

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears A. L. Avery of Cherokee 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 4th day of April 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 Private in Company 2, of 23rd Regiment of Volunteers, Calquhoun's Brigade; that whilst engaged in such military service in the State of Va, on the _____ day of _____ 1862, he was wounded, injured or diseased as follows:

from explosion taken down eyes and lost left eye

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

Sworn to and subscribed before me, this the 14th day of May 1901. Postoffice A. C. Carr

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 8th

day of May 1901.

A. C. Carr
Ordinary Cherokee County.



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears A. L. Avery of Cherokee 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 _____ 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 Private in Company 2, of 23rd Regiment of Volunteers, Calquhoun's Brigade; that whilst engaged in such military service in the State of Va, on the _____ day of _____ 1862, he was wounded, injured or diseased as follows:

from explosion taken down eyes and lost left eye

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

Sworn to and subscribed before me, this the 14th day of May 1902. Post-office A. C. Carr

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

STATE OF GEORGIA,

Cherokee County.

I, A. C. Carr Ordinary of said County, do certify that I am well acquainted with A. L. Avery 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 10th day of May 1902.



A. C. Carr
Ordinary Cherokee County.

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

HOME OF VICTIMS

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

COUNTY.

Cherokee of said State and County, having been presented as a witness in support of the application of Samuel S. Allred for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J. C. Johnson, residing in Cherokee County, Ga.
2. Are you acquainted with Samuel S. Allred, the applicant; if so, how long have you known him? Yes, I have known him since 1861.
3. Where does he reside, and how long and since when has he been a resident of this State? Resides at Canton, Ga. Human State since 1861.
4. When, where and in what company and regiment did he enlist, and how do you know? July 9, 1861, at Jasper, Ga. Co. G - 20th Va. Reg.
5. Were you a member of the same company and regiment? Yes.
6. How long did he perform regular military duty? over three years.
7. When and where was his command surrendered? Appomattox Court House, Va.
8. Were you present when it surrendered? No, was not present.
9. Was applicant present? No.
10. If he was not present, where was he? at home on furlough.
When did he leave his command? March 1864. For what cause? By leave of his Command.
By what authority he left? By furlough. How do you know all of this? I was friendly with him.

11. What property, effects or income has the applicant? (Give your means of knowledge.) Nothing but some hold worth \$4.00
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, did he make of same? About same as now, not disposed of any.
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? None.
14. What is the applicant's occupation and physical condition? He has no occupation now, he is not able to work.
15. Is the applicant unable to support himself by labor of any sort; if so, why? He is, by reason of his age & infirmities.
16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? Small amount of gardening.
17. What portion of his support for these four years was derived from his own labor or income? Very little.
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. Age, infirmities & poverty.
19. Who composes family? What property have they? Children's age and their earning capacity? Himself & wife, no property.
20. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this the 10 day of Aug, 1908.
W. J. Webb Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

COUNTY.

Personally came before me, John M. Tank and J. M. Bates, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

Samuel S. Allred, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

My applicant has a general decline, has no special trouble, except rheumatism, & loss of energy. He is unable to support himself by manual labor.

and that we have no interest in said pension being allowed.
Sworn to and subscribed before me, this the 10 day of Aug, 1908.
W. J. Webb Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

COUNTY.

I, W. J. Webb Ordinary, in and for said County, hereby certify that the applicant, Samuel S. Allred, resides in said County, and has been a bona fide resident of this State since the 10 day of Aug, 1861, and that the witnesses, viz.: John M. Tank and J. M. Bates are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Cherokee County shows that applicant returned for taxation in his name in 1901 Make no Return Dollars of property, and in 1902 Make no Return Dollars of property; in 1903 Make no Return Dollars of property; in 1904 Make no Return Dollars of property; in 1905 Make no Return Dollars of property; in 1906 Make no Return Dollars of property; in 1907 Make no Return Dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 23 day of Sept, 1908.
W. J. Webb Ordinary.
of Cherokee County.

BEFORE ME,
1. Before any questions are answered, the Ordinary shall swear applicant, and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

Sworn to and subscribed before me, this the

10 day of Aug 1908

Ordinary

Witness

1. Before any questions are answered, the Ordinary shall swear applicant, and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

Alfred, S. D.
Cherokee Co

For CHEROKEE County

1928

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Frank P. Burt Ordinary

For S. D. Alfred, -----

Date of Death October 15th, 1928.

Amount \$100.00

Approved and ordered paid

Dec 17, 1928

JOHN W. CLARK,
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 permanently filed with them. Do not keep this application in your office.

2500
2400
1000

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 A.L. Allred, -----
----- of said County, who, after being sworn, on oath
says that he knew S.D. Allred, ----- 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 Fifteenth ----- day of October ----- 192 8.
and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral
expenses, which amounted to the sum of \$ 175.85, per sworn statements fully and completely
ITEMIZED hereto attached.

Sworn to and subscribed before me,

Frank P. Burtz Ordinary
----- Cherokee ----- County

his
A.L. Allred
Mark

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, ----- Cherokee ----- County.

I, Frank P. Burtz ----- Ordinary of said County, do certify
that I personally know A.L. Allred, -----, who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full
faith and credit; that I also know S.D. Allred ----- while in life and that this was
the same person whose name appears on the Pension Roll of Cherokee ----- County, and
was paid a Pension of Two Hundred ----- (\$ 200.) Dollars
in said County for 1927 -----, 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 at-
tached hereto.

Given under my hand and official seal, this 24th ----- day of October -----, 192 8.

(Seal of Ordinary)

Frank P. Burtz Ordinary
----- Cherokee ----- County

INSTRUCTIONS:

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," etc.)
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of -----, who died without owning sufficient property to pay this bill."
- 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.
- 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.

R.T. JONES, President

FORTY YEARS AND MORE AT CANTON

R.W. JONES, General Manager

JONES MERCANTILE COMPANY

CAPITAL, SURPLUS AND PROFITS MORE THAN \$1,000,000

(OWNERS: CANTON FERTILIZER COMPANY)

INCORPORATED 1907



STORE BUILDING - FLOOR SPACE OVER 80,000 SQUARE FEET
DEPARTMENT STORE - MERCHANDISE
COTTON AND FERTILIZERS
CANTON, GA.

Oct. 22, 1928

S D Allred, for his estate.

Funeral.

Casket 115.00 Suit 19.00 Embalming 25.00

Service 15.00 Underwear 1.50 Hose 35 all \$175.85

Georgia-Cherokee County.

Personally appeared before me, S.H. Pascoe, who, being duly sworn,
deposes and says that the above and foregoing account is just
and true and true and unpaid,
Sworn to and subscribed before me,
this 24th day of October, 1928.

Frank P. Burtz ORDINARY.

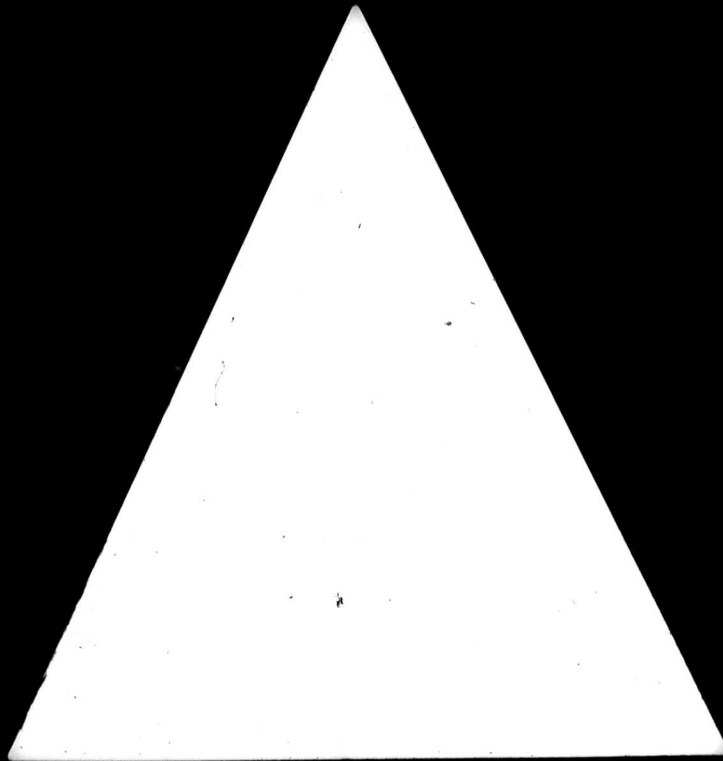
CH. Pascoe F.D.
Jones Mercantile Company.

Cash not taken as per
instruction #2

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.



Anderson, Jane Cherokee County Ok. for 1925 WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When
Husband Was on the Pension Roll
of Georgia.

County Cherokee

Name Jane Anderson

Widow of J. M. Anderson

Company "K"

Regiment 15th

Date of Husband's Death Dec. 12 1923

Date of Marriage Mar. 6th 1873

Approved Feb. 5, 1925

N. E. Harris
Commissioner of Pensions.

5/24/1924

Ordinary's Certificate

STATE OF GEORGIA.

Cherokee COUNTY.

I, Paul M. Mader Ordinary of said County, do certify that I know Mrs. Jane Anderson the applicant for pension; that she is the person

she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know the witness as to

marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 15 day of January, 1924.
(SEAL OF ORDINARY) Paul Mader Ordinary,
Cherokee County

Instructions.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You shall give what you know to be true, and you shall not swear to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank space are insufficient.
3. Affidavits of witnesses must be sworn to in the presence of the Ordinary.
4. Only widows who are married prior to first January, 1861, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by genealogical records.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because Disabled Pensioners made no proof of service and were not required to do so.

*Anderson, Jane
Cherokee County
Ga. for 1925*

WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When
Husband Was a Pensioner of
Georgia.

County Cherokee
Name Jane Anderson
Widow of J. M. Anderson
Company "H"
Regiment 16th
Date of Husband's Death Dec 12 1923
Date of Marriage Mar. 6th 1873
Approved Chas. H. Massey 5, 1925

W. J. Baker
Commissioner of Pensions.

5/24/1924

Ordinary's Certificate

STATE OF GEORGIA.

Cherokee COUNTY.

I, Chas. H. Massey Ordinary of said County, do certify that I know Mrs. Jane Anderson, the applicant for pension; that she is the person she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know Chas. H. Massey the witness as to marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 15 day of January 1924
(SEAL OF ORDINARY) Chas. H. Massey Ordinary,
Cherokee County

Instructions.

- 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 truth. So help you God."
- Additional affidavits may be attached if blank spaces are insufficient.
- All affidavits must be made before the Ordinary of the County of residence.
- Only widows who are married prior to first January, 1921, are entitled.
- Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
- Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because Disabled Pensioners made no proof of service and were not required to do so.

R.T. JONES, President

FORTY YEARS AND MORE AT CANTON

R.W. JONES, Gen. Manager

JONES MERCANTILE COMPANY

ESTABLISHED 1879

INCORPORATED 1907

DIRECTORS:
R.T. JONES
R.W. JONES
J.E. JOHNSTON
E.M. JUDASILL
L.L. JONES



REFERENCED
BRADSTREET'S AGENCY
ANY BANK OR BUSINESS
CONCERN WHO KNOW US

STORE BUILDING - FLOOR SPACE OVER 20,000 SQUARE FEET
DEPARTMENT STORE - MERCHANDISE
COTTON AND FERTILIZERS
CANTON, GA.

Aug. 18th. 1927

Mr W H Anderson,
City

For Funeral Account Mother.

Casket-- Dress--Embalming--Service

\$250.00

MARRIAGE CERTIFICATE.

STATE OF GEORGIA, PAULDING COUNTY.

This certifies that John M. Anderson and Jane Adcock were united in the holy bonds of matrimony by John Adderson, M.C. 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.

Jacob Massey
Ordinary and ex-officio C.O.C.O.

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,

Cherokee COUNTY.

Personally before me comes Mrs. June Anderson of said County, who, after having been duly sworn, says that she is the widow of J. H. Anderson to whom, in the County of Cherokee State of Ga she was married on the 18 day of 18, and that she remained his wife, and resided with him to the date of his death in 1927, and that she has not since his death remarried; at the time of his death he was a resident of Cherokee County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$100 in Cherokee County for 1923 (per annum), on account of being a soldier in Company A Regiment 18 Inf (Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of Georgia and she has, continuously, resided there since 1927 day of 19.

Sworn to and subscribed before me, this 15 day of January, 1927.

Frank P. Burtz Ordinary June Anderson of Cherokee County. (Applicant)

(SEAL OF THE ORDINARY.)

Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA,

COUNTY.

Personally before me comes June Anderson 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. June Anderson, who made the foregoing affidavit, is the lawful widow of J. H. Anderson who died in 1927 County in said State of Georgia on the 18 day of 19, and that she has not since remarried; that she became the wife of J. H. Anderson on the 18 day of 18; that she and he had resided together as husband and wife, continuously, since 1927 day of 19, and that J. H. Anderson was the same man who was on the pension roll of said State Georgia from 1923 County Cherokee when he died.

Sworn to and subscribed before me, this 15 day of January, 1927.

Frank P. Burtz Ordinary June Anderson of Cherokee 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 W. H. Anderson of said County, who, after being sworn, on oath says that he knew Mrs. June 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 W. H. Anderson pensioner left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$250.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

Frank P. Burtz Ordinary W. H. Anderson of Cherokee County

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, Cherokee County.

I, Frank P. Burtz, Ordinary of said County, do certify that I personally know W. H. Anderson, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs. June Anderson while in life and that this was the same person whose name appears on the Pension Roll of Cherokee County, and was paid a Pension of One Hundred and Fifty (\$150) Dollars in said County for 1927, 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, 1927.

(Seal of Ordinary) Frank P. Burtz Ordinary Cherokee County

INSTRUCTIONS:

- 1st. Requires those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "Just, true, due, unpaid," etc.) "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of W. H. Anderson, who died without owning sufficient property to pay this bill.
- 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.
- 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. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
- 6th. Return 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.

of _____ County,

(SEAL OF ORDINARY)

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. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
6th. Return 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.

Anderson, Jane (Mrs.)

Cherokee Co

For.....CHEROKEE.....County

1927

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Frank P. Burt Ordinary

For *Mrs. Jane Anderson*

Date of Death *August 14th*, 1927.

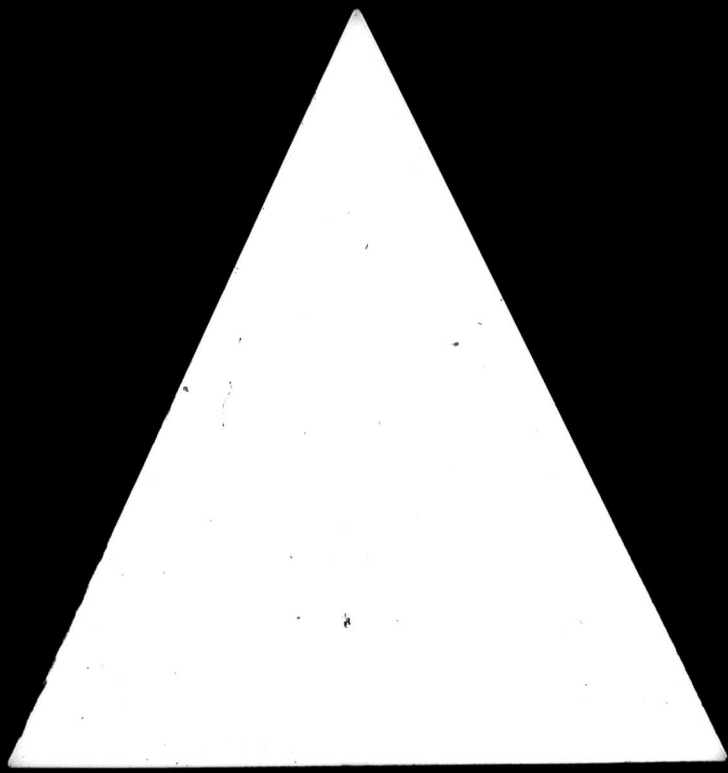
Amount \$ *100.00*.

Approved and ordered paid *of*

John W. Clark
36 Nov. 27 JOHN W. CLARK,
Commissioner of Pensions

Paid

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 permanently filed with them. Do not keep this application in your office.



POWER OF ATTORNEY.

STATE OF GEORGIA.

County

hereby authorize

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

by

Witness my hand and seal, this

day of

190

(U. S.)

Executed in presence of

Anderson, John W.
Charles

C. N. Jan 1900

INDIGENT PENSION

✓ 1909

Name *J. W. Anderson*

County *Cherokee*

Co. *72* *18th La.* Regt

Approved _____ 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write name of Applicant, Company and Regiment on back as indicated above.

Case, F. Ryd. State Prison, Atlanta, Ga.

9/25/09

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY

I, _____ hereby authorize

_____ of _____

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

at _____ by _____

Witness my hand and seal, this _____ day of _____ 190 _____

(L. S.)

Executed in presence of _____

INDIGENT PENSION

1907

Name *J. M. Anderson*

County *Cherokee*

Co. *7th* 18th *Regt*

Approved _____ 190 _____

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Ordinary will write name of Applicant, Company and Regiment on back as indicated above.

Class. & Div. from Pension Agent Co.

9/26/09

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

Cherokee *John M. Anderson* of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn to give answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.)

John M. Anderson, Reside at Ball Ground Ga.

2. How long and since when have you been a resident of this State? *Since Nov. 29, 1843*

3. When and where were you born? *Nov. 29, 1843, Forsyth Co. Ga.*

4. When and where and in what company and regiment did you enlist or serve?

June 10, 1861, in Bartow Co. Company "K"

18th Ga. Regt.

5. How long did you remain in such company and regiment? *Until April 6, 1865*

6. When and where was your company and regiment surrendered and discharged?

Captured at Appomattox Court House Va. on April 6, 1865. Carried to New Port News Prison, Va.

7. Were you present with your company and regiment when it was surrendered? *Yes*

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? *As above stated my whole command was captured, and was in Prison at surrender.*

9. How much can you earn (gross) per annum by your own exertions or labor? *Very little*

10. What has been your occupation since 1865? *Carpenter*

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

12. If upon the first ground, state how long you have been in such condition that you could not earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight. *I have had a stroke of Paralysis, & Kidney trouble, which renders me unable to labor for a support*

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

14. What property, real or personal, did you possess in 1903, 1904, 1905, 1906, 1907 and 1908, and what disposition if any, by sale or gift, have you made of same? *Very small amount of personal property, have not disposed of any*

15. In what County did you reside during those years, and what property did you then return for taxation? *Resided in Cherokee Co. Natural Household*

16. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? *Primarily by my own labor*

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *Don't know*

18. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? What pay did you receive in each year? *Worked as Carpenter, received reasonable pay*

19. Have you a family? If so, who composes such family? Give their means of support. Have they a home, land, or other property? Their age and how employed? *My self & wife in property*

20. Are you receiving any pension? If so, what amount and for what disability? *No*

21. Have you ever made an application for pension before? *No*

22. How many applications have you ever made and under what class? *Now*

Sworn to and subscribed before me this the _____ day of _____ 1909.

20 _____ day of _____ 1909.

Ordinary _____

John M. Anderson Applicant.

County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton COUNTY.

P. K. Fowler

of said State and County, having been presented as a witness in support of the application of Wm. Anderson for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? P. K. Fowler
208. Miami St. Atlanta, Ga. Fulton County
2. Are you acquainted with Wm. Anderson, the applicant; if so, how long have you known him? since 7th day of June 1861
3. Where does he reside, and how long and since when has he been a resident of this State? Ball Ground, Ga. since 7th day of June 1861 to my knowledge
4. When, where and in what company and regiment did he enlist, and how do you know? 7th day of June 1861 Big Shanty, Cobb County, Ga. 1st Regt. was number 1000
5. Were you a member of the same company and regiment? yes
6. How long did he perform regular military duty? until 25th day of April 1865
7. When and where was his command surrendered? near Appomattox Court House April 25th 1865
8. Were you present when it surrendered? Yes was transferred to 2nd Division, Department
9. Was applicant present? yes
10. If he was not present, where was he?

When did he leave his command? For what cause? By what authority he left? Resol'd How do you know all of this? by being in the same brigade

11. What property, effects or income has the applicant? (Give your means of knowledge.) do not know
12. What property, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909? none to my knowledge
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? carpenter condition bad

15. Is the applicant unable to support himself by labor of any sort; if so, why? cannot positively state as I do not live near him or know his exact 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? I do not know

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 not know

19. Who composes family? What property have they? Children's ages and their earning capacity? I do not know any of family except house

20. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this 20th day of October 1909 P. K. Fowler Notary Public

I hereby certify that the above witness is a true and correct statement of the statements submitted to me and that I am not a party to the same. John Williamson Notary Public

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cherokee COUNTY.

Personally came before me Wm. Williamson and J. M. Bates both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully Wm. Anderson applicant for pension under Section 1254,

Code, and after such personal examination say that his precise physical condition is as follows: suffering from Arteriosclerosis of the heart, kidneys and genital organs

and weakness of the system in consequence of which he is unable to support himself by labor by manual

labor and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this 20th day of October 1909 Wm. Williamson Notary Public

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee COUNTY.

I, W. J. Webb Ordinary, in and for said County, hereby certify that the applicant Wm. Anderson resides in said County, and has been a bona fide resident of this State since the all day of his life 189.

and that the witnesses, viz. Wm. Williamson & J. M. Bates are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Cherokee County shows that applicant returned for taxation in his name in 1901 _____ Dollars of property, and in 1903 _____ Dollars of property; in 1904 _____ Dollars of property; in 1905 _____ Dollars of property; in 1906 _____ Dollars of property; in 1907 _____ Dollars of property; in 1908 _____ Dollars of property; in 1909 _____ Dollars of property.

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

Witness my hand and seal of office, this 20th day of October 1909 W. J. Webb Ordinary

of Cherokee County.

NOTE.

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

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

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

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Cherokee County.

I, Jacob Massey, Ordinary of said County, do certify that I personally know Jane Anderson, the applicant, and that she is the lawful widow of J. M. Anderson, and was on the Cherokee Pension Roll of said Cherokee County, and was paid a Pension from Cherokee County for 1923, and at the time of his death on the 17 day of December, 1923, there was due to him and unpaid his Pension of One Hundred Dollars from the State of Georgia, and I know _____, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 18 of January, 1924.

(Seal of Ordinary)

Jacob Massey, Ordinary
Cherokee County

Anderson, J. M. 6-16
Cherokee Co

at <u>Cherokee</u>	County
1924	
Application for Pension Due Deceased Soldier (UNDER ACT 1891) (To be paid to his Widow or Dependent Children)	
BY <u>Mrs. Jane Anderson</u> Widow of <u>J. M. Anderson</u>	
Date of Marriage <u>Mrs. 6-18-73</u>	
Date of Death <u>Jan. 17</u>	19 <u>23</u>
Approved and ordered paid.	
APR 14	1924
Ordinary: <u>Jacob Massey</u> this blank to Pension Department for approval before you pay out the money, and then return it with your pay-rolls for permanent filing in the Pension Department.	

GEORGIA, Cherokee County

I hereby authorize and constitute W. H. Anderson, of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 1924, through my deceased husband, J. M. Anderson, who was ex. etc. Pension Roll and paid from Cherokee County for 1923.

Witness my hand this 18 day of January, 1924.

Attested before me:

Jacob Massey | Jane Anderson

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)

(UNDER ACT APPROVED OCTOBER 3, 1891)

STATE OF GEORGIA, Cherokee County.

Personally before me, the Ordinary of said County, comes Mrs. Jane Anderson of said County, who after being duly sworn, on oath says that she is the widow of J. M. Anderson and that said Pensioner was on the Pension Roll of Cherokee County and was paid a Pension of One Hundred (\$100.00) Dollars from Cherokee County for 1923 and that the said Pensioner died in Cherokee County on the 17 day of Dec, 1923 and at the time of his death a Pension of \$100.00 was due him from Cherokee County and unpaid for 1924. Applicant further swears that she married the said J. M. Anderson on the 6 day of March, 1893, in Cherokee County and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 18 day of Jan, 1924

Jacob Marney, Ordinary

Cherokee County
(Seal of Ordinary)

Jane Anderson (L. S.)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cherokee County.

Personally before me comes Jane Anderson, who on oath says that he knew J. M. Anderson while in life and that he knows Mrs. Jane Anderson, the above applicant; and knows that the said J. M. Anderson and Jane Anderson were in due form of law married in the County of Cherokee in the State of Georgia on the 6 day of March, 1893, and that they were residing together as husband and wife at the time of his death on the 17 day of Dec, 1923, and that she is his dependent widow.

Sworn to and subscribed before me this 18 day of Jan, 1924.

Jacob Marney, Ordinary

Cherokee County
(Seal of Ordinary)

INSTRUCTIONS:

- 1st. This form is for widows of Service and Disabled Soldier pensioners, who died after November 1st. If pensioner died after January 1st, having dependent children but no widow, their guardian may use this form in their behalf.
- 2nd. Proof of marriage must be made, though the date of marriage need not be proven, it being only necessary to prove that pensioner and widow were living together as husband and wife at the time of death.
- 3rd. Do not use the enormously large form of marriage certificate in common vogue throughout the State, suitable only for framing. Such certificate is entirely too bulky for use in this pension application. A plain certificate written on the back of the copy of marriage license is the proper form.
- 4th. The Ordinary should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the seal affixed, and that both of application, when filled in, is filed in.
- 5th. Pay out no money on this application until approved by the Pension Department and returned to you as your authority to make the payment.
- 6th. Return this application with your final settlement to the Pension Department.
- 7th. The Ordinary is person paying for proper power-of-attorney receipt for this pension by signing name, as widow, opposite the name of husband on the soldier pay roll.
- 8th. Only the one pension is covered by this application. If the marriage took place before 1891, take another application, on the white blank, to admit widow to rolls in her own right. November 1st is the last filing date for the next year's rolls.

INSTRUCTIONS.

1st. This form is for widows of Service and Disabled Soldier pensioners, who died after November 1st. If pensioner died after January 1st, leaving dependent children but no widow, their guardian may use this form in their behalf.
 2nd. Proof of marriage must be made, though the date of marriage need not be proven, it being only necessary to prove that pensioner and widow were living together as husband and wife at the time of death.
 3rd. Do not use the aforementioned large form of marriage certificate in common vogue throughout the State, suitable only for framing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.
 4th. The Ordinary should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the same affixed, and that back of application, when folded, is filled in.
 5th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make the payment.
 6th. Return this application with your final settlement to the Pension Department.
 7th. The widow or person holding her proper power-of-attorney receipts for this pension by stating name, as widow, opposite the name of husband on the notice may roll.
 8th. Only the one pension is covered by this application. If the marriage took place before 1881, take another application, on the white blank, to admit widow to roll in her own right. November 1st is the last filing date for the next year's roll.

STATE OF GEORGIA

Marriage Certificate

Paulding COUNTY

This Certifies that John. M. Anderson.

and Jane. Adcock.

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By John. Anderson M G.

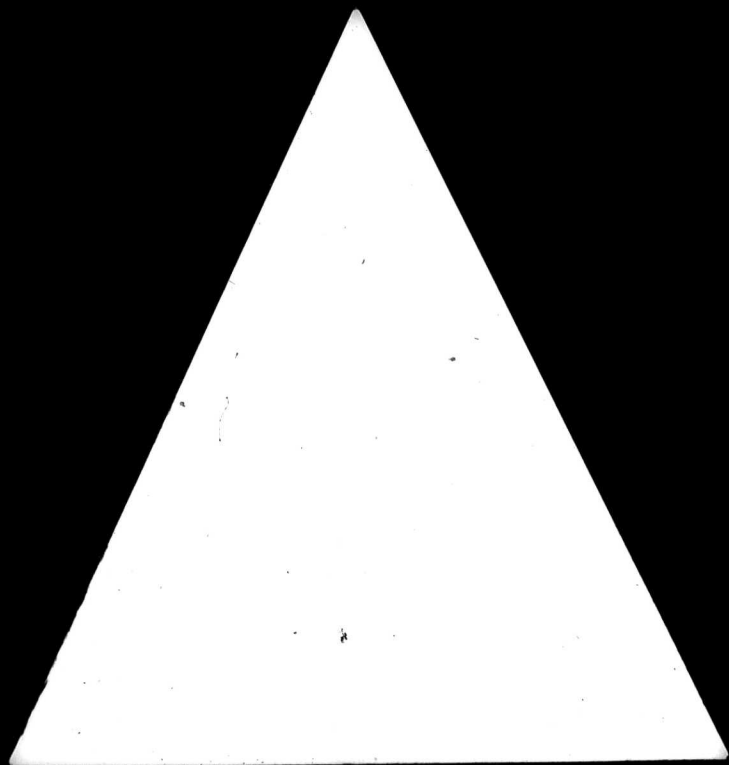
On the 6th day of March in the year of our Lord ~~1888~~ 1873

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

page 115 This 31st day of January 1924

Fr J S Baker
Ordinary.

MAGRAW & BRUCE CO. - NASHVILLE



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, 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 careful statement should be made of the disease, its progress, and the treatment to which he has been subjected.
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" useless.
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words "substantially and essentially" as to require the constant use of crutch or sticks, 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 condition to entitle one to the allowance mentioned in the Act. The Legislature intended to limit these payments to such as were *most seriously wounded and disabled*. In the future they will doubtless provide for all who were badly injured, but 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 repealed. If properly administered, it will be successful.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.
7. 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 disallowed as to the facts of the case, but the applicant was not entitled to the allowance. It is especially desired that all 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 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.

Andrews, John F.
 Andrews, John F.
 Cherokee Co

No. 22941 ✓

Application for Allowance

FOR

Loss of 1 finger

Applicant John F. Andrews

County Cherokee

Amount \$

Date of Warrant May 23/

Entered on Record.

May 23 1889

W. H. H.

Secretary Executive Department.

W. H. Roberts

NOTES.

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 stated history of 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 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 and essentially useless." The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition to entitle one to the allowance mentioned in the Act. The Legislature intended to limit these payments to such as were most seriously wounded and disabled. In the future they will doubtless provide for all who were badly injured, but 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 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 have been duly sworn to.

7. 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 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.

STATE OF GEORGIA,

Dawson County.

PERSONALLY appears John F. Andrews of Dawson 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 1857; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company N, of 38th Regiment of Georgia Volunteers Sawtells's Brigade; that whilst engaged in such military service, at the battle of Seven Days fight in the State of Virginia, on the 27th day of June 1862, he was wounded as follows:

was shot in his right hand taking off his little finger disabling all the fingers by drawing them down to the palm of his hand so that the wound renders him unable to chop or work and renders him unable to do any thing rendering him substantially unable to do manual labor rendering it permanently and totally useless.

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 19th day of February 1889

John F. Andrews
Ordinary

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA, }
County. }

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

Sworn to and subscribed before me, this day of 188

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

Application for Allowance

FOR

State of Georgia

Applicant John F. Andrews

County Cherokee

Amount \$

Date of Warrant May 23/1

Entered on Record.

May 23 1889

WMAH

Secretary Board of Pensions.

MA Roberts

Andrews, John F.
Andrews, John F.
Cherokee Co.

STATE OF GEORGIA,

Dawson County.

PERSONALLY came John L. Richardson. D. J. Burt
And Balam Harben
 citizens of Dawson county in said State,

who, being duly sworn, say that they are acquainted with John F. Andrews
 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 Cherokee county, and we are well satisfied that all the state-
 ments in his affidavit are true.

Sworn to and subscribed before me, this
19 day of February 1889 John L. Richardson
D. J. Burt
Ordinary Dawson Co. Balam Harben

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

STATE OF GEORGIA,

Cherokee County.

PERSONALLY comes before me JAN Lyon J. P. Ordinary of said county
A. W. F. Huntins and _____, both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that they have
 carefully examined John F. Andrews and after such examination say that the
 applicant has been injured as follows: He has lost the little finger
of right hand the best of the fingers of
left hand disabled by being drawn
and stiffened
and to the near the palm of said hand
Said injury materially disabled said applicant
from performing Manual Labor.

Sworn to and subscribed before me, this
19 day of March 1889
J. C. R. Lyon J. P.
 ORDINARY

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

STATE OF GEORGIA,

Cherokee County.

I, Obrian W. Putnam, Ordinary of said county,
 do certify that I am well acquainted with John F. Andrews the
 applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said
 affidavit are true, and I know he is the individual he represents himself to be, and that he resides in
 this county. I also certify that the foregoing witnesses are persons of respectability, and that their
 statements are worthy of full credit and belief.

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

Given under my official signature and seal, this 26 day of March 1889
Obrian W. Putnam
 Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all men by these presents, That I John F. Andrews
 of Cherokee
Att. Roberts
 county, in said State, do hereby appoint
 of State of Georgia Cherokee 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 Confed-
 erate 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 26 day of March 1889

Executed in the presence of us:

Obrian W. Putnam Ordinary

John F. Andrews [L. S.]
mark

STATE OF GEORGIA,

Cherokee County.

I, Osborn M. Pastmann Ordinary of said county, do certify that I am well acquainted with John P. Andrews 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 Notary Public of said county, and the said affidavits and signatures thereto are genuine.

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

Osborn M. Pastmann

Ordinary Cherokee County.

STATE OF GEORGIA,

Cherokee County.

I, C. W. Sullivan Ordinary of said County, do certify that I am well acquainted with J. F. Andrews 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 J. S. Dupree before whom the foregoing affidavits were made and power of attorney was signed, is a Notary Public of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 2 day of March 1891.

Ordinary Cherokee County.

1890.

No. 2580.

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 31, 1890.

Loss of One Finger

Applicant, John P. Andrews

County, Cherokee

Amount, 5

Date of Warrant, May 25

Entered on record May 26

1890

OLD 44

SECRETARY EXCISE DEPARTMENT.

WARRANT HANDLED TO

J. P. Roberts

W. J. Campbell, State Printer, Constitution and Other Works.

1891

PAID 1891

Andrews, J. F.

Cherokee Co

No. 2580

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Loss of 1 Finger

Applicant, J. F. Andrews

County, Cherokee

Amount, 5

Date of Warrant, May 1

Entered on record May 1

1891

May 1

SECRETARY EXCISE DEPARTMENT.

No. 2580

WARRANT HANDLED TO

Jesse Wood

W. J. Campbell, State Printer, Constitution and Other Works.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears John P. Anderson of Cherokee 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 10th day of April 1866; 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 Private in Company N, of 58th Regiment of Infantry Volunteers Lewis's Brigade; that whilst engaged in such military service at the battle of Shenandoah in the State of W, on the 24 day of June 1862, he was wounded as follows: Spun shot shattering one fourth of right hand of the right hand, the finger impaled at the second joint

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 Five dollars.

Sworn to and subscribed before me this 15th day of March 1890, John P. Anderson Cherokee W. P. Anderson Cherokee W. P. Anderson Cherokee

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,

Cherokee County.

Know all Men by these Presents, That I, John P. Anderson of Cherokee county, in said State, do hereby appoint John P. Anderson of Cherokee 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 15th day of March 1890

Executed in the presence of us:

W. P. Anderson
J. B. Du Pre

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears J. B. Du Pre of Cherokee 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 Apr 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 Private in Company N, of 58th Regiment of Infantry Volunteers Lewis's Brigade; that whilst engaged in such military service at the battle of Shenandoah in the State of W, on the 27 day of June 1862, he was wounded as follows: little finger on right hand

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 Five dollars, for 1887 & 1888

Sworn to and subscribed before me, this, the 15th day of March 1891, J. B. Du Pre Cherokee W. P. Anderson Cherokee

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all Men by these Presents, That I, J. B. Du Pre of Cherokee County, State of Georgia, do hereby appoint John P. Anderson of Cherokee 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 15th day of March 1891

Executed in the presence of us:

J. B. Du Pre
W. P. Anderson

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA.

County,

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

Given under my official signature and seal, this _____ day of _____ 189 _____

Ordinary

County.

Chas. H. Co.

No. 3009
SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING ON TOBEE 26, 1892.

Name

County

Disability

Amount, \$

Entered on record

1892.

W. H. HARRISON.

Secretary of Executive Department.

AGENT.

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

POWER OF ATTORNEY. STATE OF GEORGIA.

_____ County.

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

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

Executed in the presence of us: _____ [L. S.]

DIRECTION.

Send money to me as follows, by _____ to _____ County, Georgia. P. O.

Chas. H. Co.

1893.

No. 3009

Application for Allowance

For the Year Ending October 26, 1893.

Name, _____

County, _____

Amount, _____

Date of Warrant, _____

Entered on record, _____

1893.

W. H. HARRISON.

Secretary of Executive Department.

AGENT.

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

STATE OF GEORGIA
FOR THE YEAR ENDING ON TOBEE 26, 1893.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *John F. Anderson* County, *Cherokee*

of *Cherokee* 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 *1st* day of *April* 18*62*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *T* of *54* th Regiment of *Georgia* Volunteers *Bartholomew*'s Brigade; that whilst engaged in such military service at the battle of *Battle of fighting* in the State of *Georgia*, on the *21st* day of *June* 1862, he was wounded as follows: *by a Union shot in the right hand, causing a wound of the little finger and thumb, which is visible and finger all good*

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 *Five*

Five Dollars for *the years 1891 1892 1893*
Sworn to and subscribed before me this *10th* day of *March* 1892. *John F. Anderson*
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,

John F. Anderson County, *Cherokee*

Know all Men by these Presents, That I, *John F. Anderson*

County, in said State, do hereby appoint *John F. Anderson* of *Cherokee* County, in said State, do hereby appoint *John F. Anderson* 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 *10th* day of *March* 1892.

[L. S.]

Executed in the presence of us:

John F. Anderson
John F. Anderson

DIRECTION.

Send money to me as follows, by

to *John F. Anderson* County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *John F. Anderson* of *Cherokee* 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 *1st* day of *April* 18*62*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *T* of *54* th Regiment of *Georgia* Volunteers *Bartholomew*'s Brigade; that whilst engaged in such military service at the battle of *Battle of fighting* in the State of *Georgia*, on the *21st* day of *June* 1862, he was wounded as follows: *by a Union shot in the right hand, causing a wound of the little finger and thumb, which is visible and finger all good*

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

Five dollars, for *the years 1891 1892 1893*
Sworn to and subscribed before me, this, the *10th* day of *March* 1893. *John F. Anderson*
Ordinary.

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

STATE OF GEORGIA,

John F. Anderson County, *Cherokee*

I, *John F. Anderson* Ordinary of said County,

do certify that I am well acquainted with *John F. Anderson* 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.

Further certify that *John F. Anderson* before whom the foregoing affidavit were made and power of attorney was signed is a competent person (or of the State) and that the said affidavit and signatures thereto are genuine.

Given under my official signature and seal, this *10th* day of *March* 1893.

John F. Anderson Ordinary *Cherokee* County.

STATE OF GEORGIA,

POWER OF ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee COUNTY.

Know all Men by these Presents, That I,

John F. Sandness
of *Cherokee*
W. H. Harrison

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *27th* day of *March* 1894.

Executed in the presence of us

A. C. Corbin, ordinary

DIRECTIONS.

Send money to me as follows, by

Cherokee

County, Georgia.

to *A. C. Corbin, ordinary* P. O.

(For Those Already Enrolled.)

No. *430*

Soldier's Pension.

1894.

Name *John F. Sandness*

County *Cherokee*

Disability *Loss of Finger*

Amount, \$ *25.00*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

W. H. Harrison

Gen. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *27th* day of *March* 1895.

Executed in presence of us

A. C. Corbin, ordinary

DIRECTIONS.

Send money to me as follows, by *check to A. C. Corbin, ordinary*

Cherokee

County, Georgia.

to *W. H. Harrison* P. O.

(For Those Already Enrolled.)

No. *838*

SOLDIER'S PENSION.

1895.

Name *John F. Sandness*

County *Cherokee*

Disability *Loss of Finger*

Amount, \$ *25.00*

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

W. H. Harrison

Gen. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Cherokee County. }

PERSONALLY appears *John F. Andrews* of *Cherokee* 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 *Georgia*) during the war between the States, and served as a *Private* in Company *CT*, of *1st* th Regiment of *Georgia* Volunteers, *Lawton's* Brigade; that whilst engaged in such military service at the battle of *Richmond Va* in the State of *Va*, on the *24th* day of *June* 1862, he was wounded as follows: *gunshot in Right hand causing loss of one finger*

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, 1894. I have heretofore been allowed a pension of *Five* dollars, for the year 1893.

Sworn to and subscribed before me, this, the *24th* day of *March* 1894. *John F. Andrews*
John F. Andrews
D. C. Morris, Ordinary

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

STATE OF GEORGIA, }

Cherokee County. }

I, *D. C. Morris* Ordinary of said County, do certify that I am well acquainted with *John F. Andrews* 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 *24th* day of *March* 1894.



D. C. Morris
Ordinary *Cherokee* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Cherokee County. }

PERSONALLY appears *John F. Andrews* of *Cherokee* 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 *Georgia*) during the war between the States, and served as a *Private* in Company *CT*, of *1st* th Regiment of *Georgia* Volunteers, *Lawton's* Brigade; that whilst engaged in such military service at the battle of *Seven Days* in the State of *Va*, on the *24th* day of *June* 1862, he was wounded as follows: *gunshot in Right hand causing loss of one finger*

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 *Five* dollars, for the year 1894.

Sworn to and subscribed before me, this, the *24th* day of *March* 1895. *John F. Andrews*
John F. Andrews
D. C. Morris, Ordinary

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

STATE OF GEORGIA, }

Cherokee County. }

I, *D. C. Morris* Ordinary of said County, do certify that I am well acquainted with *John F. Andrews* 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 *24th* day of *March* 1895.



D. C. Morris
Ordinary *Cherokee* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, John F. Andrews, hereby authorize A. C. Johnson
rodiny of Cherokee County
to receive and receipt for the pension paid hereon and request that he remit same to
by _____

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18
day of July 1896.

John F. Andrews [L. S.]
mod

Executed in presence of us

W. D. Johnson

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, John F. Andrews, hereby authorize W. M. Knight
of Cherokee
to receive and receipt for the pension paid hereon and request that he remit same to
A. C. Johnson, rodiny by check
at Boston, Va

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20th
day of July 1897.

John F. Andrews [L. S.]
mod

Executed in presence of

A. C. Johnson, rodiny

Andrews, John F.
Cherokee Co.
ACT OF SEPT. 1, 1862.
(For These Already Enrolled.)

No. 1952

SOLDIER'S PENSION.

1896.

Name John F. Andrews
County Cherokee
Disability Severe, Paralysis
Amount, \$ 5.00 Dollars
3/2 1896

RICHARD JOHNSON,
Secretary, Executive Department.

WARRANT HANDLED TO

W. D. Johnson

W. D. Johnson

W. D. Johnson

Andrews, John F.
Cherokee County
ACT OF SEPT. 1, 1862.
(For These Already Enrolled.)

No. 2151

INVALID

SOLDIER'S PENSION.

1897.

Name John F. Andrews
County Cherokee
Disability Severe, Paralysis
Amount, \$ 5.00

2/24 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

W. D. Johnson

W. D. Johnson

W. D. Johnson

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County. }

Personally appears John F. Anderson of Cherokee 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 Georgia) during the war between the States, and served as a Private in Company 21st, of 5th Regiment of Georgia Volunteers, Samuels's Brigade; that whilst engaged in such military service in the State of Va, on the 27 day of June 1862, he was wounded, injured or diseased as follows: Burnshot in Right hand causing loss of one finger

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 Cherokee county been allowed a pension of Three dollars, for the year 1890.

Sworn to and subscribed before me, this, the 18 day of July 1896, John F. Anderson mark
D. B. Burr

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,

Cherokee County. }

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

Given under my official signature and seal, this 12th day of July 1896.



D. B. Burr
Ordinary Cherokee County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County. }

Personally appears John F. Anderson of Cherokee 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 Georgia) during the war between the States, and served as a Private in Company 21st, of 5th Regiment of Georgia Volunteers, Samuels's Brigade; that whilst engaged in such military service in the State of Va, on the 27 day of June 1862, he was wounded, injured or diseased as follows: Burnshot in Right hand causing loss of one finger

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 Cherokee county been allowed an invalid pension of Three Dollars, for the year 1890.

Sworn to and subscribed before me, this, the 18th day of July 1897, John F. Anderson mark
D. B. Burr POST OFFICE

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,

Cherokee County. }

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

Given under my official signature and seal, this 12th day of July 1897.



D. B. Burr
Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, John F. Andrews hereby authorize Wm. A. Wright
of Atlanta Ga

to receive and receipt for the pension paid hereon and request that he remit same to
A. C. Cunn by check
at Canton Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1
day of Feb 1898.

Executed in presence of

Wm. C. Cunn

John F. Andrews [L. S.]
mark

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, John F. Andrews hereby authorize Wm. A. Wright
of Atlanta Ga

to receive and receipt for the pension paid hereon and request that he remit same to
A. C. Cunn by check
at Canton Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 50
day of January 1899.

Executed in presence of

A. C. Cunn

John F. Andrews [L. S.]
mark

Andrew John F.
Cherokee

(For These Already Enrolled.)

No. 3309

INVALID

SOLDIER'S PENSION.

1898.

Name John F. Andrews
County Cherokee
Disability Loss of Fingers
Amount, \$ 5.00
Feb 1 3/11 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

N. A. H.

W. H. HARRISON, STATE PRINTER, ATLANTA.

No data

Andrew John F.
Cherokee

(For These Already Enrolled.)

No. 1737

INVALID

SOLDIER'S PENSION.

1899.

Name John F. Andrews
County Cherokee
Disability Loss of Fingers
Amount, \$ 5.00
2/11 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

N

W. H. HARRISON, STATE PRINTER, ATLANTA.

No data

June 1898
2/11/1898
affidavit is required
to furnish the name
of the some members of
his own command -
The name assigned
for his discharge after
is sufficient -
Rich. Johnson
com of Pension

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears Jno F Andrews of Cherokee 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 Georgia) during the war between the States, and served as a Private in Company 7, of 38th Regiment of Volunteers, Hobart's Brigade; that whilst engaged in such military service in the State of Virginia, on the 27 day of June 1862, he was wounded, injured or diseased as follows:

By Gun shot, causing loss of little finger on right hand.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of Cherokee county been allowed an invalid pension of Five Dollars, for the year 189 1898.

Sworn to and subscribed before me, this, 1 day of Feb 1898, Jno F Andrews Post-officer

Allen to learn only.

Note.—Write 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.

I, Allen to learn Ordinary of said County, do certify that I am well acquainted with Jno F Andrews 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 1 day of Feb 1898.

Allen to learn
Ordinary Cherokee County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears John F. Andrews of Cherokee 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 Georgia) during the war between the States, and served as a Private in Company 7, of 38th Regiment of Volunteers, Hobart's Brigade; that whilst engaged in such military service in the State of Virginia, on the 27 day of June 1862, he was wounded, injured or diseased as follows:

Gun shot in right hand which caused the loss of one finger

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of Cherokee County been allowed an invalid pension of Five Dollars, for the year 189 1898.

Sworn to and subscribed before me, this, 1 day of Feb 1898, John F. Andrews Post-officer

Note.—Write 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.

I, Allen to learn Ordinary of said County, do certify that I am well acquainted with John F. Andrews 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 1 day of Feb 1898.

Allen to learn
Ordinary Cherokee County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, John F. Andrews hereby authorize W. H. B. J. B. T.
of Atlanta Ga

to receive and receipt for the pension paid hereon and request that he remit same to
A. C. Burns & Co. by check
at Benton Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28
day of Jan 1900.

Executed in presence of

A. C. Burns & Co.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, John F. Andrews hereby authorize
A. C. Burns & Co. of Benton Ga

to receive and receipt for the pension paid hereon and request that he remit same to
me by
at Benton Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 28
day of Jan 1901.

Executed in presence of

A. C. Burns & Co.

SOLDIER'S PENSION.

1900.

Name John F. Andrews
County Cherokee
Disability Insufficient
Amount, \$ 5.00
Warrant issued Jan 13 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Haugh
Gen. W. Harrison, State Printer, Atlanta.

No data

SOLDIER'S PENSION.

1901.

Name John F. Andrews
County Cherokee
Disability Loss of Fingers
Amount, \$ 5.00

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

me
Gen. W. Harrison, State Printer, Atlanta.

No data

Applications Herefor Are Allowed Pensions

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears John F. Andrews of Cherokee County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the _____ day of _____ 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 Private in Company 40 of 50th Regiment of Volunteers, Canton's Brigade; that whilst engaged in such military service in the State of Georgia, on the 24th day of June, 1862, he was wounded, injured or diseased as follows: Burnt in Right Hand causing loss of one finger

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Cherokee County been allowed an invalid pension of Five Dollars, for the year 1898. Sworn to and subscribed before me, this, the 29th day of June, 1900. John F. Andrews POST OFFICE A. B. Bunn

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,

Cherokee County.

I, A. B. Bunn Ordinary of said County, do certify that I am well acquainted with John F. Andrews 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 28th day of June, 1900. A. B. Bunn Ordinary Cherokee County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears John F. Andrews of Cherokee 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 Private in Company 40 of 50th Regiment of Volunteers, Canton's Brigade; that whilst engaged in such military service in the State of Georgia, on the 24th day of June, 1862, he was wounded, injured or diseased as follows: Burnt in Right hand causing loss of one finger

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Cherokee County been allowed an invalid pension of Five Dollars, for the year 1900. Sworn to and subscribed before me, this, the 29th day of June, 1901. John F. Andrews Postoffice A. B. Bunn

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

STATE OF GEORGIA,

Cherokee County.

I, A. B. Bunn Ordinary of said County, do certify that I am well acquainted with John F. Andrews 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 29th day of June, 1901. A. B. Bunn Ordinary Cherokee County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY }

I,

of

hereby authorize

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

at

by

Witness my hand and seal, this

day of

1902.

[L. S.]

Executed in presence of

If Applicant wants
to make an application
for Indigent Pension
he can do so - but
no increase can be
made on this applica-
tion - as his present
disabilities are not the
result of the injury
for which he is
paid a Pension
J. W. Lindsey
Clerk of Court

INDIGENT PENSION, 1902.

Name *John H. Lindsey*

County *Wayne*

Co. *5* Reg't *1*

Approved *J. W. Lindsey* 1902.

JOHN W. LINDSEY,
Clerk of Court of Penitents.

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company
and Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta.

11/27-1902

Andrews, John H.
Cherokee Co. Fayette Co.
Des. of penit.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Forayth COUNTY. }
A. M. Pilgrimage & R. M. Hollander of said State and County, having been presented
 as a witness in support of the application of John F. Andrews for pension
 under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and
 answers as follows:
 1. What is your name and where do you reside? A. M. Pilgrimage & R. M. Hollander
& J. W. Thomas Forayth Co. Coast W. Va.
 2. Are you acquainted with John F. Andrews, the applicant; if so, how
 long have you known him? We have known him 4 yrs
 3. Where does he reside, and how long and since when has he been a resident of this State? He is now residing
in Forayth County, West Virginia
 4. When, where and in what company and regiment did he enlist, and how do you know?
Witnesses can't answer from our question
 5. Were you a member of the same company and regiment? No
 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?)
He has no property
 12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900 and 1901, and
 what disposition, if any, did he make of same? We can't tell
 13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
None known
 14. What is the applicant's occupation and physical condition? His physical
condition is such he is confined to his bed from
Paralysis
 15. Is the applicant unable to support himself by labor of any sort, if so, why? He is from
being confined to his bed from Paralysis
 16. How was he supported during the years 1898, 1899, 1900 and 1901? By his pension
and the help of his children
 17. What portion of his support for these four years was derived from his own labor or income?
Very small portion
 18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under
 Section 1254, Code? He is now confined to his bed
with Paralysis and cannot help himself nor
do anything
 19. What interest have you in the recovery of a pension by this applicant? None
 Sworn to and subscribed before me, this 25 day of Nov 1902.
H. V. Jones Ordinary.
A. M. Pilgrimage & R. M. Hollander Witnesses.
J. W. Thomas

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Forayth COUNTY. }
 Personally came before me S. B. Lefacomb and
Amel Strickland both known to me as reputable physicians
 of said County, who, being severally sworn, say on oath that they have examined carefully
John F. Andrews, applicant for pension under Section 1254, Code, and after
 such personal examination say that his present physical condition is as follows:
Almost a complete Paralysis so much
so that he cannot move his hands nor feet
neither can he talk as as to be understood
he is not physically able to do any
kind of labor he is deserving man,
 and that we have no interest in said pension being allowed.
 Sworn to and subscribed before me, this 25 day of Nov 1902.
H. V. Jones Ordinary.
S. B. Lefacomb, M.D.
Amel Strickland, (M.D.)

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Forayth COUNTY. }
 I, H. V. Jones Ordinary in and for said County, hereby certify
 that the applicant, John F. Andrews resides in said County, and has
 been a bona fide resident of this State since the 1st day of Sept 1896 and
 that the witnesses, viz.:
are of trustworthy character, and that their statements are entitled to full faith and credit.
 I further certify that before answering the foregoing questions the applicant and each witness took the oath
 hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.
 I further certify that the tax digest of _____ County show that applicant
 returned for taxation in his name in 1899 _____ Dollars of
 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 day of Nov 1902.
H. V. Jones Ordinary,
of Forayth County."

NOTE.
 1. Before any questions are answered, the ordinary shall swear applicant and the witnesses in the following
 words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be
 the whole truth, so help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. In every case the ordinary must certify to the character of the witness, and as to the execution of the proof
 as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, John H. Wardlaw hereby authorize

A. B. Brown

of Cherokee county

to receive and receipt for the pension paid hereon and request that he remit same to

me

by

at Cherokee

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 24th

day of May 1902.

John H. Wardlaw [L. S.]

Executed in presence of

A. B. Brown

MARSHALL & BRUCE CO.,
STATIONERS,
Nashville, Tenn.

Georgia
Hall County

Before me the Ordinance of said
County, personally appeared John C. Richardson
a resident of said County, well known to me
to be a credible witness, who upon being
duly sworn, says upon oath that he is
personally well acquainted with John H.
Anderson, now a resident of Cherokee Co.
Georgia. He was both members of Co. K 38.
Reg. Ga. Vol. Militia was Ordly. Sargt. of
the Co. He was together in the Seven days
fight around Richmond Va. in June 1862.
Said Anderson was wounded through right
hand in that battle. Several others of our
company were wounded in same battle.
I was detailed to take said Anderson and
three other wounded men home to Dawson
Co. Ga. Soon after getting home I was appointed
Tax Collector of Dawson Co. to fill a vacancy.
After that I was elected to that office. Since
was at home till war ended. I know that
said Anderson did not desert nor was he
absent without leave. He was wounded hand
was in such condition that he could
not handle a gun or do any service. His
furlough was extended from time to time
by the board of examiners till war ended.
I have no interest in his claim to pension.

John C. Richardson

Sworn to and subscribed before me. And
I certify the affidavit was plainly read to witness
before he signed the same.
This February 22nd 1898 - A. R. Randolph
Ordly.

(FOR THOSE ALREADY ENROLLED)

No. 2101

DISABLED

SOLDIER'S PENSION

1902.

Name John H. Anderson

County Cherokee

Co. K Regiment 38th

Disability Loss of finger

Amount, \$ 6.10 7/4

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT RETURNED TO

Ordly

John W. Lindsey, Commissioner of Pensions.

FOR APPLICATIONS HEREFORE ATTORNEY PENSIONERS.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears John F. Andrews of Cherokee 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 7th day of April 1842; 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 Private in Company 24th of 18th Regiment of Co Volunteers, Georgia's Brigade; that whilst engaged in such military service in the State of Ga, on the 24th day of June 1862, he was wounded, injured or diseased as follows:

Wounded in right hand

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

Sworn to and subscribed before me, this the 24th day of July 1902, by John F. Andrews

W. C. Burro Post-office Mark

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

STATE OF GEORGIA,

Cherokee County.

I, W. C. Burro Ordinary of said County, do certify that I am well acquainted with John F. Andrews 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 24th day of July 1902.

W. C. Burro Ordinary Cherokee County.

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

DOANED BY VILLOVIRA

State of Georgia John F. Andrews of said Forsyth County State and County claiming to increase his pension hereby submits his proof and after being duly sworn, I read in Forsyth County Gold, O. Coal Mt. P. on the Pension roll of Cherokee Co. Ga and I hereby submit the evidence that is on his application for a pension & the same is listed as a part of his proof for this application and ask for an increase as he is entirely helpless and had nothing to live upon and the evidence of his neighbors to establish his poverty and helplessness and states further that he has no property either Real or Personal nor has not had since the year 1894 up to the present—
Subscribed to before me John F. Andrews his
Nov 7-1902 W. C. Burro
H V Jones & Son

Georgia I H V Jones Ordinary Forsyth County I am well acquainted with John F. Andrews he now prostrate with Paralysis and is wholly unable to support himself being unable to work and has no visible means of support Witness my hand and Seal of Office this Nov 8-1902
H V Jones & Son

Cherokee

Maimed Soldiers.

Voucher No. 2294

Amount, \$ 9

Paid to

For

John F. Andrews
Care of
One of
May 23 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

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

A. L. Roberts

Cherokee

Maimed Soldiers.

Voucher No. 2580

Amount \$ 5⁰⁰

Paid to

For

John F. Andrews
Care of
Finger
May 28 1890

Included in Warrant No.

issued to Treasurer.

1890

WARRANT CLERK.

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

A. L. Roberts

1891.

Maimed Soldiers.

Voucher No. 4396

Amount \$ 5⁰⁰

Paid to

For

John F. Andrews
Care of
One of
May 28 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

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

No. 2294

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga. May 23 1889.

Mr. John T. Andrews, of the County
of Cherokee having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1888, and the same having been allowed for
Loss of one finger
He is entitled to receive the sum of Five & 00/100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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



J. B. Gordon
GOVERNOR.

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Five & 00/100

per above voucher, this

23

of

May

Dollars,

1889.

John T. Andrews
by W. Roberts

No. 2880

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga., May 28 1890

Mr. John T. Andrews of the County
of 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 been examined and allowed for
Loss of one finger
He is entitled to receive the sum of Five Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

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

J. B. Gordon
GOVERNOR.

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Five & 00/100

per above voucher, this

28

of

May

Dollars,

1890

John T. Andrews
by W. Roberts

1891.

No. 2330

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT. }

Atlanta, Ga. March 7 1891.

Mr. J. P. Anderson of the County
 of Cherokee having filed his application in the Executive
 Department for an allowance under the Act approved October 24, 1887, as amended by Acts
 approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Five hundred & no/100
 He is entitled to receive the sum of 500 Dollars
 for such disability, the same being the allowance for the year ending October 24, 1891.

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



W. J. Nathan
 GOVERNOR.

By the Governor.

W. N. Harrison
 SEC'Y EXECUTIVE DEPARTMENT.

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

Five hundred Dollars,
 per above voucher, this 7 of March 1891.

J. P. Anderson

By Jesse Wood

Georgia Dawson County
 I J. Burt to me well known
 after hearing Simon says that
 he has known J. F. Andrews
 all his life and believes
 from what he has stated in
 his Affidavit here to attached
 is true I was not with Mr
 Andrew in the Army but
~~believe~~ further I saw a
 letter from the Commissioner
 of pensions stating that he
 enlisted in 1864, I am
 satisfied that his Bro.
 (Charles) went to the Federal
 Army and further he believes
 there may be a mistake in
 the names of the two Brothers
 Simon to and
 Subscribed before me
 31st Jan 1898.

William H. Harkness } J. F. Burt
 Ordinary of }
 Dawson County }
 Ga.

He further swears that he
 never deserted his Command
 and after losing his finger was never ordered
 back and the complaint that he was not able to use
 again.

Georgia Dawson County
 Personally came before me
 a Ordinary in and for said
 County J. F. Andrews to me well
 known and after being duly sworn
 deposed and says on oath that
 he enlisted in 38th Ga Regt Vol.
 On the May 1862 under Capt
 Blackburn and was wounded
 and lost his right little finger
 in the battle around Richmond
 on the 27th day of June 1862.
 And was regularly furloughed
 home and that he was examined
 by a Board of Doctors at Decatur
 Georgia and that said Board
 sent him back to his home
 deponent further swears that
 he had a Brother J. W. Andrews
 who enlisted in ^{Company} 38th Regt. in 1862
 and deserted said Command
 in 1864 and went and joined
 the Federal Army.
 Sworn to and Subscribed
 Before me 31st Jan 1898.
 William H. Harkness } J. F. Andrews
 Ordinary }
 Dawson Co. Ga.

Ball Ground Ga

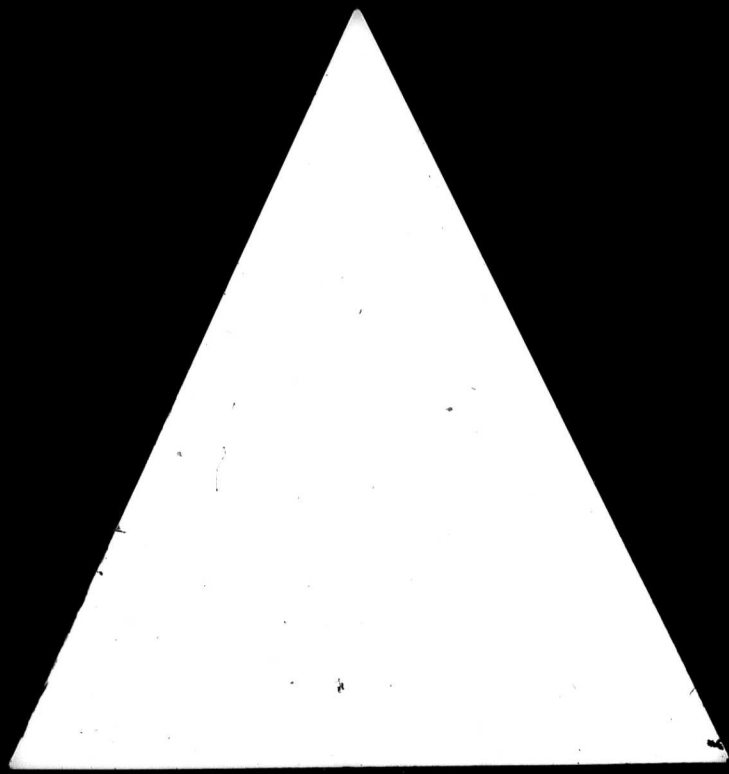
Feb 10th 1892

This is to Certify that we have
Examined J. F. Andrews and find
that his infirmity is such that
he cannot earn a support with
the Small Pension he is getting
and recommend that he be allowed
an increase he is without any
property or means of support except
by what he can do,
having but one good hand
and lame back and generally
run down

Sworn to & Subscribed

Wm. M. G. 10/10/92 N. H. F. Hawkins M.D.
A. C. Corcoran M.D.
A. C. Corcoran M.D.

State of Wisconsin, Schoonover County,
J. A. C. C. C. Ordinary in & for said
County, certify that A. M. & N. M. & N. M.
J. M. Perce are each of them, Practising
Physicians of this County of trustworthy
character whose statements are
entitled to public faith & credit
witness my hand & seal this 10th day of
Oct. 1888
J. A. C. C. C.



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. The wound should be carefully and fairly set forth by applicant and physicians and told in plain English. The description of the wound should be carefully and fairly set forth by applicant and physicians and told in plain English. The description of the wound should be carefully and fairly set forth by applicant and physicians and told in plain English.

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

3. Every application must be certified by the Ordinary of the county of the residence of the applicant. There is no qualification to the clause of the Act in reference to the arm or leg, but the law must for all purposes be "substantially and essentially useless."

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

5. If the application is for an arm or a leg, the applicant must show that the amputation has been duly sworn to.

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

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

Archives, Columbus Ga

Cherokee Co.

No 2602

APPLICATION FOR ALLOWANCE

BY

Left Arm & Leg

Applicant, Columbus Ga

County Cherokee

Amount 50

Date of Warrant Sept 31

Entered on Record Sept 31

1889

W.H.

SECRETARY EXECUTIVE DEPARTMENT.

Applicant
60198

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

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

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

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

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

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

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

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears *Columbus L Archer* of *Cherokee* 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 *25th* day of *May* 1866; 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 *Private* in Company *1*, of *43rd* Regiment of *Georgia* Volunteers *Emancipation*'s Brigade; that whilst engaged in such military service, at the battle of *New Hope Church* in the State of *Georgia*, on the *25th* day of *May* 1866, he was wounded as follows: *On the left arm by a gun shot*

the ball passing through the elbow joint and
entering the joint and which in consequence
of the wound rendered the arm useless.
The wound was treated
and the arm was rendered useless.
The wound was treated
and the arm was rendered useless.

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

Sworn to and subscribed before me, this *10th* day of *June* 1889, *Columbus L Archer*

Abner W. Putnam, Notary Public
NOTE:—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY came before me *P. H. Lyon* of the county of *Cherokee* State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company *A*, of *43rd* Regiment of *Georgia* Volunteers, and that deponent knows *C. L. Archer*, 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 *C. L. Archer*

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

P. H. Lyon
The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavits of three responsible citizens should be furnished.
Sworn to and subscribed before me this August 20th 1889.
J. B. Lyon

Archer, Columbus L

Cherokee Co

No 2602

APPLICATION FOR ALLOWANCE

Left Arm Dis
Applicant: Columbus L Archer
County: Cherokee

Amount 50

Date of Warrant Sept 31

Entered on Record Sept 31

1889

not

SECRETARY EXECUTIVE DEPARTMENT.

applicant

STATE OF GEORGIA,

County.

PERSONALLY came

citizens of

county, in said State,

who, being duly sworn, say that they are acquainted with

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 county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this
day of 188

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

STATE OF GEORGIA,

County.

PERSONALLY comes before me Ordinary of said county,

and both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined Columbus L. Archer and after such examination say that the applicant has been injured as follows: *Gun shot wound through the elbow of the left arm fracturing the joint from which one of the bones has been displaced, the muscles of the arm are crushed and the joint is rendered useless, preventing the ordinary occupations of life.*

Sworn to and subscribed before me, this

day of August 188

Ordinary W. Putnam

ORDINARY.

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

STATE OF GEORGIA,

County.

I, Ordinary W. Putnam

Ordinary of said county,

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. 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 J. B. Lyons

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

Given under my official signature and seal, this 21st day of August 188

Ordinary W. Putnam

Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

of

county, in said State, do hereby appoint

of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military 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 21st

day of August 188

Executed in the presence of us:

W. Putnam's ordinary

Columbus L. Archer (L.S.)

STATE OF GEORGIA,
Cherokee County.

I, Othman W. Palmans Ordinary of said county, 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 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 14th day of February 1892.

Othman W. Palmans
Ordinary Cherokee County.

STATE OF GEORGIA,
Cherokee County.

I, Othman W. Palmans Ordinary of said County, 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 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 9 day of July 1891.

Othman W. Palmans
Ordinary Cherokee County.

Archer, Columbus L.
Cherokee Co.
1890.

No. 283

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1891.

Left app. du
Applicant, C. L. Archer

County, Cherokee

Amount, 50

Date of warrant, July 11

Entered on record, July 1

W. H. H.

WARRANT RETURNED TO

R. J. Jones

Archer, Columbus L.
Cherokee Co.
1891.

No. 544

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Applicant, C. L. Archer

County, Cherokee

Amount, 50

Date of Warrant, July 11

Entered on record, July 11

W. H. H.

WARRANT RETURNED TO

C. L. Pratt

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears *Columbus L. Archer* of *Cherokee* 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 *25* day of *March* 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 *Private* in Company *A*, of *43*th Regiment of *Volunteers* *Stovall*'s Brigade; that whilst engaged on such military service, at the battle of *New Hope, Cherokee* in the State of *GA*, on the *25* day of *May* 1864, he was wounded as follows: *From shot wound in the left arm, fracturing the bone and left elbow, causing the joint to be stiff, and swollen. From the size of a pea, around the arm is a bullet wound, and is severely painful.*

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 *Eight* dollars.

Sworn to and subscribed before me, this *7* day of *February* 1890 *Columbus L. Archer*

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

Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I, *Columbus L. Archer* of *Cherokee* county, in said State, do hereby appoint *Robert B. Jones*

of *Cherokee County* 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 *7* day of *February* 1890

Executed in the presence of us:

H. M. Holbert
John W. Primm

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears *Columbus L. Archer* of *Cherokee* 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 *23* day of *March* 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 *Private* in Company *A*, of *43*th Regiment of *Volunteers* *Stovall*'s Brigade; that whilst engaged in such military service at the battle of *New Hope, Cherokee* in the State of *GA*, on the *25* day of *May* 1864, he was wounded as follows: *From shot wound in the left arm, fracturing the bone and left elbow, causing the joint to be stiff, and swollen. From the size of a pea, around the arm is a bullet wound, and is severely painful.*

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 *Eight* dollars, for *1888 & 89*

Sworn to and subscribed before me, this *7* day of *February* 1891 *Columbus L. Archer*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all Men by these Presents, That I, *Columbus L. Archer* of *Cherokee* County, State of Georgia, do hereby appoint *William B. Pratt*

of *Atlanta, Primm County, GA* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to 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 *7* day of *February* 1891

Executed in the presence of us:

J. S. George
John W. Primm

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA.

Whitaker County.

I, D. W. Palmer Ordinary of said county.

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

Given under my official signature and seal, this 20th day of March, 1892

Ordinary Lohrke County.

Phirophor Co.
Archer, Calumet & L.
No. 138

SOLDIER'S PENSION

1802.

FOR THE YEAR ENDING OCTOBER 31, 1922.

Name Columbus L. Anderson

County: Chenango

Disability Proulx Ami

Amount, \$ 50 ⁰⁰/₁₀₀

Entered on record
mob

Sq2.

W. H. HARRISON.

Secretary of Scientific Department

100

AGENT
Eva Jones

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Blaine County } Oklahoma 1907

Know all Men by these Presents, That I William H. Bishop
of Schenck County, State of Georgia, do hereby appoint

of William H. Harrison 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 receive 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

C. L. Jackson

Executed in the presence of us:

Quantity of material

Send money to me as follows, by check, direct letter to the Ordinary.

2111 E. DE CHOCIV to *Donnell* P. O.
Donnell County, Georgia. *118*

Carl L. Zacher

Anchorage Co. Pa.
Cheney & Co.
1893

Application for Assistance

No. 1113

1938

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 1932
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662
UNITED STATES DEPARTMENT OF JUSTICE
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WARRANT RETURNED TO
JAN 10 1923
W. H. H.
C. W. H.
C. W. H.
C. W. H.

STATE OF GEORGIA)
FOR APPLICANTS HERETOFORE ADOPTED PENSIONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

PERSONALLY appears

of Columbus 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 25 day of March 1860; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company A of 115 th Regiment of Georgia Volunteers Shoals Brigade; that whilst engaged in such military service at the battle of New Hope, Georgia in the State of Georgia, on the fourth day of May 1864, he was wounded as follows: by Iron Shot

and left Arm, Elbow Joint Stripped, Arm, Shoulder and Ribs and
irremediably and permanently disabled by said Iron Shot

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 100 100

Sworn to and subscribed before me this 25 day of March 1892.

Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I, Columbus L. Archer of Georgia County, in said State, do hereby appoint John P. Jones 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 25 day of March 1892.

Columbus L. Archer [L. S.]

Executed in the presence of us:

J. S. Du Pre
John P. Jones

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

PERSONALLY appears

of Columbus 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 day of March 1860; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company A, of 115 th Regiment of Georgia Volunteers Shoals Brigade; that whilst engaged in such military service at the battle of New Hope, Georgia in the State of Georgia, on the fourth day of May 1864, he was wounded as follows: by Iron Shot

and left Arm, Elbow Joint Stripped, Arm, Shoulder and Ribs and
irremediably and permanently disabled by said Iron Shot

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 100 100

Sworn to and subscribed before me, this, the 25 day of March 1892.

C. L. Archer

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

STATE OF GEORGIA,

County.

I, John P. Jones Ordinary of said County,

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 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 Justice of the Peace of said County, and the said affidavits and power of attorney are genuine.

Given under my official signature and seal, this 25 day of March 1892.

Ordinary

County.

STATE OF GEORGIA,

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

Know all Men by these Presents, That I,

Col. Ambrose L. Archer
Cherokee

County, State of Georgia, do hereby appoint

W. N. Harrison

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *13th* day of *March* 1894.

Col. Ambrose L. Archer [L. S.]

Executed in the presence of us

J. C. Corbin ordinary

DIRECTIONS.

Send money to me as follows, by

check

to *J. C. Corbin, ordinary, Burlington P. O.*

County, Georgia.

Cherokee

(For These Already Enrolled.)

431

Soldier's Pension.

1894.

Name *Ambrose L. Archer*

County *Cherokee*

Disability *disabled*

Amount, \$ *50*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

W. H. H.

Gen. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,

Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I,

Col. Ambrose L. Archer
Cherokee

of

County, State of Georgia, do hereby appoint

W. D. Wright of Fulton

of *Cherokee*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *13th* day of *March* 1895.

Executed in presence of us

J. C. Corbin ordinary

DIRECTIONS.

Send money to me as follows, by

check *to J. C. Corbin ordinary,*

to *Cherokee*

County, Georgia.

Col. Archer

(For These Already Enrolled.)

440

SOLDIER'S PENSION.

1895.

Name *Col. Archer*

County *Cherokee*

Disability *arm*

Amount, \$ *50*

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

W. H. H.

Gen. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Cherokee County. }

PERSONALLY appears *Columbus G. Archer*
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 *25th*
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 *Private* in Company *D*, of *43rd* Regiment
of *Georgia* Volunteers *W. S. Wood*'s Brigade; that whilst engaged in
such military service at the battle of *Shiloh Church* in the State
of *Georgia*, on the *25th* day of *May* 1862, he was
wounded as follows: *gunshot in elbow joint left arm*
arm stiff & paralyzed 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
fifty dollars, for the year 1893

Sworn to and subscribed before me, this, the *13th* day of *March* 1894. *C. L. Archer*
D. C. Curran, Ordinary

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

STATE OF GEORGIA, }

Cherokee County. }

I, *D. C. Curran* Ordinary of said County,
do certify that I am well acquainted with *Columbus G. 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 *13th*
day of *March* 1894.



D. C. Curran
Ordinary *Cherokee* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Cherokee County. }

PERSONALLY appears *C. L. Archer* of *Cherokee*

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 *25th*
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 *Private* in Company *D*, of *43rd* Regiment
of *Georgia* Volunteers *W. S. Wood*'s Brigade; that whilst engaged in
such military service at the battle of *Shiloh Church* in the State
of *Georgia*, on the *25th* day of *May* 1862, he was
wounded as follows: *gunshot in elbow joint*

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 *fifty* dollars, for the year 1894

Sworn to and subscribed before me, this, the *13th* day of *March* 1895. *C. L. Archer*
D. C. Curran, Ordinary

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

STATE OF GEORGIA, }

Cherokee County. }

I, *D. C. Curran* Ordinary of said County,
do certify that I am well acquainted with *C. 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 *13th*
day of *March* 1895.



D. C. Curran
Ordinary *Cherokee* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, G. L. Archer hereby authorize A. B. Bern
Ordinary of Cherokee County
 to receive and receipt for the pension paid hereon and request that he remit same to

me
 at Cherokee

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th
 day of Feb 1896.

G. L. Archer [L. S.]

Executed in presence of us

M. S. Archer

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, G. L. Archer hereby authorize M. A. Wright
 of Cherokee

to receive and receipt for the pension paid hereon and request that he remit same to
A. B. Bern, Ordinary by check
 at Cherokee

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20th
 day of Feb 1897.

G. L. Archer [L. S.]

Executed in presence of

M. B. Archer

Archer, G. L.
Cherokee Co.
ACT OF 2 OCT. 1887.
 (For Those Already Enrolled.)

No. 1953.

SOLDIER'S PENSION.

1896.

Name G. L. Archer
 County Cherokee
 Disability and
 Amount, \$ 50.00 Dollars.
3/2 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

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

No Data

Archer, G. L.
Cherokee County
ACT OF 2 OCT. 1887.
 (For Those Already Enrolled.)

No. 2082

INVALID

SOLDIER'S PENSION.

1897.

Name G. L. Archer
 County Cherokee
 Disability Invalid
 Amount, \$ 50.00
2/24 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

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

No Data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears William B. Archer of Cherokee 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 Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company D, of 48th Regiment of Georgia Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of Georgia, on the 25th day of May 1864, he was wounded, injured or diseased as follows:

Wounded in left arm at Rebel fort

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 Cherokee county been allowed a pension of Fifty dollars, for the year 1895.

Sworn to and subscribed before me, this, the

15th day of July 1896.

A. C. Brown, Ordinary

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

STATE OF GEORGIA,

Cherokee County.

I, A. C. Brown Ordinary of said County, do certify that I am well acquainted with William B. 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 15th

day of July 1896.

A. C. Brown

Ordinary Cherokee County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears W. L. Archer of Cherokee 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 25th day of March 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 Private in Company D, of 48th Regiment of Georgia Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of Georgia, on the 25th day of May 1864, he was wounded, injured or diseased as follows:

Wounded in left elbow joint which caused said arm to almost entirely useless

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 Cherokee county been allowed an invalid pension of Fifty Dollars, for the year 1896.

Sworn to and subscribed before me, this, the

20th day of July 1897.

A. C. Brown, Ordinary

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

STATE OF GEORGIA,

Cherokee County.

I, A. C. Brown Ordinary of said County, do certify that I am well acquainted with W. 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 20th

day of July 1897.

A. C. Brown

Ordinary Cherokee County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Columbus L. Archer hereby authorize

Wm. A. Wright of Atlanta Georgia

to receive and receipt for the pension paid hereon and request that he remit same to

A. B. Conn by check

at Canton Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14

day of Feb 1898.

Columbus L. Archer [L. S.]

Executed in presence of

Wm. A. Conn

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, C. L. Archer hereby authorize Wm. A. Wright

of Atlanta Ga.

to receive and receipt for the pension paid hereon and request that he remit same to

A. B. Conn by check

at Canton Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20th

day of January 1899.

C. L. Archer [L. S.]

Executed in presence of

M. L. Archer

Archer Columbus L.
Cherokee Co.

ACT OF OCT. 3, 1887.
(For Those Already Enrolled.)

No. 2122

INVALID
SOLDIER'S PENSION.
1898.

Name Columbus L. Archer

County Cherokee

Disability Left Arm Diff.

Amount, \$ 50⁰⁰

1899.

2/16

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

M. L.

SEE W. HARRISON, STATE PRINTER, ATLANTA.

No data

Archer Columbus L.
Cherokee Co.

OTHER SECTION 1287
(For Those Already Enrolled.)

No. 1738

INVALID
SOLDIER'S PENSION.
1899.

Name Columbus L. Archer

County Cherokee

Disability Disability Arm

Amount, \$ 50⁰⁰

1899.

2/15

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

M

SEE W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears Columbus L. Archer of Cherokee 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 day of March 1840 that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company A, of 43th Regiment of Geo. Volunteers, Storall's Brigade; that whilst engaged in such military service in the State of Georgia, on the 26 day of May 1864, he was wounded, injured or diseased as follows:

Received gun shot in left elbow joint at the Battle of New Hope in the year 1864 which caused his arm to become stiff.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of Cherokee county been allowed an invalid pension of Fifty Dollars, for the year 1897.

Sworn to and subscribed before me, this, the Columbus L. Archer 14 day of Feb. 1898. POST-OFFICE

Allen B. Coan

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,

Cherokee County.

I, Allen B. Coan Ordinary of said County, 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 Feb 1898.

Allen B. Coan
Ordinary Cherokee County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears C. L. Archer of Cherokee 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 day of Mar 1842; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company A, of 43th Regiment of Geo Volunteers, Storall's Brigade; that whilst engaged in such military service in the State of Geo, on the 26 day of May 1864, he was wounded, injured or diseased as follows:

Gunshot in left elbow joint

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1899. I have heretofore under said law as a resident of Cherokee County been allowed an invalid pension of Fifty Dollars, for the year 1898.

Sworn to and subscribed before me, this, the C. L. Archer 30 day of January 1899. POST OFFICE

Allen B. Coan
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,

Cherokee County.

I, Allen B. Coan Ordinary of said County, do certify that I am well acquainted with C. 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 30 day of January 1899.

Allen B. Coan
Ordinary Cherokee County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, B. L. Archer hereby authorize W. A. Wright
of Atlanta Ga

to receive and receipt for the pension paid hereon and request that he remit same to
A. C. Bessie only by check
at Atlanta Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st
day of Sept 1900.

B. L. Archer [L. S.]

Executed in presence of

A. C. Bessie only

Archer C. L.
Archer Co.
COSS BENTON ST.

(For These Already Enrolled.)

No. 3067

INVALID

SOLDIER'S PENSION.

1900.

Name B. L. Archer
County Cherokee
Disability born lame
Amount, \$ 50.00

Warrant issued Jan 13 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Wright
Geo. W. Thompson, State Printer, Atlanta.

no date

Audited Sept 3rd 1889
Wm A Wright
COMPTROLLER

Cherokee
Maimed Soldiers.
Voucher No. 21602
Amount \$ 50.
Paid to Columbus L. Archer
For Left arm
Disabled
Sept 3 1889.

Included in warrant No.
issued to Treasurer.

1889.

WARRANT CLERK.

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

Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears A. L. Archer of Cherokee County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the 13th day of March 1842; 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 private in Company H, of 48th Regiment of Ga Volunteers, Stewart's Brigade; that whilst engaged in such military service in the State of Georgia, on the 25th day of May 1864, he was wounded, injured or diseased as follows:

Burnshot wound in Left Elbow
Wound Joint Staff and arm almost useless

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1900. I have heretofore under said law as a resident of Cherokee County been allowed an invalid pension of \$15.00 Dollars, for the year 1897.

Sworn to and subscribed before me, this, 6th day of July, 1900. L. G. Archer POST OFFICE

A. L. Archer
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,

Cherokee County.

I, A. L. Archer Ordinary of said County, do certify that I am well acquainted with L. G. 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 1st day of July, 1900.

A. L. Archer
Ordinary Cherokee County.



STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

No. 2602

Atlanta, Ga. Sept. 3 1899.

Mr. Columbus L. Archer of the County of Cherokee having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec. 22, 1888, and the same having been allowed for

Left arm disabled

He is entitled to receive the sum of Fifty 00/100 Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

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

B. J. Gordon
GOVERNOR.

By the Governor,

M. N. Harrison
CLERK EXECUTIVE DEPARTMENT.

\$50.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100

per above voucher, this

3

of Sept Columbus L. Archer 1899

Audited, 1891.

COMPTROLLER GENERAL.

Archer, Columbus L.

L. H. H. H.

1891.

Maimed Soldiers.

Voucher No. 545

Amount \$ 50

Paid to *Columbus L. Archer*

For *Arm dis*

July 11 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

E. S. Pratt

Audited

18

COMPTROLLER GENERAL.

Chaske

Maimed Soldiers.

Voucher No. 283

Amount \$ 50

Paid to *E. L. Archer*

For *Left arm disabled*

July 5 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK.

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

R. J. Jones

1891.

No. 5445

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT. }

Atlanta, Ga. Feb'y 11 1891.

Mr. Columbus L. Archer of the County
 of Cherokee having filed his application in the Executive
 Department for an allowance under the Act approved October 24, 1887, as amended by Acts
 approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Arm Dis
 He is entitled to receive the sum of Fifty Dollars
 for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

R. U. Hardeeman

SECY EXECUTIVE DEPARTMENT.

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

Fifty Dollars,
 per above voucher, this 11 of Feb'y 1891.

Edw. L. Pratt
Clerk
of Columbus L. Archer

No. 283

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT. }

Atlanta, Ga., Feb. 5 1890

Mr. C. L. Archer of the County
 of 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 been examined and allowed for
Left Arm Disabled
 He is entitled to receive the sum of Fifty Dollars
 for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

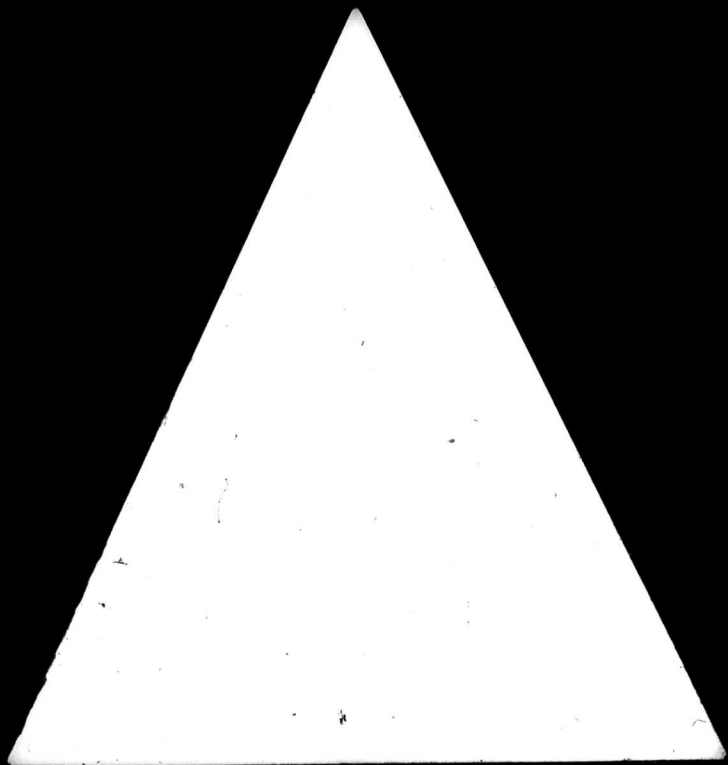
W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty Dollars,
 per above voucher, this 5 of Feb'y 1890

R. U. Hardeeman
Treasurer
of C. L. Archer



Armistrong, Mary L.
Oct 27 1912
Clarksburg, W. Va.

No.

Widow's Pension

UNDER ACT 1910.

County *Clarksburg*

Name *Mary L. Armistrong*

Widow of *V. F. Armistrong*

U. S. Cavalry
Missouri Brigade

J. W. LINDSEY,

ENTERED ROSTER *Oct 27 1912* *10/27/12* *10/25-1912*

Chas. P. Hynd, State Printer.

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

STATE OF GEORGIA,

Cherokee County.

Personally before me comes Mary L. Armstrong of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? Mary L. Armstrong, Cherokee Co. Ga.
2. How long and since when have you been a continuing resident in the State of Georgia? Ever in the State all my life.
3. When, where and to whom were you married? Nov. 22, 1864 to V. F. Armstrong in Forsyth Co. Ga.
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service) Enlistation Aug. 1864 from Forsyth Co. Ga. Company A Graham Battalion, 10th Mobile Brigade.
5. When and where did the Commands of your husband surrender or discharge from the army? May 1865 at Kingstons, Va.
6. Was your husband personally present at the time of the surrender or discharge of this Command? yes
7. If he was not present state clearly where he was? He was present
8. Where was his Command when he left? Near the City of it
- a. For what cause did he leave his command?
- 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? No
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released?
- j. When and where did your husband die? Feb. 10, 1896 in Forsyth Co. Ga.
- k. Were you residing together when he died? yes
- l. If not, how long had you resided apart?
9. What property of any description did you own, hold or control for your use and its cash value Nov. 4, 1908. (State same by items.) One third interest in 100 acres of land, my interest worth about \$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.) None
11. What property of any description of any value have you now? Same as above Give list and cash value. \$300. worth of land
12. What are your annual earnings or income and their value? No earnings, small income from land
13. Have you heretofore been paid a pension by the State? No

Sworn to and subscribed before me this the 20 day of May, 1911.
W. J. Smith Ordinary.
 of Cherokee County.

Widow's Pension

UNDER ACT 1910.

County

Cherokee

Name

Mary L. Armstrong

Widow of

V. F. Armstrong

Is the husband's estate?

Yes

ENTERED

10/24/10

J. W. LINDSEY,

Clerk of the Board of Pensions.

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,

County,

Personally, before me comes Perry Henderson, Charles Co. Va. who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? Perry Henderson, Charles Co. Va.
2. How long and since when have you known Mary L. Armstrong applicant? Since her birth.
3. How long and since when has she continuously resided in this State? (Give date) Since her birth.
4. When and to whom was she married? Nov. 29, 1866 to J. B. Armstrong.
5. How long and since when did you know J. B. Armstrong her husband? From his birth.
6. When and where did J. B. Armstrong the husband of Applicant die? Feb. 10, 1896, near Farmington, Forsyth Co. Ga.
7. Where the Applicant and her husband living together as husband and wife at the date of this death? Yes.
8. If not, how long did they live apart before his death? No.
9. When, where and in what Company and Regiment did J. B. Armstrong enlist? Aug. 1864, 1st Regt. Georgia Co. Va. Cavalry, U. S. Cavalry, 1st Regt. Cavalry, 1st Regt. Cavalry, 1st Regt. Cavalry.
10. Were you a member of the same Company? Yes.
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? About eight months.
12. When, where did his Command surrender, and was discharged? April 1865, at Appomattox, Va. and was surrendered at Appomattox, Va. May 1865.
13. Were you personally present when it was surrendered? Yes. If not where were you and how came you there?

14. Was the husband of applicant personally present at surrender? Yes. 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?

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

day of Oct, 191

Ordinary,

of Charles County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County,

Personally before me comes H. M. Bishop, C. A. Phillips who on oath says that they are freeholders of said County and that they know Mary L. Armstrong of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows Land \$300.00

Personal property

Notes and accounts due

Total

Schedule (B).

We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:

Personal property

Money, Notes and accounts

Schedule (C).

We also know what property she has now in her possession, use and control to wit:

30

Acres of land...worth

Horses and Mules

Cows and Hogs

Other property

Income and earnings

Total Value of all property and effects

Sworn and subscribed before me this the

29

day of Sept, 191

H. M. Bishop

H. J. Webb

C. A. Phillips

Ordinary,

of Charles County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County,

I H. J. Webb Ordinary of said County do certify that, I know Mary L. Armstrong the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov., 1908.

That I also know Perry Henderson the witness who swears to the service of husband, and H. M. Bishop, C. A. Phillips who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns Mary L. Armstrong Returned for Tax is for 1908 \$ 6.00, for 1910 \$ 6.00.

Sworn under my hand and official seal of office this 29 day of Oct

191

SEAL.

H. J. Webb Ordinary,

of Charles County

(SEAL.)

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

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,

Cherokee County.

Personally before me come Berry Henderson who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? Berry Henderson, Cherokee Co. Ga
2. How long and since when have you known Wm. F. Armstrong applicant? 50 yrs.
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? Married Wm. F. Armstrong How do you know? Information, known same community.

How long and since when did you know W. F. Armstrong her husband? 25 years.

When and where did W. F. Armstrong die? Feb. 10, 1896

the husband of Applicant die? Feb. 10, 1896, on Forsyth Co. Ga.

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

If not, how long did they live apart before his death? —

Were they divorced? No.

When, where and in what Company and Regiment did W. F. Armstrong enlist? Aug. 1864, Forsyth Co. Ga., from W. Graham, Battalion, 1st Florida Brigade.

Were you a member of the same Company? Yes.

How long within your personal knowledge did he perform actual military service with his Company and Regiment? From Aug. 1864 till May 1865, at Sumter.

When and where did his Command surrender, and was discharged? May 1865, at Kingston Ga.

Were you personally present when it was surrendered? Yes. If not where were you I was present and how came you there? —

Was the husband of applicant personally present at surrender? Yes. 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, known in same service.

For what cause, if you know of your own knowledge, was he prevented from returning to his Command? —

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 29 day of Sept 1911

Berry Henderson Ordinary.

of Cherokee County.

Georgia Forsyth County.

I, H. V. Jones Ordinary of said County and Keeper
of the records and seal of said Office hereby certify
the within to be a true copy of Marriage License
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 Ordy.

MARRIAGE LICENSE
OF

AND

Issued _____ 19

and recorded on page

Book _____ of Marriage Licenses.

Ordinary.

my office, I have under my hand and seal of office
this Oct 9th 1911
H. V. Jones Clerk.

MARRIAGE LICENSE
OF

AND

Issued _____ 19____
and recorded on page _____
Book _____ of Marriage Licenses.
Ordinary.

RECORDED & INDEXED

No.



Virgil W. Armstrong and Mary J. Russell
You are hereby authorized to join
in the Holy Rite of Matrimony, according to the Constitution and
Laws of this State and for so doing this shall be your License.
And you are hereby required to return this License to me, with your
Certificate hereon of the fact and date of the Marriage.
Given under my hand and seal this 26 day of November 1866
W. D. Reilly (L.S.)
Ordinary

STATE OF GEORGIA

CERTIFIED

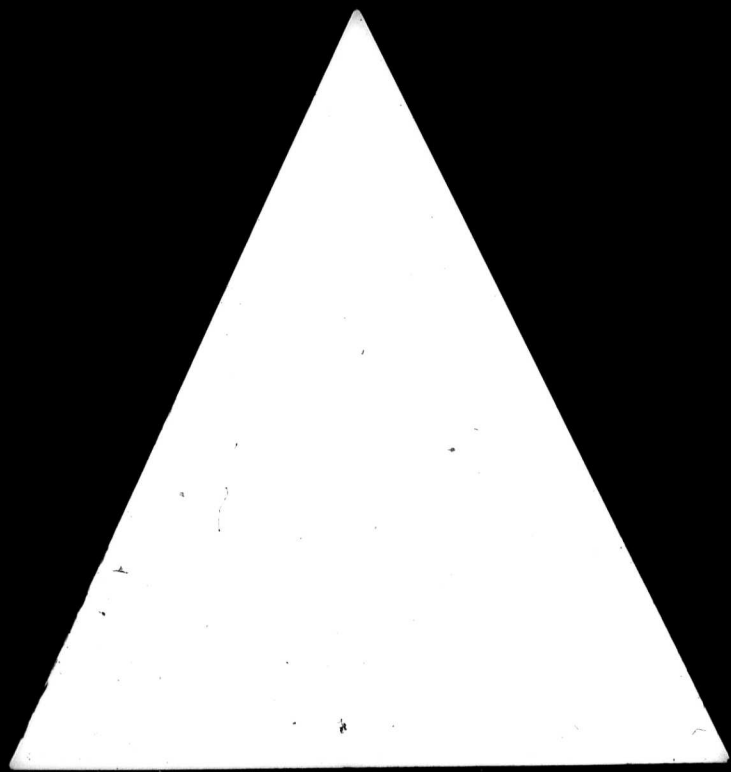
FORSYTH COUNTY

I Certify that *Virgil W. Armstrong* and *M. J. Russell*
were joined in Matrimony by me this 26 day of November 1866

Recorded

19

Ordinary



Arwood, Thomas
#367
Arwood, Jas. W.
Cherokee Co.
No. 189

APPLICATION FOR

UTM

FOR CONFEDERATE SOLDIER.

Applicant Thomas W. Arwood

County Cherokee

Limit Eight Dollars

Amount UTM above shown

Date of Warrant Feb 6 1877

filed Nov 11th 1877

Page 2

C. E. 7200 1924

E

52

STATE OF GEORGIA.

Sherokee County.

Personally appeared before me, Thomas D. Harrison, of the county of Liberty, State of Georgia, who, being duly sworn, deposes and says that he on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a Volunteer private in Company E. 7th Regiment of Georgia Volunteers that while engaged in such military service, to-wit: at the battle or engagement of the Wilderness in the State of Virginia, on the 31st day of May, 1864, he was wounded in the right arm, and that the same was amputated. Below the elbow that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has not supplied himself with an artificial arm; or that, not having done so, he prefers to supply himself with an artificial arm.

Sworn to and subscribed before me this.....

Plantation.....day of.....1877.
C. W. Bullock, Cor. & itary

NOTE.—The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

Charlotte County.

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

Sworn to and subscribed before me this.....)
day of..... 18.....

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

APPLICATION FOR

15m

FOR CONFEDERATE SOLDIER

Applicant W. H. L. Thompson

County of San Diego

Limbic system.....

Amount .. \$7m above eldon

Date of Warrant.....860

Page 1

C. G. 7a Br. 19a Dr.

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

Sec. 11. 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. GOETCHIUS,
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

Cherokee County.

Personally came. *Wm. L. Cook*
John R. Galt
 who, being duly sworn, depose and say they are acquainted with *Thomas W. Howard*
and know that he lost an *arm* in the military service during the late war
 that said *Thomas* was amputated *above the elbow*;; that he is a bona fide
 citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.
 Sworn to and subscribed before me this..... } *W. W. Willson,*
W. S. Cook
Notary Public
 Subscribed.....day of *December*, 1877 }
Wm. L. Cook, Ordinary }
John R. Galt

Cherokee County,

I, Orville Caldwell, Ordinary of Schuyler county, do certify that I am well acquainted with Pharmas M. Townsend, the applicant for said license, and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with Wm. W. Williams, Wm. L. Smith, James A. Smith, Carl, the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts stated by them are true.

Given under my hand and official seal, this 25th day of November, 1879.

...C. C. Putnam... Ordinary
Charkees County, Ga

STATE OF GEORGIA,

Cherokee County.

I, *O. W. Putnam* Ordinary of said county, do certify that I am well acquainted with *Thos W. Alwood* 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 *10* day of *July* 189*0*

O. W. Putnam

Ordinary

Cherokee

County.

STATE OF GEORGIA,

Cherokee County.

I, *O. W. Putnam* Ordinary of said County, do certify that I am well acquainted with *Thos W. Alwood* 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 *J. B. Du Bose* before whom the foregoing affidavits were made and power of attorney was signed, is a *Notary Public & Ex Officio J. P.* of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *9* day of *July* 189*1*.

Ordinary

Cherokee

County.

Arrived, Thomas W. Alwood, Cherokee Co. 1890.

No. *1019*
APPLICATION FOR ALLOWANCE.

FOR THE YEAR BEGINS JANUARY 1, 1890.

Saxe of Arm

Applicant *Thos W. Alwood*

County *Cherokee*

Amount *100*

Date of warrant *July 12*

Entered on record *July 12*

1890

W. H. H.

RECEIVED EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

Applicant

Arrived, Thomas W. Alwood, Cherokee Co. 1891.

1891
PAID 1891, W. H. H. Alwood Co.

No. *401*
APPLICATION FOR ALLOWANCE.

FOR THE YEAR BEGINS JANUARY 1, 1891.

Saxe of Arm

Applicant *Thos W. Alwood*

County *Cherokee*

Amount *100*

Date of Warrant *July 10*

Entered on record *July 10*

1891

W. H. H.

RECEIVED EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

Applicant

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears *Thos W. Anwood* of *Cherokee* 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 *14* day of *Apr* *1835*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *E*, of *7*th Regiment of *Georgia* Volunteers *Anderson*'s Brigade; that whilst engaged in such military service, at the battle of *Wilderness* in the State of *VA* on the *5*th day of *May* *1864*, he was wounded as follows: *gun shot in the right arm and wrist, amputated about the elbow - shot in the shoulder.*

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

Sworn to and subscribed before me, this the *10* day of *July* *1890*

Thos W. Anwood

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,

Cherokee 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 *10* day of *July* *1890*

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears *Thos W. Anwood* of *Cherokee* 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 *Fourth* day of *April* *1835*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *E*, of *7*th Regiment of *Georgia* Volunteers *Anderson*'s Brigade; that whilst engaged in such military service at the battle of *Wilderness* in the State of *VA* on the *5*th day of *May* *1864*, he was wounded as follows: *gun shot in the right arm and wrist, amputated about the elbow - shot in the shoulder point.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *one hundred* dollars, for *1889 + 1890*.

Sworn to and subscribed before me, this the *10* day of *July* *1891*

Thos W. Anwood

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all Men by these Presents, That I,

of *Cherokee* County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10* day of *July* *1891*.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA.

Cherokee County,

I, *O. W. Putnam* Ordinary of said county,

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

Given under my official signature and seal, this *1st* day of *March* 1892.

O. W. Putnam

Ordinary *Cherokee*

County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }

County, }

Know all Men by these Presents, That I

of _____ County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us:

Send money to me as follows, by _____

STATE OF GEORGIA, _____ to _____ P. O.

County, Georgia.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *Thomas M. Brown*

County *Cherokee*

Disability *discharge of service*

Amount, \$ *100.00*

Entered on record *Met 1*

1892.

W. H. HARRISON,

Secretary of Executive Department

AGENT.

Applicant

Chas. W. Harrison, State Director of Pensions, etc.

1893.

Cherokee Co.

No. *4444*

Application for Allowance

Loss of limb

Applicant Thomas M. Brown

County *Cherokee*

Amount, *100*

Date of Warrant, *3/1*

Entered on record, *3/1*

1893.

W. H. Harrison

Secretary of Executive Department

AGENT.

Applicant

Chas. W. Harrison, State Director of Pensions, etc.

STATE OF GEORGIA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County, }
 PERSONALLY appears *Thomas W. Woodward*
 of *Cherokee* 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 *April* 1869; 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 *Private* in Company *C*,
 of *7*th Regiment of *Georgia* Volunteers *Anderson's*'s
 Brigade; that whilst engaged in such military service at the battle of *the Wilderness*
 in the State of *Virginia*, on the *25*th day of *May* 1864, he was wounded as follows: *by a ball shot in the right arm, from a musket at the shoulder joint on the 25th day of May 1864*

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, 1893. I have heretofore been allowed a pension of

One hundred Dollars for *1891 & 1892*
 Sworn to and subscribed before me this *10* day of *March* 1893.
J. B. Parsons 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 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 *10* day of *March* 1893.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County, }
 PERSONALLY appears *Thomas W. Woodward* of *Cherokee*
 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*th day of *April* 1869; 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 *Private* in Company *C*, of *7*th Regiment of *Georgia* Volunteers *Anderson's*'s Brigade; that whilst engaged in such military service at the battle of *the Wilderness* in the State of *Virginia*, on the *25*th day of *May* 1864, he was wounded as follows: *with a ball of from P. S. 11 on right arm which caused the loss of said arm*

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

One hundred dollars, for *the years 1891 & 1892*
 Sworn to and subscribed before me, this, *10* day of *March* 1893.
James M. Woodward

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

STATE OF GEORGIA,

Cherokee County, }
 I, *James M. Woodward* Ordinary of said County,

do certify that I am well acquainted with *Thomas W. Woodward* 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 *the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.*

Given under my official signature and seal, this *10* day of *March* 1893.
James M. Woodward Ordinary *Cherokee* County.

STATE OF GEORGIA

БОМЕВ ОВ УЛОВИЕН

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY, }

Know all Men by these Presents, That I, _____

of _____

County, State of Georgia, do hereby appoint _____
of _____ my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the
State of Georgia by reason of 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 _____
day of _____ 1894.

[L. S.]

Executed in the presence of us _____

DIRECTIONS.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County, }

KNOW ALL MEN BY THESE PRESENTS, That I, _____

of _____

County, State of Georgia, do hereby appoint _____

of _____ my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the
State of Georgia by reason of 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 _____
day of _____ 1895.

[L. S.]

Executed in presence of us _____

DIRECTIONS.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

(For These Already Enrolled.)

No. 432

Soldier's Pension.

1894.

Name *I. H. Harrison*
County *Cherokee*
Disability *Levitation*
Amount, \$ *100*
31/2 1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDSD TO

Applicant

Geo. W. Richmond, State Printer, Atlanta.

(For These Already Enrolled.)

No. 537

SOLDIER'S PENSION.

1895.

Name *W. M. Harrison*
County *Cherokee*
Disability *Levitation*
Amount, \$ *100*
31/2 1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDSD TO

Applicant

Geo. W. Richmond, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cherokee County.

PERSONALLY appears *J. H. Sawood* of *Cherokee* 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 *April* 1879; 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 *Private* in Company *E*, of *7*th Regiment of *Georgia* Volunteers *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Milledgeville* in the State of *Georgia* on the *6* day of *May* 1864, he was wounded as follows: *By a Bombshell in Right arm causing loss of said arm amputation at shoulder joint*

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

One Hundred dollars, for the year, 1893

Sworn to and subscribed before me, this, the

Fifth day of *March* 1894.

J. W. Crawford

S. C. Morris (Ordinary)

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

STATE OF GEORGIA.

Cherokee County.

I, *S. C. Morris* Ordinary of said County, do certify that I am well acquainted with *J. H. Sawood* 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 *Fifth*

day of *March* 1894.

S. C. Morris

Ordinary *Cherokee* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cherokee County.

Personally appears *J. H. Sawood* of *Cherokee*

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 *April* 1879; 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 *Private* in Company *E*, of *7*th Regiment of *Georgia* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Milledgeville* in the State of *Georgia* on the *6* day of *May* 1864, he was wounded as follows: *By explosion of Bombshell causing loss of right arm*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of *One Hundred* dollars, for the year 1891-2-3-4

Sworn to and subscribed before me, this, the

18 day of *Feb*

1895. *J. W. Crawford*

S. C. Morris

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.

Cherokee County.

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

Given under my official signature and seal, this *18*

day of *Feb* 1895.

S. C. Morris

Ordinary *Cherokee* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

by _____

at _____

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

day of _____ 1896.

[L. S.]

Executed in presence of us _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

by _____

at _____

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

day of _____ 1897.

[L. S.]

Executed in presence of _____

Amwood, J.W.

Cherokee Co

(For Those Already Enrolled.)

No. *619*

SOLDIER'S PENSION.

1896.

Name *J. W. Amwood*

County *Cherokee*

Disability *Loss of arm*

Amount, \$*100.00* *per month*

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

appt

Geo. W. Harrison, State Printer, Atlanta.

No. 619

Amwood, J.W.

Cherokee Co

(For Those Already Enrolled.)

No. *2147*

INVALID

SOLDIER'S PENSION.

1897.

Name *Amwood, J.W.*

County *Cherokee*

Disability *Loss of arm*

Amount, \$*100.00*

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

appt

Geo. W. Harrison, State Printer, Atlanta.

No. 2147

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears Thomas H. Newell of Cherokee 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 1899; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of 7th Regiment of Georgia Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Ga, on the 6th day of May 1864, he was wounded, injured or diseased as follows:
bullet in right arm near shoulder
arm amputated at shoulder joint

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 Cherokee county been allowed a pension of one hundred dollars, for the year 1895.

Sworn to and subscribed before me, this, 14th day of July, 1896. } J. W. Newell
D. B. Burr Clerk

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

STATE OF GEORGIA,
Cherokee County.

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

Given under my official signature and seal, this 14th day of July, 1896.



Ordinary Cherokee County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears T. W. Newell of Cherokee 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 April 1897; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of 7th Regiment of Ga Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Ga, on the 6th day of May 1864, he was wounded, injured or diseased of follows:
bullet in right arm near shoulder
arm amputated at shoulder joint

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 Cherokee county been allowed an invalid pension of one hundred Dollars, for the year 1896.

Sworn to and subscribed before me, this, 20th day of July, 1897. } J. W. Newell
D. B. Burr Clerk

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

STATE OF GEORGIA,
Cherokee County.

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

Given under my official signature and seal, this 20th day of July, 1897.



Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

to receive and receipt for the pension paid hereon and request that he remit same to _____

by _____

at _____

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

day of _____ 1898.

[L. S.]

Executed in presence of _____

Arwood, Thomas
Cherokee Co.
ACT OF SEPT. 1887.
(For Those Already Enrolled.)

Sept 58
Arwood, T. Co 1899

INVALID

SOLDIER'S PENSION.

1898.

Name *Thos W Arwood*

County *Cherokee*

Disability *Loss of R. Arm.*

Amount, \$ *100* ^{*00*}

2/14 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

app't

SEE B. CAMPBELL, STATE PRINTER, CONSTITUTION JOB OFFICE.

No data

Cherokee

Maimed Soldiers.

Voucher No. *1019*

Amount \$ *100.*

Paid to *Thos W. Arwood*

For *Loss of Arm*

July 12 1890

Included in warrant No. _____
issued to Treasurer.

WARRANT CLERK.

Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears Thos. W. Arwood of Cherokee 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 April 1839; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company E, of 7th Regiment of Georgia Volunteers, Anderson's's Brigade; that whilst engaged in such military service in the State of Virginia, on the 6 day of May 1864, he was wounded, injured or diseased as follows:

Wounded in Right Arm in Battle of Wilderness in the year 1864. by Shell, which caused loss 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 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 One Hundred Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 7 day of July 1898. Thos. W. Arwood POST-OFFICE

Allen C. Cunn

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,

Cherokee County.

I, Allen C. Cunn Ordinary of said County, do certify that I am well acquainted with Thos. W. Arwood 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 7 day of July 1898.

Allen C. Cunn
Ordinary Cherokee County.

No. 1019

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 12 1890

Mr. Thomas W. Arwood of the County of 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 has been examined and allowed for

Loss of Arm One Hundred Dollars
He is entitled to receive the sum of One Hundred Dollars for such disability, the same being the amount due for the year ending October 24, 1890

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

By the Governor,

M. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100 Dollars,
per above voucher, this 12 of July 1890

Thos W. Arwood



Audited _____ 1891.

COMPTROLLER GENERAL.

Crossed, [unclear]
48
Coharapee
1891.

Maimed Soldiers.

Voucher No. *401*

Amount \$ *100*

Paid to *Sho. H. Amard*
for *Save of Amr*

July 10 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

applicat.

1891.

No. 101

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 10 1891.

Mr. Thos. W. Arwood of the County
of Cherokee having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Loss of vision
He is entitled to receive the sum of One hundred Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

H. J. Warren
GOVERNOR.

By the Governor.

John Harrison

Sec'y EXECUTIVE DEPARTMENT.

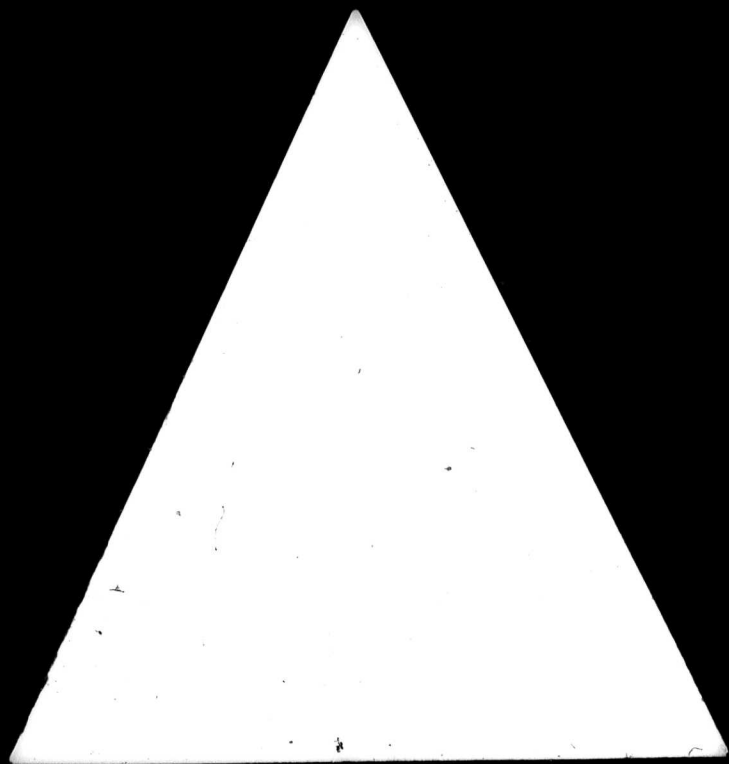
\$ 100

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

One Hundred & 00 Dollars,

per above voucher, this 10th of Feb 1891.

Thos W. Arwood



NOTES.

In order to avoid unnecessary delay 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 payment of such allowances, the following regulations are submitted:

1. If the wound of a soldier is such that the description of the wound should be carefully and fully set forth by applicant and physician, and both sign the certificate, the allowance should be paid *without doubt*. If applicant claims disability from disease contracted in the service, the certificate should be given, tracing the disability by positive proof to the war, and carefully stated history of the disease should be given, tracing the disability by positive proof to the war.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and* *permanently* disabled.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the limb is not "substantially and essentially useless."
5. If injury are from disease, the applicant must show that the amputations are *not* the result of any of the affixes, the amputations must be made *under* *only* before an officer, and the proofs must show that the amputations have been duly sworn to.
6. Every application must be verified by the ordinary of the county of the residence of the applicant. The residence of any other will not be received in any case.

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

Amey, Augustus L.
2713
A. M. E. Augustus L.
Cherokee Co.

No. 1329

APPLICATION FOR ALLOWANCE.

FOR

L. A. E. E. E.
Applicant, Augustus L. E. E.
County, Cherokee

Amount \$50

Date of Warrant March 14

Entered on record

MAY 11 1880

111111

SECRETARY EXECUTIVE DEPARTMENT.

A. R. Turner

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

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

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

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

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

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

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

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Cherokee

County.

PERSONALLY appears *Augustus L. Avery* of *Cherokee* 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 *March* day of *March* 1836; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *49* of *23* th Regiment of *Infantry* Volunteers, *Colquhoun*'s Brigade; that whilst engaged in such military service, at the battle of *Petersburg* in the State of *Virginia*, on the *day* of *March* 1862, he was wounded as follows: *that he was severely injured on his face by the explosion of a shell while in service he lost the sight of left eye which caused total blindness of said eye & has remained so to the present time.*

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

5 day of *March* 1889
William W. Whitman ordinary

NOTE. - Fully state nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

County.

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

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

APPLICATION FOR ALLOWANCE

No. *1329*

Augustus L. Avery
Applicant

County *Cherokee*

Amount *Gr. Mel 1/4*

Date of Warrant *March 1/4*

Entered on record *March 11*

1889

W. W. Whitman

SECRETARY EXECUTIVE DEPARTMENT.

W. W. Whitman

Augustus L. Avery
Cherokee Co

STATE OF GEORGIA,

County. }

PERSONALLY came

citizens of

county, in said State,

who, being duly sworn, say that they are acquainted with

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 county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this
day of 188

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

STATE OF GEORGIA,

County. }

PERSONALLY comes before me

Ordinary of said county,

and

, both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined

and after such

examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this
day of 188

ORDINARY.

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

STATE OF GEORGIA,

County. }

I, *Ordinary W. Putnam*

Ordinary of said county,

do certify that I am well acquainted with *Augustus L. Avery* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

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

Given under my official signature and seal, this 4th day of March 1887

Ordinary W. Putnam

Ordinary *Cherokee* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

Know all Men by these Presents, That I,

A. L. Avery
of *Cherokee*

county, in said State, do hereby appoint *W. R. Turner* of *Cobb 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 12th day of March 1887

A. L. Avery (L. S.)

Executed in the presence of us:

Edgar M. M. Partio, Fulton Co., Ga.
R. C. Irwin

STATE OF GEORGIA,

Bentley County.

I, James W. Putnam Ordinary of said county, do certify that I am well acquainted with James W. Putnam 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 James W. Putnam 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 February 1892.

James W. Putnam

Ordinary

Bentley

County.

APPLICATION FOR ALLOWANCE.

No. 93

FOR THE YEAR ENDING OCTOBER 31, 1891.

James W. Putnam
Applicant, James W. Putnam, Attorney,
County, Bentley

Amount, 38.00
Date of warrant, Feb 11

Entered on record
Feb 11 1892

W. H. H.
WARRANT EXECUTIVE DEPARTMENT

WARRANT HANDLED TO

applicant

STATE OF GEORGIA,

Cherokee County.

I, James W. Putnam Ordinary of said County, do certify that I am well acquainted with James W. Putnam 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 James W. Putnam 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 February 1891.

James W. Putnam

Ordinary

Cherokee

County.

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

James W. Putnam
Applicant, James W. Putnam, Attorney,
County, Cherokee

Amount, 38.00
Date of Warrant, Feb 11
Entered on record Feb 11 1892

W. H. H.
WARRANT EXECUTIVE DEPARTMENT

WARRANT HANDLED TO

applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears *Augustine L. Smith* of *Cherokee* 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 *4th* day 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 *Private* in Company *A*, of *25*th Regiment of *Volunteers*. *Delgott*'s Brigade; that whilst engaged in such military service, at the battle of *Wet* on the day of *1862*, he was

wounded as follows: *from exposure he was a Lieutenant killed for some time separated from his wife while in line of duty in a prison from which he was later released. He has been left with a leg which has been badly injured since 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 of *2* dollars.

Sworn to and subscribed before me, this the

4th day of *February* 1890

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,

Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I,

county, in said State, do hereby appoint

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

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

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears *Augustine L. Smith* of *Cherokee* 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 *4th* day 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 *Private* in Company *A*, of *25*th Regiment of *Volunteers*. *Delgott*'s Brigade; that whilst engaged in such military service at the battle of *Wet* in the State of *Wet*, on the day of *January* 1862, he was

wounded as follows: *from exposure he was a Lieutenant killed for some time separated from his wife while in line of duty in a prison from which he was later released. He has been left with a leg which has been badly injured since 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, 1891. I have heretofore been allowed a pension of *2* dollars.

Sworn to and subscribed before me, this the

4th day of *February* 1891.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint

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

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

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA,

I, Wm. C. Harrison County, Cherokee Ordinary of said county, do certify that I am well acquainted with Augustus L. Avery the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this 1st day of March 1892.

Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all Men by these Presents, That I, Augustus L. Avery of Cherokee County, State of Georgia, do hereby appoint William H. Harrison of Atlanta Ga my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to 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 12th day of March 1894.

Executed in the presence of us

A. L. Avery [L. S.]

DIRECTIONS

Send money to me as follows, by

to Cherokee County, Georgia.

A. L. Avery

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name Augustus L. Avery

County Cherokee

Disability Loss of Eye

Amount, \$ 50.00

Entered on record Mar 17 1892.

W. H. HARRISON,

Secretary Executive Department.

AGENT.

applicant

Geo. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled.)

No. 433

Soldier's Pension.

1894.

Name Augustus L. Avery

County Cherokee

Disability Loss of eye

Amount, \$ 50

351 1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

M. H. H.

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears

Augustus L. Avery

of *Cherokee* 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 *4th* day of *April*, 1865; 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 *Private* in Company *A*, of *23* th Regiment of *Georgia* Volunteers, *Davidson's* Brigade; that whilst engaged in such military service at the battle of *Virginia*, on the *4th* day of

1865, he was wounded as follows: *by being wounded by cold and shrapnel, while in the Company of*

Private Davidson, in the month of February 1862, first his right leg was severely injured, and as a result of the wound, the leg was amputated below the knee, and the right eye from that time to the present. The left eye is also injured, and is now nearly blind.

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

Twenty Dollars for 1889, 1890 & 1891.

Sworn to and subscribed before me this the

10th day of *March*, 1892.

Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

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

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

day of *March*, 1892.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears *Augustus L. Avery* of *Cherokee*

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 *4th* day of *April*, 1865; 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 *Private* in Company *A*, of *23* th Regiment of *Georgia* Volunteers, *Davidson's* Brigade; that whilst engaged in such military service at the battle of *Virginia*, on the *4th* day of

1865, he was wounded as follows: *Wound applicant was disabled as follows*

By loss of left eye caused by explosion of mine, eye

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

Twenty dollars, for the year 1893.

Sworn to and subscribed before me, this, the

10th day of *March*, 1894.

A. L. Avery

A. L. Avery, Ordinary

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

STATE OF GEORGIA,

Cherokee County.

I, *A. L. Avery*

Ordinary of said County,

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

Given under my official signature and seal, this *12th*

day of *March*, 1894.



A. L. Avery

Ordinary *Cherokee* County.

POWER OF ATTORNEY.

Form 8.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, in said State, do hereby appoint

of _____ my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military 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 _____ 1893.

[L. S.]

Executed in the presence of us :

DIRECTION.

If allowed, send amount by _____ to me at _____, and oblige,

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

Form 1.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears Augustus L. Avery of Cherokee

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 continuously since the _____ day of

April 1888; that he enlisted in the military service of the Confederate States (or the State of _____) during the war between the States, and served as a Private in Company F, of 23th Regiment of Georgia Volunteers Adams Brigade; that whilst engaged in such military service, at the battle of _____ in the State

of _____, on the _____ day of _____ 186, he was disabled as follows: From contracted sore eyes and exposure in the army total loss of sight of left eye

Said applicant has heretofore been a holder of pension of \$300 dollar for the years 1890 1891 1892

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 thereunder, ending October 26th, 1893.

Sworn to and subscribed before me this the 5th day of April 1893. Augustus L. Avery
Almon C. Conn
Ordinary.

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

Almon C. Conn
316
442
Avery, Augustus L.
Soldier's Pension.

1893.

Name A. L. Avery
County Cherokee
Disability long eye
Amount, \$ 30
1893 Apr 6

W. H. HARRISON
Secretary Executive Department
WARRANT RETURNED TO
Applicant
Geo. W. Harrison, Secretary, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I,

A. L. Avery

County, State of Georgia, do hereby appoint

Rebecca Johnson, Sec. & Capt

of *Cherokee*

my true and lawful attorney in fact, for

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

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

31st

day of *January* 1895.

A. L. Avery

[L. S.]

Executed in presence of us

D. L. Harris ordinary

DIRECTIONS.

Send money to me as follows, by

check to D. L. Harris, only

to *hanton*

P. O.

County, Georgia.

A. L. Avery

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, *A. L. Avery*

hereby authorize *D. L. Harris*

ordinary of *Cherokee* County

to receive and receipt for the pension paid hereon and request that he remit same to

at *hanton*

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

day of *January* 1895.

A. L. Avery

[L. S.]

Executed in presence of us

M. S. Cherry

(For Those Already Enrolled.)

No. *541*

SOLDIER'S PENSION.

1895.

Name *A. L. Avery*
County *Cherokee*
Disability *Loss of eye*
Amount, \$ *30.00*

1895.

3/4

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

A. L. Avery

Gen. W. Harrison, Sec. Prison, Atlanta.

in date

Avery, A. L.
Cherokee Co.

(For Those Already Enrolled.)

No. *1954*

SOLDIER'S PENSION.

1896.

Name *A. L. Avery*
County *Cherokee*
Disability *Loss of eye*
Amount, \$ *30.00*

1896.

3/2

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

A. L. Avery

Gen. W. Harrison, Sec. Prison, Atlanta.

no saty

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears D. L. Dwyer of Cherokee

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 1876; 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 Private in Company F, of 39th Regiment of Georgia Volunteers, Calgants's Brigade; that whilst engaged in such military service at the battle of in the State of on the day of 186, he was wounded as follows:

Said Soldier lost the left eye from a gunshot

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 thirty dollars, for the year 1892-93-94

Sworn to and subscribed before me, this, the 10th day of January, 1895.

A. L. Dwyer

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 this wound or disease.

STATE OF GEORGIA,
Cherokee County.

I, J. B. Lamm Ordinary of said County, do certify that I am well acquainted with D. L. Dwyer 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 10th day of January, 1895.



J. B. Lamm
Ordinary of Cherokee County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears D. L. Dwyer of Cherokee 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 1876; 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 Private in Company F, of 39th Regiment of Georgia Volunteers, Calgants's Brigade; that whilst engaged in such military service in the State of Va, on the day of 1862, he was wounded, injured or diseased as follows:

Said Soldier lost the left eye from a gunshot in battle which caused the loss of left eye

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, 1890. I have heretofore as a resident of Cherokee county been allowed a pension of thirty dollars, for the year 1890.

Sworn to and subscribed before me, this, the 10th day of July, 1890.

A. L. Dwyer

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 this wound or disease.

STATE OF GEORGIA,
Cherokee County.

I, J. B. Lamm Ordinary of said County, do certify that I am well acquainted with D. L. Dwyer 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 10th day of July, 1890.



J. B. Lamm
Ordinary of Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Augustus L. Avery, hereby authorize Wm. A. Wright of Atlanta Ga.

to receive and receipt for the pension paid hereon and request that he remit same to A. C. Conn by check at Canton Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of May 1897.

Executed in presence of

A. L. Avery

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, A. L. Avery, hereby authorize Wm. A. Wright of Atlanta Ga.

to receive and receipt for the pension paid hereon and request that he remit same to A. C. Conn by check at Canton Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4th day of Februry 1898.

Executed in presence of

Wm. A. Conn

[L. S.]

INVALID

SOLDIER'S PENSION.

1897.

Name Augustus L. Avery

County Cherokee

Disability Loss of Right

Amount, \$ 88.00

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Wm. A. Conn

W. W. HARRISON, STATE PRINTER, AT WASH.

No data

INVALID

SOLDIER'S PENSION.

1898.

Name A. L. Avery

County Cherokee

Disability Loss of Left Eye

Amount, \$ 30.00

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Wm. A. Conn

W. W. HARRISON, STATE PRINTER, AT WASH.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears A. L. Avery of Cherokee 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 April 1876; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 23th Regiment of Georgia Volunteers, Colquitt's Brigade; that whilst engaged in such military service in the State of Georgia, on the 25 day of Feb. 1862, he was wounded, injured or diseased of follows:

in the winter of 1862 while exposed to camp life in the trenches which caused the loss of my left eye

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1897. I have heretofore under said law as a resident of Cherokee county been allowed an invalid pension of Thirty Dollars, for the year 1897.

Sworn to and subscribed before me, this, 4 day of February, 1897, POST OFFICE Cherokee

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 22 day of July, 1897.

A. L. Avery
Ordinary Cherokee County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears A. L. Avery of Cherokee 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 1835; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 23th Regiment of Georgia Volunteers, Colquitt's Brigade; that whilst engaged in such military service in the State of Georgia, on the 25 day of Feb. 1862, he was wounded, injured or diseased as follows:

In the latter part of 1862 taken sore eyes which caused the loss of left eye.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of Cherokee county been allowed an invalid pension of Thirty Dollars, for the year 1897.

Sworn to and subscribed before me, this, 4 day of February, 1898, POST OFFICE Cherokee

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 4 day of February, 1898.

Allen C. Leann
Ordinary Cherokee County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Charleston County.

I, A. L. Avery, hereby authorize Charles J. Swartz
me of Atlanta Ga

to receive and receipt for the pension paid hereon and request that he remit same to

me by check

at Wichity Street Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20

day of Feb 1890.

A. L. Avery [L. S.]

Executed in presence of

N. C. Brown, Col. 1st Reg.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Charleston County.

I, A. L. Avery, hereby authorize N. A. Wright
me of Atlanta Ga

to receive and receipt for the pension paid hereon and request that he remit same to

A. C. Brown, Col. 1st Reg. by check

at Wichity Street Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16

day of Jan 1900.

A. L. Avery [L. S.]

Executed in presence of

N. C. Brown, Col. 1st Reg.

Avery, A. L.

Charleston Co.

(For These Already Enrolled.)

CODE SECTION 126

No. 2771

INVALID

SOLDIER'S PENSION.

1899.

Name N. L. Swartz

County Charleston

Disability Loss of leg

Amount, \$30.00

2/21 - 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

Charles J. Swartz

Geo. W. HARRISON, STATE PRINTER, ATLANTA

210

Avery, A. L.

Charleston Co.

(For These Already Enrolled.)

CODE SECTION 126

No. 3060

INVALID

SOLDIER'S PENSION.

1900.

Name A. L. Avery

County Charleston

Disability Loss of leg

Amount, \$30.00

Warrant issued Jan 13 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

N. A. Wright

Geo. W. HARRISON, STATE PRINTER, ATLANTA

210

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Charleston County.

Personally appears A. L. Avery of Charleston 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 4th day of April 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 2, of 11th Regiment of Vol. Volunteers, Colquhoun's Brigade; that whilst engaged in such military service in the State of Georgia, on the 10th day of March 1865, he was wounded, injured or diseased as follows:

in the winter of 1864, when he had a
vision attacked by sore eyes which caused the
loss of left eye

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1900. I have heretofore under said law as a resident of Charleston County been allowed an invalid pension of Three Dollars, for the year 1899.

Sworn to and subscribed before me, this, A. L. Avery
10th day of Feb, 1899 POST OFFICE

A. C. Brown (writing)
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,

Charleston County.

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

Given under my official signature and seal, this 20th
day of Feb, 1899.

A. C. Brown
Ordinary Charleston County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Charleston County.

Personally appears A. L. Avery of Charleston County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the 4th day of April 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 2, of 11th Regiment of Vol. Volunteers, Colquhoun's Brigade; that whilst engaged in such military service in the State of Georgia, on the 10th day of March 1865, he was wounded, injured or diseased as follows:

taken sore eyes in winter of 1864
caused the loss of left eye

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1900. I have heretofore under said law as a resident of Charleston County been allowed an invalid pension of Three Dollars, for the year 1899.

Sworn to and subscribed before me, this, A. L. Avery
10th day of May, 1900. POST OFFICE

A. C. Brown (writing)
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,

Charleston County.

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

Given under my official signature and seal, this 20th
day of May, 1900.

A. C. Brown
Ordinary Charleston County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I A. S. Avery hereby authorize

A. S. Avery of Cherokee County

to receive and receipt for the pension paid hereon and request that he remit same to

me by

at Canton Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 5th

day of July 1901.

Executed in presence of

J. J. J. J.

CODE SECTION 150
(FOR THOSE ALREADY ENROLLED.)

No. 2455

DISABLED
SOLDIER'S PENSION.
1901.

Name A. S. Avery
County Cherokee
Disability Loss of leg
Amount \$10.00

2/12-1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

John
Gen. W. Harrison, State Printer, Atlanta.

10-80- 56
11-100- 60
2-80- 25
1-25- 10
2-5- 10
7-10- 1705
27

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I A. S. Avery hereby authorize

A. S. Avery of Cherokee

to receive and receipt for the pension paid hereon and request that he remit same to

me by

at Canton Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 5th

day of July 1901.

STATE OF GEORGIA

Executed in presence of

J. J. J. J. [L. S.]

CODE SECTION 150
(FOR THOSE ALREADY ENROLLED.)

No. 2102

DISABLED
SOLDIER'S PENSION.
1902.

Name A. S. Avery
County Cherokee
Co. 7 Regiment 23 Ya
Disability Loss of leg
Amount \$30

2/4 1902

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Ordry
Gen. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTOWED PENSIONS