shell, which Carelous of Arm.
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is utilized for the year ending October 26th, 1898. I have heretofore under said law as a esident of

Wound

STATE OF GEORGIA,

and that he resides in this County.

, allen 6 boun

County.

do certify that I am well acquainted with thos. We growed

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

allen to team

Charace County.

No. 1019
Allanta, Sa., Hoty 12 1090 STATE OF GEORGIA. EXECUTIVE DEPARTMENT. Mr. Thomas W. Armood _of the County Cherokee 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 examined and allowed for Sass of arms He is entitled to receive the sum of Cart Hunared Dollars for such disability, the same being the all and the for the year ending October 24, 18 90 The Treasurer will pay the same and the his receipt on this voucher, and return same to Executive Department for warrant. By the Governor. M.H. Hamsin CLERK EXECUTIVE DEPARTMENT. :100 RECEIVED OF STATE TREASURER, R. U. HARDEMAN Uno Hundred t Dollars. per above voucher, this

. .

Ordinary of said County,

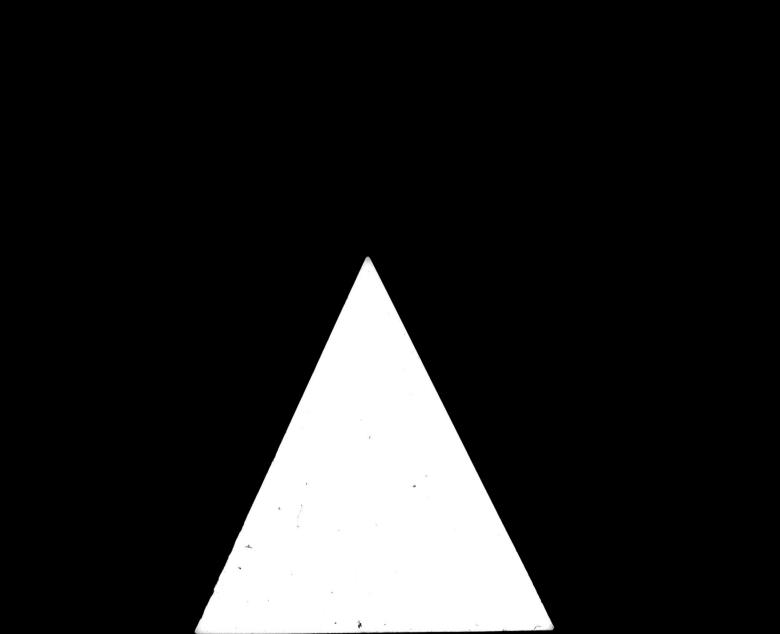
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Coherapec Maimed Soldiers. Voucher No. 401 Amount \$ 10 0 Paid Dho 1 It Armord For Pare of ann Included in warrant No. issued to Treasurer. 1891. WARRANT-CLERK Whereaut.

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COMPTROLLER-GENERAL.

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	STATE OF GEORGIA,	1)		
	Executive Department.	Allanta, Da. Il	hy 10 1891.	
		Allanta, Da. M		
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	M. 3/1111 1	F. Arroad	of the County	
	of Cherr Kee.			
	Department for an allowance under			
	approved Dec. 24, 1888 and Nov. 11,	1889, and the safethating been e	xamined and allowed for	
	He is entitled to receive the sum of	E PATE	The second second	
-	He is entitled to receive the sum of	us significant	Dollars	
	for such disability, the same being the	allowance due for the	October 24, 1891.	
	The Treasurer will pay the same	and hold his receipt on this vouch	er and return same to	
-	Executive Department for warrant.			20.
	Executive Department for warrant.	~ 1 (70.00	-
		· / / /	. Wirtun	,
	By the Governor.	,	GOVERNOR.	
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	•	SEC'Y EXECUTIVE DEPARTME	NT.	
	• ,			
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	State of Springer			
-	RECEIVED OF R. U. HARDEMAN, Tres	asurer of the State of Georgia.		
	Que Nuelle	-1 1 8 01	D. II	
	- 1 /V CCE 11CC	2	Dollars,	
	per above voucher, this		1891.	
		They W. An.	v-oael	



NOTES

In order to avoid nunewessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soliding as well as the rules adopted by the Governor touring the granting provided, the following suggestions are similarly decreased to the description of the wound should be carefully and unlike the description of the wound should be carefully and the description of the wound should be carefully and the description of the wound should be carefully and the description of the wound should be carefully stated the state of the description of the description of the wound should be carefully stated.

The in the masks making district the description of the service, a will and carefully stated and conditify to the description of the description and anomalium or are described by the Ordinary of the county of the residence of the applicant.

The Ordinaries of the several normalies are specially requested to call the attention of the physicians and anomalium to these totals on these points of the description of the physicians and anomalies to these points of the description of the de

APPLICATION FOR ALLOWANGE. Amount (30 Date of Warrant met 134 Entered on record MECHETARY EXECUTIVE DEPARTMENT.

No. 1324

augustus L

M. R. Chimes

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand that sugarating allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

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

 The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially not essentially useless.

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

4. If the application is for a wounded big, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the begins in our substantially and essentially rackers.

that the leg is not "substantially and essentially useless."

5. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under outh before an officer, and the proofs must show that the amendments have been duly sworm to.

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

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

Mench Cugactus L.

No. 1324

No. 132

For Use of Applicants Who Have not Heretofore Drawn.

STATE	OF	GEORGIA,		1
6	hen	du	County.	í

Personally appears Angential Animy of Cohercher county, State of Georgia, who, being duly sworm, says on oath that he is a bona fide citizen and resident of said State, and has been such since the Hone day of Marrie 1836; that he enlisted in the military service of the Confederate States (or of the State of States, and served as a Pomor in Company of of 23 th Regiment of Infantry Volunteers Lodgrim 's Brigade; that whilst engaged in such military service, at the battle of day of 1862, he was wounded as follows: Military for the surface of 1862, he was wounded as follows: Military for the surface of the Confederate State of the State o

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

Sworn to and subscribed before me, this the day of One of 1887

And Sworn to 1887

Linear W. Francisco continuous

The extent of the disability, and explain particularly

the extent of the disability, and explain particularly

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

County.

PERSONALLY came befor	e me	of the county
of.	State of Georgia, who, b	eing duly sworn, says that he was
a commissioned officer in C		Regiment of
Volunteers, and that depor	ent knows	, and that he received the
wounds (or contracted the d	iscase) in the military service,	as stated in his foregoing affidavit,
and that wounds (or disease	e) permanently disables the s	aid.
as sta	ated by him in said affidavit	Deponent further states that said

is a bona fide citizen of this State and resides

county

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

OTATE OF						
STATE OF	GEORG		}			
		County.	,			
PERSONALL	came		*			
day *		•				
citizens of					county,	in said State,
who, being duly	sworn, say tl	nat they are a	equainted w	rith		A.,
	201 2	and kno	w that he r	eceived the	wounds (or c	ontracted the
disease) in the mi	litary servic	e, as stated b	y him in the	foregoing	affidavit; tha	t said wounds
(or disease) perm	anently disa	ables applicar	it, as stated	by him; th	at said applie	cant is a bona
fide citizen of the				_,,		unty, and we
are well satisfied			. his affida	i		unty, and we
				it are true.		
day of	i subscribed	before me, th) .			
day or		100	1			
100) -			
Note.—Above affi	davit must be m	ande by three citi	zens of the coun	ty of applicant	's residence.	
Note.—Above affi	davit <i>must</i> be n	ande by three citi	zens of the coun	ty of applicant	s residence.	
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STATE OF	GEORGI	A, County.	zens of the coun	ty of applicant		said county
	GEORGI	A, County	zens of the coun	ty of applicant	Ordinary of	said county,
STATE OF Personally	GEORGI	A, County			Ordinary of	th known to
STATE OF Personally the as reputable	GEORGI	A, County.			Ordinary of bo	th known to
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STATE OF Personally me as reputable they have careful	GEORGI	A, County.	y, who, bein	g severally	Ordinary of bo	th known to
STATE OF	GEORGI	A, County.	y, who, bein	g severally	Ordinary of bo	th known to

Sworn to and subscribed before me, this

ORDINARY.

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

day of

applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be. and that he resides in this county. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that. before whom the foregoing affidavits were made and power of attorney was signed, is a of said county, and the said affidavits and signatures thereto are genuine Given under my official signature and seal, this 4th day of morah 1887 Oction of Partners Ordinary Charoley County. Power of Attorney. STATE OF GEORGIA, Fullow County Know all Men by these Presents, That I, A. J. Avery
of Chewkee.
county, in said State, do hereby appoint M. R. Jurner of Cobbi County my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this Executed in the presence of us:
Edgardom Man Parlio, Fortin Co., Su.,
R. C. J.

Ordinary of said county,

STATE OF GEORGIA

I. Ochan Ol Partnand

do certify that I am well acquainted with Ananolis & Avern

I further	certify that	nts himself to be, and that he resides	before rney was signed, is a
aiomaturas thas	reto are genuine		the said affidavits and
Given und	ler my official s	ignature and seal, this $4^{\mathcal{Z}}$ day of	42/ way may 1807
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		Ordinary Chirokee	County.
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Ordinary of said county,

STATE OF GEORGIA,

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

I, A. M. January of said Cou		STATE OF GEORGIA,	
do certify that I am well acquainted with Applicant in the foregoing affiliavits and am well satisfied that the statements made by I in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he the individual he represents himself to be, and that he resides in this County. I further certify that Application affidavits were made and power of attorney was signed, leterike on the foregoing affidavits were made and power of attorney was signed, leterike on the foregoing affidavits were made and power of attorney was signed, leterike on the foregoing affidavits were made and power of attorney was signed, leterike on the foregoing affidavits signatures thereto are genuine. Given under my official signature and seal, this the day of Authority of Country and the said affidavits. Ordinary Ordinary Country		Therefore Conniy.	
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Given under my official signature and seal, this 44 day of Automy 19 day of Automy 19 Ordinary Disposite Cou			
Given under my official signature and seal, this 14 day of Automy 13 Ordinary Ordinary Cou		Colorke of The Confirmor Somet of said County, and the said affidavite	s aı
Ordinary Distribute Con			
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STATE OF GEORGIA,
burokee County.
PERSONALLY appears Aprilion to Swind of Colewolcu. 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 4 day of
Abril 1855; 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 Private in Company 4, of 25 th Regiment
of An Angentism/ Volunteers, Delquitt 's Brigade; that whilst engaged
in such military service, at the battle of in the State
of Q/α , on the day of 1862, he was
wounded as follows: from exponence he was a Constant surrent from
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1862
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
Sworn to and subscribed before me, this the
4 day of Felmony 1890
Simon Pritaring insimonal
Nork.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
POWER OF ATTORNEY.
STATE OF GEORGIA
County.
KNOW ALL MEN BY THESE PRESENTS, That I,
of
county, in said State, do hereby appoint
of my true and lawful attorney in fact, for
me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of
[L. S.]
Executed in the presence of us:
DIRECTION.
Send money to me as follows, by
P.O.
County, Georgia.

PERSONALLY appears Appears Appears of December 1985. Assembly of December 1985 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 herectofore been allowed a pension of the war followed before me, this, the power of the Act, approved October 24, 1891. Sworn to and subscribed before me, this, the power of the Act, and espisies perficultured the extent of the disability, resulting from the wounder disease. Which causes the disability, and espisies perficultured the extent of the disability, resulting from the wounder of the ACT. Approved October 24, 1891. POWER OF ATTORNEY. STATE OF GEORGIA, County. State of Georgia, do hereby appoint of the acts of the property of the extent of the disability, resulting from the wounder of disease. The transfer of wound or disease. The transfer of wound or disease. The transfer of the ACT. The transfer of the extent of the disability, resulting from the wounder of the acts and espisies perficultures the extent of the disability, resulting from the wounder of the acts and espisies perficultures the extent of the disability, resulting from the wounder of the acts and the disability, resulting from the wounder of the acts and the disability, resulting from the wounder of the acts and the disability, resulting from the wounder of the acts and the disability, resulting from the wounder of the acts and the disability, resulting from the wounder of the acts and the acts
County, State of Georgia, who being duly sworn, says on oath that he is a homa fide citizen and resident of said State, and has resided therein continuously ever since the HT clay of April 1855; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Character in Company H, of 25 th Regiment of Information of I
resident of said State, and has resided therein continuously ever since the day of April 185°; that he enlisted in the military service of the Confederate States (or of the State of house house of house house he disability, and explain particularly the extent of house of house of house of house of house he disability, and explain particularly the extent of house of house of house of house of house he disability, and explain particularly the extent of house he disability, and explain particularly the extent of house he disability, and explain particularly the extent of house of hous
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Know all Men by these Presents, That I. County, State of Georgia, do hereby appoint
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my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of1891.
[L. 8,]
Executed in the presence of us:
The state of the s
Send money to me as follows, by
P. O.
County, Georgia.

STATE OF GEORGIA,	POWER OF ATTORNEY.
do certify that I am well acquainted with. Augustian the statements made by him in his said affidavit are true, and that, he is disabled, to the extent he claims, and I know he is the individual he repesents himself to be, and that he resides in this county.	STATE OF GEORGIA, LANGUS COUNTY. Know all Men by these Presents. That I, Desperation & Miles of County. State of Georgia, do hereby appoint Milliams & Nanasant of Milamia ha my true and lawful attorney in fact, for
Given under my official signature and seal, this 1 day of Parinh 1899. Ordinary Lebesolite' County.	me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this. 12 75 day of Magash. 1894. A. J. Awry [L. s.]
	Executed in the presence of us
	A. b. bonne . wadanaay,
	Send money to me as follows, by to D. B. b. b. war and an
SOLDIER'S PENSION. 1892. FOR THE VEAR EXDIVE OF THE LOSS. Name. We have experted of the county. County. County. County. Mannews, \$10.00 Briefly Loss of Ling & 1892. W. H. HARKISON. W. H. HARKISON. M.	For Those Already Enrilled.) Soldiger's PRPSion. 1894. Sording Energy Security Department. W. At. HARRISON, Secretary Security Department. W. At. HARRISON, Secretary Security Department. W. At. HARRISON, Secretary Security Department.

	ORGIA,			
Cheroke	County.		0 -	
Personally appears	County.)	Appointed to	1 Avery	
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oath that he is a bona fie	de citizen and resident o	Georgia, and I	has been such co	ontinuously
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STATE OF GEO	ORGIA.	,		
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unty, in said State, do he				
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Confederate States (or esaid attorney to receipt for any sum of money when the confederate of the confederat	eceive and receipt for what by reason of the injury re of this State), as stated in in my name for any Wai hich may be coming to n	tever amount of eceived as aforess in the foregoing a rrant that may be no for the reason	money I may be aid in the militar affidavit: hereby be issued by the aforesaid.	y service of
IN WITNESS WHE	EREOF, I have hereunto	set my hand and	seal this	
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	DIRECTI	014.	1	*
Send money to me as				P. O.

STATE OF GEORGIA. County.

Personally appears Augustus & Aning of bhondes 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 4 // 1/2 day of Sporte 1885 ; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Poopate in Company 9 , of 30 th Regiment Volunteers belguito Longia 's Brigade; that whilst engaged in such military service at the battle of in the State wounded as follows: Waid applicant was disabled as follows and Ry Course of Coff Ege caused by Expension 4 cons. Eyes

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

dollars, for the year 1898

Sworn to and subscribed before me, this, the A & Avry A, b. bom, Ondamang)

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

STATE OF GEORGIA, County.

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

Given under my official signature and seal, this 12 75

day of	March	1894.		
	***************************************		A. b. bom	
		Ordinary	bhoodkee.	Coun

STATE OF GEORGIA,

of	
County, in said State, do hereby appoint	
ofmy true and lawful attorn	ey in ract, for
from the State of Georgia by reason of the injury received as aforesaid in the milit the Confederate States for of this State], as stated in the foregoing affidavit; herel my said attorney to receipt in my name for any Warrant that may be issued by the for any sum of money which may be coming to me for the reason aforesaid.	y authorizing
IN WITNESS WHEREOF, I have hereunto set my hand and seal this	
day of1893.	*
	[r. s.]
Executed in the presence of us:	[2, 0,]
DIRECTION.	

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA,

PERSONALLY appears Squalter & Noverag of	Chorotece.
County, State of Georgia, who, being duly sworn, says on oath that he	
resident of Georgia, and has been continuously since the	
Afarile 1837; that he enlisted in the mili	
federate States (or the State of	ing the war between the
States, and served as a Mouvale in Company #	of 27 th Regiment
of Songia Volunteers Conguisto Briga	ade; that whilst engaged
of, on theday of	186, he was
disabled as follows: From tontracted Good	yes and
of on the day of disabled as follows: From Contracted Low of Before in the army Talal God of Golf of Soll of S	st Sight .
Laid applicant has hertofore bee hereson of \$500 Dellas for the year	ne a leset a 18 ³ 90 1891 7 18 ³ 90
· · ·	
Deponent desires to participate in the benefits of the Act appro- and the Acts amendatory thereof, and makes application for the allows	

for the year thereunder, ending October 26th, 1893.

Angustus, L. Avery

	STATE OF GEORGIA,	STATE OF GEORGIA,
	KNOW ALL MEN BY THESE PRESENTS. That I. D. G. DELOW	County.
	of bhowother	I, D. L. Dwang hereby authorize D. le lamo
	County, State of Georgia, do hereby appoint Rose London Johnson, See. 84. 60 pt.	and many of behonerow bearing
	ofmy true and lawful attorney in fact, for	to receive and receipt for the pension paid hereon and request that he remit same to
	me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt	at leaston bu.
	in my name for any Warrrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
	IN WITNESS WHEREOF, I have hereunto set my hand and seal, this	
	day of January 1895.	day of1896,
	Executed in presence of us	DEVALENCE OF THE CT, L, Avery
		Executed in presence of us
	D. le borre ondinas;	A.S. Cheney
		of the target
	DIRECTIONS.	Martin Colomorphics (C. 1) - martin Colomorph
	Send money to me as follows, by beneath In D. le borred, andy horothes benny to bankon P.O.	
	chowked benny to banton P.O.	
	County, Georgia.	
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		PERSON JOHNSON SIRED TO
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189 SOLDIER'S

Seability State 37

1890 SOLDIER'S PI

Name A. L. Malone

POWER OF ATTORNEY.

Tot inpproducts into include	
STATE OF GEORGIA,	
County.	,
personally appears D, L. Dweney of Cheno	koe
County, State of Georgia, who being duly sworn, says on oath that he is	
and resident of said State, and has resided therein continuously ever sin	
day of 1836; that he enlisted in the military	
	e war between the
States, and served as a Provale in Company 7, o	
0	whilst engaged in
such military service at the battle of	in the State
of on the day of	186 , he was
wounded as follows:	
Soid Soldious last the bite of and ine	Soum
Separat	
	- x
Deponent desires to participate in the benefits of the Act, approved and the acts amendatory thereof, and makes application for the allowan entitled for the year ending October 26th, 1895. I have heretofore been of dollars, for the year 1892 9.	ace to which he is
Sworn to and subscribed before me, this, the day of day of day are 1895.	very
Nore-state fully the nature of wound or character of disease which causes the disability, and explor of the disability, resulting from the wound or disease.	ain particularly the extent
of the disability, resulting from the would or disease.	
STATE OF GEORGIA,	
County.	
	ry of said County,
do certify that I am well acquainted with & L. Drugg	the
applicant in the foregoing affidavit, and am well satisfied that the staten	ients made by him
in his said affidavit are true, and I know he is the individual he repres	sents himself to be
and that he resides in this County.)
Given under my official signature and seal, this	s 3/ 4"
day of 1.11.1. 1895.	1
The state of the s	
And here	m .
Ordinary if Chowolks	County.

STATE OF GEORGIA, County,
personally appears D. L. Dwery of Chonches
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 1837; that he enlisted in the military service of the Con
federate States (or of the State of
States, and served as a Crownty. in Company H, of 3ª th Regimen
of Low Volunteers, Colquetto 's Brigade; that whilst engage
in such military service in the State of 20, on the day
of1862, he was wounded, injured or diseased as follows:
of 1802, he was wounded, injured or diseased as follows: Sand Saldsen to ham Dore Byes from & Heasten
in bamps which assessed the Loss of Loft. Ego
FIG. 200 FOR 100 FOR 1
Print Ferral Control of the Control
Personal designation of the second se
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1896. I have heretofore as a resident of
County been allowed a pension of Thenty
dollars, for the year 1894.
Sworn to and subscribed before me, this, the & A. L. Avery
10 day of 710 ly 1890.
A. b. lower ordans
NOTE-State fully the nature of wound or character of disease which causes the disability, and explain particularly the exter of the disability, resulting from the wound or disease.
of the unsaminy, resulting from the wound or disease.
STATE OF GEORGIA,
County.
I, J. b. born Ordinary of said County
do certify that I am well acquainted with \ \Delta \L. Divory / 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 h
and that he resides in this County.
Given under my official signature and seal, this
day of ADLy 1896.
TARK TO THE TARK THE THE TARK THE TARK THE TARK THE TARK THE THE TARK THE THE TARK T
Your Spen Lb. Com
Ordinary Choreka d Count

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	1 3	3 02	7	CH	WAR	0 1
I Q	Name C	Disability Amount,		2		1 8
	destas de condition de la constant de cons	NOISN WHEREOF, I have here	NOISNE County. Noise County. hereby authori of Marille of Marill	cuted in presence of	not receipt for the pension paid hereon and request that he by a sheet with the start with the by a sheet with the start with the by a sheet with the start	NOISN WHEREOF, I have hereunto set my hand and seal, this /2 1807.

	POWE	R OF ATTOR	NEY.	
	ku County	_hereby auth	orize Cors	A. Wrig
at Caud in with	Con Ga Tess whereof,	by I have hereunto set m	ehick	
Execu	sted in presence of	AS	dves	(L. s.)
(For Those Already Enrolled.) No. 2/23	INVALID SOLDIER'S PENSION. 1898.	Name M. L. Frency County Cherretter Disability Lover of Lift By.	2// C 1888. RICHARD JOHNSON, Commissioner of Frances.	WARRANT HANDED TO N. L. M. OR. E. MARRING, STOTE PROTEST, STOTE

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- cherches	County.			
Dersonally appea	re A L. Anen	of chec	whoe	
County, State of Georgi	a, who being duly sv	vorn, says on oath th	at he is a bona	fide citizen
and resident of said Stat				
day of april	18 5 ; that h	ne enlisted in the m	ilitary service o	f the Con-
federate States (or of th	e State of) du	ring the war be	tween the
States, and served as a	Mrs del.	in Company	# 05218 th	Dagiment
of Kongris	Volunteers, Colp	es 's Brig	ade; that while	st engaged
in such military service	in the State of 2/	<i>ù</i>	., on the	day
of	1862, he was wour	ided, injured or dise	ased of follows :	
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-loken Vone de	s which are	usul the Las	al my I	el
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*	The second second second second second			
	James Maria Maria Carlo Company	The second secon		

Sworn to and subscr	"	897. POST OFFICE		
Note-State fully the nature of of the disability, resulting from the	wound or character of disease	which causes the disability	and amiliar acceptants	-t- w
of the disability, resulting from the	wound or disease.	which causes the disability,	and explain particula	rty the extent
STATE OF GEOR	GIA.	**		
- 6 beaches	,	×		
I, A.b.	60000		ordinary of said	County,
do certify that I am well	acquainted with	Efuelus La	won 1	the
applicant in the foregoing	affidavit, and am we	ell satisfied that the	statements mad	e by him
n his said affidavit are tre	ie, and I know he i	s the individual he	represents hims	self to be
nd that he resides in this	County.			
Giv	en under my official	signature and seal,	this 19 4	
day of	dary)	1897.	(
CAST I			1	S .
your seal		2,6,60	777	
China	Ordinara	cherchee	,	0
* 1	Ordinary	The state of the s		County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEO			
Cherokee	County.		
personally appear	ars A. L. Arery	of Cher	okee .
County, State of Georg	ia, who being duly sworn	, says on oath that he is	a cona fide citizen
and resident of said Sta	ate, and has resided there	in continuously ever sir	ice the
day of	18 3.3 : that he er	listed in the military se	ruine of the Con-
federate States (or of th	ie State of Learn	- during the	man hat
States, and served as a	virale	in Company	23th Danimant
of worgia	Volunteers, colquin	's Brigade; the	at whilst engaged
in such military service	in the State of	fina on the	day
	186 , he was wound	ed, injured or diseased a	s follows:
In the last	in Part of 1	\$62 laken.	Sore eyes
which can	sed the las	od lest 8	,
		1	
	THE RESERVE OF THE PARTY OF THE		
Deponent desires to	participate in the benefit	s of the Act, approved Oc	tober 24th, 1887.
id the acts amendatory	thereof, and makes app	lication for the pension	to which he is
ititled for the year endi	ing October 26th, 1898.	I have heretofore unde	er said law as a
sident of	april 0	ounty been allowed an in	walid namaism of
Thirty	Dollars, for	the year 189 7	ivalid pension of
Sworn to and subser	ribed before me, this, the	inc year 100 7.	
// ''	E.	1 as & con	ery
# day of_	February 1898.	POST-OFFICE He	Kory Flat
allers 6 lo	Course Ord		<i>a</i> .
Norr-State fully the nature of	wound or character of discuss while	mary	
Norr-State fully the nature of the disability, resulting from the	wound or disease,	ch causes the disability, and explain	particularly the extent
TATE OF GEOR	CIA 3		
Cherokee	County.		
i, allen le	· la m		
and for the T	eaux	Ordinary of	of said County,
certify that I am well	acquainted with 9.	a avery	the
plicant in the foregoing	affidavit, and am well sa	tisfied that the statemen	ts made by him
his said affidavit are tru			,
	ie, and I know he is the	individual he represent	s himself to be
that he resides in this			s himself to be
Giv	s County. en under my official sign	ature and seal this	s himself to be
that he resides in this Giv	ne, and I know he is the secounty. The second of the seco	ature and seal this	.,

Affix your seal here.

Ordinary Chenokie, County.

	POWE	ER OI	ATT	JKNEY		
	GEORGIA,	1				
aho,	whoe co	ounty.				
Ι,	& & ANDER	, ·	here	by authorize	- Char	log Swag
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	me		by <i>_</i>			
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ay of 3			1899.	set my mu	u uuu seur,	To the state of th
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Exe	cuted in presence	of				
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<u>B</u>)		, Per	Trans
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Already En	NVALI ER'S PEN	X	3. 1	2, -)HN	WARRANT HANDED TO
e Aiready E	N S	0	7 3	7 1 4	0 10	H & I
hose No.	> à	(20)	S. 13	3 0 1	ARI	TAN LAND
For Those Already Enrolled. No. 277/	NVAL IER'S PE	-	3 ,0	6 12	RICHARD JOHNSON,	WAE
Fer	1 3		Name	Disability noc.	. 2	4 : 1

	OF ATTORNEY.
STATE OF GEORGIA,	
County.	
I, didicare	hereby authorize M. A. Marag 5.1
	of Stearthe ba
to receive and receipt for the pension	paid hereon and request that he remit sar
d, b, born 6 sdy	by Chock
at Caritory, Ga	- ~
	e hereunto set my hand and seal, this _/6_
day of fany 1900.	(0 6
)	- a.L. avery
Executed in presence of	,
I, 6, born, only,	
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ALL OO	A Commission of the Commission
AVALIO	W. LINI
NVAL	Sand Plan The acc T
	Name El V. Al Long County English & County Disability & Co. Co. Co. Marrant issued Of UV / Co. JOHN W. LINDSEY Commissions Com

STATE OF GEORGIA,
cherekoe County.
Personally appears N. S. Nelsony of Abenefice. 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 4 day of North 1885; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a long of the Company of the William of Wolunteers, Colombia 's Brigade; that whilst engaged in such military service in the State of on the day of 1880, he was wounded, injured or diseased as follows: The William of 1891 states are researched was had a State of the William of the Will
Las of Boft, Eyes
, 57, 7, 5, 5
Deponent makes application for the pension to which he is entitled for the year end-
ing October 20th, 1809. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1809. Sworn to and subscribed before me, this, the A L Arvery 1809 POST OFFICE We be become of word or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wond or disease.
STATE OF GEORGIA,
charokod County.
I. A 6.6
Given under my official signature and seal, this
day of test 1899. A & County. Ordinary Chambre County.

Dergonal	p appears of Solvers of Chances
	of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
	said State and County, and has resided therein continuously ever since the
	of Office 1835; that he enlisted in the military service of
tween the State	States (or of the State of) during the war be s, and served as a Cristale in Company \$\mathcal{E}\$, of \$31. the
Regiment of	be Volunteers, Colquit 's Brigade; that whils
engaged in suc	h military service in the State of va , on the
day of	186, he was wounded, injured or diseased as follows:
	taken were . 8 yes in bumps which
Canso	Whe was of walt have
	The same of the sa
Management organization	Company of the Compan
	NAME AND ADDRESS OF TAXABLE PARTY.
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Denoment	makes application for the pension to which he is entitled for the year
	makes application for the pension to which he is entitled for the year
	er 26th, 1900. I have heretofore under said law as a resident o
	er 26th, 1900. I have heretofore under said law as a resident o
. #	28th, 1900. I have heretofore under said law as a resident o
Sworn to	County been allowed an invalid pension of Dollars, for the year 1895.
Sworn to	County been allowed an invalid pension of Dollars, for the year 1895.
Sworn to	control of Lange 1900. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1805. Land Subscribed before me, this, the Lange of Lange 1900. FOST OFFICE
Sworn to	control of Lange 1900. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1805. Land Subscribed before me, this, the Lange of Lange 1900. FOST OFFICE
Sworn to	control of Lange 1900. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1805. Land Subscribed before me, this, the Lange of Lange 1900. FOST OFFICE
Sworn to	or 28th, 1900. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1895. Indiana Subscribed before me, this, the Carry of Larry 1900. Post office 1
Sworn to do	cr 26th, 1600. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1895. Indiana State of the year 189
Sworn to do	or 28th, 1900. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1895. Indiana Subscribed before me, this, the Carry of Larry 1900. Post office 1
Sworn to di Arabin State OF	County been allowed an invalid pension of Dollars, for the year 180 5. and subscribed before me, this, the Call Courty by of Larry 1900. FOST OFFICE 1900. FOST OFFICE GEORGIA, GEORGIA, CHOCL County.
Sworn to di Company Co	control of the said law as a resident of County been allowed an invalid pension of Dollars, for the year 1895. Dollars, for the year 1895. The said county been allowed an invalid pension of Dollars, for the year 1895. The said county of the year 1895. The said county of the said county of the said county of the said county of said County. Ordinary of said County of said County.
Sworn to do the state of the disability of the d	County been allowed an invalid pension of Dollars, for the year 1805. The subscribed before me, this, the Call County by of Larry 1900. POST OFFICE The salars of wound or Character of disease which causes the disability, and explain particularly the Translation of disease. GEORGIA, County been allowed an invalid pension of Dollars, for the year 1805. GEORGIA, Ordinary of said County. I am well acquainted with A Maray the
Sworn to d. Norz. State estent of the disability STATE OF Lo Late I, > do certify that applicant in the	re 26th, 1600. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1895. Indiabscribed before me, this, the Carry sy of Carry 1900. POST OFFICE The post of County 1900. Post of Office 1900. Post of
Sworn to d. Morn-State in the state of the s	county been allowed an invalid pension of County by of County 1900. POST OFFICE 1900. P
Sworn to d. Morn-State in the state of the s	or 26th, 1600. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1895. Indiabscribed before me, this, the Carry sy of Carry 1900. POST OFFICE The post of County 1900. Post of Office 1900. Post of
Sworn to d. Morn-State in the state of the s	county been allowed an invalid pension of County by of County 1900. POST OFFICE 1900. P
Sworn to Mora-State STATE OF Lower State	county been allowed an invalid pension of County been allowed an invalid pension of Dollars, for the year 1895. Indicated County been allowed an invalid pension of Dollars, for the year 1895. Indicated County been allowed an invalid pension of Dollars, for the year 1895. Indicated County Dollar
Sworn to Mora-State STATE OF Lower State	county been allowed an invalid pension of County been allowed an invalid pension of Dollars, for the year 1895. Indistributed before me, this, the Carry sy of Carry 1900. POST OFFICE 1900. POST OFFICE GEORGIA, County been allowed an invalid pension of Dollars, for the year 1895. GEORGIA, Ordinary of said County the foregoing affidavit, and am well satisfied that the statements made by hin avit are true, and I know he is the individual he represents himself to be desin this County. Given under my official signature and seal, this 64 day of faces 1900.
Sworn to d. Morn-State in the state of the s	county been allowed an invalid pension of County Dollars, for the year 1895. If a County Dollars, for the year 1895. Ordinary of said County Dollars, for year 1895. If a County Dollars, for the year 1895. Ordinary of said County Dollars, for the
Sworn to d. Morn-State in the state of the s	county been allowed an invalid pension of County been allowed an invalid pension of Dollars, for the year 1895. Indistributed before me, this, the Carry sy of Carry 1900. POST OFFICE 1900. POST OFFICE GEORGIA, County been allowed an invalid pension of Dollars, for the year 1895. GEORGIA, Ordinary of said County the foregoing affidavit, and am well satisfied that the statements made by hin avit are true, and I know he is the individual he represents himself to be desin this County. Given under my official signature and seal, this 64 day of faces 1900.
Sworn to d. Morn-State in the state of the s	28th, 1900. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1895. In Subscribed before me, this, the Cale County by of Lawry 1900. POST OFFICE Ally the nature of wound or disease which causes the disability, and explain particularly the resulting from the wound or disease. GEORGIA, County. Ordinary of said County the foregoing affidavit, and am well satisfied that the statements made by hin avit are true, and I know he is the individual he represents himself to be desirable from the County. Given under my official signature and seal, this Cale Cale Cale Cale Cale Cale Cale Cale

POWER OF ATTORNEY. STATE OF GEORGIA. Cherokee County. 1 d. S. Wren hereby authorize to receive and receipt for the pension paid hereon and request that he remit same to · Cantin Ga IN WITNESS WHEREOF, I have hereunto set my hand and seal this A & Avery 1. s.] Executed in presence of y J. Jinnes SOLDIER'S PENSIO DISABLED 1901

Heretofore Allowed Pensions.

POWER OF ATTORNEY

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the al	Canto	in to Rother	mind CIA Midavit and	by well Mil	sped that t	he statem	ngegrap er ngegrap
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L Co, code section tax E ALREADY ENBOLLED.	actoric or	inth int			13001	LINDSEY, Commutations of Praction.	ARRAYT HANDED TO

County.

STATE OF GEORGIA,

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS