

STATE OF GEORGIA,

Cherokee County,

I, *Charles W. Patterson*

Ordinary of said county,

do certify that I am well acquainted with *Joseph L. Bates* 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 *15* day of *February* 189*2*.

Charles W. Patterson

Ordinary

Cherokee

County.

STATE OF GEORGIA,

Cherokee County,

I, *Charles W. Patterson*

Ordinary of said County,

do certify that I am well acquainted with *Joseph L. Bates* 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 *18* day of *February* 189*1*.

Charles W. Patterson

Ordinary

Cherokee

County.

1890.

APPLICATION FOR ALLOWANCE.

No. 1450

FOR THE YEAR ENDING OCTOBER 31, 1890.

Do by body named

Applicant Joseph L. Bates

County, Cherokee

Amount, 50

Date of warrant, Feb. 19

Entered on record

Feb. 19 1890

Warrant Executive Department

Warrant dated to

Applicant

1891.

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Do by body named

Applicant, Joseph L. Bates

County, Cherokee

Amount, 50

Date of Warrant, Feb. 19

Entered on record

Feb. 19 1891

Warrant Executive Department

Warrant dated to

Applicant Bates

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County,

PERSONALLY appears *Joseph L. Bates* 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 *January* 18*61*; 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 *B*, of *58*th Regiment of *Infantry* Volunteers *Benton's* Brigade; that whilst engaged in such military service, at the battle of *Bain's Mill* in the State of *Va* on the *25* day of *June* 18*62*.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County,

PERSONALLY appears *Joseph L. Bates* 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 *January* 18*61*; 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 *B*, of *58*th Regiment of *Infantry* Volunteers *Benton's* Brigade; that whilst engaged in such military service at the battle of *Bain's Mill* in the State of *Va* on the *25* day of *June* 18*62*.

Bates Joseph C.
Cherokee Co.
Bates Joseph C.
1890.

No. 14570
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 24, 1887.
Bates Joseph C.
Applicant, Cherokee
County, Amount, \$50
Date of warrant, Feb. 19, 1890
Entered on record
Oct. 19, 1890
WARRANT HANDED TO
Applicant

Bates Joseph C.
Cherokee Co.
Bates Joseph C.
Cherokee Co.
1891.
Application for Allowance
FOR THE YEAR ENDING OCTOBER 24, 1887.
Bates Joseph C.
Applicant, Cherokee
County, Amount, \$50
Date of Warrant, Feb. 19, 1891
Entered on record
Oct. 19, 1891
WARRANT HANDED TO
Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Blanchard County.
PERSONALLY appears Joseph C. Bates 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 25th day of January, 1841; 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 B, of 58th Regiment of Georgia Volunteers, 1st Brigade; that whilst engaged in such military service, at the battle of Gaines Mill in the State of Virginia, on the 27th day of June, 1862, he was wounded as follows: gunshot wound in left breast entering just below clavicle passing through left lung then in the direction of the spine & to a point near the left kidney making its exit two inches from spinal column said wound destroying so much nerve force as to render the applicant wholly unable to do manual labor.

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 \$50.00 dollars.

Sworn to and subscribed before me, this 27th day of February, 1890.

Joseph C. Bates
Deponent.
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,

Know all men by these presents, That I, Joseph C. Bates, of Cherokee 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 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 27th day of February, 1890.

Executed in the presence of us:

Send money to me as follows, by

DIRECTION.

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.
PERSONALLY appears Joseph C. Bates 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 January, 1841; 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 B, of 58th Regiment of Georgia Volunteers, 1st Brigade; that whilst engaged in such military service at the battle of Gaines Mill in the State of Virginia, on the 27th day of June, 1862, he was wounded as follows: gunshot wound in left breast entering just below clavicle passing through left lung then in the direction of the spine & to a point near the left kidney making its exit two inches from spinal column said wound destroying so much nerve force as to render the applicant wholly unable to do manual labor.

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 \$50.00 dollars.

Sworn to and subscribed before me, this 27th day of February, 1891.

Joseph C. Bates
Deponent.
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, Joseph C. Bates, of Cherokee 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 27th day of February, 1891.

Executed in the presence of us:

Send money to me as follows, by

DIRECTION.

to

County, Georgia.

P. O.

POWER OF ATTORNEY. STATE OF GEORGIA.

County, }
KNOW ALL MEN BY THESE PRESENTS, That I,

county, in said State, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

Send money to me as follows, by _____

DIRECTION.

to _____

P. O.

County, Georgia.

POWER OF ATTORNEY. STATE OF GEORGIA,

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 _____ 189__

Executed in the presence of us:

[L. S.]

Send money to me as follows, by _____

DIRECTION.

to _____

P. O.

County, Georgia.

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.

POWER OF ATTORNEY. STATE OF GEORGIA.

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 _____ 189__

Executed in the presence of us:

[L. S.]

Send money to me as follows, by _____

DIRECTION.

to _____

P. O.

County, Georgia.

SOLDIERS' PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892

Name _____
County _____
Disability _____
Amount \$ _____
Entered on record _____
W. H. HARRISON
Secretary of the Pension Department
AGENT.
W. H. Harrison, State Printer, Albany, Ga.

1893.
Bates, Joseph C.
Application for Allowance
No. 4446
Applicant, Joseph C. Bates
County, Cherokee
Amount, \$ 5.00
Date of Warrant, 3/17
Entered on record, 3/17
W. H. HARRISON
Secretary of the Pension Department
W. H. Harrison, State Printer, Albany, Ga.

STATE OF GEORGIA.
FOR APPLICANTS RECEIVING ALLOWED PENSIONS

BOMBER OF ATTORNEY

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,

of

County, in said State, do hereby appoint

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

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

day of

1892.

Executed in the presence of us:

Ordinary

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

14th day of March 1893.)
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.

County.

I, Ordinary of said County,

do certify that I am well acquainted with Joseph, C. Bates 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 Ordinary of said County, and the said affidavits and signatures thereto are genuine:

Given under my official signature and seal, this 14th day of March 1893.

Ordinary

County.

STATE OF GEORGIA.

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

Know all Men by these Presents, That I,

Joseph, C. Bates of Cherokee County, in said State, do hereby appoint David Burns 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 1894.

Executed in the presence of us:

Ordinary

DIRECTION.

If allowed, send amount by

to

and oblige,

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA.

County.

PERSONALLY appears Joseph, C. Bates 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

1844; 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 38th Regiment of Georgia Volunteers London

Brigade; that whilst engaged in such military service, at the battle of Cold Harbor

in the State of Virginia, on the 31 day of June

1862, he was disabled as follows: Shot in Left Breast

Ball passing through the Body and coming

out near Small of the Back which wound

disables applicant from Ordinary Labor

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, 1894.

Sworn to and subscribed before me this the

10th day of March 1894.

Ordinary

County.

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.

Soldier's Pension
1894.

Name Joseph, C. Bates

County Cherokee

Disability Body Wound

Amount 50

W. H. HARRISON,

Secretary Executive Department

WARRANT HANDED TO

W. H. Harrison

Chas. W. Harrison, Attorney

Bates, Joseph C.
Cherokee Co.

Ball passing through the body and coming out near small of the back which rendered it unable applicant from ordinary labor

Bates, Joseph & Charlotte

No. *H34*

Soldier's Pension
1894.

Name *Joseph & Charlotte*
County *Cherokee*
Disability *Body Wound*
Amount *\$50*
H/11

1894

W. H. HARRISON,
Secretary Executive Department

WARRANT HANDED TO *McBee*
Chas. W. Harrison, Chief Clerk, Albany.

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, 1894.

Sworn to and subscribed before me this the
10th day of *March* 1894.

J. L. Brown

Ordinary.

Joseph. L. Bates

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.

AFFIDAVIT FOR WITNESSES.

STATE OF GEORGIA,

County of *Cherokee*

PERSONALLY appears before me, the undersigned, Ordinary in and for said County,
W. L. Bates, J. M. Peace and, E. M. Day,
each of whom, being duly sworn according to law,
severally say, under oath, that they are personally well acquainted with *Joseph. L. Bates*
whose application is herewith presented for a pension,

and that they served with him in the army, and from our personal knowledge he was injured by the service as follows: (* See Note) *On the 3rd day of June 1862 at the Battle of Cold Harbor, in the State of Va. he received gunshot wound as follows: Ball entering left breast passing through the body & coming out near small of the back. Witnesses each testify that applicant is not able for manual labor or ordinary labor*

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1862. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this
10th day of *March* 1894.
J. L. Brown

Ordinary.

W. L. Bates
J. M. Peace
E. M. Day

NOTE.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
2. Witnesses are asked to make their statements full and explicit.
* NOTE.—Give full statement, and tell in your own language how badly applicant is disabled from work. If he does any labor, or can do any, state what.

Physician's Affidavit.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY comes before me *J. L. Brown*

Ordinary of said County,

W. L. Bates and *W. L. Bates*

both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have carefully examined *Joseph. L. Bates* and after such personal examination

say that the applicant has been injured as follows:

Gunshot wound in left breast, entering about 4 inches below clavicle, and 5 inches from center of sternum (near axilla), passing directly through the lung, and making its exit just below the 12th rib, at a point about 2 inches from spinal column, on same side. Said wound still remains open, and said injury so disables applicant as to render him wholly unable to do any ordinary manual labor. He now pretends to do a days work a year.

Sworn to and subscribed before me this

10th day of *April* 1894.

J. L. Brown

Ordinary.

W. L. Bates
W. L. Bates M.D.

NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom, and state fully the extent of the disability.
NOTE 2.—If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier. Also state how long physicians have known and treated applicant.

STATE OF GEORGIA,

Cherokee County.

1. *J. L. Brown*

Ordinary of said County,

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

Given under my official signature and seal this *10th* day of *April* 1894.

J. L. Brown

Ordinary *Cherokee* County.

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1862. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this
11th day of April 1894.
J. C. Bates
J. M. Reese not mark
J. C. M. Day
Ordinary.

Note.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
2. Witnesses are asked to make their statements full and explicit.
* Note.—Give full statement, and tell in your own language how badly applicant is disabled from work. If he does any labor, or can do any, state what.

We have treated applicant professionally for 13 years.
Sworn to and subscribed before me this
10th day of April 1894.
J. C. Bates
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, and state fully the extent of the disability.
Note 2.—If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier. Also state how long physicians have known and treated applicant.

STATE OF GEORGIA.

Cherokee County.
I, J. C. Bates
Ordinary of said County.

do certify that I am well acquainted with Joseph C. Bates the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County. I also certify that the foregoing witnesses are persons of respectability and that their statements are worthy of full credit and belief.

Given under my official signature and seal this 11th day of April 1894.
J. C. Bates
Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I, Joseph C. Bates of Cherokee County, State of Georgia, do hereby appoint James M. Land of said County 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 30th day of March 1895.
Joseph C. Bates [L.S.]

Executed in presence of us
J. C. Bates

DIRECTIONS.

Send money to me as follows, by

to
County, Georgia.

P. O.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, Joseph C. Bates hereby authorize James M. Land 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 30th day of March 1895.

Joseph C. Bates [L.S.]

Executed in presence of us
J. C. Bates

SOLDIER'S PENSION.

1895.

J. C. Bates
Cherokee
Disability
Amount \$ 50.00
Richard Johnson,
Secretary Executive Department.

WARRANT MADE TO
J. C. Bates
Geo. W. Harrison, State Printer, Atlanta.

SOLDIER'S PENSION.

1896.

J. C. Bates
Cherokee
Disability
Amount \$ 50.00
Richard Johnson,
Secretary Executive Department.

WARRANT MADE TO
J. C. Bates
Geo. W. Harrison, State Printer, Atlanta.

Charles A.
Bates, Joseph B.
(For These Already Enrolled.)

No. 242

SOLDIER'S PENSION. 1895.

Name D. C. Bates
County Cherokee
Disability Bygone
Amount, \$ 30
1895.
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT MADE TO

Apply

Gen. W. Harrison Rouse, Jr., Atlanta.

No date

Bates, Joseph B.
Cherokee Co.
(For These Already Enrolled.)

No. 2551

SOLDIER'S PENSION. 1896.

Name Joseph B. Bates
County Cherokee
Disability Bygone
Amount, \$ 50.00 3/5 1896
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT MADE TO

Apply

Gen. W. Harrison Rouse, Jr., Atlanta.

2551

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears Joseph B. Bates 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 28 day of January 1870; 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 B, of 30th Regiment of Georgia Volunteers, George's Brigade; that whilst engaged in such military service at the battle of Red Bank in the State of Ta, on the 28 day of June 1862, he was wounded as follows: Ball entering left breast passing through left lung coming out near small of back rendering applicant unable for manual labor

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 30th day of January 1895.

D. C. Bates

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. Bates

Ordinary of said County, do certify that I am well acquainted with Joseph B. Bates 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 30th day of January 1895.



D. C. Bates

Ordinary of Cherokee County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears Joseph B. Bates 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 January 1841; 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 B, of 30th Regiment of Georgia Volunteers, George's Brigade; that whilst engaged in such military service in the State of Ta, on the 28 day of June 1862, he was wounded, injured or diseased as follows: Ball gunshot in left breast passing through the lungs coming out near small of the back

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 30th day of March 1896.

D. C. Bates

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. Bates

Ordinary of said County, do certify that I am well acquainted with Joseph B. Bates 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 30th day of March 1896.



D. C. Bates

Ordinary of Cherokee County.

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

Sworn to and subscribed before me, this, the 30th day of January, 1895.

D. b. born Attorney
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. born Ordinary of said County, do certify that I am well acquainted with Joseph C. Bates 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 30th day of January, 1895.



D. b. born
Ordinary of Cherokee County.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the 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 Five dollars, for the year 1895.

Sworn to and subscribed before me, this, the 3d day of March, 1896.

A. b. born Attorney
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. born Ordinary of said County, do certify that I am well acquainted with Joseph C. Bates 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 3d day of March, 1896.



A. b. born
Ordinary of Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, Joseph C. Bates hereby authorize Wm. A. Bates 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 1st day of January, 1897.

Executed in presence of

Joseph C. Bates [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, Joseph C. Bates hereby authorize Wm. A. Bates 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 1st day of January, 1897.

Executed in presence of

Joseph C. Bates [L. S.]

INVALID
SOLDIER'S PENSION.
1897.

Name Joseph C. Bates
County Cherokee
Disability Invalid
Amount, \$ 5.00
3/4 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

Wm. A. Bates

INVALID
SOLDIER'S PENSION.
1898.

Name Joseph C. Bates
County Cherokee
Disability Invalid
Amount, \$ 5.00
3/4 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

Wm. A. Bates

Col. Joseph C. Bates
ACT OF MARCH, 1887.
(For Those Already Enrolled.)
No. 3118
INVALID
SOLDIER'S PENSION.
1887.
Name *J. C. Bates*
County *Charleston*
Disability *lost right arm*
Amount, \$ *60.00*
3/4 1887.
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
apd
1887.
1887. *No later*

Col. Joseph C. Bates
ACT OF MARCH, 1887.
(For Those Already Enrolled.)
No. 3198
INVALID
SOLDIER'S PENSION.
1888.
Name *Joseph C. Bates*
County *Charleston*
Disability *lost right arm*
Amount, \$ *60.00*
3/4 1888.
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
W. A. Bates
1888.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Charleston County.
Personally appears *J. C. Bates* 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 *24th*
day of *January* 1844; 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 *B*, of *24th* Regiment
of *Volunteers*, *Bates*'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:
Shot in the right arm, lost right arm, and some
small of the back

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 *Charleston* county been allowed an invalid pension of
Eight Dollars, for the year 1892.
Sworn to and subscribed before me, this, *Joseph C. Bates*
10th day of *January*, 1897, 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,
Charleston County.
I, *A. L. Brown* Ordinary of said County,
do certify that I am well acquainted with *J. C. Bates* 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*, 1897.
A. L. Brown
Ordinary *Charleston* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Charleston County.
Personally appears *Joseph C. Bates* 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
day of _____ 1844; 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 *B*, of *24th* Regiment
of *Volunteers*, *Bates*'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:
Shot in the right arm, lost right arm, and some
small of the back

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 *Charleston* county been allowed an invalid pension of
Eight Dollars, for the year 1892.
Sworn to and subscribed before me, this, *Joseph C. Bates*
10th day of *January*, 1898, 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,
Charleston County.
I, *A. L. Brown* Ordinary of said County,
do certify that I am well acquainted with *Joseph C. Bates* 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*, 1898.
A. L. Brown
Ordinary *Charleston* County.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the 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 Five Dollars, for the year 1897.

Sworn to and subscribed before me, this, the Joseph C. Bates day of Jan'y, 1897. 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, A. C. Burns Ordinary of said County, do certify that I am well acquainted with Joseph C. Bates 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 Jan'y, 1897.

Ordinary Cherokee County.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the 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 Five Dollars, for the year 1898.

Sworn to and subscribed before me, this, the Joseph C. Bates day of Feb, 1898. 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, A. C. Burns Ordinary of said County, do certify that I am well acquainted with Joseph C. Bates 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 Feb, 1898.

Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Joe B. Bates hereby authorize W. A. Bates of Cherokee County to receive and receipt for the pension paid hereon and request that he remit same to me by Cash

at Batesville, Mo

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th day of January, 1899.

Joseph C. Bates [L. S.]

Executed in presence of

A. C. Burns, Ordinary

Bates, Joseph C.
Cherokee Co.
(For These Already Enrolled.)

(2061900)

INVALID
SOLDIER'S PENSION.
1899.

Name Joe B. Bates
County Cherokee
Disability shot wound
Amount, \$ 60.00 2/24 1899.

RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
W. A. Bates
GEO. W. HARRISON, STATE PRINTER, ATLANTA

W. A. Bates

Bates, J. C.
Cherokee Co.

For CHEROKEE County

1926

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Sam P. Burt Ordinary

For J. C. BATES

Date of Death JUNE 23RD 1926

Amount \$ 100.00 O.K.

Approved and ordered paid

John W. Clark
JOHN W. CLARK,
15 July 26. 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.

Bates, Joseph C.
Cherokee Co.
CIVIL SECTION 124
(For Those Already Enrolled.)

(2/24/1900)

INVALID
SOLDIER'S PENSION.
1899.

Name Joe C. Bates
County Cherokee
Disability chest wound
Amount, \$ 60.00

2/24 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
W. A. Bates

W. A. Bates

Approved and ordered paid
John W. Clark
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 payroll to be permanently filed with them. Do not keep this application in your office.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears Joe C. Bates 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 21st day of Aug 1841; 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 B, of 88th Regiment of Geo Volunteers, Anderson's Brigade; that whilst engaged in such military service in the State of Geo, on the 21st day of June 1862, he was wounded, injured or diseased as follows:
Shot in left breast causing cut near the spine and

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Cherokee County been allowed an invalid pension of 50 Dollars, for the year 1898.
Sworn to and subscribed before me, this, 10th day of January 1899. Joseph C. Bates
POST OFFICE

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 Joe C. Bates 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 1899.
A. C. Brown
Ordinary Cherokee County.



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 L. M. GRIMES of said County, who, after being sworn, on oath says that he knew J. C. BATES 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 23RD day of JUNE 1925, and that a Pension of ONE HUNDRED (\$ 100.00) Dollars was due pensioner and unpaid at the time of pensioner's death, and that pensioner left widow dependent SURVIVING, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 100.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me
Frank P. Burtz Ordinary
CHEROKEE County

L. M. Grimes

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, CHEROKEE County.

I, FRANK P. BURTZ Ordinary of said County, do certify that I personally know L. M. GRIMES, 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 J. C. BATES 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 (\$ 100.00) Dollars in said County for 1925, 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 TWELFTH day of APRIL 1926.
(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, when 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 pensioner and then disburses the money himself and takes receipt.
 - 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.

in such military service in the State of Mo, on the 21st day of June 1862, he was wounded, injured or diseased as follows:
Shot in left breast coming out near the spinal cord

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. 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 10th day of January 1899, Joseph C Bates POST OFFICE

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 Jos. C. Bates 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 1899.

Ordinary Cherokee County.



no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$100.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me
Frank P. Burtz Ordinary
Cherokee County

L. M. Grimes

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, CHEROKEE County.

I, FRANK P. BURTZ Ordinary of said County, do certify that I personally know L. M. GRIMES, 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 J. C. BATES 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 (\$100) Dollars in said County for 1925, 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 TWELFTH day of APRIL 1926.

(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. 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.

Cherokee

Wounded Soldiers.

Audited May 1st 1899.

Wm. A. Mink
COMPTROLLER GENERAL

Voucher No. 2107

Amount, \$ 50.

Paid to Joseph C. Bates
For Disability
from breast wound
May 1 1899.

Included in Warrant No.
issued to Treasurer.

1899.

WARRANT CLERK.

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

Applicant

Cherokee

Wounded Soldiers.

Voucher No. 1450

Amount \$ 50

Paid to Joseph C. Bates
For Disability
body wound
July 19 1899.

Included in warrant No.
issued to Treasurer.

1899.

WARRANT CLERK.

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

Applicant

Bates, Joseph C.

1891.

Wounded Soldiers.

Voucher No. 2531

Amount \$ 50.

Paid to Joseph C. Bates
For body wound

Nov 30 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

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

Applicant

COMPTROLLER GENERAL

Amount, \$ 50.
Paid to Joseph C. Bates
For Disability
from Breast wound
May 1 1889.

Included in Warrant No.
Issued to Treasurer.
1889.

WARRANT CLERK.
W. J. Campbell, State Printer, Constitution Job Office.
Applicant

Amount \$ 50
Paid to Joseph C. Bates
For Disabled by
body wound
July 19 1890

Included in warrant No.
Issued to Treasurer

WARRANT CLERK.
W. J. Campbell, State Printer, Constitution Job Office.
Applicant

Voucher No. 2537
Amount \$ 50.
Paid to Joseph C. Bates
For body wound
May 3 1891

Included in warrant No.
Issued to Treasurer

WARRANT CLERK.
Geo. W. Harrison, State Printer, Atlanta.
H. B. ...

No. 2107
STATE OF GEORGIA.
EXECUTIVE DEPARTMENT. Atlanta, Ga. May 1 1889.

Mr. Joseph C. Bates 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
Disability from body wound
He is entitled to receive the sum of Fifty + 00/ Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor
W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

50.
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty + 00/ Dollars,
per above voucher, this 1 of May 1889.
Joseph C. Bates

No. 1450
STATE OF GEORGIA.
EXECUTIVE DEPARTMENT. Atlanta, Ga., July 19 1890

Mr. Joseph C. Bates 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
Disabled by body wound
He is entitled to receive the sum of Fifty + 00/ 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.

\$ 50.
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty + 00/ Dollars,
per above voucher, this 18 of Dec 1890
Joseph C. Bates

Applicant

Applicant

H. B. ...

No. 2107
STATE OF GEORGIA.
EXECUTIVE DEPARTMENT. Atlanta, Ga. May 1 1889.

Mr. Joseph C. Bates 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 Disability from body wound 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 sum and hold his receipt on this voucher, and return same to Executive Department for warrant.

By the Governor
W. A. Harrison
CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.
Fifty & 00/100 Dollars,
per above voucher, this 1 of May 1889.
Joseph C. Bates

No. 1450
STATE OF GEORGIA.
EXECUTIVE DEPARTMENT. Atlanta, Ga. Feb 19 1890

Mr. Joseph C. Bates 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 Disabled by body wound 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, 1890.

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

By the Governor,
W. A. Harrison
CLERK EXECUTIVE DEPARTMENT.

\$ 50⁰⁰
RECEIVED OF STATE TREASURER, R. U. HARDEMAN.
Fifty & 00/100 Dollars,
per above voucher, this 18 of Feb 1890.
Joseph C. Bates

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

By the Governor

M. H. Harrison

CLERK EXECUTIVE DEPARTMENT

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Fifty 50.01

per above voucher, this

1 of *May* 1889.

Dollars,

Joseph R. Bates

to Executive Department for warrant.

By the Governor.

M. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN.

Fifty 50.01

per above voucher, this

18 of *Dec* 1890

Dollars,

Joseph R. Bates

STATE OF GEORGIA.
EXECUTIVE DEPARTMENT.

1891.
No. *2831*

Atlanta, Ga. March 25 1891.

of *Joseph R. Bates* of the County
of *Coke* 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
Widow's pension
He is entitled to receive the sum of *Fifty 50.01* 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.

M. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

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

Fifty 50.01
per above voucher, this



March 25 1891

Dollars,
1891.

JONES MERCHANDISE COMPANY
ESTABLISHED 1878 (INCORPORATED 1907)
CAPITAL, SURPLUS AND PROFITS MORE THAN \$1,000,000.00
(OWNERS: SPANISH FERTILIZER COMPANY)
DEPARTMENT STORE,
MERCHANDISE, COTTON,
AND FERTILIZERS
GASTON, GA.
WAREHOUSE FLOOR SPACE, 24,000 Sq. Ft.
SOLD TO: Mr J C Bates, For his estate
June 23, 1925
TERMS
Casket 95.00 Hearse Service 5.00 \$100.00
GEORGIA-CHEROKEE COUNTY:
THE ABOVE AND FOREGOING ACCOUNT IS RENDERED FOR FUNERAL
EXPENSES OF J.C. BATES WHO DIED WITHOUT OWNING SUFFICIENT
PROPERTY TO PAY THIS BILL.
SWORN TO AND SUBSCRIBED BEFORE ME, *L. M. Limes*
THIS THE 12TH DAY OF APRIL, 1926.
Frank P. Burt, Ordinary

State of Georgia *County of Cherokee*
Widow's pension
for the year ending October 24, 1891
and for the year ending October 24, 1892
and for the year ending October 24, 1893
and for the year ending October 24, 1894
and for the year ending October 24, 1895
and for the year ending October 24, 1896
and for the year ending October 24, 1897
and for the year ending October 24, 1898
and for the year ending October 24, 1899
and for the year ending October 24, 1900
and for the year ending October 24, 1901
and for the year ending October 24, 1902
and for the year ending October 24, 1903
and for the year ending October 24, 1904
and for the year ending October 24, 1905
and for the year ending October 24, 1906
and for the year ending October 24, 1907
and for the year ending October 24, 1908
and for the year ending October 24, 1909
and for the year ending October 24, 1910
and for the year ending October 24, 1911
and for the year ending October 24, 1912
and for the year ending October 24, 1913
and for the year ending October 24, 1914
and for the year ending October 24, 1915
and for the year ending October 24, 1916
and for the year ending October 24, 1917
and for the year ending October 24, 1918
and for the year ending October 24, 1919
and for the year ending October 24, 1920
and for the year ending October 24, 1921
and for the year ending October 24, 1922
and for the year ending October 24, 1923
and for the year ending October 24, 1924
and for the year ending October 24, 1925
and for the year ending October 24, 1926
and for the year ending October 24, 1927
and for the year ending October 24, 1928
and for the year ending October 24, 1929
and for the year ending October 24, 1930
and for the year ending October 24, 1931
and for the year ending October 24, 1932
and for the year ending October 24, 1933
and for the year ending October 24, 1934
and for the year ending October 24, 1935
and for the year ending October 24, 1936
and for the year ending October 24, 1937
and for the year ending October 24, 1938
and for the year ending October 24, 1939
and for the year ending October 24, 1940
and for the year ending October 24, 1941
and for the year ending October 24, 1942
and for the year ending October 24, 1943
and for the year ending October 24, 1944
and for the year ending October 24, 1945
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and for the year ending October 24, 2099
and for the year ending October 24, 2100

Sworn to and subscribed
before me this 12th day of April 1926.
Frank P. Burt, Ordinary

STATE OF GEORGIA.
EXECUTIVE DEPARTMENT.

No. 2857
Atlanta, Ga. Mich 25 1891.

Mr. Joseph C. Bates 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
body mended fifty rods
He is entitled to receive the sum of Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor.

W. M. Harrison

Sec'y EXECUTIVE DEPARTMENT.

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

per above voucher, this



W. M. Harrison

Dollars.

1891.

Sold to Mr J C Bates, For his estate



TERMS

Casket 95.00 Hearse Service 5.00 \$100.00

GEORGIA-CHEROKEE COUNTY:

THE ABOVE AND FORGOING ACCOUNT IS RENDERED FOR FUNERAL
EXPENSES OF J.C. BATES WHO DIED WITHOUT OWNING SUFFICIENT
PROPERTY TO PAY THIS BILL.

SWORN TO AND SUBSCRIBED BEFORE ME,

THIS THE 12TH DAY OF APRIL, 1926.

L. M. Gaines
Frank P. Burtz, Ordinary



State of Georgia, Canton, Ga.
Cherokee County, Personally before me, the undersigned, a Notary Public in and for the State of Georgia, the within and above named L. M. Gaines, Ordinary, did appear and depose and say that he is the Ordinary of Cherokee County, Georgia, and that he has received from the Treasurer of the State of Georgia, the sum of \$100.00, for the funeral expenses of J. C. Bates, who died without owning sufficient property to pay this bill, and that he has been advised by a person who has been in the habit of attending the said deceased.

Sworn to and Subscribed

to before me this 12th day of April, 1926.

L. M. Gaines
Frank P. Burtz, Ordinary

JONES MERCANTILE COMPANY
ESTABLISHED BY HALL INCORPORATED 1897
CAPITAL, SURPLUS AND PROFITS MORE THAN \$1,000,000.00
DEPARTMENT STORE, MERCHANDISE, COTTON, AND FERTILIZERS
CANTON, GA.
June 23, 1926
Sold to Mr J C Bates, For his estate
TERMS
Casket 95.00 Hearse Service 5.00 \$100.00
GEORGIA-CHEROKEE COUNTY:
THE ABOVE AND FORGOING ACCOUNT IS RENDERED FOR FUNERAL
EXPENSES OF J.C. BATES WHO DIED WITHOUT OWNING SUFFICIENT
PROPERTY TO PAY THIS BILL.
SWORN TO AND SUBSCRIBED BEFORE ME,
THIS THE 12TH DAY OF APRIL, 1926.
L. M. Gaines
Frank P. Burtz, Ordinary

JONES MERCHANTILE COMPANY

ESTABLISHED 1878 INCORPORATED 1907
 CAPITAL, SURPLUS AND PROFITS MORE THAN \$1,000,000.00
 (OWNERS: CANTON, FERTILIZER COMPANY)

DEPARTMENT STORE, MERCHANDISE, COTTON, AND FERTILIZERS

CANTON, GA.

STORE BUILDING
 FLOOR SPACE OVER 18,000 SQ. FT.


WAREHOUSE
 FLOOR SPACE 38,000 SQ. FT.

AGENTS
 BRIDGEPORT AGENCY
 ALL RAIL OR BUSINESS
 CONCERN AND KNOW-IT

DIRECTORS
 W. JONES
 P. JONES
 J. J. JONES
 W. J. JONES

June 23, 1926

Sold to Mr J C Bates, For his estate



TERMS

Casket 95.00	Hearse Service 5.00	\$100. 00.
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GEORGIA-CHEROKEE COUNTY:

THE ABOVE AND FOREGOING ACCOUNT IS RENDERED FOR FUNERAL
 EXPENSES OF J.C. BATES WHO DIED WITHOUT OWNING SUFFICIENT
 PROPERTY TO PAY THIS BILL.

SWORN TO AND SUBSCRIBED BEFORE ME,
 THIS THE 12TH DAY OF APRIL, 1926.

L. M. Grimes

Frank P. Burt, Ordinary

WIDOW'S APPLICATION

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

County CHEROKEE

Name MRS. MARTHA H. BATES.

Widow of J. C. BATES

Company _____

Regiment _____

Date of Husband's Death JUNE 23RD 25.
SEPTEMBER 18TH, 1860.

Date of Marriage _____

Approved John W. Clark
9/14/25

Commissioner of Pensions.

9-11-25-E.

Ordinary's Certificate

STATE OF GEORGIA.

CHEROKEE COUNTY.

I, FRANK P. BURTT, Ordinary of said County, do certify that I

know Mrs. MRS. MARTHA H. BATES, the applicant for pension; that she is the person

she represents herself to be, and that she is continguously from 1860 resident of said County since

January 1st, 1920; that I also know W. C. Whedder, the witness as to

marriage, and that both the foregoing were duly sworn by me before signing the respective af-

firmations, 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 29th day of August, 1920.

(SEAL OF ORDINARY) Frank P. Burtt, Ordinary,

Cherokee County

Instructions.

1. Before any further use is made of this Ordinary and over applicant and the witness in the following words: "You solemnly swear that you will true answers give to the questions asked you and the evidence before me."
2. You shall give will be the truth. So help me God."
3. All affidavits must be made before the Ordinary of the County of residence.
4. Attach certified copies of full prior to first January, 1921, are entitled.
5. Attach certified copies of full prior to first January, 1921, are entitled.
6. The Commissioner of Pensions must use the Blue Application Book and state and prove full term of husband's service—because Disabled Pensions made no proof of service and were not entitled to do so.

Approved John W. Clark

9/14/25

Commissioner of Pensions

9-11-25-E.

Certificate

Ordinary of said County, do certify that I applicant for pension; that she is the person who has been a resident of said County since 29th day of August, 1920.

George P. Burtz Ordinary,
Cherokee County

1. If not, prove marriage, by some person, or by general reputation. Black and state and prove full term of husband's service and were not required to do so.

George P. Burtz
Cherokee Co.

WIDOW'S APPLICATION

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

County CHEROKEE
Name MRS. MARTHA H. BATES
Widow of J. C. BATES
Company _____
Regiment _____
Date of Husband's Death JUNE 23RD 25
Date of Marriage SEPTEMBER 15TH 1860
Approved John W. Clark
9/14/25

Commissioner of Pensions

9-11-25-E.

Ordinary's Certificate

STATE OF GEORGIA.

CHEROKEE COUNTY.

I, FRANK P. BURTZ Ordinary of said County, do certify that I know Mrs. MRS. MARTHA H. BATES, 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 George P. Burtz 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 29th day of August, 1925

(SEAL OF ORDINARY) Frank P. Burtz Ordinary,
Cherokee County

Instructions.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the County of residence.
4. Only widows who are married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because Disabled Pensioners made no proof of service and were not required to do so.

Ordinary's Certificate

STATE OF GEORGIA.

CHEROKEE COUNTY.

I, FRANK P. BURTZ, Ordinary of said County, do certify that I know Mrs. MRS. MARTHA H. BATES, 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 R. C. Wheeler, 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 29th day of August, 1925.
(SEAL OF ORDINARY) Frank P. Burtz, Ordinary,
Cherokee County

Instructions.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the County of residence.
4. Only widows who are married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because Disabled Pensioners made no proof of service and were not required to do so.

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. MARTHA H. BATES of said County, who, after having been duly sworn, says that she is the widow of J. C. BATES to whom, in the County of CHEROKEE State of GEORGIA she was married on the 18TH day of SEPTEMBER 1860, and that she remained his wife, and resided with him to the date of his death in 23RD JUNE 1925, 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 SERVICE SOLDIER Pension Roll of the State and paid a pension of \$100.00 in CHEROKEE County for 1925, (per annum), on account of being a soldier in Company _____ Regiment (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 3RD day of MARCH 1845, WHICH IS DATE OF BIRTH.

Sworn to and subscribed before me, this the 3RD day of AUGUST, 1925.

Frank P. Burtz, Ordinary,
of Cherokee County.

(SEAL OF THE ORDINARY.)

Mrs. Martha H. Bates
(Applicant)

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

STATE OF GEORGIA.

CHEROKEE COUNTY.

Personally before me comes R. C. WHEELER 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. MARTHA H. BATES, who made the foregoing affidavit, is the lawful widow of J. C. BATES who died in CHEROKEE County in said State of GEORGIA on the 23RD day of JUNE 1925; and that she has not since remarried; that she became the wife of J. C. BATES on the 18TH day of SEPTEMBER 1860; that she and he had resided together as husband and wife, continuously, since 18TH day of SEPTEMBER 1860, and that J. C. BATES was the same man who was on the pension roll of said State OF GEORGIA from CHEROKEE County, JUNE 23RD, 1925 -- when he died; THAT HE WAS PRESENT AT THE MARRIAGE, MRS. BATES BEING A SISTER OF HIS.

Sworn to and subscribed before me, this the

29TH day of AUGUST, 1925.
Frank P. Burtz, Ordinary,
of Cherokee County.

(SEAL OF ORDINARY)

R. C. Wheeler
(Witness)

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 L. M. GRIMES of said County, who, after being sworn, on oath says that he knew MRS. MARTHA BATES 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 EIGHTEENTH day of JULY 1926, and that ~~she was the widow of the deceased pensioner~~ (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 \$126.50 per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

Frank P. Burtz, Ordinary,
CHEROKEE County

(Seal of Ordinary)

L. M. Grimes

CERTIFICATE OF ORDINARY

GEORGIA, CHEROKEE County.

I, FRANK P. BURTZ, Ordinary of said County, do certify that I personally know L. M. GRIMES, 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. MARTHA BATES 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 (\$100.00) Dollars in said County for 1926, 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 19th day of JULY 1926.

Frank P. Burtz, Ordinary,
CHEROKEE County

INSTRUCTIONS:

1. 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.
2. 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 owing sufficient property to pay this bill."
3. 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.
4. 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.
5. The Ordinary signs per roll, as Ordinary, for the pension and then disburses the money himself and takes receipt.
6. Returns this application, and attached bills, with your final settlement to the Pension Department.
7. Ordinary should see that the back of this blank, when folded, is filled out.

the day of 23RD JUNE 1925, and that she remained his wife, and resided with him to the date of his death in CHEROKEE County, in said State of Georgia, and he was on the SERVICE SOLDIER Pension Roll of the State and paid a pension of \$ 100.00 in CHEROKEE County for 1925 (per annum), on account of being a soldier in Company Regiment (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 3RD day of MARCH 1845 WHICH IS DATE OF BIRTH.

Sworn to and subscribed before me, this the 3RD day of AUGUST, 1925.
Frank P. Burt Ordinary
of Cherokee County.

(SEAL OF THE ORDINARY.)

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

STATE OF GEORGIA.

CHEROKEE COUNTY.

Personally before me comes R. C. WHEELER 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. MARTHA H. BATES, who made the foregoing affidavit, is the lawful widow of J. C. BATES who died in CHEROKEE County in said State of GEORGIA on the 23RD day of JUNE, 1925; and that she has not since remarried; that she became the wife of J. C. BATES on the 18TH day of SEPTEMBER, 1860; that she and he had resided together as husband and wife, continuously, since 18TH day of SEPTEMBER, 1860; and that J. C. BATES was the same man who was on the pension roll of said State of GEORGIA from CHEROKEE County, JUNE 23RD, 1925 -- when he died; THAT HE WAS PRESENT AT THE MARRIAGE, MRS. BATES BEING A SISTER OF HIS.

Sworn to and subscribed before me, this the 29TH day of AUGUST, 1925.
Frank P. Burt Ordinary
of Cherokee County.

(SEAL OF ORDINARY.)

the Pension Roll of said County at the time of death, which occurred in CHEROKEE County, in this State, on the EIGHTEENTH day of JULY, 1926, and that 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 \$ 126.50 per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me
Frank P. Burt Ordinary
CHEROKEE County
(Seal of Ordinary)

G. M. Grimes

CERTIFICATE OF ORDINARY

GEORGIA, CHEROKEE County.

I, FRANK P. BURT, Ordinary of said County, do certify that I personally know L. M. GRIMES, 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 MRS. MARTHA BATES 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 \$ 100.00 Dollars in said County for 1926, 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 19TH day of JULY, 1926.
Frank P. Burt Ordinary
CHEROKEE County

INSTRUCTIONS:

- 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.
- 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."
- 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.
- 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.
- The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.
- Return this application, and attached bills, with your final settlement to the Pension Department.
- Ordinary should see that the back of this blank, when folded, is filled out.

Bates, Martha (Mrs)
Cherokee Co.

For CHEROKEE County

1926

Application for Pension Due Deceased Pensioner

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Frank P. Burt Ordinary

For MRS. MARTHA BATES

Date of Death JULY 18TH, 1926.

Amount \$ 100.00 OK

Approved and ordered paid

John W. Clark
26 Sept 26, JOHN W. CLARK,
Commissioner of Pensions

Paid
Sept 1926

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.

STATEMENT

Canton, Ga., July 19th, 1926

M. L. M. Grimes,
for Estate of Martha Bates Deceased,
General Expenses
To JONES MERCANTILE CO.
WHOLESALE AND RETAIL
MERCHANDISE, COTTON and
40 Years and More at Canton

Casket
Embalming
Service All \$126 50

GEORGIA, CHEROKEE COUNTY:
PERSONALLY APPEARED BEFORE ME, L. M. GRIMES, WHO, AFTER BEING SWORN, ON OATH, STATES THAT THE ABOVE AND FOREGOING ACCOUNT IS RENDERED FOR FUNERAL EXPENSES OF MRS. MARTHA BATES WHO DIED WITHOUT OWNING SUFFICIENT PROPERTY TO PAY THIS BILL.

SWORN TO AND SUBSCRIBED
BEFORE ME, THIS 19TH DAY
OF JULY, 1926
Frank P. Burt
ORDINARY.

G. M. Grimes

WE APPRECIATE YOUR BUSINESS

1926

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Frank P. Buntz Ordinary

For *MRS. MARTHA BATES*

Date of Death *JULY 18TH*, 1926

Amount \$ *100.00* *OK*

Approved and ordered paid

John W. Clark
20 Sept 26, JOHN W. CLARK,
Commissioner of Pensions

Paid
Sept 1926

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.

To JONES MERCANTILE CO. D.
WHOLESALE AND RETAIL

MERCHANDISE, COTTON and

40 Years and More at Canton



Casket
Embalming
Service All \$125 50

GEORGIA, CHEROKEE COUNTY:

PERSONALLY APPEARED BEFORE ME, L. M. GRIMES,
WHO, AFTER BEING SWORN, ON OATH, STATES
THAT THE ABOVE AND FOREGOING ACCOUNT
IS RENDERED FOR FUNERAL EXPENSES OF MRS.
MARTHA BATES WHO DIED WITHOUT OWNING
SUFFICIENT PROPERTY TO PAY THIS BILL.

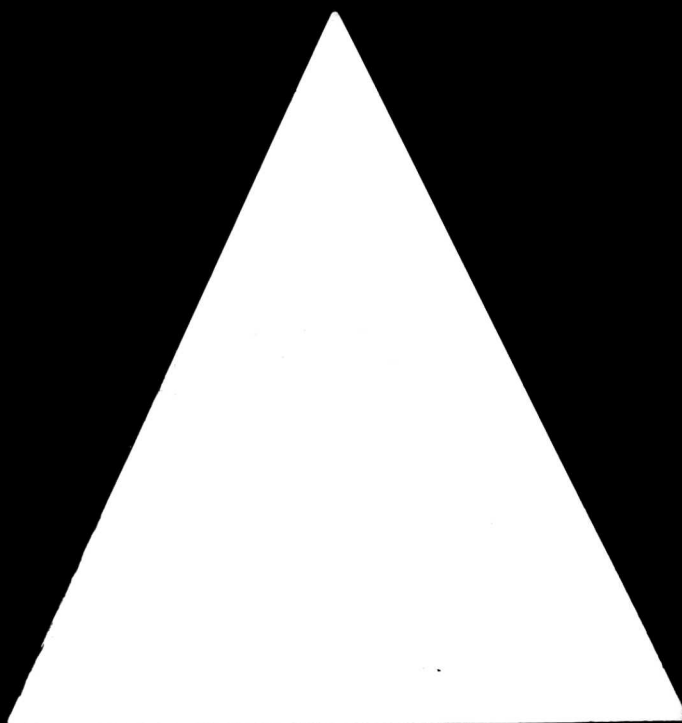
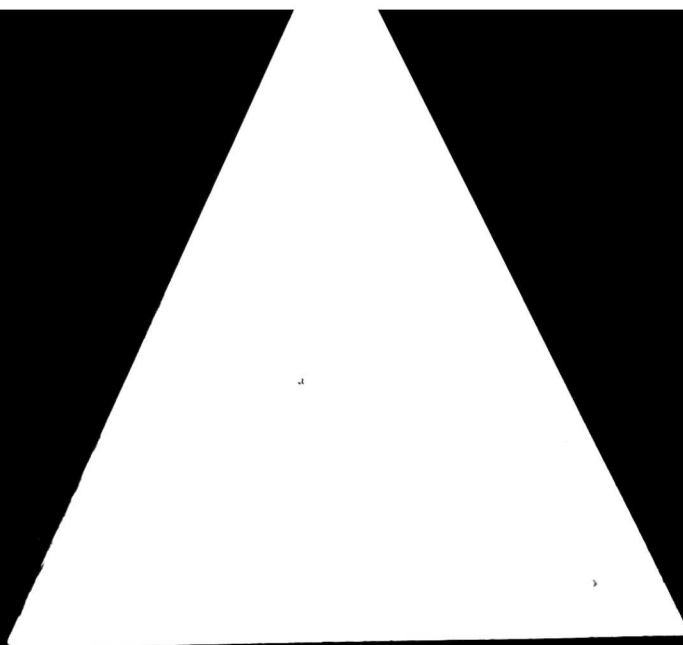
SWORN TO AND SUBSCRIBED
BEFORE ME, THIS 19TH DAY
OF JULY, 1926

Frank P. Buntz

ORDINARY.

G. M. Grimes

WE APPRECIATE YOUR BUSINESS



Unless applicant's
 arm has been rendered
 permanently "substan-
 tially, & essentially, use-
 less," he is not
 entitled to any
 allowance under
 the law.

W. H. Hamson
 Clerk Ex. Dept.

Dec. 14/87

~~W. H. Hamson~~

No.
Application for Allowance

FOR

Applicant Bates, William A.
 County Cherokee

Amount

Date of Warrant

Entered on Record,

188

Secretary Executive Department

He does not have a record
 of said record.

Estimated in an estimated manner

Statement of certain facts to which the

Statement

Clear & Able
 Date of Warrant
 Entered on Record,
 188
 Secretary Executive Department

from on record

Before me
Permanent to conduct business as is without change
in an essential manner
To do manual labor on account
of said wound

STATE OF GEORGIA, }
Cherokee County, }

PERSONALLY appears *William A Bates* 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 *17* day of *October* 1863; 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 *B*, of *58*th Regiment of *Infantry*, Volunteers *Davidson's* Brigade; that whilst engaged in such military service, at the battle of *Franklin* in the State of *Tennessee*, on the *13* day of *December* 1862, he was wounded as follows (or whilst in said service in the year 1862, he contracted disease as follows) (State fully nature of wound or character of disease which causes disability): *Wound shot in right arm, fracture of radius near the elbow joint*

Which wound *permanently* permanently disables deponent and renders him practically incompetent to perform manual labor, and his arm, *as leg, or* substantially 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 *5* day of *December* 1887 } *William A Bates*
W. A. Bates

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.

No.	Application for Allowance	Applicant	County	Amount	Date of Warrant	Entered on Record.	Secretary Executive Department
		<i>Bates, William A.</i>	<i>Cherokee</i>			188	

Unless applicant's name has been previously permanently substituted, he is not entitled to any allowance under the law
W. A. Bates
Clear & Able
Dec 17/87

Application for Allowance

FOR

Applicant Bates, William A.

County Cherokee

Amount

Date of Warrant

Entered on Record.

1887

Secretary Executive Department

Unless applicant's
name has been sworn
permanently disabled
totally, necessarily me-
des. "he is not
entitled to any
allowance under
the law
W. H. Harrison
Chas. E. Rags
Dec. 1887

day of December 1887
C. W. Patterson ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,
County.

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

Sworn to and subscribed before me, this day of 1887

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.

BAD COPY--OR--LIGHT PRINT

STATE OF GEORGIA,

County.

I, O. W. Patterson, Ordinary of said county, do certify that I am well acquainted with William A. Bates 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 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 that the signatures thereto are genuine.

Given under my official signature and seal, this 12 day of December 1887
O. W. Patterson
Ordinary Cherokee County.

POWER OF ATTORNEY

STATE OF GEORGIA,

County.

Know all men by these presents, That I William A. Bates of Cherokee County, in said State, do hereby appoint Joseph W. Bates 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 12 day of December 1887 William A. Bates [L. S.]

Executed in the presence of us:

Jerry M. Rice
H. J. Smith

STATE OF GEORGIA,

County.

Personally came before me 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 Cherokee County, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this 12 day of December 1887
J. M. Rice
H. J. Smith

STATE OF GEORGIA,

County.

PERSONALLY comes before me O. W. Patterson Ordinary of said county, William H. Sherman and E. C. Roberts both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined William A. Bates and after such examination say that the applicant has been injured to the extent claimed by him, and that he has been rendered permanently and practically incompetent for the performance of ordinary manual labor by reason of said wounds (or disease), and that, in our opinion, applicant is entitled to the benefits allowed under the Act, approved October 24, 1887, for the relief of the disabled.

Sworn to and subscribed before me, this 12 day of December 1887
O. W. Patterson
W. H. Sherman
E. C. Roberts
ORDINARY.

STATE OF GEORGIA.

County.

Know all men by these presents, That I

William A. Bates

of Cherokee

county, in said State, do hereby appoint

Joseph H. Bates

of Cherokee Co., Said State 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

12

day of December

1887

William A. Bates

[L. S.]

Executed in the presence of us:

James M. Rice

W. L. Smith

STATE OF GEORGIA,

Cherokee County.

PERSONALLY comes before me W. L. Smith

Ordinary of said county,

William H. Sherman and E. C. Roberts

both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined William A. Bates and after such examination say that the applicant has been injured to the extent claimed by him, and that he has been rendered permanently and practically incompetent for the performance of ordinary manual labor by reason of said wound (or disease), and that, in our opinion, applicant is entitled to the benefits allowed under the Act, approved October 24, 1887, for the relief of the disabled.

Sworn to and subscribed before me, this

5 day of December 1887

W. L. Smith

ORDINARY.

W. L. Sherman J. H. P.
E. C. Roberts M. L.

POWER OF ATTORNEY.

Form 6.

STATE OF GEORGIA.

Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I, William A. Bates

of Cherokee

County, in said State, do hereby appoint William H. Harrison of The City 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 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

27

day of March 1893.

W. A. Bates

[L. S.]

Executed in the presence of us:

W. L. Smith

James M. Rice

DIRECTION.

If allowed, send amount by

check addressed

to

me at Atlanta, Georgia, and oblige,

William A. Bates

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

Form 1.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears W. A. Bates 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 18 day of

October 1861; that he enlisted in the military service of the Con-

federate States (or the State of _____) during the war between the

States, and served as a Private in Company B, of 84th Regiment

of Georgia Volunteers Ordons Brigade; that whilst engaged

in such military service, at the battle of Franklin's Ridge in the State

of Georgia, on the 10th day of December 1862, he was

disabled as follows: My arm shot off, my right arm was

shot off, and I lost several ribs and some of my

internal organs.

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

20th day of March 1893.

W. L. Smith

Ordinary.

William A. Bates

*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.

No.

Soldier's Pension.

1893.

Name William A. Bates

County Cherokee

Disability

Amount, \$

1893.

W. H. HARRISON,

Secretary Executive Department.

WARRANT RANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Ex. Dept. Atlanta
March 29/93
Applicant is not
entitled to pension
as the claim is for
a wound received in
the war between
the States

Ex. Dept. Atlanta
March 28/93
Applicant is not
entitled to pension
as the claim is refused
J. H. Harrison

No. 1893.

Soldier's Pension.

1893.

Name William A. Bates

County Cherokee

Disability

Amount \$

1893.

W. H. HARRISON,
Secretary Executive Department.

WARRANT ISSUED TO

Gen. W. Harrison, State Printer, Atlanta.

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 20th day of March 1893. William A. Bates

Allen C. Boone

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.

Affidavit for Witnesses.

STATE OF GEORGIA.

County of Cherokee

PERSONALLY appears before me, the undersigned, Ordinary in and for said County, William A. Bates and Allen C. Boone

each of whom, being duly sworn according to law, severally say, under oath, that they are personally well acquainted with William A. Bates

whose application is herewith presented for a pension,

and that they served with him in the army, and from our personal knowledge he was injured by the service as follows: (give full statement, and tell in your own language how badly applicant is

disabled from work. If he does any labor, or can do any, state what)

The undersigned witnesses each state that they were with Mr. Bates in the army & know that he received a gunshot wound in the right thigh, 18th Regiment of Georgia, and that at the first fight at Fredericksburg in the State of Virginia on the 17th day of December 1862, said applicant was wounded by a bullet in his right thigh & he spent 3000 words rendering said applicant unable to perform labor

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1862. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this 20th day of March 1893. Allen C. Boone

Allen C. Boone

Ordinary.

NOTE.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to do so.
2. Witnesses are asked to make their statements full and explicit.

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA.

County of Cherokee

PERSONALLY comes before me, the undersigned, Ordinary of said County, Allen C. Boone and W. J. Rice, M.D.

both known to me as reputable physicians of said County, who being severally sworn, say on oath that they

have carefully examined W. A. Bates and after such personal examination say that the applicant has been injured as follows:

The undersigned physician of William A. Bates has been examining him about a gunshot wound in the right thigh, being through muscle about 1 inch above the head of the bone, fracturing said bone, and fracturing being of such a nature as to cause union of bone which continued for several years, even a union around which caused a displacement of bone joint which remains in some permanent and essential manner.

We have treated applicant professionally for over five years.

Sworn to and subscribed before me this 20th day of March 1893. Allen C. Boone

Allen C. Boone

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

STATE OF GEORGIA.

County of Cherokee

I, Allen C. Boone Ordinary of said County,

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

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

Given under my official signature and seal this 20th day of March 1893.

Allen C. Boone

Ordinary Cherokee County.

Has been disabled for 18 months in right arm & leg
Soldier's Pension, 1899, 1899
for manual labor

We have treated applicant professionally for 18 years.

Sworn to and subscribed before me this 11th day of March 1893.

Allen C. Brown

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

Form 4.

STATE OF GEORGIA.

Cherokee County.

I, Allen C. Brown Ordinary of said County,

do certify that I am well acquainted with William A. Bates the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

Given under my official signature and seal this 28th day of March 1893.

Allen C. Brown

Ordinary Cherokee County.

We personally know above stated facts. We were with him in the army and have known him ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1862. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this

28th day of March 1893.

Allen C. Brown
ORDINARY.

NOTE.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
5. Witnesses are asked to make their statements full and explicit.

Power of Attorney.

Form No. 2.

STATE OF GEORGIA,

Cherokee County.

I, William A. Bates hereby authorize Allen C. Brown to receive and receipt for the pension allowed and request that he remit same to Allen C. Brown by Allen C. Brown

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28th day of March 1893.

[L. S.]

Executed in the presence of

For Use of Applicants Who have Not Heretofore Drawn.

Form No. 1.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears William A. Bates of said County

County, State of Georgia, who being duly sworn says on oath that he was born on the 12th day of October 1862, that he is a bona fide citizen and resident of Georgia, and has been continuously since the 19th day of Oct 1862, that he enlisted in the military service of the Confederate States (or the State of Georgia) on the 6th day of Oct 1862, during the war between the States, and served in Company H of 58th Regiment of Georgia Volunteers

Lawless Brigade, and was honorably discharged on the December day of the year 1862, that whilst engaged in such military service, and in line of duty in the State of Georgia, on the 18th day of December 1862, he was disabled or wounded as follows: gunshot in right arm & leg

thence he has been & continues to be permanently disabled from manual labor

The Instructions as set out in the Notes must be observed.

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1899.

Sworn to and subscribed before me, this the

4th day of April 1899.

Allen C. Brown

Ordinary.

Post Office Unadilla

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

Approved for \$50
8/17 1899
Code Section 1250
Bates, William A.
Cherokee County
INVALID
Soldier's Pension,
1899.

Name Wm. A. Bates
County Cherokee
Disability arm
Amount, \$ 50.00

1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Hutton, State Printer, Atlanta.

4/11/1899

Appraised for \$50
 8/17 1899
 Code Section 1250
 No. 1
 Bates, William A.
 Cherokee County -
 INVALID
 Soldier's Pension,
 1899.
 Name Wm A. Bates
 County Cherokee
 Disability arm
 Amount, \$ 50.00
 1899.
 RICHARD JOHNSON,
 Commissioner of Pensions
 WARRANT HANDED TO
 4/11 1899

The Instructions are set out

Dependent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1899.
 Sworn to and subscribed before me, this the
 4th day of April 1899.
A. C. Conn Ordinary. Post Office Unsubscribed
 William A. Bates
 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.
 Note—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,
Cherokee County.

Personally appears before me, the undersigned Ordinary in and for said County,
J. B. Bates and J. M. Reuer
 personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say, under oath, that they are personally and well acquainted with Wm A. Bates
 whose application is herewith presented for a pension, that he has resided in this State continuously since the day of 1899, that he served in Company A of the 10th Regiment of Col. Alexander's Brigade, and from our personal knowledge, he while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what.)
 The above said witnesses each state that they were with Wm Bates in the army and know that he served as a private in Company B 3rd Regiment of 22nd Regt and each of us know that at the first fight at Fredricksburg in the State of Virginia on the 15 day of December 1862 said applicant was wounded by gunshot in right arm near elbow joint. Said wound renders applicant unable to do any kind of manual labor

We personally know above stated facts. We were with him in the army and have known him ever since. He was honorably discharged or retired from the service on Disability of army in 1864. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1862. We have no interest in the recovery of a pension by him.
 Sworn to and subscribed before me, this
 4th day of April 1899.
J. B. Bates and J. M. Reuer
 Ordinary.
 Note 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to do so.
 2. Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
 3. All blank spaces must be filled when signed.
 4. Three witnesses are required.

Physicians' Affidavit.

Form No. 3.

STATE OF GEORGIA,
Cherokee County.

Personally comes before me, A. C. Conn Ordinary of said County,
J. W. Tucker and J. M. Bates, both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined Wm A. Bates and after such personal examination, say that the present condition of applicant is as follows: No first evidence of gunshot wound in right arm. The shot passing through the elbow, about 3 inches below elbow joint, causing partial anchoring of the joint. And by reason of muscular stiffness the arm is rendered practically useless.
 and that such condition is permanent. Said condition arises from the following facts:
as above stated

We have treated applicant professionally for 5 years (specify years), and his condition, as above stated, does not arise from hereditary or congenital causes, or from vicious or intemperate habits.
 Sworn to and subscribed before me, this
 4th day of April 1899.
J. W. Tucker and J. M. Bates
 Ordinary.

Note 1. State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its cause or origin, as understood by applicant.
 Note 2. The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,
Cherokee County.

Form No. 4.

I, A. C. Conn Ordinary of said County,
 do certify that I am well acquainted with Wm A. Bates the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide resident since the day of 1863.
 I also certify that the witnesses, to-wit: J. W. Tucker and J. M. Bates are persons of respectability, that their statements are worthy of full credit and belief and that the full text of the affidavit was read to and understood by them before they signed the same.
 Given under my official signature and seal this 4th day of April 1899.
A. C. Conn Ordinary Cherokee County.
 All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.

4th day of April 1899. } J. W. Bates
A. C. Bates Ordinary.

Note 1. State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its cause or origin, as understood by affiant.
Note 2. The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,
Cherokee County.
I, A. C. Bates, Ordinary of said County,
do certify that I am well acquainted with Wm. A. Bates the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are
true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he
resides in this County and has been a bona fide resident since the day of 1843.
I also certify that the witnesses, to-wit: J. W. Bates, H. B. Bates, C. B. Bates, H. B. Bates,
and J. M. Reese are persons of respectability, that their statements are worthy of
full credit and belief and that the full text of the affidavit was read to and understood by them before they
signed the same.
Given under my official signature and seal this 4th day of April 1899.
A. C. Bates Ordinary Cherokee County.
All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.

We personally know above stated facts. We were with him in the army and have known him ever since.
He was honorably discharged or retired from the service on Account of injury in
1864. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1862.
We have no interest in the recovery of a pension by him.
Sworn to and subscribed before me, this
4th day of April 1899. } Joseph C. Bates
H. B. Wilson
J. M. Reese
A. C. Bates, Ordinary.

Note 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally
qualified to the same.
2. Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
3. All blank spaces must be filled when signed.
4. Three witnesses are required.

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 _____ 1900. [L. S.]
Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County. }
I, Wm. A. Bates hereby authorize _____
of Cherokee County
to receive and receipt for the pension paid hereon and request that he remit same to
by _____
at Canton Ga.
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14th
day of June 1901. William A. Bates [L. S.]
Executed in presence of _____

Bates, William A.
Cherokee Co.
CODE SECTION 1260
(For Those Already Enrolled.)
No. 3118
INVALID
SOLDIER'S PENSION.
1900.
Name Wm. A. Bates
County Cherokee
Disability Shot in arm
Affidavit 001181
Amount \$ 80
Warrant issued May 28 1900.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Cherokee
Geo. W. Harrison, State Printer, Atlanta.
Wm. A. Bates

Bates, William A.
Cherokee Co.
CODE SECTION 1260
(For Those Already Enrolled.)
No. 2659.
DISABLED
SOLDIER'S PENSION.
1901.
Name Wm. A. Bates
County Cherokee
Disability Disabled Arm
Amount, \$40.00
2/12 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Cherokee
Geo. W. Harrison, State Printer, Atlanta.
Wm. A. Bates

Bates, William C.
Cherokee Co.
 CODE SECTION 126
 (For Those Already Enrolled.)
 No. *3118*
INVALID
SOLDIER'S PENSION.
1900.
 Name *Wm. C. Bates*
 County *Cherokee*
 Disability *shot in arm*
 Amount, \$ *50*
 Warrant issued *May 28 1900.*
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
142
 Sec. W. Harrison, State Printer, Atlanta.
No date

Bates, William C.
Cherokee Co.
 CODE SECTION 126
 (For Those Already Enrolled.)
 No. *2459*
DISABLED
SOLDIER'S PENSION.
1901.
 Name *Wm. C. Bates*
 County *Cherokee*
 Disability *disabled arm*
 Amount, \$ *50*
 2/12 1901.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
1111
 Sec. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears *Wm. C. Bates* 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 *18th* day of *Oct* 1862; 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 *B*, of *1st* th Regiment of *Volunteers*, *Cherokee*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *18th* day of *December* 1862, he was wounded, injured or diseased as follows:
Burned in right arm

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 *\$50*.
 His claim was approved *for the year 1899*.

Sworn to and subscribed before me, this, *14th* day of *May* 1900. *William A. Bates*
 POST OFFICE *Smiths*

A. B. Berry
 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. Berry* Ordinary of said County, do certify that I am well acquainted with *Wm. C. Bates* 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. *His claim was approved last year*

Given under my official signature and seal, this *14th* day of *Feb* 1900.



A. B. Berry
 Ordinary *Cherokee* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears *Wm. C. Bates* 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 *18th* day of *Oct* 1862; 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 *B*, of *1st* th Regiment of *Volunteers*, *Cherokee*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *18th* day of *December* 1862, he was wounded, injured or diseased as follows:
Burned in right arm near elbow joint

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 *\$50* Dollars, for the year 1900.

Sworn to and subscribed before me, this, *14th* day of *May* 1901. *William A. Bates*
 POST OFFICE *Smiths*

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. Berry* Ordinary of said County, do certify that I am well acquainted with *Wm. C. Bates* 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 *May* 1901.



A. B. Berry
 Ordinary *Cherokee* County.

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 for the year 1897.

Sworn to and subscribed before me, this 14th day of February, 1900. POST OFFICE Donald

A. B. Burns

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. Burns Ordinary of said County, do certify that I am well acquainted with Wm. A. Bates 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. His claim was at first contested

Given under my official signature and seal, this 14th day of Feb, 1900.



A. B. Burns
Ordinary Cherokee County.

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 14th day of February, 1901. Postoffice Donald

A. B. Burns

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. Burns Ordinary of said County, do certify that I am well acquainted with Wm. A. Bates 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 February, 1901.



A. B. Burns
Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Wm. A. Bates hereby authorize A. B. Burns of Cherokee County to receive and receipt for the pension paid hereon and request that he remit same to me by Cherokee.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14th day of February, 1900.

William A Bates [L. S.]
Executed in presence of A. B. Burns

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Wm. A. Bates hereby authorize A. B. Burns of Cherokee County to receive and receipt for the pension paid hereon and request that he remit same to me by Cherokee.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14th day of February, 1900.

Wm A Bates [L. S.]
Executed in presence of A. B. Burns

Bates, William A.
Cherokee Co.

COPIES SECTION 1206
(FOR THOSE ALREADY ENROLLED.)

No. 2103

DISABLED SOLDIER'S PENSION 1902.

Name Wm. A. Bates
County Cherokee
Co. B Regiment 10th Reg
Disability Disabled
Amount, \$ 60.00

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT FORWARDED TO

Cherokee

Geo. W. Harrison State Printer, Atlanta.

No data

Bates, William A.
Cherokee Co.

COPIES SECTION 1206
(FOR THOSE ALREADY ENROLLED.)

No. 2206

DISABLED SOLDIER'S PENSION 1903.

Name Wm. A. Bates
County Cherokee
Co. B Regiment 10th Reg
Disability Disabled
Amount, \$ 60.00

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT FORWARDED TO

Cherokee

Geo. W. Harrison State Printer, Atlanta.

Bates, William A.
Cherokee Co.

(FOR THOSE ALREADY ENROLLED.)

No. 2103

DISABLED
SOLDIER'S PENSION
1902.

Name Wm A Bates
County Cherokee
Co. B Regiment 88
Disability Disabled arm
Amount, \$ 50.00

1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Dr. dy

JOHN W. LINDSEY, State Printer, Atlanta.

No data

Bates, William A.
Cherokee Co.

(FOR THOSE ALREADY ENROLLED.)

No. 2206

DISABLED
SOLDIER'S PENSION
1903.

Name Wm A Bates
County Cherokee
Co. B Regiment 88
Disability Disabled arm
Amount, \$ 50.00

1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Dr. dy

JOHN W. LINDSEY, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cherokee County.

Personally appears Wm A Bates 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 15 day of Oct 1848; that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served as a Private in Company B, of 88th Regiment of GA Volunteers, Bentons's Brigade; that whilst engaged in such military service in the State of GA on the 15 day of Dec 1862, he was wounded, injured or diseased as follows:
Disability Right arm

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 50 Dollars, for the year 1901.

Sworn to and subscribed before me, this the 15 day of Nov 1902. William A Bates Post-office Cherokee

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. B. Barnes Ordinary of said County, do certify that I am well acquainted with Wm A Bates 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 Nov 1902.

W. B. Barnes Ordinary Cherokee County.

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

BOULEVER OF VILLOIRIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cherokee County.

Personally appears Wm A Bates 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 15 day of Oct 1848; that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served as a Private in Company B, of 88th Regiment of GA Volunteers, Bentons's Brigade; that whilst engaged in such military service in the State of GA on the 15 day of Dec 1862, he was wounded, injured or diseased as follows:
Disability Right arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of Cherokee County, been allowed an invalid pension of 50 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 15 day of Nov 1903. William A Bates Post-office Cherokee

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. B. Barnes Ordinary of said County, do certify that I am well acquainted with Wm A Bates 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 Nov 1903.

W. B. Barnes Ordinary Cherokee County.

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

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 \$10.00 Dollars, for the year 1901.

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

Notary Public for the State of Georgia.
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. A. Bates Ordinary of said County, do certify that I am well acquainted with Wm. A. Bates 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 May, 1902.



Ordinary Cherokee County.

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

BOARD OF VETERANS

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of Cherokee County, been allowed an invalid pension of \$10.00 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 14th day of May, 1903. Post-office William A. Bates

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. A. Bates Ordinary of said County, do certify that I am well acquainted with Wm. A. Bates 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 May, 1903.



Ordinary Cherokee County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, Wm. A. Bates hereby authorize Wm. A. Wright of Cherokee County to receive and receipt for the pension paid hereon, and request that he remit same to W. A. Bates by check at Cherokee County.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th day of May, 1904.

W. A. Bates —[L. S.]

Executed in presence of

W. A. Bates

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, Wm. A. Bates hereby authorize W. A. Bates of Cherokee County to receive and receipt for the pension paid hereon, and request that he remit same to W. A. Bates by check at Cherokee County.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th day of May, 1905.

W. A. Bates —[L. S.]

Executed in the presence of

W. A. Bates

Bates, William A.

Cherokee Co.

(FOR THOSE ALREADY ENROLLED.)

No. 2260

DISABLED

SOLDIER'S PENSION

1904.

Name Wm. A. Bates
County Cherokee
Co. A Regiment 38th
Disability Invalid
Amount, \$50.00
FEB 18 1904

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

Geo. W. Harrison (State Printer, Atlanta)

no data

Bates, William A.

Cherokee Co.

(FOR THOSE ALREADY ENROLLED.)

No. 2250

DISABLED

SOLDIER'S PENSION

1905.

Name Wm. A. Bates
County Cherokee
Co. B Regiment 38th
Disability Invalid
Amount, \$50.00
FEB 23 1905

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

Geo. W. Harrison (State Printer, Atlanta)

no data

Bates, William A.
Cherokee Co.
(FOR THOSE ALREADY ENROLLED.)
No. 2260.
DISABLED
SOLDIER'S PENSION
1904.
Name Wm A Bates
County Cherokee
Co. 4th Regiment 38th Regt
Disability Invalid & am
Amount, \$50.00
FEB 18 1904
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT FORWARDED TO
Ordinary
Geo. W. Harrison, State Prison, Atlanta.

no data
Bates, William A.
Cherokee Co.
(FOR THOSE ALREADY ENROLLED.)
No. 2260
DISABLED
SOLDIER'S PENSION
1905.
Name Wm A Bates
County Cherokee
Co. 13th Regiment 38th Regt
Disability Invalid & am
Amount, \$50.00
FEB 23 1905
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT FORWARDED TO
Ordinary
Geo. W. Harrison, State Prison, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cherokee County.
Personally appears Wm A Bates 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 15 day of Oct 1863; 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 B of 18th Regiment of Va Volunteers Gordon's Brigade; that whilst engaged in such military service in the State of Va on the 13 day of Dec 1862, he was wounded, injured or diseased as follows:
Gunshot in right arm

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1904. I have heretofore, under said law, as a resident of Cherokee County, been allowed an invalid pension of Fifty Dollars, for the year 1903.

Sworn to and subscribed before me, this the 6th day of Jan 1904. W W Bates
Post-office.

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

STATE OF GEORGIA,
Cherokee County.
I, N. J. Mott Ordinary of said County, do certify that I am well acquainted with Wm A Bates 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 6th day of Jan 1904.
N. J. Mott
Ordinary Cherokee County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cherokee County.
Personally appears Wm A Bates 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 19 day of Oct 1863; 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 B of 18th Regiment of Va Volunteers Gordon's Brigade; that whilst engaged in such military service in the State of Va on the 13 day of Dec 1862, he was wounded, injured or diseased as follows:
Gunshot in right arm

Deponent makes application for the pension to which he is entitled for the year ending October 29th, 1905. I have heretofore, under said law, as a resident of Cherokee County, been allowed an invalid pension of Fifty Dollars, for the year 1904.

Sworn to and subscribed before me, this the 14th day of Jan 1905. W A Bates
Post-office.

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

STATE OF GEORGIA,
Cherokee County.
I, N. J. Mott Ordinary of said County, do certify that I am well acquainted with W. A. Bates 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 Jan 1905.
N. J. Mott
Ordinary Cherokee County.



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

federate States (or of the State of _____) during the war between the States, and served as a Private in Company B of the 13th Regiment of Volunteers Gordon's Brigade; that whilst engaged in such military service in the State of Ga, on the 13 day of Dec, 1862, he was wounded, injured or diseased as follows:
gun shot in right arm

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

Sworn to and subscribed before me, this the 6 day of May, 1904. W. W. Bates Post-office Cherokee

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, D. C. Bates Ordinary of said County, do certify that I am well acquainted with W. W. Bates 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 6 day of May, 1904.



D. C. Bates
Ordinary Cherokee County.

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

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

States, and served as a Private in Company C, of 13th Regiment of Ga Volunteers Gordon's Brigade; that whilst engaged in such military service in the State of Ga, on the 13 day of Dec, 1862, he was wounded, injured or diseased as follows:
gun shot wound in right arm

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

Sworn to and subscribed before me, this the 19 day of Jan, 1905. W. W. Bates Post-office Cherokee

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, M. J. Mott Ordinary of said County, do certify that I am well acquainted with W. W. Bates 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 19 day of Jan, 1905.



M. J. Mott
Ordinary Cherokee County.

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

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Charlottesville County,

I, Samuel Baugh hereby authorize

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

at in Waco, Texas, I have heretofore set my hand and seal, this 28 day of June 1907.

Executed in presence of

W. B. Blackwell

Samuel Baugh (to w)

Samuel Baugh
Charlottesville County
To Those Having the Right Paid
1907.
No. 1709
WIDOW'S PENSION
For Year ending Dec. 31, 1907.
PAID TO
Mrs. Susannah Baugh
OF
Charlottesville County,
Widow of Mitchell Baugh
Co. H Regiment 4th Cal
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
FEB 13 1907
AND HANDLED TO
[Signature]
Geo. W. Harrison, State Printer, Atlanta.

OF
Charlottesville County,
Widow of Mitchel Bayne
Co. H Regiment 4th Va
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
FEB 13 1907.
AND HANDLED TO
[Signature]
Geo. W. Harrison, State Printer, Atlanta.

ATTORNEY.
[Signature] hereby authorize
paid hereon, and request that he remit same to
at
Also set my hand and seal, this 28
1907.
Susannah Bayne (s. a.)

POWER OF ATTORNEY.

STATE OF GEORGIA,
Charlottesville COUNTY.
I, Susannah Bayne hereby authorize
M. J. Webb
to receive and receipt for the pension paid hereon, and request that he remit same to
at
In Witness Whereof, I have hereunto set my hand and seal, this 28
day of Jan 1907.
Susannah Bayne (s. a.)
Executed in presence of
F. M. Blackwell

Bayne, Susannah
Charlottesville County
To those Having a Right to
1907.
No. 1709.
WIDOW'S PENSION
For Year ending Dec. 31, 1907.
PAID TO
Mrs. Susannah Bayne
OF
Charlottesville County,
Widow of Mitchel Bayne
Co. H Regiment 4th Va
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
FEB 13 1907.
AND HANDLED TO
[Signature]
Geo. W. Harrison, State Printer, Atlanta.

GEORGIA
PENSIONERS
PENSIONERS

South Oconee
Cherokee County
 To those Having to Paid
 1897.
 No. 1709.
WIDOW'S PENSION
 For Year ending Dec. 31, 1907.
 PAID TO
Mrs. Susannah Bayne
 OF
Cherokee County,
 Widow of *Mitchell Bayne*
 Co. H. Regiment 40. *Vol.*
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT ISSUED
 FEB 13 1907.
 AND HANDER TO
 (One W. Harrison Street, Macon, Ga.)

STATE OF GEORGIA
 DEPARTMENT OF COMMERCE
 BUREAU OF PENSIONS

Form No. 1 For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
 County of *Cherokee* } *Susanna Bayne*
 who, being sworn says on oath, that she is a bona fide resident of said County of
Cherokee State of Georgia, and that she has RESIDED in said State
 continuously ever since *1837*. That she is the Widow of
Mitchell Bayne who was a soldier in Company
H of the *43rd* Regiment of *Gen*
 Volunteers, that he enlisted in said regiment on or about the month of *March*
1862, and served in the Army up to *June* *1862*. That he lost his
 life on the *day of June* *1862*. (State here
 particulars of the husband's death, when, where and from what cause.)
Died in Hospital in Atlanta
Gen. 1862 Brain fever

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
 soldier, and that she has never married since his death aforesaid, and that she became his wife in
 the year *1847*.

I have been paid a pension as a resident of *Gilmer* County, for the
 year ending December 31, 1906, and now apply for the pension provided by law for the year ending
 December 31, 1907.

Sworn to and subscribed before me
 this *28th* day of *Jan* 1907. *Susannah Bayne*
M. J. Webb Ordinary. Post Office.

State of Georgia, }
Cherokee County. }
 Ordinary of said County, certify that I am well
 acquainted with Mrs. *Susannah Bayne*, who made the above affidavit, and
 am satisfied that the facts therein stated are true, and I know she is the individual she represents
 herself to be, and that she has continuously resided in this State since the
 day of *1837*.

Given under my official signature and seal, this the *28th* day of *Jan* 1907.

Official
 Seal

M. J. Webb
 Ordinary of *Cherokee* County.

NOTE.—All blanks must be filled.
 Vouchers and Affidavits must bear date after January 1st, 1907.

Volunteers, that he enlisted in said regiment on or about the month of March
1862, and served in the Army up to June 1862. That he lost his
life on the day of June 1862. (State here
particulars of the husband's death, when, where and from what cause.)

Died in Hospital in Atlanta
 in 1862 Brain fever

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1857

I have been paid a pension as a resident of Gilmer County, for the
year ending December 31, 1906, and now apply for the pension provided by law for the year ending
December 31, 1907.

Sworn to and subscribed before me
this 28th day of June 1907. Susannah Bayne
M. J. Webb Ordinary. Post Office.

State of Georgia, } I, M. J. Webb
Cherokee County. } Ordinary of said County, certify that I am well
acquainted with Mrs. Susannah Bayne, who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 1857

Given under my official signature and seal, this the 28 day of June 1907.



M. J. Webb
Ordinary of Cherokee County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }
Know all Men by these Presents, That I, Martha Beardsof Cherokee County, Georgia,do hereby appoint W. H. Harniss

my true and lawful attorney in fact, for

me and in my name, to receive and receipt for whatever amount of money I may be entitled

to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing

affidavit, hereby authorizing my said attorney to receipt in my name for any Warrant that may

be issued by the Governor, or for any sum of money which may be coming to me for the reason

aforesaid.

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

22nd day of April, 1891.

[L. S.]

Executed in the presence of us:

L. L. WilliamsL. WilliamsIf allowed, send amount by check and obligeme at Cherokee

to

W. H. Harniss

May 8/91

No certificate

by Ordinance of

Cherokee County

as to residence

of applicant

W. H. Harniss

Recd

May 8/91

May 8/91

May 8/91

May 8/91

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May 8/91

May 8/91

May 8/91

May 8/91

Beard Martha
Cherokee County

1891.

No. 2428

Widows' Pension

— PAID TO —

Mrs. Martha Beards
— of —
Cherokee County.

\$100.00.

Warrant Issued

1891

AND HANDED TO

G. N. Harrison, State Printer, Atlanta



**POWER
STATE OF GEORGIA**

Know all Men by these Presents, That I

County, in said State, do hereby appoint
of Cherokee County, Georgia, my true and lawful attorney in fact, for
me and in my name, to receive and take
to from the State of Georgia as a widow
affidavit, hereby authorizing my said
to be issued by the Governor, or for any
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
22nd day of March, 1891.

Executed in the presence of us:
L. S. Williams
L. S. Williams

If allowed, send amount by
me at

May 8/91



\$100.00.

Warrant Issued

1891

AND HANDED TO

7/14/91
Geo. W. Harrison, State Printer, Atlanta

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

County, in said State, do hereby appoint

of Cherokee County, Georgia, my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing
affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may
be issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

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

Executed in the presence of us:

L. S. Williams

DIRECTIONS.

If allowed, send amount by
me at

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,

County of Cherokee

In person came before me, the undersigned Ordinary
in and for the County of Cherokee

Mrs. Mary Ann Beard

, who being sworn according to law, says under

oath that she is the widow of Lewis B. Beard, who was a soldier in
the service of the Confederate States, and served as a member of Company H, of the

52 Regiment of Ala. Volunteers; that he enlisted in said
service on or about the 10th day of March, 1862, and was in the
Confederate Army up to August, 1865. That while in the
Army, he was on the day of August, 1865. (See Note No. 1.)

*Beard after the surrender of Vicksburg Miss. and after
being paroled as a prisoner, returning to his wife's home and
died at Marietta Ga. with Cholera. Beard's estate
was taken care of by his wife Mrs. Lewis Beard, of the same
by means of her own funds after his death.*

Deponent further swears that she was the wife of said deceased soldier during his term of service in
the Army, and that she has never married since his death; that she became his wife on the 28th day of
February, 1862, and that she has resided in Georgia continuously since the
14th day of November, 1868; that Georgia is her home, and was such
on the 23d day of December, 1890, and since said date she has not lived in any other State or locality.
Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of
the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February
15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

22nd day of April, 1891.

D. W. Patterson

Ordinary.

Mary Ann Beard
Deponent.
Beard

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



Warrant Issued

\$100.00.

AND HANDED TO

1891

Widows' Pension

PAID TO

Mrs. Mary Ann Beard
of Cherokee County,
Georgia.

No. 2428

May 1891.

Beard
Cherokee County



AND HAND TO

1891

Warrant Issued

\$100.00

Widow's Pension

Widow's Pension

270.2428

1891

Board Master

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 25th day of February 1862, and that she has resided in Georgia continuously since the 17th day of November 1868; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

22nd day of April 1891.

Ordinary.

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

Affidavit for Three Witnesses.

Form No. 2.

State of Georgia,

County of Lumpkin

In person came before me, the undersigned Ordinary

in and for said County, witnesses

L. L. Williams, J. B. Woodward, Capt. W. E. 52nd Co.

and John B. Beard (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,

Mrs. Martha Beard of the County of Cherokee State of Georgia, is the widow of John B. Beard, who was a soldier in

Company 11 of the 52 Regiment of Inf Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the 15 day of March 1862.

That while in said service, or by reason of said service in the Army, he lost his life as follows: he was in the army

at the time of the surrender of the 52nd Regt. March 1862
while on his way home he became very
much affected with chronic diarrhoea
at Marietta, Ga., and there died from
the effects of said disease, we are per-
sonally acquainted with the deces-
ed, John B. Beard, Capt. of Co. G, 52nd
Co. Col., and verify the facts set
forth in the widow's application.

Our opportunity for knowing the facts stated in reference to death of applicant's husband were

We further swear that Mrs. Martha Beard was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in Cherokee County of the State of Georgia.

Sworn to and subscribed before me, this, the

22nd day of April 1891.

L. L. Williams Ordinary.

J. B. Woodward Capt.

W. E. 52nd Co.

John B. Beard

Ordinary.

W. E. 52nd Co.

Ordinary.

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

Form No. 3.

State of Georgia,

County of Lumpkin

I, J. K. Williams Ordinary

in and for said County of Lumpkin and

State of Georgia, hereby certify that I am acquainted with Mrs. Martha Beard the applicant for a pension in this case, and know, from my own knowledge, or from positive proof presented to me by reputable witnesses, that she resides in this County, and that she resided in the State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also certify that the witnesses whose testimony she presents to sustain her claim are known to me to be truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

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

22nd day of April 1891.

SEAL

J. K. Williams

Ordinary.

I am personally acquainted with the applicant and the witnesses that have been cited to appear in this case, and I am fully satisfied that this claim is made in good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

Form No. 4.

NOTES.

- The pension is only payable to certain classes of widows.
- Those whose husbands were killed in service.
- Those whose husbands died in the army of wounds or disease contracted in the service.
- Those whose husbands went to the army and have never been heard from since the war.
- Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.
- Those whose husbands contract disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death.
- No widow is entitled unless she was the wife of the soldier during the war, and has never remarried.
- The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.
- The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.
- Widows who have married since the service of their husbands in the army are not entitled.
- There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.
- If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary of their County and testify. The attestation of a Justice of the Peace or Notary will not answer.
- If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine.
- Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.
- Fill out the "directions" below Power of Attorney, so that your Agent will know where and how to send the money.
- By order of the Governor.

W. H. HARRISON,
Sec. Ex. Department.

...we are acquainted with the deceased. Edwin B. Beard Capt. & Co. 9 52nd Ga. Col. and employ in the post, not forth in the widow's application

Our opportunity for knowing the facts stated in reference to death of applicant's husband were

We further swear that Mrs. Martha Beard was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in Cherokee County of the State of Georgia.

Sworn to and subscribed before me, this, the

22 day of April 1891.

O. H. Harrison Notary Public for the State of Georgia.

Note. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

L. L. Williams
J. Woodward Capt.
Co. 8, 52nd Ga.
Rev. Boyd Col 52 Regt
Ga. Vol 684

I, L. L. Williams one of the above witnesses do solemnly swear and certify to the facts and events in such

O. H. Harrison Notary Public

The pension is only payable to certain classes of widows. Those whose husbands were killed in service. Those whose husbands died in the army of wounds or disease contracted in the service. Those whose husbands went to the army and have never been heard from since the war. Those whose husbands were wounded in the army and have since died from the direct effects of the wounds. Those whose husbands contract disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death. No widow is entitled unless she was the wife of the soldier during the war, and has never remarried. The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.

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

Widows who have married since the service of their husbands in the army are not entitled. There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.

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

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

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

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

By order of the Governor.

W. H. Harrison
Sec. Ex. Department

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

Form No. 2.

STATE OF GEORGIA, County of Cherokee

I, Edwin B. Beard Ordinary in and for said County of Cherokee State of Georgia, hereby certify that I am acquainted with Mrs. Martha Beard the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Edwin B. Beard deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 22 day of April 1893.

Edwin B. Beard Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I, Edwin B. Beard

County, in said State, do hereby appoint Edwin B. Beard my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this 22 day of April 1893.

Executed in the presence of us:

Edwin B. Beard

DIRECTIONS.

Send amount by to me at and oblige

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

Form No. 2.

STATE OF GEORGIA, County of Cherokee

I, Edwin B. Beard Ordinary in and for said County of Cherokee State of Georgia, hereby certify that I am acquainted with Mrs. Martha Beard the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Edwin B. Beard deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 14 day of January 1894.

Edwin B. Beard Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I, Martha Beard

County in said State, do hereby appoint Edwin B. Beard my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this 14 day of January 1894.

Executed in the presence of us:

Edwin B. Beard

DIRECTIONS.

Send amount by to me at and oblige

Widow's Pension, for year ending February 15th 1893. PAID TO Martha Beard OF Cherokee COUNTY. Warrant Issued AND HANDED TO Edwin B. Beard 1893

WIDOW'S PENSION, for year ending February 15th 1894. PAID TO Martha Beard OF Cherokee COUNTY. WARRANT ISSUED AND HANDED TO Edwin B. Beard 1894

me any amount of money, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of January 1894.

Executed in the presence of us:

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

Widows' Pension,

for year ending February 15th, 1893.

PAID TO —

—OF—

W. B. Board

Warrant Issued

AND HANDLED TO

1893

Geo. W. Thompson, State Printer, Atlanta.

titled to from the State of Georgia, as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of January 1894.

Executed in the presence of us:

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

1894.

WIDOWS' PENSION,

for year ending February 15th, 1894.

PAID TO —

—OF—

W. B. Board

WARRANT ISSUED

AND HANDLED TO

1894

Geo. W. Thompson, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cherokee

Personally comes Mrs.

Martina Board

who being sworn, says on oath, that she is a bona fide resident of said County of

Cherokee State of Georgia, and that she has resided in said State

continuously ever since the year 1831 That she is the Widow of

who was a Soldier in Company

of the 155th Regiment of Georgia

Volunteers, that he enlisted in said Regiment on or about the month of March

1860 and served in the Army up to the 4th day of July, 1862 That he lost his

life on the 4th day of July, 1862 (State here

full particulars of the husband's death, when, where and from what cause.)

That the said soldier was killed at Vicksburg, Mississippi, on the 4th day of July, 1862, and was buried in the ground on his way home from Vicksburg, Mississippi, and with his body buried.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1812; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

15th day of January 1893.

Martina Board Ordinary.

Post-office

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cherokee

Personally comes Mrs.

Martina Board

who being sworn, says on oath, that she is a bona fide resident of said County of

Cherokee State of Georgia, and that she has resided in said State

continuously ever since the year 1828 That she is the Widow of

Samuel B. Board who was a Soldier in Company

of the 155th Regiment of Georgia

Volunteers, that he enlisted in said Regiment on or about the month of March

1862 and served in the Army up to July 4th 1862 That he lost his

life on the 4th day of July, 1862 (State here

full particulars of the husband's death, when, where and from what cause.)

Widow's husband was captured at Vicksburg, Mississippi, and died with her on his way home from Vicksburg, Mississippi.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1844; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

15th day of January 1894.

Martina Board Ordinary.

Post-office

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1844; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

15th day of January 1893.

Ordinary.

Post-office

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1844; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

15th day of January 1894.

Ordinary.

Post-office

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

Form No. 2.

STATE OF GEORGIA, County of Cherokee

I, N. B. Board Ordinary in and for said County of Cherokee State of Georgia, hereby certify that I am acquainted with Mrs. Martha Board the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of James B. Board deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 15th day of January, 1895.

Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I, Martha Board of Cherokee County in said State, do hereby appoint Richard Johnson my true and lawful attorney in fact, for

me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th day of January, 1895.

[L. S.]

Executed in the presence of:

N. B. Board Ordinary.

DIRECTIONS.

Send amount by check to N. B. Board ordinary to me at Land, Georgia and oblige

Martha Board

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

Form No. 2.

STATE OF GEORGIA, County of Cherokee

I, N. B. Board Ordinary in and for said County of Cherokee State of Georgia, hereby certify that I am acquainted with Mrs. Martha Board the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of James B. Board deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 15th day of January, 1896.

[SEAL]

Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, Cherokee County.

I, Martha Board hereby authorize Richard Johnson to receive and receipt for the pension paid hereon and request that he remit same to N. B. Board at Land, Georgia.

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

[L. S.]

Executed in the presence of

N. B. Board

1896.

No. 215

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Martha Board

OF

Cherokee County.

WARRANT ISSUED

2/1

AND HANDED TO

at

1896.

1895.

No. 2406

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO

Martha Board

OF

Cherokee County.

WARRANT ISSUED

2/1

AND HANDED TO

at

1895.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th day of January 1895.

Executed in the presence of us:

M. H. Board [L. S.]

DIRECTIONS.

Send amount by check to J. C. Board ordinary to me at Bartholomew, Georgia, and oblige

Martha Board [L. S.]

STATE OF GEORGIA, Bartholomew County.
I, M. H. Board hereby authorize William D. Board of Bartholomew to receive and receipt for the pension paid hereon and request that he remit same to J. C. Board only at Bartholomew, Georgia.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th day of January 1895.

Executed in the presence of

M. H. Board [L. S.]

1896.

No. 215

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

M. H. Board

OF

Bartholomew County,

widow of William D. Board

WARRANT ISSUED

2/1

AND HANDED TO

at

1896.

Done at Bartholomew, State of Georgia.

1895.

No. 2406

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO

M. H. Board

OF

Bartholomew County,

widow of William D. Board

WARRANT ISSUED

2/1

AND HANDED TO

at

1895.

Done at Bartholomew, State of Georgia.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Bartholomew

Personally Comes Mrs.

Martha Board

who being sworn, says on oath, that she is a bona fide resident of said county of

Bartholomew

State of Georgia, and that she has resided in said State

continuously ever since

1835 That she is the Widow of

George B. Board

who was a Soldier in Company

of the

Regiment of Georgia

Volunteers, that he enlisted in said Regiment on or about the month of March

1862, and served in the Army up to

Aug

1863 That he lost his

life on the

day of August

1863 (State here

full particulars of the husband's death, when, where and from what cause.)

Said husband was Capt. of Co. K. of the 9th
and Regiment was taken prisoner of war
at Vicksburg, Miss. and died on his way
home from Vicksburg with wounds
received

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1842, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

17th day of January 1895.

Martha Board

Post-office

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Bartholomew

Personally Comes Mrs.

Martha Board

who being sworn, says on oath, that she is a bona fide resident of said county of

Bartholomew

State of Georgia, and that she has resided in said State

continuously ever since

the year

1825 That she is the Widow of

George B. Board

who was a Soldier in Company

of the

Regiment of Georgia

Volunteers, that he enlisted in said regiment on or about the month of March

1862, and served in the Army up to

July

1863 That he lost his

life on the

day of

1863 (State here

full particulars of the husband's death, when, where and from what cause.)

Said husband died with chronic disease
at Vicksburg, Miss. in July 1863

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1842, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Bartholomew County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

17th day of January 1896.

J. C. Board Ordinary.

Post-office

said Hegmann was taken prisoner of war
at Vicksburg, Miss. and died on his way
home from Vicksburg with wounds
of war

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1842, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

17 day of January 1895.

Ordinary.

Martha Beard
mark

Post-office

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1842, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

17 day of January 1896.

Ordinary.

Post-office

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

STATE OF GEORGIA, County of Cherokee

I, Allen C. Come, Ordinary in and for said County of

Cherokee State of Georgia, hereby certify that I am acquainted with Mrs. Martha Beard

the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Lewis B. Beard deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this 17 day of January 1897.

Allen C. Come

Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County.

I, Martha B. Beard hereby authorize one A. Wright of Atlanta Ga to receive and receipt for the pension paid heron and request that he remit same to W.C. Combs, at Canton Ga,

In Witness Whereof, I have hereunto set my hand and seal, this 12 day of January 1897.

Martha B. Beard
mark

Executed in the presence of

W.C. Combs

POWER OF ATTORNEY.

State of Georgia, Cherokee County.

I, Martha B. Beard hereby authorize one A. Wright of Atlanta Ga to receive and receipt for the pension paid heron and request that he remit same to W.C. Combs, at Canton Ga,

In Witness Whereof, I have hereunto set my hand and seal, this 15 day of January 1897.

Martha B. Beard
mark

[L. S.]

Executed in the presence of

W.C. Combs

For Those Heretofore Paid.

1898.

NO. 1955

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Martha B. Beard

OF

Cherokee County,

Widow of Lewis B. Beard

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT ISSUED

1898.

2/1

AND HANDLED TO

M. A. W.

REC'D W. HARRISON, STATE PRINTER, ATLANTA

No. 612

WIDOW'S PENSION,

for year ending February 15th, 1897

PAID TO

Mrs. Martha B. Beard

OF

Cherokee County,

Widow of Lewis B. Beard

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT ISSUED

2/1

1897.

AND HANDLED TO

M. A. W.

REC'D W. HARRISON, STATE PRINTER, ATLANTA

STATE OF GEORGIA, Cherokee County.
I, Martha B. Beard hereby authorize one A. Wright
of Atlanta Ga to receive and receipt for the pension paid heron and request
that he remit same to W.C. Combs at Atlanta Ga,
In WITNESS WHEREOF, I have hereunto set my hand and seal, this 12
day of January 1897.

Executed in the presence of

W.C. Combs

Beard, Martha
Cherokee Co

For Those Heretofore Paid.

1898.

NO. 1955

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Martha Beard

or

Cherokee County,

Widow of Louis B. Beard

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1898.

AND HANDED TO

M. A. W.

REC. W. HARRISON, STATE PRINTER, ATLANTA

Beard, Martha
Cherokee County
THE ABOVE HERETOFORE PAID.
1897.
No. 612
WIDOW'S PENSION,
for year ending February 15th, 1897.
PAID TO
Mrs. Martha Beard
OF
Cherokee County,
Widow of Louis B. Beard
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
2/1
AND HANDED TO
M. A. W.
1897.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of Cherokee } Martha Beard

who being sworn, says on oath, that she is a bona fide resident of said county of
Cherokee State of Georgia, and that she has RESIDED in said State

continuously ever since 1828 That she is the Widow of

Louis B. Beard who was a Soldier in Company

5 of the 52 Regiment of Georgia

Volunteers, that enlisted in said regiment on or about the month of

March 1862 and served in the Army up to July 1863 That he lost his

life on the day of July 1863 (State here

full particulars of the husband's death, when, where and from what cause.) Died on way home from

Miss. with Chronic Diarrhea in year 1863.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,

and that she has never married since his death aforesaid, that she became his wife in the year 1841.

that Georgia is her home and she resided in this State 23d day of December, 1890, and has not

lived in any other State or locality since that date. I have been allowed a pension as a resident of

Cherokee County for the year ending February 15th, 1890, and now apply for

the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this

12 day of January 1897.

Allen C. Combs Ordinary. Post-office Martha Beard Laredo.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of Cherokee } Martha Beard

who, being sworn, says on oath, that she is a bona fide resident of said county of

Cherokee State of Georgia, and that she has RESIDED in said State

continuously ever since November 1828 That she is the Widow of

Louis B. Beard who was a Soldier in Company

4 of the 52 Regiment of Georgia

Volunteers, that he enlisted in said regiment on or about the month of March

1862 and served in the Army up to July 1863 That he lost his

life on the day of July 1863 (State here

full particulars of the husband's death, when, where and from what cause.) Died in July 1863

on his way home from Tuckerburg Miss

with Chronic Diarrhea.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1847.

I have been allowed a pension as a resident of Cherokee County for the year ending

February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this

16 day of Jan 1898.

Allen C. Combs Ordinary. Post-Office Martha Beard Laredo.

State of Georgia, } Allen C. Combs

Cherokee County. } Ordinary of said County, certify that I am well acquainted

with Mrs. Martha Beard who made the above affidavit and am satis-

fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the day of Nov 1828

Given under my official signature and seal this the 15 day of Jan 1898.

Allen C. Combs

Ordinary of Cherokee County.

Official Seal.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1847, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 12 day of January 1897. Allen C. Coan Ordinary. Martha her Beord mark Laredo Post-office

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1847.

I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this 16 day of January 1898. Allen C. Coan Ordinary. Martha her Beord mark Laredo Post-Office

State of Georgia, Cherokee County. I, Allen C. Coan Ordinary of said County, certify that I am well acquainted with Mrs. Martha Beord who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of Nov 1828.

Given under my official signature and seal this the 16 day of January 1898. Allen C. Coan Ordinary of Cherokee County.

Official Seal

POWER OF ATTORNEY.

State of Georgia, Cherokee County. I, Martha Beord hereby authorize H. A. Wright of Atlanta Ga

to receive and receipt for the pension paid hereon and request that he remit same to Allen C. Coan at Canton Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2 day of Jan 1898.

Martha her Beord mark [L. S.] Executed in presence of Webb Coan

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. I, Martha Beord 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. Coan at Canton Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11 day of Jan 1900.

Martha her Beord mark [L. S.] Executed in presence of A. C. Coan

Beard, Martha Cherokee County. For Those Hereofore Paid. 1899. NO. 167 WIDOW'S PENSION, For year ending February 15th, 1899. PAID TO Mrs. Martha Beord of Cherokee County Widow of Lewis B. Beord RICHARD JOHNSON, Commissioner of Pensions. WARRANT ISSUED 21 AND HANDLED TO Geo. W. Harrison, State Printer, Atlanta.

Beard, Martha Cherokee County. For Those Hereofore Paid. 1900. NO. 207 WIDOW'S PENSION, For year ending February 15th, 1900. PAID TO Mrs. Martha Beord of Cherokee County Widow of Lewis B. Beord JNO. W. LINDSEY, Commissioner of Pensions. WARRANT ISSUED Feb 13 1900, AND HANDLED TO H. Wright Geo. W. Harrison, State Printer, Atlanta.

Beard, Martha, of Cherokee County
For Those Heretofore Paid.

1899.
NO. 167

WIDOW'S PENSION,
For year ending February 15th, 1899.
PAID TO
Mrs. Martha Beard
OF
Cherokee
County
Widow of *Louis B Beard*

RICHARD JOHNSON,
Commissioner of Finance.

WARRANT ISSUED
2/1
AND HANDLED TO
W.M.
1899.

Geo. W. Harrison, State Printer, ATLANTA

Beard, Martha, of Cherokee County
For Those Heretofore Paid.

1900.
NO. 274

WIDOW'S PENSION,
For year ending February 15th, 1900.
PAID TO
Mrs. Martha Beard
OF
Cherokee County,
Widow of *Louis B Beard*

JNO. W. LINDSEY,
Commissioner of Finance.

WARRANT ISSUED
Feb 13
AND HANDLED TO
W.M.
1900.

Geo. W. Harrison, State Printer, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Cherokee*

Personally Comes Mrs.

Martha Beard

who, being sworn, says on oath, that she is a bona fide resident of said county of *Cherokee* State of Georgia, and that she has RESIDED in said State continuously ever since *November* 18 *23* That she is the Widow of *Louis B Beard* who was a soldier in Company *Georgia* of the *52* Regiment of *March* Volunteers, that he enlisted in said regiment on or about the month of *Aug* 186 *2* and served in the Army up to *Aug* 186 *3* That he lost his life on the *day of Aug* 186 *3* (State here full particulars of the husband's death, when, where and from what cause.) *Died with Chronic Diarrhoea in April 1863.*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 *47*.

I have been allowed a pension as a resident of *Cherokee* County for the year ending February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this *2* day of *Jan* 1899.
Allen C. Cunn Ordinary.

Martha Beard
Post-Office *Mark Loreda Ga*

State of Georgia,
Cherokee County. I *Allen C. Cunn* Ordinary of said County, certify that I am well acquainted with Mrs. *Martha Beard* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the *day of Nov* 18 *28*

Given under my official signature and seal this the *2* day of *Jan* 1899.

Allen C. Cunn
Ordinary of *Cherokee* County.

(Official Seal.)

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Cherokee*

Personally Comes Mrs.

Martha Beard

who, being sworn, says on oath, that she is a bona fide resident of said county of *Cherokee* State of Georgia, and that she has RESIDED in said State continuously ever since *Nov* 186 *2* That she is the Widow of *Louis B Beard* who was a soldier in Company *Georgia* of the *52* Regiment of *March* Volunteers, that he enlisted in said regiment on or about the month of *March* 186 *2* and served in the Army up to *July* 186 *2* That he lost his life on the *day of July* 186 *2* (State here particulars of the husband's death, when, where and from what cause.) *Died in State of Mississippi with chronic Diarrhoea*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 *47*.

I have been allowed a pension as a resident of *Cherokee* County for the year ending February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this *14* day of *Jan* 1900.
A. C. Cunn Ordinary.

Martha Beard
Post-Office *Mark Loreda Ga*

State of Georgia,
Cherokee County. I *A. C. Cunn* Ordinary of said County, certify that I am well acquainted with Mrs. *Martha Beard* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the *day of Nov* 186 *2*

Given under my official signature and seal, this the *14* day of *Jan* 1900.

A. C. Cunn
Ordinary of *Cherokee* County.

(Official Seal.)

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1847.

I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this 2 day of January 1899.
Allen C. Courie Ordinary.

Martha X Beard
mark Loredo Ga
Post-Office

State of Georgia,
Cherokee County.

I Allen C. Courie Ordinary of said County, certify that I am well acquainted with Mrs. Martha Beard who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of Nov 18 28 at

Given under my official signature and seal this the 2 day of January 1899.

(Official Seal.)

Allen C. Courie
Ordinary of Cherokee County.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1847.

I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this 19 day of Jan 1900.
A. C. Courie Ordinary.

Martha Beard
mark Loredo Ga
Post Office

State of Georgia,
Cherokee County.

I A. C. Courie Ordinary of said County, certify that I am well acquainted with Mrs. Martha Beard who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of Nov 18 28 at

Given under my official signature and seal, this the 19 day of Jan 1900.

(Official Seal.)

A. C. Courie
Ordinary of Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Martha Beard hereby authorize A. C. Courie of Cherokee County to receive and receipt for the pension paid hereon and request that he remit same to me at Carters Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6 day of May 1901.

Martha Beard [L. S.]

Executed in presence of

W. B. Beard

Regid Martha Beard
Cherokee County

To Those Herebefore Paid.

1901.

No. 2408

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

Mrs. Martha Beard

or

Cherokee County.

Widow of Loredo Beard

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

1901,

AND PAID TO

Leon

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

*Regd. Martha
Charleston County*

To Those Heretofore Paid.

1901.

No. 2408

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

Mrs. Martha Board

or

Charleston County.

Widow of *Levin A. Board*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

2/12 1901,

AND REMITTED TO

Leon

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

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of *Charleston*

Personally Comes Mrs.

Martha Board

who, being sworn, says on oath, that she is a bona fide resident of said County of
Charleston State of Georgia, and that she has resided in said State
continuously ever since *Nov. 1868*.

That she is the Widow of
Levin A. Board who was a soldier in Company
B of the *82nd* Regiment of *Co*

Volunteers, that he enlisted in said regiment on or about the month of *March*

186*8* and served in the Army up to *July 1868*. That he lost his

life on the *6th* day of *July 1868* 186*8*. (State here

particulars of the husband's death, when, where and from what cause)

*Died in the State of Mississippi while
performing service*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 18*64*

I have been allowed a pension as a resident of *Charleston* County for the year ending
February 15th, 1900, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this
8th day of *July* 1901. *Martha Board*
A. C. Board Ordinary. Post Office

State of Georgia,

Charleston County.

H. C. Board

Ordinary of said County, certify that I am well acquainted

with Mrs. *Martha Board*, who made the above affidavit and am satisfied
that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the *6th* day of *July* 186*8*

Given under my official signature and seal, this the *6th* day of *July* 1901.

Official
Seal.

H. C. Board
Ordinary of *Charleston* County.

Lucius A. Beard who was a soldier in Company
of the 8th Regiment of Pa
Volunteers, that he enlisted in said regiment on or about the month of March
1862 and served in the Army up to July 1863. That he lost his
life on the day of July 1863. 1863 (State here
particulars of the husband's death, when, where and from what cause)
Dead in the State of Mississippi with
Chronic Diarrhea

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 1844

I have been allowed a pension as a resident of Charleston County for the year ending
February 15th, 1890, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this
6 day of July 1901. Martha Beard
A. L. Brown Ordinary. Post Office Martha

State of Georgia, }
Charleston County. } Ordinary of said County, certify that I am well acquainted
with Mrs. Martha Beard, who made the above affidavit and am satisfied
that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the day of 1844

Given under my official signature and seal, this the 6 day of July 1901.

{ Official
Seal }

A. L. Brown
Ordinary of Charleston County.

John W. Poston Ordinary for said County
of Charleston State of Georgia do hereby certify that I am
acquainted with Mrs. Martha Beard the applicant
for a pension for the war, and know from my
own knowledge that she resided in Charleston County
in said State, and that she resided in the State of
Georgia on December 25th 1890 and has not lived out of
the State since that time. I am fully satisfied that
the claims so made in good faith, and that I have examined
the applicant and one of the witnesses to said claims
to have read the proofs thereof.

In witness whereof I have hereunto set my hand and
affixed the seal of my office this 11th day of May 1891
John W. Poston Ordinary

James M. Pulman, Ordinary in and for said County
of Cherokee State of Georgia do hereby certify that I am
acquainted with Mrs Martha Bland the applicant
I am persons in the County and know from my
own knowledge that she resides in Cherokee County
in said State and that she resided in the State of
Georgia on December 25th 1870 and has not lived out of
the State since that time. I am fully satisfied that
the claim is made in good faith and that I have exact
the applicant and one of the witnesses to wit H. H. Williams
to have read the foregoing and sign.

In witness whereof I have hereunto set my hand and
affixed the seal of my office at Cherokee, Ga. 1871

James M. Pulman, Ordinary

Beauford, Amos M.
Cherokee, County
1902

No. _____

**WIDOW'S
Indigent Pension.
1901.**

Name Amos M. Beauford
County Cherokee

Widow of William M. Beauford
Co. A 4th Inf. 1st Regt.

Approved _____ 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

1901.

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

3/25/1901
6/22/1902
1901

Office Comm of Pensions
4/9-1901
Money is an unpaid
fund amount to be
pension - by some one
who is known of them
from 1 knowledge only
the ground of having
evidence will be taken
must be done
J. W. Lindsey
Comm of Pensions

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee County }

I, Amos M. Beauford hereby authorize W. & M. G. H.
of Cherokee County, to receive and receipt for the pension allowed and that he
remit the same to W. & M. G. H. by his check or registered mail.

Witness my hand this 1st day of Feb 1901.

Executed in presence of

W. & M. G. H. Ordinary.

Cherokee County }

Amos M. Beauford

Widow of William M. Beauford
Co. A. 4th S. I. Regt.
 Approved _____ 1901.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO _____
 _____ 1901.
 Geo. W. Harrison, State Printer, Atlanta, Ga.
3/25-1901
6/19-1902
01

ATTORNEY.
 I received and receipt for the pension allowed and that he
 by the check or registered mail.
3/25-1901
6/19-1902
01

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee County.
 I, Anna M. Beauford hereby authorize W. M. Wright
 of Atlanta Ga County, to receive and receipt for the pension allowed and that he
 remit the same to W. M. Wright by his check or registered mail.
 Witness my hand this 25 day of Aug 1901.
 Executed in presence of
A. C. Brown Ordinary,
Cherokee County.

SEAL

Questions for Applicant.

STATE OF GEORGIA,

Cherokee County.
Anna M. Beauford of said State and County, desiring to
 avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly,
 passed 1900, hereby submits her proof, 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? (Give State, County and Post Office.) Atlanta Ga
Anna M. Beauford resident Cherokee County, Ga
 2. How long and since when have you been a resident of this State? Since 1858
 3. When and where were you born? July 1850 Cherokee County, Ga
 4. When and where was your husband born—state his full name, and when were you and he married?
Wm. M. Beauford Cherokee County, Ga 1851
 5. When and where, and in what Company and Regiment did your husband enlist or serve during the
 war between the States? Co. A. 4th S. I. Regt. Cherokee County, Ga
 6. How long did your husband serve in said Company and Regiment? Full term
 7. When and where did your husband's Company and Regiment surrender and was discharged?
At the first surrender of the Confederacy at Appomattox, Va. April 9, 1865.
 8. Was your husband present at the time and place when his Company and Regiment surrendered?
Yes, he was present.
 9. If not with his command at surrender, state clearly and specifically where he was, when he left com-
 mand, for what cause, and by what authority? He was left in charge of the
Confederate forces at the surrender of the Confederacy at Appomattox, Va.
 10. When and where did your husband die? At the first surrender of the Confederacy at Appomattox, Va. April 9, 1865.
 11. Which of the following grounds do you base your application for Pension, viz: First—Age and
 Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty? Age and
Poverty.
 12. If upon the first ground, state how long you have been in such a condition that you cannot earn
 your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon
 the third, state whether you are totally blind, and when and where you lost your sight.
 13. What has been your occupation since your husband's death? None.
 14. How much can you earn gross, by your own exertion or labor? None.
 15. What property, real or personal, or income do you have or possess, and its gross value?
None.
 16. What property, real or personal, did you possess at death of husband or he left you, and of the year
 1899-1900, and what disposition, if any, by sale or gift, have you made of the same? None.
 17. In what counties did you reside in 1899 and 1900, and what property did you receive for taxation?
Cherokee County, Ga.
 18. How have you been supported since death of husband, and especially for 1899 and 1900?
By the kindness of friends and relatives.
 19. How much did your support cost for each of those years, and how much did you contribute by your
 own labor or income? None.
 20. What was your employment during 1899 and 1900—how much did you receive for each year?
None.
 21. Have you a family? If so, who composes such family? Give their means of support. Have they
 any lands or other property? None.
 22. Have you ever made an application for pension before? None.
 23. How many applications have you made for a Pension, and under what claim? None.
 Sworn to and subscribed before me this 25 day of Aug 1901.
W. M. Wright Ordinary,
Cherokee County.

Attest my hand and the seal of said County, this 25th day of August, 1901.

W. M. Wright, Ordinary, Cherokee County, Ga.

WIDOW'S
 Indigent Pension.
 1901.

Anna M. Beauford
Cherokee County
 Widow of William M. Beauford
Co. A. 4th S. I. Regt.
 Approved _____ 1901.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO _____
 _____ 1901.
 Geo. W. Harrison, State Printer, Atlanta, Ga.
3/25-1901
6/19-1902
01

W. M. Wright
Ordinary
Cherokee County,
Ga.
3/25-1901
6/19-1902
01

Office of Pension
49-190
Morgan is an expert
fast enough to climb
from by some one
whom I know of
from I know only
the second time at the
in the year 1864
much the same
110 Lumber
Can open

Georgetown, Union 11
Chester, County
1902

No. _____

**WIDOW'S
Indigent Pension.
1901.**

Martha M. Beauford
County Chester
Widow of William M. Beauford
Co. At 45-116-117

Approved _____ 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

1901.

4/20-1901
6/10-1901

11. 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? *Age and Poverty*
12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight.
13. What has been your occupation since your husband's death? *I have been doing at any thing I could do to keep myself out of poverty*
14. How much can you earn gross, by your own exertion or labor? *Can't earn any thing*
15. What property, real or personal, or income do you have or possess, and its gross value? *Have a small amount of household furniture worth \$15.00*
16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same? *My husband left me the property of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same? *My husband left me the property of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same?**
17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation? *Lived in Chester County, and was head of the household in 1899 and 1900.*
18. How have you been supported since death of husband, and especially for 1899 and 1900? *Have been entirely supported by the bounty of the Government of the United States.*
19. How much did your support cost for each of these years, and how much did you contribute by your own labor or income? *I have not paid for the cost of my support since the death of my husband.*
20. What was your employment during 1899 and 1900—how much did you receive for each year? *Was not able to work during the year 1899 and 1900.*
21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property? *Have a living child, all married, all poor.*
22. Have you ever made an application for pension before? *Have not.*
23. How many applications have you made for a Pension, and under what claim? *Under none.*

Sworn to and subscribed before me this 20th day of *July* 1901.

of *Chester* County.

Samuel H. Brown

Questions for Witnesses.

STATE OF GEORGIA,

Chester County.

William M. Coor of said State and County, having been presented as a witness in support of the Application of Mrs. *Martha M. Beauford* for a Pension under the Act of 1900, and after having been 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? *William M. Coor, Resides in Chester County, Ga.*
2. Are you acquainted with the applicant, Mrs. *Martha M. Beauford*? *I am.*
3. If so, how long have you known her? *Known her 16 years.*
4. Where does she reside, and how long and since when has she been a resident of this State? *She has been here for 16 years, to my knowledge.*
5. When and where was she born? *I don't know.*
6. Were you ever acquainted with her husband? *Yes.*
7. Where did he reside in 1861? *In Chester County, Ga.*
8. When and to whom was he married? *Don't know.*
9. When and where was he born? *Don't know.*
10. How long have you known him? *Since 1864.*
11. When and where did *William M. Beauford* enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? *In the 1st Co. of the 1st Regt. of the 1st Div. of the 1st Army Corps, U.S.A., in 1864.*
12. Were you a member of the same Company and Regiment? *Was member of Company A of the 1st Regt. of the 1st Div. of the 1st Army Corps, U.S.A., in 1864.*
13. How long did he perform regular military duty? *He was in service until the 1st of July, 1864, when he was discharged as a private.*
14. When and where was his Company and Regiment surrendered and discharged from service? *His Company and Regiment were surrendered and discharged from service on the 1st of July, 1864, at Vicksburg, Miss.*
15. Were you with the command when it surrendered? *Yes.*
16. Was *William M. Beauford* the husband of applicant present? *He was not.*
17. If not present, where was he? *He was in service in 1864, I don't know where.*
18. When and where did he leave his Command? *In July, 1864, at Vicksburg.*
19. For what cause was he discharged? *As a private.*
20. By whose authority he left? *Gov. Kelley.*
21. How do you know all this? (State fully and clearly.) *I was present, was a private, made from the Brigade for service purposes and *William M. Beauford* was in that Brigade.*
22. When and where did *William M. Beauford* die? *In Chester County, Ga., in 1864.*
23. Where did he reside at his death, and how long has he been a resident of Georgia at his death? *He resided in Chester County, Ga., and I have known him in his own home.*
24. Do you of your own knowledge know that applicant is the lawful widow of *William M. Beauford*? *Yes, I know the facts together with the husband and wife from the time they were married until the death of the husband.*
25. Has she remained unmarried since her husband's death, and is now his widow? *She has remained a widow.*
26. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? *Has no property, I have never seen her for 16 years.*
27. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? *Has no property.*
28. Has applicant conveyed any property in last two years or given away, if so what was it and to whom? *Has none, to dispose of the small amount of property left after husband's death, she has sold to pay expenses of burial.*
29. What is applicant's physical condition and her chances and ability to earn a support? *Is old, has rheumatism, not able to work.*

26. Is applicant able to earn a support at labor of any sort, if not why? *Is not, from age and infirmity.*
27. How has she supported for 1899 and 1900? *Has been supported by the bounty of the Government.*
28. How much did applicant contribute to her support for last two years? *Has made no contribution.*
29. Give a full and complete statement of applicant's physical condition? *Is old and has rheumatism.*
30. What interest have you in the recovery of this pension by the applicant? *None.*

Sworn to and subscribed before me this 20th day of *July* 1901.

of *Chester* County.

William M. Coor

Affidavits of Physicians.

STATE OF GEORGIA,

Chester County.

Personally before me comes *John H. Bates* and *John H. Bates* both known to me to be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. *Martha M. Beauford* applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this: *She is old and has rheumatism, has been for 8 or 9 years and her general health is poor, I have tried to prescribe her age and can never be cured.*

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 20th day of *July* 1901.

of *Chester* County.

John H. Bates and *J. M. Bates*

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Chester County.

I, *J. H. Bates*, Ordinary in and for said county, hereby certify that the applicant, Mrs. *Martha M. Beauford*, resides in said county, and has been a bona fide resident of this State since _____ day of _____ 18____, and that the witnesses, Mr. *John H. Bates* and *J. M. Bates*, both of whom are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same were signed and subscribed.

I further certify that the tax digest of *Chester* county shows that applicant returned for taxation in her own name in 1899 _____ dollars worth of property, and in 1900 _____ dollars worth of property.

Witness my hand and official seal, this 20th day of *July* 1901.

of *Chester* County.

J. H. Bates

- Notes—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will 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 indicated.
3. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows.
5. The married sons of dead soldiers, 1864, not entitled.
6. Witnesses and two Physicians are necessary to make out claims.

12. How long did he perform regular military duty? 12 months

13. When and where was his Company and Regiment surrendered and discharged from service? his final command surrendered on Nov. 6, 1865

14. Were you with the command when it surrendered? I was

15. Was William M. Beauford the husband of applicant present? he was not

16. If not present, where was he? he was detained in 1864 I don't know about

17. When and where did he leave his Command? in July 1864 at Vicksburg

For what cause? was detailed as a scout

By whose authority he left? C. B. Kelley

How do you know all this? (State fully and clearly) I was present was a detail made from the Brigade for scouting purposes and William M. Beauford was in that detail

18. When and where did William M. Beauford die? in Cherokee County Ga. Nov. 14

19. Where did he reside at his death and how long had he been a resident of Georgia at his death? in Cherokee County Ga. I have known him as he was

20. Do you of your own knowledge know that applicant is the lawful widow of William M. Beauford? Yes I know the lived together as husband & wife for some time

21. Has she remained unmarried since her soldier husband's death, and is now his widow? she has never been a widow

22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? has no property I have lived near her for 4 years

23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? she has no property

24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? she gave to dispose of the small amount of property left by her husband and sold the property of her own

25. What is applicant's physical condition and her chances and ability to earn a support? is old & has rheumatism not able to work

I, Thomas H. Hays, for 8 or 9 years and for general health, do not know and considering her age and condition do not believe and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 23 day of January, 1904.

A. L. Burton Ordinary, Cherokee County.

J. M. Bates M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee County.

I, A. L. Burton, Ordinary in and for said county, hereby certify that the applicant, Mrs. William M. Beauford, resides in said county, and has been a bona fide resident of this State since 1864 day of July, and that the witnesses, Mr. John M. Bates & John S. Lecher William W. Case & W. H. Lecher are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed.

I further certify that the tax digest of Cherokee county shows that applicant returned for taxation in her own name in 1899 no return dollars worth of property, and in 1900 no return dollars worth of property.

Witness my hand and official seal, this 23 day of January, 1904.

A. L. Burton Ordinary, Cherokee County.

Notes—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will 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 furnished.

3. All affidavits must be made before Ordinary.

4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 20th April, 1865, not entitled.

5. Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, W. M. Beauford, hereby authorize Mrs. A. L. Wright of Atlanta Ga. to receive and receipt for the pension paid hereon, and request that he remit same to A. L. Burton at Cherokee.

In Witness Whereof, I have hereunto set my hand and seal, this 5 day of January, 1903.

W. M. Beauford [L. S.]

Executed in the presence of A. L. Burton

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, W. M. Beauford, hereby authorize Mrs. A. L. Wright of Atlanta Ga. to receive and receipt for the pension paid hereon, and request that he remit same to A. L. Burton at Cherokee.

In Witness Whereof, I have hereunto set my hand and seal, this 5 day of January, 1904.

W. M. Beauford [L. S.]

Executed in presence of A. L. Burton

1903.

INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1903.

PAID TO

Mrs. W. M. Beauford

OF

Cherokee County,

Widow of W. M. Beauford

Co. 24, 42nd

Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

2/16

1903

PAID TO

W. M. Beauford

OF

Cherokee County,

Widow of W. M. Beauford

Co. 24, 42nd

Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

2/18

1904

PAID TO

W. M. Beauford

OF

Cherokee County,

Widow of W. M. Beauford

Co. 24, 42nd

Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

2/18

1904

PAID TO

W. M. Beauford

OF

Cherokee County,

Bufford, A. M. (m)
TO THOSE HERETOFORE PAID
1903.
No. 1156.
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1903.
PAID TO
Mrs. M. B. Bufford
OF
Cherokee County.
Widow of Mr. M. Bufford
Co. 2d, 43d
Regiment
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
2/16
1903
J. H. HANCOCK
OFFICE OF THE COMMISSIONER OF PENSIONS, ATLANTA, GA.

Bufford, A. M. (m)
TO THOSE HERETOFORE PAID.
1904.
No. 1278.
INDIGENT
WIDOW'S PENSION
FOR YEAR ENDING DECEMBER 31, 1904.
PAID TO
Mrs. M. B. Bufford
OF
Cherokee County.
Widow of Mr. M. Bufford
Co. 2d, 43d
Regiment
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
FEB 18
AS HANDED TO
Ch. H.
OFFICE OF THE COMMISSIONER OF PENSIONS, ATLANTA, GA.

Form No. 1.
FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of Cherokee } M. B. Bufford
who, being sworn, says on oath, that she is a bona fide resident of said County of
Cherokee State of Georgia, and that she has RESIDED in said State
continuously ever since 1882 That she is the Widow of
Mrs. M. Bufford who was a soldier in Company
of the 43d Regiment of Ga.
Volunteers, that he enlisted in said regiment on or about the month of March
1862, and served in the Army up to November 1865. That he died
on the 15th day of April 1861

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1852

I have been allowed an Indigent pension as a resident of this claimant's residence, 1146
County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the
year ending December 31, 1903.

Sworn to and subscribed before me,
this 5th day of July 1903. J. H. HANCOCK
Ordinary. Post Office

State of Georgia, }
Cherokee County. } I, J. H. HANCOCK,
Ordinary of said County, certify that I am well
acquainted with Mrs. M. B. Bufford, who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 1852

Given under my official signature and seal, this the 5th day of July 1903.



J. H. HANCOCK
Ordinary of Cherokee County.

NOTE.—All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1903.

Form No. 2.
FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of Cherokee } M. B. Bufford
who, being sworn, says on oath that she is a bona fide resident of said County of
Cherokee State of Georgia, and that she has RESIDED in said State
continuously ever since 1830 That she is the Widow of
Mrs. M. Bufford who was a soldier in Company
of the 43d Regiment of Ga.
Volunteers, that he enlisted in said regiment on or about the month of March
1862, and served in the Army up to November 1865. That he died
on the 15th day of April 1861

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1852

I have been allowed an Indigent pension as a resident of Cherokee
County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the
year ending December 31, 1904.

Sworn to and subscribed before me,
this 8th day of July 1904. J. H. HANCOCK
Ordinary. Post Office

State of Georgia, }
Cherokee County. } I, J. H. HANCOCK,
Ordinary of said County, certify that I am well
acquainted with Mrs. M. B. Bufford, who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 1830

Given under my official signature and seal, this the 8th day of July 1904.



J. H. HANCOCK
Ordinary of Cherokee County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852.

I have been allowed an Indigent pension as a resident of Cherokee County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this 5th day of July 1903. A. M. Beauford Ordinary. Post Office Cherokee.

State of Georgia, Cherokee County. I, A. M. Beauford, Ordinary of said County, certify that I am well acquainted with Mrs. A. M. Beauford, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1852 day of 1852.

Given under my official signature and seal, this 5th day of July 1903.



Ordinary of Cherokee County.

NOTE.—All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1903.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852.

I have been allowed an Indigent pension as a resident of Cherokee County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 8th day of July 1904. A. M. Beauford Ordinary. Post Office Cherokee.

State of Georgia, Cherokee County. I, A. M. Beauford, Ordinary of said County, certify that I am well acquainted with Mrs. A. M. Beauford, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1852 day of 1852.

Given under my official signature and seal, this 8th day of July 1904.



Ordinary of Cherokee County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. I, A. M. Beauford, hereby authorize M. J. Webb of Cherokee County to receive and receipt for the pension paid hereon, and request that he remit same to at.

In Witness Whereof, I have hereunto set my hand and seal, this 18 day of June 1905. A. M. Beauford [L. S.]

Executed in presence of J. A. Beauford

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. I, A. M. Beauford, hereby authorize M. J. Webb of Cherokee County to receive and receipt for the pension paid hereon, and request that he remit same to at.

In Witness Whereof, I have hereunto set my hand and seal, this 13th day of January 1906. A. M. Beauford [L. S.]

Executed in presence of J. M. Webb

To Those Hereofore Paid.

1905.

No. 10778

INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1905.

PAID TO

Mrs. A. M. Beauford

OF

Cherokee County,

Widow of A. M. Beauford

Co. A, 4th Regt. M.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO

1905.

17.45

THE PENSIONER'S AND PENSIONER'S, ATLANTA, GA.

To Those Hereofore Paid.

1906.

No. 827.

INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1906.

PAID TO

Mrs. A. M. Beauford

OF

Cherokee County,

Widow of A. M. Beauford

Co. A, 4th Regt. M.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO

1906.

17.45

THE PENSIONER'S AND PENSIONER'S, ATLANTA, GA.

To Those Heretofore Paid.

1905.

No. 10778

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. A. M. Beauford

OF

Cherokee County,

Widow of Mr. M. Beauford

Co. 4, 43rd Regt.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

AND HANDLED TO

1745

1905.

To Those Heretofore Paid

1906.

No. 897.

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1906.

PAID TO

Mrs. A. M. Beauford

OF

Cherokee County,

Widow of Mr. M. Beauford

Co. 4, 45th Regt.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

AND HANDLED TO

FEB 1 4 1906.

THE PENSION COMMISSIONER AND PUBLIC DEBT OFFICE, ATLANTA, GA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Cherokee

PERSONALLY COMES Mrs.
A. M. Beauford

who, being sworn says on oath, that she is a bona fide resident of said County of
Cherokee, State of Georgia, and that she has RESIDED in said State
continuously ever since 1830. That she is the Widow of
Mr. M. Beauford who was a soldier in Company
4 of the 43rd Regt. of Georgia Volunteers, that he enlisted in said regiment on or about the month of
March 1862 and served in the Army up to 1865. That he died on
the 13th day of April 1891.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1852.

I have been allowed an Indigent pension as a resident of Cherokee
County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the
year ending December 31, 1905.

Sworn to and subscribed before me,
this 15 day of Jan 1905.
W. J. Webb, Ordinary.

A. M. Beauford
Post Office.

State of Georgia,
Cherokee County. Ordinary of said County, certify that I am well
acquainted with Mrs. A. M. Beauford, who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 1830.

Given under my official signature and seal, this the 18 day of Jan 1905.

Official Seal
W. J. Webb
Ordinary of Cherokee County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of Cherokee

PERSONALLY COMES Mrs.
Mrs. A. M. Beauford

who, being sworn says on oath, that she is a bona fide resident of said County of
Cherokee, State of Georgia, and that she has RESIDED in said State
continuously ever since 1831. That she is the Widow of
Mr. M. Beauford who was a soldier in Company
4 of the 45th Regt. of Georgia Volunteers, that he enlisted in said regiment on or about the month of
March 1863 and served in the Army up to 1865. That he died on
the 13th day of April 1891.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1853.

I have been allowed an Indigent pension as a resident of Cherokee
County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the
year ending December 31, 1906.

Sworn to and subscribed before me
this 13 day of Jan 1906.
W. J. Webb, Ordinary.

A. M. Beauford
Post Office.

State of Georgia,
Cherokee County. Ordinary of said County, certify that I am well
acquainted with Mrs. A. M. Beauford, who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 1831.

Given under my official signature and seal, this the 13 day of Jan 1906.

Official Seal
W. J. Webb
Ordinary of Cherokee County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1906.

Dependent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852.

I have been allowed an Indigent pension as a resident of Cherokee County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me, this 15 day of June 1905. N. J. Webb Ordinary. A. M. Beauford Post-Office.

State of Georgia, Cherokee County. I, N. J. Webb Ordinary of said County, certify that I am well acquainted with Mrs. A. M. Beauford, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1830.

Given under my official signature and seal, this 18 day of June 1905.

Official Seal. N. J. Webb Ordinary of Cherokee County.

NOTE.—All blanks must be filled. Vouchers and Affidavits must bear date after January 1st, 1905.

Dependent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858.

I have been allowed an Indigent pension as a resident of Cherokee County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me, this 18 day of June 1906. N. J. Webb Ordinary. A. M. Beauford Post-Office.

State of Georgia, Cherokee County. I, N. J. Webb Ordinary of said County, certify that I am well acquainted with Mrs. A. M. Beauford, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1834.

Given under my official signature and seal, this 13 day of June 1906.

Official Seal. N. J. Webb Ordinary of Cherokee County.

NOTE.—All blanks must be filled. Vouchers and Affidavits must bear date after January 1st, 1906.

State of Georgia, Cherokee County. I, N. J. Webb, Ordinary of said County, certify that I am well acquainted with Mrs. A. M. Beauford, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1830.

State of Georgia, Cherokee County. I, N. J. Webb, Ordinary of said County, certify that I am well acquainted with Mrs. A. M. Beauford, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1830.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. I, A. M. Beauford hereby authorize N. J. Webb to receive and receipt for the pension paid hereon, and request that he remit same to

In Witness Whereof, I have hereunto set my hand and seal, this 14 day of June 1907.

Executed in presence of F. M. Blodwell

1907. No. 1749. WIDOW'S PENSION. For Year ending Dec. 31, 1907. PAID TO Mrs. A. M. Beauford OF Cherokee County, Widow of M. M. Beauford Co. N. Regiment 45th. JOHN W. LINDSEY, Commissioner of Pensions. WARRANT ISSUED FEB 13 1907. AND HANDLED TO

STATE OF GEORGIA. BOARD OF PENSIONS. FOR WIDOWS AND ORPHANS.

Alb. brown on top
cherokee brown below

FOR AMONGS RECORDED AND INDEXED

Form No. 1

PERSONALLY COMES MRS.

County of Cherokee

A M Beauford

continuously ever since 1830. That she is the Widow of

14 of the 45th Regiment of Inf

Volunteers, that he enlisted in said regiment on or about the month of _____

186_____, and served in the Army up to _____ 186 J. That he lost his

life on the day of 18 64 (State here

particulars of the husband's death, when, where and from what cause.)

the year 1853

year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me

this 14 day of June 1907.

W. S. Fish

Chewee County.

acquainted with Mrs. A. M. Beards, who made the above affidavit, and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the _____

18 37

Given under my official signature and seal, this the 14 day of June 1907

76-0386

Official Seal
Ordinary of Cherokee County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.

15 of the 74 Regiment of
Volunteers, that he enlisted in said regiment on or about the month of
188, and served in the Army up to 1887. That he lost his
life on the day of 1884. (State here
particulars of the husband's death, when, where and from what cause.)

Age and poverty

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1853.

I have been paid a pension as a resident of *Cherokee* County, for the
year ending December 31, 1906, and now apply for the pension provided by law for the year ending
December 31, 1907.

Sworn to and subscribed before me
this *14* day of *Jan*, 1907.
W. J. Webb, Ordinary.

A. M. Beauford
Post Office.

State of Georgia,
Cherokee County.

I, *W. J. Webb*,
Ordinary of said County, certify that I am well

acquainted with Mrs. *A. M. Beauford*, who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 1837.

Given under my official signature and seal, this the *14* day of *Jan*, 1907.

Official
Seal

W. J. Webb
Ordinary of *Cherokee* County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.

July 27, 1862.
Present, Dec 31, 1862.

Regiment May 19 1862
Cherokee Co
No. *1004*

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County *Cherokee*
Name *May E. Beano*
Widow of *John J. Beano*
Company *2*
Regiment *28th Reg. Inf.*
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Evad Printing Co., State Printers, Atlanta.

10-31-1919

STATE OF GEORGIA.

Ordinary's Certificate

COUNTY }
Cherokee

I, *J. M. Gifford*, Ordinary of said County, do certify

that I know *May E. Beano* the applicant for pension. She

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

and was on the 4th November 1908, that I also know *H. H. Beano*

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

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

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

Sworn under my hand and official seal of office this *30th* day of *Oct* 19*11*.

(SEAL) *J. M. Gifford* Ordinary, *Cherokee* County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You shall give truth to the best of your knowledge and belief, and you shall not give any false answer under oath." 2. Additional affidavits may be attached if such oaths are insufficient. 3. The Ordinary shall not be held responsible for the truth or falsity of the statements made by the applicant or the witness. 4. All affidavits must be made before the Ordinary of the county of the residence of the person to be sworn and certified by him. 5. Attached hereto is a copy of marriage license if obtainable. If not, prove marriage by some other, or by general reputation.

Certificate

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-31-1919

Ordinary of said County, do certify
the applicant for pension. She
bona fide continuing resident citizen of said County
7-7-Edwards
both of them are now residents of said County and
truthful and that they both are truthful, trust-
and credit
a 30th day of Oct 1919
J. M. Safford Ordinary,
of Cherokee County.

Ordinary's Certificate

STATE OF GEORGIA.

Cherokee COUNTY

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

Sworn under my hand and official seal of office this 30th day of Oct 1919
(SEAL) J. M. Safford Ordinary,
Cherokee County

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence
you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1901, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by
such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general
reputation.

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

Questions for Applicant

STATE OF GEORGIA.

Cherokee COUNTY

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

1. What is your name, and where do you reside? Mary E. Beavers
2. How long and since when have you been a continuing resident of the State of Georgia? 79 yrs see my file
3. When, where and to whom were you married? March 22nd 1861, Cherokee County, John I. Beavers
a. Have you married since the death of first and soldier husband? No
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
federate Army or Georgia Militia? (State the arms and class of Service.) Feb. 24th 1862
Co. D, 28th Reg. Inf.
5. When and where did the commands of your husband surrender or discharge from the army? May 12th 1865
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?
8. Where was his command when he left?
a. For what cause did he leave his command?
b. By whose authority did he leave his command?
c. For how long was he granted leave of absence?
d. What was his physical condition when he left his command?
e. What effort did he make to return to his command?
f. In what way was he prevented from going back to Command
g. Was he captured by the enemy at any time?
h. If so, when and where captured and where held as a prisoner, and when and for what cause released?
9. When and where did your first husband die?
k. Were you residing together when he died?
l. If not, how long had you resided apart?
m. Are you now a widow?
10. Have you or your husband heretofore been paid a pension by the State? No

Sworn to and subscribed before me this the 10th day of Sept 1919
J. M. Safford Ordinary
of Cherokee County.
(SEAL)

Widow's Pension

Under Act 1910 - as Amended by Act of 1919.

County Cherokee
Name Mary E. Beavers
Widow of John I. Beavers
Company D
Regiment 28th Reg
Approved _____

J. W. LINDSEY
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-31-1919

Beavers Mary E.

Feb 27, 1960
Pens. Act 31 1919

Beavers & Mays

No. Officers are Co

Widow's Pension

Under Act 1910--as Amended by Act of 1919.

County Cherokee
Name Mary E. Beavers
Widow of John T. Beavers
Company D
Regiment 28th Reg
Approved _____

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

10-31-1919

7. If he was not present state clearly where he was?
8. Where was his command when he left?
a. For what cause did he leave his command?
b. By whose authority did he leave his command?
c. For how long was he granted leave of absence?
d. What was his physical condition when he left his command?
e. What effort did he make to return to his command?
f. In what way was he prevented from going back to Command
g. Was he captured by the enemy at any time?
h. If so, when and where captured and where held as a prisoner, and when and for what cause released?
i. When and where did your first husband die?
k. Were you residing together when he died?
l. If not, how long had you resided apart?
m. Are you now a widow?
9. Have you or your husband heretofore been paid a pension by the State? no
If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the
1st day of Sept 1919. H. H. Edwards
J. M. Safford Ordinary
of Cherokee County.
(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

- STATE OF GEORGIA,
Cherokee COUNTY
Personally before me comes H. H. Edwards 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? H. H. Edwards
Ball Ground Ga
2. How long and since when have you known Mary E. Beavers applicant?
50 years or before the civil war
3. How long and since when has she continuously resided in this State? (Give date.)
ever since I have known her
4. When and to whom was she married? John T. Beavers How do you know?
5. How long and since when did you know John T. Beavers her
husband? 50 years or longer
6. When and where did John T. Beavers
the husband of applicant, die? Cherokee County, Ga
7. Were the applicant and her husband living together as husband and wife at the date of his death?
as far as I know they were
8. If not, how long did they live apart before his death?
Were they divorced?
9. When, where and in what Company and Regiment did John T. Beavers enlist?
Co. D. 28th Ga Reg.
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? more than years
12. When and where did his Command surrender, and was discharged?
at Durham N.C. April 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? no If not
where was he? do not know When, where and for what
cause did he leave Command? (Give date.) _____ By whose
authority did he leave his Command? do not know 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 Com-
mand?
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
1st day of Oct 1919. H. H. Edwards
J. M. Safford Ordinary
of Cherokee County.
(SEAL)

Sworn to and subscribed before me this the
14th day of Dec- 1897
J. M. Safford Ordinary
of Cherokee County.
H. H. Edwards

(SEAL)

Exp. Mch. 4, 63
Captured: Vicksburg, Miss.
July 4, 63 & paroled July 8,
63. Appeared at court on roll
dated Dec. 31, 63, as present
(Ex. M.)

Received of fees
12/10-1919
Disapproved for
the reason that
applicant does
not state any
service of Union
or Unionable account
of Union in or out of
Commission at end of
the war.

J. W. Lindsay
County, Ga.

Disapproved &
12/10-1919
No. 1019

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Shelby
Name Eliza Bell
Widow of John F. Bell
Company B
Regiment 4th
Approved _____

REG. ROSTER OFFICE

J. W. LINDSEY
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-31-1919

STATE OF GEORGIA.

Ordinary's Certificate

I, John M. Lindsey COUNTY Shelby
do hereby certify that I know Eliza Bell the applicant for pension. She

is the person who represents herself to be and who is a bona fide continuing resident citizen of said County and was on the 4th November 1863 and I also know that the witness who swears to the service of said deceased both of them are now residents of said County and were only sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 20th day of Dec 1919.
(SEAL) John M. Lindsey Ordinary, County Shelby

NOTES: 1. Before any questions are answered, the Ordinary shall swear that he is a resident of the County in which he is acting and that he is a bona fide continuing resident citizen of said County. 2. Additional affidavits may be attached if there are any. 3. All affidavits must be made before the Ordinary and the questions of the person to be sworn and certified by him shall be answered by him. 4. All affidavits must be made before the Ordinary and the questions of the person to be sworn and certified by him shall be answered by him. 5. The Ordinary shall keep a record of all affidavits taken by him and of all questions asked him and the answers thereto.

Approved _____

THE CLERK OF THE COURT

J. W. LINDSEY
Commissioner of Pensions

Byrd Printing Co., State Printers, Albany

10-31-1919

Ordinary of said County, do certify the applicant for pension. She is the continuing resident citizen of said County and of them are now residents of said County and have and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

20th day of Oct 1919

J. M. Lindsey Ordinary

County

Sworn to and subscribed before me this 13th day of Oct 1919

J. M. Lindsey Ordinary

of Cherokee County

(SEAL)

Ordinary's Certificate

STATE OF GEORGIA,

COUNTY

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

Sworn under my hand and official seal of office this 20th day of Oct 1919.

(SEAL)

J. M. Lindsey Ordinary
Cherokee County

NOTES: 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."

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

3. Only witnesses who married prior to January 1st, 1908, are entitled.

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

5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

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

Questions for Applicant

STATE OF GEORGIA,

COUNTY

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

1. What is your name, and where do you reside? Eliza Bell
2. How long and since when have you been a continuing resident of the State of Georgia? Since 1878
3. When, where and to whom were you married? 1878, Gordon & Simon, Ga. John H. Bell
4. Have you married since the death of first and soldier husband? No
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) 1862, Martinsville, Va. Co. B. 40th Reg.
6. When and where did the commands of your husband surrender or discharge from the army? 1865, Cherokee, Miss.
7. Was your husband personally present at the time of the surrender or discharge of this command? Yes
8. If he was not present state clearly where he was?
9. Where was his command when he left?
10. a. For what cause did he leave his command?
11. b. By whose authority did he leave his command?
12. c. For how long was he granted leave of absence?
13. d. What was his physical condition when he left his command?
14. e. What effort did he make to return to his command?
15. f. In what way was he prevented from going back to Command?
16. g. Was he captured by the enemy at any time?
17. h. If so, when and where captured and where held as a prisoner, and when and for what cause released?
18. i. When and where did your first husband die? July 18th 1903, Martinsville, Va.
19. k. Were you residing together when he died? Yes
20. l. If not, how long had you resided apart?
21. m. Are you now a widow? Yes
22. 9. Have you or your husband heretofore been paid a pension by the State? No
23. If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the

13th day of Oct 1919

J. M. Lindsey Ordinary

of Cherokee County

(SEAL)

Widow's Pension

Under Act 1910-as Amended by Act of 1919.

County

Name

Widow of

Company

Regiment

Approved

THE CLERK OF THE COURT

J. W. LINDSEY

Commissioner of Pensions

Byrd Printing Co., State Printers, Albany

Disapproval
No. 1
12/10-1919

Ord. No. 442
Capt. W. H. Lindsey, mmo
July 4, 63 & paid only 5
63. Appeal East on rec
dated Dec. 31/63, as per
ext. rec.

Pension officer
12/10-1919
Disapproval for
the reason that
applicant does
not state any
reason of her
husband's
service in war
of 1861-1865
to her knowledge
to her knowledge
to her knowledge

Disapproval
12/10-1919
No. 1

Widow's Pension

Under Act 1910-as Amended by Act of 1919.

County Shelby
Name Wige Bell
Widow of John H. Bell
Company B
Regiment 40
Approved _____

THE CLERK

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

Encl. Feb. 4, 1920
Capt. W. H. Bell, mem.
July 4, 1919, and July 6,
1919. Appraisement on roll
of 31/63, as per
encl. re.

Pension officer
12/10-1919
Disapproval for
the reason that
applicant does
not state any
information of
her husband's
service in
the war.
J. W. Lindsey
Com. P.

6. Was your husband personally present at the time of the surrender or discharge of this command?
7. If he was not present state clearly where he was?
8. Where was his command when he left?
 - 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?
 - d. What was his physical condition when he left his command?
 - e. What effort did he make to return to his command?
 - f. In what way was he prevented from going back to Command?
 - g. Was he captured by the enemy at any time?
 - h. If so, when and where captured and where held as a prisoner, and when and for what cause released?
9. When and where did your first husband die?
10. Were you residing together when he died?
11. If not, how long had you resided apart?
12. Are you now a widow?
13. Have you or your husband heretofore been paid a pension by the State?
14. If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the

13th day of Aug, 1919.
J. W. Lindsey Ordinary
of Shelby County.

(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA

Bartow COUNTY

Personally before me comes J. M. Culver 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? J. M. Culver, White, Bartow, Fla.
2. How long and since when have you known Mr. John Bell applicant? I do not know him
3. How long and since when has she continuously resided in this State? (Give date.) I do not know
4. When and to whom was she married? John Bell How do you know? I know him
5. How long and since when did you know John Bell her husband? Since 1862
6. When and where did John Bell the husband of applicant, die? I do not know
7. Were the applicant and her husband living together as husband and wife at the date of his death? I think so
8. If not, how long did they live apart before his death? no
9. Were they divorced? no
10. When, where and in what Company and Regiment did John Bell enlist? March 1862 Big Sandy Ga Co B 4th Ga Reg
11. Were you a member of the same Company? yes
12. How long within your personal knowledge did he perform actual military service with his Company and Regiment? Since Nov-1864
13. When and where did his Command surrender, and was discharged? April 26 1865, Anderson, N.C.
14. Were you personally present when it was surrendered? no If not, where were you and how came you there? was at home in Ind. and family
15. Was the husband of applicant personally present at surrender? I don't know If not, when, where and for what cause did he leave Command? (Give date.) I am sure that he was By whose authority did he leave his Command? I don't know And how long was he granted leave? I don't know How do you know all this?

Sworn to and subscribed before me this the

13th day of Oct, 1919.
J. W. Lindsey Ordinary
of Bartow County.

(SEAL)

Sworn to and subscribed before me this the 14 day of Oct 1914 at Georgetown Ordinary
of Boston County. } *Wm. M. Jones*
(SEAL)

Sworn to and subscribed before me this the
26th day of June, 1923. _____
Fred Mackey Ordinary
of There are _____ County.
(SEAL)

Widow's Pension

Under Act 1910--as Amended by Act of 1918

No.

County

Name

Widow of

Company

Regiment

Approved

Commissioner of Pensions

J. W. LINDSEY,
Commissioner of Pensions.

Printed at the State Printing Office, Atlanta, Georgia.

9. Was your husband personally present at the time of the surrender or discharge of this command?
10. If he was not present state clearly where he was?
11. Where was his command when he left?
12. For what cause did he leave his command?
13. By whose authority did he leave his command?
14. For how long was he granted leave of absence?
15. What was his physical condition when he left his command?
16. What effort did he make to return to his command?
17. In what way was he prevented from going back to his command?
18. Was he captured by the enemy at any time? **I think not.**
19. If so, when and where captured and where held as a prisoner, and when and for what cause released?
20. When and where did your first husband die? **Canton, Georgia, July 13th, 1904.**
21. Were you residing together when he died? **Yes.**
22. If not, how long had you resided apart? **Yes.**
23. Are you now a widow? **Yes.**
24. Have you or your husband heretofore been paid a pension by the State? **No.**
25. If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the
25th day of June, 1923.

Jacob Mursey
Ordinary
of Cherokee County
(SEAL)

Mrs. Eliza Bell

State of Georgia, County of Cherokee,
Ordinary's Office, Canton, Aug 24, 1923.

Hon. C. F. McGregor,
Commissioner of Pensions,
Atlanta, Georgia.

My dear Sir:-

Referring to the application for pension, filed by Mrs. Eliza Bell, widow of John H. Bell, Mrs. Bell's original application, as I am informed and according to my best recollection, was rejected on the ground that she did not furnish definite proof to establish the fact that her husband was in the service up to and at the close of the war in 1865. When the Papers were returned to this Office, the grounds upon which the application was rejected noted thereon, Mrs. Bell, that is my recollection and I am quite sure I am correct regarding that point--immediately furnished the additional proof required, and I then returned the Papers by registered mail, to your Office. These last papers containing the further proof called for, were never acted upon so far as I know, and they were never returned to this Office, and I do not know, of course, what became of them. And in this connection your attention is called to the fact, and you will please note, that the witnesses have all "passed away", and it is impossible to get new affidavits. For your further information I wish to say: The soldier, Mr. Bell, was a resident of Canton for a number of years, married here and remained here until his death, and he was well and favorably known by our citizens generally. And there is every reason to believe that his widow is justly entitled to a pension, and she is in needy circumstances, and it is hoped you can see your way clear to approve her application.

Very Truly Yours,

Jacob Mursey
Ordinary

John H. Bell,
Cherokee Co.

STATE OF GEORGIA,
Pension Office,
12/20/1919

DISAPPROVED, for the reason that applicant does not state any term of service of husband or honorable accounting of him in or out of the service to the end of the war.

J. W. Lindsey,
Commissioner of pensions.

Georgia, Bartow County;

I, G. W. Hendricks Ordinary of said county, certify that C. M. Culver, witness for Mrs. Eliza Bell of Cherokee County Ga. applicant for pension, is a man of good character of said county whose statements are worthy of credit. This Oct 22nd, 1919.

G. W. Hendricks, Ordinary, Bartow County Georgia.

JACOB MURSEY, Ordinary
Ex-officio Clerk Court of Ordinary

OFFICE OF
ORDINARY CHEROKEE COUNTY
CANTON, GEORGIA Oct. 13th 1920.

Hon. J. W. Lindsey,
Atlanta, Ga.

Dear Judge:- I am submitting some amendments to Mrs. John H. Bell's application for pension.
I am acquainted with Mrs. Bell and know that she is trustworthy.

Respectfully yours,

Jacob Mursey

Mrs. Bell's original application, as I am informed and according to my best recollection, was rejected on the ground that she did not furnish definite proof to establish the fact that her husband was in the service up to and at the close of the war in 1865. When the Papers were returned to this Office, the grounds upon which the application was rejected noted thereon, Mrs. Bell—that is my recollection and I am quite sure I am correct regarding that point—immediately furnished the additional proof required, and I then returned the Papers by registered mail, to your Office. These last papers containing the further proof called for, were never acted upon so far as I know, and they were never returned to this Office, and I do not know, of course, what became of them. And in this connection your attention is called to the fact, and you will please note, that the witnesses have all "passed away", and it is impossible to get new affidavits. For your further information I wish to say: The soldier, Mr. Bell, was a resident of Canton for a number of years, married here and remained here until his death, and he was well and favorably known by our citizens generally. And there is every reason to believe that his widow is justly entitled to a pension, and she is in needy circumstances, and it is hoped you can see your way clear to approve her application.

Very Truly Yours,

Jacob Mursey

Georgia, Bartow County;

I, G.W. Hendricks Ordinary of said county, certify that C.M. Culver, witness for Mrs. Eliza Bell of Cherokee County Ga. applicant for pension, is a man of good character of said county whose statements are worthy of credit. This Oct 23rd. 1919.

G.W. Hendricks, Ordinary, Bartow County Georgia.

JACOB MURSEY, Ordinary
Ex-officio Clerk Court of Ordinary

OFFICE OF
ORDINARY CHEROKEE COUNTY
CANTON, GEORGIA

Hon. J.W. Lindsey,
Atlanta, Ga.

Dear Judge:—I am submitting some amendments to Mrs. Jno. H. Bell's application for pension.

I am acquainted with Mrs. Bell and know that she is trustworthy.

Respectfully yours,

Jacob Mursey

Georgia, Fulton County.

Personally appeared Mrs. M. A. Lackey who on oath before me says that she was acquainted with John H. Bell in his life time. That said John H. Bell was the brother of deponent. Deponent knows personally that said John H. Bell enlisted in the Confederate Army in the Spring of 1862 and served as a Confederate soldier during the balance of the war. It is deponent's information that said Bell served in Co. B of the 40th Georgia Regiment. Deponent saw said John H. Bell several times wearing the uniform of a Confederate soldier.

Mrs. M. A. Lackey

Signed, sworn to and subscribed before me this the 22 day of July, 1920.

Chas. C. Harrison
E. C. Harrison

Cartersville, Ga June 19th, 1920.

Mr. J.B. Daniel,
Canton, Ga.

Dear Sir:—

In reply to your letter: Mr. John H. Bell enlisted on the 4th day of March, 1862, at Cass station, Georgia—enlisted in 40th Georgia Regiment, Company "B", Captain J.N. Hobbs. I was with him in the war three years and there never was a better soldier than he was. If you want any more proof, there are four living here that was in the same company, Lieutenant George W. Battenfield, W. B. Ford and Teney Culver. If there is anything else I can do, let me hear from you.

Yours, Respectfully,
(signed) James H. Harrison.

Georgia, Cherokee County.

This is to certify that I have examined the original letter, and that the above is a true and correct copy of it.
This the 20th day of June, 1923.

Lee O. Burt
Chas. C. Harrison

Note.

Above letter is addressed to J.B. Daniel. He is a brother of Mrs. Bell. "Teney" may be a nickname for M. Culver. His initials are said to be, "G. M."—G. M. Culver.

John H. Bell in his life time. That said John H. Bell was the brother of deponent. Deponent knows personally that said John H. Bell enlisted in the Confederate Army in the Spring of 1862 and served as a Confederate soldier during the balance of the war. It is deponent's information that said Bell served in Co. B of the 40th Georgia Regiment. Deponent saw said John H. Bell several times wearing the uniform of a Confederate soldier.

W. A. Lackey

Signed, sworn to and subscribed before me this the 22 day of July, 1920.

James H. Harrison
Notary Public

the same company. Lieutenant George W. Battlefield, W. D. Ford and Teney Gulver. If there is anything else I can do, let me hear from you.

Yours, Respectfully,
(Signed) James H. Harrison.

Georgia, Bartow County.

This is to certify that I have examined the original letter, and that the above is a true and correct copy of it.

This the 20th day of June, 1923.

Lee C. Burt
Notary Public
Christie C. Burt

Note.

Above letter is addressed to J. B. Daniel. He is a brother of Mrs. Bell. "Teney" may be a nickname for W. Gulver.

His initials are said to be, "W. M." — W. M. Gulver.

Georgia
Bartow County
I personally came before
James H. Harrison of said
County, and in oath says
that he was a soldier in Co. B 40th
Ga. Regt. Confederate Army; that John
H. Bell, was also a soldier in said
Company and Regt. that he enlisted March
4, 1862. and served up to and was in
the Vicksburg Siege in December 1863.
that after the fall of Bell was at the
Sumner July 4th 1865. that officer
does not now remember seeing Mr. Bell
in the army after the Vicksburg Siege
in 1863.

I certify to the above of one *W. A. Lackey*
and that Mr. Lackey is a reliable and
honorable and truthful
Georgia, Bartow County
Notary Public

Court of Ordinary
BARTOW COUNTY
G. W. HENDRICKS, Ordinary



Cartersville, Ga. October 18th 1923

Mr. Frank P. Burt
Bartow, Ga.

Dear Sir: Replying to yours of recent date will say,
Company "B" 40th Ga. Regiment Confederate army.
Surrendered along with the general capitulation at
Vicksburg Mississippi July 4th 1863. Paroled till
September 1863, when they were exchanged and called
back into the army again, and ordered to report at
Dalton Ga. or near there, when they arrived in the
general surrender April 26th 1865 at Greensboro N.C.
J. H. Harrison was in River Island Prison at the close of
the war, he having been captured late in the year 1864. He and
others who went up to Ripston and was paroled there
May 13th 1865. He died. He died April 16th 1910.
Any man or woman who knows personally of the service
of a Confederate soldier in the army or the manner of his
capture, as a competent witness to prove the same.
Very truly
G. W. Hendricks, Ordinary

examined July 24 1868, and I certify
does not now remember seeing Mr. Bell
in the Army after the Vicksburg surrender
in 1863.
I swear to and subscribe
before me this 24th day of July 1868
at Dalton, Ga.

I certify to the above Affidavit
and that Mr. Belcher is a man of
honorable and upright character.
Guthrie, Clerk of Court
Barren County, Tenn.

September 1863, when they were exchanged and called
back into the Army again, and ordered to report at
Dalton Ga. or near there, when they arrived in the
General Surrender April 26th 1865 at Greensboro N.C.
J. N. Harrison was in River Island Prison at the close of
the war, he having been captured late in the year 1864. He and
others who went up to Kingston and were paroled there
May 13th 1865. He died. He died April 16th 1910.
Any man or woman who knows personally of the service
of a Confederate soldier in the Army or the manager of his
widow, is a competent witness to prove the same.
J. W. Harrison
Guthrie, Clerk of Court

Georgia Barren County.
Personally Came before C. M. Bel-
cher of said County, and on oath says
that John H. Bell, now deceased,
and himself were each a private
soldier in Co. "B" 40th Ga. Regt.
Each enlisted March 8th 1862, and
served together in said Co. "B" until
the 4th day of July 1863, when they
were surrendered at Vicksburg Miss.
that John H. Bell was then so that
surrendered July 4th 1863. Affiant does
not remember seeing or being with the
said John H. Bell, in the Army after
the surrender of above. He may
have served later on in the Army,
if so. I can not remember seeing with
him after July 4th 1863. I do not
know if he served after
July 4th 1863 or not, excepting for
at my personal knowledge. I swear me
now.

I swear to and subscribe
before me this 24th day of July 1868
at Dalton, Ga.

I certify that Cor. Belcher is a man of
good character and worthy of belief.
Guthrie, Clerk of Court
Barren County, Tenn.

Erin C. Carr

Regards to Mr. Askew.)
F.P.B.)

Hon. Frank P. Burtz,
Canton, Georgia.

My dear Mr. Burtz:

In reply to your inquiry, I am glad to give you the information as to the pension application of Mrs. Eliza Bell.

Mrs. Bell's application was disapproved in 1919, "for the reason that applicant does not state any service of husband or honorable accounting of him in or out of service to the end of the War." In other words, she did not state fully and precisely the date of his enlistment, the date of his discharge and give the facts as to why he did not continue to perform service until the end of the War.

The official record of her husband's service is that he enlisted March 4, 1862, in Co. B, 40th Georgia Regiment; captured at Vicksburg, Miss., July 4th, 1863, and paroled, July 8th, 1863; appears last on a roll dated December 1st, 1863. Several affidavits have been filed here proving the service as given, but the record itself is insufficient as to that service.

Mrs. Bell does not account for her husband nor do any of the witnesses account for him after 1863. From January 1st, 1864 to April 26th, 1865, there is no statement or proof that is sufficiently definite to cover the requirements. There is a certified copy of a letter from Mr. James M. Harrison in the file which accounts for him for three years after his enlistment, but the letter is not sworn to, and, furthermore, the words "three years" are given and not the dates by which the time may be determined. There is an affidavit from Mrs. M. A. Lackey, the sister of the soldier, which attempts to account for him until the end of the War, but again no dates are given nor is the command stated.

If Mr. Bell did complete his service to the end of the War, April 26th, 1865, he must have re-enlisted in some other command, and the same must be ascertained and he must be shown to have served in it.

If Mr. Bell was ever awarded the Cross of Honor by the Daughters of the Confederacy, his application might be helpful, as his entire service must have appeared in it.

in passing upon this claim, even if such person were a youth at that time. Such testimony might be given by either male or female.

I trust you will find it possible to perfect the missing link in this case.

With kindest regards,

Yours very truly,

COMMISSIONER OF PENSIONS.

Copy to

Ordinary, Cherokee County.

Frank P. Burtz

Real Estate

Timber and Mineral Lands

CANTON, GEORGIA

Sept 24th, 1923.

Hon. C. W. McGregor,
Pension Commissioner,
Atlanta, Georgia.

My dear Sir:-

Referring to Mrs. Eliza Bells (widow of John H. Bell) application for pension:-

When in Atlanta just before the Legislature adjourned I handed to Mr. Askew—you were very busy—a batch of papers in the above stated case. Mr. Askew was too busy at the time to look over the papers—quite a number of old veterans kept coming in.

I am coming down in the next day or two and will call at the office—in the meantime, if convenient, and you can do so, I would be glad for you to examine the papers carefully and report thereon. I trust you may find that no further evidence is needed in Mrs. Bell's case. I knew Mr. Bell quite well and I am satisfied he made a good soldier and his widow is worthy and in very needy circumstances.

With kind regards, I am,
Sincerely Yours,

Regards to Mr. Askew.)
F.P.B.

Frank P. Burtz

POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY, }

I, _____ hereby authorize

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

at _____ day of _____ 190__

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

Executed in presence of _____ [Seal]

Wm. W. Harrison, Jr.
Cherokee County

ACT DEC 16, 1901.

No. *OK for 1908*

WIDOW'S PENSION,

1907

Mrs. *Arville P. Benson*

County of *Cherokee*

Widow of *Newton H. Benson*

Warrant issued _____ 190__

and handed to _____

J. W. LINDSEY,
Commissioner of Pensions

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

9/30/07

Widow of Newton H. Benson
Warrant issued _____ 190____
and handed to _____

J. W. LINDSEY,
Commissioner of Pensions

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

9/30/07

ATTORNEY.

_____ hereby authorize
_____ of _____
at his residence to _____
by _____
_____ 190____
(Seal)

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____

(Seal)

Executed in presence of _____

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Personally came Mrs. Arvilla P. Benson

COUNTY OF Cherokee }

_____ who says on oath she is the

widow of Newton H. Benson

to whom, in the County of

Cherokee

State of Georgia

, she was married on the

16th day of Nov.

1863

, that she remained his wife up to the 29th

day of October

1906

, at which time he died, and that she has not since married.

At the time of his death he was a resident of Tulsa County, in said State of

Georgia, and was on the Indigent pension roll of the State of Georgia, having been allowed

a pension of \$ 60.00 per annum on account of being a soldier in Company B, Phillips Legion

Cavalry, Georgia Volunteers or State Troop

What affliction have you and how does it affect you? Have chronic indigestion

and female trouble together with a frail

constitution.

What have you been doing to earn a support since 1st January, 1900? Have been an invalid

for more than twenty years. Unable to do work of any kind.

What property or effects had you on 1st January, 1900? Owed a small house and lot in

Woodstock Ga. of the value of about \$350.00

What have you acquired since, and what income have you now? Have acquired nothing since.

and have no income from any source.

What disposition have you made of any property since 1st January, 1900, and at what price and for what

purpose? Said house & lot above referred to, to pay some debts for

living expenses & doctor bills, and to pay something for my care

support & maintenance. The fund has long since been exhausted.

Deponent further says that she is now a resident of Cherokee County, and has contin-

uously resided in the State of Georgia since the 23 day of Sept. 1884

She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.

Sworn to and subscribed before me, this 10th day of Sept. 1907

Mrs. Arvilla P. Benson W. J. Webb

Ordinary of Cherokee County.

Note.—All blank spaces must be filled before signing.

WIDOW'S PENSION,

No. _____

1907

Mrs. Arvilla P. Benson

County of Cherokee

Widow of Newton H. Benson

Warrant issued _____ 190____

and handed to _____

J. W. LINDSEY,
Commissioner of Pensions

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

9/30/07

ACT DEC. 18, 1901.

County Arvilla P.
Cherokee County

Witness my hand and seal, this _____ day of _____, 190_____
[SEAL]

Executed in presence of _____

ACT DEC. 16, 1901.

No. _____

WIDOW'S PENSION,

1907

Mrs. Arrilla P. Benson

County of Cherokee

Widow of Newton H. Benson

Warrant issued _____ 190_____
and handed to _____

J. W. LINDSEY,
Commissioner of Pensions

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

9/20/07

State of Georgia, she was married on the 16th day of Nov. 1883, that she remained his wife up to the 29th day of October 1906, at which time he died, and that she has not since married.
At the time of his death he was a resident of Tifton County, in said State of Georgia, and was on the Invalid pension roll of the State of Georgia, having been allowed a pension of \$ 6.00 per annum on account of being a soldier in Company B. Phillips Legion Cavalry, Georgia Volunteers or State Troop.
What affliction have you and how does it affect you? Have chronic indigestion and female trouble together with a frail constitution
What have you been doing to earn a support since 1st January, 1900? Have been an invalid for more than twenty years - unable to do work of any kind
What property or effects had you on 1st January, 1900? Owned a small house and lot in Woodstock Ga. of the value of about \$350.00
What have you acquired since, and what income have you now? Have acquired nothing since and have no income from any source
What disposition have you made of any property since 1st January, 1900, and at what price and for what purpose? Sold house and lot above referred to, to pay some debts for living expenses of doctor bills and to pay something for my care and support of maintenance. The fund has long since been expended.
Depositor further says that she is now a resident of Cherokee County, and has continuously resided in the State of Georgia since the 22 day of Sept. 1884.
She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.
Sworn to and subscribed before me, this 18th day of Sept. 1907.
Mrs. Arrilla P. Benson W. J. Webb
Ordinary of Cherokee County,

Note - All blank spaces must be filled before signing.

Benson, Arrilla P.
Cherokee County

ACT DEC. 16, 1901.

No. _____

WIDOW'S PENSION,

1907

Mrs. Arrilla P. Benson

County of Cherokee

Widow of Newton H. Benson

Warrant issued _____ 190_____
and handed to _____

J. W. LINDSEY,
Commissioner of Pensions

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

9/20/07

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }
I, _____, hereby authorize _____ to receive and receipt for the pension allowed and request that he remit same to _____

Witness my hand and seal, this _____ day of _____, 190_____. [SEAL]

Executed in presence of _____

ATTORNEY.

Widow of Newton H. Benson
Warrant issued _____ 190_____
and handed to _____

J. W. LINDSEY,
Commissioner of Pensions.

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

9/30/07

of _____
the result came to _____
by _____
190_____
[Seal]

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, } Personally came M. S. Padon
COUNTY OF Cherokee } George F. Fowler and
M. Passy Dobbs known to me to be reputable and truthful persons, who say
on oath that from his own personal knowledge Mrs. Avarilla P. Benson
who made the foregoing affidavit, is the widow of Newton H. Benson
who died in Sulton County and State of Georgia on the
24th day of Oct. 1906, and that she has not since married; that she became his
wife on the 16th day of Nov. 1883, and so remained up to the time of his death,
and that she has resided in this State continuously since the 23rd day of Sept. 1886.
With what affliction does she suffer? Has been very much disabled for 25 or
25 years, the exact nature of trouble without known
What property or income had she on 1st January, 1900? Possessed a small house
and lot in town of Woodstock
What has she in her possession and control now? Nothing that we know
of.
How was she supported in 1900 and 1901? Living with son-in-law

I have no personal interest in the pension asked for { M. S. Padon
Geo. F. Fowler
M. P. Dobbs
Sworn to and subscribed before me, this 10 day of Sept. 1907
M. J. Webb
Ordinary Cherokee County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me
COUNTY OF Cherokee } Jos. R. Boring
and W. H. Perkins both of whom are known to me to be reputable
physicians, who say on oath that they personally know Avarilla P. Benson
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her
earning a support) a very frail constitution having been
an invalid for 25 years, 15 of which she was
bedridden, she is a great sufferer from chronic
indigestion, and has some female trouble, the
exact nature of which I do not know, but rendering her unable
to earn a support.
Sworn to and subscribed before me, this 10 day of Sept. 1907
M. J. Webb
Ordinary of Cherokee County.

CERTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE.

STATE OF GEORGIA, } I, M. J. Webb Ordinary,
COUNTY OF Cherokee } in and for said County of _____
State of Georgia, hereby certify that I am acquainted with Mrs. Avarilla P. Benson
the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to
me by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia con-
tinuously since the _____ day of _____ 1884, and has not lived out
of the State since that date. I also certify that the witnesses, to-wit: M. S. Padon
Geo. F. Fowler and M. P. Dobbs
whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith
and credit as such, and that the full text of the affidavit was read to and understood by them before same was
signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the
witnesses to read or hear read the proofs they sign.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 10"
day of Sept. 1907
M. J. Webb Ordinary.

NOTES.

The Pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The
marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried since the
death of such husband. Issue of marriage is essential and must be submitted.
Proof by one witness and two physicians will be accepted when it is shown that the same cannot be furnished,
but in all cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case
covering the above points.
Affidavits must be made in presence of the Ordinary.

day of Nov., 1834, and that she has not since married; that she became the
wife of the 16th day of Nov., 1833, and so remained up to the time of his death,
and that she has resided in this State continuously since the 23rd day of Sept., 1834.
With what affliction does she suffer? Has been very invalid for 20 or
25 years, the exact nature of trouble not known.
What property or income had she on 1st January, 1900? Possessed a small house
and lot in town of Woodstock
What has she in her possession and control now? Nothing that we know
of.
How was she supported in 1900 and 1901? Lived with son-in-law

I have no personal interest in the pension asked for

Sworn to and subscribed before me, this 10th day of Sept., 1907.

Ordinary Cherokee County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,

Personally came before me

COUNTY OF Cherokee
and W. H. Perkins

Jas. R. Boring

physicians, who say on oath that they personally know Marilla P. Benson

mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her
earning a support) A very fine constitution having been
in invalid for 25 years, 13 of which she was
bedridden, she is just suffering from chronic
indigestion. It has been found that the
exact nature of the trouble is not known, but making her unable
to earn a support.

Sworn to and subscribed before me, this 10th day of Sept., 1907.

Ordinary of Cherokee County.

of the State since that date. I also certify that the witnesses, to-wit: M. S. Paolen
Geo. J. Fowler and W. P. Lobb
whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith
and credit as such, and that the full text of the affidavit was read to and understood by them before same was
signed. I am fully satisfied that this claim is made in good faith, and I have caused the applicant and the
witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 10th
day of Sept., 1907.
W. J. Webb
Ordinary.

NOTES.

The Pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The
marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried since the
death of such husband. Date of marriage is essential and must be submitted.
Proofs by one witness and two physicians will be accepted when it is shown that the same cannot be furnished,
but in all cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case
covering the above points.
Affidavits must be made in presence of the Ordinary.

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

STATE OF GEORGIA, County of Cherokee Ordinary in and for said County of Cherokee hereby certify that I am acquainted with Mrs. Frankie Benson the applicant for a pension in this case, and know from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Frankie Benson deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, 15th day of February, 1893.

W. H. H. Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. Know ALL MEN BY THESE PRESENTS, That I, Frankie Benson of Cherokee County, in said State, do hereby appoint W. H. H. my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this 15th day of February, 1893.

Executed in the presence of us: W. H. H. [1-5]

DIRECTIONS.

Said amount by W. H. H. to be paid to me at Cherokee and oblige me at Cherokee.

Benson, Frankie
Cherokee County
FOR THOSE HERETOFORE PAID

1893.
For Cash Co 1891
No. 736

Widows' Pension,
for year ending February 15th, 1893.

— PAID TO —
Ms. Frankie Benson

— OF —
Cherokee COUNTY.

Warrant Issued
18 1893

AND HANDED TO
W. H. H.

Geo. W. Harris & Co., State Printer, Atlanta.

Certificate of Ordinary of the

STATE OF GEORGIA, County of Cherokee

State of Georgia

I, John H. H. H. Ordinary in and for said County of Cherokee State of Georgia, hereby certify that I am acquainted with Mrs. W. N. H. H. the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of W. N. H. H. deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1891.

POWER OF

STATE OF GEORGIA, County of Cherokee

KNOW ALL MEN BY THESE PRESENTS, That

County, in said State, do hereby appoint John H. H. H. my true and lawful attorney in fact, for me and in my name, to receive and receipt for from the State of Georgia as a widow of a Confederate Soldier, hereby authorizing my said Attorney to execute and receive any sum of money which may be coming to me for the reason aforesaid.

Executed in the presence of us:

DIRE

Sent amount by John H. H. H. to me at Cherokee day of January 1891.

Warrant Issued

1/8

1893

AND HANDED TO

W. N. H. H.

Geo. W. Harris, State Printer, Atlanta.

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

Form No. 2.

STATE OF GEORGIA, County of Cherokee

I, John H. H. H. Ordinary in and for said County of Cherokee State of Georgia, hereby certify that I am acquainted with Mrs. W. N. H. H. the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of W. N. H. H. deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1891.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, 32 day of January 1891.

Ordinary

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cherokee

KNOW ALL MEN BY THESE PRESENTS, That I, John H. H. H. of Cherokee County, in said State, do hereby appoint John H. H. H. my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 32 day of January 1891.

[S]

Executed in the presence of us:

DIRECTIONS.

Sent amount by John H. H. H. to me at Cherokee day of January 1891.

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

Form No. 2.

STATE OF GEORGIA, County of Cherokee

I, John H. H. H. Ordinary in and for said County of Cherokee State of Georgia, hereby certify that I am acquainted with Mrs. W. N. H. H. the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of W. N. H. H. deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1891.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 32 day of January 1891.

Ordinary

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cherokee

KNOW ALL MEN BY THESE PRESENTS, That I, John H. H. H. of Cherokee County, in said State, do hereby appoint John H. H. H. my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 32 day of January 1891.

[S]

Executed in the presence of us:

DIRECTIONS.

Sent amount by John H. H. H. to me at Cherokee day of January 1891.

Warrant Issued

AND HANDED TO

1893

Widows' Pension, for year ending February 15th, 1893.

PAID TO —

1893.

FOR THOSE HERETOFORE PAID

WIDOWS' PENSION,

for year ending February 15th, 1894.

PAID TO —

1894.

FOR THOSE HERETOFORE PAID

me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Executed in the presence of us:

DIRECTIONS.

Send amount by _____ to
me at _____ and oblige

[L.S.]

me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 22
day of January 1894.

Executed in the presence of us:

DIRECTIONS.

Send amount by check to D. B. Brown, Esq. to
me at _____ and oblige

[L.S.]

Widow's Pension,
for year ending February 15th, 1893.
PAID TO —
No. 1893.
210. 1/36
F. P. 1893.
Feb 1st 1894
Barnon, Charlie
Churcher & Co.
FOR THOSE HERETOFORE PAID

Widow's Pension,
for year ending February 15th, 1894.
PAID TO —
No. 606
1894.
WARRANT ISSUED
AND HANDLED TO
COUNTY.
Barnon, Charlie
Churcher & Co.
FOR THOSE HERETOFORE PAID

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of _____

Personally comes Mrs.

who being sworn, says on oath, that she is a bona fide resident of said County of

State of Georgia, and that she has resided in said State

continuously ever since 1861. That she is the Widow of

who was a Soldier in Company

of the _____ Regiment of

Volunteers, that he enlisted in said Regiment on or about the month of

1861 and served in the Army up to 1864. That he lost his

life on the _____ day of _____ 1864. (State here

full particulars of the husband's death, when, where and from what cause.)

Deponent swears that she was the wife of said deceased soldier during his service in the army

as a soldier, and that she has never married since his death aforesaid, that she became his wife

in the year 1861; that Georgia is her home and she resided in this State 23d day of December,

1890, and has not lived in any other State or locality since that date. I have been allowed a

pension for the year ending February 15th, 1892, and now apply for the allowance provided by

law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

day of _____ 1893.

Ordinary.

Post-office _____

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of _____

Personally comes Mrs.

P. F. Barnon

who being sworn, says on oath, that she is a bona fide resident of said County of

State of Georgia, and that she has resided in said State

continuously ever since 1812. That she is the Widow of

who was a Soldier in Company

of the 40th Regiment of Georgia

Volunteers, that he enlisted in said Regiment on or about the month of April

1861 and served in the Army up to 1864. That he lost his

life on the _____ day of _____ 1864. (State here

full particulars of the husband's death, when, where and from what cause.)

Said husband was killed on Retreat from Gettysburg

in the month of May, 1864

Deponent swears that she was the wife of said deceased soldier during his service in the

army as a soldier, and that she has never married since his death aforesaid, that she became

his wife in the year 1840; that Georgia is her home and she resided in this State 23d day

of December, 1890, and has not lived in any other State or locality since that date. I have

been allowed a pension for the year ending February 15th, 1893, and now apply for the

allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

day of January 1894.

Ordinary.

Post-office _____

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1861; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

day of January, 1893.

at Cherokee Ordinary.

Post-office Cherokee

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1861; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

day of January, 1894.

at Cherokee Ordinary.

Post-office

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

Form No. 1

STATE OF GEORGIA, County of Cherokee

I, D. C. Benson Ordinary in and for said County of Cherokee, State of Georgia, hereby certify that I am acquainted with Mrs. P. F. Benson the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of William H. Benson deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 15 day of January, 1893.

D. C. Benson Ordinary.

POWER OF ATTORNEY.

Form No. 2

STATE OF GEORGIA, Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I, P. F. Benson of Cherokee

County in said State, do hereby appoint Richard Johnson Sec. & Exp. of Georgia my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15 day of January, 1893.

P. F. Benson [L. S.]

Executed in the presence of:

J. C. Benson
J. P. Benson

DIRECTIONS.

Send amount by check to D. C. Benson to me at Cherokee and oblige
P. F. Benson
mark

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

Form No. 1

STATE OF GEORGIA, County of Cherokee

I, D. C. Benson Ordinary in and for said County of Cherokee, State of Georgia, hereby certify that I am acquainted with Mrs. P. F. Benson the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of Washington Benson deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 15 day of January, 1896.

D. C. Benson Ordinary.

POWER OF ATTORNEY.

Form No. 2

STATE OF GEORGIA, Cherokee County.

I, P. F. Benson hereby authorize Mr. D. Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to D. C. Benson at Cherokee Ga.

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

Executed in the presence of

D. C. Benson
of Cherokee

P. F. Benson
mark

[L. S.]

1896.

No. 217

WIDOW'S PENSION

for year ending February 15th, 1896.

PAID TO

P. F. Benson

OF

Cherokee County.

WARRANT ISSUED

2/1

AND HANDED TO

at

Cherokee

1896.

Benson, P. F.
Cherokee Co.
FOR THOSE HERETOFORE PAID.

1895.

No. 2407

WIDOW'S PENSION

for year ending February 15th, 1895.

PAID TO

P. F. Benson

OF

Cherokee County.

WARRANT ISSUED

2/27

AND HANDED TO

at

Cherokee

1895.

County in said State, do hereby appoint George my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15 day of January 1895. P. F. Benson [L. S.]

Executed in the presence of us:

J. L. Benson Ordinary
J. L. Benson

DIRECTIONS.

Send amount by check to J. L. Benson Ordinary to me at Boston and oblige

P. F. Benson
mark

1895.
FOR THOSE HERETOFORE PAID.
No. 2407
WIDOW'S PENSION.
for year ending February 15th, 1895.
PAID TO
P. F. Benson
—OF—
Cherokee County,
widow of Wm. H. Benson
WARRANT ISSUED
of 24 1895.
AND HANDED TO
Atty
GIVEN BY Wm. H. Benson

STATE OF GEORGIA, Cherokee County.
I, P. F. Benson hereby authorize Mrs. D. Knight of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to D. C. Benson at Boston Mass by check.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15 day of January 1895.

Executed in the presence of

D. C. Benson Ordinary,
of Boston Mass

P. F. Benson
mark

1896.
FOR THOSE HERETOFORE PAID.
No. 217
WIDOW'S PENSION.
for year ending February 15th, 1896.
PAID TO
P. F. Benson
—OF—
Cherokee County,
widow of Washington Benson
WARRANT ISSUED
of 21 1896.
AND HANDED TO
Atty
GIVEN BY Wm. H. Benson

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cherokee

Personally Comes Mrs.

P. F. Benson

who being sworn, says on oath, that she is a bona fide resident of said county of Cherokee State of Georgia, and that she has resided in said State continuously ever since 1871. That she is the Widow of

William H. Benson

who was a Soldier in Company

B of the 40

Regiment of

Volunteers, that he enlisted in said Regiment on or about the month of April 1862 and served in the Army up to 1864 That he lost his life on the day of 18 (State here

full particulars of the husband's death, when, where and from what cause.)

Said husband was killed in Charleston S.C.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1850, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

15 day of January 1895.

P. F. Benson Ordinary.

Post-office

P. F. Benson
mark

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cherokee

Personally Comes Mrs.

P. F. Benson

who being sworn, says on oath, that she is a bona fide resident of said county of Cherokee State of Georgia, and that she has resided in said State continuously ever since the year 1872 That she is the Widow of

Washington Benson

who was a Soldier in Company

B of the 40

Regiment of Georgia

Volunteers, that he enlisted in said regiment on or about the month of April 1862 and served in the Army up to May 1864 That he lost his life on the day of May 1864 (State here

full particulars of the husband's death, when, where and from what cause.)

was killed near Northfork Church Paulding
County Ga in May 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1852, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

15 day of January 1896.

D. C. Benson Ordinary.

Post-office

P. F. Benson
mark

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1850, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this
15th day of January, 1895.
D. F. Benson
Ordinary. Post-office

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1850, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this
14th day of January, 1896.
D. F. Benson
Ordinary. Post-office

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

STATE OF GEORGIA, County of Cherokee
I, D. F. Benson
Ordinary in and for said County of Cherokee
State of Georgia, hereby certify that I am acquainted with Mrs. D. F. Benson
the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of H. W. Benson deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this 15th day of Jan 1897.
D. F. Benson
Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County.
I, D. F. Benson 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. Benson at Canton, Ga.
In Witness Whereof, I have hereunto set my hand and seal, this 15th day of Jan 1897.
D. F. Benson
Executed in the presence of
J. C. Benson

POWER OF ATTORNEY.

State of Georgia, Cherokee County.
I, D. F. Benson 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. Benson at Canton, Ga.
In Witness Whereof, I have hereunto set my hand and seal, this 14th day of Jan 1896.
D. F. Benson
Executed in the presence of
A. C. Benson

Benson P. F. Me.
Cherokee Co.
1898.
NO. 1452
WIDOW'S PENSION,
For year ending February 15th, 1898.
PAID TO
Mrs. D. F. Benson
of Cherokee County,
Widow of H. W. Benson
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
2/1/1898
AND HANDED TO
M. H.
Geo. W. Harrison, State Printer, Atlanta

WIDOW'S PENSION,
for year ending February 15th, 1897.
PAID TO
Mrs. D. F. Benson
of Cherokee County,
Widow of H. W. Benson
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
4th day of Jan 1897,
AND HANDED TO
H. W.
Geo. W. Harrison, State Printer, Atlanta

I, P. F. Benson, hereby authorize Mrs. A. Knight to receive and receipt for the pension paid hereon and request that he remit same to A. C. Benson at Atlanta, Ga.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th day of July 1897.
Executed in the presence of
J. C. Benson

Benson, P. F. Mrs.
Charlotte
For Those Heretofore Paid.
1898.
NO. 1956
WIDOW'S PENSION,
For year ending February 15th, 1898.
PAID TO
Mrs. P. F. Benson
of Charlotte County,
Widow of P. F. Benson
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
21
AND HANDED TO
M. H.
1898.
WED. W. HARRISON, STATE PRINTER, ATLANTA.

Benson, P. F. (Mrs.)
Charlotte
FOR THOSE HERETOFORE PAID
1897.
NO. 613
WIDOW'S PENSION,
for year ending February 15th, 1897.
PAID TO
M. P. F. Benson
OF
Charlotte County,
Widow of P. F. Benson
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
M. H.
AND HANDED TO
M. H.
1897.
WED. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Charlotte

Personally Comes Mrs.

P. F. Benson

who being sworn, says on oath, that she is a bona fide resident of said county of Charlotte State of Georgia, and that she has RESIDED in said State continuously ~~ever since~~ all of her life 18 That she is the Widow of P. F. Benson who was a Soldier in Company B of the 110th Regiment of Mississippi Volunteers, that enlisted in said regiment on or about the month of June 1864 and served in the Army up to 1864 That he lost his life on the day of July 1864 (State here full particulars of the husband's death, when, where and from what cause.)

was killed near Nashville church in Davidson County, Tenn. in 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1850 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 16th day of July 1897.
A. C. Benson Ordinary.
P. F. Benson Post-office

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Charlotte

Personally Comes Mrs.

P. F. Benson

who, being sworn, says on oath, that she is a bona fide resident of said county of Charlotte State of Georgia, and that she has RESIDED in said State continuously ever since 1864 That she is the Widow of Washington Benson who was a Soldier in Company A of the 40th Regiment of Cal Volunteers, that he enlisted in said regiment on or about the month of April 1864 and served in the Army up to Settem part of 1864 That he lost his life on the day of July 1864 (State here full particulars of the husband's death, when, where and from what cause.)

Said Husband was killed in 1864 in Powdering Camp, Tenn.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1850.

I have been allowed a pension as a resident of Charlotte County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this 20th day of July 1898.
A. C. Benson Ordinary.
P. F. Benson Post-Office

State of Georgia,
Charlotte County. I A. C. Benson Ordinary of said County, certify that I am well acquainted with Mrs. P. F. Benson who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of July 1864.

Given under my official signature and seal this 20th day of July 1898.

Official Seal.

Ordinary of Charlotte County.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1850, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of _____ County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this _____ day of _____ 1897. _____ Ordinary. _____ Post-office _____

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1850.

I have been allowed a pension as a resident of _____ County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this _____ day of _____ 1898. _____ Ordinary. _____ Post-office _____

State of Georgia, _____ County. I _____ Ordinary of said County, certify that I am well acquainted with Mrs. _____ who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 1897. Given under my official signature and seal this _____ day of _____ 1898. _____ Ordinary of _____ 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 _____ at _____ IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1899. _____ [L. S.]

Executed in presence of

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 _____ at _____ IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1900. _____ [L. S.]

Executed in presence of

Benson, P. F. Mrs.
Charleston County
For Those Hereofore Paid.
1899.
NO. 768
WIDOW'S PENSION,
For year ending February 15th, 1899.
PAID TO
Mrs. P. F. Benson
of
Charleston County
Widow of Washington Benson
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
AND HANDLED TO
1899.
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Benson, P. F. (Mrs.)
Charleston County
For Those Hereofore Paid.
1900.
NO. 808
WIDOW'S PENSION,
For year ending February 15th, 1900.
PAID TO
Mrs. P. F. Benson
of
Charleston County
Widow of Washington Benson
JNO. W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
AND HANDLED TO
1900.
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Benson P. F. Mrs.
Charleston County
 For Those Heretofore Paid.

1899.
 NO. 968

WIDOW'S PENSION,
 For year ending February 15th, 1899.
 PAID TO
Mrs. P. F. Benson

County
Charleston
 of
Washington
 Widow of *Benson*

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT ISSUED
 21
 AND HANDLED TO
R.M.

1899.

W. W. HARRISON, STATE PRINTER, ATLANTA.

Benson P. F. Mrs.
Charleston County
 For Those Heretofore Paid.

1900.
 NO. 508

WIDOW'S PENSION,
 For year ending February 15th, 1900.
 PAID TO
Mrs. P. F. Benson

County
Charleston
 of
Washington
 Widow of *Benson*

JNO. W. LINDSEY,
 Commissioner of Pensions.

WARRANT ISSUED
 Feb 13
 AND HANDLED TO
Wright

1900.

W. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
 County of *Charleston* } *P. F. Benson*

who, being sworn, says on oath, that she is a bona fide resident of said county of
Charleston State of Georgia, and that she has RESIDED in said State
 continuously ever since 1872 That she is the Widow of

Washington, Benson who was a soldier in Company
 of the 4th Regiment of *Georgia*

Volunteers, that he enlisted in said regiment on or about the month of *April*
 1862 and served in the Army up to *May* 1864 That he lost his

life on the *day of May* 1864. (State here

full particulars of the husband's death, when, where and from what cause.)

Was killed near Smith's Church, Charleston
County, Ga. in 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
 she has never married since his death aforesaid, and that she became his wife in the year 1854

I have been allowed a pension as a resident of *Charleston* County for the year ending
 February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this
 18th day of *January* 1899.
A. C. Benson Ordinary.

State of Georgia, }
Charleston County. } I, *A. C. Benson*

Ordinary of said County, certify that I am well acquainted
 with Mrs. *P. F. Benson* who made the above affidavit and am satis-
 fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the day of *1872*

Given under my official signature and seal this *19th* day of *January* 1899.

A. C. Benson
 Ordinary of *Charleston* County.

(Official Seal)

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
 County of *Charleston* } *P. F. Benson*

who, being sworn, says on oath, that she is a bona fide resident of said county of
Charleston State of Georgia, and that she has RESIDED in said State
 continuously ever since 1872 That she is the Widow of

Washington, Benson who was a soldier in Company
 of the 4th Regiment of *Georgia*

Volunteers, that he enlisted in said regiment on or about the month of *April*
 1862 and served in the Army up to *May* 1864 That he lost his

life on the *day of May* 1864. (State here

particulars of the husband's death, when, where and from what cause.)

Was killed near Smith's Church, Charleston
County, Ga. in 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
 she has never married since his death aforesaid, and that she became his wife in the year 1854

I have been allowed a pension as a resident of *Charleston* County for the year ending
 February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this
 day of *Jan* 1900.
A. C. Benson Ordinary.

State of Georgia, }
Charleston County. } I, *A. C. Benson*

Ordinary of said County, certify that I am well acquainted
 with Mrs. *P. F. Benson* who made the above affidavit and am satis-
 fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the day of *1872*

Given under my official signature and seal, this *19th* day of *January* 1900.

A. C. Benson
 Ordinary of *Charleston* County.

(Official Seal)

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1894.

I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this 19th day of January 1899. P. F. Benson Post-Office. A. C. Benson Ordinary.

State of Georgia, Cherokee County. I A. C. Benson Ordinary of said County, certify that I am well acquainted with Mrs. P. F. Benson who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1896.

Given under my official signature and seal this the 19th day of January 1899.

Official Seal. Ordinary of Cherokee County.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1894.

I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this 19th day of January 1900. P. F. Benson Post-Office. A. C. Benson Ordinary.

State of Georgia, Cherokee County. I A. C. Benson Ordinary of said County, certify that I am well acquainted with Mrs. P. F. Benson who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1896.

Given under my official signature and seal, this the 19th day of January 1900.

Official Seal. Ordinary of Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. I, P. F. Benson hereby authorize A. C. Benson of Cherokee County to receive and receipt for the pension paid hereon and request that he remit same to me at Kennesaw Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th day of January 1901.

Executed in presence of James I. Craft [L. S.] P. F. Benson

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. I, P. F. Benson hereby authorize A. C. Benson of Canton Ga to receive and receipt for the pension paid hereon, and request that he remit same to at.

In Witness Whereof, I have hereunto set my hand and seal, this 28 day of January 1902.

Executed in presence of J. L. Benson [L. S.] P. F. Benson

Benson, P. F. & Family
Cherokee County

To Those Hereofore Paid.

1901.

No. 2403

WIDOW'S PENSION,
For year ending February 15th, 1901.

PAID TO Mrs. P. F. Benson

OF Cherokee County.

Widow of Washington Benson.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 2/13 1901,

AND HANDED TO Leon

Doc. W. HARTMAN, STATE PRINTER, ATLANTA, GA.

Benson, Frankie P.
Cherokee County

To Those Hereofore Paid.

1902.

No. 1840

WIDOW'S PENSION,
For year ending Dec. 31, 1902.

PAID TO Mrs. P. F. Benson

OF Cherokee County.

Widow of Washington Benson.

Co. B Regiment 40 Ga

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 2/4 1902

AND HANDED TO Leon

Doc. W. HARTMAN, STATE PRINTER, ATLANTA, GA.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

*Benson, P. F. (Frankie)
Cherokee County*

To Those Heretofore Paid.

1901.

No. *2403*

WIDOW'S PENSION,
For year ending February 15th, 1901.
PAID TO
Mrs. P. F. Benson
of
Cherokee County.
Widow of *Washington Benson*
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
4/12 1901,
AND HANDED TO
Leon

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

*Benson, Frankie P.
Cherokee County*

To Those Heretofore Paid.

1902.

No. *1840*

WIDOW'S PENSION,
For year ending Dec. 31, 1902.
PAID TO
Mrs. P. F. Benson
of
Cherokee County.
Widow of *Washington Benson*
Co. B Regiment *40 Ga*

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
3/4 1902
AND HANDED TO
Leon

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County. }

I, *P. F. Benson* hereby authorize
W. C. Cannon of *Cherokee County*
to receive and receipt for the pension paid hereon and request that he remit same to
me at *Canton Ga*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *14th*
day of *May* 1901.

Executed in presence of
James, L. Craft

P. F. Benson [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County. }

I, *P. F. Benson* hereby authorize
W. C. Cannon of *Canton Ga*
to receive and receipt for the pension paid hereon, and request that he remit same to
at _____

In Witness Whereof, I have hereunto set my hand and seal, this *2^d*
day of *May* 1902.

Executed in presence of
J. L. Benson

P. F. Benson [L. S.]

*Benson, P. F. (Frankie)
Cherokee County*

To Those Heretofore Paid.

1901.

No. *2403*

WIDOW'S PENSION,
For year ending February 15th, 1901.
PAID TO
Mrs. P. F. Benson
of
Cherokee County.
Widow of *Washington Benson*
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
4/12 1901,
AND HANDED TO
Leon

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

*Benson, Frankie P.
Cherokee County*

To Those Heretofore Paid.

1902.

No. *1840*

WIDOW'S PENSION,
For year ending Dec. 31, 1902.
PAID TO
Mrs. P. F. Benson
of
Cherokee County.
Widow of *Washington Benson*
Co. B Regiment *40 Ga*

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
3/4 1902
AND HANDED TO
Leon

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

Benson, P. F. (Frankie)
Cherokee County

To Those Heretofore Paid.

1901.

No. 2403

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

Mrs. P. F. Benson

County of Cherokee

Widow of Washington Benson

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

8/12 1901,

AND HANDED TO

Leon

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

Benson, Frankie O.
Cherokee County

To Those Heretofore Paid.

1902.

No. 1840

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. P. F. Benson

County of Cherokee

Widow of Washington Benson

Co. B Regiment 40 Ga.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT ISSUED

8/12 1902

AND HANDED TO

Leon

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

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cherokee

Personally Comes Mrs.

P. F. Benson

who, being sworn, says on oath, that she is a bona fide resident of said County of

Cherokee

State of Georgia, and that she has resided in said State

continuously ever since

1852.

That she is the Widow of

Washington Benson

who was a soldier in Company

B of the

40th

Regiment of Ga.

Volunteers, that he enlisted in said regiment on or about the month of

April

1862 and served in the Army up to

May

1864. That he lost his

life on the

day of

May

1864. (State here

particulars of the husband's death, when, where and from what cause).

was killed near Smith's Church in Camden
County Ga. in May, 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1852

I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1901, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this

14 day of May 1901.

A. G. Benson Ordinary.

Post Office

State of Georgia,

Cherokee County.

I, A. G. Benson

Ordinary of said County, certify that I am well acquainted

with Mrs. P. F. Benson who made the above affidavit and am satisfied

that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the day of 1852.

Given under my official signature and seal, this the 14 day of May 1901.

Official Seal.

A. G. Benson

Ordinary of Cherokee County.

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cherokee

Personally Comes Mrs.

P. F. Benson

who, being sworn, says on oath, that she is a bona fide resident of said County of

Cherokee

State of Georgia, and that she has resided in said State

continuously ever since

1832

That she is the Widow of

Washington Benson

who was a soldier in Company

B of the

40

Regiment of Ga.

Volunteers, that he enlisted in said regiment on or about the month of

April

1862 and served in the Army up to

May

1864. That he lost his

life on the

day of

May

1864. (State here

particulars of the husband's death, when, where and from what cause).

Killed near New Hope Church
in Cherokee Co. Ga.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1853

I have been paid a pension as a resident of Cherokee County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902

Sworn to and subscribed before me,

this 20 day of May 1902

A. G. Benson Ordinary.

Post-Office

Too high

State of Georgia,

Cherokee County.

I, A. G. Benson

Ordinary of said County, certify that I am well acquainted

with Mrs. P. F. Benson who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents

herself to be, and that she has continuously resided in this State since the

day of 1832

Given under my official signature and seal, this the 20 day of May 1902.

Official Seal.

A. G. Benson

Ordinary of Cherokee County.

NOTE.—All blank spaces must be filled.
Voucher and affidavit must bear date after January 1st, 1903.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1855

I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1901, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this 14th day of July 1901. Mrs. P. F. Benson Ordinary. Post Office Cherokee

State of Georgia, Cherokee County. I, A. C. Carson Ordinary of said County, certify that I am well acquainted with Mrs. P. F. Benson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 14th day of July 1873.

Given under my official signature and seal, this 14th day of July 1901. A. C. Carson Ordinary of Cherokee County.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1853

I have been paid a pension as a resident of Cherokee County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902

Sworn to and subscribed before me, this 20th day of July 1902. O. F. Benson Ordinary. Post Office Loonigh

State of Georgia, Cherokee County. I, A. C. Carson Ordinary of said County, certify that I am well acquainted with Mrs. P. F. Benson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 14th day of July 1872.

Given under my official signature and seal, this 20th day of July 1902. A. C. Carson Ordinary of Cherokee County.

NOTE.—All blank spaces must be filled. Voucher and affidavit must bear date after January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. I, P. F. Benson, hereby authorize Mrs. A. C. Carson of Atlanta Ga to receive and receipt for the pension paid hereon, and request that he remit same to A. C. Carson at Cherokee Ga. In Witness Whereof, I have hereunto set my hand and seal, this 14th day of July 1903.

P. F. Benson [L. S.] Executed in presence of A. C. Carson, Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. I, P. F. Benson, hereby authorize Mrs. A. C. Carson of Atlanta Ga to receive and receipt for the pension paid hereon, and request that he remit same to A. C. Carson, Ordinary at Cherokee Ga. In Witness Whereof, I have hereunto set my hand and seal, this 14th day of July 1904.

P. F. Benson [L. S.] Executed in presence of A. C. Carson, Ordinary

Beverly A. P. (Mrs)
Cherokee County
To Those Herebefore Paid.
1903.
No. 1959
WIDOW'S PENSION,
For year ending Dec. 31, 1903.
PAID TO Mrs. P. F. Benson
OF Cherokee County,
Widow of Washington Benson
Co. B. Regiment 40th Ia
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
2/16
AND HANDLED TO
A. C. Carson
U. S. DEPARTMENT OF THE INTERIOR, WASHINGTON, D. C.

Beverly A. P. (Mrs)
Cherokee County
TO THOSE HERETOFORE PAID.
1904.
No. 2096
WIDOW'S PENSION
FOR
YEAR ENDING DECEMBER 31, 1904.
PAID TO Mrs. P. F. Benson
OF Cherokee County,
Widow of Washington Benson
Co. B. Regiment 40th Ia
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
FEB 18
AND HANDLED TO
A. C. Carson
U. S. DEPARTMENT OF THE INTERIOR, WASHINGTON, D. C.

Benson, F. P. (two)
Cherokee County
 To Those Heretofore Paid.
1903.
 No. *1977.*
WIDOW'S PENSION,
 For year ending Dec. 31, 1903.
 PAID TO
Mrs. F. P. Benson
 OF
Cherokee County,
 Widow of *Washington Benson*
 Co. B. Regiment *42nd Ia*
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT ISSUED
2/6
 AND HANDLED BY
Ch. A. G.
 1903.

Benson, F. P. (two)
Cherokee County
 TO THOSE HERETOFORE PAID.
1904.
 No. *2096*
WIDOW'S PENSION
 FOR
 YEAR ENDING DECEMBER 31, 1904.
 PAID TO
Mrs. F. P. Benson
 OF
Cherokee County,
 Widow of *Washington Benson*
 Co. B. Regiment *42nd Ia*
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT ISSUED
FEB 18
 AND HANDLED BY
Ch. A. G.
 1904.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
 County of *Cherokee* } *F. P. Benson*
 who, being sworn says on oath, that she is a bona fide resident of said County of
Cherokee State of Georgia, and that she has RESIDED in said State
 continuously ever since *1832*. That she is the Widow of
Washington Benson, who was a soldier in Company
B of the *42nd* Regiment of *Ia*
 Volunteers, that he enlisted in said regiment on or about the month of *April*
1862, and served in the Army up to *May* *1864*. That he lost his
 life on the *May* day of *May* *1864*. (State here
 particulars of the husband's death, when, where and from what cause.)
was killed near North Georgia Church in
building during war May 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
 soldier, and that she has never married since his death aforesaid, and that she became his wife in
 the year 18*32*.

I have been paid a pension as a resident of *Cherokee* County for the
 year ending December 31, 1902, and now apply for the pension provided by law for the year ending
 December 31, 1903.

Sworn to and subscribed before me,
 this *15th* day of *July* 1903. *F. P. Benson*
Ch. A. G. Ordinary. Post Office

State of Georgia, } 1. *Ch. A. G.*
Cherokee County. } Ordinary of said County, certify that I am well
 acquainted with Mrs. *F. P. Benson*, who made the above affidavit and
 am satisfied that the facts therein stated are true, and I know she is the individual she represents
 herself to be, and that she has continuously resided in this State since the
 day of *1832*.

Given under my official signature and seal, this *15th* day of *July* 1903.



Ch. A. G.
 Ordinary of *Cherokee* County.

NOTE.—All blank spaces must be filled.
 Voucher and Affidavit must bear date after January 1st, 1903.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
 County of *Cherokee* } *F. P. Benson*
 who, being sworn says on oath, that she is a bona fide resident of said County of
Cherokee State of Georgia, and that she has RESIDED in said State
 continuously ever since *1832*. That she is the Widow of
Washington Benson, who was a soldier in Company
B of the *42nd* Regiment of *Ia*
 Volunteers, that he enlisted in said regiment on or about the month of *April*
1862, and served in the Army up to *May* *1864*. That he lost his
 life on the *May* day of *May* *1864*. (State here
 particulars of the husband's death, when, where and from what cause.)
was killed near North Georgia Church in
building during war May 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
 soldier, and that she has never married since his death aforesaid, and that she became his wife in
 the year 18*32*.

I have been paid a pension as a resident of *Cherokee* County for the
 year ending December 31, 1903, and now apply for the pension provided by law for the year ending
 December 31, 1904.

Sworn to and subscribed before me,
 this *15th* day of *July* 1904. *F. P. Benson*
Ch. A. G. Ordinary. Post Office

State of Georgia, } 1. *Ch. A. G.*
Cherokee County. } Ordinary of said County, certify that I am well
 acquainted with Mrs. *F. P. Benson*, who made the above affidavit and
 am satisfied that the facts therein stated are true, and I know she is the individual she represents
 herself to be, and that she has continuously resided in this State since the
 day of *1832*.

Given under my official signature and seal, this *15th* day of *July* 1904.



Ch. A. G.
 Ordinary of *Cherokee* County.

NOTE.—All blank spaces must be filled.
 Voucher and Affidavit must bear date after January 1st, 1904.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1863

I have been paid a pension as a resident of Cherokee County for the year ending December 31, 1902, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me,
this 18 day of July 1903. P. F. Benson
Ch. L. Benson Ordinary. Post Office Cherokee

State of Georgia, Cherokee County. I, W. L. Benson Ordinary of said County, certify that I am well acquainted with Mrs. C. F. Benson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1863.

Given under my official signature and seal, this the 18 day of July 1903.

Official Seal. W. L. Benson Ordinary of Cherokee County.

NOTE.—All blank spaces must be filled. Voucher and Affidavit must bear date after January 1st, 1903.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1863

I have been paid a pension as a resident of Cherokee County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me,
this 18 day of July 1904. P. F. Benson
Ch. L. Benson Ordinary. Post Office Cherokee

State of Georgia, Cherokee County. I, W. L. Benson Ordinary of said County, certify that I am well acquainted with Mrs. C. F. Benson, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1863.

Given under my official signature and seal, this the 18 day of July 1904.

Official Seal. W. L. Benson Ordinary of Cherokee County.

NOTE.—All blank spaces must be filled. Voucher and Affidavit must bear date after January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. I, P. F. Benson, hereby authorize W. J. Webb of Cherokee to receive and receipt for the pension paid hereon, and request that he remit same to at

In Witness Whereof, I have hereunto set my hand and seal, this 16 day of July 1905.

Executed in presence of P. F. Benson [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. I, P. F. Benson, hereby authorize W. J. Webb of Cherokee to receive and receipt for the pension paid hereon, and request that he remit same to at

In Witness Whereof, I have hereunto set my hand and seal, this 14 day of June 1906.

Executed in presence of P. F. Benson [L. S.]

Benjamin C. Franklin
Cherokee County
To Those Herebefore Paid.
1905.
No. 1988
WIDOW'S PENSION,
For year ending Dec. 31, 1905.

PAID TO Mrs. P. F. Benson OF Cherokee County,
Widow of Washington Benson,
Co. B. Regiment 40th Ia.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
FEB 23 1905.
AND HANDED TO Webb

This Pension is Payable to the Person named in the above Certificate.

Benjamin C. Franklin
Cherokee County
To Those Herebefore Paid.
1906.
No. 1032
WIDOW'S PENSION
For year ending Dec. 31, 1906.

PAID TO Mrs. P. F. Benson OF Cherokee County,
Widow of Washington Benson,
Co. B. Regiment 40th Ia.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
FEB 1 1906.
AND HANDED TO Webb

This Pension is Payable to the Person named in the above Certificate.

Benson P. F. (two)
to husband, County
 To Those Heretofore Paid.

1905.
 No. 1788

WIDOW'S PENSION,
 For year ending Dec. 31, 1905.

PAID TO
Mrs. P. F. Benson
 OF
Cherokee County,
 Widow of *Washington Benson*
 Co. B. Regiment 40th Ga.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT ISSUED
 FEB 23 1905.
 AND HANDED TO
Hebb

The Pensioners' Pension and Pensions Co., Agents,
 100 N. Main Street, Atlanta, Ga.

Benson P. F. (two)
to husband, County
 To Those Heretofore Paid.

1906.
 No. 1033

WIDOW'S PENSION
 For year ending Dec. 31, 1906.

PAID TO
Mrs. P. F. Benson
 OF
Cherokee County,
 Widow of *Washington Benson*
 Co. B. Regiment 40th Ga.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT ISSUED
 FEB 1 1906.
 AND HANDED TO
P

The Pensioners' Pension and Pensions Co., Agents,
 100 N. Main Street, Atlanta, Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
 County of *Cherokee* } *P. F. Benson*

who, being sworn, says on oath, that she is a bona fide resident of said County of
Cherokee State of Georgia, and that she has RESIDED in said State
 continuously ever since *1832*. That she is the Widow of
Washington Benson who was a soldier in Company
B of the *40th* Regiment of *Ga*
 Volunteers, that he enlisted in said regiment on or about the month of *April*
1862, and served in the Army up to *May* 1864. That he lost his
 life on the *May* day of *May* 1864. (State here
 particulars of the husband's death, when, where and from what cause.)

*Killed at New Hope Church
 in Paulding Co.*

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
 soldier, and that she has never married since his death aforesaid, and that she became his wife in
 the year 1853.

I have been paid a pension as a resident of *Cherokee* County for the
 year ending December 31, 1904, and now apply for the pension provided by law for the year ending
 December 31, 1905.

Sworn to and subscribed before me,
 this *16* day of *July* 1905. *P. F. Benson*
M. J. Webb Ordinary. Post-Office.

State of Georgia, } I, *W. J. Webb*
Cherokee County. } Ordinary of said County, certify that I am well
 acquainted with Mrs. *P. F. Benson*, who made the above affidavit and
 am satisfied that the facts therein stated are true, and I know she is the individual she represents
 herself to be, and that she has continuously resided in this State since the
 day of *1832*

Given under my official signature and seal, this *16* day of *July* 1905.

Official Seal. *M. J. Webb*
 Ordinary of *Cherokee* County.

NOTE.—All blank spaces must be filled.
 Voucher and Affidavit must bear date after January 1st, 1905.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
 County of *Cherokee* } *P. F. Benson*

who, being sworn, says on oath that she is a bona fide resident of said County of
Cherokee State of Georgia, and that she has RESIDED in said State
 continuously ever since *1832*. That she is the Widow of
Washington Benson who was a soldier in Company
B of the *40th* Regiment of *Georgia*
 Volunteers, that he enlisted in said regiment on or about the month of *April*
1862, and served in the Army up to *May* 1864. That he lost his
 life on the *May* day of *May* 1864. (State here
 particulars of the husband's death, when, where and from what cause.)

*was killed
 near New Hope Church in Paulding
 County in May 1864*

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
 soldier, and that she has never married since his death aforesaid, and that she became his wife in
 the year 1853.

I have been paid a pension as a resident of *Cherokee* County, for the
 year ending December 31, 1905, and now apply for the pension provided by law for the year ending
 December 31, 1906.

Sworn to and subscribed before me
 this *14* day of *June* 1906. *P. F. Benson*
M. J. Webb Ordinary. Post-Office.

State of Georgia, } I, *W. J. Webb*
Cherokee County. } Ordinary of said County, certify that I am well
 acquainted with Mrs. *P. F. Benson*, who made the above affidavit, and
 am satisfied that the facts therein stated are true, and I know she is the individual she represents
 herself to be, and that she has continuously resided in this State since the
 day of *1832*

Given under my official signature and seal, this *14* day of *June* 1906.

Official Seal. *M. J. Webb*
 Ordinary of *Cherokee* County.

NOTE.—All blank spaces must be filled.
 Voucher and Affidavit must bear date after January 1st, 1905.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1883.

I have been paid a pension as a resident of Cherokee County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me, this 16 day of July 1905. P. F. Benson Ordinary. Post Office W. J. Webb

State of Georgia, Cherokee County. I, W. J. Webb Ordinary of said County, certify that I am well acquainted with Mrs. P. F. Benson Who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1882.

Given under my official signature and seal, this the 16 day of July 1905. W. J. Webb Ordinary of Cherokee County.

NOTE.—All blank spaces must be filled. Voucher and Affidavit must bear date after January 1st, 1906.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1883.

I have been paid a pension as a resident of Cherokee County, for the year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me, this 24 day of June 1906. P. F. Benson Ordinary. Post Office W. J. Webb

State of Georgia, Cherokee County. I, W. J. Webb Ordinary of said County, certify that I am well acquainted with Mrs. P. F. Benson who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1882.

Given under my official signature and seal, this the 4 day of June 1906. W. J. Webb Ordinary of Cherokee County.

NOTE.—All blank spaces must be filled. Voucher and Affidavit must bear date after January 1st, 1906.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee COUNTY. I, P. F. Benson hereby authorize W. J. Webb to receive and receipt for the pension paid hereon, and request that he remit same to

In Witness Whereof, I have hereunto set my hand and seal, this 17 day of June 1907. P. F. Benson [L. S.]

Executed in presence of F. W. Blackburn

Benson, P. F.
21 Cherokee Co.

To Those Heretofore Paid.

1907.

No. 1707

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO Mrs. P. F. Benson

OF Cherokee County.

Widow of Washington Benson

C. B. Regiment 40 Missile

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

FEB 13 1908

AND HANDED TO 9

One W. Harrison, State Printer, Atlanta.

ALLOWED PENSIONS

108820

Bonaparte P. Benson
21 Cherokee Co.

To Those Heretofore Paid.

1907.

No. *1707*

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO *Mrs. P. Benson*

OF *Cherokee* County,

Widow of Washington Benson

Co. B Regiment *40 Miss.*

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

FEB 19 1908

AND HANDLED

One W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,

County of *Cherokee*

PERSONALLY COMES Mrs.

P. F. Benson

who, being sworn says on oath, that she is a bona fide resident of said County of *Cherokee* State of Georgia, and that she has resided in said State continuously ever since *1832*. That she is the Widow of *Washington Benson* who was a soldier in Company *B.* of the *40* Regiment of *94* Volunteers, that he enlisted in said regiment on or about the month of *April* 1862, and served in the Army up to *May* 1864. That he lost his life on the *May* day of *May* 1864. (State here particulars of the husband's death, when, where and from what cause.)

Killed near New Hope Church in May 1864.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858.

I have been paid a pension as a resident of *Cherokee* County, for the year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this *17* day of *Jan*, 1907.
W. J. Webb, Ordinary.

Post Office.

State of Georgia,

Cherokee County,

W. J. Webb Ordinary of said County, certify that I am well acquainted with Mrs. *P. F. Benson*, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of *18*.

Given under my official signature and seal, this the *17* day of *Jan*, 1907.

Official Seal

W. J. Webb
Ordinary of *Cherokee* County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.

B. of the 4th Regiment of Inf
Volunteers, that he enlisted in said regiment on or about the month of April
1862, and served in the Army up to May 1864. That he lost his
life on the _____ day of May 1864 (State here

particulars of the husband's death, when, where and from what cause.)

Killed near New Hope
Church in May 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1858

I have been paid a pension as a resident of Cherokee County, for the
year ending December 31, 1906, and now apply for the pension provided by law for the year ending
December 31, 1907.

Sworn to and subscribed before me
this 17 day of Jan 1907.
W. J. Webb Ordinary.

P. F. Benson
Post Office

State of Georgia

Cherokee County.

W. J. Webb
Ordinary of said County, certify that I am well

acquainted with Mrs. P. F. Benson, who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the

day of _____ 18____

Given under my official signature and seal, this the 17 day of Jan 1907.

Official
Seal

W. J. Webb
Ordinary of Cherokee County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.

W. J. Webb
Cherokee

I am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of _____ 18____
Given under my official signature and seal, this the 17 day of Jan 1907.
W. J. Webb
Ordinary of Cherokee County.

For the interest of the London Library of London Library.

[illegible]

STATE OF GEORGIA.

I, John G. Bentley County, Cherokee

do certify that I am well acquainted with John G. Bentley 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 11 day of March 1892.

Ordinary, Cherokee County.

Cherokee Co.
Bentley John G.
No. 2601

SOLDIER'S PENSION.
1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name John G. Bentley
County Cherokee
Disability Dis. Coy
Amount, \$ 50

Entered on record March 11 1892.

W. H. HARRISON,
Secretary of Executive Department.

AGENT,
Allen Bloom

Disability *Dr. & Cog*
 Amount, \$ *50*
 Entered on record *March 11* 1892.
 W. H. HARRISON,
 Secretary of Executive Department
 AGENT
Allan C. Conn
 (Geo. W. Harrison, State Printer, & Engrs., Ga.)

Ordinary of said county,
 the
 it satisfied that the statements made by him in his
 to the extent he claims, and I know he is the
 he resides in this county.
 I, this *10* day of *March* 1892.
 County, *Cherokee*

STATE OF GEORGIA.

Cherokee County,
 I, *John P. Bentley* Ordinary of said county,
 do certify that I am well acquainted with *John P. Bentley*
 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 *10* day of *March* 1892.

Ordinary. *Cherokee* County.

Cherokee Co.
Bentley John P.
206-2001

SOLDIER'S PENSION. 1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *John P. Bentley*
 County *Cherokee*
 Disability *Dr. & Cog*
 Amount, \$ *50*

Entered on record *March 11* 1892.
 W. H. HARRISON,
 Secretary of Executive Department

AGENT
Allan C. Conn
 (Geo. W. Harrison, State Printer, & Engrs., Ga.)

Charoche Co.
Bentley John H.
No. 1001

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *John H. Bentley*
County *Charoche*
Disability *Dr. Lay*
Amount \$ *50*

Entered on record *March 11* 1892.
W. H. HARRISON,
Secretary of Executive Department

AGENCY
Allen Sloan
Geo. W. Harrison, State Printer, Atlanta, Ga.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,

Charoche County, }
PERSONALLY appears *John H. Bentley*
of *Charoche* 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 *27* day of *June* 1841; 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 *4th*,
of *1st* th Regiment of *Volunteers* *Tombs*'s
Brigade; that whilst engaged in such military service at the battle of *Monocacy*
in the State of *MD*, on the *27* day of *June*
1862, he was wounded as follows: *By a shot in the right leg, near the ankle, causing some loss of blood, and some disability, and almost permanently disabled.*

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 Dollars for *1891 and 1892*
Sworn to and subscribed before me this the *11* day of *March* 1892.
W. H. Harrison
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,

Charoche County, }

Know all Men by these Presents, That I,

of *Charoche* County, in said State, do hereby appoint *John H. Bentley*
of *Charoche* 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 *11th*
day of *March* 1892.

Executed in the presence of us:

W. H. Harrison
J. S. Suber

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

in the State of Georgia, on the 27 of Nov day of
1862, he was wounded as follows: by hand shot
by the right leg near the ankle, causing some pain to
be felt, but he was not disabled and almost
immediately recovered

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 1887-1888
Sworn to and subscribed before me this the 28
day of November, 1892. John H. Butler
Notary Public

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 Cherokee County, Georgia 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 28th
day of November, 1892.

Executed in the presence of us:

Do. W. Brown
J. A. Price

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

Quincy Hargrave
Cherokee Co

+ No. _____

Widow's Application

To Be Put on Roll in Her Own Right When
Husband Was on the Indigent Roll or
Put on Under Act of July 11, 1910.

County *Cherokee*

Name *Marema Bonie*

Widow of *Robert Bonie*

Company *H. 2nd Co*

Approved _____

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

11/23/11

Widow of Robert B. Buice
Company A. 2nd Co
Approved _____
J. W. LINDSEY,
Commissioner of Pensions
CHAS. P. BYRD, State Printer, Atlanta.
11/13/11

Widow's Application

To Be Put on Roll in Her Own Right When
Husband Was on the Indigent Roll or
Put on Under Act of July 11, 1910.

Name Marcena Buice
County Cherokee
Widow of Robert Buice
Company A. 2nd Co
Approved _____

J. W. LINDSEY
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA.

Cherokee County.

Personally before me comes Marcena Buice of said County, who, after being duly sworn, on oath says, that she is the widow of Robert Buice to whom in the County of Cherokee State of Ga she was married on the 5th day of July 1888 and that she remained his wife, and resided with him to the date of his death on July 3rd 1911 and that she has not since his death remarried. At the time of his death he was a resident of Cherokee County, in Ga said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$60.00 in Cherokee County for 1911 per annum, on account of being a soldier in Company A. Regiment 2nd Ga (Volunteers of State Militia.)

A. S. At At the death of Robert Buice he was in the use and possession of the following property: nothing

What property of any kind and of any value have you in your use, control and possession now, and the cash value. State fully. Nothing

Acres land 0
Horses and Mules 0
Hogs, Cows, etc. 0
Total cash value of all property nothing

That she is now a bona fide resident citizen of said County of Cherokee and she has so continuously resided since 1888 day of all her life

Sworn to and subscribed before me, this the 11th day of Nov 1911 Marcena Buice
H. J. Hest Ordinary.
of Cherokee County.

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

STATE OF GEORGIA.

Cherokee County.

Personally before me come J. H. Cook and A. S. At known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge, Marcena Buice who made the foregoing affidavit, is the lawful widow of Robert Buice who died in Cherokee County in said State of Ga on 3rd day of July 1911 and that she has not since remarried. That she became the wife of Robert on the 5th day of July 1888 and that she and he had resided together as man and wife continuously since 5th day of July 1888 and that the Robert Buice was the same man who was on the pension roll of said State Ga from Cherokee County when he died.

Sworn to and subscribed before me, this the 11th day of Nov 1911 Marcena Buice
H. J. Hest Ordinary.
of Cherokee County.

That she is now a bona fide resident of said County of Cherokee and she has so continuously resided since 1832 day or all her life
 Sworn to and subscribed before me, this the 11th day of Nov, 1911 Marcena X Buice
H. J. Neff Ordinary,
 of Cherokee County.

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

STATE OF GEORGIA,
Cherokee County.

Personally before me come J. H. Cook and W. F. Price known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge, Mrs. Marcena Buice who made the foregoing affidavit, is the lawful widow of Robert Buice who died in Cherokee County in said State of Ga on 3rd day of July, 1911 and that she has not since remarried. That she became the wife of Robert on the 5 day of July, 1881 and that she and he had resided together as man and wife continuously since 5 day of July, 1881 and that the Robert Buice was the same man who was on the pension roll of said State Ga from Cherokee County when he died.

Sworn to and subscribed before me, this the 11th day of Nov, 1911 H. J. Neff Ordinary,
 of Cherokee County.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Cherokee County.

Personally before me come W. F. Price and W. J. Neff who after being sworn on oath says, that they are freeholders of said County, and that they know Marcena Buice of said County and knew her said husband Robert Buice at his death on the 3rd day of July, 1911 that she and he were in the use, possession and control of the following property at his death to wit: nothing at all

of the value of \$ X That she is now in the use, possession and control of the following property to wit: nothing

of the value of \$ X

Sworn to and subscribed before me, this the 11th day of July, 1911 H. J. Neff Ordinary,
 of Cherokee County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cherokee County.

I, H. J. Neff Ordinary of said County, do certify, that, I know Mrs. Marcena Buice the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 1st of Nov, 1911

That I also know W. F. Price witness as to marriage and I also know W. J. Neff who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Cherokee County shows that she returned property to the amount of none for 1908 \$ X for 1909 \$ X for 1910 \$ X

Sworn under my hand and official seal of office this 11th day of Nov, 1911.

(SEAL) H. J. Neff Ordinary,
Cherokee County.

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

State of Georgia, Cherokee County.
 I, W. J. Neff Minister of the Gospel, Judge
 Justice of the Superior Court & Justice
 of the Peace
 do hereby authorize to join Robert
 Buice, Marcena Buice in the holy
 State of Matrimony according to the
 Constitution and Laws of this State and
 for so doing this shall be your
 sufficient license
 Given under my hand and seal
 this 11th day of July 1911
H. J. Neff Ordinary

Georgia, Cherokee County.
 I do certify that Robert Buice and
 Marcena Buice were duly joined
 in Matrimony by me
 this 11th day of July, Eighteen Hundred
 and 11
W. J. Neff Minister of the Gospel

State of Georgia, Forsyth County.
 I, my Minister of the Gospel, Judge
 Justice of the Superior Court & Justice
 of the Peace
 You are hereby authorized to join Robert
 Bruce, Marcena Bruce in the holy
 State of Matrimony according to the
 Constitution and Laws of this State and
 for so doing this shall be your
 sufficient license
 Given under my hand and seal
 this 11th day of July 1911
 H. Warner Ordinary

Georgia, Forsyth County
 To certify that Robert Bruce and
 Marcena Bruce were duly joined
 in matrimony by me
 this 11th day of July 1911
 H. Warner Ordinary

Personally before me came Robert Bruce who after being sworn on
 oath says, that they are freeholders of said County, and that they know Marcena Bruce of
 said County and knew her said husband. Robert Bruce at his death on the 3rd
 day of July 1911 that she and he were in the use, possession and control of the following
 property at his death to wit: nothing at all

of the value of \$ XX That she is now in the use, possession and control of the following
 property to wit: nothing

of the value of \$ XX
 Sworn to and subscribed before me, this the 11th day of July 1911
H. Warner Ordinary
Cherokee County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cherokee County.
 I, H. Warner Ordinary of said County, do certify, that, I
 know Mrs. Marcena Bruce the applicant for this pension and that she is the person
 she represents herself to be, and that she is a bona fide continuing resident of said County and was on the
1st day of Nov 1911
 That I also know (see certificate) who I know to be a resident free holder of said County
 that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are
 truthful and trustworthy and their statements are entitled to full faith and credit.
 That the tax books of Cherokee County shows that she returned property to the
 amount of none for 1908 \$ X for 1909 \$ X for 1910 \$ X
 Sworn under my hand and official seal of office this 11 day of Nov 1911
 (SEAL) H. Warner Ordinary
Cherokee County.

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

NO. 300 MARSHALL & BRUCE CO. - NASHVILLE

State of Georgia, Forsyth County.

ORDINARY'S OFFICE. - 65.

I, H. Warner Ordinary and ex-officio Clerk of the Court
 of Ordinary of said County, do hereby certify that I have compared the foregoing copy of
Marriage License Certificate of
Robert Bruce and Marcena Bruce

with the original record thereof, now remaining in this office, and the same is a correct
 transcript therefrom, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court
 of Ordinary, this the 11 day of Nov 1911

H. Warner
 Ordinary and ex-officio C. C. O.

ORDINARY'S OFFICE, -ss.

I, H. J. Green, Ordinary and ex-officio Clerk of the Court
of Ordinary of said County, do hereby certify that I have compared the foregoing copy of
Marriage License Certificate of
Robert Bruce and Marcina Bruce

with the original record thereof, now remaining in this office, and the same is a correct
transcript therefrom, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court
of Ordinary, this the 1 day of Nov, 1912

H. J. Green
Ordinary and ex-officio C. C. O.

Robert Lindsey
Police *Cherokee*
Code Section 1201

No. _____

INVALID
Soldier's Pension

1901.
1902

Name *Robert Lindsey*
County *Cherokee*
Co. *2nd* *Cherokee* *Regt.*
Disability *Shower*
Amount, \$ _____

1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

6/7-1902

10/1/06

Pension Office - C-4-1002.

Applicant's statement more does
the witness make such an injury
as will justify the grant to him
of a disabled soldiers pension.

J. W. Lindsey,
Com. of Pensions.

Robert Lindsey
Cherokee
2nd
Cherokee
Regt.
Shower
1901.
1902
Commissioner of Pensions.

Executed in the presence of

Robert Lindsey

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25th day of September 1902

(L.S.)

STATE OF GEORGIA,
Cherokee County,

Power of Attorney.

I, *Robert Lindsey*, hereby authorize *John W. Lindsey*, to receive and receipt for the pension allowed and request that he remit same to *Robert Lindsey* by check at *Cherokee*

Form No. 2.

Pension Office - C-4-1007.

Applicant's statement now does with witness make such an inquiry as will justify the grant to him of a disabled soldiers pension.

J. W. Lindsey,
Com. of Pensions.

INVALED

Soldier's Pension.

1901.

Name Robert Rice

County Cherokee

Co. 1st Reg. Cavalry

Disability Chronic

Amount, \$

1901.

JOHN W. LINDSEY

WARRANT HANDED TO

10/1/06

Ordinary will write Name of Applicant, County and State on back as indicated above.

Use of this form for Pension Grants.

4-7-1902

The Instructions as set out in the

Where was command surrendered? Kingston Georgia
Was applicant present? Yes If not, where was he? How come there?
And by whose authority? State fully:

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

Sworn to and subscribed before me, this the 10 day of January 1902.
A. C. Connor Ordinary. Post Office Letticeport Ga.

NOTE - State fully nature of wound or character of disease which causes the disability, and explain particularly to the service.
NOTE - Do not trouble to mention wounds which do not disable.
NOTE - The Ordinary will see that all blank spaces are filled when the affidavits are signed.

Affidavit for Three Witnesses.

STATE OF GEORGIA,

Greenville County.

Personally appears before me, the undersigned Ordinary in and for said County, G. B. Smith, H. J. Holcomb and W. B. Rice personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say,

under oath, that they are personally and well acquainted with Robert Rice; whose application is herewith presented for a pension, that he has resided in this State continuously since the Smith family of 1861, that he served in Company 16 of the

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

W. B. Rice and others of the line of duty in the State of Tennessee, Robert Rice was shot out on field and while on field duty the bullet got into a scurvy with the disease and his horse ran with the pain Rice and he was thrown on his back from his horse and broke his shoulder and collar bone and was sent from there to the Hospital at Chattanooga. (G. B. Smith and others) that Robert Rice was in the same company with the same that same Rice was with in the year 1863 was disabled from service and was sent to the Hospital for treatment and after Mr Rice was to Hospital I was sent to the same Hospital and saw Rice there.

Where was applicant's command surrendered? Kingston Ga

Was he with it? Yes Were all of you present? Yes

If not, where was he? He was present

Where were you all? The were with command

How do you know the facts you state to be true? We were members of the same company

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

He was honorably discharged or retired from the service on 15 day of May

1864. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1863 We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this G. B. Smith

28 day of January 1902 W. B. Rice

H. J. Jones Ordinary.

NOTE 1 - The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
NOTE 2 - Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
NOTE 3 - All blank spaces must be filled when signed.
NOTE 4 - Three witnesses are required.

Physicians' Affidavit.

STATE OF GEORGIA,

Cherokee County.

Personally comes before me A. C. Connor Ordinary of said County, J. M. Bates and W. L. Coleman both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined Robert Rice and after each personal examination, say that the present

condition of applicant is as follows: Left arm and foot that applicant has had a fracture of the bone, and some of the joints of the right arm and leg and by reason of such injuries, and age and rheumatism that has come in of his very little use to him. He is not able to do any kind of manual labor, and is the lightest kind of work.

and that such condition is permanent. Said condition arises from the following facts: (give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what.)

We have treated applicant professionally for the trouble that he has, and his condition, as above stated, does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 10 day of July 1902 J. M. Bates M.D. W. L. Coleman M.D. A. C. Connor Ordinary.

NOTE 1 - State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as warranted by evidence.
NOTE 2 - The Physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA, Cherokee County.

I, A. C. Connor, Ordinary of said County, do certify that I am well acquainted with Robert Rice, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide resident since the day of 1843.

I also certify that the witnesses, to-wit: J. M. Bates and W. L. Coleman are persons of respectability, that their statements are worthy of full credit and belief, and that the full text of the Affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal, this 28 day of June 1902 A. C. Connor, Ordinary Cherokee County.

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

that Robert was on the same company with the
and that said Bob was while in service on the
Hammaker in the year 1863 was disabled from
service and was sent to the Hospital for treatment
and after Mr. Rice was to Hospital I was sent
to the same Hospital and saw Bob there

Where was applicant's command surrendered? Kingston Ga
Was he with it? yes Were all of you present? yes
If not, where was he? He was present
Where were you all? We were with command

How do you know the facts you state to be true? We were members of
the same company
We personally know above stated facts. We were with him in the Army and have known him ever since.

He was honorably discharged or retired from the service on 15 day of May
1864. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1863
We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 28 day of January 1902 G. B. Smith
W. B. Rice
Ordinary.

Note 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they
are legally qualified to the same.
2.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.
3.—All blank spaces must be filled when signed.
4.—Three witnesses are required.

We have treated applicant provisionally for years, and his condition, as above stated,

does not arise from hereditary or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 26 day of July 1902 J. M. Bates
W. B. Coleman
Ordinary.

Note 1.—State fully the physical condition and especially the extent of disability. If disability results from wound or
injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or
origin, as understood by affiants.
Note 2.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA, Liberty County.

I, J. M. Bates, Ordinary of said County,

do certify that I am well acquainted with Robert Rice, the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are
true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he
resides in this County and has been a bona fide resident since the 15 day of May 1863.

I also certify that the witnesses, to-wit: J. M. Bates
and W. B. Coleman are persons of respectability, that their statements are worthy of full
credit and belief, and that the full text of the affidavit was read to and understood by them before they signed
the same.

Given under my official signature and seal, this 28 day of April 1902

J. M. Bates
Ordinary Cherokee County.

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

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Miller County.

Personally came before me J. S. Leachman and
Robt. Bruce, both known to me as reputable physicians

of said County, who, being severally sworn, say on oath that they have examined carefully

Robt. Bruce, applicant for pension under Section 1254, Code, and after

such personal examination say that his precise physical condition is as follows:

Applicant is suffering from hernia of
right side, which work contracts during the middle
service. He is also suffering from fracture of left shoulder.
Left arm worn out and is a complete invalid
he cannot work anything at any work or calling
and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this, the 27 day of Sept 1902 J. S. Leachman
Robt. Bruce
Ordinary J. S. Leachman M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

over
Miller County.

I, J. S. Leachman, Ordinary, in and for said County, hereby certify

that the applicant, Robt. Bruce, resides in said County, and has

been a bona fide resident of this State since the 15 day of May 1863

and that the witnesses, viz: J. S. Leachman and Robt. Bruce

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 Miller County shows that applicant

returned for taxation in his name in 1899 00 Dollars of

property, and in 1900 00 Dollars of property; in 1901

00 Dollars of property; in 1902

00 Dollars of property.

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

Witness my hand and seal of office, this 27 day of Sept 1902

J. S. Leachman
Ordinary,

of Miller 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.

STATE OF GEORGIA,

COUNTY.

Ordinary, in and for said County, hereby certify that the applicant, _____, resides in said County, and has been a bona fide resident of this State since the _____ day of _____, 189____, 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 affidavit was read to the applicant and witness before same was signed. I further certify that the tax digest of _____ County shows that applicant returned for taxation in his name in 1899 _____ Dollars of property, and in 1900 _____ Dollars of property; in 1901 _____ Dollars of property; in 1902 _____ Dollars of property.

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

Witness my hand and seal of office, this _____ day of _____, 190____.

Ordinary,

of _____ 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,

COUNTY.

I, _____, hereby authorize _____ of _____ 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____.

[L. S.]

Executed in presence of _____

Georgia 32 H.D. Since only in and
Milledgeville 3 for said County. Do hereby
Certify that Dr. J. S. Cochran is
a bona fide citizen and resident of said
County, he is a practicing Physician and
his statements are worthy of full faith
and credit.
Given under my hand and seal of Office
at Albany Ga Sept. 27 1906
H. I. Seecorby.

No. _____

INDIGENT PENSION.

190

Name _____

County _____

Co. _____

Regt. _____

190

Approved _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

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

Opp. of Harmon Office Printer, Atlanta, Ga.

And Credit.
Given under my hand and seal of office
at Alexandria Va Sept. 27 1906
J. B. Sweeney

No. _____

INDIGENT PENSION.

1907

Name _____

County _____

Co. _____

Regt. _____

Approved _____ 1907

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

John W. Lindsey, State Printer, Atlanta, Ga.

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 _____ 1907

[L. S.]

Executed in presence of

INDIGENT PENSION.

1907

Name Robert B. Rainey

County Cherokee

Co. 2nd Ga. Cav. Regt.

Approved _____ 1907

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

John W. Lindsey, State Printer, Atlanta, Ga.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

_____ COUNTY.

I, _____ of said State and County, desiring to avail myself of the Pension Act (Section 1264, Code), hereby submit his proofs, 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? (Give State, County and Postoffice.)
Robert B. Rainey, Cherokee County, Georgia
2. How long and since when have you been a resident of this State? Since 1857
3. When and where were you born? Spartanburg S.C., 1836
4. When and where and in what company and regiment did you enlist or serve? Company H, 2nd Ga. Cavalry - 1862
5. How long did you remain in such company and regiment? until May 12th 1865
6. When and where was your company and regiment surrendered and discharged? at Kingston May 12th 1865
7. Were you present with your company and regiment when it was surrendered? I was
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was present
9. How much can you earn (gross) per annum by your own exertions or labor? Nothing
10. What has been your occupation since 1865? Farmer
11. Upon which of the following grounds do you base your application for pension, viz: "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? Age, Infirmary & Poverty.
12. If upon the first ground, state how long you have been in such condition that you could not earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight. I have not performed any labor in three years.
13. What property, real and personal, or income, do you possess, and its gross value? I have \$500.00 worth of land. I own just about all the land in worth.
14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, have you made of same? the same that I have now. I own \$500.00 and small amount of personal property.
15. In what County did you reside during those years, and what property did you then return for taxation? Cherokee
16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? I have been earning money and what little comes from my land.
17. How much did you support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I don't know. Not very much.
18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? Farming until last three years.
19. Have you a family? If so, who composes such family? Give their means of support. Have they a home-stead, or other property? Their ages and how employed? My self, wife, and one daughter.
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? One
22. How many applications have you ever made and under what class? Invalid.

Every question must be answered.

Sworn to and subscribed before me this the
19 day of Aug, 1907
at Cherokee County.
Ordinary,
Applicant.

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 not performed any labor in three years.

Sworn to and subscribed before me this the }
19 day of August, 1907 } Robert H. Benson
St. Joseph Ordinary, man Applicant.
of Cherokee County.

Dear Robert H.
Cherokee County

11. What property, effects or income has the applicant? (Give your means of knowledge.)
Be controls one lot of land, not worth much

12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907,
About the same as now
and what disposition, if any, did he make of same? *Made no disposition*

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
No

14. What is the applicant's occupation and physical condition? *Farming, applicant is not able to do any kind of labor,*

15. Is the applicant unable to support himself by labor of any sort; if so, why? *Unable to support himself by reason of his age and infirmity,*

16. How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? *By children from farm and on borrowed money, & half of it is*

17. What portion of his support for these four years was derived from his own labor or income?
Nothing

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. *Applicant as old & infirm, not able to do any sort of labor, has no means of support*

19. Who compose family? What property have they? Children's ages and their earning capacity?
Applicant & his wife, one daughter, now brought in 30 yrs of age, wife 60

20. What interest have you in the recovery of a pension by this applicant? *None*
Sworn to and subscribed before me, this 10th day of Sept. 1907. *R. D. Watson*
H. J. Webb Ordinary.

STATE OF GEORGIA,
Chester COUNTY.

I, W. J. Walker Ordinary, in and for said County, hereby certify that the applicant Robert H. Buice resides in said County, and has been a bona fide resident of this State since the _____ day of _____, 189____ and that the witnesses, viz: C. C. Maddox, W. D. Pitt, Graham, W. A. and R. A. Walker 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 herein 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 Chester County shows that applicant returned for taxation in his name in 1901 _____ Dollars of property, and in 1902 \$ 729. Dollars of property; in 1903 \$ 785. Dollars of property; in 1904 \$ 735. Dollars of property; in 1905 \$ 680. Dollars of property; in 1906 \$ 615. Dollars of property; in 1907 _____ Dollars of property.

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

Witness my hand and seal of office, this 19th day of August, 1907
W. J. Walker Ordinary.
Chester County.

NOTES

1. Below any questions are answered, the Ordinary shall answer "yes" and the witnesses in the following words: "I am well and contented, and do not wish to stand in 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.

When did he leave his command? For what cause? By what authority he left? How do you know all of this?

- I was present with him in some way.
- What property, effects or income has the applicant? (Give your means of knowledge.)
He controls one lot of land, not worth much.
 - 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 the same as now. made no disposition of.
 - Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?
No.
 - What is the applicant's occupation and physical condition?
Swimming. Applicant is not able to do any kind of work.
 - Is the applicant unable to support himself by labor of any sort; if so, why?
Unable to support himself by reason of his age and infirmity.
 - How was he supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907?
By little income from farm and on occasional money, half of his children.
 - What portion of his support for these four years was derived from his own labor or income?
Nothing.
 - Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code.
Applicant is old & infirm and not able to work & support by his labor. He has no business or support.
 - Who composed family? What property have they? Children's age and their earning capacity?
Applicant's wife, one daughter, now, daughter is 20 years of age, wife 65.
 - What interest have you in the recovery of a pension by this applicant?
None.
- Sworn to and subscribed before me, this 10 day of Sept 1907.
H. J. Webb Ordinary.

STATE OF GEORGIA.

Cherokee County.
I, H. J. Webb, Ordinary, in and for said County, hereby certify that the applicant, Robert H. Buice, resides in said County, and has been a bona fide resident of this State since the day of 1890 and that the witnesses, viz: C. C. Maddox, M. D. H. L. Cochran, W. D. and R. A. Watson 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 herein 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 \$ 838 Dollars of property, and in 1902 \$ 779 Dollars of property; in 1903 \$ 785 Dollars of property; in 1904 \$ 735 Dollars of property; in 1905 \$ 680 Dollars of property; in 1906 \$ 615 Dollars of property; in 1907 Dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 19 day of August 1907.
H. J. Webb Ordinary.
Cherokee County.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall give answers made 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 transcribed.
3. In every case the Ordinary must certify to the character of the witnesses, and as to the execution of the proof as above set out.

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 _____ 1907.
(L. S.)
Executed in presence of _____

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA, Cherokee County.
Robert Buice 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 true answers to make to the following questions, deposes and answers as follows:
1. What is your name and where do you reside? (Give State, County and Postoffice).
Robert Buice, Buice and Cherokee, Ga. Ga.- How long and since when have you been a resident of this State?
30 years.
- When and where were you born?
1836, Spalding Co. Ga.
- When and where and in what company and regiment did you enlist or serve?
face of 1861, Co. "A" - 2nd Ga. Regt. of Cavalry
- How long did you remain in such company and regiment?
until May 12, 1865
- When and where was your company and regiment surrendered and discharged?
May 12 - 1865, at Kingston Ga.
- Were you present with your company and regiment when it was surrendered?
Yes
- If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?
- How much can you earn (gross) per annum by your own exertions or labor?
Nothing
- What has been your occupation since 1865?
Farming
- 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."
Age & poverty.
- 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 not done a days work in 10 years. I am crippled and back aching trouble, and a general break down.
- What property, real and personal, or income, do you possess, and its gross value?
Nothing but small amt. of personal property.
- 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?
I owned a small tract of land in 1903 but had to sell every thing to pay debts and doctors bills.
- In what County did you reside during those years, and what property did you then return for taxation?
Cherokee County
- How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909?
I lived on the income from my land by borrowing money.
- How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
I don't know.
- What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? What pay did you receive in each year?
No employment, not able to do any thing.
- Have you a family? If so, who compose such family? Give their means of support. Have you a homestead or other property? Their ages and how employed?
Myself & wife and one daughter. No property.
- Are you receiving any pension? If so, what amount and for what disability?
No
- Have you ever made an application for pension before?
Yes
- How many applications have you ever made and under what circumstances?
one Indigent
- Sworn to and subscribed before me, this 22 day of Sept 1907.
H. J. Webb Ordinary.
Cherokee County.

Every Question MUST Be Answered.

INDIGENT PENSION

1907.

Name Robert Buice
County Cherokee
Co. H. 2nd Ga. Regt

Approved _____ 1907
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Ordinary will receive money of applicant, Company and witnesses as well as full and correct return of same.

8-80-7

Every Question MUST BE

Name Robert Bruce
County Cherokee
Circuit 2nd Cir Regt
Approved 1909
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Ordinary will write name of Applicant, Company and
regiment on back of this warrant.
Date of birth 1865

1. What property, real and personal, or income, do you possess, and its gross value? Nothing but small amt of personal property.

2. 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? I owned a small tract of land in 1903 but had to sell every thing left by debt and doctor bills.

3. In what County did you reside during those years, and what property did you then return for taxation? Cherokee County.

4. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? I lived on the income from my land & by borrowing money.

5. How much did your support cost for each of those years and what portion did you contribute thereto by your own labor or income? I don't know.

6. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? What pay did you receive in each year? No employment, not able to do any thing.

7. Have you a family? If so, who composes such family? Give their means of support. Have you a homestead or other property? Their ages and how employed? Myself & wife and one daughter. No property.

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

9. Have you ever made an application for pension before? Yes, one disabled.

10. How many applications have you ever made and under what circumstances? one disabled.

11. Sworn to and subscribed before me this the 23 day of Sept 1909.
W. J. Muth Ordinary of Cherokee County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
County Cherokee
Name W. B. Mathis
as a witness in support of the application of Robert Bruce 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? W. B. Mathis, reside in Cherokee, Ga.

2. Are you acquainted with Robert Bruce, the applicant; if so, how long have you known him? I have known him 50 years.

3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Cherokee, Ga. in State 50 years.

4. When, where and in what company and regiment did he enlist, and how do you know? Enlisted in fall of 1861, Company H, 2nd Reg. Infantry.

5. Were you a member of the same company and regiment? Yes.

6. How long did he perform regular military duty? Until May 1865.

7. When and where was his command surrendered? May 12, 1865 at Kingston, Va.

8. Were you present when it surrendered? Yes.

9. Was applicant present? Yes.

10. If he was not present, where was he? Yes.

When did he leave his command? For what cause?

By what authority he left? How do you know all of this?

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
County Cherokee
Personally seen before me J. M. Bates and W. M. Willingham both known to me as reputable physicians of said County who, being severally sworn, say on oath that they have examined carefully Robert Bruce applicant for pension under Section 1254, Code, and after personal examination say that his precise physical condition is as follows: He is a tall, robust, able and broken down. Not able to support himself at any kind of work. Has kidney and prostate trouble. Often has to leave urine in bed, with catheter.

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

Sworn to and subscribed before me, this the 23 day of Sept 1909.
W. J. Muth Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
County Cherokee
I, W. J. Muth Ordinary, in and for said County, hereby certify that the applicant Robert Bruce resides in said County, and has been a bona fide resident of this State since the 1859 year, and that the witnesses, viz., W. B. Mathis, J. M. Bates and W. M. Willingham 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 herein 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 \$779.00 Dollars of property; in 1903 785.00 Dollars of property; in 1904 725.00 Dollars of property; in 1905 680.00 Dollars of property; in 1906 593.00 Dollars of property; in 1907 56.00 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 1909.
W. J. Muth Ordinary of Cherokee County.

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 to blank spaces are insufficient.

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

11. What property, effects or income has the applicant? (Give your means of knowledge.)
Nothing except a small amount of personal property

12. What property, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909?
He had a small tract of land & small amount of personal property

13. Has he conveyed away any of his property in the last four years; if so, what, and to whom?
Sold land to pay debt & to his old landlord, sold it to Robt Bruce

14. What is the applicant's occupation and physical condition?
did farm & was formerly a farmer, has no occupation now, he has not been able to work at all in six years, he can't draw a barrel of fruit

15. Is the applicant unable to support himself by labor of any sort; if so, why?
He is, by reason of his age and infirmities

16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909?
by a small amount of money from his land & some money on the land

17. What portion of his support for these four years was derived from his own labor or income?
Nothing

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code.
He has kidney trouble, rheumatism and generally broken down

19. Who composes family? (What property have they? Children's ages and their earning capacity?)
himself, wife and one daughter, no property

20. What interest have you in the recovery of a pension by this applicant?
Nothing

Sworn to and subscribed before me, this 23 day of Sept 1909
H. J. Seale Ordinary

Cherokee County, Georgia
I, *W. J. Mathis* Ordinary, in and for said County, hereby certify that the applicant, *Robt Bruce* resides in said County, and has been a bona fide resident of this State since the *1890's* and that the witnesses, viz. *W. J. Mathis, J. M. Baker and W. M. Williamson* are of trustworthy character, and 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 hereto 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 *\$77.95* Dollars of property; in 1904 *725.00* Dollars of property; in 1905 *725.00* Dollars of property; in 1906 *680.00* Dollars of property; in 1907 *593.00* Dollars of property; in 1908 *56.00* Dollars of property; in 1909 *56.00* 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 1909
H. J. Seale Ordinary, *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.

Georgia } Personally comes Dr. C. C. Maddox
Milton County } of said State and County, who being sworn says that he is a practicing Physician and that he is personally well acquainted with Robt Bruce of the County of Cherokee and who is an applicant for pension. Dependent further states that he has attended or treated said Robt Bruce for 8 or 10 years, he is suffering from rheumatoid pains in his left shoulder & arms which renders his arms and shoulder useless during the last or deviation of these pains he received a fracture of shoulder joint & collar bone during the war and his present physical troubles are due to said fracture or hurt.

Sworn to and subscribed before me March 13 1902 C. C. Maddox M.D.
H. J. Seale Ordg. Milton County

Georgia } I, H. J. Seale Ordinary in and for
Milton County } said County, do hereby certify that Dr. C. C. Maddox is a bona fide citizen and resident of said County and that his statements are worthy of full faith and credit.

Given under my hand and seal of Office at Alpharetta Ga This March 13 1902
H. J. Seale Ordg

Georgia } I, H. V. Jones Ordinary of said
Forsyth County } County do hereby certify that I am well acquainted with the witnesses G. B. Smith and N. L. Rice and know them to be trustworthy and the statements made by them are entitled to full faith and credit. Witness my hand and seal of Office this 29 day of January 1902
H. V. Jones Ordg

Georgia } I, H. V. Jones Ordinary of said
Forsyth County } County do hereby certify that I am well acquainted with the witnesses W. J. Hopper and know him to be a trustworthy and the statements made by him are entitled to full faith and credit. Witness my hand and seal of Office this 18 day of April 1902
H. V. Jones Ordg

states that he has attended or treated said Robt. Bruce for 8 or 10 years, he is suffering from rheumatic pains in his left shoulder & arms, which renders his common shoulder useless, during the last or duration of these pains he received a fracture of shoulder joint & collar bone, during the war, and his present physical troubles are due to said fracture or hurt.

Wm to and Subscribed
before me March 13-1902 C. C. Maddox M.D.
H. I. Seale Ordly.

Millon County

Georgia E. J. H. I. Seale Ordinary in and for
Millon County I said County do hereby certify
that Dr. C. C. Maddox is a Bonafide Citizen
and resident of said County and that his
statements are worthy of full faith and
Credit

Given under my hand and seal of Office
at Alpharetta Ga This March 13-1902

H. I. Seale Ordly

Know Them to be true and correct and the statements
made by them are entitled to full faith
and Credit - Witness my hand and seal
of Office This 29-day of January 1902
H. V. Jones Ordly

Georgia I H. V. Jones Ordinary of said
Forsyth County do hereby certify that I am
well acquainted with the witness
W. P. Hafford and know him to be a true
worth and the statement sworn by him
is entitled to full faith and Credit and
over my hand and seal of Office
This 18-day of April 1902

H. V. Jones Ordly

STATE OF GEORGIA



W. J. WELCH
ORDINARY

THE ORDINARY

CANTON, GA Sept 29th 1906

Hon J. M. Lindsay

My dear Sir

I enclose application
of Robt Bruce. he lives about 12
miles from Canton. he sent me
word that he wanted to make a
claim for Pension I advised him
to make it on the Indigent list
but you see his witnesses live
in Forsyth County and he has
not been able physically to look
after it. As he is running the whole
thing up I advised him to
attach another affidavit from
his physician and send it
back as the evidence would
be the same in regard to his
service. He is living on

STATE OF GEORGIA



W. J. WELCH
ORDINARY

THE ORDINARY

CANTON, GA

1906

a small farm worth about
five hundred dollars but the
witnesses are that owing to
the fact that he has not been
able to work for several years
and that for the last two years
he has been a complete invalid
he has borrowed money and
lived up all his means
and now he is practically
perishers I put this facts
before you hoping that
you can see your way
clear to help him.

Yours truly,

W. J. Welch Ordly

How J. M. Lindsey

My dear Sir - Atlanta Ga

I enclose application of Robt Buies. he lives about 12 miles from Canton. he sent me word that he wanted to make a claim for Pension. I advised him to make it on the Indigent list but you see his witnesses live in Forsyth County and he has not been able financially to look after it. So running the whole thing up I advised him to attach another affidavit from his physician and send it back as the evidence would be the same in regard to his service. He is living on

1901
a small farm worth about five hundred dollars but he informs me that owing to the fact that he has not been able to work for several years and that for the last two years he has been a complete invalid he has borrowed money and lived up all his means and now he is practically penniless. I put this facts before you hoping that you can see your way clear to help him.

Yours truly,
W. M. G. G. G.

State of Georgia } Personally appears before
Forsyth County } me the Undersigned Ordinary
in and for said County. W

I Wofford, personally known to me to be
Trustworth Citizens each of whom being
duly sworn according to law severally dep
whole oath that have personally and well
acquainted with Robert Buies whose app
lication is herewith presented for a pension
that he has resided in this State continuously
since 1861 that he served in Company B 1st
and Regiment Cavalry that in the year
1863 at Hoover's Gap that said Buies got his
shoulder hurt and was sent to the Hospital
our command was surrendered at Kingston
we were present we were with him in the
Army and have known him since there was honorably
discharged from the service on the 15 day of May
1865.

Sworn to and subscribed
before me this 18 day of
April 1902

W. V. Jones Clerk

W. M. G. G. G.

I Hoffer, personally known to each of whom being
true worth Citizens each of whom being
duly sworn according to law severally say
under oath that he personally and well
acquainted with Robert Buies whose app-
lication is herewith presented for a pension
that he has resided in this State continuously
since 1861 that he served in Company B of the
2nd Regiment Cavalry that in the year
1863 at Hoover's Gap that said Buies got his
shoulder hurt and was sent to the Hospital
our command was surrendered at Kingston
we were present we were with him in the
Army and have known him since there was honorably
discharged from the service on the 15 day of May
1865

Sworn to and subscribed
before me this 18 day of

April 1902

H. V. Jones Clerk

H. J. Hoffer

Ey Dept Atlanta
July 14, 1889

The applicant is
not entitled to
any allowance
under the prof-
no disability
claimed by applicant
none shown by
physicians which
entitles him.

M. H. Harrison
Clerk

Black, Harrison

Cherokee Co.

No. 1604

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 31, 1889.

FOR

Right Arm Disabled

Applicant Harrison Black

County Cherokee

Amount 50.

Date of Warrant Mar 26

Entered on Record,

Mar 26 1889

M. H.

SECRETARY EXECUTIVE DEPARTMENT.

M. H.

H. P. P. Dupree

the necessary
claims by applicant
none shown by
physicians which
entitles him.
W. H. Harrison
Chen

Amount 50.
Date of Warrant *Feb 26*
Entered on Record,
Feb 26 1889
W H H
SECRETARY EXECUTIVE DEPARTMENT.

W H H
H. P. P. Dupre

STATE OF GEORGIA,

Cherokee County.
PERSONALLY appears *Harrison Black* 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 continuously since the *7* day of *June* 1853; 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 *6*, of 23rd Regiment of *Georgia* Volunteers, *Colquhoun's* Brigade; that whilst engaged in such military service, at the battle of *Sharpsburg* in the State of *Maryland*, on the *17* day of *Sept* 1862, he was wounded as follows: *gun shot wound in right arm, half way from elbow to shoulder, breaking the arm; also gun shot wound in left arm, half way between elbow and shoulder, breaking the arm, and also gun shot wound in the left side, wounding the ribs severely, causing to perform the manual labor.*
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved Dec. 24, 1888, and makes application for the allowance to which he is entitled for the year ending Oct. 26, 1889.
Sworn to and subscribed before me, this *7* day of *July* 1889 *Harrison Black*
William W. Harrison
Notary Public for the State of Georgia.
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

Cherokee County.
PERSONALLY comes before me *W. B. Coleman* and *John M. Turner*, Ordinary of said county, *W. B. Coleman* and *John M. Turner*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *Harrison Black*, and after such examination say that the applicant has been injured as follows: *A gun shot wound in the right arm, half way from elbow to shoulder, breaking the arm; also gun shot wound in left arm, half way between elbow and shoulder, breaking the arm, and also gun shot wound in the left side, wounding the ribs severely, causing to perform the manual labor.*
Sworn to and subscribed before me, this *7* day of *July* 1889 *W. B. Coleman* and *John M. Turner*
W. B. Coleman
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.

Black, Harrison
Cherokee
No. *104*
APPLICATION FOR ALLOWANCE
FOR YEAR ENDING OCT. 26, 1889.
FOR
Right arm Disabled
Applicant *Harrison Black*
County *Cherokee*
Amount *50.*
Date of Warrant *Feb 26*
Entered on Record,
Feb 26 1889
W H H
SECRETARY EXECUTIVE DEPARTMENT.
W H H
H. P. P. Dupre
Ey Dept Atlanta
July 14 1889
The applicant is
not entitled to
any allowance
under the prof-
its disability
claims by applicant
none shown by
physicians which
entitles him.
W. H. Harrison
Chen

Black, Harrison
Cheerful &
 No. *1604*
 APPLICATION FOR ALLOWANCE
 FOR YEAR ENDING OCT. 31, 1889
 2008
Right arm disabled
Applicant Harrison Black
County Cherokee
 Amount *50.*
 Date of Warrant *Feb 26*
 Entered on Record *Feb 26 1889*
W. H. H.
 SECRETARY RESERVES DEPARTMENT
W. H. H.
prop. paper

the 7 day of July 1889
W. H. H. Putnam Ordinary
 Note: State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

Cherokee County.
 PERSONALLY comes before me *W. H. H. Putnam* Ordinary of said county, *W. H. H. Putnam* and *John M. Lusk*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *Harrison Black*, and after such examination say that the applicant has been injured as follows: *He was shot in the right arm by a Minnie bullet while in the service of the Confederate States, and the wound is such that it is substantially and essentially useless.*

Sworn to and subscribed before me, this *7* day of *February* 1889, *John M. Lusk* and *W. H. H. Putnam* 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, *W. H. H. Putnam* Ordinary of said county, do certify that I am well acquainted with *Harrison Black*, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: *W. H. H. Putnam* and *John M. Lusk*

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 that the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this *7* day of *February* 1889, *W. H. H. Putnam* Ordinary *Cherokee* County.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact 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 application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.
 KNOW ALL MEN BY THESE PRESENTS, That I, *Harrison Black* of *Cherokee* county, in said State, do hereby appoint *W. H. H. Putnam* 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* 1889, *Harrison Black* (L.S.)

Executed in the presence of us:
W. H. H. Putnam Ordinary
G. O. J. Parley

DIRECTION:

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

that the foregoing witnesses, to-wit: *W. L. Coleman*
and *John M. Turk*
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 that the said affidavits and signatures thereto are genuine.
Given under my official signature and seal, this *7th* day of *February* 1889
Cesar W. Putnam
Ordinary *Sherlock* County.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact 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 application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

POWER OF ATTORNEY.

STATE OF GEORGIA.
Cherokee County.
KNOW ALL MEN BY THESE PRESENTS, That I, *William L. Coleman*, of *Cherokee* county, in said State, do hereby appoint *John M. Turk* 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 *7th* day of *February* 1889
William L. Coleman

Executed in the presence of us:

W. L. Coleman
John M. Turk

DIRECTION:

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

Ex Dept Atlanta Ga
June 26, 1890
Applicant has been
paid heretofore without
he uses this form of
Application.
He presented proof of
his disability this year
and in July last was
paid for right arm
& paid to Oct 26/90.
There is no law which
authorizes the Governor
to make payment to
same individual twice
in one year.
The left arm is not so
badly disabled as right
and that applicant was
paid all that was provided
for him upon the first
Application. W. H. Harrison

Blacky Harrison
Cherokee County
1890.
Having been paid
for 1890 in July last
by *W. H. Harrison*
July 27/90 No. *1011*
APPLICATION FOR ALLOWANCE
FOR
Applicant, *Harrison*
County, *Cherokee*
Amount,
Date of Warrant,
Entered on record
189
ORDINARY EXECUTIVE DEPARTMENT
WARRANT HANDED TO
W. J. Campbell, State Printer, Constitution Job Office, Atlanta.

NOTES.

1. In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the law, the following rules are adopted, and followed by a plain statement of fact 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 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.
5. 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.
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. No payments can be made for any past year.

W. H. HARRISON
(Look for Dept)

There is no law which
authorizes the Governor
to make payment to
same individual twice
in one year.
The left arm is not so
badly disabled as right
and that applicant was
paid all the law provides
for him upon the first
application. W. H. Harrison

Amount,
Date of Warrant,
Entered on record

189

SECRETARY EXAMINING DEPARTMENT

WARRANT HANDLED TO

W. J. Campbell, State Printer, Commissioner Job Office, ALABAMA

ES.

to enable all parties interested
in the following suggestions are submitted:
1. The following suggestions are submitted:
description of the wound should be carefully
and followed by a plain statement of facts
claiming disability from disease contracted
of the disease should be given, tracing the
or leg, unless the arm or leg has been
substantially useless for ordinary pursuits
of the Act in reference to the arm or
and amendments are added to any of the
will before an officer, and the proofs must
be Ordinary of the county of the residence
If not be received in any case.
re specially requested to call the attention

W. H. HARRISON,
Clerk Ex. Dept.

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 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.
5. 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.
6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.
7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Dept.

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

PERSONALLY appears Cherokee County,
Harrison Black of Said 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 continuously since the day of June 1887; 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 G, of 23rd Regiment of Georgia Volunteers Colquitt Brigade; that whilst engaged in such military service at the battle of Sharpsburg in the State of Maryland, on the 17 day of September 1862, he was wounded as follows: Shot wound in both arms shot striking and entering said arms about the middle of the arms above the elbow and passing through the arms breaking the bones causing the arms to be substantially and essentially useless. Gunshot wounds in the left arm the shot entering and striking about the middle of the arm causing partial paralysis by reason of said wounds deponent has been unable to labor since receiving said wounds

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 thereunder, ending October 26, 1890

Sworn to and subscribed before me this 10th day of June 1890 Harrison Black
Deponent Cherokee County

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

PERSONALLY came before me Cherokee County of the county of Cherokee State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company of 23rd 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 Cherokee county.

Sworn to and subscribed before me this 10th day of June 1890.

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.

1890.

Application for ALLOWANCE

Applicant, Harrison Black

County, Cherokee

Amount, 1887

Date of Warrant, June 1887

Entered on record, June 1887

SECRETARY EXAMINING DEPARTMENT

WARRANT HANDLED TO

W. J. Campbell, State Printer, Commissioner Job Office, ALABAMA

There is no law which authorizes the Governor to make payment to same individual twice in one year. The left arm is not so badly disabled as right and that applicant was paid all the law provides for him upon the first application. W. H. Harrison

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

STATE OF GEORGIA,
Cherokee County

Know all Men by these Presents, That I, Harrison, Black
of Cherokee
County, in said State, do hereby appoint Herward G. Newman
Cherokee County, Ga. my true and lawful attorney in fact, for
and in my name, to receive and receipt for whatever amount of money I may be entitled
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;
and I hereby authorizing my said attorney to receipt in my name for any Warrant that may be
issued by the Governor, or for any sum of money which may be coming to me for the reason
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
18th day of July, 1890.
Harrison Black [L. S.]

Executed in the presence of us:
James L. Jordan
Oscar W. Putnam. *(initials)*
DIRECTOR.

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

STATE OF GEORGIA,
Cherokee County. }

I, *Odium W. Putnam* Ordinary of said county, do certify that I am well acquainted with *Horace W. Baskin* 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 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 *15th* day of *February* 1890

Odium W. Putnam
Ordinary *Cherokee* County.

STATE OF GEORGIA,
Cherokee County.
 I, *W. O. Putnam* _____ Ordinary of said County,
 do certify that I am well acquainted with *Harrison Black* _____ 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 *H. F. Jordan* _____
 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 *14* day of *July* 1891.
W. O. Putnam
 Ordinary. *H. F. Jordan* _____ County.

Black, Harrison
C. P. 10155 C
Black, Harrison

1890.

No. *1246*

APPLICATION FOR ALLOWANCE.

FOR YEAR ENDING OCTOBER 31, 1889.

—FIVE—

Ann dis'able

Applicant, *Herman Black*

County, *Cherokee*

Amount, *50*

Date of warrant, *Feb 1st*

Entered on record

Set 15 1890

10151

RECEIVED
TERRITORIAL EXECUTIVE DEPARTMENT
10 10 1890

WARRANT PAID TO

Applicant

Black, Harrison
of Groveland
1891.
Robert Harrison
Charles
1891.
No. 1093
Application for Allowance
FOR THE YEAR ENDING OCTOBER 31, 1891.
THE
County of Harrison, Mo.
Amount, \$500
Date of Warrant, July 18
Entered on record
July 18, 1891
C. W. Aldrich
RECORDING EXECUTIVE DEPARTMENT.
WARRANTS ISSUED TO
Harrison
Groveland
Geo. W. Harrison, State Printer, Atlanta, Ga.

Black, Harrison
1890.

No. 1246
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 24, 1887.
Applicant, Harrison Black
County, Cherokee
Amount, 50
Date of warrant, Feb 1st
Entered on record
Feb 14 1890
10446
RECEIVED BY THE SECRETARY OF THE
TREASURY DEPARTMENT
WARRANT FORWARDED TO
Applicant

Black, Harrison
1891.
No. 1093
Application for Allowance
FOR THE YEAR ENDING OCTOBER 24, 1891.
Applicant, Harrison Black
County, Cherokee
Amount, 50
Date of Warrant, July 18
Entered on record
July 18 1891
11446
RECEIVED BY THE SECRETARY OF THE
TREASURY DEPARTMENT
WARRANT FORWARDED TO
Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears Harrison Black 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 _____ day of _____ 1853; 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 B, of 25th Regiment of Volunteers Infantry Brigade; that whilst engaged in such military service, at the battle of Shiloh in the State of Mississippi, on the 17 day of September 1862, he was wounded as follows: that on the night of September 17, 1862, he was shot in the arm & leg, & the wound was so severe that he was unable to move, & he remained in the hospital until the 1st of November, 1862, when he was discharged as disabled.

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 _____ dollars.

Sworn to and subscribed before me, this _____ day of _____ 1890

Harrison Black

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 _____ 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 _____ 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 Harrison Black 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 _____ 1853; 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 B, of 25th Regiment of Volunteers Infantry Brigade; that whilst engaged in such military service at the battle of Shiloh in the State of Mississippi, on the 17 day of Sept 1862, he was wounded as follows: that on the night of September 17, 1862, he was shot in the arm & leg, & the wound was so severe that he was unable to move, & he remained in the hospital until the 1st of November, 1862, when he was discharged as disabled.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of _____ dollars, for 1888, 1889 & 1890.

Sworn to and subscribed before me, this _____ day of _____ 1891.

Harrison Black

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

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

Executed in the presence of us:

[L. S.]

DIRECTION.

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

P. O.

of Twenty dollars.
Sworn to and subscribed before me, this 14 day of July, 1891.
Edmund W. Patterson
Harrison Black

POWER OF ATTORNEY.
STATE OF GEORGIA

County: }
KNOW ALL MEN BY THESE PRESENTS, That I, _____ of _____

county, in said State, do hereby appoint _____

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

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

Executed in the presence of us: _____

[L. S.]
at _____

DIRECTION.

Send money to me as follows, by _____

to _____

County, Georgia.

P. O.

Sworn to and subscribed before me, this 14 day of July, 1891.
Edmund W. Patterson
Harrison Black

POWER OF ATTORNEY.
STATE OF GEORGIA,

County: }
Know all Men by these Presents, That I, _____ of _____ County, State of Georgia, do hereby appoint _____

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

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

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, Edmund W. Patterson Ordinary of said county,

do certify that I am well acquainted with Harrison Black 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 first day of March, 1892.

Edmund W. Patterson
Ordinary Cherokee County.

Cherokee Co.
Black, Harrison
No. 239

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name Harrison Black

County Cherokee

Disability Disability, 50%

Amount, \$ 50 00

Entered on record March

1892.

W. H. HARRISON,

Secretary of Legislative Department.

W. H. Harrison

AGENT.

W. H. Harrison

One W. Harrison, Main Printer, Atlanta, Ga.

Chas. C. Black, Harrison
2010.1.29

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name, Harrison, Black
County, Cherokee
Disability, Paralysis, some
Amount, \$ 50
Entered on record, March
W. H. HARRISON,
Secretary of Pension Department.
no
AGREED.
Jan 27
Geo. W. Harrison, Pension Commissioner, Atlanta, Ga.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA.

Cherokee County, }
PERSONALLY appears Harrison, Black
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 day of November 1852; 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 25th Regiment of Georgia Volunteers Volgs's
Brigade; that whilst engaged in such military service at the battle of Shoofats
in the State of Ms. D., on the President day of
Sept. 2nd 1862, he was wounded as follows: by hand shot
in the right arm above the elbow, breaking the bone and
rendering the arm immovably and essentially useless

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 Dollars for 1891 1892

Sworn to and subscribed before me this the

1st day of March 1892.

Harrison Black

L. W. Williams 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, Harrison Black

of Cherokee

County, in said State, do hereby appoint John 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 First
day of March 1892.

Harrison Black [L. S.]

Executed in the presence of us:

W. Williams
James L. Jordan

DIRECTION.

Send money to me as follows, by

Payable to P. O.

County, Georgia.

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

Dec. 24, 1888, and the same having been allowed for
Right Arm disabled
He is entitled to receive the sum of *Eighty 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.
The Treasurer will pay the same and hold his receipt on this voucher, and return same to
Executive Department for warrant.

By the Governor,

W. H. Harrison



GOVERNOR

CLERK EXECUTIVE DEPARTMENT

50
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Eighty 00/100
per above voucher, this

Dollars

1889.

*26 of Harrison Black
W. H. Wright*

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

Arm disabled

He is entitled to receive the sum of *Eighty 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

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

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT

GOVERNOR

50
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Eighty 00/100
per above voucher, this

Dollars

1890

15 of Harrison Black

W. F. WESTMORELAND

DRS. WESTMORELAND & WESTMORELAND,
57 Marietta Street.

W. F. WESTMORELAND, JR.

Atlanta, Ga.

March 11th 1889

Geo. J. B. Gordon

Dear Sir

*In Com-
-pliance with your request
& examined Mr. Black and found
his arm greatly and permanently
disabled. I don't say that the arm
is "absolutely and essentially useless."
In manual labor it is to a
great extent useless.*

*Yours Truly
W. F. Westmoreland*

1891.
No. 1093
STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga. *Dec. 18 1891.*

Mr. *Harrison Black* 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

Dis. by Arm wound
He is entitled to receive the sum of *Eighty 00/100* Dollars

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

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

By the Governor,

W. H. Harrison

SECY EXECUTIVE DEPARTMENT

H. J. Warden
GOVERNOR

50
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

Eighty 00/100
per above voucher, this

Dollars

1891.

15 of Harrison Black

Geo. J. R. Gordon

Dear Sir

In Com-
-pliance with your request
I examined Mr. Black and found
his name greatly and permanently
disabled. I can't say that the wound
is "absolutely and essentially healed".
The wound when it is to a
great extent healed.

Yours Truly
W. H. Harrison

Mr. Harrison Black 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
Disability
He is entitled to receive the sum of Eighty 1 00 Dollars
for such disability, the same being the amount due for the year ending October 24, 1891.

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

By the Governor,

W. H. Harrison

Sec'y EXECUTIVE DEPARTMENT.

H. J. Nordin
GOVERNOR.

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

Eighty 1 00 Dollars.
per above voucher, this 18 of July 1891.

Harrison Black

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

Form No. 9.

STATE OF GEORGIA, County of Cherokee
 Ordinary in and for said County of Cherokee
 State of Georgia, hereby certify that I am acquainted with Mrs. Wm. J. Blackwell
 the applicant for a pension in this case, and I
 know, from my own knowledge (or from positive proof presented to me by reputable witnesses),
 that she resides in this County, and that she resided in the State of Georgia on December 23,
 1890, and has not lived out of the State since that date. That she is the widow of
Wm. J. Blackwell, deceased, and as such has heretofore been allowed a
 pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the
15th day of February, 1893.

Ordinary

POWER OF ATTORNEY.

Form No. 8.

STATE OF GEORGIA, County of Cherokee
 Know ALL MEN BY THESE PRESENTS, That I, Wm. J. Blackwell
 of Cherokee County, in said State, do hereby appoint
Wm. J. Blackwell my true and lawful attorney in fact, for
 me and in my name, to receive and receipt for whatever amount of money I may be entitled to
 from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affi-
 davit, and to execute any and all papers necessary to that end, and to receive any money 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 February, 1893.

[i. s.]

Executed in the presence of us:

DIRECTIONS.

Send amount by check to Wm. J. Blackwell and oblige
 me at Cherokee to

Blackwell, Wm. J.
Cherokee County,
 FOR THOSE HERETOFORE PAID

1893.

W. J. Blackwell 1891

No. 3813

Widows' Pension,

for year ending February 15th, 1893.

— PAID TO —

Wm. J. Blackwell

— OF —

Cherokee COUNTY.

Warrant Issued

15/10 1893

AND HANDED TO

W. J. Blackwell

Geo. W. Harris, State Printer, Atlanta.

Certificate of Ordinary of t

STATE OF GEORGIA, County of Cherokee
I, Dr. J. B. Blackwell State of G
know, from my own knowledge, (or from pe
that she resides in this County, and that she
1890, and has not lived out of the State sin
pension for the year ending February 15th
In Witness Whereof, I have hereunto s
day of January 1892.

POWER

STATE OF GEORGIA, County of Cherokee
KNOW ALL MEN BY THESE PRESENTS, T
County, in said State, do hereby appoint
me and in my name, to receive and receipt
from the State of Georgia as a widow of a
davit; hereby authorizing my said Attorney
issued by the Governor, or for any sum of n
aforesaid.
In Witness Whereof, I have hereunto
day of January 1892.

Executed in the presence of us:
DIR
Send amount by bank to Dr. J. B. Blackwell
me at Cherokee, Ga.

— OF —
COUNTY.
Warrant Issued
1893
AND HANDED TO
W. H. N.
Geo. W. Harris & Co. State Printer, Atlanta.

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

Form No. 2.

STATE OF GEORGIA, County of Cherokee
I, Dr. J. B. Blackwell Ordinary in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
Mary J. Blackwell the applicant for a pension in this case, and
know, from my own knowledge, (or from positive proof presented to me by reputable witnesses),
that she resides in this County, and that she resided in the State of Georgia on December 23,
1890, and has not lived out of the State since that date. That she is the widow of
Dr. J. B. Blackwell deceased, and as such has heretofore been allowed a
pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the
day of January 1893.

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cherokee
KNOW ALL MEN BY THESE PRESENTS, That I, Dr. J. B. Blackwell
of Cherokee, Ga.
County, in said State, do hereby appoint Dr. J. B. Blackwell my true and lawful attorney in fact, for
of Cherokee, 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 as a widow of a Confederate Soldier, as stated in the foregoing affi-
davit; 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 January 1893.

[L. S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by bank to Dr. J. B. Blackwell and oblige
me at Cherokee, Ga.

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

Form No. 2.

STATE OF GEORGIA, County of Cherokee
I, Dr. J. B. Blackwell Ordinary in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
Mary J. Blackwell the applicant for a pension in this case, and
know, from my own knowledge (or from positive proof presented to me by reputable wit-
nesses), that she resides in this County, and that she resided in the State of Georgia on
December 23, 1890, and has not lived out of the State since that date. That she is the
widow of Dr. J. B. Blackwell deceased, and as such has heretofore
been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
this, the 19th day of January 1894.

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cherokee
KNOW ALL MEN BY THESE PRESENTS, That I, Mary J. Blackwell
of Cherokee, Ga.
County in said State, do hereby appoint Dr. J. B. Blackwell my true and lawful attorney in fact, for
of Cherokee, 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 en-
titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the
foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
Warrant that may be issued by the Governor, or for any sum of money which may be
coming to me for the reason aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this 19th
day of January 1894.

Executed in the presence of us:

DIRECTIONS.

Send amount by bank to Dr. J. B. Blackwell and oblige
me at Cherokee, Ga.

Widows' Pension,

for year ending February 15th, 1893.

PAID TO —

— OF —

COUNTY.

Warrant Issued

1893

AND HANDED TO

1893

Geo. W. Harris & Co. State Printer, Atlanta.

1894.

No. 608

WIDOWS' PENSION,

for year ending February 15th, 1894.

PAID TO —

— OF —

COUNTY.

WARRANT ISSUED

1894

AND HANDED TO

1894

Geo. W. Harris & Co. State Printer, Atlanta.

me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of January 1894.

Executed in the presence of us:

DIRECTIONS.

Send amount by check to me at San Francisco and oblige

me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th
day of January 1894.

Executed in the presence of us:

DIRECTIONS.

Send amount by check to me at San Francisco and oblige

1893.
270. 3813
FOR THOSE HERETOFORE PAID
1893.
Widow's Pension,
for year ending February 15th, 1893.
PAID TO —
— OF —
County, Georgia.
Warrant Issued
9/10
AND HANDLED TO
1893

1894.
FOR THOSE HERETOFORE PAID
1894.
Widow's Pension,
for year ending February 15th, 1894.
PAID TO —
— OF —
County, Georgia.
Warrant Issued
11/24/94
AND HANDLED TO

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cherokee

Personally comes Mrs.

who being sworn, says on oath, that she is a bona fide resident of said County of

State of Georgia, and that she has resided in said State

continuously ever since 1862. That she is the Widow of

who was a Soldier in Company

of the 1st Regiment of Georgia

Volunteers, that he enlisted in said Regiment on or about the month of July

1862, and served in the Army up to 1865. That he lost his

life on the 21st day of August 1865. (State here

full particulars of the husband's death, when, where and from what cause.)

He was killed in the battle of Gettysburg, Pennsylvania, on July 3, 1863.

He was killed in the battle of Gettysburg, Pennsylvania, on July 3, 1863.

He was killed in the battle of Gettysburg, Pennsylvania, on July 3, 1863.

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For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cherokee

Personally comes Mrs.

who being sworn, says on oath, that she is a bona fide resident of said County of

State of Georgia, and that she has resided in said State

continuously ever since 1862. That she is the Widow of

who was a Soldier in Company

of the 1st Regiment of Georgia

Volunteers, that he enlisted in said Regiment on or about the month of July

1862, and served in the Army up to 1865. That he lost his

life on the 21st day of August 1865. (State here

full particulars of the husband's death, when, where and from what cause.)

His husband died in the hospital in the State of

Ala. in December 1865.

His husband died in the hospital in the State of

Ala. in December 1865.

His husband died in the hospital in the State of

Ala. in December 1865.

His husband died in the hospital in the State of

Ala. in December 1865.

His husband died in the hospital in the State of

Ala. in December 1865.

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Ala. in December 1865.

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Ala. in December 1865.

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Ala. in December 1865.

His husband died in the hospital in the State of

Ala. in December 1865.

His husband died in the hospital in the State of

Ala. in December 1865.

His husband died in the hospital in the State of

Ala. in December 1865.

His husband died in the hospital in the State of

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1843; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

day of January, 1893.

Ordinary.

Post-office

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1843; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

day of January, 1894.

Ordinary.

Post-office

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

Form No. 1.

I, A. L. Gurn Ordinary in and for said County of Cherokee State of Georgia, hereby certify that I am acquainted with Mrs. Mary T. Blankenship the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of David L. Blankenship deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 7th day of January, 1895.

A. L. Gurn

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cherokee County
KNOW ALL MEN BY THESE PRESENTS, That I, Mary T. Blankenship of Cherokee County in said State, do hereby appoint Richard Johnson 3rd & Co. of Georgia my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 7th day of January, 1895.

Executed in the presence of us:

A. L. Gurn
I. Thomas

DIRECTIONS.

Send amount by check to A. L. Gurn to me at Cornell, Ga. and obliging

Mary T. Blankenship [L. S.]
mark

WIDOW'S PENSION.
for year ending February 15th, 1895.
—PAID TO—
Mary T. Blankenship
—OF—
Cherokee County.
WARRANT ISSUED
Feb 14
AND HANDED TO
CCNY
1895.
1895.
FOR THOSE HERETOFORE PAID.
1895.
No. 2405
1895.
1896
Blankenship, Mary T.
Cherokee County

Blackwell, Mary D.
Cherokee County

continuously ever since

1862 that she is the widow of
who was a Soldier in Company

D. L. Blackwell

of the 6th Co. Legion

Regiment of Georgia's

Volunteers, that he enlisted in said Regiment on or about the month of *Feb'y*

1862 and served in the Army up to *Dec 31st* 1862 That he lost his

life on the *31st* day of *December* 1862 (State here

full particulars of the husband's death, when, where and from what cause.) (

Said husband died in Liberty Township in the State

of Ga. on Dec. 31st 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1840, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

7 day of *January*, 1895.

D. L. Blackwell Ordinary.

Post-office

D. L. Blackwell

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee }
County.

I, Elizabeth Blanton, hereby authorize Wm. S. May Jr.
of Cherokee County, to receive and receipt for the pension allowed and that he
shall also cause to be paid to Wm. S. May Jr. by the check or registered mail.

Witness my hand this 11th day of March 1901.

Executed in presence of
W. S. May Jr. (attorney)
Cherokee County.

{
notary
}

Blanton Elizabeth
Cherokee County

No. _____

**WIDOW'S
Indigent Pension.
1901.**

Name Elizabeth Blanton
County Cherokee

Widow of Wm. Blanton
Wm. S. May Jr.

Approved 4/8 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

3/19-1901

Widow of John W. Lindsey
John W. Lindsey
Approved 4/8 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
1901.
Geo. W. Harrison, State Printer, Atlanta, Ga.
3/19-1901

ATTORNEY.

by authority of the State of Georgia, and that he
will be the check or registered mail.
1901.

Signature of John W. Lindsey
State of Georgia

POWER OF ATTORNEY.

STATE OF GEORGIA.
Cherokee County.
I, Elizabeth Blanton hereby authorize John W. Lindsey
of Cherokee County, to receive and receipt for the pension allowed and that he
remit the same to me or to John W. Lindsey by his check or registered mail.
Witness my hand this 11 day of March 1901.
Executed in presence of
John W. Lindsey Ordinary,
Cherokee County.

(REAL)

Questions for Applicant.

STATE OF GEORGIA,
Cherokee County.

Elizabeth Blanton of said State and County, desiring to
avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly,
passed 1900, hereby submits her proof, and after being duly sworn true answers as follows:
1. What is your name and where do you reside? (Give State, County and Post Office). Elizabeth Blanton, Cherokee County, Georgia.
2. How long and since when have you been a resident of this State? Have resided in Georgia all my life. Moved here August 2d 1898. in Tallapoosa County, Georgia.
3. When and where were you born? Born August 2d 1828. in Tallapoosa County, Georgia.
4. When and where was your husband born—state his full name, and when were you and he married? My husband's name was John W. Lindsey. Born in South Carolina in 1818. He and I were married before 1840. Just before our date of marriage.
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? He enlisted at Concord Camp, Georgia, in the 1st Georgia Infantry, Company "D".
6. How long did your husband serve in said Company and Regiment? He served in the 1st Georgia Infantry, Company "D", from 1861 to 1865. He was discharged in 1865.
7. When and where did your husband's Company and Regiment surrender and was discharged? He was discharged in 1865.
8. Was your husband present at the time and place when his Company and Regiment surrendered? I do not know.
9. If not with his command at surrender, state clearly and specifically where he was, when he left command for what cause, and by what authority? He was at Rome, Ga. and was discharged in 1865. He was discharged in 1865.
10. When and where did your husband die? He died June 26th 1890, in Cherokee County, Georgia.
11. Which of the following grounds do you base your application for Pension, viz: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty? Age and Poverty.
12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight. I am about 70 years of age.
13. What has been your occupation since your husband's death? None. Have been in the field.
14. How much can you earn gross, by your own exertion or labor? Nothing.
15. What property, real or personal, or income do you have or possess, and its gross value? None. No property whatever. I have no income from any source.
16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1898-1900, and what disposition, if any, by sale or gift, have you made of the same? I had no property at his death. I had some in 1899 or 1900. I have disposed of none.
17. In what counties did you reside in 1898 and 1900, and what property did you return for taxation? I resided in Cherokee in 1899 and 1900. I returned no property for taxation. (Or other source of support.)
18. How have you been supported since death of husband, and especially for 1899 and 1900? Supported by his work as I could do and assistance from neighbors.
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? He is 78 dollars, but I have been much. Very little.
20. What was your employment during 1899 and 1900—how much did you receive for each year? I was with brother. He paid me for that I could do.
21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property? I have no family.
22. Have you ever made an application for pension before? No.
23. How many applications have you made for a Pension, and under what claim? This is my first application.
Sworn to and subscribed before me this 11 day of March 1901.
John W. Lindsey Ordinary,
of Cherokee County.

Elizabeth Blanton
Cherokee County

No. _____
WIDOW'S
Indigent Pension.
1901.
Name Elizabeth Blanton
County Cherokee
Widow of John W. Lindsey
John W. Lindsey
Approved 4/8 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
1901.
Geo. W. Harrison, State Printer, Atlanta, Ga.
3/19-1901

Elizabeth Blanton
Widow of Charles Blanton

No.

WIDOW'S Indigent Pension. 1901.

Name Elizabeth Blanton

County Cherokee

Widow of Charles Blanton

Age 56

Approved 4/12/1901

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT DATED TO

1901.

John W. Lindsey, State Printer, Atlanta, Ga.

379-1200

11. Which of the following grounds do you have your application for Pension, viz: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty? Age and Poverty

12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight. For about five years.

13. What has been your occupation since your husband's death? None. Have what I could in the field.

14. How much can you earn gross, by your own exertion or labor? Nothing.

15. What property, real or personal, or income do you have or possess, and its gross value? None. No property whatever. I have no income from any source.

16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same? Husband and I had no property at his death. I had none in 1899 or 1900. I have disposed of none.

17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation in 1899 and 1900? Resided in Cherokee in 1899 & 1900. I returned no property for taxation. (Or other) I was aided by the work as I could do and assistance from friends & neighbors.

18. How have you been supported since death of husband, and especially for 1899 and 1900? Supported by the work as I could do and assistance from friends & neighbors.

19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? So on 74 dollars. But times have been very little.

20. What was your employment during 1899 and 1900—how much did you receive for each year? None. I have been ill ever since then that I came towards my own support. Received no pay.

21. Have you a family? If so, who composes such family? Give their means of support. Have they any lands or other property? I have no family.

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

23. How many applications have you made for a Pension, and under what claim? This is my first application.

Sworn to and subscribed before me this 11th day of March 1901. Elizabeth Blanton Ordinary, Cherokee County.

Questions for Witnesses.

STATE OF GEORGIA,

Cherokee County.

Before me, James Robertson of said State and County, having been presented as a witness in support of the Application of Mrs. Elizabeth Blanton for a Pension under the Act of 1900, and after having been 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? James Robertson, Cherokee County.
2. Are you acquainted with the applicant, Mrs. Elizabeth Blanton? Yes.
3. How long have you known her? I have known her near 20 years.
4. Where does she reside, and how long and since when has she been a resident of this State? In Cherokee County. I have known her near 20 years.
5. When and where was she born? Don't know.
6. Were you ever acquainted with her husband? Yes. Blanton, James.
7. Where did he reside in 1861? Living in Cherokee Co.
8. When and to whom was he married? To Elizabeth Blanton. This he has not married.
9. When and where was he born? Don't know.
10. How long have you known him? About 20 years.
11. When and where did James Blanton enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? Aug 1861, in Co. 1st Regt. Ga. Cons. 2d Co. Regt.
12. Were you a member of the same Company and Regiment? Yes.
13. How long did he perform regular military duty? About 2 years.
14. When and where was his Company and Regiment surrendered and discharged from service? Series a prisoner of war. Coming to surrender with her.
15. Were you with the command when it surrendered? Yes, in Prison.
16. Was James Blanton the husband of applicant present? I don't know as I was not there.
17. If not present, where was he? Can't say where he was.
18. When and where did he leave his Command? Don't know that he ever left.

For what cause? By whose authority he left?

How do you know all this? (State fully and clearly.) I was captured at Battle of Wilderness & kept a prisoner. Tell surrender with her. Blanton was with command when I was captured.

18. When and where did James Blanton die? Don't know.

19. Where did he reside at his death and how long had he been a resident of Georgia at his death? Resided in Cherokee Co. I have known him near 20 years.

20. Do you of your own knowledge know that applicant is the lawful widow of James Blanton? Yes. I have known her for 20 years.

21. Has she remained unmarried since her soldier husband's death, and is now his widow? Yes. She has no other husband.

22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? Has no property. I have known her for 20 years.

23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? A very small amount of household furniture.

24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? Had none to dispose of.

25. What is applicant's physical condition and her chances and ability to earn a support? She is old. Broken down. Not able to work.

26. Is applicant able to earn a support at labor of any sort, if not why? She is not from age.

27. How was she supported for 1899 and 1900? None. I have been ill ever since then that I came towards my own support. Received no pay.

28. How much did applicant contribute to her support for last two years? Very small amount.

29. Give a full and complete statement of applicant's physical condition? Old, advanced and broken down.

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

Sworn to and subscribed before me this 11th day of March 1901. James Robertson Ordinary, Cherokee County. Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA,

Cherokee County. James Robertson and John M. Bates both known to me to be reputable physicians, if said county, who being severally sworn, say on oath that they have examined carefully Mrs. Elizabeth Blanton applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is such that she is unable to perform any work, and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 11th day of March 1901. James Robertson Ordinary, Cherokee County. John M. Bates, M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee County. James Robertson Ordinary in and for said county, hereby certify that the applicant, Mrs. Elizabeth Blanton reside in said county, and has been a bona fide resident of this State since day of March 1861, and that the witnesses, Mr. John M. Bates and James Robertson are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavit was read to the applicant and witnesses before the same was signed and subscribed.

I further certify that the tax digest of Cherokee county shows that applicant returned for taxation in her own name in 1899 no return and in 1900 no return dollars worth of property, and in 1900 no return dollars worth of property.

Witness my hand and official seal, this 11th day of March 1901. James Robertson Ordinary, Cherokee County.

SEAL

Notes—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will 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. All affidavits must be made before the Ordinary.

4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 25th April, 1865, not entitled.

5. Witnesses and two Physicians are necessary to make out claims.

13. When and where was his Company and Regiment surrendered and discharged from service?
Was a prisoner of war at Camp Douglas, surrendered with the 1st Georgia Cavalry at Appomattox.

14. Were you with the command when it surrendered? *I was in prison.*

15. Was *Asa Blanton* the husband of applicant present?
I don't know as I was not there.

16. If not present, where was he? *Can't say when he was.*

17. When and where did he leave his Command? *Don't know that he ever left.*

For what cause?

By whose authority he left?

How do you know all this? (State fully and clearly.) *I was captured at Battle of Wilderness & held a prisoner till surrender in the morning. Blanton was with command when I was captured.*

18. When and where did *Asa Blanton* die?
Beckley Co. Ga. some 10 years ago.

19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
Resided in Beckley Co. Ga. I have known him more than 50 years.

20. Do you of your own knowledge know that applicant is the lawful widow of *Asa Blanton* and that she has been married to him for 50 years?
Yes, she has been his wife for 50 years.

21. Has she remained unmarried since her soldier husband's death, and is now his widow?
Yes, she has been his widow.

22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? *Has no property, I have known her for 50 years.*

23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? *A very small amount of household furniture.*

24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom?
Had none to dispose of.

25. What is applicant's physical condition and her chances and ability to earn a support?
She is old, weak, unable to work.

Under the Constitution of the State of Georgia, I, *John M. Tinsley, M.D.*, do hereby certify that the foregoing is a true and correct copy of the original as filed in my office at the County Clerk's Office, *Charleston*, Georgia, on the *11* day of *March*, 1901.

A. C. Brown Ordinary,
Charleston County.

ORDINARY'S CERTIFICATE.
 STATE OF GEORGIA,
Charleston County.

I, *A. C. Brown*, Ordinary in and for said county, hereby certify that the applicant, *Mrs. Elizabeth Blanton*, resides in said county, and has been a bona fide resident of this State since _____ day of _____ 182____, and that the witnesses, *John M. Tinsley, M.D.* and *J. M. Bates, M.D.* are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavit was read to the applicant and witnesses before the same was signed and subscribed.

I further certify that the tax digest of *Charleston* county shows that applicant returned for taxation in her own name in 1899 _____ dollars worth of property, and in 1900 _____ dollars worth of property.

Witness my hand and official seal, this *11* day of *March*, 1901.

A. C. Brown Ordinary,
Charleston County.

Notes—1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will 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. All affidavits must be made before Ordinary.
 4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 26th April, 1865, not entitled.
 5. Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Charleston County.

I, *Elizabeth Blanton*, hereby authorize *A. C. Brown* of *Charleston* county to receive and receipt for the pension paid hereon, and request that he remit same to _____ at *Charleston*.

In Witness Whereof, I have hereunto set my hand and seal, this _____ day of _____ 1902.

Executed in presence of
Frank P. Bantz

POWER OF ATTORNEY.

STATE OF GEORGIA,
Charleston County.

I, *Mrs. Elizabeth Blanton*, hereby authorize *Wm. D. Wright* of *Atlanta Ga* to receive and receipt for the pension paid hereon, and request that he remit same to *Elizabeth Blanton* at *Charleston Ga*.

In Witness Whereof, I have hereunto set my hand and seal, this _____ day of *January*, 1903.

Executed in the presence of
Frank P. Bantz

Elizabeth Blanton, Charleston
 To Those Hereof Paid
 1902.
 No. 765
 INDIGENT
 WIDOW'S PENSION,
 For year ending Dec. 31, 1902.
 PAID TO
Mrs. Elizabeth Blanton
 of *Charleston* County,
 Widow of *Asa Blanton*,
 Co. 3d, 25th "Inf" Regt.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT ISSUED
 2/4
 AND HANDLED TO
Only
 OFFICE OF THE COMMISSIONER OF PENSIONS, ATLANTA, GA.

Elizabeth Blanton, Charleston
 To Those Hereof Paid
 1903.
 No. 1148
 INDIGENT
 WIDOW'S PENSION,
 For year ending Dec. 31, 1903.
 PAID TO
Mrs. Elizabeth Blanton
 of *Charleston* County,
 Widow of *Asa Blanton*,
 Co. 3d, 25th "Inf" Regt.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT ISSUED
 2/16
Off. H. Bantz
 OFFICE OF THE COMMISSIONER OF PENSIONS, ATLANTA, GA.

Blanton, Elizabeth
To Those Heretofore Paid
Cherokee County
1902.
No. *765*
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1902.
PAID TO
Mrs. Elizabeth Blanton
or
Cherokee County,
Widow of *Asa Blanton*,
Co. *B. S. "A"*,
Regiment
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
44
AND HANDLED TO
Only
1902
OFF. W. HARRISON 1111 FIFTH AVENUE, GA.

Blanton, Elizabeth
To Those Heretofore Paid
Cherokee County
1903.
No. *1168*
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1903.
PAID TO
Mrs. Elizabeth Blanton
or
Cherokee County,
Widow of *Asa Blanton*,
Co. *B. S. "A"*,
Regiment
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
2/16
AND HANDLED TO
W. H. Lindsey
1903
OFF. W. HARRISON 1111 FIFTH AVENUE, GA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of *Cherokee* PERSONALLY COMES Mrs. *Elizabeth Blanton*
who, being sworn, says on oath, that she is a bona fide resident of said County of
State of Georgia and that she has resided in said State
continuously ever since *1838*. That she is the Widow of
Asa Blanton who was a soldier in Company
of the *28th* Regiment of *Georgia*
Volunteers, that he enlisted in said regiment on or about the month of *August*
1861, and served in the Army up to *about march* 1864. That he died
on the *26th* day of *June* 1890.

Deponent swears that she was the wife of said deceased soldier during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1855.

I have been allowed an Indigent pension as a resident of *Cherokee* County, under Act 1900, for the year 1902, and now apply for a pension provided by law for the
year ending December 31, 1903.

Sworn to and subscribed before me,
this *28th* day of *January* 1903.
A. C. Conn Ordinary Post Office *Blanton, Georgia*.

State of Georgia,
Cherokee County. I, *A. C. Conn* Ordinary of said County, certify that I am well
acquainted with Mrs. *Elizabeth Blanton* who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of *1-55*.

Given under my official signature and seal, this the *28th* day of *January* 1903.
A. C. Conn Ordinary of *Cherokee* County.

NOTE. All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1903.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of *Cherokee* PERSONALLY COMES Mrs. *Elizabeth Blanton*
who, being sworn, says on oath, that she is a bona fide resident of said County of
State of Georgia, and that she has resided in said State
continuously ever since *1838*. That she is the Widow of
Asa Blanton who was a soldier in Company
of the *28th* Regiment of *Georgia*
Volunteers, that he enlisted in said regiment on or about the month of *August*
1861, and served in the Army up to *March or April* 1864. That he died
on the *26th* day of *June* 1890.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1855.

I have been allowed an Indigent pension as a resident of *Cherokee* County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the
year ending December 31, 1903.

Sworn to and subscribed before me,
this *2d* day of *January* 1903.
W. H. Lindsey Ordinary Post Office *Canton, Georgia*.

State of Georgia,
Cherokee County. I, *A. C. Conn* Ordinary of said County, certify that I am well
acquainted with Mrs. *Elizabeth Blanton* who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of *1-55*.

Given under my official signature and seal, this the *2d* day of *January* 1903.
W. H. Lindsey Ordinary of *Cherokee* County.

NOTE. All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1903.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1855.

I have been allowed an Indigent pension as a resident of this claim was allowed 1897 County, under Act 1900, for the year 1902, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, Elizabeth Blanton this 2nd day of January 1903. D. B. Connor Ordinary Post Office Blanton, Georgia.

State of Georgia, Cherokee County, I, A. C. Conn Ordinary of said County, certify that I am well acquainted with Mrs. Elizabeth Blanton who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1855.

Given under my official signature and seal, this the 11th day of May, 1902. D. B. Connor Official Seal Ordinary of Cherokee County.

NOTE: All blanks must be filled. Vouchers and affidavits must bear date after January 1st, 1902.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1855.

I have been allowed an Indigent pension as a resident of Cherokee County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, Mrs. Elizabeth Blanton this 2nd day of January 1903. D. B. Connor Ordinary Post Office Blanton, Georgia.

State of Georgia, Cherokee County, I, A. C. Conn Ordinary of said County, certify that I am well acquainted with Mrs. Elizabeth Blanton who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1855.

Given under my official signature and seal, this the 2nd day of January 1903. D. B. Connor Official Seal Ordinary of Cherokee County.

NOTE: All blanks must be filled. Vouchers and affidavits must bear date after January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County, I, Elizabeth Blanton hereby authorize W. J. Wright of Atlanta Ga to receive and receipt for the pension paid hereon, and request that he remit same to D. B. Connor at Blanton Ga. In WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of May, 1904.

Executed in presence of D. B. Connor Elizabeth Blanton [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County, I, Elizabeth Blanton hereby authorize W. J. Wright of Cherokee County to receive and receipt for the pension paid hereon, and request that he remit same to at. In WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th day of May, 1905.

Executed in presence of Elizabeth Blanton [L. S.]

TO THOSE HERETOFORE PAID.
1904.
No. 1377
INDIGENT WIDOW'S PENSION
FOR YEAR ENDING DECEMBER 31, 1904
PAID TO Mrs. Elizabeth Blanton
County, Cherokee
Widow of Sam Blanton
Co. F 28th Regt.
JOHN W. LINDSEY, Commissioner of Pensions.
WARRANT ISSUED **FEB 18** AND PAID TO Cuddy
Geo. W. Hartman, State Printer, ALABAMA.

TO THOSE HERETOFORE PAID.
1905.
No. 1077
INDIGENT WIDOW'S PENSION
For year ending Dec. 31, 1905.
PAID TO Mrs. Elizabeth Blanton
OF Cherokee County,
Widow of Sam Blanton
Co. F 28th Regt.
JOHN W. LINDSEY, Commissioner of Pensions.
WARRANT ISSUED **FEB 23** AND PAID TO Wright
Geo. W. Hartman, State Printer, ALABAMA.

Blanton Ga

Blanton Elizabeth
Cherokee County

TO THOSE HERETOFORE PAID.

1904.

No. 377.

INDIGENT
WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. Elizabeth Blanton

Cherokee County.

Widow of Asa Blanton.

Co. H. 28th Ia.

Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

FEB 18 1904.

AND DELIVERED TO

Cherry

Gen. W. Harrison, State Prison, Atlanta.

Blanton Elizabeth
Cherokee County

TO THOSE HERETOFORE PAID.

1905.

No. 1077.

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. Elizabeth Blanton

Cherokee County.

Widow of Asa Blanton

Co. H. 28th Ia.

Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

FEB 23 1905.

AND HANDLED TO

W. J. Webb

Gen. W. Harrison, State Prison, Atlanta.

Cherokee Co.

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of Cherokee } Elizabeth Blanton

who, being sworn, says on oath that she is a bona fide resident of said County of Cherokee, State of Georgia, and that she has RESIDED in said State continuously ever since Aug 2 1838. That she is the Widow of Asa Blanton who was a soldier in Company G of the 28th Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of Aug. 1861, and served in the Army up to March 1864. That he died on the 26 day of June 1860.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1855.

I have been allowed an Indigent pension as a resident of Cherokee County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 1st day of May 1904. Elizabeth Blanton
W. J. Webb Ordinary. Post Office

State of Georgia, } I, W. J. Webb
Cherokee County. } Ordinary of said County, certify that I am well acquainted with Mrs. Elizabeth Blanton who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1838.

Given under my official signature and seal, this 1st day of May 1904.

Official Seal. W. J. Webb Ordinary of Cherokee County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

Form No. 2.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of Cherokee } Elizabeth Blanton

who, being sworn says on oath, that she is a bona fide resident of said County of Cherokee, State of Georgia, and that she has RESIDED in said State continuously ever since 1838. That she is the Widow of Asa Blanton who was a soldier in Company F of the 28th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of August 1861, and served in the Army up to March 1864. That he died on the 26 day of June 1890.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1855.

I have been allowed an Indigent pension as a resident of Cherokee County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me, this 16 day of Jan 1905. Elizabeth Blanton
W. J. Webb Ordinary. Post Office

State of Georgia, } I, W. J. Webb
Cherokee County. } Ordinary of said County, certify that I am well acquainted with Mrs. Elizabeth Blanton who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1838.

Given under my official signature and seal, this 16 day of Jan 1905.

Official Seal. W. J. Webb Ordinary of Cherokee County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1855.

I have been allowed an Indigent pension as a resident of Cherokee County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 1st day of May, 1904. Elizabetta Blanton Ordinary. W. J. Webb Post Office.

State of Georgia, Cherokee County. I, W. J. Webb Ordinary of said County, certify that I am well acquainted with Mrs. Elizabetta Blanton, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1855.

Given under my official signature and seal, this 1st day of May, 1904.



Ordinary of Cherokee County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1855.

I have been allowed an Indigent pension as a resident of Cherokee County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me, this 16th day of Jan, 1905. Elizabetta Blanton Ordinary. W. J. Webb Post Office.

State of Georgia, Cherokee County. I, W. J. Webb Ordinary of said County, certify that I am well acquainted with Mrs. Elizabetta Blanton, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1855.

Given under my official signature and seal, this 16th day of Jan, 1905.



Ordinary of Cherokee County

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. I, Elizabetta Blanton, hereby authorize W. J. Webb of Cherokee County, to receive and receipt for the pension paid hereon, and request that he remit same to at.

In Witness Whereof, I have hereunto set my hand and seal, this 16 day of Jan, 1906. Elizabetta Blanton [L. S.]

Executed in presence of

W. J. Webb

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. I, Elizabetta Blanton, hereby authorize W. J. Webb of Cherokee County, to receive and receipt for the pension paid hereon, and request that he remit same to at.

In Witness Whereof, I have hereunto set my hand and seal, this 9th day of January, 1907. Elizabetta Blanton [L. S.]

Executed in presence of

W. J. Webb

Blanton & Elizabetta
Cherokee County
To Those Hereofore Paid.

1906.
No. 582

INDIGENT WIDOW'S PENSION,
For year ending Dec. 31, 1906.
PAID TO Mrs. Elizabetta Blanton
County, Cherokee
Widow of Asa Blanton
Co. F 28th Inf. Regiment.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 1 1906.
AND HANDLED TO W. J. Webb

THE FARMERS' PRINTING AND PUBLISHING CO., ATLANTA, GA.

Blanton & Elizabetta
Cherokee County
To Those Hereofore Paid.

1907.
No. 1735

INDIGENT WIDOW'S PENSION,
For year ending Dec. 31, 1907.
PAID TO Mrs. Elizabetta Blanton
County, Cherokee
Widow of Asa Blanton
Co. F 28th Inf. Regiment.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 1 1907.
AND HANDLED TO W. J. Webb

THE FARMERS' PRINTING AND PUBLISHING CO., ATLANTA, GA.

Blanton, Elizabeth
County of *Cherokee*
To Those Heretofore Paid

1906.
No. *582*

INDIGENT WIDOW'S PENSION,
For year ending Dec. 31, 1906.

PAID TO *Mrs. Elizabeth Blanton*
OF *Cherokee* County,
Widow of *Asa Blanton*.
Co. *F* 28th in Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 1 1906
AND HANDLED TO *C*

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

Blanton, Elizabeth
County of *Cherokee*
To Those Heretofore Paid.

1907.
No. *1735*

INDIGENT WIDOW'S PENSION,
For year ending Dec. 31, 1907.

PAID TO *Mrs. Elizabeth Blanton*
OF *Cherokee* County,
Widow of *Asa Blanton*.
Co. *F* 28th in Regiment.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
3/13
AND HANDLED TO *C*

1907.

JOHN W. LINDSEY, ATLANTA, GA.

Form No. 1
FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES Mrs. *Elizabeth Blanton*
County of *Cherokee* }
who, being sworn says on oath, that she is a bona fide resident of said County of *Cherokee* State of Georgia, and that she has RESIDED in said State continuously ever since *1838* That she is the Widow of *Asa Blanton* who was a soldier in Company *F* of the *28th* Regiment of *4th* Volunteers, that he enlisted in said regiment on or about the month of *June* 1861, and served in the Army up to *1864* That he died on the *26th* day of *March* *June 1890*

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year *1852*

I have been allowed an Indigent pension as a resident of *Cherokee* County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me this *6th* day of *Jan* 1906. *M. J. Webb*, Ordinary. *Elizabeth Blanton* Post Office *Cherokee*

State of Georgia, } I, *M. J. Webb*
Cherokee County, } Ordinary of said County, certify that I am well acquainted with Mrs. *Elizabeth Blanton*, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of *1838*

Given under my official signature and seal, this the *16th* day of *Jan* 1906.

Official Seal *M. J. Webb* Ordinary of *Cherokee* County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1906.

Form No. 2
FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES Mrs. *Elizabeth Blanton*
County of *Cherokee* }
who, being sworn says on oath, that she is a bona fide resident of said County of *Cherokee* State of Georgia, and that she has RESIDED in said State continuously ever since *All her life* That she is the Widow of *Asa Blanton* who was a soldier in Company *F* of the *28th* Regiment of *1st* Volunteers, that he enlisted in said regiment on or about the month of *June* 1861, and served in the Army up to *1865* That he died on the *26th* day of *March* *June 1890*

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year *1854*

I have been allowed an Indigent pension as a resident of *Cherokee* County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this *9th* day of *Jan* 1907. *M. J. Webb*, Ordinary. *Elizabeth Blanton* Post Office *Cherokee*

State of Georgia, } I, *M. J. Webb*
Cherokee County, } Ordinary of said County, certify that I am well acquainted with Mrs. *Elizabeth Blanton*, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of *All*

Given under my official signature and seal, this the *9th* day of *Jan* 1907.

Official Seal *M. J. Webb* Ordinary of *Cherokee* County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.

continuously ever since 1860 That she is the Widow of Asa Blanton who was a soldier in Company F of the 28th Regiment of Gen Volunteers, that he enlisted in said regiment on or about the month of _____ 1861, and served in the Army up to 1864 That he died on the 16th day of March June 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1858

I have been allowed an Indigent pension as a resident of Cherokee County, under Act 1900, for the year 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me this 16th day of Jan 1906. M. J. Webb Ordinary.

Elizabeth Blanton Post Office _____

State of Georgia, Cherokee County. } I, M. J. Webb Ordinary of said County, certify that I am well acquainted with Mrs. Elizabeth Blanton, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1838

Given under my official signature and seal, this the 16th day of Jan 1906.

Official Seal

M. J. Webb Ordinary of Cherokee County.

NOTE.—All blanks must be filled. Vouchers and Affidavits must bear date after January 1st, 1906.

continuously ever since Jan 1857 That she is the Widow of Asa Blanton who was a soldier in Company F of the 28th Regiment of Gen Volunteers, that he enlisted in said regiment on or about the month of _____ 1861, and served in the Army up to _____ 1865 That he died on the _____ day of _____ 1865

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1854

I have been allowed an Indigent pension as a resident of Cherokee County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me this 9th day of Jan 1907. M. J. Webb Ordinary.

Elizabeth Blanton Post Office Cherokee

State of Georgia, Cherokee County. } I, M. J. Webb Ordinary of said County, certify that I am well acquainted with Mrs. Elizabeth Blanton, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of her life 1838

Given under my official signature and seal, this the 9th day of Jan 1907.

Official Seal

M. J. Webb Ordinary of Cherokee County.

NOTE.—All blanks must be filled. Vouchers and Affidavits must bear date after January 1st, 1907.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }
*Cherokee*Know all Men by these Presents, That I, *Mrs. Malinda Cotto*County, in said State, do hereby appoint *Charles B. Cobb*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 as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
15th day of *Sept* 1891

[L. S.]

Executed in the presence of us:

James A. Green
Charles W. Patterson witnesses

DIRECTIONS.

If allowed, send amount by _____ to _____

me at _____, and oblige

*Reported money out
of Cherokee County
the State of Georgia*1891, July 18th*South Carolina*

No. 2210.

Widows' Pension

— PAID TO —

Mrs. Malinda Cotto

OF

Cherokee

COUNTY.

\$100.00.

Warrant Issued

AND HANDED TO

1891

POWER OF

STATE OF GEORGIA,)
Cherokee County,)

Know all Men by these Presents, That I, *Cherokee*

County, in said State, do hereby appoint *Cherokee* of *Ball Ground P.O. 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 as a widow of a Confederate Soldier, as stated in the foregoing affidavit: hereby authorizing my said attorney to be issued by the Governor, or for any sum of money aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *15th* day of *April* 1891

Executed in the presence of us:

James L. Foran
Orlando W. Pittman witnesses

If allowed, send amount by

me at



Cherokee COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

Cherokee County,)

Know all Men by these Presents, That I, *Martha L. Robo*

of *Ball Ground P.O. Cherokee*

County, in said State, do hereby appoint *Cherokee*

of *Ball Ground P.O. 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 as a widow of a Confederate Soldier, as stated in the foregoing affidavit: hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *15th* day of *April* 1891

Executed in the presence of us:

James L. Foran
Orlando W. Pittman witnesses

DIRECTIONS.

If allowed, send amount by

me at

and oblige

to

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,

County of *Cherokee*

In person came before me, the undersigned Ordinary in and for the County of *Cherokee*

Mrs. *Martha L. Robo*, who being sworn according to law, says under oath that she is the widow of *Samuel Robo*, who was a soldier in the service of the Confederate States, and served as a member of Company *First* of the *Regiment of 8th Infantry* Volunteers; that he enlisted in said

service on or about the day of *April* 1863, and was in the *Army* up to *July* 1863. That while in the

Army, he was on the day of *July* 1863. (See Note No. 1)

She took with chronic bowel trouble in the Lucien Hospital in the City of Columbus Ga. he since his death was sent from the Army from Ball Ground to Lucien Hospital as a private soldier. Deponent was notified of her husband being in said Hospital. Deponent went to said Hospital to attend on him when she reached there she found her husband dead and took charge of his remains. Deponent has been home and had at her side in her family. Deponent knows that he was a Soldier in the Confederate Army and that he died as stated above.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the *15th* day of *February* 1861, and that she has resided in Georgia continuously since the *11th* day of *March* 1861; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1891, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

15th day of *April* 1891.

Orlando W. Pittman

Ordinary.

Martha L. Robo
me

Per O. R.

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



Warrant Issued

1891

\$100.00.

AND HANDED TO

Widow's Pension

PAID TO —

1891

1891

1891

1891

1891

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1891

Our opportunity for knowing the facts stated in reference to death of applicant's husband were
I, Louis Bolo, when at the post, told them as true & that they saw him in Sullivan & Lewis St. Lick just before he died just before he started home

We further swear that Mrs. *Katilda Bolo* was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in *Cherokee* County of the State of Georgia.

Sworn to and subscribed before me, this, the *1* day of *May* 1891.
J. L. Stephenson Ordinary.

NOTE. Witnesses must not testify about things they may believe, but confine their statements to such facts as they personally know.

I hereby certify that the three witnesses are reliable & that their signatures are genuine, May 1-1891
J. L. Stephenson Ordinary
Hunt Co Ga

Those whose husbands went to the army and have never been heard from since the war.
Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.
Those whose husbands *contracted disease in the service*, and who after the war, died of the disease caused by the service. The disease *directly* causing the death.
No widow is entitled unless she was the wife of the soldier during the war, and has never remarried.

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

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

Widows who have married since the service of their husbands in the army are not entitled. There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.

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

If proofs must be made out of the State, the witnesses must be sworn before a Judge of a Court of Record under seal, and the witnesses must be certified to as reliable, and that their signatures are genuine. Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.

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

W. H. HARRISON,
Sec. Ex. Department.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee COUNTY. }
I, *M. G. Boling*, hereby authorize
W. J. Webb of *Canton*
to receive and receipt for the pension allowed, and request that he remit same to
me at *Canton*
by _____
WITNESS my hand and seal, this *4th* day of *Jan.*, 1907.
M. G. Boling [L. S.]
Executed in presence of

M. G. Boling

Boling M. G. Cherokee Co. Rank 1896

(FOR THOSE ALREADY ENROLLED)

Feb 13 1907

INDIGENT
SOLDIER'S PENSION
1907.

Name *M. G. Boling*
County *Cherokee*
Co. *A.* Regiment *1st 500*

WARRANT ISSUED
FEB 13 1907
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
6

Wm. W. Harrison, Sec. Ex. Department, Atlanta.

Reading, Mr. C. L. Sherwin for
Pickens 1906

ONE HUNDRED (254)
(FOR THOSE ALREADY ENROLLED)
In Pickens Co. 6/4 1906

**INDIGENT
SOLDIER'S PENSION
1907.**

Name *M. C. Boling*
County *Cherokee*
Co. *A* Regiment *2nd*

WARRANT ISSUED
FEB 13 1907.
JOHN W. LINDSEY
Commissioner of Pensions

WARRANT HANDED TO
6

15

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cherokee County.

Personally appears *M. C. Boling* of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *1864*; that he is *68* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4 1/2* years in Company *A*, of *2nd* Regiment of *Georgia Vol*; that his physical condition is as follows: *Infirmity and poverty*

that his property consists of the following items: *nothing*

of the value of _____ Dollars. I am now earning by my labor, *nothing* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of *Pickens* County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the *4* day of *Jan*, 1907. *M. C. Boling*
M. J. Webb Ordinary.

State of Georgia,

Cherokee County.

I, *M. J. Webb* Ordinary of said County,

do certify that I am well acquainted with *M. C. Boling* 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 *Jan*, 1907.

Ordinary *Cherokee* County.



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

and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 1/2 years in Company A, of 2nd Regiment of Georgia Vol; that his physical condition is as follows: Infirmity and poverty

that his property consists of the following items: nothing

of the value of _____ Dollars. I am now earning by my labor, nothing Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Pickens County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 4 day of Jan, 1907. }
M. C. Robins Ordinary.

State of Georgia,

Cherokee County.

I, W. J. Webb Ordinary of said County,

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

Given under my official signature and seal this 15 day of Jan, 1907.

Ordinary Cherokee County.

AD-2
FOL-
PAT-
C-78

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Choctaw County.

I, *L. N. Robinson*

man & wife

of Choctaw County

hereby authorize

to receive and receipt for the pension allowed and request that he remit same to *L. N. Robinson*

adams at *houston* by *check*

Written my hand and seal this *20*

day of *April*

at St. Louis, Mo.
L. N. Robinson

L. N. Robinson

of Choctaw County

INDIGENT PENSION
1895.

Name *L. N. Robinson*

County *Choctaw*

Ground

1st Jan'y 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Robt
Gen. W. Harrison, Post Office, Atlanta.

1st Jan 1896
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, Sec. Prison, Atlanta.

ORNEY.
hereby authorize
to be remitted to
by check
1895.
L. H. Bokarian

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, L. H. Bokarian, hereby authorize
D. B. Harrison

to receive and receipt for the pension allowed and request that he remit same to D. B. Harrison

at Boston by check

Witness my hand and seal this 20 day of April 1895.

Executed in presence of
D. B. Harrison
of Cherokee County
L. H. Bokarian

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Cherokee County.

Personally came before me, W. L. Coleman

C. Pickett, both known to me as reputable physicians

of said county, who being severally sworn, say on oath that they have examined carefully L. H.

Bokarian, applicant for pension under the Act of 1894, and after

such personal examination, say that his precise physical condition is as follows:

We find that he has lost his left
arm by reason of a cancer, and
also that he has a large cancer
upon his nose and also one situated
near the left ear, and by reason of
age and infirmity he is unable to
do any manual labor sufficient
to earn a living.

We further say on oath that the physical condition of applicant renders him unable to labor at
any work or calling sufficient to earn a support for himself, and that we have no interest in said pension
being allowed.

Sworn to and subscribed before me, this
the 20 day of April 1895.

W. L. Coleman M.D.
C. Pickett M.D.

Bokarian, L. H.
No. 312
Indigent Pension
1895.

Name L. H. Bokarian

County Cherokee

Ground

1st Jan 1896

RICHARD JOHNSON,

Secretary Executive Department

WARRANT HANDED TO

Geo. W. Harrison, Sec. Prison, Atlanta.

112
B. Johnson, L.H.
No. 312
Cherokee Co.
INDIGENT PENSION

1895.

Name *L. W. Richmond*

County *Cherokee*

Ground

1st July 1896

RICHARD JOHNSON,

Secretary, Executive Department

WARRANT HANDLED TO

Gen. W. Harrison, Prison, Atlanta

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this
the *20* day of *April* 1895.

W. L. McQueen, M.D.
Shelton

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee County.

I, *D. C. Corbin*, Ordinary in and for said County, hereby certify that
the applicant *L. W. Richmond* resides in said County, and was a bona
fide resident of this State on the first day of January, 1894, and that the witnesses, viz:—

W. L. Coleman, C. C. Keitt & L. H. Haskins
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 herein prescribed, and that the full text of the affidavits was read to the applicant and witnesses
before same were signed.

I further certify that the tax digest of *Cherokee* County show that applicant
returned for taxation in his name in 1893, *mado no return for tax on* dollars
of property, and in 1894, *1893 or 1894* dollars of property.

Witness my hand and seal of office, this *30* day of *April* 1895.
D. C. Corbin Ordinary
of *Cherokee* County.

NOTE.

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

10. What is the applicant's occupation and physical condition?

*He is not physically able to follow any
occupation.*

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

*He has lost an arm, and is suffering
from something like cancer.*

12. How was he supported during the years 1893 and 1894? *I do not know*

13. What portion of his support for these two years was derived from his own labor or income?

None so far as I know

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under the Act of December 10th, 1894? *I have already stated what
I know about his physical condition
and that an account of age and infirmity
he is entitled to pension under the above
named act.*

15. What interest have you in the recovery of a pension by this applicant? *Some what*

Sworn to and subscribed before me, this
the *20* day of *April* 1895.

C. M. McQueen

D. C. Corbin, ordinary

NOTE.

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

Some so far as I know

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? *I have already stated what I know about his physical condition and that on account of age and infirmity he is entitled to pension under the above named Act.*

15. What interest have you in the recovery of a pension by this applicant? *Some whatever*
Sworn to and subscribed before me, this } *C. M. McClure*
the *20* day of *April* 1895. }
D. C. Corry, ording

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Cherokee County. }

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

1. What is your name and where do you reside? *C. M. McClure, and I reside at Canton in Cherokee County*
2. Are you acquainted with *L. H. Bohannan*, the applicant, if so how long have you known him? *About forty five years*
3. Where does he reside, and how long has he been a resident of this State? *He resides in Cherokee County - has resided in the State 45 years*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *He served six months in Co. I from Pickens County, Cherokee Legion, State Militia or Home Guard*
5. When, where and in what company and regiment did he enlist? *He enlisted in Pickens County, the 1st of Aug on first of Sept 1862*
6. Were you a member of the same company and regiment? *I was*
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? *Six months, He was discharged with the rest of the company at the expiration of six months*

8. What property, effects or income has the applicant? (Give your means of knowledge.) *He has no effects or income so far as I know. I know that the applicant has not been able to perform but very little, if any labor, for the past five years*
9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? *None that I know of*

15. What is your present physical condition and how long have you been in such condition? *Very Bad I am Racked down from age & affliction. Three years ago I had my left arm amputated from the effect of cancer & now have a very Bad cancer on my face*

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

17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? *Some five or 6 years have been suffering for ten years with cancer so I was not able to work*

18. What property, effects or income do you possess? *None*

19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any did you make of same? *None*

know this? *He served six months in Co. I from
Pickens County, Cherokee Legion, State Militia or
Home Guard.*

5. When, where and in what company and regiment did he enlist? *He enlisted in
Pickens County, the last of Aug. or first of Sept. 1862*

6. Were you a member of the same company and regiment? *I was*

7. How long did he perform regular military duty, and what do you know of his service as a Confed-
erate soldier, and the time and circumstances of his discharge from the service? *Six months,
He was discharged with the rest of the Company
at the expiration of six months.*

8. What property, effects or income has the applicant? (Give your means of knowledge.)
*He has no effects or income so far as I know.
I know that the applicant has not been able
to perform but very little, if any labor, for the past few years*

9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if
any, did he make of same? *None that I know of*

upon the third state whether you are totally blind and when and where you lost your sight?
*Some five or six years have been suffering for ten
years with cancer so I was not able to work*

18. What property, effects or income do you possess? *none*

19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any
did you make of same? *none*

20. In what County did you reside during those years and what property did you then return for taxation?
Cherokee County. None

21. How were you supported during the years 1893 and 1894? *was supported
by my children*

22. How much did your support cost for each of those years, and what portion did you contribute thereto
by your own labor or income? *could not pay was not able to
work on my self & had a general, if, borrowing could
not tell what a amount had taken for me*

23. What was your employment during 1893 and 1894? What pay did you receive in each year?
*not able to work was confined to bed,
most of the time*

24. Are you married and have you a family? If so, is your wife living and how many children have you?
Give age and sex of children and their means of support? *my wife is dead
have 7 children James V. Douglas, and four
people*

25. Are you receiving a pension under any law of this State, if so what amount and for what disability?
none

26. Are you receiving any aid from your County, and if so, how much? Did you ever apply for such aid?
*none have never applied to the County
for aid my children have taken care of me
best they could*

Sworn to and subscribed before me this the } *L. H. Bohannon*
20 day of April 1895. } Applicant.
L. H. Bohannon Ordinary
of Cherokee County.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA, }
Cherokee County. }

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

1. What is your name and where do you reside? (give State, County and post office) *Nashville*
L. H. Bohannon Reside in Cherokee County, Ga
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
in Cherokee County. Since 1845
3. When and where were you born? *June 7, 1826 State of Ga.*
4. Did you volunteer in the Confederate Army or in the Georgia Militia? *State Militia*
5. When and where did you enlist? *Sept 1862 in Pickens County, Ga*
6. In what company and regiment did you enlist? *Company D. Cherokee Legion, Ga Militia*
7. How long did you remain in that company and regiment? *for a term of six months*
8. If you were discharged from same and joined another, or if you were transferred to another, give an
account of such discharge or transfer?
9. For how long a period did you discharge regular military duty? *Six months*
10. When, where and under what circumstances were you discharged from service? *at the
expiration of six months at Rome Georgia*
11. What is your present occupation? *Still able to do any thing*
12. How much can you earn per annum by your own exertions or labor? *am not able to
do any thing, lost my left arm three years ago with
cancer and now have one on my face & not able to
work*
13. What has been your occupation since 1865? *farming as long as I was
able to work*
14. What sum would be necessary for your support for this pension year, and how much are you able to
contribute thereto either in labor or income? *Some \$200 am not contribute
any thing*

POWER OF ATTORNEY.

STATE OF GEORGIA,

charles County.

I, L. N. Bohannon hereby authorize

W. M. Wright of atlanta

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

L. B. Berman by check

at charles

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22nd

day of december, 1897

L. N. Bohannon [S.]

Executed in presence of

W. N. Wilson [S.]

POWER OF ATTORNEY.

State of Georgia,

charles County.

I, L. N. Bohannon hereby authorize W. M. Wright

of atlanta

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

L. B. Berman by check

at charles

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

day of aug, 1898

L. N. Bohannon [S.]

Executed in presence of

L. B. Berman [S.]

ACT OF 18 DEC. 1894.
(For Those Already Enrolled.)

No. 203

INDIGENT

Soldier's Pension.

1897.

Name, L. N. Bohannon
County, charles

1897.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

all

SEE W. JOHNSON, STATE PRINTER, ATLANTA.

No data

ACT OF 18 DEC. 1894.
(For Those Already Enrolled.)

No. 2336

INDIGENT

SOLDIER'S PENSION.

1898.

Name, L. N. Bohannon
County, charles

WARRANT ISSUED

1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

m. h. n

SEE W. JOHNSON, STATE PRINTER, ATLANTA.

No data

Bohannon, J. H.
Cherokee
ACT OF DEC. 15, 1891.
(For Those Already Enrolled.)
No. *208*
INDIGENT
Soldier's Pension.
1897.
Name *J. H. Bohannon*
County *Cherokee*
Jan 4 1897.
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
all
M.D. W. HARTSON, STATE PRINTER, ATLANTA.
No data

Bohannon, J. H.
Cherokee
ACT OF DEC. 15, 1891.
(For Those Already Enrolled.)
No. *2336*
INDIGENT
SOLDIER'S PENSION,
1898.
Name *J. H. Bohannon*
County *Cherokee*
WARRANT ISSUED
1/25 1898.
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
M. H.
M.D. W. HARTSON, STATE PRINTER, ATLANTA.
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.
Personally appears *J. H. Bohannon* of *Cherokee* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the *1846* day of *Jan* 18*46*; that he is *71* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *18 months* in Company *D*, of *Cherokee* *Regiment* of *Georgia* *Militia*; that his physical condition is as follows: *He is in a very feeble condition on account of a long illness and also cancer in the face*; that his property consists of the following items *no property*.

of the value of *none* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of *Cherokee* county been allowed a pension for the year 189*6*.
Sworn to and subscribed before me, this, the *20*th day of *Dec*, 189*6*. *J. H. Bohannon* Ordinary.

STATE OF GEORGIA,
Cherokee County.
I, *J. H. Bohannon* Ordinary of said County, do certify that I am well acquainted with *J. H. Bohannon* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.
Given under my official signature and seal, this *20*th day of *Dec*, 189*6*.
J. H. Bohannon
Ordinary *Cherokee* County.

NOTE.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.
Personally appears *J. H. Bohannon* of *Cherokee* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the *1846* day of *Jan* 18*46*; that he is *71* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *18 months* in Company *D*, of *Cherokee* *Regiment* of *Georgia* *Militia*; that his physical condition is as follows: *he is old and feeble and has a long illness and also cancer in the face*; that his property consists of the following items *no property*.

of the value of *none* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of *Cherokee* county been allowed a pension for the year 189*7*.
Sworn to and subscribed before me, this, the *24*th day of *Jan*, 1898. *J. H. Bohannon* Ordinary.

State of Georgia,
Cherokee County.
I, *J. H. Bohannon* Ordinary of said County, do certify that I am well acquainted with *J. H. Bohannon* 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 *24*th day of *Jan*, 1898.
J. H. Bohannon
Ordinary *Cherokee* County.

NOTE.—The blank spaces must be filled.

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1897. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1896.

Sworn to and subscribed before me, this, the 23rd day of Dec 1896.
A. L. Bohannon Ordinary.

STATE OF GEORGIA,
Cherokee County.

I, A. L. Bohannon Ordinary of said County, do certify that I am well acquainted with L. H. Bohannon 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 23rd day of Dec 1896.



A. L. Bohannon
Ordinary Cherokee County.

NOTE.—The blank spaces must be filled.

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 24th day of July 1898.
A. L. Bohannon Ordinary.

State of Georgia,
Cherokee County.

I, A. L. Bohannon Ordinary of said County, do certify that I am well acquainted with L. H. Bohannon 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 1898.



A. L. Bohannon
Ordinary Cherokee County.

NOTE.—The blank spaces must be filled.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, L. H. Bohannon hereby authorize W. A. Wright of Cherokee to receive and receipt for the pension allowed, and request that he remit same to A. L. Bohannon at Boston Ga by check.

Witness my hand and seal this 10th day of July 1896.

Executed in presence of

A. L. Bohannon } L. H. Bohannon

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, L. H. Bohannon hereby authorize W. A. Wright of Cherokee to receive and receipt for the pension allowed, and request that he remit same to A. L. Bohannon at Boston Ga by check.

Witness my hand and seal, this 4th day of Jan 1890.

Executed in presence of

A. L. Bohannon } L. H. Bohannon [L. S.]

INDIGENT
SOLDIER'S PENSION,
1899.

Name L. H. Bohannon
County Cherokee

WARRANT ISSUED
1/16 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDSD TO
W. A. W.

Geo. W. Harbison, State Printer, Atlanta.

No data

INDIGENT
SOLDIER'S PENSION,
1900.

Name L. H. Bohannon
County Cherokee

WARRANT ISSUED
January 24 1890

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDSD TO
W. A. W.

Geo. W. Harbison, State Printer, Atlanta.

No data

Bohannon, L. H.
Cherokee Co.
code sec. 1284.
(For These Already Enrolled.)
No. 1337
INDIGENT
SOLDIER'S PENSION,
1899.
Name L. H. Bohannon
County Cherokee
WARRANT ISSUED
1/16
1899
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
H. W.
L. W. Harrison, State Printer, Atlanta.
No data

Bohannon, L. H.
Cherokee Co.
code sec. 1284.
(For These Already Enrolled.)
No. 1873
INDIGENT
SOLDIER'S PENSION,
1900.
Name L. H. Bohannon
County Cherokee
WARRANT ISSUED
January 24 1900.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
H. W.
L. W. Harrison, State Printer, Atlanta.
No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears L. H. Bohannon of Cherokee County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1899; that he is 72 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company I, 1st Georgia Cavalry, 1st Regiment of State Troops, in the service of the Confederate States; that his physical condition is as follows: that he has been crippled since the war and has been unable to do any thing but sit at home and has been unable to support himself by his own exertion or labor, and that his property consists of the following items: land and cotton

of the value of \$1000 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of Cherokee County been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, 10th day of Jan'y, 1899.

L. H. Bohannon
Ordinary.

State of Georgia,

Cherokee County.

I, A. C. Gurnee Ordinary of said County, do certify that I am well acquainted with L. H. Bohannon 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 Jan'y, 1899.

A. C. Gurnee
Ordinary Cherokee County.

NOTE.—The blank spaces must be filled.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears L. H. Bohannon of Cherokee County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1899; that he is 72 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company I, 1st Georgia Cavalry, 1st Regiment of State Troops, in the service of the Confederate States; that his physical condition is as follows: that he has been crippled since the war and has been unable to do any thing but sit at home and has been unable to support himself by his own exertion or labor, and that his property consists of the following items: land and cotton

of the value of \$1000 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Cherokee County been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, 4th day of Jan'y, 1900.

L. H. Bohannon
Ordinary.

State of Georgia,

Cherokee County.

I, A. C. Gurnee Ordinary of said County, do certify that I am well acquainted with L. H. Bohannon 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 4th day of Jan'y, 1900.

A. C. Gurnee
Ordinary Cherokee County.

NOTE.—The blank spaces must be filled.

NOTE.—A Affidavit should not be attested before January 1st, 1900.

by occupation a gunner; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 1 year in Company 1 of the 1st Regiment of State Troops for Militia; that his physical condition is as follows: not able to do any thing but sit
arm has been amputated caused by cancer &
now has cancer in the foot
that his property consists of the following items land and Return

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the _____

10 day of January, 1899.

A. C. Bussell

Ordinary.

State of Georgia,

Cherokee County.

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

Given under my official signature and seal, this _____

day of January, 1899.



A. C. Bussell
Ordinary Cherokee County.

NOTE.—The blank space must be filled.

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

by occupation a gunner; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 1 year in Company 1 of the 1st Regiment of State Troops for Militia; that his physical condition is as follows: has a chronic rheumatism in the
foot has lost motion from cancer not able
to perform any labor
that his property consists of the following items 200 p. prop. &c

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the _____

4 day of Jan, 1900.

A. C. Bussell

Ordinary.

State of Georgia,

Cherokee County.

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

Given under my official signature and seal, this _____

day of Jan, 1900.



A. C. Bussell
Ordinary Cherokee County.

NOTE.—The blank space must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1900.

Order of J
 11/21-1910
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11/21-1910
 Confederate
 Soldier's Application.
 UNDER ACT 1910.
 County Cherokee
 Name R. J. Basing
 Company 6th
 Regiment 3rd
 Approved _____
 J. W. LINDSEY,
 Commissioner of Pensions
 CHAR. F. STEEL, State Printer, Atlanta.
 6/20/11 10/20/11

Order of Jan
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Confederate

Soldier's Application.

UNDER ACT 1910.

County Cherokee

Name A. J. Boring

Company 64

Regiment 3rd Co

Approved _____

J. W. LINDSEY.

Commissioner of Prisons

CHAS. F. BYRD, State Printer, ALBANY.

6/20/11 10/29/1913

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 W. L. Lindsey
 4/20/14

Confederate
 Soldier's Application.
 UNDER ACT 1910.
 County Cherokee
 Name R. J. Boring
 Company 6th
 Regiment 3rd Co
 Approved _____
 J. W. LINDSEY
 Commissioner of Pensions
 CHAS. F. STIEL, State Printer, Atlanta.
 6/24/14 10/29/1913

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 W. L. Lindsey
 4/20/14

Confederate
 Soldier's Application.
 UNDER ACT 1910.
 County Cherokee
 Name R. J. Boring
 Company 6th
 Regiment 3rd Co
 Approved _____
 J. W. LINDSEY
 Commissioner of Pensions
 CHAS. F. STIEL, State Printer, Atlanta.
 6/24/14 10/29/1913

Communit is 25
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 W. L. Lindsey
 4/20/94

Name J. W. Lindsey
 Company 67
 Regiment 3rd Ga
 Approved _____
 J. W. LINDSEY,
 Commissioner of Pensions
 CHAS. P. STEIN, State Printer, Atlanta
 6/20/94 10/29/93

Communit is 25
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 - on Communit
 in made during
 W. L. Lindsey
 4/20/94

Confederate
 Soldier's Application.
 UNDER ACT 1910.
 Name Charles
 Company 67
 Regiment 3rd Ga
 Approved _____
 J. W. LINDSEY,
 Commissioner of Pensions
 CHAS. P. STEIN, State Printer, Atlanta
 6/20/94 10/29/93

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,
Cherokee County.
 I, R. J. Boling, of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office) R. J. Boling
Reidsville Cherokee County
2. How long and since when have you been a continuous resident citizen of this State? Reidsville this State 75 years
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? No
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) May 2, 1862, in Cherokee Co. in 3rd Ga. Reg. Cav.
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) until April 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? near Reidsville NC
7. Were you actually present with your Command when it was surrendered or discharged? No
8. If you were not actually present, state specifically and clearly where you were. I was on Fairbault
 - a. Where was your Command when you left it? Mathews Bluff NC
 - b. When did you leave the Command? Jan. 31, 1865
 - c. For what cause did you leave? Fairbault
 - d. By whose authority did you leave? By Lt. F. L. Allen
 - e. For how long was your leave granted? In what way? 30 days, Fairbault
9. Why did you not return to your Command after leave expired? Reported to Gen. Hafford he advised me not to go back but the war was almost over
10. What effort did you make to return? My intention was to go back but Gen. Hafford advised me not to go back
11. Were you captured during the war? No
12. If so, when, and where? In what prison were you held and when were you released?
13. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) One third interest in 200 acres, 1600 \$ 0.00, 2 horses \$ 80.00, one \$ 20.00, 2 cows \$ 5.00, 2 pigs \$ 4.00, farming tools \$ 20.00, house hold \$ 50.00
14. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? None
15. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list.) Same property as listed under question 13.
16. What annual or monthly income or earnings of yourself and wife and the source derived have you? None
17. Are you drawing a pension of any amount from this State or the United States? No
18. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the 12 day of Sept, 1910, at Reidsville, Cherokee County,
R. J. Boling
 J. P. [Signature] Ordinary.

u. By what authority did you leave? *My own*
e. For how long was your leave granted? In what way? *30 days, Furlough*
f. Why did you not return to your Command after leave expired? *I reported to Gen. Hafford*
g. In what way were you prevented? *he advised me not to go back but the war was on*
h. What effort did you make to return? *My intention was to go back but Gen. Hafford*
i. Were you captured during the war? *No*
j. If so, when, and where? In what prison were you held and when were you released?
9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) *One third interest in 200 acres, 1600 \$ 0.00, 2 horses \$ 80.00, Corn \$ 20.00, 2 Hogs \$ 5.00, Wagon \$ 40.00, farming tools \$ 2.00, House hold \$ 50.00*
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? *None*
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list.) *Same property as listed under question 9.*
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? *None*
13. Are you drawing a pension of any amount from this State or the United States? *No*
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? *No*
Sworn to and subscribed before me, this the 12 day of Sept. 1910 } R. J. Bolings
of Cherokee County.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

Cherokee County.

H. M. Connick of said State and County is hereby presented as a witness in support of the application of R. J. Boling for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? H. M. Connick

Reside in Cherokee County

2. How long and since when have you known R. J. Boling the applicant? known him since 1862

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? Resident in Cherokee County, been continuing resident in this State since 1862.

4. When, where and in what Company and Regiment did R. J. Boling enlist during war from 1861 to 1865? (Give date and place) May 2, 1862 in Cherokee Co. T. 3rd Reg.

5. How did you obtain your information of this Service? I was present, exhibited at same time

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) until Spring of 1865

7. When and where was his Command surrendered or discharged (give date and place) April 25, 1865, near Bentonville, Mo.

8. Were you personally present at the Surrender? Yes.

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

10. Was the applicant personally present with his Command at surrender? No.

11. If not where was he and how came him there? he had been furloughed or detailed a short time before the surrender.

12. When did he leave his Command? Spring 1865. Where was his Command when he left it? Matthew Bluff, Mo. For what cause did he leave? Furlough

By whose authority did he leave at that time in charge and how long was he granted leave? I don't know How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically.) of my own knowledge, I saw him.

13. In what way was he prevented from returning to his Command? I don't know. How do you know?

14. What effort did he make to return to his Command and how do you know? I don't know.

15. Was applicant captured as a prisoner. No. If so, when and where? In what prison was he held? and when released?

Sworn to and subscribed before me, this the 12 day of Sept. 1910 } H. M. Connick
of Cherokee County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Cherokee County.

Personally before me come A. H. Scott & A. J. Purcell who on oath says that they are freeholders residing in said County and we know R. J. Boling the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make list by items and value) 200 acres of land 1600 \$ 50.00 - but Applicant only has 1/3 part of this land making his part \$ 160.00 - one horse \$ 50.00 one calf \$ 40.00 Wagon \$ 40.00 one Corn \$ 20.00 House hold \$ 50.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) None

2. When and to whom was it sold or given to?

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant? Uncle of Purcell, no relation to Scott

5. What disposition was made of the proceeds of the sale?

6. Was the disposition of this property made in good faith and full values?

or was it made to obtain a pension?

Sworn to and subscribed before me, this the 12 day of Sept. 1910 } A. H. Scott
of Cherokee County.

A. J. Purcell

Ordinary, Cherokee County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cherokee County.

I R. J. Muth Ordinary of said County, certify that I know the applicant R. J. Boling for Pension is the person he represents himself to be and resides in said County. That I also know H. M. Connick the witness swearing to the service and A. H. Scott & A. J. Purcell who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of Cherokee Co shows that R. J. Boling and wife value for tax is in 1908 \$ 224.00 for 1909 \$ 1070 for 1910 \$ 770

Sworn under my hand and official seal of office this 10 day of Oct. 1910

R. J. Muth Ordinary, Cherokee County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "Do solemnly swear that you will true answer to each question asked you and the evidence you shall give shall be the whole truth; so help you God."

2. Additional copies of this affidavit may be made by the applicant or his wife or by the Ordinary and certified by the Ordinary.

3. All affidavits must be made before the Ordinary and certified by the Ordinary.

4. If property has been sold or given away by the applicant or his wife, affidavits of freeholders as to the property at all in his possession, use or control of self and wife, affidavits of freeholders as to the property.

When, where and in what Company and Regiment did R. J. Beling enlist during war from 1861 to 1865? (Give date and place) May 2, 1862 Fort Bragg, N.C.

5. How did you obtain your information of this Service? I was present, exhibited at same time

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) until Spring of 1865

7. When and where was his Command surrendered or discharged (give date and place) April 25, 1865, near Bentonville, N.C.

8. Were you personally present at the Surrender? yes

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

10. Was the applicant personally present with his Command at surrender? No

11. If not where was he and how came him there? He had been furloughed or detailed a short time before the surrender

12. When did he leave his Command? Spring of 1865 Where was his Command when he left it? Matthew's Bluff, N.C. Why what caused did he leave? Furlough

By whose authority did he leave? by those in charge and how long was he granted leave? I don't know How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) of my own knowledge, I was present

13. In what way was he prevented from returning to his Command? I don't know How do you know?

14. What effort did he make to return to his Command and how do you know? I don't know

15. Was applicant captured as a prisoner? No If so, when and where? In what prison was he held? and when released?

Sworn to and subscribed before me, this the 12 day of Sept, 1910 H. J. Webb Ordinary of Cherokee County.

2. When and to whom was it sold or given to?

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant? Uncle of Beling, no relation to Beling

5. What disposition was made of the proceeds of the sale?

6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?

Sworn to and subscribed before me, this the 12 day of Sept, 1910 H. J. Webb Ordinary of Cherokee County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Cherokee County.

I, H. J. Webb Ordinary of said County, certify that I know the applicant R. J. Beling for Pension is the person he represents himself to be and resides in said County. That I also know N. M. Corns the witness swearing to the service and A. B. Lewis A. J. Purcell who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of Cherokee Co shows that R. J. Beling and wife value for tax is in 1908 \$2246 for 1909 \$1070 for 1910 \$970

Sworn under my hand and official seal of office this 10 day of Oct, 1910 H. J. Webb Ordinary of Cherokee County.

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

2. All affidavits sworn may be attached if blank spaces are insignificant.

3. All affidavits must be made before the Ordinary and certified by him.

4. If applicant has no property at all in his possession, use or control of self and wife, affidavit of freeholders unnecessary.

W. J. WEBB
Ordinary
CHEROKEE COUNTY

F. M. BLACKWELL
Clerk
COURT OF ORDINARY

Georgia--Cherokee County.

CANTON, GA June 15th 1911.

And now come R. J. Beling and in order to amend his application for Pension says, that he has made the statements as clear in the application as he can, that the statements are true, and that he was granted a Furlough here about Feb. 15th 1865, and when Furlough expired he started back to his lawful command, and reported to Gen Wofford when he advised me not to go on that the war was about over. I thought his instructions were lawful and I accepted them in good faith, if I had been advised to go on to my command I would have made the attempt, but do not believe I could have reached it.

Gen. Wofford was in command of the 1st at Cumming Ga., at the time I reported to him, I had already left my home in Cherokee County and gone as far as Cumming, Ga. on my way to try to get back to my Command which was at that time in South Carolina and marching on towards North Carolina and by the time I could have reached my Command in N.C., it would have surrendered.

Sworn to and subscribed before me this June 15th 1911.

H. J. Webb Ordinary

R. J. Beling

for Pension says, that he has made the statements as clear in the application as he can, that the statements are true, and that he was granted a Furlough home about Feb. 15th 1865, and when Furlough expired he started back to his lawful command, and reported to gen Wofford when he advised me not to go on that the war was about over. I thought his instructions were lawful, and I accepted them in good faith, if I had been advised to go on to my command I would have made the attempt, but do not believe I could have reached it.

Gen. Wofford was in command of the pst at Cumming Ga., at the time I reported to him, I had already left my home in Cherokee County and gone as far as Cumming, Ga. on my way to try to get back to my Command which was at that time in South Carolina and marching on towards North Carolina and by the time I could have reached my Command in N.C., it would have surrendered.

Sworn to and subscribed before me-
this June 15th 1911.

R. J. Boling

W. J. Webb. Ordery

Pension of John
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 Mr. Caudle a Com
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 J. W. Lindsey
 George P. Byrd
 4/20/11
 John Nofford's
 and 2nd Regiment
 was Commanding
 Gen. - Applicant paid
 to State any business
 to which he came
 Service.

George C. H. Lindsey
 Disapproved 6/21/1910
 6-23-1911
 Let only.

Confederate
Soldier's Application.

UNDER ACT 1910.

County Shenandoah
 Name C. H. Boyd
 Company C
 Regiment Nofford's
 Approved _____

J. W. LINDSEY,
 Commissioner of Pensions

CHAR. P. BYRD, State Printer, Atlanta.

7/30/11
 6/20/11

c. For what cause did you leave?
d. By whose authority did you leave?
e. For how long was your leave granted? In what way?
f. Why did you not return to your Command after leave expired?
g. In what way were you prevented?
h. What effort did you make to return?
i. Were you captured during the war?
j. If so, when, and where? In what prison were you held and when were you released?
9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4 Nov. 1908? (Make list by items and value.)
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemised list).
12. What annual or monthly income or earnings of yourself and wife and the source derived have you?
13. Are you drawing a pension of any amount from this State or the United States?
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
Sworn to and subscribed before me, this the 23 day of Sept 1910 by R. A. McCallum Ordinary of Cherokee County.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Cherokee County.

R. A. McCallum of said State and County is hereby presented as a witness in support of the application of C. H. Boyd for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? R. A. McCallum Blackwell Cook County Ga

2. How long and since when have you known C. H. Boyd the applicant? 50 years or more

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? Cherokee County Ga

4. When, where and in what Company and Regiment did C. H. Boyd enlist during war from 1861 to 1865? (Give date and place) About Sept 1861, 34th Georgia & Co. 1st Regt

5. How did you obtain your information of this Service? Was in same Co. and Regiment

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Until May 11 1865

7. When and where was his Command surrendered or discharged (give date and place) May 11 1865 at Ringgold Ga.

8. Were you personally present at the surrender? Yes

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

10. Was the applicant personally present with his Command at surrender? Yes

11. If not where was he and how came him there? He was present

12. When did he leave his Command? Where was his Command when he left it? for what cause did he leave?

By whose authority did he leave? and how long was he granted leave? How do you know?

all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) I was in the Co and Regiment with applicant

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

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

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

Sworn to and subscribed before me, this the 24 day of Sept 1910 by R. A. McCallum Ordinary of Cherokee County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Cherokee County.

Personally before me comes A. J. Merritt & J. P. Spurr who on oath says that they are freeholders residing in said County and we know C. H. Boyd the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.) has no property

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items.) None

2. When and to whom was it sold or given to?

3. What was the price paid or stated to be paid?

4. What relation is the party to applicant? None

5. What disposition was made of the proceeds of the sale?

6. Was the disposition of this property made in good faith and full value? or was it made to obtain a pension?

Sworn to and subscribed before me, this the 23 day of Sept 1910 by A. J. Merritt & J. P. Spurr Ordinary of Cherokee County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee County.

I, N. J. Merritt Ordinary of said County, certify that I know

the applicant, for Pension is the person he represents himself to be and resides in

said County. That I also know R. A. McCallum the witness swearing to the

service and A. J. Merritt & J. P. Spurr who are freeholders, that

they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and

they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the

Tax Results of Cherokee Co shows that the value for tax is in 1908 \$ made no Return for 1910

Sworn under my hand and official seal of office this 7 day of Oct 1910

N. J. Merritt Ordinary of Cherokee County.

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

"You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth so help you God."

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

3. All affidavits must be made before the Ordinary and certified by him.

4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

May 11 1865 at Kingston Va.
I, J. M. Blawie, Ordinary of Cherokee County, do hereby certify that the following is a true and correct copy of the original of the foregoing application for pension, as the same appears from the records of said County.
J. M. Blawie
Ordinary of Cherokee County

8. Were you personally present at the Surrender? Yes
9. If not, where were you and how came you there? He was present
10. Was the applicant personally present with his Command at surrender? Yes
11. If not where was he and how came him there? He was present
12. When did he leave his Command? _____ Where was his Command when he left it? _____ for what cause did he leave? _____
By whose authority did he leave _____ and how long was he granted leave? _____ How do you know _____
I was in the Co and Regiment with applicant
13. In what way was he prevented from returning to his Command? _____
How do you know? _____
14. What effort did he make to return to his Command and how do you know? _____
15. Was applicant captured as a prisoner? Yes If so, when and where? _____
In what prison was he held? _____ and when released? _____
Sworn to and subscribed before me, this the 24 day of Sept 1910 R. Holl Gollum
Ordinary of Cherokee County.

Sworn to and subscribed before me, this the 23 day of Sept 1910 J. M. Blawie
Ordinary of Cherokee County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cherokee County.

I, H. N. Worley Ordinary of said County, certify that I know the applicant _____ for Pension is the person he represents himself to be and resides in said County. That I also know R. A. M. Gollum the witness swearing to the service and A. J. Morris J. P. Leers who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of Cherokee Co shows that he and wife value for tax is in 1908 \$ 1000 1909 1000 1910 1000

Sworn under my hand and official seal of office this 7 day of Oct 1910
H. N. Worley Ordinary of Cherokee County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Cherokee County.

H. N. Worley of said State and County is hereby presented as a witness in support of the application of C. H. Boyd for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? H. N. Worley, Reside in Cherokee Co. Ga
2. How long and since when have you known C. H. Boyd the applicant? Since 1864
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? Reside in this Cherokee Co. know him personally since 1864
4. When, where and in what Company and Regiment did C. H. Boyd enlist during war from 1861 to 1865? (Give date and place) Enlist at his father's
5. How did you obtain your information of this Service? _____
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) 3 months to my own knowledge
7. When and where was his Command surrendered or discharged (give date and place) May 12 1865 at Kingston Va
8. Were you personally present at the Surrender? yes
9. If not, where were you and how came you there? _____
10. Was the applicant personally present with his Command at surrender? yes
11. If not where was he and how came him there? He was present
12. When did he leave his Command? From first Where was his Command when he left it? _____ for what cause did he leave? _____
By whose authority did he leave _____ and how long was he granted leave? _____ How do you know _____ all that you have stated to be true? If of your own knowledge (Tell clearly and specifically).
13. In what way was he prevented from returning to his Command? _____
How do you know? _____
14. What effort did he make to return to his Command and how do you know? _____
15. Was applicant captured as a prisoner? Yes If so, when and where? _____
In what prison was he held? _____ and when released? _____
Sworn to and subscribed before me, this the 19 day of June 1911 H. N. Worley
Ordinary of Cherokee County.

11 May 17, 1862, at Kingston Ga.

8. Were you personally present at the Surrender? yes
9. If not, where were you and how came you there? _____
10. Was the applicant personally present with his Command at surrender? yes
11. If not where was he and how came him there? he was present
12. When did he leave his Command? Never left it Where was his Command when he left it? _____ for what cause did he leave? _____
- By whose authority did he leave? _____ and how long was he granted leave? _____ How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). _____
13. In what way was he prevented from returning to his Command? _____ How do you know? _____
14. What effort did he make to return to his Command and how do you know? _____
15. Was applicant captured as a prisoner? No, If so, when and where? _____ In what prison was he held? _____ and when released? _____

Sworn to and subscribed before me, this the 19 day of June 1911 } W. W. Worley
W. J. Smith Ordinary
of Cherokee County.

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

Cherokee County.

I, W. J. Smith of said State and County, hereby apply for the pension provided by Act of 1910, to Confederate Soldiers, and submit his sworn statement, with his testimony to make out the same, and after being duly sworn true answer to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office) W. J. Smith, Resident in Cherokee Co. Ga.
2. How long and since when have you been a continuous resident citizen of this State? 68 years or all my life
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Yes Confederate States Army
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Oct. 1st 1864 Cherokee Co. Ga. Co. 2d to Sherman's Post. North Creek
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) from Oct. 1st 1864 to May 12 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? May 12 1865 at Kingston Ga.
7. Were you actually present with your Command when it was surrendered or discharged? yes
8. If you were not actually present, state specifically and clearly where you were at home
- a. Where was your Command when you left it? Never left it
- b. When did you leave the Command? Never left
- c. For what cause did you leave? _____
- d. By whose authority did you leave? _____
- e. For how long was your leave granted? In what way? _____
- f. Why did you not return to your Command after leave expired? _____
- g. In what way were you prevented? _____
- h. What effort did you make to return? _____
- i. Were you captured during the war? No
- j. If so, when, and where? In what prison were you held and when were you released? _____
9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4 Nov. 1906? (Make list by items and value.) No property
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1906. To whom and for what price? none
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list.) same no property
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? None
13. Are you drawing a pension of any amount from this State or the United States? No
14. Have you ever applied for the Georgia Pension and had it refused and for what cause it was not allowed? No

Sworn to and subscribed before me, this the 19 day of June 1911 } W. J. Smith
W. J. Smith Ordinary
of Cherokee County.

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) Oct 1st 1864 Cherokee Co Ga Camp 3rd Infantry Regt 1st Ark Regt

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) from Oct 1st 64 to May 12 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service? May 12 1865 at Washington

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

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

a. Where was your Command when you left it? Never left it

b. When did you leave the Command? Never left

c. For what cause did you leave?

d. By whose authority did you leave?

e. For how long was your leave granted? In what way?

f. Why did you not return to your Command after leave expired?

g. In what way were you prevented?

h. What effort did you make to return?

i. Were you captured during the war? No

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

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4 Nov. 1908? (Make list by items and value.) No property

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? None

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list.) Same as property

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? None

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

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

Sworn to and subscribed before me, this the 19 day of June 1911 } John R. Boyd
W. J. Smith Ordinary
 of Cherokee County.

Receivd office
Oct 10 - 1910

This man & his
widows now are
Soldiers -

W. H. Lindsay
Cous of Reine

Receivd office
Oct 10 - 1910
Disappeared 10/10/1910

**Confederate
Soldier's Application.**

✓ UNDER ACT 1910.

County Cherokee

Name J. C. Brannon

Company C

Regiment 36th

Approved _____

J. W. LINDSEY,
Commissioner of Pensions

CHAR. F. BYRD, BANK BLDG., ALBANY.

8/10/10

d. By whose authority did you leave? *Taken Prisoner*
e. For how long was your leave granted? In what way? *Left after Paroled*
f. Why did you not return to your Command after leave expired? *I could not get back*
g. In what way were you prevented? *Army was between me and my command*
h. What effort did you make to return? *I could not get back*
i. Were you captured during the war? *Yes*
j. If so, when and where? In what prison were you held and when were you released? *Captured at Red Bank, Md. in Prison Fort Detention, released July 4, 1863*
k. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4 Nov. 1908? (Make list by items and value.) *120 acres Val \$8000, 1 mill \$1000, four calves \$2500, 2 hogs \$200, house hold \$4000, farming tools \$500*
l. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? *None*
m. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list). *same as above*
n. What annual or monthly income or earnings of yourself and wife and the source derived have you? *None*
o. Are you drawing a pension of any amount from this State or the United States? *No*
p. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? *No*

Sworn to and subscribed before me, this the
27 day of Aug 1910 } J. L. Brantley
H. J. Webb Ordinary,
of Cherokee County.

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,
Cherokee County.
J. M. Chambliss
of said State and County is hereby presented as a witness in support of the application of J. C. Brantley for the pension provided by the Act of 1910, in said State, and after being sworn true answers to the questions propounded, answers as follows:
1. What is your name and where do you reside? *J. M. Chambliss, Resident Cherokee Co. - Ga. - Ga. R. R. 2*
2. How long and since when have you known J. C. Brantley the applicant? *Since 1862*
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? *Resides in Cherokee, been in that place since 1862, of my own knowledge*
4. When, where and in what Company and Regiment did J. C. Brantley enlist during war from 1861 to 1865? (Give date and place) *May 1862, 36th Pa. Regt*
5. How did you obtain your information of this Service? *I enlisted at same time*
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) *May 1862 to May 16, 1863*
7. When and where was his Command surrendered or discharged (give date and place) *I don't know*
8. Were you personally present at the Surrender? *No*
9. If not, where were you and how came you there? *I was in Tenn. working on the farm*
10. Was the applicant personally present with his Command at surrender? *I don't know*
11. If not where was he and how came him there? *He was captured May 16, 1863, taken to Red Bank and sent to Prison*
12. When did he leave his Command? *May 16, 1863* Where was his Command when he left it? *Red Bank, Md.* for what cause did he leave? *Taken Prisoner*
By whose authority did he leave? *By order of the Command* and how long was he granted leave? *None* How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) *of my own knowledge, by being with him*
13. In what way was he prevented from returning to his Command? *Don't know*
How do you know?
14. What effort did he make to return to his Command and how do you know? *Don't know*
15. Was applicant captured as a prisoner? *Yes* If so, when and where? *Red Bank, Md.*
In what prison was he held? *Fort Detention* and when released? *I don't know*
Sworn to and subscribed before me, this the
27 day of Aug 1910 } J. M. Chambliss
H. J. Webb Ordinary,
of Cherokee County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Cherokee County.
Personally before me come J. L. Brantley & J. M. Chambliss who on oath says that they are free holders residing in said County and do know J. C. Brantley the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make list by items and value.) *120 acres of land Val \$8000, 1 mill \$1000, four calves \$2500, 2 hogs \$200, house hold \$4000, farming tools \$500*
1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov.

1908? (State fully by items) *None*
2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant? *None*
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full value?
or was it made to obtain a pension?
Sworn to and subscribed before me, this the
27 day of Aug 1910 } John S. Hughes
H. J. Webb Ordinary,
of Cherokee County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cherokee County.
H. J. Webb Ordinary of said County, certify that I know the applicant J. C. Brantley for Pension is the person he represents himself to be and resides in said County. That I also know J. M. Chambliss the witness swearing to the service and J. L. Brantley & J. M. Chambliss who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Receipts of J. C. Brantley shows that he has no other property and wife value for tax is in 1908 \$770, for 1909 \$770, for 1910 \$770
Sworn under my hand and official seal of office this 25 day of Aug 1910.
H. J. Webb Ordinary,
of Cherokee County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.



1862. *of my own knowledge*

4. When, where and in what Company and Regiment did *J. C. Brauman* enlist during war from 1861 to 1865? (Give date and place) *May 1862, Springfield, Mo. 36th Ia Reg.*

5. How did you obtain your information *this Service?* *I enlisted at same time*

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) *May 1862 to May 16, 1863*

7. When and where was his Command surrendered or discharged (give date and place) *I don't know*

8. Were you personally present at the Surrender? *No*

9. If not, where were you and how came you there? *I was in town working on the farm*

10. Was the applicant personally present with his Command at surrender? *I don't know*

11. If not where was he and how came him there? *He was captured May 16, 1863, but later Paroled and went to Tennessee*

12. When did he leave his Command? *May 16, 1863* Where was his Command when he left it? *Padon Creek, Miss.* for what cause did he leave? *Taken Prisoner*

By whose authority did he leave _____ and how long was he granted leave? _____ How do you know all that you have stated to be true? *If of your own knowledge (Tell clearly and specifically) of my own knowledge, by being on the escape path him*

13. In what way was he prevented from returning to his Command? *don't know*

How do you know?

14. What effort did he make to return to his Command and how do you know? *don't know*

15. Was applicant captured as a prisoner *yes* If so, when and where? *Baton Rouge*

In what prison was he held? *Fort De Russin* and when released? *I don't know*

Sworn to and subscribed before me, this the *22* day of *aug* 1910 *S. M. Chamble*

N. J. Webb Ordinary of *Cherokee* County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Cherokee County.

Personally before me comes *J. I. Hughes & J. M. Smith* who on oath says that they are free holders residing in said County and are know *J. C. Brauman* the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make list by items and value) *10 acres of land, Val. \$800. - 1 mule \$100.00, Cow \$100.00, 2 Hogs \$10.00, House hold goods \$100.00, Spring water \$10.00*

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cherokee County.

I, *N. J. Webb* Ordinary of said County, certify that I know the applicant *J. C. Brauman* for Pension is the person he represents himself to be and resides in said County. That I also know *J. M. Chamble* the witness swearing to the service and *J. I. Hughes & J. M. Smith* who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Receipts of *J. C. Brauman* shows that he _____ and wife value for tax is in 1908 \$ *75* for 1909 \$ *75* for 1910 \$ *75*

Sworn under my hand and official seal of office this *22* day of *aug* 1910.

N. J. Webb Ordinary. *Cherokee* County.

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

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

3. All affidavits must be made before the Ordinary and certified by him.

4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.

Braxelton, Annie G. Pearce
Cherokee Co. April

Approved 1931

Widow's Application

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

County Cherokee
Name Annie G. Pearce Braxelton
Widow of Wm. Thos. Pearce
Date of Marriage Nov. 1st 18 66
Company A.
Regiment 3rd Inf. Regt.
Approved P. de T. Lawrence
Pension Commission

Ord. not filed OK

JOHN W. CLARK,
Commissioner of Pensions.

3-20-316

"Pearce, William Thomas,
Enlisted as a private in Co.
A, 37th Regt. Ga. Inf., Aug.
1862. Wounded, Admitted to
St. Mary's Hospital, West
Point, Miss.; account of
wounds, Jan., 15, 1865."

(W.R.)

Ordinary's Certificate

STATE OF GEORGIA.

COUNTY.

Cherokee COUNTY.

I, James B. Pearce, Ordinary of said County, do certify that I know Annie G. Pearce Braxelton, the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1930; that I also know James B. Pearce, the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 28th day of March, 1931.
(SEAL OF ORDINARY) James B. Pearce, Ordinary.
of Cherokee County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "Do you solemnly swear that the facts stated in this application are true?"
2. Additional affidavits must be made by the applicant or witness reader and the witness before the Ordinary of the County in which the applicant or witness reader and the witness reside.
3. All affidavits must be made before the Ordinary of the County in which the applicant or witness reader and the witness reside.
4. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.
5. Attach the back of the application carefully.
6. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

Ordinary of said County, do certify that she has been, continuously, a bona fide resident of said County since January 1st, 1920; that I also know James B. Lee that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 28 day of March, 1931.
Jaest Macey, Ordinary.
of Cherokee County.

Certificate

Pension Commission
Ord. not filed *OK.*

JOHN W. CLARK,
Commissioner of Pensions.

3-20-31 C.

"Pearce, William Thomas, enlisted as a private in Co. A, 37th Regt. Ga. Inf., Aug. 1862, wounded, admitted to hospital, died at West Point, Ga., Dec. 10, 1862, wounds, Jan. 15, 1863."
(W.R.)

Baselton, Annie C. Pearce
Cherokee Co. April
Approved, 1931
Widow's Application

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

County Cherokee
Name Annie C. Pearce Baselton
Widow of Wm. Thomas Pearce
Date of Marriage Nov. 1st 1866
Company A.
Regiment 37th Ga. Infantry
Approved P. de L. Lawrence
Pension Commission
Ord. on file *OK.*

JOHN W. CLARK,
Commissioner of Pensions.

3-20-31 C.

Ordinary's Certificate

STATE OF GEORGIA.
Cherokee COUNTY.

I, Jaest Macey, Ordinary of said County, do certify that I know Ms. Anna C. Pearce Baselton the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know James B. Lee the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 28 day of March, 1931.
(SEAL OF ORDINARY) Jaest Macey, Ordinary.
of Cherokee County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

APPLICATION FOR PENSION BY A WIDOW

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA.

- Cherokee COUNTY.
- Personally appears before me, Annie C. Pearce Baselton of said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, and submits testimony to support the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:
1. What is your name, and where do you reside? (Give Post Office and County)
Annie C. Baselton Cherokee Co. Cherokee Co.
 2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? 82 years
 3. When, where and to whom were you married? Nov. 1st 1866. Pearce to Lee
 - a. Have you married since the death of first and soldier husband? Yes
 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, and give name of Colonel and Captain.)
Murray Co. Co. A. 37th Ga. Infantry, Aug. 1862
 5. When and where did the commands of your husband surrender or discharge from the Service?
Yes
 6. Was your husband personally present with his command when it was surrendered or discharged? Yes
 7. If he was not present, state specifically and clearly where he was?
 8. When did he leave the Command?
 - a. For what cause did he leave?
 - b. By whose authority did he leave?
 - c. For how long was his leave of absence granted? In what way?
 - 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? In what prison was he held and when was he released?
 - j. When and where did your first husband die? June 24, 1879. Gordon Co. Ga.
 - k. Were you residing together when he died? Yes
 - l. If not, how long have you resided apart?
 - m. Are you now a widow? Yes
 9. Have you or your husband heretofore been paid a pension by the State? No
If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me, this the 28 day of March, 1931.
Jaest Macey, Ordinary.
of Cherokee County.

Annie C. Pearce Baselton
made Applicant.

(SEAL OF ORDINARY)

Ordinary's Certificate

STATE OF GEORGIA.

COUNTY.

I, James B. Burtles, Ordinary of said County, do certify that I know Mrs. Anna C. Pearce Brantton the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know James B. Burtles the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 28 day of March, 1927.

(SEAL OF ORDINARY)

James B. Burtles, Ordinary.
of Cherokee County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1861, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

5. When and where did the commands of your husband surrender or discharge from the Service?
June 4, 1862, 37th Ga Infantry, Camp, 1862
6. Was your husband personally present with his command when it was surrendered or discharged?
Yes
7. If he was not present, state specifically and clearly where he was?
8. When did he leave the Command?
a. For what cause did he leave?
b. By whose authority did he leave?
c. For how long was his leave of absence granted? In what way?
- 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?
i. If so, when and where? In what prison was he held and when was he released?

- j. When and where did your first husband die?
June 24, 1879, Gordon Co. Ga.
- k. Were you residing together when he died?
Yes
- l. If not, how long have you resided apart?
Yes
- m. Are you now a widow?
Yes
9. Have you or your husband heretofore been paid a pension by the State? No
If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me, this the

28 day of March, 1927.
James B. Burtles, Ordinary
of Cherokee County.

(SEAL OF ORDINARY)

Anna C. Pearce Brantton
mailed
Applicant.

Questions for Witness as to Service of Husband and Marriage

STATE OF GEORGIA.

COUNTY.

James B. Burtles of said State and County is hereby presented as a witness in support of the application of Anna C. Pearce Brantton for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendment of 1920, in said State, who, after being sworn true answers to make to the questions propounded, answer as follows, to-wit:

1. What is your name and where do you reside?
James B. Burtles
Brantton Co.
2. How long and since when have you known all my life, 25 yrs applicant
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State?
Brantton Co. 28 yrs, on the River
4. When and to whom was she married?
Nov. 1864, Wm. Thos. Pearce How do you know?
I was there
5. How long and since when did you know Wm. Thos. Pearce as her husband?
25 yrs
6. When and where did Wm. Thos. Pearce the husband of applicant, die?
June 24, 1879, Gordon Co. Ga.
7. Were the applicant and her husband living together as husband and wife at the date of his death?
Yes
8. If not, how long did they live apart before his death?
Were they divorced?
9. When, where and in what Company and Regiment did Wm. Thos. Pearce enlist?
(Give date and place) Co. G, 37th Ga. Infantry
10. How did you obtain your information of this service?
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) do not know
12. When and where was his Command surrendered or discharged? (Give date and place).
13. Were you personally present with this Command when it was surrendered?
If not, where were you and how came you there?
14. Was the husband of applicant personally present with his Command at its surrender?
If not where was he? and how came him there?
When, where and for what cause did he leave his Command? (Give date.)
By whose authority did he leave his Command?
and how long was he granted leave?
How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically) Anna C. Pearce Brantton is my sister and I know all this by being closely connected with them
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
16. What effort did he make to return to his Command and how do you know this?
17. Was he captured as a prisoner? No If so, when and where?
In what prison was he held? and when released?

Sworn to and subscribed before me, this the
28 day of March, 1927.
James B. Burtles, Ordinary
of Cherokee County.

(SEAL OF ORDINARY)

Anna C. Pearce Brantton
mailed
(Witness)

1. Where does she now reside, and since when has she been, continuously, a bona fide, Resident citizen of this State? *Canterbury, N.H. 87 yrs.*

2. When and to whom was she married? *Nov. 4, 1846 Wm. Thos. Pearce* How do you know? *I was there*

3. How long and since when did you know *Wm. Thos. Pearce* *105 yrs* her husband?

4. When and where did *Wm. Thos. Pearce* the husband of applicant, die? *June 24, 1872 London, N. H.*

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

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

7. Were they divorced?

8. When, where, and in what Company and Regiment did *Wm. Thos. Pearce* enlist? *(Give date and place) Co. G. 2d N. H. Infantry*

10. How did you obtain your information of this service?

11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) *do not know*

12. When and where was his Command surrendered or discharged? (Give date and place)

13. Were you personally present with this Command when it was surrendered?

If not, where were you _____ and how came you there?

14. Was the husband of applicant personally present with his Command at its surrender? *don't know*

If not where was he? _____ and how came him there?

When, where, and for what cause did he leave his Command? (Give date.)

By whose authority did he leave his Command?

and how long was he granted leave?

How do you know that you have stated to be true? (If of your own knowledge, state clearly and specifically) *Anna G. Pearce, daughter of my sister and of hence all this by being closely connected with her*

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

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

17. Was he captured as a prisoner? *No* If so, when and where?

In what prison was he held? _____ and when released?

Sworn to and subscribed before me, this the *24* day of *March*, 1927. *Geo. W. Garrison* (Witness)

Frederic Minnie Ordinary

of *Shelburne* County.

(SEAL OF ORDINARY)

FILED

SEP 1 1961
VETERAN'S SERVICE OFFICE
A. L. HENSON, Director

BRASELTON, Annie E. (ma)
Cherokee Co. 277

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

(UNDER ACT OF 1919)

John Marshall Ordinary

For: *Mrs. Annie E. P. Belmont*
(Name of Beneficiary)

Date of Death: 8-22, 1934
Amount: \$ 75 - 00

PAID TO ORDINARY ON THIS CLAIM:		
DATE 1934	FUND FROM WHICH PAID	\$
7-28	Crc	75.00
8-31-36	Cx @	120.00
		<u>195.00</u>
X	120	TOTAL 75.00

Approved, and ordered paid,

DEC 87 1984

A. L. HENSON,
Director, Veterans Service Office.

In behalf of the application of Mrs. Anna E. Pearce
Braselton for a pension as the widow of William Thomas
Pearce, Co. A, 37th Georgia Infantry, I hereby certify that
I have known Mrs. Braselton for seventy years and that
March 11, 1894
~~in 1869~~ the widow of William Thomas Pearce was married to
William Green Braselton and that William Green Braselton
died December 17, 1894 and that Mrs. Braselton is now a
widow.

Sworn to and subscribed before me.

Plus Mar. 28-1931
Jacob Massey, Ordinary

James B. Leurtis
his mark

PAID TO ORDINARY ON THIS CLAIM:
DATE: 10/24/31 FUND FROM WHICH PAID: 75.00
10/24/31 10/24/31
TOTAL: 175.00
Approved, and ordered paid,
DEC 27 1931
A. L. HENSON,
Director, Veterans Service Office.

widow.
Sworn to and subscribed before me.
This Mar. 28-1931
Jacob Marley, Ordinary James Braselton
mark

March 21, 1931.

Hon. Jacob Massey,
Ordinary of Cherokee County,
Ganton, Ga.

My dear Judge:

I return herewith the application of Mrs. Anna E. Pearce Braselton for a pension as the widow of William Thomas Pearce, Co. A, 37th Ga. Inf., and as the soldier husband of this widow was never enrolled as a pensioner it will be necessary for her to file her application on the blue blank like the ones enclosed.

As Mrs. Braselton has remarried since the death of her soldier husband, it will be necessary for her to supplement her application with an affidavit from some one acquainted with the facts as to the second marriage and the death of the second husband. A form for this is also enclosed and the son of Mrs. Braselton suggests that Mr. Curtis, Mrs. Braselton's brother, will be glad to sign such affidavit for her.

With kind regards,

Very truly yours,

Commissioner of Pensions

H. M. PATTERSON & SON
Spring Hill at Tenth
ATLANTA, GA.

Sold to For Funeral Expenses of Mrs. Anna E. Braselton,

AUG. 23, 1931

To Our Complete Service Including Casket \$227.00
SPECIAL DISBURSEMENTS FOR YOUR CONVENIENCE
Cement Vault 50.00

Credit by payment from Confederate Pension- received Jan. 2, 1935 75.00

\$202.00

Payment of the balance of this bill was received from W. J. Pearce, son of Mrs. Anna E. Braselton, deceased pensioner.

H. M. Patterson & Son
by

Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)

(To be disbursed by the Ordinary)

GEORGIA, Cherokee County:

Before me, the Ordinary of said County, comes W. J. Pearce

of said County, who after being duly sworn, on oath says

that he knew Annie E. Braselton late of said County, a Confed-

erate pensioner, and that said person is the identical person named and described in the attached

certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of

ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted

to the sum of \$, as shown by sworn statements FULLY and COMPLETELY

ITEMIZED, hereto attached.

Sworn to and subscribed before me,

this the 23 day of Aug, 1931

Jacob Marley, Ordinary.

CERTIFICATE OF THE ORDINARY

GEORGIA, Cherokee County:

I certify that W. J. Pearce who subscribed

to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and

credit. I further certify that I knew Annie E. Braselton the deceased

pensioner referred to in the foregoing affidavit and that said deceased was at the time of death

regularly enrolled as a pensioner on the records of file in my office. I further certify that said de-

ceased pensioner is the identical person named and described in the attached certified copy of burial

certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses

of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 23 day of Aug, 1931

(Seal of Ordinary) Jacob Marley, Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of , who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

As Mrs. Braselton has remarried since the death of her soldier husband, it will be necessary for her to supplement her application with an affidavit from some one acquainted with the facts as to the second marriage and the death of the second husband. A form for this is also enclosed and the son of Mrs. Braselton suggests that Mr. Curtis, Mrs. Braselton's brother, will be glad to sign such affidavit for her.

With kind regards,

Very truly yours,

Commissioner of Pensions

A

ESTABLISHED 1862

H. M. PATTERSON & SON

Spring Hill at Tenth

ATLANTA, GA.

Sold to For Funeral Expenses of Mrs. Anna E. Braselton,

AUG. 23, 1934

To Our Complete Service Including Casket

\$227.00

SPECIAL DISBURSEMENTS FOR YOUR CONVENIENCE

Cement Vault

50.00

Credit by payment from Confederate Pension- received Jan. 2, 1935

\$277.00

75.00

\$202.00

Payment of the balance of this bill was received from W. J. Pearce, son of Mrs. Anna E. Braselton, deceased pensioner.

H. M. Patterson & Son
by *W. J. Pearce*

ITEMIZED, hereto attached.

Sworn to and subscribed before me,

this the 23 day of Aug, 1934

John Marley Ordinary.

CERTIFICATE OF THE ORDINARY

GEORGIA, *Cherokee* County.

I certify that *W. J. Pearce* who subscribed

to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew *Annie E. Braselton* the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 23 day of Aug, 1934

(Seal of Ordinary) *John Marley*, Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of _____ who died without owning sufficient property to pay this bill."
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

In behalf of the application of Mrs. Anna E. Pearce Braselton for a pension as the widow of William Thomas Pearce, Co. A, 37th Georgia Infantry, I hereby certify that I have known Mrs. Braselton for seventy years and that in 18 the widow of William Thomas Pearce was married to William Green Braselton and that William Green Braselton died December 17, 1894 and that Mrs. Braselton is now a widow.

ESTABLISHED 1862

H. M. PATTERSON & SON

Spring Hill at Tenth

ATLANTA, GA.

August 23, 1934

Sold to For Funeral Expenses of Mrs. Anna E. Braselton Cherokee County, Georgia

To Our Complete Service Including Casket

\$227.00

SPECIAL DISBURSEMENTS FOR YOUR CONVENIENCE

Cement Vault (Mathwin)

50.00

\$277.00

STATE OF GEORGIA
COUNTY OF CHEROKEE
The above and foregoing account is rendered for funeral expenses of Mrs. Anna E. Braselton, who died without owning sufficient property to pay this bill.

H. M. Patterson & Son
Member of Firm

Sworn to and subscribed this 23 day of August, 1934

James Shockey

75.00
\$202.00 CANTON, GA. 1934

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

Seventy Five

~~THIRTY FIVE~~ AND NO 100 DOLLARS

Funeral Expenses Mrs. Annie E. Braselton.

1866-1894-1895-1896-1897-1898-1899-1900-1901-1902-1903-1904-1905-1906-1907-1908-1909-1910-1911-1912-1913-1914-1915-1916-1917-1918-1919-1920-1921-1922-1923-1924-1925-1926-1927-1928-1929-1930-1931-1932-1933-1934-1935-1936-1937-1938-1939-1940-1941-1942-1943-1944-1945-1946-1947-1948-1949-1950-1951-1952-1953-1954-1955-1956-1957-1958-1959-1960-1961-1962-1963-1964-1965-1966-1967-1968-1969-1970-1971-1972-1973-1974-1975-1976-1977-1978-1979-1980-1981-1982-1983-1984-1985-1986-1987-1988-1989-1990-1991-1992-1993-1994-1995-1996-1997-1998-1999-2000-2001-2002-2003-2004-2005-2006-2007-2008-2009-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100-2101-2102-2103-2104-2105-2106-2107-2108-2109-2110-2111-2112-2113-2114-2115-2116-2117-2118-2119-2120-2121-2122-2123-2124-2125-2126-2127-2128-2129-2130-2131-2132-2133-2134-2135-2136-2137-2138-2139-2140-2141-2142-2143-2144-2145-2146-2147-2148-2149-2150-2151-2152-2153-2154-2155-2156-2157-2158-2159-2160-2161-2162-2163-2164-2165-2166-2167-2168-2169-2170-2171-2172-2173-2174-2175-2176-2177-2178-2179-2180-2181-2182-2183-2184-2185-2186-2187-2188-2189-2190-2191-2192-2193-2194-2195-2196-2197-2198-2199-2200-2201-2202-2203-2204-2205-2206-2207-2208-2209-2210-2211-2212-2213-2214-2215-2216-2217-2218-2219-2220-2221-2222-2223-2224-2225-2226-2227-2228-2229-2230-2231-2232-2233-2234-2235-2236-2237-2238-2239-2240-2241-2242-2243-2244-2245-2246-2247-2248-2249-2250-2251-2252-2253-2254-2255-2256-2257-2258-2259-2260-2261-2262-2263-2264-2265-2266-2267-2268-2269-2270-2271-2272-2273-2274-2275-2276-2277-2278-2279-2280-2281-2282-2283-2284-2285-2286-2287-2288-2289-2290-2291-2292-2293-2294-2295-2296-2297-2298-2299-2300-2301-2302-2303-2304-2305-2306-2307-2308-2309-2310-2311-2312-2313-2314-2315-2316-2317-2318-2319-2320-2321-2322-2323-2324-2325-2326-2327-2328-2329-2330-2331-2332-2333-2334-2335-2336-2337-2338-2339-2340-2341-2342-2343-2344-2345-2346-2347-2348-2349-2350-2351-2352-2353-2354-2355-2356-2357-2358-2359-2360-2361-2362-2363-2364-2365-2366-2367-2368-2369-2370-2371-2372-2373-2374-2375-2376-2377-2378-2379-2380-2381-2382-2383-2384-2385-2386-2387-2388-2389-2390-2391-2392-2393-2394-2395-2396-2397-2398-2399-2400-2401-2402-2403-2404-2405-2406-2407-2408-2409-2410-2411-2412-2413-2414-2415-2416-2417-2418-2419-2420-2421-2422-2423-2424-2425-2426-2427-2428-2429-2430-2431-2432-2433-2434-2435-2436-2437-2438-2439-2440-2441-2442-2443-2444-2445-2446-2447-2448-2449-2450-2451-2452-2453-2454-2455-2456-2457-2458-2459-2460-2461-2462-2463-2464-2465-2466-2467-2468-2469-2470-2471-2472-2473-2474-2475-2476-2477-2478-2479-2480-2481-2482-2483-2484-2485-2486-2487-2488-2489-2490-2491-2492-2493-2494-2495-2496-2497-2498-2499-2500-2501-2502-2503-2504-2505-2506-2507-2508-2509-2510-2511-2512-2513-2514-2515-2516-2517-2518-2519-2520-2521-2522-2523-2524-2525-2526-2527-2528-2529-2530-2531-2532-2533-2534-2535-2536-2537-2538-2539-2540-2541-2542-2543-2544-2545-2546-2547-2548-2549-2550-2551-2552-2553-2554-2555-2556-2557-2558-2559-2560-2561-2562-2563-2564-2565-2566-2567-2568-2569-2570-2571-2572-2573-2574-2575-2576-2577-2578-2579-2580-2581-2582-2583-2584-2585-2586-2587-2588-2589-2590-2591-2592-2593-2594-2595-2596-2597-2598-2599-2600-2601-2602-2603-2604-2605-2606-2607-2608-2609-2610-2611-2612-2613-2614-2615-2616-2617-2618-2619-2620-2621-2622-2623-2624-2625-2626-2627-2628-2629-2630-2631-2632-2633-2634-2635-2636-2637-2638-2639-2640-2641-2642-2643-2644-2645-2646-2647-2648-2649-2650-2651-2652-2653-2654-2655-2656-2657-2658-2659-2660-2661-2662-2663-2664-2665-2666-2667-2668-2669-2670-2671-2672-2673-2674-2675-2676-2677-2678-2679-2680-2681-2682-2683-2684-2685-2686-2687-2688-2689-2690-2691-2692-2693-2694-2695-2696-2697-2698-2699-2700-2701-2702-2703-2704-2705-2706-2707-2708-2709-2710-2711-2712-2713-2714-2715-2716-2717-2718-2719-2720-2721-2722-2723-2724-2725-2726-2727-2728-2729-2730-2731-2732-2733-2734-2735-2736-2737-2738-2739-2740-2741-2742-2743-2744-2745-2746-2747-2748-2749-2750-2751-2752-2753-2754-2755-2756-2757-2758-2759-2760-2761-2762-2763-2764-2765-2766-2767-2768-2769-2770-2771-2772-2773-2774-2775-2776-2777-2778-2779-2780-2781-2782-2783-2784-2785-2786-2787-2788-2789-2790-2791-2792-2793-2794-2795-2796-2797-2798-2799-2800-2801-2802-2803-2804-2805-2806-2807-2808-2809-2810-2811-2812-2813-2814-2815-2816-2817-2818-2819-2820-2821-2822-2823-2824-2825-2826-2827-2828-2829-2830-2831-2832-2833-2834-2835-2836-2837-2838-2839-2840-2841-2842-2843-2844-2845-2846-2847-2848-2849-2850-2851-2852-2853-2854-2855-2856-2857-2858-2859-2860-2861-2862-2863-2864-2865-2866-2867-2868-2869-2870-2871-2872-2873-2874-2875-2876-2877-2878-2879-2880-2881-2882-2883-2884-2885-2886-2887-2888-2889-2890-2891-2892-2893-2894-2895-2896-2897-2898-2899-2900-2901-2902-2903-2904-2905-2906-2907-2908-2909-2910-2911-2912-2913-2914-2915-2916-2917-2918-2919-2920-2921-2922-2923-2924-2925-2926-2927-2928-2929-2930-2931-2932-2933-2934-2935-2936-2937-2938-2939-2940-2941-2942-2943-2944-2945-2946-2947-2948-2949-2950-2951-2952-2953-2954-2955-2956-2957-2958-2959-2960-2961-2962-2963-2964-2965-2966-2967-2968-2969-2970-2971-2972-2973-2974-2975-2976-2977-2978-2979-2980-2981-2982-2983-2984-2985-2986-2987-2988-2989-2990-2991-2992-2993-2994-2995-2996-2997-2998-2999-3000-3001-3002-3003-3004-3005-3006-3007-3008-3009-3010-3011-3012-3013-3014-3015-3016-3017-3018-3019-3020-3021-3022-3023-3024-3025-3026-3027-3028-3029-3030-3031-3032-3033-3034-3035-3036-3037-3038-3039-3040-3041-3042-3043-3044-3045-3046-3047-3048-3049-3050-3051-3052-3053-3054-3055-3056-3057-3058-3059-3060-3061-3062-3063-3064-3065-3066-3067-3068-3069-3070-3071-3072-3073-3074-3075-3076-3077-3078-3079-3080-3081-3082-3083-3084-3085-3086-3087-3088-3089-3090-3091-3092-3093-3094-3095-3096-3097-3098-3099-3100-3101-3102-3103-3104-3105-3106-3107-3108-3109-3110-3111-3112-3113-3114-3115-3116-3117-3118-3119-3120-3121-3122-3123-3124-3125-3126-3127-3128-3129-3130-3131-3132-3133-3134-3135-3136-3137-3138-3139-3140-3141-3142-3143-3144-3145-3146-3147-3148-3149-3150-3151-3152-3153-3154-3155-3156-3157-3158-3159-3160-3161-3162-3163-3164-3165-3166-3167-3168-3169-3170-3171-3172-3173-3174-3175-3176-3177-3178-3179-3180-3181-3182-3183-3184-3185-3186-3187-3188-3189-3190-3191-3192-3193-3194-3195-3196-3197-3198-3199-3200-3201-3202-3203-3204-3205-3206-3207-3208-3209-3210-3211-3212-3213-3214-3215-3216-3217-3218-3219-3220-3221-3222-3223-3224-3225-3226-3227-3228-3229-3230-3231-3232-3233-3234-3235-3236-3237-3238-3239-3240-3241-3242-3243-3244-3245-3246-3247-3248-3249-3250-3251-3252-3253-3254-3255-3256-3257-3258-3259-3260-3261-3262-3263-3264-3265-3266-3267-3268-3269-3270-3271-3272-3273-3274-3275-3276-3277-3278-3279-3280-3281-3282-3283-3284-3285-3286-3287-3288-3289-3290-3291-3292-3293-3294-3295-3296-3297-3298-3299-3300-3301-3302-3303-3304-3305-3306-3307-3308-3309-3310-3311-3312-3313-3314-3315-3316-3317-3318-3319-3320-3321-3322-3323-3324-3325-3326-3327-3328-3329-3330-3331-3332-3333-3334-3335-3336-3337-3338-3339-3340-3341-3342-3343-3344-3345-3346-3347-3348-3349-3350-3351-3352-3353-3354-3355-3356-3357-3358-3359-3360-3361-3362-3363-3364-3365-3366-3367-3368-3369-3370-3371-3372-3373-3374-3375-3376-3377-3378-3379-3380-3381-3382-3383-3384-3385-3386-3387-3388-3389-3390-3391-3392-3393-3394-3395-3396-3397-3398-3399-3400-3401-3402-3403-3404-3405-3406-3407-3408-3409-3410-3411-3412-3413-3414-3415-3416-3417-3418-3419-3420-3421-3422-3423-3424-3425-3426-3427-3428-3429-3430-3431-3432-3433-3434-3435-3436-3437-3438-3439-3440-3441-3442-3443-3444-3445-3446-3447-3448-3449-3450-3451-3452-3453-3454-3455-3456-3457-3458-3459-3460-3461-3462-3463-3464-3465-3466-3467-3468-3469-3470-3471-3472-3473-3474-3475-3476-3477-3478-3479-3480-3481-3482-3483-3484-3485-3486-3487-3488-3489-3490-3491-3492-3493-3494-3495-3496-3497-3498-3499-3500-3501-3502-3503-3504-3505-3506-3507-3508-3509-3510-3511-3512-3513-3514-3515-3516-3517-3518-3519-3520-3521-3522-3523-3524-3525-3526-3527-3528-3529-3530-3531-3532-3533-3534-3535-3536-3537-3538-3539-3540-3541-3542-3543-3544-3545-3546-3547-3548-3549-3550-3551-3552-3553-3554-3555-3556-3557-3558-3559-3560-3561-3562-3563-3564-3565-3566-3567-3568-3569-3570-3571-3572-3573-3574-3575-3576-3577-3578-3579-3580-3581-3582-3583-3584-3585-3586-3587-3588-3589-3590-3591-3592-3593-3594-3595-3596-3597-3598-3599-3600-3601-3602-3603-3604-3605-3606-3607-3608-3609-3610-3611-3612-3613-3614-3615-3616-3617-3618-3619-3620-3621-3622-3623-3624-3625-3626-3627-3628-3629-3630-3631-3632-3633-3634-3635-3636-3637-3638-3639-3640-3641-3642-3643-3644-3645-3646-3647-3648-3649-3650-3651-3652-3653-3654-3655-3656-3657-3658-3659-3660-3661-3662-3663-3664-3665-3666-3667-3668-3669-3670-3671-3672-3673-3674-3675-3676-3677-3678-3679-3680-3681-3682-3683-3684-3685-3686-3687-3688-3689-3690-3691-3692-3693-3694-3695-3696-3697-3698-

widow.

ATLANTA, GA.

August 27, 1934

Sold to For Funeral Expenses of Mrs. Anna E. Braselton
Cherokee County, Georgia.

To Our Complete Service Including Casket \$200.00
SPECIAL RECOMMENDATIONS FOR YOUR CONVENIENCE
Cement Vault (Methvin) 80.00
\$280.00

(STATE OF GEORGIA)
COUNTY OF FULTON. The above and foregoing amount is tendered
for funeral expenses of Mrs. Anna E. Braselton, who died in the
home of sufficient property to pay this bill.

[Signature]
Member of Firm

Seen to and paid this 27th day of August, 1934.

[Signature]
Notary Public for Georgia

75.00
\$ 50.00 CANTON, GA. 193.
RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA
Seventy Five
AND NO 100 DOLLARS
Funeral Expenses Mrs. Annie E. Braselton.
PENSION FOR 193.
WITNESS
THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED
AND REMAINS ATTACHED TO CHECK

\$ 50.00 CANTON, GA. 193.
RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA
THIRTY and NO 100 DOLLARS
IN FULL SETTLEMENT OF CONFEDERATE PENSION FOR 193.
WITNESS
PAYEE SIGN HERE
THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED
AND REMAINS ATTACHED TO CHECK

CERTIFICATE OF DEATH
GEORGIA STATE BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH
County: DECATUR Militia District (Number and Name): _____ State of Georgia
City or Town: DECATUR Length of residence in this city or town: Yrs. ____ Mos. ____ In. ____ NON-RESIDENT (Yes or No) ____
Street and Number (No. ____): 125 Madison Ave Ward ____
(If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME: ANNA ELIZA BRASELTON
Residence (City or Town): 125 Madison Ave (Street and Number): _____ (State): _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female 4. COLOR OR RACE: white 5. Single, Married, Widowed, Divorced (write the word): married

6. DATE OF BIRTH (month, day, year): March 31st

7. AGE: 88 Months ____ Days ____ If less than one day: Hours ____ Minutes ____

8. OCCUPATION (a) Trade, profession or particular kind of work done, as spinner, weaver, bookkeeper, etc.: None
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.: _____
(c) Date deceased last worked at this occupation (month and year): _____ (d) Total years spent in this occupation: _____

9. BIRTHPLACE: N. C.

FATHER: 10. NAME: Asbury Curtis,
11. BIRTHPLACE: unknown,

MOTHER: 12. MAIDEN NAME: Addington,
13. BIRTHPLACE: unknown

14. INFORMANT (Signed): W. J. Pearce,
(Address): 125 Madison Ave,

15. BURIAL PLACE (Cemetery): Canton, Ga (Date): 8/23/34

16. UNDERTAKER (Signed): H. M. Patterson & Son
(Address): Atlanta, Ga. by J. E. Boyer

17. MEDICAL CERTIFICATE OF DEATH
18. DATE OF DEATH: 8/22/34 19. at (Hour) ____ M. ____
(Month, Day, Year) ____
20. I HEREBY CERTIFY That I attended the deceased from 8/19/34 to 8/22/34
I last saw him/her on 8/19/34 death is said to have occurred on the date and hour stated above.
The principal cause of death and related causes of importance in the order of onset and duration of each:
Chronic interstitial nephritis
Other contributory causes of importance:
Senility
What test confirmed diagnosis? Clinical
(Identify whether autopsy, operation, laboratory, or clinical)
If death was due to external causes (violence) fill in also the following:
Was injury an accident, suicide, or homicide?
Where did injury occur?
Identify city or town, if outside of limits, the county, and also the state.
Did injury occur in a home, public place or industry?
Manner of injury:
Nature of injury:
(Signed): G. A. Duncan, M. D.
Decatur, Ga.,
(Address): _____

21. FILED 8/23/34
(Signed): [Signature]
(Legal Signature): [Signature]

OFFICE OF THE REGISTRAR OF VITAL STATISTICS
For the City of Atlanta
Atlanta, Ga., 8/24/34
I hereby certify that the foregoing is a true and correct copy of the record of death Number 86
of the series of 1934 for Anna E. Braselton
as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.
(Signed) [Signature]
SEAL [Signature] LOCAL REGISTRAR

2. FULL NAME **ANNA ELIZA BRASLTON**
 Residence (City or Town) **125 Madison Ave** (Street and Number) (State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR or RACE **white** 5. Single, Married, Widowed, Divorced (write the word) **widowed**

6. DATE OF BIRTH (month, day, year) **March 31st**

7. AGE **88** Months Days If less than one day Hours Minutes

8. OCCUPATION (a) Trade, profession or particular kind of work done, as spinner, weaver, bookkeeper, etc. **None**
 (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.
 (c) Date deceased last worked at this occupation (month and year)
 (d) Total years spent in this occupation

9. BIRTHPLACE **N. C.**
 (P. O. Address) **Asbury Curtis,**

10. NAME **Asbury Curtis,**
 11. BIRTHPLACE **unknown,**
 (P. O. Address)

12. MAIDEN NAME **Addington,**
 13. BIRTHPLACE **unknown,**
 (P. O. Address)

14. INFORMANT **W. J. Pearce,**
 (Signed) **125 Madison Ave,**
 (Address) **Canton, Ga**
 (Cemetery) (Date) **8/23/34**

15. BURIAL PLACE **Canton, Ga**
 (Cemetery) (Date) **8/23/34**

16. UNDERTAKER **H. M. Patterson & Son**
 (Signed) **Atlanta, Ga. by J. E. Bowen**
 (Address)

MEDICAL CERTIFICATE OF DEATH

17. DATE OF DEATH **8/22/34**
 (Month, Day, Year) 18. at (Hour) M.

19. I HEREBY CERTIFY That I attended the deceased from **8/19/34** to **8/22/34**
 I last saw him alive on **8/19/34** death is said to have occurred on the date and hour stated above.

The principal cause of death and related causes of importance in the order of onset and duration of each:
Chronic interstitial nephritis

Other contributory causes of importance:
Senility

What test confirmed diagnosis? **Clinical**
 (Specify whether autopsy, operation, laboratory, or clinical)

If death was due to external causes (violence) fill in also the following:
 Was injury an accident, suicide, or homicide?
 Where did injury occur?
 Did injury occur in a home, public place or industry?
 Manner of injury.
 Nature of injury.
G. A. Duncan,
 (Signed) **Decatur, Ga.,**
 (Address)

20. FILED **8/23/34**
J. E. Bowen MD
Local Registrar

OFFICE OF THE REGISTRAR OF VITAL STATISTICS
 For the City of Atlanta

GEORGIA.
 FULTON COUNTY.

I hereby certify that the foregoing is a true and correct copy of the record of death Number **86**

of the series of **1934** for **Anna E. Braselton**
 as appears on file in the office of the Registrar of Vital Statistics of the City of Atlanta.

(Signed) **J. E. Bowen MD**
Local Registrar
Seal

Bridgman, J. A.
Cherokee Co.

No. _____

INDIGENT PENSION
1897.

Name J. A. Bridgman

County Cherokee

Approved _____ 1897.

WARRANT HANDED TO

W. H. BARNES, JR., PRINTER, ATLANTA.

2/6/99 2/10/97
2/14/99

Pension Office 5/6 1897
When witnesses are sworn
out of this state, it must be
in the presence of the judge
of a court of record & said
judge must certify to
the trust worthy character
of the witnesses -

Rich. Johnson
Com. of Pension

Pension Office 7/30 1898
It cannot be determined
that applicant received
six months regular military
duty - See the witnesses

Rich. Johnson
Com. of Pension

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee County.

I, J. A. Bridgman, hereby authorize

John A. Bridgman of Cherokee Co.

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

Cherokee at Cherokee Ga. by John A.

Witness my hand and seal this 2 day of Feb 1897.

Executed in presence of John A. Bridgman

John A. Bridgman

Approved _____ 1897.
WARRANT HANDED TO
2/6/99 2/10/97
7/4/97

that applicant remain a
six months regular military
duty - See the witnesses
Rich. Johnson
Capt. of Prison

of _____
hereby authorize
that he remit same to _____
by _____
day of _____ 1897.
J. S. Johnson

ATTORNEY.

BAD COPY - LIGHT PRINT

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 _____ 1897.
Executed in presence of _____

Questions for Applicant.

STATE OF GEORGIA,

_____ County. }
I, Joshua W. Bridgman of said State and County, desiring
to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after
being duly sworn true answers to make to the following questions, deposes and answers as follows:
1. What is your name and where do you reside? (give State, County and post office) Joshua W. Bridgman, Resident in Cherokee Co. Ga.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? In Cherokee County, Ga. Have been a resident of this State 20 yrs.
3. When and where were you born? born in State of Va. in 1832.
4. When and where and in what company and regiment did you enlist or serve? In April 1861
enlisted in Co. 87th Va. regt. in the States
Army.
5. How long did you remain in such company and regiment? from the time it
enlisted in 1861 until the summer of 1865.
6. For how long a period did you discharge regular military duty? _____
7. When, where and under what circumstances were you discharged from service? I was a prisoner
of war at Salisbury, N. C. and was taken to the South
of Virginia & was there until 1865.
8. What is your present occupation? work on a farm & as a miller.
9. How much can you earn (gross) per annum by your own exertions or labor? about \$125 per year.
10. What has been your occupation since 1865? various things.
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and
poverty," second "infirmary and poverty" or third "blindness and poverty"? _____
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 am
totally blind, have been blind since my left eye
lost in 1861 in my right eye, my eye sight
is failing me from age. I can see the road
and have had goods.
13. What property, effects or income do you possess and its gross value? I have none
except the land I live on & some household
goods.
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any,
did you make of same? I have except the land
and have had goods.
15. In what County did you reside during those years and what property did you then return for taxation?
In Cherokee Co. I returned my name was given at 20
16. How were you supported during the years 1895 and 1896? by my
daughter. Who is now named & left with
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? about \$125 per year. I have no other income.
18. What was your employment during 1895 and 1896? What pay did you receive in each year?
I was a miller & a farmer. I was able to work, which was
only a small portion of the year.
19. Have you a family? If so, who composes such family? Give their means of support? Have they
a homestead? I have a wife who is helpless. I have
daughters. I have no other income.
20. Are you receiving any pension, if so what amount and for what disability?
None.

Every Question MUST be Answered.

Sworn to and subscribed before me this the _____ day of _____ 1897.
_____ Applicant.
_____ Ordinary.
of _____ County.

Pension Office 5/6/97
When witnesses are sworn
out of this state, it must be
in the presence of the judge
of a court of record & said
judge must certify to
the trust worthy character
of the witnesses -
Rich. Johnson
Capt. of Prison
Pension Office 7/30/97
It cannot be assumed
that applicant remain a
six months regular military
duty - See the witnesses
Rich. Johnson
Capt. of Prison

INDIGENT PENSION
1897.

Name of Applicant _____
County _____



2/6/99 2/10/97
7/4/97

Division Office 56 1077
When witnesses are sworn
out of the State, it must be
in the presence of the judge
of a court of record and
they must certify to
the best worthy character
of the witnesses.
Rich of Person
Cork of Person
Pension Office 7/30 1898
It cannot be assumed
that applicant means a
six months regular military
duty - See the witnesses
Rich of Person
Cork of Person

INDIGENT PENSION
1897.

Name of Applicant George A. Burt
County Cherokee

16/01/2 1897

Every Question MUST:

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 am
blind, have been that way since my left eye
lost in my right eye. My eye sight
is failing me from age. I can see to work

13. What property, effects or income do you possess and its gross value? I have none
except about 15 or 20 dollars worth household

14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? I have except the small
and house hold goods.

15. In what County did you reside during those years and what property did you then return for taxation? In Cherokee I returned my house was valued at \$200

16. How were you supported during the years 1895 and 1896? Myself by my
Daughter. Who is now married & lives with

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. I had no work and spent my time in school

18. What was your employment during 1895 and 1896? What pay did you receive in each year? I worked as a farmer most of the time I was able to work, which was
only a slender portion of the year

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? I have a wife who is helpless. and a
daughter. I have no means of support. My
daughter left me when I was in the school. I have no

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

Sworn to and subscribed before me this the 10th day of July 1897. John A. Burt Applicant.
A. B. Burt Ordinary.
of Cherokee County.

QUESTIONS FOR WITNESS.
STATE OF GEORGIA.
Cherokee County.
G. A. Burt of said State and County, having been presented as a witness in support of the application of George A. Burt for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? My name is George A. Burt. I reside in Cherokee Co. Ga. 10 miles from
2. Are you acquainted with Richard A. Burt, the applicant, is of how long have you known him? Yes. I have known him 20 years and
3. Where does he reside, and how long has he been a resident of this State? He resides in
Cherokee Co. Ga. I have known him since he was a boy.
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I don't know anything
about this
5. When, where and in what company and regiment did he enlist? Don't know
6. Were you a member of the same company and regiment? No.
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? X
8. What property, effects or income has the applicant? (Give your means of knowledge.) None. He has lived near me most of this winter
and is now working on my place. I don't know of any other property or income he has.
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? He passed none.
10. What is the applicant's occupation and physical condition? He has followed
business trade, mostly when he was able
to work.
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is. and
is old & Palsied. and is not physically
able to work - sufficient to support himself
12. How was he supported during the years 1895 and 1896? By the work of his
daughter. Who has married & left him now
13. What portion of his support for these two years was derived from his own labor or income? None
except his own work. I don't know of any other
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? His physical condition is such from
old age & infirmity, & blindness
15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the 10th day of July 1897. G. A. Burt Witness.
A. B. Burt Ordinary.

AFFIDAVIT OF PHYSICIANS.
STATE OF GEORGIA,
Cherokee County.
Personally came before me John A. Burt and Richard A. Burt, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully George A. Burt, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:
Old age & infirmity
and blindness
and Palsied
and is not physically
able to work

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 10th day of July 1897. John A. Burt Ordinary.
Richard A. Burt Ordinary.

ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
Cherokee County.
I, A. B. Burt, Ordinary in and for said County, hereby certify that the applicant, George A. Burt, resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: John A. Burt and Richard A. Burt are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cherokee County show that applicant returned for taxation in his name in 1895, \$20 dollars of property, and in 1896, \$20 dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 10th day of July 1897.
A. B. Burt Ordinary
of Cherokee County.

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

3. Where does he reside, and how long has he been a resident of this State? *He resides in Douglas Co. Georgia. He has been a resident for 2 years to my knowledge.*
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *I don't know anything about this.*
5. When, where and in what company and regiment did he enlist? *Don't know.*
6. Were you a member of the same company and regiment? *No.*
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? *X*

8. What property, effects or income has the applicant? (Give your means of knowledge.) *None. He has lived here the most of this time and if he had any property or had any income I could not say.*
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? *He possessed none.*
10. What is the applicant's occupation and physical condition? *He has followed Cooper & trade, recently when he was able to work.*
11. Is the applicant unable to support himself by labor of any sort, if so, why? *He is, and is old & paralyzed, and is not physically able to work sufficient to support himself.*
12. How was he supported during the years 1895 and 1896? *By the work of his daughter, who has married & left him now.*
13. What portion of his support for these two years was derived from his own labor or income? *I can't say, but I don't say any small amount.*
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894. *His physical condition is such that he is unable to work & is infirm, & blind.*

15. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this *5th* day of *July*, 1897. *G. A. Burt* Witness.

A. L. Burt Ordinary.

1. 1897. No. 1000. Personal liability

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this *5th* day of *July*, 1897. *A. L. Burt* Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee County.

I, *A. L. Burt*, Ordinary in and for said County, hereby certify that the applicant *A. L. Burt* resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: *W. H. Burt, J. H. Burt, and A. L. Burt* are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of *Cherokee* County show that applicant returned for taxation in his name in 1895, *\$20* dollars of property, and in 1896, *\$20* dollars of property.

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

Witness my hand and seal of office, this *5th* day of *July*, 1897. *A. L. Burt* Ordinary of *Cherokee* County.

NOTE.

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

Burke, E.K.
Cherokee Co.

No. 6
on 667

INDIGENT PENSION.

~~1906~~
1907

Name E. K. Brooke

County Cherokee

Co. 4 2nd Regt. 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.

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

8/12/05 9/5/06

Pension office 8/25/05
Not an aged man infirmity is
insufficiently proven, seems
that he can earn his support
at some kind of labor or call-
ing other than manual labor.

J.W. Lindsey
Com. Of Pen.

Mar 5 1907

STATE OF GEORGIA,

COUNTY, }

POWER OF ATTORNEY.

I, _____, 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 _____, 190 _____

Executed in presence of

[L.S.]

8/12/05 9/15/06

JOURNEY.

of _____ hereby authorized _____
 _____ to _____
 by _____
 _____ 1990 _____
 _____ (T. S.)

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____

Executed in presence of

[L. S.]

STATE OF GEORGIA,

Frank COUNTY. E. N. Brooke - of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proote, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

- Give answers to make to the following questions, deposit and answers as follows:
1. What is your name and where do you reside? (Give State County and postoffice).
C. H. Crook, Salsburg, Calaveras Co. Cal.
 2. How long and since when have you been a resident of this State? *63 years.*
 3. When and where were you born? *March 9th 1844 Ciudad Guzman*
 4. When and where and in what company and regiment did you enlist or serve? *March 1862
Majetta Co. Co. 5th 2nd Regt. Coahuila
Brigade*
 5. How long do you remain in this company and regiment? *Three years and
4 months*
 6. When and where was your company and regiment surrendered and discharged? *1865 Benton
ville Mo.*
 7. Were you present with your company and regiment when it was surrendered? *Yes was not.*
 8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? *was wounded at Bentonville Mo.
and sent to hospital at the hospital Mo.*
 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? *Farming*
 11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," third, "blindness and poverty"? *Infirmary & Poverty*
 12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? *lost a
Coughing Lung trouble hurting in right side*
 13. What property, real and personal, or income, do you possess, and its gross value? *None
Nothing but small amount in house hold*
 14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? *have not
not made any disposition of my
property*
 15. In what County did you reside during these years, and what property did you then return for taxation? *have resided in Calaveras Co. all my life*
 16. How were you supported during the years 1899, 1900, 1901 and 1902? *by skatting*
 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? *lost my means*
 18. What was your employment during 1898, 1899, 1900, 1901 and 1902? What pay did you receive in each year? *Farming was a Civil*
 19. Have you a family? If so, how composed such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? *Myself and wife
and 4 are crippled*
 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? *Yes*
 22. How many applications have you ever made and under what class? *Two*

Every Question MUST Be Answered.

Sworn to and subscribed before me this the 24 day of August, 1905.
W. J. Webb Ordinary,
 of Conroe County.

E. W. Brooker
 notary
 Applicant

Revision of Office 8/29/05

Not an old man infirmity is insufficiently proven. Seems that he can earn his support at some kind of labor or calling other than manual labor.

J. W. Lindsey
Comm. of Pen.

111

INDIGENT PENSION.

~~1906~~ 1907

Name E. N. Brooke

County Chester

Co. A. 23rd Inf 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.

Wm. W. Harrison, State Printer, Atlantic City

8/17/05 9/5/06

Not an aged man infirmity is insufficiently proven. Seems that he can earn his support at some kind of labor or calling other than manual labor.

J. W. Lindsey
Com. for Pen.

11-2-1

Brooke, E. L.
Cherokee Co.

No. 1006 on 1907

INDIGENT PENSION.

1006
1907

Name E. L. Brooke
County Cherokee
Co. & 23rd Ga. Regt.

Approved 100

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

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

8/12/05 9/5/06

Every Question 1407

support? If upon the third, 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 a
Caught lung trouble resulting in left side
13. What property, real and personal, or income, do you possess, and its gross value? None
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? None
did not make any disposition of my
property
15. In what County did you reside during those years, and what property did you then return for taxation? None
resided in Cherokee Co. all my life
16. How were you supported during the years 1899, 1900, 1901 and 1902? By my family
small crop
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? Not any more
18. What was your employment during 1898, 1899, 1900 and 1902? What pay did you receive in each year? Farming was it until
and then is crippled
19. Have you a family? If so, who composed such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? Myself and wife
and son is crippled
20. Are you receiving any pension? If so, what amount and for what disability? 100
21. Have you ever made an application for pension before? No
22. How many applications have you ever made and under what class? Two
Sworn to and subscribed before me this the 1st day of August, 1905. E. L. Brooke Applicant.
W. J. Webb Ordinary,
of Cherokee County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Cherokee COUNTY.
I, J. B. Hoot of said State and County, having been presented as a witness in support of the application of E. L. Brooke 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. B. Hoot
23rd Cherokee Cavalry Regt.
2. Are you acquainted with E. L. Brooke the applicant; if so, how long have you known him? Yes
Am. all his life
3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Cherokee Co. Ga. and has all his life
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted in Co. E. 23rd Ga.
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? Three years by months
7. When and where was his command surrendered? was not with
Commander, but it was surrendered at Bentonville
8. Were you present when it surrendered? No
9. Was applicant present? I don't know
10. If he was not present, where was he? don't know
When did he leave his command? don't know For what cause? he was wounded
By what authority he left? I don't know How do you know all of this? I was wounded in the arm and sent to
hospital and then to
11. What property, effects or income has the applicant? (Give your means of knowledge.) He has nothing but small and household
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? He never had
any thing but household
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? No
14. What is the applicant's occupation and physical condition? Farming
know he has been adding for some time
but I could not say to what extent I know he is not
15. Is the applicant unable to support himself by labor of any sort; if so, why? I know
that he is unable and not able to perform
any labor manual labor
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? by what
work he could do
17. What portion of his support for those four years was derived from his own labor or income? about none
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He has a lame bowels and cough
19. Who compose family? What property have they? Children's age and their earning capacity? himself and wife and
20. What interest have you in the recovery of a pension by this applicant? none
Sworn to and subscribed before me, this the 1st day of August, 1905. J. B. Hoot Witness.
W. J. Webb Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Cherokee COUNTY.
Personally came before me Drs. Harp and J. A. Hughes and both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully E. L. Brooke applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:
We have examined applicant and find him to
have a Subacute Bronchitis with some heart
weakness and a harassing cough making him unable
for manual labor and applicant has no other means
and that we have no interest in said pension being allowed.
Sworn to and subscribed before me, this the 1st day of Aug, 1905. J. A. Hughes, M.D. Ordinary.
W. J. Webb

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cherokee COUNTY.
I, W. J. Webb Ordinary, in and for said County, hereby certify that the applicant E. L. Brooke resides in said County, and has been a bona fide resident of this State since the all day of his life, 186 and that the witnesses, viz: S. W. C. Harp & J. A. Hughes M.D. are of good worthy 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 1899 Fifty four Dollars of property, and in 1900 Fifty four Dollars of property; in 1901 Sixty three Dollars of property; in 1902 Sixty four Dollars of property.
In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 10th day of August, 1905. 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.

2. Are you acquainted with Charles E. Brooks the applicant; if so, how long have you known him? Yes, since his life

3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Cherokee Co. Ga. and has all his life

4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted in Co. E. 23rd Va.

5. Were you a member of the same company and regiment? I was

6. How long did he perform regular military duty? Three years by months

7. When and where was his command surrendered? was not with

8. Were you present when it surrendered? Yes

9. Was applicant present? I don't know

10. If he was not present, where was he? I don't know

When did he leave his command? I don't know For what cause? he was wounded

By what authority he left? I don't know How do you know all of this? I was wounded in the action and sent to

11. What property, effects or income has the applicant? (Give your means of knowledge.) He has nothing but small and household

12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? He never had any thing but household

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? No

14. What is the applicant's occupation and physical condition? Farming

I know he has been aiding for some time but I could not say to what extent I know he is not

15. Is the applicant unable to support himself by labor of any sort; if so, why? I know that he is aiding and not able to perform regular manual labor

16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? by what work he could do

17. What portion of his support for those four years was derived from his own labor or income? I don't know

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He has a lame back and cough

19. Who composes family? What property have they? Children's age and their earning capacity? himself and wife and

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

Sworn to and subscribed before me, this the 1st day of August 1905 J. H. Moore Ordinary.

J. H. Moore Witness.

such personal examination may that his precise physical condition is as follows:

We have examined applicant and find him to have a Subacute Bronchitis with some heart weakness and a harassing cough making him unable for manual labor. and applicant has no other means and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 1st day of Aug 1905 J. H. Moore Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cherokee COUNTY.

I, N. J. Moore Ordinary, in and for said County, hereby certify that the applicant E. N. Brooks 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: S. W. C. Harp & J. A. Hughes W. C. J. R. Hunt 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 herein 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 189 Fifty four Dollars of property, and in 190 Fifty four Dollars of property in 1901 Sixty three Dollars of property in 1902 Sixty five Dollars of property.

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

Witness my hand and seal of office, this 10 day of August 1905 N. J. Moore 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.

It is further recommended I hereby transfer all of my interest in P. H. Moore

Brooks, E. N.
Cherokee Co.

Code Section 1254.
(FOR THOSE ALREADY ENROLLED)

No. 2997

**INDIGENT
SOLDIER'S PENSION
1907.**

Name E. N. Brooks
County Cherokee
Co. 4 Regiment 23rd Va.

WARRANT ISSUED
16 20 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARRIS, STATE PRINTER, ATLANTA.

POWER OF ATTORNEY.

STATE OF GEORGIA.
Cherokee COUNTY.

I, E. N. Brooks of Cherokee County, Georgia, hereby authorize to receive and receipt for the pension allowed, and request that he remit same to at

Witness my hand and seal, this day of 1907.

[L. S.]

no data

For value rec'd
transfer all of
P. H. Brooke

Co. 4 Regiment 23 Ya

WARRANT ISSUED
16 20 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
0

CHAS. W. HARRISON, STATE PRINTER, ATLANTA.

13 day of June 1907.
[L. S.]

hereby authorize
need, and request that he remit same to
Charles Brooke

ATTORNEY.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee COUNTY. }

I, W. H. Brooke, hereby authorize
W. H. Brooke of
to receive and receipt for the pension allowed, and request that he remit same to
at Cherokee 21
by _____

Witness my hand and seal, this 15 day of June 1907.
[L. S.]

Executed in presence of
W. H. Brooke

Brooke, E. H.
Cherokee Co.

CHAS. HERRON 1264.
(FOR THOSE ALREADY ENROLLED)

No. 2977

INDIGENT
SOLDIER'S PENSION
1907.

Name W. H. Brooke
County Cherokee
Co. 4 Regiment 23 Ya

WARRANT ISSUED
15 20 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
0

CHAS. W. HARRISON, STATE PRINTER, ATLANTA.

no date

For value received & duly
transfer all of my interest to
P. H. Brooke

Brooke, E. W.
of Cherokee Co.

Cons. Bureau 1284.
(FOR THOSE ALREADY ENROLLED)

No. 2977

INDIGENT
SOLDIER'S PENSION
1907.

Name

County

Co.

Regiment 23rd

WARRANT ISSUED

16 20

1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. LINDSEY, ATTY. GEN.

For value received & hereby to transfer all of my interest in P. W. Brooke

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cherokee County.

Personally appears E. W. Brooke of Cherokee County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1844 day of 1844; that he is 62 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 2 1/2 years in Company 1st of 23rd Regiment of Georgia Infantry, that his physical condition is as follows: inferior, poor & poverty

that his property consists of the following items: Household

of the value of 25 Dollars. I am now earning by my labor, 20 Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cherokee County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 15 day of Nov, 1907. W. J. White Ordinary

State of Georgia,

Cherokee County.

I, W. J. White Ordinary of said County,

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

Given under my official signature and seal this 15 day of Nov, 1907.

W. J. White
Ordinary, Cherokee County.

ALLA
2001
2001
2001

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

physical condition and poverty which is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cherokee County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 11th day of March, 1907.

Ordinary.

State of Georgia,

Cherokee County.

I, J. M. Messer, Ordinary of said County,

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

Given under my official signature and seal this 11th day of March, 1907.

Ordinary, Cherokee County.

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

STATE OF GEORGIA, Cherokee County

I, J. M. Messer, Ordinary of said county, do certify that I personally know Mrs. E. M. Brooks, the applicant, and that she is the lawful widow of E. M. Brooks, and was on the Cherokee Pension Roll of said Cherokee county, and was paid a Pension from Cherokee county for 1907, and at the time of his death on the 10th day of July, 1906, there was due to him and unpaid his Pension of Twenty five Dollars from the State of Georgia, and I know H. H. Collier, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 28th day of June, 1907.

(SEAL.)

J. M. Messer, Ordinary,
Cherokee County.

Application for Pension Due
Deceased Soldier

UNDER ACT 1891
(To be paid his Widow or Dependent Children.)

BY
Mrs. E. M. Brooks
Widow of E. M. Brooks
of Cherokee County
Co. B, 23rd Regt.
Date of Death July 10, 1906
Approved and ordered paid, 100

578 - 1939 - 1900
J. W. Lindsey
Commissioner of Pensions.

Ordinary should fill out the above in full.
Byrd Printing Co., Atlanta, Ga.

GEORGIA, Cherokee County.

I hereby authorize and constitute H. H. Collier of said county, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 1907, through my deceased husband, E. M. Brooks, who was on the Cherokee Pension Roll and paid from Cherokee County for 1907.

Witness my hand this 28th day of June, 1907.

Attested before me:

J. M. Messer, Ord.

Mrs. E. M. Brooks

*Brooks, E. N.,
Cherokee Co. G
8/21/1921*

1926

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

by
Mrs. *E. N. Brooks*
Widow of *E. N. Brooks*
of *Cherokee* County
Ga. *231* Regt.
Date of Death *July 10, 1921*
Approved and ordered paid, *107*
5/8 1929
W. H. Ballier
J. W. LINDBERGH
Commissioner of Pensions
Ordinary should fill out the above in full.
David Phillips Co., Atlanta, Ga.

GEORGIA, *Cherokee* County.

I hereby authorize and constitute *H. H. Ballier* of said county, my lawful attorney to collect and receipt for me in my name, for the Pension due me for 1921, through my deceased husband, *E. N. Brooks*, who was on *the* Pension Roll and paid from *Cherokee* County for 1921.

Witness my hand this *28* day of *Jan*, 192*2*

Attested before me:
Jacob Marney Ord. *Mrs. E. N. Brooks*

Canton Ga
We further certify that the said *E. N. Brooks* has no means of support only by manual labor and is not able to do scarcely any manual labor he is 63 years old
J. M. Harp M. D.
Cherokee Co. Ga
Approved *H. H. Ballier, Ordinary*

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)
UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, *Cherokee* County

Personally before me comes Mrs. *E. N. Brooks* of said county, who after being duly sworn, on oath says that she is the widow of *E. N. Brooks* who was duly enrolled as a *Confederate* Pensioner from the county of *Cherokee* and was paid a Pension of *One Hundred* Dollars from *Cherokee* county for 1921, and that the said *E. N. Brooks* died in *Cherokee* county on the *10* day of *July*, 1921, and at the time of his death a Pension of *\$25.00* was due him from *Cherokee* county and unpaid for 1922.

Applicant further swears that she married the said *E. N. Brooks* on the *day of Jan*, 18*66*, in *Paulding* county and State of *Ga*, 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 the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this *28* day of *Jan*, 192*2*
Jacob Marney Ordinary *Mrs. E. N. Brooks* (L. S.)
Cherokee County *mark*
(SEAL)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, *Cherokee* County

Personally before me comes *H. H. Ballier* who on oath says that he knew *E. N. Brooks* while in life and that he knows *Mrs. E. N. Brooks* the above applicant; that he knows that the said *E. N. Brooks* and *Mrs. E. N. Brooks* about 50 yrs and that were in the form of law married in the county of *Cherokee* in the State of *Georgia* until *E. N. Brooks* death on the *day of July*, 1921, and that they resided together as husband and wife from date of marriage to the day of his death on the *day of July*, 1921, and I now know that she is his dependent widow.

Sworn to and subscribed before me this *28* day of *Jan*, 192*2*
Jacob Marney Ordinary *W. H. Ballier*
Cherokee County
(SEAL)

Note 1st—This form can be used by guardian or minor children where there is no widow.
2d—Ordinary must read and sign certificate of marriage attached hereto, if marriage is not proven by witness.
3d—This form is for the use of dependent soldiers who died after October 31st and for widows and dependent children of 4th—Ordinary should examine the blank correctly and see that it is fully and correctly completed, and the seals affixed, and that the date is filled out.
5th—Pay out no money on this application until it is approved in the Pension Office.
6th—Before this application with your final settlement to the Pension Office.

Canton Ga
We further certify that the
said E. N. Brooks has no
means of support other than
manual labor and is not
able to do scarcely any
manual labor due to 63 years
old

S. M. Harp, M.D.

C. Brooks, wife

Approved: N. J. Webb, Ordinary

E. N. Brooks died in Cherokee County on
the 12 day of July 1921, and at the time of his death a Pension of \$21.⁰⁰
was due him from Cherokee County and unpaid for 1921.
Applicant further swears that she married the said E. N. Brooks on
the day of Jan 1866 in Paulding County and
State of Ga 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 the Pension so due and unpaid be paid to her.
Sworn to and subscribed before me this 28 day of Jan 1922
Jacob Massey Ordinary Mrs. E. N. Brooks (L. S.)
Cherokee County mark
(SEAL)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cherokee County

Personally before me comes J. H. Collier who
on oath says that he knew E. N. Brooks while in life
and that he knows Mrs. E. N. Brooks

the above applicant, that he knows that the said E. N. Brooks
and Mrs. E. N. Brooks about 30 yrs and that
lived together as man and wife until E. N. Brooks
of death in the State of on
the day of 18 and that they resided together
as husband and wife from date of marriage to the day of his death on the day of
of July 1921, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 28 day of Jan 1922
Jacob Massey Ordinary W. H. Collier
Cherokee County
(SEAL)

Note 1st—This form can be used by guardian or minor children where there is no widow.
2d—Ordinary must send in all proper evidence of marriage attached hereto, if marriage is not proven by witness.
3d—This form is for widows of Confederate soldiers who died after October 31st and for widows and dependent children of
service soldiers who died after January 1st.
4th—Ordinary should examine the claim carefully and see that it is fully and correctly completed, and the seals affixed,
and that the back, when folded, is filed per.
5th—Return this application with your final settlement to the Pension Office.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

County of Cherokee

Ordinary of said County, do certify that I

know Mrs. Martina Brooks the applicant for this pension, and that she is the

person she represents herself to be, and that she is a bona fide continuing resident of said County and was

on the _____ day of _____

by W. H. Butler & Sons, Attorneys witnesses as to marriage, and I also know

that I also know _____ that both of the foregoing were duly sworn by me

before signing the respective affidavits, and that they are truthful and trustworthy, and their statements

are entitled to full faith and credit.

Sworn under my hand and official seal of office this 21 day of Sept 1933

(SEAL) Frank Mackey Ordinary, Cherokee County.

NOTES: 1. Before any pension can be granted, the Ordinary shall receive application and the affidavit in the following order:
 2. A copy of the pension act, as amended, shall be read to the applicant and the witnesses.
 3. All affidavits must be made before the Ordinary or his deputy.
 4. Affidavits must be made before the Ordinary or his deputy.
 5. Affidavits must be made before the Ordinary or his deputy.
 6. Affidavits must be made before the Ordinary or his deputy.
 7. Affidavits must be made before the Ordinary or his deputy.
 8. Affidavits must be made before the Ordinary or his deputy.
 9. Affidavits must be made before the Ordinary or his deputy.
 10. Affidavits must be made before the Ordinary or his deputy.

Widow's Application

To Be Put on Roll in Her Own Right When
Husband Was on the Indigent Roll or
Put on Under Act of July 11, 1910—
As Amended by Act of 1919.

County Cherokee
 Name Mrs. Martina Brooks
 Widow of E. H. Brooks
 Company 6
 Regiment 23 Cav
 Approved John W. Colcord
4-14-13.

Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

4/5/1933

CERTIFICATE

Approved John W. Clark

6-14-23

J. W. HENSON
Commissioner of Pensions.

Byrd Printing Co. State Printers, Atlanta.

11/5/1933

21 day of Sept 1932
Cherokee County
Ordinary
I, John W. Clark, Ordinary of said County, do certify that I have heard for this pension, and that she is the continuing resident of said County and was

Witness as to marriage, and I also know of the foregoing were duly sworn by me and are trustworthy and their statements

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Cherokee COUNTY.

I, John W. Clark, Ordinary of said County, do certify that I know Mrs. Martha Brooks the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 21 day of Sept, 1932.

That I also know W. H. Collier & Thos. Kitchens witnesses as to marriage, and I also know that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 21 day of Sept, 1932.

(SEAL) John W. Clark Ordinary,
Cherokee County.

NOTES: 1. Before any questions are answered the Ordinary shall swear Applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. Only widows who married prior to first January, 1931, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some power, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service because he made no proof of service and was not required to do so.

Brooks, Martha
11/5/1933
Cherokee Co.
No.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910—As Amended by Act of 1919.

County Cherokee
Name Mrs. Martha Brooks
Widow of E. H. Brooks
Company E.
Regiment 23 Inf.
Approved John W. Clark
6-14-23

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

11/5/1933

TO PAY—
1930. \$ 25
Cig. & C. Tax. \$
TOTAL.

Brooks, Martha (Mrs.)
Cherokee Co.
For Cherokee County

Application for Expenses of Last Illness and Funeral

(UNDER ACT OF 1919)

John W. Clark Ordinary
For: Martha Brooks (Name of Pensioner)
6-13-34

Date of Death: Sept 4, 1934
Amount: \$ 25.00

PAID TO ORDINARY ON THIS CLAIM:
FUND FROM WHICH PAID
119.50 1934 25.00
TOTAL /cc bo.

Approved, and ordered paid,
OCT 22 1934
A. L. Henson
Director, Veterans Service Office.

reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Brooklyn March 1934
Cherokee Co.
No. *10*

Widow's Application
To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910—As Amended by Act of 1919.

County *Cherokee*
Name *Mrs. Martha Brooks*
Widow of *E. D. Brooks*
Company *B*
Regiment *23*
Approved *June 21, 1934*

W. W. FORTNEY
Commissioner of Pensions.
Bapt. Printing Co. State Printer, Atlanta.
48/1934

Amount: \$ *100.00*

PAID TO ORDINARY ON THIS CLAIM:
1934 FUND FROM WHICH PAID
119.00
215.35 1930
TOTAL *100.00*

Approved, and ordered paid,
OCT 22 1934
W. W. FORTNEY
Director, Veterans Service Office.

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Cherokee COUNTY.
Personally before me comes *Mrs. Martha Brooks* of said County, who, after being duly sworn, says that she is the widow of *E. D. Brooks* to whom, in the County of *Cherokee* State of *Ga* she was married on the *18* day of *1921* 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 *Confederate* Pension Roll of the State and paid a pension of \$ *125* in *Cherokee* County for 1921 per annum, on account of being a soldier in Company *B* Regiment *23* (Volunteers or State Militia).
That she is now a bona fide resident citizen of said County of *Cherokee* and she has so continuously resided since *19* day of *19*.

Sworn to and subscribed before me, this *8* day of *Sept* 19*22* *Mrs. Martha Brooks* Ordinary of *Cherokee* County.
(SEAL)

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

STATE OF GEORGIA,

Cherokee COUNTY.
Personally before me comes *Mrs. Martha Brooks* known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. *Martha Brooks* who made the foregoing affidavit, is the lawful widow of *E. D. Brooks* who died in *Cherokee* County in said State of *Ga* on *18* day of *1921* and that she has not since remarried. That she became the wife of *E. D. Brooks* on the *18* day of *1921* and that she and he had resided together as man and wife continuously since *18* day of *1921* and that the *E. D. Brooks* was the same man who was on the pension roll of said State *Ga* from *1921* to *1922*.
County *Cherokee* when he died.

Sworn to and subscribed before me, this *8* day of *Sept* 19*22* *Mrs. Martha Brooks* Ordinary of *Cherokee* County.
(SEAL)

Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)
(To be disbursed by the Ordinary)

GEORGIA, *Cherokee* County.
Before me, the Ordinary of said County, comes *W. B. Collier* of said County, who, after being duly sworn, on oath says that he knew *Martha Brooks* late of said County, a Confederate pensioner, and that said person is the identical person named and described in the attached certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted to the sum of \$ *100.00*, as shown by sworn statements FULLY and COMPLETELY ITEMIZED, hereto attached.

Sworn to and subscribed before me, this *8* day of *Oct* 1934 *W. B. Collier* Ordinary.
W. B. Collier

CERTIFICATE OF THE ORDINARY

GEORGIA, *Cherokee* County.
I certify that *W. B. Collier* who subscribed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew *Martha Brooks* the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.
Given under my hand and seal of office, this *8* day of *Oct* 1934 *W. B. Collier* Ordinary.
(Seal of Ordinary)

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of *Martha Brooks* who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filed out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

Ordinary
of Cherokee County.
(SEAL)

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

STATE OF GEORGIA,

COUNTY.

Personally before me comes known to be
responsible and truthful persons, residing in said County, who after having been duly sworn, say: that
of their own personal knowledge Mrs. who made the foregoing
affidavit, is the lawful widow of who died in
County in said State of on day of 19.....
and that she has not since remarried. That she became the wife of on
the day of 18....., and that she and he had resided together as man and
wife continuously since day of 18....., and that the was
the same man who was on the pension roll of said State from
County when he died.

Sworn to and subscribed before me, this the

..... day of 19.....

Ordinary

of County.

(SEAL)

CERTIFICATE OF THE ORDINARY

GEORGIA, Cherokee County.

I certify that W. J. Collier

who subscribed

to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and
credit. I further certify that I knew Martha Brooks the deceased
pensioner referred to in the foregoing affidavit and that said deceased was at the time of death
regularly enrolled as a pensioner on the records of file in my office. I further certify that said de-
ceased pensioner is the identical person named and described in the attached certified copy of burial
certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses
of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 15 day of Oct 193 4
(Seal of Ordinary) John Massey Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

JACOB MASSEY, Ordinary
Ex-officio Clerk Court of Ordinary

OFFICE OF

ORDINARY CHEROKEE COUNTY

CANTON, GEORGIA Jan. 5th 1923.

Hon. John W. Clark,
Atlanta, Ga.

Dear sir:- I am enclosing herewith application of Mrs Martha Brooks for pension.

This lady is very old and in needy circumstances, and was married before the war, and it is impossible to get the exact date of her marriage, and I am sending two affidavits.

I should have sent this application sooner but in some way have overlooked it, and I hope you will give it your attention and if possible get her on the roll for this year.

Respectfully yours,

Jacob Massey

GEORGIA, CHEROKEE COUNTY.

Before me, an officer authorized to administer oaths, came
W. J. Collier and Thomas Kitchens, who oath says that they have
known E. N. Brooks and Martha Brooks for more than fifty (50) years
and that they have been living together as man and wife since
known by us and was, at the time of the death of E. N. Brooks,
living together as man and wife.

Sworn to and subscribed before me,
This 5 day of Sept 1922.

M. J. Sturdivant J.P.

W. J. Collier
W. J. Kitchens

\$ ~~50000~~ 25.00

CANTON, GA. Feb. 28 1925

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

Twenty Five & no/100

~~14444444~~ AND NO/100

Funeral expenses of Martha Brooks
IN FULL SETTLEMENT OF CONFEDERATE PENSION FOR 100.00

WITNESS

PAYEE SIGN HERE

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED,
AND REMAINS ATTACHED TO CHECK

ACWORTH, GA. Oct 15 193 4

Mrs Martha Lane Brooks
Acworth Ga

IN ACCOUNT WITH

J. F. COLLINS' SON

FURNITURE, HOUSE FURNISHINGS, STOVES, ETC.
FUNERAL DIRECTORS AND EMBALMERS
DAY PHONE 36 NIGHT PHONES 45 AND 41 J.

The Above and foregoing account is rendered for
funeral expenses of Martha Brooks, who died
without owning sufficient property to pay this
bill.

Sworn to and subscribed before me,
This 15 day of Oct, 1934. J. F. Collins, J.P.
John Massey Ordinary By V. B. Gray

\$ ~~50000~~ 25.00

CANTON, GA. Nov 10 193 4

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

Twenty Five
~~FIFTY~~ AND NO/100

DOLLARS

On Funeral expenses Martha Brooks
IN FULL SETTLEMENT OF CONFEDERATE PENSION FOR 100.00

WITNESS

PAYEE SIGN HERE

John Massey

J. F. Collins Son

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED,
AND REMAINS ATTACHED TO CHECK

Dear sir:- I am enclosing herewith application of Mrs Martha Brooks for pension.
This lady is very old and in needy circumstances, and was married before the war, and it is impossible to get the exact date of her marriage, and I am sending two affidavits. I should have sent this application sooner but in some way have overlooked it, and I hope you will give it your attention and if possible get her on the roll for this year.

Respectfully yours,

Jacob Marney

GEORGIA, CHEROKEE COUNTY.

Before me, an officer authorized to administer oaths, came W.H. Collier and Thomas Gitchens, who oath says that they have known E.N. Brooks and Martha Brooks for more than fifty (50) years and that they have been living together as man and wife since known by us and was, at the time of the death of E.N. Brooks, living together as man and wife.

Sworn to and subscribed before me,
This 5 day of Sept 1922.

M. J. Sturdivant J.P.

W. H. Collier
Th. G. Gitchens

WITNESS

PAYEE SIGN HERE

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED, AND REMAINS ATTACHED TO CHECK

ACWORTH, GA. Oct 15 1934

Mrs Martha Jane Brooks -
Acworth Ga

IN ACCOUNT WITH

J. F. COLLINS' SON

FURNITURE, HOUSE FURNISHINGS, STOVES, ETC.
FUNERAL DIRECTORS AND EMBALMERS
DAY PHONE 36 NIGHT PHONES 45 AND 41 J.

June 14 Cash

100.00

The Above and foregoing account is rendered for funeral expenses of Martha Brooks, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me,
This 15 day of Oct, 1934. J. F. Collins, Jr. J.P.
Jacob Marney Ordinary

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

CANTON, GA. Nov 10 1934

Seventy Five DOLLARS
THIRTY AND NO. 100

On funeral expenses Martha Brooks, IN FULL SETTLEMENT OF CONFEDERATE PENSION FOR 1934

WITNESS

J. F. Collins, Jr.

PAYEE SIGN HERE

J. F. Collins, Jr.

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED, AND REMAINS ATTACHED TO CHECK

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that the death certificate may be used as evidence in case of litigation. Cause of death should be stated in plain terms, so that the death certificate may be used as evidence in case of litigation. Cause of death should be stated in plain terms, so that the death certificate may be used as evidence in case of litigation.



CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH	County <i>Cobb Co.</i> Mileage District (Number and Name) _____ State of Georgia _____
City or Town <i>Acworth</i> Length of residence in this city or town _____	Street and Number (No.) _____ (Street) _____
2. FULL NAME <i>Martha Jane Brooks</i>	Residence (City or Town) _____ (State) _____
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX <i>Female</i>	4. COLOR or RACE <i>white</i>
5. SINGLE, Married, Widowed, Divorced (write the word)	6. DATE OF BIRTH (month, day, year) _____
7. AGE <i>94</i> Months _____ Days _____ If less than one day _____	8. OCCUPATION (a) Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired</i> (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. (c) Date deceased last worked at this occupation (month and year) _____ (d) Total years spent in this occupation _____
9. BIRTHPLACE <i>Cherokee Co. Ga.</i> (P. O. Address) <i>Acworth Ga.</i>	10. NAME <i>John Rex</i> (P. O. Address) <i>Do not know</i>
11. BIRTHPLACE <i>Do not know</i> (P. O. Address) <i>Do not know</i>	12. MOTHER'S NAME <i>Do not know</i> (P. O. Address) <i>Do not know</i>
13. INFORMANT <i>M. Will Collins</i> (Address) <i>Acworth R.F.D.</i>	14. BURIAL PLACE <i>New Hope</i> (Cemetery) <i>Charles St.</i> Date <i>6-15-34</i>
15. UNDERTAKER <i>J. F. Collins, Jr.</i> (Address) <i>Acworth Ga.</i>	16. FILED _____ (Signed) _____

9.8-2

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every entry should be made in plain, legible characters. Do not use ink that may be properly classified. Exact statement of occupation is very important. Where was the injury caused by dangerous or insubstantial conditions of occupation? Where was the death caused? (Place of death)

County <u>Cobb</u> <u>40</u> Millis District (Number and Name)		State of Georgia	
City or Town <u>Acworth</u> Length of residence in this city or town _____		NON-RESIDENT (Yes or No) _____	
Street and Number (No.) _____ (Street) _____		Ward _____ (Number and name)	
2. FULL NAME <u>Martha Jane Bertram</u>			
Residence (City or Town) _____ (State) _____			
PERSONAL AND STATISTICAL PARTICULARS			
1. SEX <u>Female</u>	3. COLOR or RACE <u>white</u>	4. Single, Married, Widowed, Divorced (write the word)	5. <u>Married</u>
6. DATE OF BIRTH (month, day, year)			
7. AGE <u>94</u>	Years Months Days	If less than one day Hours Minutes	
(a) Trade, profession or particular kind of work done, as spinner, lawyer, bookkeeper, etc. <u>Retired</u>			
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. <u>Retired</u>			
(c) Date deceased last worked at this occupation (month and year) _____			
(d) Total years spent in this occupation _____			
8. BIRTHPLACE <u>Cherokee Co. - Georgia</u>			
(P. O. Address) _____			
9. NAME <u>John Rex</u>			
10. BIRTHPLACE <u>Do not know</u>			
(P. O. Address) _____			
11. MAIDEN NAME <u>Do not know</u>			
12. BIRTHPLACE <u>Do not know</u>			
(P. O. Address) _____			
13. INFORMANT (Signed) <u>Mr. Will Coles</u>			
(Address) <u>Acworth P.O.</u>			
14. BURIAL PLACE <u>New Hope</u>			
(Cemetery) <u>Cherokee Co. - Ga.</u>			
(Postoffice) <u>Acworth Ga.</u>			
15. UNDERTAKER (Signed) <u>J. S. Collins</u>			
(Address) <u>Acworth Ga.</u>			
What test confirmed diagnosis? _____			
If death was due to external causes (violence) fill in also the following:			
Was injury an accident, suicide, or homicide? _____			
Where did injury occur _____			
Did injury occur in a home, public place or industry? _____			
Manner of injury _____			
Nature of injury _____			
(Signed) <u>W. B. Smith</u> M.D.			
(Address) <u>Acworth Ga.</u>			
16. FILED _____			
(Signed) _____ (Local Registrar)			

Ordinary's Certificate

STATE OF GEORGIA.

Cherokee COUNTY

I, *Q. M. Sooden*, Ordinary of said County, do certify that I know *Mrs. M. W. Smith* the applicant for pension. She is the person who represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1918, that I also know *Q. H. Howard* the witness who swears to the service of husband. That both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, true, worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this *24* day of *Oct* 191*8*.
(SEAL) *Q. M. Sooden* Ordinary,
Cherokee County.

NOTES: 1. Before any questions are answered the Ordinary shall read applicant and the witness in the following words: "You shall give all the truth, so help you God." 2. Only widows who married before January 1st, 1914, are eligible for pension. 3. Only widows who married before January 1st, 1914, are eligible for pension. 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by 5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person or by general reputation.

Ordinary Mary C. C.
Cherokee Co. Ga.
No. *20*

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County *Cherokee*
Name *Mary E. Smith*
Widow of *Es. W. Smith*
Company *7*
Regiment *38th W. Landry*
Approved _____

ERO

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

10-31-1919

10-31-1919

Brother Mary C. C.
Christy Feb 20
No. *✓*

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County *Shelby*
Name *Mary E Brooke*
Widow of *Esau Brooke*
Company *7*
Regiment *38th Pa Cavalry*
Approved _____

EXCD

J. W. LINDSEY
Commissioner of Pensions
Byrd Printing Co., State Printer, Atlanta.
10-31-1917

6. Was your husband personally present at the time of the surrender or discharge of his command? *He was not.*
7. If he was not present state clearly where he was? *In Prison at Johnson's Island, Lake Erie*
8. Where was his command when he left? *His wife captured at Tassara, Ga.*
- a. For what cause did he leave his command? *Captured*
- b. By whose authority did he leave his command? *"*
- c. For how long was he granted leave of absence? *Was absent until end of war.*
- e. What was his physical condition when he left his command? *Good*
- f. What effort did he make to return to his command? *Was kept under Prison guard*
- g. In what way was he prevented from going back to Command _____
- h. Was he captured by the enemy at any time? *Yes*
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? *Was captured near Tassara, Ga. in Spring of 1862. Was sent to Johnson's Island, Lake Erie, Ohio. Was released in 1865.*
- j. When and where did your first husband die? *Yes. In Prison near Johnson's Island, Lake Erie, Ohio. Nov. 1917*
- k. Were you residing together when he died? *Yes*
- l. If not, how long had you resided apart? _____
- m. Are you now a widow? *Yes*
9. Have you or your husband heretofore been paid a pension by the State? *No*
- If so, when and for what cause were you or your husband placed on the roll? _____

Sworn to and subscribed before me this the *20th* day of *Oct*, 19*17* } *Mrs G W Brooke*
of *Shelby* County, } *or Mary E Brooke*
(SEAL)

Questions for Witnesses as to Service of Husband and Marriage

- STATE OF GEORGIA,
Milton COUNTY.
- Personally before me comes *James H. Hood* 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? *James H. Hood, Alpharetta, Georgia*
2. How long and since when have you known *Mary E Brooke* applicant? *Since 1862*
3. How long and since when has she continuously resided in this State? (Give date.) *Ever since 1862. Now about 57 years.*
4. When and to whom was she married? *Yes. W. Brooke sometime before 1862* How do you know? *They lived together and I saw her*
5. How long and since when did you know *Harvey W. Brooke* her husband? *In Spring of 1862. About 57 yrs.*
6. When and where did *Harvey W. Brooke* the husband of applicant, die? *In Canton, Ga. About Nov. 1917*
7. Were the applicant and her husband living together as husband and wife at the date of his death? *Yes*
8. If not, how long did they live apart before his death? _____
- Were they divorced? *No*
9. When, where and in what Company and Regiment did *Harvey W. Brooke* enlist? *in Spring of 1862. Co. F, 29th Regiment of Ga. 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? *More than 18 months until he was captured at Nashville about mid 1862*
12. When and where did his Command surrender, and was discharged? *Given in Prison & did not leave for certain but have indication of surrender in A.C. in 1865*
13. Were you personally present when it was surrendered? *No* If not, where were you *In Prison* and how came you there? *Captured*
14. Was the husband of applicant personally present at surrender? *No* If not where was he? *He for sure at Johnson's Island, Pennsylvania* When where and for what cause did he leave Command? (Give date.) *Just before I was captured Feb* By whose authority did he leave his Command? _____ And how long was he granted leave? _____ How do you know all this? *I know of the service from personal knowledge as to his capture & the Co's surrender I only know from reports*
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? *He was held in Prison. He has told me personally*
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? *I have no personal knowledge of this*

Sworn to and subscribed before me this the *13th* day of *Oct*, 19*17* } *J. H. Hood*
of *Shelby* County, } *W. H. Spencer, Clerk Court of*
of *Milton* County, }
(SEAL)

the husband of applicant, died. Yes Jan 10th 70. About Nov. 1912

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

8. If not, how long did they live apart before his death? None

Were they divorced? No

9. When, where and in what Company and Regiment did Mr. E. Brooke enlist? Union, Va. Spring of 1862. Co. F. 33rd Regiment of Va. 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? More than 18 months until he was captured at Murfreesboro about mid 1862

12. When and where did his Command surrender, and was discharged? Union in Prison & does not know for certain but was incarcerated at Andersonville, S.C. in 1864

13. Were you personally present when it was surrendered? No If not, where were you In Prison and how came you there? Confiscation

14. Was the husband of applicant personally present at surrender? No If not where was he? In Prison at Johnston's Island, Pennsylvania When, where and for what cause did he leave Command? (Give date.) Just before the war started By whose authority did he leave his Command? By his own And how long was he granted leave? None How do you know all this? I know of his service from personal knowledge and his capture & his confinement only from reports

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? He was held in Prison. He has told me frequently

16. What effort did he make to return to his Command, and how do you know this? Of your own knowledge or how? I have no personal knowledge of this

Sworn to and subscribed before me this the 17th day of October, 1929. J. H. Hood

W. H. Spencer, Clerk Court of Ordinary
of Milton County.

(SEAL)

Brooke, MARY E. (wid.)
Cherokee Co

For Cherokee County

1935

Application for Pension Due Deceased Pensioner (UNDER ACT 1904)
(To pay expenses of last illness and funeral)

David Massey Ordinary
For Mary E. Brooke Cherokee

Date of Death July 16 1935

Amount \$ 60.00

Approved and ordered 1935
JOHN V. PARK
Commissioner of Pensions.

PAID TO ORDINARY 1935 full and send
DATE FUND FROM WHICH PAID
1935 Cherokee 60.00
1935 Cherokee 60.00

150 TOTAL 60.00
Pay #60

ST. JONES, PRESIDENT FORTY YEARS AND MORE AT CANTON R. W. JONES, Gen. Manager

JONES MERCANTILE COMPANY
CAPITAL, SURPLUS AND PROFITS MORE THAN \$1,500,000.00
OWNERS: CANTON FERTILIZER COMPANY

ESTABLISHED 1878 INCORPORATED 1907

DIRECTORS: ST. JONES, R. W. JONES, J. E. JONES, J. E. JONES, J. E. JONES

MEMBER: REAL ESTATE AGENCY AND BANKING BUSINESS CONCERN AND RACON, GA.

STORE BUILDING - FLOOR SPACE OVER 5000 SQUARE FEET
DEPARTMENT STORE - MERCHANDISE COTTON AND FERTILIZERS
CANTON, GA. March 10, 1937.

Sold to Funeral Expense for Mrs. M. E. Brooke, Canton, Georgia.

Terms		
Basket		\$12.40
Dining Room		7.00
3 T. Lamps		7.60
T. Lamps, no. lessures		12.45
		\$39.45

Georgia, Cherokee County.
The above and foregoing account is rendered for funeral expenses of Mary E. Brooke who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me. David Massey Ordinary John V. Park

This 12 day of Mar., 1935.

\$ 30.00 1935

CANTON, GA. Sept. 3 1935

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA
One Hundred and Fifty Dollars

THIRTY and NO 100

IN FULL SETTLEMENT OF CONFEDERATE PENSION FOR Mary E. Brooke 1935

WITNESS: James Massey
James Massey
By James Massey Cashier

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED AND REMAINS ATTACHED TO CHECK

\$ 60.00

CANTON, GA. April 20 1935

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA
SIXTY AND NO 100

On Funeral Mrs. Mary E. Brooke

IN FULL SETTLEMENT OF CONFEDERATE PENSION FOR Mary E. Brooke 1935

WITNESS: Ruth Groves
James Massey
By James Massey Cashier

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED AND REMAINS ATTACHED TO CHECK

PAID TO ORDINARY		Full and send	
DATE	FUND FROM WHICH PAID	AMOUNT	REMARKS
12/31	ORE	60.00	
TOTAL		60.00	

File #60

Georgia, Cherokee County.
 The above and foregoing account is rendered for funeral expenses of
 Mary E. Brooke who died without owning sufficient property to pay this bill.
 Sworn to and subscribed before me.
 This 12 day of Mar., 1935.
 Jacob Massey Ordinary
 John Massey as
 By H. P. Massey

\$ 30.00

CANTON, GA., Sept. 1935

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

THIRTY and NO. 100

IN FULL SETTLEMENT OF CONFEDERATE PENSION FOR

WITNESS

[Signature]

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED.

EXPENSES Mary E. Brooke
 Jones Mercantile Co.
 By *[Signature]*
 Cashier

\$ 60.00

CANTON, GA., April 20 1935

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

SIXTY

AND NO. 100 DOLLARS

On Funeral Mrs. Mary E. Brooke

IN FULL SETTLEMENT OF CONFEDERATE PENSION FOR

WITNESS

Ruth Groves

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED.

Jones Mercantile Co.
 By *[Signature]*
 Cashier

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
J. C. Johnston of said County, who, after being sworn, on oath
 says that he knew *Mary E. Brooke* 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 *16* day of *February*, 19*35*,
 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 *\$25.61*, per sworn statements fully and completely
 ITEMIZED hereto attached.

Sworn to and subscribed before me,
Jacob Massey Ordinary
Cherokee County
 (Seal of Ordinary)

J. C. Johnston

CERTIFICATE OF ORDINARY

GEORGIA, *Cherokee* County.

I, *Jacob Massey* Ordinary of said County, do certify
 that I personally know *J. C. Johnston*, 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 *Mary E. Brooke* 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 *\$25.61* Dollars
 in said County for 19*35*, 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 *12* day of *March*, 19*35*.
 (Seal of Ordinary) *Jacob Massey* 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:
 "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, properly receipted, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

was on the Pension Roll of said County at the time of death, which occurred in Cherokee
County, in this State, on the 16 day of February, 1935,
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 \$25.61, per sworn statements fully and completely
ITEMIZED hereto attached.

Sworn to and subscribed before me,
Jacob Massey Ordinary
Cherokee County
(Seal of Ordinary)

J. E. Johnston

CERTIFICATE OF ORDINARY

GEORGIA, Cherokee County.
I, Jacob Massey, Ordinary of said County, do certify
that I personally know J. E. Johnston, 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 Mary C. Brooke 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 Twenty Seven (27) Dollars
in said County for 1935, 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 12 day of March, 1935.
(Seal of Ordinary) Jacob Massey 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:
"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, properly receipted, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

Georgia, Cherokee County.

I, Jacob Massey, Ordinary and ex-officio clerk of the court of
Ordinary of said County, do hereby certify that the within and
foregoing is a correct copy of the death of Mary C. Brooke as
appears of file in this office.

This March 12, 1935.

Jacob Massey 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 within and foregoing is a correct copy of the death of Mary A. Brooke as appears of file in this office.

This March 12, 1935.

Jacob Massey Ordinary.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. Cause of death should be stated in plain terms, so that it may be understood. If death was caused by disease, state the disease. If death was caused by injury, state the injury. If death was caused by accident, state the accident. If death was caused by suicide, state the suicide. If death was caused by homicide, state the homicide. If death was caused by other causes, state the causes. Where was disease contracted if not at place of death?

CERTIFICATE OF DEATH	
GEORGIA DEPARTMENT OF PUBLIC HEALTH	
Bureau of Vital Statistics	
1. PLACE OF BIRTH County <u>Cherokee</u> Middle District (Number and Name) <u>Cherokee</u> State of Georgia City or Town <u>Cherokee</u> Length of residence in this city or town: Yrs. <u>1</u> Mos. <u>12</u> Days <u>12</u> Non-Resident (Yes or No) <u>No</u> Street and Number (No.) <u>12</u> (Street) <u>12</u> Ward <u>12</u> (If death occurred in a hospital, give the name instead of street and number)	
2. FULL NAME <u>Mary E. Brooke</u> Residence (City or Town) <u>Cherokee</u> (Street and Number) <u>12</u> (State) <u>Georgia</u>	
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>
5. DATE OF BIRTH (month, day, year) <u>Feb. 16, 1881</u>	6. AGE <u>54</u> years <u>2</u> months <u>16</u> days <u>12</u> hours <u>12</u> minutes
7. OCCUPATION (a) Trade, profession or particular kind of work done, as physician, lawyer, bookkeeper, etc. <u>Domestic</u> (b) Industry or business in which work was done, as cotton mill, sawmill, hotel, etc. <u>Domestic</u> (c) Date deceased last worked at this occupation (month and year) <u>1934</u> (d) Total years spent in this occupation <u>12</u>	
8. BIRTHPLACE (P. O. Address) <u>Cherokee, Georgia</u>	
9. MOTHER (P. O. Address) <u>Cherokee, Georgia</u>	
10. FATHER (P. O. Address) <u>Cherokee, Georgia</u>	
11. MAIDEN NAME (P. O. Address) <u>Cherokee, Georgia</u>	
12. BIRTHPLACE (P. O. Address) <u>Cherokee, Georgia</u>	
13. INFORMATION (Address) <u>Cherokee, Georgia</u>	
14. BURIAL PLACE (Cemetery) <u>Cherokee, Georgia</u>	
15. UNDERTAKER (Signed) <u>Cherokee, Georgia</u>	
16. MEDICAL CERTIFICATE OF DEATH DATE OF DEATH <u>Feb. 16, 1935</u> at <u>12-30 P.M.</u> (Hour) 17. I HEREBY CERTIFY that I attended the deceased from <u>2-1-25</u> to <u>2-16-35</u> I last saw <u>living</u> alive on <u>2-16-35</u> The principal cause of death and related causes of importance in the order of their importance are: <u>Apoplexy cerebral</u> Other contributory causes of importance: <u>Stroke</u> What test confirmed diagnosis? (Specify whether autopsy, microscopic, bacteriologic, or clinical) If death was due to external causes (violence) fill in also the following: Was injury an accident, suicide, or homicide? Where did injury occur (Specify city or town, if outside of limits, the county, and also the state) Did injury occur in a home, public place or industry? Manner of injury Nature of injury (Signed) <u>Cherokee, Georgia</u> M.D. (Address) <u>Cherokee, Georgia</u> 18. SIGNATURE (Signed) <u>Cherokee, Georgia</u>	

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, and not in medical language. Exact statement of occupation is very important. Was disease or injury caused by dangerous or unhealthy conditions of occupation? Where was disease contracted if not at place of death?

Bureau of Vital Statistics		Registered No.
1. PLACE OF BIRTH County <u>Cherokee</u> Militia District (Number and Name) <u>Barter 772</u> City or Town <u>Barter</u> Length of residence in this city or town: Yrs. <u>1</u> Mos. <u>0</u> Days <u>0</u> NON-RESIDENT (Yes or No) <u>No</u> Street and Number (No.) <u>1</u> (Street) <u>1</u> Ward <u>1</u> (If death occurred in a hospital, give the name instead of street and number)		State of Georgia
2. FULL NAME <u>Mary E. Bivols</u> Residence (City or Town) <u>Barter</u> (Street and Number) <u>1</u> (State) <u>Georgia</u>		
PERSONAL AND STATISTICAL PARTICULARS		
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Single</u>
6. DATE OF BIRTH (month, day, year) Month <u>2</u> Day <u>16</u> Year <u>1916</u>		
7. AGE <u>25</u> Months <u>0</u> Days <u>0</u> If less than one day: Hours <u>0</u> Minutes <u>0</u>		
8. OCCUPATION (a) Trade, profession or particular kind of work done, as spinner, lawyer, bookkeeper, etc. <u>Domestic</u> (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. <u>Domestic</u> (c) Date deceased last worked at this occupation (month and year) <u>1916</u> (d) Total years spent in this occupation <u>25</u>		
9. BIRTHPLACE (P. O. Address) <u>Barter</u>		
10. MOTHER'S BIRTHPLACE (P. O. Address) <u>Barter</u>		
11. FATHER'S BIRTHPLACE (P. O. Address) <u>Barter</u>		
12. MAIDEN NAME <u>Barter</u>		
13. BIRTHPLACE (P. O. Address) <u>Barter</u>		
14. INFORMATION (Address) <u>Barter</u>		
15. BURIAL PLACE (Cemetery) <u>Barter</u> (Address) <u>Barter</u>		
16. UNDERTAKER (Name) <u>Barter</u> (Address) <u>Barter</u>		
MEDICAL CERTIFICATE OF DEATH		
17. DATE OF DEATH <u>Feb 16 1916</u> at <u>12-30 P.M.</u> (Month, Day, Year) (Hour)		
18. I HEREBY CERTIFY, That I attended the deceased from <u>2-1-16</u> to <u>2-16-16</u> I last saw <u>her</u> alive on <u>2-16-16</u> The principal cause of death and related causes of importance in the order of onset and duration of each: <u>Apoplexy cerebral</u> Other contributory causes of importance: <u>Stroke</u> What test confirmed diagnosis? <u>Stroke</u> If death was due to external causes (violence) fill in also the following: Was injury an accident, suicide, or homicide? Where did injury occur? Did injury occur in a home, public place or industry? Manner of injury Nature of injury (Signed) <u>J. B. Bivols</u> M.D. (Address) <u>Barter</u> 19. FILER'S SIGNATURE <u>Barter</u> (Signed) <u>Barter</u>		

ORDINARY'S CERTIFICATE

STATE OF GEORGIA

Cherokee } COUNTY

I, Frank M. Harkins Ordinary of said County, do certify that I know Mrs. M. E. Brooks the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 5 day of June 1922.

That I also know _____ witness as to marriage, and I also know _____ that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 5 day of Ed 1922
(SEAL) Frank M. Harkins Ordinary.
E. M. Miller County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness to the following: "You do solemnly swear that you will true answers make to each of the questions asked you and the witness."
2. Additional affidavits may be attached if these sworn are insufficient.
3. All affidavits must be made before the Ordinary of the county of residence.
4. The Ordinary shall certify to the facts stated in the foregoing and attach a true and correct copy of the same to the application.
5. Attach verified copies of marriage license if obtainable. If not, prove marriage, by some process, or by general release of the applicant.
6. Witnesses of Disabled Pensioners must use the blue application blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Brooks, M. E. (Mrs.)
10-10-22
Cherokee County
CLASS 1923
No.

Widow's Application

To Be Put on Roll in Her Own Right When
Husband Was on the Indigent Roll or
Put on Under Act of July 11, 1910—
As Amended by Act of 1919.

County Cherokee
Name Mrs. M. E. Brooks
Widow of M. J. Brooks
Company E
Regiment 10th Legion
Approved John W. Leonard
Commissioner of Pensions
11-10-22

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co. State Printers, Atlanta.

WIDOW'S CERTIFICATE

COUNTY }
 }
 }
 }

Ordinary of said County, do certify that I
 the applicant for this pension, and that she is the
 in a bona fide continuing resident of said County and was
 1922.

Witness as to marriage, and I also know
 that both of the foregoing were duly sworn by me
 at they are truthful and trustworthy and their statements

I offer this 7 day of Oct 1922
 at the Court House
 Ordinary
 County

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
 blank space are insufficient.
 "If obtainable. If not, prove marriage, by some person, or by general
 the Blue Application Blank and state and prove full term of husband's
 and was not required to do so."

Widow of M. J. Brooks
 Company E.
 Regiment 10th Legion
 Approved John W. Lindsey
Commissioner of Pensions
11-10-22
 J. W. LINDSEY,
 Commissioner of Pensions.
 Byrd Printing Co. State Printers, Atlanta.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,
Cherokee COUNTY }

I, Saml Marney Ordinary of said County, do certify that I
 know Mrs. M. E. Brooks the applicant for this pension, and that she is the
 person she represents herself to be, and that she is a bona fide continuing resident of said County and was
 on the 5 day of June 1922.

That I also know _____ witness as to marriage, and I also know
 that both of the foregoing were duly sworn by me
 before signing the respective affidavits, and that they are truthful and trustworthy and their statements
 are entitled to full faith and credit.

Sworn under my hand and official seal of office this 7 day of Oct 1922
 (SEAL) Saml Marney Ordinary.
Cherokee County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
 "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence
 you shall give will be the truth. So help you God."
 2. Additional affidavits may be attached if blank space are insufficient.
 3. All affidavits must be made before the Ordinary of the county of residence.
 4. Only widows who married prior to first January, 1881, are entitled.
 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general
 reputation.
 6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's
 service—because he made no proof of service and was not required to do so.

Brooks M. E. (Mrs)
11-10-22
Cherokee County
CLASS 1923
No.

Widow's Application
 To Be Put on Roll in Her Own Right When
 Husband Was on the Indigent Roll or
 Put on Under Act of July 11, 1910—
 As Amended by Act of 1918

County Cherokee
 Name Mrs. M. E. Brooks
 Widow of M. J. Brooks
 Company E.
 Regiment 10th Legion
 Approved John W. Lindsey
Commissioner of Pensions
11-10-22

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

Brooks, H. E. (Mm)
10 Cherokee County
CLASS 1923
No.

Widow's Application
 To Be Put on Roll in Her Own Right When
 Husband Was on the Indigent Roll or
 Put on Under Act of July 11, 1910—
 As Amended by Act of 1918

County *Cherokee*
 Name *Mrs. H. E. Brooks*
 Widow of *H. J. Brooks*
 Company *E*
 Regiment *Seaboard Legion*
 Approved *John W. Baird*
Commissioner of Pensions
11-10-22

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

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Cherokee COUNTY.

Personally before me comes *Mrs. H. E. Brooks* of said County, who, after being duly sworn, says that she is the widow of *H. J. Brooks* to whom, in the County of *Cherokee* State of *Ga.* she was married on the *7* day of *Feb.* 18*67*, and that she remained his wife, and resided with him to the date of his death in *June 5* 18*99* 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 *Confederate* Pension Roll of the State and paid a pension of *\$100.50* in *Cherokee* County for 19*22* per annum, on account of being a soldier in Company *E*, Regiment *Seaboard Legion*, (Volunteers in State Militia)

That she is now a bona fide resident citizen of said County of *Cherokee* and she has so continuously resided since *7* day of *Feb.* 19*22*.

Sworn to and subscribed before me, this the

9 day of *Oct.* 19*22*

Geo. Massey Ordinary

of *Cherokee* County.

(SEAL)

her
Mrs. H. E. Brooks
mark

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

STATE OF GEORGIA,

..... COUNTY.

Personally before me comes..... known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs..... who made the foregoing affidavit, is the lawful widow of..... who died in..... County in said State of..... on..... day of..... 19..... and that she has not since remarried. That she became the wife of..... on the..... day of..... 18....., and that she and he had resided together as man and wife continuously since..... day of..... 18....., and that the..... was the same man who was on the pension roll of said State..... from..... County..... when he died.

Sworn to and subscribed before me, this the

..... day of..... 19.....

..... Ordinary

of..... County.

(SEAL)

MARRIAGE LICENSE

AND

Issued _____ 192
and Recorded on Page _____ Book _____

of Marriage Licenses

Ordinary

GEORGIA, CHEROKEE COUNTY.

I, Jacob Massey, Ordinary and ex-officio clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of marriage license of M.J. Brooks and M.D. Moore with the original record thereof, now remaining in this office, and the same is a correct transcript thereof, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court of Ordinary.

This the 9th day of Oct., 1922.

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



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

You are hereby authorized to join

M.J. Brooks and M.D. Moore.

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

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

Given under my hand and seal this _____ day of February 1922.

STATE OF GEORGIA

CERTIFICATE

CHEROKEE COUNTY

I Certify that

M.J. Brooks and M.D. Moore

were joined in Matrimony by me this 7th day of February, Nineteen Hundred and 1922.

Recorded Nov. 10th 1922.

1922

M.D. Moore

M.D. Moore

Ordinary.

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

You are hereby authorized to join
and
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 fifth day of February 1907.

STATE OF GEORGIA **CERTIFICATE** **CHEROKEE COUNTY**

I Certify that M. J. Moore and M. J. Moore
were joined in Matrimony by me this 7th *day of* February *Nineteen Hundred*
and 1907.

Recorded Mar. 10th 1907 1907 *Operator*
M. J. Moore *Ordinary*

J. L. Linder
 4/6-1911
 Applicant for relief
 1st mt - Nov 11-1904
 The way was of much
 all in a kind of
 1st - next of kin -
 2nd - in house in 9 months

6/23-11

County Cherokee
 Name M. J. Brooke
 Company E.
 Regiment Colts Legion
 Approved _____
 J. W. LINDSEY,
 Commissioner of Pensions
 CHAS. F. BYRD, State Printer, Atlanta.
 8/23/11
 6/23-11

County Cherokee
 Name M. J. Brooke
 Company E.
 Regiment Colts Legion
 Approved _____
 J. W. LINDSEY,
 Commissioner of Pensions
 CHAS. F. BYRD, State Printer, Atlanta.
 8/23/11
 6/23-11

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910. Questions for Applicants to Answer.

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

1. What is your name and where do you reside? (Give County and Post-office).
M. J. Brooke, Chattahoochee, Cherokee County, Ga.
2. How long and since when have you been a continuous resident citizen of this State?
April 10, 1836, since my birth.
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State
from 1861 to 1865, yes, from this State.
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class
 of Service). March 1862 at Knoxville, Tenn. E. Battalion, 1st Regt., Cavalry.
5. How long did you remain in the said Military Service with said Company and Regiment?
 (Give date of discharge). until Sept 18, 1864.
6. When and where was your Company and Regiment surrendered or discharged from the Service?
I don't know of my own knowledge.
7. Were you actually present with your Command when it was surrendered or discharged? No.
8. If you were not actually present, state specifically and clearly where you were never detained
to get horses for the Command.
 - a. Where was your Command when you left it? Stony Creek, Va.
 - b. When did you leave the Command? Sept 18, 1864.
 - c. For what cause did you leave? detached to get horses for the Command.
 - d. By whose authority did you leave? by Genl. Hampton.
 - e. For how long was your leave granted? In what way? 60 days, detail to get
horses for the Command.
 - f. Why did you not return to your Command after leave expired? could not get back.
 - g. In what way were you prevented from getting back? captured and held by
Rebels and the prison was at Salisbury, N.C.
 - h. What effort did you make to return? I made every effort to get back, got to Knoxville, Tenn.
there I found the Command had been sent to the front and I was not permitted to return.
 - i. Where you captured during the year? yes.
 - j. If so, when, and where? In what prison were you held and when were you released?
June 9, 1865 at Camp of Salisbury, for Prison Command, Washington.
 9. What property of every description was owned, in the use, possession and control of yourself
 and wife, and its cash value on the 4. Nov. 1906? (Make list by items and value.) 60 acres of land
val \$1600, 2 mules \$250, cattle \$500, sheep \$250, house hold \$250.
 10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov.,
 1906. To whom and for what price? had one mule to die.
 11. What property of any description of any kind, and of any value now owned and in the use
 possession and control of yourself and wife and its cash value? (Make itemized list). 60 acres of
land \$1600, 2 mules \$250, cattle \$500, sheep \$250, house hold \$250.
 12. What annual or monthly income or earnings of yourself and wife and the source derived have
 you? no.
 13. Are you drawing a pension of any amount from this State or the United States? No.
 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was
 not allowed? No.

Sworn to and subscribed before me, this the
27 day of Aug, 1912
J. W. Lindsey Ordinary,
 of Cherokee County.

County Cherokee
 Name M. J. Brooke
 Company E.
 Regiment Colts Legion
 Approved _____
 J. W. LINDSEY,
 Commissioner of Pensions
 CHAS. F. BYRD, State Printer, Atlanta.
 8/23/11
 6/23-11

Soldier's Application
 UNDER ACT 1910.
 County Cherokee
 Name M. J. Brooke
 Company E.
 Regiment Colts Legion
 Approved _____
 J. W. LINDSEY,
 Commissioner of Pensions
 CHAS. F. BYRD, State Printer, Atlanta.
 8/23/11
 6/23-11

c. For what cause did you leave? *changed a my horse for the command*
d. By whose authority did you leave? *by Genl Hampton*
e. For how long was your leave granted? In what way? *60 days, detail to get horse for the same*
f. Why did you not return to your Command after leave expired? *Could not get horse*
g. In what way were you prevented from returning to your Command? *could not get horse only by R. Hood and the command*
h. What effort did you make to return? *I could not return to get horse, got to Memphis Tenn. when I showed up and I am a prisoner. I could not get my horse.*
i. When you captured during the war?
j. If so, when, and where? In what prison were you held and when were you released?
k. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) *600 cash of land Val \$1600, 2 mules \$250, cattle \$500, 2 horses \$250, 200 farming tools \$500, 200*
l. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? *had one mule to the*
m. What property of any description of any kind, and of any value now owned and in the use possession and control of yourself and wife and its cash value? (Make itemized list) *land \$1600, 2 mules \$250, 2 cows \$25, 200 farming tools \$500, 200 horse hold \$250, 200*
n. What annual or monthly income or earnings of yourself and wife and the source derived have you?
o. Are you drawing a pension of any amount from this State or the United States? *No*
p. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
Sworn to and subscribed before me, this the
27 day of Aug 1910
M. J. Hicks Ordinary,
of Cherokee County.

QUESTIONS FOR WITNESS AS TO SERVICE

STATE OF GEORGIA,

Cherokee County.

J. W. Moss of said State and County is hereby presented as a witness in support of the application of J. P. Brooks for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside?
2. How long and since when have you known J. P. Brooks the applicant?
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know?
4. When, where and in what Company and Regiment did J. P. Brooks enlist during war from 1861 to 1865? (Give date and place)
5. How did you obtain your information of this Service?
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date)
7. When and where was his Command surrendered or discharged (give date and place).
8. Were you personally present at the Surrender?
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender?
11. If not, where was he and how came him there?
12. When did he leave his Command?
13. By whose authority did he leave?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner?
16. In what prison was he held?
17. Sworn to and subscribed before me, this the
27 day of Aug 1910
M. J. Hicks Ordinary,
of Cherokee County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Cherokee County.

Personally before me came J. W. Moss & J. P. Brooks who on oath says that they are free holders residing in said County and we know J. P. Brooks the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make list by items and value.)
600 cash of land Val \$1600, 2 mules \$250, 2 cows \$25, 200 farming tools \$500, 200 horse hold \$250, 200

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov

1908? (State it fully by items.)

2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full value?
or was it made to obtain a pension?

Sworn to and subscribed before me, this the
27 day of Aug 1910
M. J. Hicks Ordinary,
of Cherokee County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee County.

I, M. J. Hicks Ordinary of said County, certify that I know the applicant for Pension is the person he represents himself to be and resides in said County. That I also know J. W. Moss the witness swearing to the service and J. P. Brooks who are free holders, and they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of Cherokee County shows that has and wife value for tax is in 1908 \$445, for 1909 \$233, for 1910 \$275
Sworn under my hand and official seal of office this 27 day of Aug 1910
M. J. Hicks Ordinary,
of Cherokee County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the audience you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.

12. When did he leave his Command? Sept 18 1864 Where was his Command when he left it? Stony Creek Va for what cause did he leave? detail service
 By whose authority did he leave? _____ and how long was he granted leave? 60 days
 How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). Of my own knowledge, I was with him
 13. In what way was he prevented from returning to his Command? Cut off by the enemy
 How do you know? I was with him
 14. What effort did he make to return to his Command and how do you know? Made two or more efforts and could not get through him of the enemy
 15. Was applicant captured as a prisoner? Yes If so, when and where? Battle of Buryford
 In what prison was he held? City of Washington and when released? Released June 27, 1863
 Sworn to and subscribed before me, this the 27 day of Aug, 1910
J. W. Linsley Ordinary.
 of Cherokee County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. All affidavits must be made before the Ordinary and certified by him.
 4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free holders unnecessary.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Cherokee County.

Personally before me came Thomas & Oliver Tinsley who on oath says that they are free holders residing in said County and we know J. W. Linsley the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make list by items and value.) 160 acres of land Val \$250.00 one mule \$100.00 Cattle \$200.00 Farming tools \$50.00 House hold \$50.00, wagon \$80.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov

STATE OF GEORGIA, Cherokee County

I, Jacob Massey Ordinary of said County, do certify that I personally know Mrs. M. B. Brooks the applicant, and that she is the lawful widow of M. J. Brooks and was on the con Pension Roll of said Cherokee County, and was paid a Pension from Cherokee County for 1921, and at the time of his death on the _____ day of _____ 1921 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 _____ of _____ 1922.
 (SEAL) Jacob Massey Ordinary
Cherokee County.

Brooks, M. J.
Cherokee Co.

1922

Application for Pension Due Deceased Soldier

(UNDER ACT 1891)

(To be paid his Widow or Dependent Children)

BY

Mrs. M. B. Brooks
 Widow of M. J. Brooks
 of Cherokee County
 Old or New Old
 Date of Death June 5 1922

Approved and ordered paid, \$100

J. W. Linsley 1922
J. W. LINSLEY
 Commissioner of Pensions.

Ordinary. Fill out above in full and send this blank to Pension Office for approval before you pay out the money, and then return it with your pay-roll for permanent filing in the Pension Office.

GEORGIA, Cherokee County.

I hereby authorize and constitute Mrs. M. B. Brooks of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 1922 through my deceased husband, M. J. Brooks, who was on the Pension Roll and paid from _____ County for 19 _____

Witness my hand this 18 day of July, 1922

Attested before me:

Jacob Massey

Mrs. M. B. Brooks

Brooks, N. E.
Cherokee Co.

1922

Application for Pension Due
Deceased Soldier

(UNDER ACT 1891)

(To be paid his Widow or Dependent Children)

BY

Mrs. N. E. Brooks
Widow of N. J. Brooks
of Cherokee County

Old or New June 5 1922

Date of Death June 5 1922

Approved and ordered paid \$11.00

7/22

1922

J. W. LINDESEY

Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval before making any further steps. It will pay any roll for permanent filing in the Pension Office.

GEORGIA, Cherokee County.

I hereby authorize and constitute Mrs. N. E. Brooks, of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 1922 through my deceased husband, N. J. Brooks, who was on the Pension Roll and paid from Cherokee County for 19

Witness my hand this 18 day of July, 1922

Attested before me:

James Marney

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Cherokee County

Personally before me comes Mrs. N. E. Brooks, of said County, who after being duly sworn, on oath says that she is the widow of N. J. Brooks, who was duly enrolled as a Confederate Pensioner from the County of Cherokee and was paid a Pension of One hundred & twenty five Dollars from Cherokee County for 1921, and that the said N. J. Brooks died in Cherokee County on the 5 day of June, 1922, and at the time of his death a Pension of \$100.00 was due him from Cherokee County and unpaid for 1922. Applicant further swears that she married the said N. J. Brooks on the 7 day of Feb, 1867, 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 July, 1922.

Ordinary. (L. S.)
(SEAL) County.

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cherokee County

Personally before me comes _____, who on oath says that he knew _____ while in life and that he knows Mrs. _____, the above applicant, that he knows that the said _____ and _____ were in due form of law married in the County of _____ in the State of _____ on the _____ day of _____, 18____, and that they were residing together as husband and wife at the time of his death on the _____ day of _____, 19____, and I know that she is his dependent widow.

Sworn to and subscribed before me this _____ day of _____, 1922.

Ordinary.
(SEAL) County.

INSTRUCTIONS:
1st. This form can be used by guardian, or minor children, where there is no widow.
2nd. The Ordinary must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by witness only for framing. Such a certificate is entirely too bulky for use in any sort of pension paper.
3rd. This form is for widows of deceased soldiers who died after October 18th, and for widows and dependent children of soldiers who died after November 1st.
4th. The Ordinary should examine the blank carefully and see that it is fully and correctly completed, and the seals affixed, and that the same, when folded, is filled out.
5th. Pay out no money on this application until it is approved in the Pension Office, and returned to you as your authority to make the pay.
6th. Return this application with your final settlement to the Pension Office.
7th. The widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.
8th. The pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If widow of a soldier who was due 1860 and 1870 pensions, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

AFFIDAVIT OF WITNESS

STATE OF GEORGIA,

County

Personally before me comes _____, who
 on oath says that he knew _____ while in life
 and that he knows Mrs. _____, the
 above applicant; that he knows that the said
 and _____ were in due form of law married in the County
 of _____ in the State of _____ on
 the _____ day of _____, 18____, and that they were residing
 together as husband and wife at the time of his death on the _____ day of
 _____, 19____, and I know that she is his dependent widow.

Sworn to and subscribed before me this _____ day of _____, 1922.

_____, Ordinary.
 _____ County.

(SEAL)

INSTRUCTIONS:
 1st. This form can be used by guardian, or minor children, where there is no widow.
 2nd. The Ordinary must, in all cases, send certificate of marriage attached hereto. If marriage is not proven by wit-
 ness.
 3rd. Avoid the use of the enormously large form of marriage certificate in common vogue throughout this State, suit-
 able only for framing. Such a certificate is entirely too bulky for use in any sort of pension paper.
 4th. This form is for widows of deceased soldiers who died after October 18th, and for widows and dependent children
 of service soldiers who died after November 1st.
 5th. The Ordinary should examine the blank carefully and see that it is truly and correctly completed, and the seals
 applied, and that the back, when folded, is filled out.
 6th. He may not to money on this application until it is approved in the Pension Office, and returned to you as your
 authority to make the payment.
 7th. Return this application with your final settlement to the Pension Office.
 8th. The widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.
 9th. The pension for only one year can be covered by this voucher. Each year's pension is a separate and distinct
 transaction and must be so treated. If widow of a "war" pensioner, who was due 18th and 19th pensions, she must make
 two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

MARRIAGE LICENSE

AND

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Book

Issued

and Recorded on Page

of Marriage Licenses

Ordinary

GEORGIA, CHEROKEE COUNTY.

I, Jacob Massey, Ordinary and ex-officio clerk of the Court of Ordinary
 of said County, do hereby certify that I have compared the foregoing
 copy of marriage license of N.J. Brooks and N.E. Moore with the original
 record thereof, now remaining in this office, and the same is a correct
 transcript therefrom, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal
 of the Court of Ordinary.

This July 17th 1922.

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

State of Georgia--Cherokee County.

Now comes before me, N.J. Brooks who after being duly
 sworn, says that he desires to amend his application for Pension as
 follows:--

That on Sept 18th 1864 while at Stony Creek Va., I was
 detailed, to go home, or back into Georgia to buy horses for the
 Command, Comrade J.W. Moss was detailed at same time and for same purpose
 together with many others. J.W. Moss and I came back to Athens Ga.,
 and was forced to walk from there to our home near Cartersville, Ga.,
 was unable to secure and horses from any where, and when our leave ex-
 pired tried as stated in application to go back to Command, but I could
 not do so for the enemy. We then joined Edd Ford's Company, a comp-
 any made up around Cartersville of men who were serving on detail
 services, such as were working in Iron Ore Furnaces etc, making Iron
 for the Command, and other kinds of service; this Company was ordered
 up into Tenn., where we had several little skirmishes with the enemy,
 and at or near Connesoga River I commanded Ford's Company after he
 had been wounded and disabled. This Company belonged to or was attached
 to Bakers Regiment. we remained with this Company until surrender,
 and was both surrendered with the Company on May 17th 1865 at
 Kingston, Ga.

I wish also to call your attention to the personal letter I have
 written which explains my service in detail, and ask that the same be
 considered as an amendment to my application.

Sworn to and subscribed before me--

June 22, 1911.

Ord.

Georgia--Cherokee County.

Personally appeared before me, J.W. Moss, who after being duly
 sworn says that the statements made in the above or foregoing affi-
 davit of N.J. Brooks is true, that he knows the facts of his own per-
 sonal knowledge by having been in same service.

Sworn to and subscribed before me,

This June 22, 1911.

Ord.

together as husband and wife at the time of his death on the _____ day of _____, 19____, and I know that she is his dependent widow.

Sworn to and subscribed before me this _____ day of _____, 1922.

_____, Ordinary.

(SEAL) _____ County.

INSTRUCTIONS:
 1st. This form can be used by guardian, or minor children, where there is no widow.
 2nd. The Ordinary must, in all cases, send certificate of marriage attached hereto. If marriage is not proven by witness.
 3rd. Avoid the use of the enormously large form of marriage certificate in common vogue throughout this State, suitable only for framing. Such a certificate is entirely too bulky for use in any sort of pension paper.
 4th. This form is for widows of disabled soldiers who died after October 31st, and for widows and dependent children of service soldiers who died after November 1st.
 5th. The Ordinary should examine the blank carefully and see that it is fully and correctly completed, and the seal affixed, and that the facts when filled in, are true.
 6th. Pay out no money on this application until it is approved in the Pension Office, and returned to you as your authority to make the payment.
 7th. Return this application with your final settlement to the Pension Office.
 8th. The widow after payment for the pension of her husband, signing her name opposite his name thereon.
 9th. The pension for only one year and one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If a "war" pensioner, who was the 1st and 1st pensioner, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

MARRIAGE LICENSE

GEORGIA, CHEROKEE COUNTY.

I, Jacob Massey, Ordinary and ex-officio clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of marriage license of N.J. Brooks and N.E. Moore with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court of Ordinary.

This July 17th 1922.

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

State of Georgia—Cherokee County.

Now comes before me, N.J. Brooks who after being duly sworn, says that he desires to amend his application for Pension as follows:—

That on Sept 18th 1864 while at Stony Creek Va., I was detailed, to go home, or back into Georgia to buy horses for the Command, Comrade J.W. Moss was detailed at same time and for same purpose together with many others. J.W. Moss and I came back to Athens Ga., and was forced to walk from there to our home near Cartersville, Ga., was unable to secure and horses from any where, and when our leave expired tried as stated in application to go back to Command, but could not do so for the enemy. We then joined Edd Ford's Company, a company made up around Cartersville of men who were serving on detail services, such as were working in Iron Ore Furnaces etc, making Iron for the Command, and other kinds of service; this Company was ordered up into Tenn., where we had several little skirmishes with the enemy, and at or near Connesoga River I commanded Ford's Company after he had been wounded and disabled. This Company belonged to or was attached to Bakers Regiment. we remained with this Company until surrender, and was both surrendered with the Company on May 17th 1865 at Kingston, Ga.

I wish also to call your attention to the personal letter I have written which explains my service in detail, and ask that the same be considered as an amendment to my application.

Sworn to and subscribed before me—

June 22, 1911.

N.J. Brooks Ord.

Georgia—Cherokee County.

Personally appeared before me, J.W. Moss, who after being duly sworn says that the statements made in the above or foregoing affidavit of N.J. Brooks is true, that he known the facts of his own personal knowledge by having been in same service.

Sworn to and subscribed before me,

This June 22, 1911.

J.W. Moss Ord.

MARRIAGE LICENSE

OF

AND

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and Recorded on Page

of Marriage Licenses

Ordinary

GEORGIA, CHEROKEE COUNTY.

I, Jacob Massey, Ordinary and ex-officio clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of marriage license of N.J. Brooks and N.E. Moore with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court of Ordinary.

This July 17th 1922.

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

follows:-

That on Sept 18th 1864 while at Stony Creek Va., I was detailed, to go home, or back into Georgia to buy horses for the Command, Comrade J.W. Moss was detailed at same time and for same purpose together with many others. J.W. Moss and I came back to Athens Ga., and was forced to walk from there to our home near Cartersville, Ga., was unable to secure and horses from any where, and when our leave expired tried as stated in application to go back to Command, but could not do so for the enemy. We then joined Edd Ford's Company, a company being made up around Cartersville of men who were serving on detail services, such as were working in Iron Ore Furnaces etc, making Iron for the Command, and other kinds of service; this Company was ordered up into Tenn., where we had several little skirmishes with the enemy, and at or near Connesoga River I commanded Ford's Company after he had been wounded and disabled. This Company belonged to or was attached to Bakers Regiment. we remained with this Company until surrender, and was both surrendered with the Company on May 17th 1865 at Kingston, Ga.

I wish also to call your attention to the personal letter I have written which explains my service in detail, and ask that the same be considered as an amendment to my application.

Sworn to and subscribed before me-

June 22, 1911.

Georgia--Cherokee County.

Personally appeared before me, J.W. Moss, who after being duly sworn says that the statements made in the above or foregoing affidavit of N.J. Brooks is true, that he knows the facts of his own personal knowledge by having been in same service.

Sworn to and subscribed before me,

This June 22, 1911.

Ord.



N.J. Brooks

and

N.E. Moore

in the Holy State of Matrimony according to the Constitution and Laws of this State and for so doing this shall be your license.

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

Given under my hand and seal this 19th day of Feb. 1867

W.R.D. Moss

Ordinary

STATE OF GEORGIA

CERTIFICATE

CHEROKEE COUNTY

I Certify that

N.J. Brooks

and

N.E. Moore

were joined in Matrimony by me this 7th day of Feb. 1867

Recorded

APR. 18th 1867

W.R.D. Moss

Ordinary

P.H. Brewster M.G.

TO ANY OFFICE JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL

You are hereby authorized to join

N.J.Brooks

and

N.E.Moore

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

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

Feb. 1867

19th

8th

day of

W.R.D.Moss

(L.S.)
Ordinary

STATE OF GEORGIA

CERTIFICATE

CHEROKEE COUNTY

I Certify that

N.J.Brooks

and

N.E.Moore

were joined in Matrimony by me this 7th day of

Feb.

1867

Recorded Apr. 18th 1867

W.R.D.Moss

Ordinary

P.H.Brewster M.C.

PAID TO ORDINARY ON THIS CLAIM:			
DATE	FUND FROM WHICH PAID	\$	CENTS
8-27	E & C	75	--
8-27	E & C	75	--
		TOTAL	150

THIS ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITHDRAWN.

was on the Pension Roll of said County at the time of death, which occurred in October County, in this State, on the 9 day of October, 1935 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 \$ 120.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

Jacob Massey Ordinary
Cherokee County
(Seal of Ordinary)

O. S. Morgan

CERTIFICATE OF ORDINARY

GEORGIA, Cherokee County.

I, Jacob Massey Ordinary of said County, do certify that I personally know O. S. Morgan, 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. Jane Brookshire 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 (\$) Dollars in said County for 19 , 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 25 day of May, 1935.
(Seal of Ordinary) Jacob Massey 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:
"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 hereto 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, properly receipted, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

Cashier. Name & Service

\$ 100.00

The above and foregoing account is rendered for funeral expenses for Mrs. Jane Brookshire, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me
this May 25-1935
Jacob Massey Ordinary

J. F. Williams Secy
E. L. Williams

\$ 30.00 25.00

CANTON, GA. Sept. 11 1935

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

Twenty Five & no/100

THIRTY and

IN FULL SETTLEMENT OF CONFEDERATE PENSION FOR

WITNESS

O. S. Morgan

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED.

S. LEMON BANKING CO.

ACWORTH, GA.

64-304

\$ 75.00

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

Seventy Five

THIRTY and

Funeral Expenses Mrs. Jane Brookshire.

IN FULL SETTLEMENT OF CONFEDERATE PENSION FOR

WITNESS

O. S. Morgan

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED.

PAYEE SIGN HERE

J. F. Williams Secy

GEORGIA, CHEROKEE COUNTY.

I, Jacob Massey, Ordinary of said County, do hereby certify that the within and foregoing is a correct copy of the death of Mrs. Jane Brookshire, as is of file in this office.

This May 27th 1935.

Jacob Massey Ordinary

GEORGIA, CHEROKEE COUNTY.

I, Jacob Massey, Ordinary of said County, do hereby certify that the within and foregoing is a correct copy of the death of Mrs. Jane Brookshire, as is of file in this office.

This May 27th 1935.

Jacob Massey Ordinary

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information supplied. Cause of death should be stated in plain terms. Was disease or injury caused by dangerous or unsanitary conditions? Where was disease contracted if not at place of death?

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH County <u>Cherokee</u> Militia District (Number and Name) <u>Reids</u> 517 City or Town <u>Reids</u> Length of residence in this city or town: Yrs. <u>—</u> Mos. <u>—</u> Days <u>—</u> NON-RESIDENT (Yes or No) Street and Number (No.) <u>—</u> (Street) <u>—</u> (If death occurred in a hospital, give the name, number of street and number)		2. FULL NAME Residence (City or Town) <u>Reids</u> (Street and Number) <u>—</u> (State) <u>GA</u>	
3. SEX (a) <u>Male</u> (b) <u>Female</u> (c) <u>White</u> (d) <u>Colored</u> 4. DATE OF BIRTH (month, day, year) Yrs. <u>27</u> Months <u>—</u> Days <u>—</u> If less than one day Hours <u>—</u> Minutes <u>—</u> (a) Trade, profession or particular kind of work done, as spinner, weaver, bookbinder, etc. (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. (c) Date deceased last worked at this occupation (month and year) (d) Total years spent at this occupation		5. DATE OF DEATH (Month, Day, Year) <u>Oct 2</u> 19 <u>35</u> at <u>—</u> (Hour) <u>—</u> (M) 6. I HEREBY CERTIFY, That I attended the deceased from <u>—</u> to <u>—</u> I last saw <u>—</u> alive on <u>—</u> death is said to have occurred on the date and hour stated above. The principal cause of death and related causes of importance in the case are stated as follows: <u>—</u> Other contributory causes of importance: <u>—</u>	
7. OCCUPATION (a) Trade, profession or particular kind of work done, as spinner, weaver, bookbinder, etc. (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. (c) Date deceased last worked at this occupation (month and year) (d) Total years spent at this occupation		8. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 9. NAME (a) <u>Lang</u> (b) <u>Reids</u> (c) <u>Reids</u> (d) <u>Reids</u> (e) <u>Reids</u> (f) <u>Reids</u> (g) <u>Reids</u> (h) <u>Reids</u> (i) <u>Reids</u> (j) <u>Reids</u> (k) <u>Reids</u> (l) <u>Reids</u> (m) <u>Reids</u> (n) <u>Reids</u> (o) <u>Reids</u> (p) <u>Reids</u> (q) <u>Reids</u> (r) <u>Reids</u> (s) <u>Reids</u> (t) <u>Reids</u> (u) <u>Reids</u> (v) <u>Reids</u> (w) <u>Reids</u> (x) <u>Reids</u> (y) <u>Reids</u> (z) <u>Reids</u>	
10. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 11. MAIDEN NAME (P. O. Address) <u>Lawrence County, Ga</u> 12. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 13. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 14. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 15. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 16. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 17. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 18. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 19. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 20. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 21. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 22. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 23. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 24. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 25. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 26. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 27. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 28. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 29. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 30. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 31. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 32. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 33. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 34. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 35. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 36. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 37. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 38. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 39. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 40. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 41. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 42. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 43. BIRTHPLACE (P. O. Address) <u>Lawrence County, Ga</u> 44. 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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. If death occurred in a hospital, give the name thereof if correct and number.

County Cherokee Williston District (Number and Name) Rolls 677
 City or Town Cherokee Length of residence in this city or town: Yrs. 10 Mos. 0 Days 0 NON-RESIDENT (Yes or No) No
 Street and Number (No.) _____ (Street) _____ (State) GA

2. FULL NAME Brookshire, Jane (State) GA

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 2. COLOR White 3. Single, Married, Widowed, Divorced (write the word) Widowed

4. DATE OF BIRTH (month, day, year):
 Years 23 Months 0 Days 0 If less than one day: Hours 0 Minutes 0

5. AGE 23

6. DATE OF DEATH (month, day, year):
 Years 1917 Months 10 Days 10 If less than one day: Hours 0 Minutes 0

7. OCCUPATION
 (a) Trade, profession or particular kind of work done, as spinner, weaver, bookkeeper, etc. Revised
 (b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. _____
 (c) Date deceased last worked at this occupation (month and year) _____ (d) Total years spent in this occupation _____

8. BIRTHPLACE (P. O. Address) Lawrence, Georgia, Ga.

9. NAME Long

10. BIRTHPLACE (P. O. Address) Lawrence, Ga., Ga.

11. MAIDEN NAME James

12. BIRTHPLACE (P. O. Address) Lawrence, Ga., Ga.

13. INFORMANT (Signed) O. L. Maggiano (Address) Lawrence, Ga., Ga.

14. BURIAL PLACE (Cemetery) Oak Grove Cemetery (Postoffice) Lawrence, Ga. Date 10-10-17

15. UNDERTAKER (Signed) J. B. Bell (Address) Lawrence, Ga.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 9 17. 1917 18. X 19. 1917

20. I HEREBY CERTIFY, That I attended the deceased from _____ to _____

I last saw _____ alive on _____, death is said to have occurred on the date and hour stated above. The principal cause of death and related causes of importance in the order of onset and duration of each: Throat cancer no Dr attendance

Other contributory causes of importance: _____

What test confirmed (specify)? (Specify blood, tissue, secretion, laboratory, or clinical) _____

If death was due to external causes (violence) fill in also the following:
 Was injury an accident, suicide, or homicide? _____
 Where did injury occur (Specify day or week, if possible of the day, the season, and also the cause)? _____
 Did injury occur in a home, public place or industry? _____
 Nature of injury _____
 (Signed) _____ M. D.
 (Address) _____

21. FILED (Signed) J. B. Bell 22. 1917

Brookshire, Jane
 (Widow)
 Cherokee County

See 60th Regt. Co. B
 100th Infantry, 1917

See 65th Regt. Co. B
1917

2

POWER OF ATTORNEY.

STATE OF GEORGIA,

Brookshire County, }
Brookshire }
Brookshire }

I, *John W. Lindsey*, hereby authorize

John W. Lindsey of *Brookshire* Co.,

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

John W. Lindsey at *Brookshire*, Ga.

by *John W. Lindsey*

Witness my hand and seal, this *10th* day of *January*, 1903.

Executed in presence of

John W. Lindsey

John W. Lindsey [L.S.]

Brookshire, Ga.
Brookshire Co.

(FOR THOSE ALREADY ENROLLED.)

No. *4840*

INDIGENT
 SOLDIER'S PENSION
 1903.

Name *John W. Lindsey*
 County *Brookshire*
 Co. *20* Regiment *6th La.*

WARRANT ISSUED

7/6 1903.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

John W. Lindsey

Geo. Harrison, State Printer, Atlanta.

WARRANT ISSUED
7/16 1903.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
W. A. P.
Geo. Harrison, State Printer, Atlanta

FORNEY.
I authorize
Levi Brookshire
and request that he remit same to
where due.
of Henry
Levi Brookshire [L. S.]
1903.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Brookshire County. }
I, Levi Brookshire hereby authorize
W. A. P. of Atlanta Ga.
to receive and receipt for the pension allowed and request that he remit same to
W. A. P. at Brookshire
by Carey
Witness my hand and seal, this 12 day of January, 1903.
Levi Brookshire [L. S.]
Executed in presence of
W. A. P.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Brookshire County. }
I, Levi Brookshire hereby authorize
W. A. P. of Atlanta Ga.
to receive and receipt for the pension allowed and request that he remit same to
W. A. P. at Brookshire
by Carey
Witness my hand and seal, this 14 day of May, 1904.
Levi Brookshire [L. S.]
Executed in presence of
W. A. P.

(FOR THOSE ALREADY ENROLLED.)

No. 4840

INDIGENT

SOLDIER'S PENSION
1903.

Name Levi Brookshire
County Brookshire
Co. B Regiment 56 Ill.

WARRANT ISSUED

7/16

1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

W. A. P.

Geo. Harrison, State Printer, Atlanta

(FOR THOSE ALREADY ENROLLED.)

No. 4841

INDIGENT

SOLDIER'S PENSION
1904.

Name Levi Brookshire
County Brookshire
Co. B Regiment 56 Ill.

WARRANT ISSUED

7/16

1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

W. A. P.

Geo. Harrison, State Printer, Atlanta

Brookshire, Levi
Cherokee Co.
 (FOR THOSE ALREADY ENROLLED.)
 No. *1840*
 INDIGENT
SOLDIER'S PENSION
1903.
 Name *Levi Brookshire*
 County *Cherokee*
 Co. *B* Regiment *64*
 WARRANT ISSUED
1/16 1903.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
W. C. Off.
 JOHN W. HARTMAN, STATE PRINTER, ATLANTA.

Brookshire, Levi
Cherokee Co.
 (FOR THOSE ALREADY ENROLLED.)
 No. *1840*
 INDIGENT
SOLDIER'S PENSION
1904.
 Name *Levi Brookshire*
 County *Cherokee*
 Co. *B* Regiment *64*
 WARRANT ISSUED
7/18 1904.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
W. C. Off.
 JOHN W. HARTMAN, STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.)

Personally appears *Levi Brookshire of Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1842; that he is *43* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *3 1/2* years in Company *D*, of *65*th Regiment of *Georgia*; that his physical condition is as follows: *has been crippled unable to labor*

that his property consists of the following items: *see return*

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of *Cherokee* County been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the _____ day of _____ 1903.
W. C. Off. Ordinary.

STATE OF GEORGIA,

Cherokee County.)

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

Given under my official signature and seal, this _____ day of _____ 1903.

Ordinary *Cherokee* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.)

Personally appears *Levi Brookshire of Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1842; that he is *74* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *3 1/2* years in Company *D*, of *65*th Regiment of *Georgia*; that his physical condition is as follows: *Old age and in feeble health*

that his property consists of the following items: *\$400 worth of property*

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of *Cherokee* County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this the _____ day of _____ 1904.
W. C. Off. Ordinary.

STATE OF GEORGIA,

Cherokee County.)

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

Given under my official signature and seal, this _____ day of _____ 1904.

Ordinary *Cherokee* County.

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

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the 14 day of July, 1903. D. C. Barker Ordinary.

STATE OF GEORGIA,

Cherokee County. I, D. C. Barker Ordinary of said County, do certify that I am well acquainted with Levi Brookshire 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 July, 1903.

D. C. Barker Ordinary Cherokee County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1908.

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of Cherokee County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this the 14 day of July, 1904. D. C. Barker Ordinary.

STATE OF GEORGIA,

Cherokee County. I, D. C. Barker Ordinary of said County, do certify that I am well acquainted with Levi Brookshire 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 July, 1904.

D. C. Barker Ordinary Cherokee County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1908.

GEORGIA, Cherokee County.

I, J. M. Souzelle Ordinary of said county, do certify that I personally know Mrs. L. J. Brookshire, the applicant, and that she is the lawful widow of Levi Brookshire, and was on the 1916 Pension Roll of said Cherokee county, and was paid a Pension from Cherokee county for 1906, and at the time of his death on the 23 day of Nov, 1906, there was due to him and unpaid his Pension of Twenty Dollars from the State of Georgia, and I know J. H. Fountain, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 28 day of Feb, 1907.

J. M. Souzelle Ordinary, Cherokee County.

Brookshire, Levi
Cherokee Co.

No. _____	19 _____
Application for Pension Due Deceased Soldier	
UNDER ACT 1901	
To be paid the Widow or Dependent Children	
By <u>J. M. Souzelle</u>	County <u>Cherokee</u>
Widow of <u>Levi Brookshire</u>	Vol. _____
at <u>Cherokee</u>	Co. _____
Regt. _____	Approved and paid _____
J. W. LINDSEY, Commissioner of Pensions.	

• GEORGIA, _____ County.
I hereby authorize and constitute _____ of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 19____, through my deceased husband _____, who was on _____ Pension Roll and paid from _____ for 19____.
Witness my hand this _____ day of _____, 19____.
Attested before me: _____

Brookshire, Levi
Charade Co.

No. _____ 19____

Application for Pension Due Deceased Soldier

UNDER ACT 1911

To be paid to Widow or Dependent Children

Mrs. L. J. Brookshire
Widow of Levi Brookshire
of Cherokee County
Co. _____ Regt. _____ Vol. _____

Approved and paid _____
J. W. LINDSEY,
Commissioner of Pensions

GEORGIA, _____ County.

I hereby authorize and constitute _____ of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 19____, through my deceased husband _____, who was on _____ Pension Roll and paid from _____ at _____ for 19____.

Witness my hand this _____ day of _____ 19____.

Attested before me:

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, Cherokee County.

Personally before me comes Mrs. L. J. Brookshire, of said county, after being duly sworn, on oath says that she is the widow of Levi Brookshire who was duly enrolled as a Indigent Soldier Pensioner from the county of Cherokee and was paid a Pension of Eighty Dollars from Cherokee county for 1916, and that the said Levi Brookshire died in Cherokee county on the 22 day of Nov 1916, and at the time of his death a Pension of Twenty-five was due him from Cherokee county and unpaid for 1917. Applicant further swears that she married the said Levi Brookshire on the 4 day of Nov 1897 in Tenn county and State of Ka 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 28 day of Feb 1917.
J. M. Sargent Ordinary } L. J. Brookshire (L. S.)
County. }

AFFIDAVIT OF WITNESS.

GEORGIA, Cherokee County.

Personally before me comes J. H. Fountain, who on oath says that he knew Levi Brookshire while in life and that he knows Mrs. L. J. Brookshire the above applicant; that he knows that the said Levi Brookshire and L. J. Brookshire lived together as man and wife for good and were in due form of law married in the county of Cherokee in the State of Georgia on the _____ day of _____ 18____, and that they resided together as husband and wife from date of marriage to the day of his death on the 23 day of Nov 1917, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 28 day of Feb 1917.
J. M. Sargent Ordinary, } J. H. Fountain
Cherokee County. }

Levi Brookshire died in Cherokee county on
the 22 day of Nov 1916, and at the time of his death a Pension of Twenty One
was due him from Cherokee county and unpaid for 1917.
Applicant further swears that she married the said Levi Brookshire on
the 4 day of Nov 1867 in Tenn county and
State of Ka 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 28 day of Feb 1917.
J. M. Sullivan Ordinary } L. J. Brookshire (L. S.)
County }

AFFIDAVIT OF WITNESS.

GEORGIA, Cherokee County.

Personally before me comes J. H. Fountain, who
on oath says that he knew Levi Brookshire while in life
and that he knows Mrs. L. J. Brookshire
the above applicant; that he knows that the said Levi Brookshire
and L. J. Brookshire lived together as man and wife for past years
and were in due form of law married in the county
of Cherokee in the State of Ka on
the 4 day of Nov 1867, and that they resided together
as husband and wife from date of marriage to the day of his death on the 22 day
of Nov 1916, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 28 day of Feb 1917.
J. M. Sullivan Ordinary } J. H. Fountain
Cherokee County }

NOTE 1st.—This form can be used by guardian or minor children where there is no widow.
2d.—Ordinary must send in all these certified copy of marriage license attached.

Brookshire, Levi
Cherokee Co. Ga.

Received of
128
600
171, 172, 175
177.

See 10/11/17
to 8
17/17, 17/2, 17/5
17/17.

at

Brown, Francis
Cherokee

Ch. No. 1971
No. _____

Widow's Pension

✓ UNDER ACT 1910.

County Cherokee

Name Francis T. Brown

Widow of F. A. Brown

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer.

10/24/10

Name Francis L. Brown

Widow of W. A. Brown

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Boyd, State Printer.

10/2/10

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

STATE OF GEORGIA,

Cherokee County.

Personally before me comes Francis L. Brown 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? Francis L. Brown Cherokee Co. Ga.
2. How long and since when have you been a continuing resident in the State of Georgia?
3. When, where and to whom were you married? Feb 22, 1867 - Chas. L. Brown
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.) May 3rd 1864 - Atlanta, Ga. Co. 1st 74th Reg. Infantry
5. When and where did the Commands of your husband surrender or discharge from the army? April 9, 1865 - Fort N.
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? ---
8. Where was his Command when he left? ---
9. For what cause did he leave his command? ---
10. By whose authority did he leave his Command? ---
11. For how long was he granted leave of absence? ---
12. What was his physical condition when he left his Command? ---
13. What effort did he make to return to his command? ---
14. In what way was he prevented from going back to Command? ---
15. Was he captured by the enemy at any time? No
16. If so, when and where captured and where held as a prisoner, and when and for what cause released?

8. When and where did your husband die? Were you residing together when he died? Yes
March 29-1907 - in Cherokee Co. Ga.

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 item: One third interest in cotton valued at \$1100.00

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.) Sold my interest in cotton for \$400.00 took note for the money due Jan 1st 1911

11. What property of any description of any value have you now? Give list and cash value \$400.00 in Mtn. Home hold 8 50.00

12. What are your annual earnings or income and their value? None

13. Have you heretofore been paid a pension by the State? No
If so, when and for what cause were you struck from the Roll? No

Sworn to and subscribed before me this 26 day of Oct 1910 at Cherokee County, Georgia.

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

STATE OF GEORGIA, Cobb County.

Personally before me comes H. J. Anderson who after being duly sworn true answers to make, to the following questions, answers as follows:

Widow's Pension

UNDER ACT 1910.

County Cherokee

Name Francis L. Brown

Widow of W. A. Brown

J. W. LINDSEY,

Commissioner of Pensions.

Chas. F. Boyd, State Printer.

a. was he captured by the enemy at any time? *Yes*
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? Were you residing together when he died?
March 29-1907 - in Cherokee Co. Ga. Yes
k. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by item.)
One third interest in a farm valued at \$1100.00
l. 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.)
Sold my interest in farm for \$400.00 took note for the money. Jan. Jan. 1911
m. What property of any description of any value have you now?
n. Give list and cash value *\$100.00 in Mtn. Home Bank \$50.00*
o. What are your annual earnings or income and their value? *None*
p. Have you heretofore been paid a pension by the State? *No*
q. If so, when and for what cause were you struck from the Roll? *No*

Sworn to and subscribed before me this the *26* day of *Oct* 19*10* at *Cherokee* Ordinary of *Cherokee* County.

Questions for the Witnesses as to Service of Husband and Marriage.
STATE OF GEORGIA,
Cobb County.

Personally before me comes *J. J. Hudson* who after being duly sworn true answers to the following questions, answers as follows:

1. What is your name and where do you reside? *H. H. Watson, Marietta, Ga.*
2. How long and since when have you known *Francis L. Brown* applicant?
Do not know him
3. How long and since when has she continuously resided in this State? (Give date.)
4. When and to whom was she married? How do you know?
5. How long and since when did you know *William A. Brown* her husband?
May 1861. I first knew him
6. When, where and in what company and Regiment did *William A. Brown* enlist?
May 31, 1861 - Atlanta, Ga. Co. F. 7th Ga. Regiment Infantry
7. Were you a member of the same Company? *Yes*
8. How long within your personal knowledge did he perform actual military service with his Company and Regiment?
Until April 9, 1865
9. When and where did his Command surrender, and was discharged?
April 9, 1865 - Appomattox
10. Were you personally present when it was surrendered? *Yes* If not where were you? *Some present* and you came you there?
I was Captain Company, 1st Ga. Co.
11. Was the husband of applicant personally present at surrender? *He was* If not where was he? *He was present* when, where and for what cause did he leave Command? (Give date.) *Barrenville April 9, 1865* By whose authority did he leave his Command?
12. For what cause, if you know of your own knowledge was he prevented from returning to his Command?
13. 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 *26* day of *Oct* 19*10* at *Cobb* Ordinary of *Cobb* County.

AFFIDAVIT OF TWO FREEHOLDERS.
STATE OF GEORGIA,
Cherokee County.

Personally before me comes *H. H. Watson* who on oath says that they are freeholders of said County and that they know *Francis L. Brown* 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 *One third interest in 70-acre farm*
Personal property *val.* \$400.
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:
Sold home and property \$400.
Money, Notes and accounts \$
Schedule (C).
We also know what property she has now in her possession, use and control to wit:
Acres of land - worth \$
Horses and Mules \$
Cows and Hogs *None* \$50
Other property *None* \$400.
Income and earnings \$
Total Value of all property and effects \$450.
Sworn and subscribed before me this the *26* day of *Oct* 19*10* at *Cherokee* Ordinary of *Cherokee* County.

ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
Cobb County.

I, *J. M. Gann* Ordinary of said County do certify that, I know *J. J. Hudson* 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 *J. J. Hudson* the witness who swears to the service of husband, *William A. Brown* residents of said County and *he* duly sworn by me before signing the foregoing affidavit and that *he* are truthful, trustworthy, and *their* statements are entitled to full faith and credit.
That the Tax Returns *for 1910* Returned for Tax is for 1908 *for 1910*
Sworn under my hand and official seal of office this *26* day of *Oct* 19*10*
SEAL: *J. M. Gann* Ordinary of *Cobb* County.

NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if black 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.

State of Ga -
Cherokee Co I, *W. J. Webb* Ordinary in and for said County hereby certify that I know Mrs. *Francis L. Brown* the applicant and that she is the person she represents herself to be and that she is a bona fide resident of said County and was on Nov. 4, 1908.
That I also know *H. H. Watson* and *James Daniel* who are Freeholders, that they are residents of said County and for trustworthy and their statements are entitled to full faith and credit and that all were sworn by me before answering any of the foregoing questions.
Oct 26 1910. W. J. Webb Ordinary

authority did he leave his Command? _____ and how long was he granted leave? _____ How do you know all this? _____ Do you state if of your own personal knowledge? (State all you know fully, and how you know it.) _____ 12. For what cause, if you know of your own knowledge was he prevented from returning to his Command? _____ 13. 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 _____ 1910
J. M. Lamm Ordinary.
of _____ County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Cherokee County.

Personally before me comes W. H. Watson who on oath says that they are freeholders of said County and that they know Francis L. Brown 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: One third interest in 70-acre tract
Personal property cash \$400.
Notes and accounts due _____
Total _____

We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:
Sold land for \$400.
Money, Notes and accounts _____

Schedule (C).
We also know what property she has now in her possession, use and control to wit: _____
Acres of land worth _____
Horses and Mules _____
Cows and Hogs None \$50
Other property None \$400.
Income and earnings _____
Total Value of all property and effects _____

Sworn and subscribed before me this the _____ day of _____ 1910
J. M. Lamm Ordinary.
of Cherokee County.

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.

State of Ga -
Cherokee Co } I, W. J. Webb Ordinary in and for
said County hereby certify that I know Mrs. Francis L. Brown the Applicant and that she is the person she represents herself to be, and that she is a bonafide resident of said County and was on 20th Nov. 1908.
That I also know W. H. Watson and James Daniel who are Freeholders, that they are residents of said County, and for Freeholders and their statements are entitled to full faith and credit and that all were sworn by me before answering any of the foregoing questions.
Oct 26th 1910. W. J. Webb Ordinary

Georgia } Personally appeared before
Cobb County } me W. J. Brown who being duly
Sworn Says that he was present
at the marriage of William A. Brown and Miss
Lou Bowie, that said marriage taken place
on July 22nd 1869, in Cobb County and that the
Ceremony was performed by Benjamin Bullock
a Justice of Peace of Cobb County Ga, and
said Ceremony was performed at the home
of Herley Bowie in Cobb Co.
Sworn to and Subscribed W. J. Brown
before me this Oct 10th 1910
J. M. Lamm
Ordinary Cobb County Ga.

Georgia Cobb County.
I, J. M. Lamm Ordinary Cobb County
Certify that W. J. Brown is a Citizen of said County
and that his statements are entitled to full faith
and credit
Oct 10 1910
J. M. Lamm
Ordinary Cobb County

sworn says that he was present
at the Marriage of William A. Brown and Miss
Lora Bowie. that said marriage taken place
on July 22^d 1869. in Cobb County and that the
Ceremony was performed by Benjamin Bullock
a Justice of Peace of Cobb County Ga. and
said Ceremony was performed at the home
of Hershey Bowie in Cobb Co.

Sworn to and Subscribed W. J. Brown
before me this Oct 10th 1910

J. M. Lamm
Ordinary Cobb County Ga.

Georgia Cobb County.

I J. M. Lamm Ordinary Cobb County
Certify that W. J. Brown is a Citizen of said County
and that his statements are entitled to full faith
and Credit

Oct 10 1910

J. M. Lamm
Ordinary Cobb County

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, L. W. Brown

hereby authorize

Wm. A. Wright

of Cherokee Co.

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

L. W. Brown at Cherokee Co. by John

Witness my hand and seal this 22nd day of July

1897.

Executed in presence of

A. L. Brown } L. W. Brown

¹²
Brown, L. W.
Cherokee County
No. 2079

INDIGENT PENSION
1897.

Name L. W. Brown

County Cherokee

Approved 7/1 1897.

WARRANT HANDED TO

WAW

W. W. BARNES, STATE PRINTER, CINCINNATI.

1/25/97

Approved 7/1 1897.

WARRANT HANDED TO

WAW

W. V. BARBONIS, STATE PRINTER, ATLANTA.

1/25/97

ATTORNEY.

hereby authorize

of Cherokee County, Georgia, do hereby authorize

request that he remit same to

day of July 1897.

G. W. Brown

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, G. W. Brown hereby authorize

Wm. S. Knight of Cherokee County, Georgia, to receive and receipt for the pension allowed and request that he remit same to

G. W. Brown at Cherokee by check

Witness my hand and seal this 22nd day of July 1897.

Executed in presence of

G. W. Brown Wm. S. Knight

Questions for Applicant.

STATE OF GEORGIA,

Cherokee County.

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

1. What is your name and where do you reside? (give State, County and post office) Cherokee
G. W. Brown, Reside in Cherokee Co. Ga.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
in Cherokee Co. Ga. since my State Service 1864

3. When and where were you born? in Ga. 1822

4. When and where and in what company and regiment did you enlist or serve? 1861
in Cherokee Co. Ga. 1st Regt. Ga. Inf.

5. How long did you remain in such company and regiment? 4 years

6. For how long a period did you discharge regular military duty? 4 years

7. When, where and under what circumstances where you discharged from service?
discharged at the end of the war in 1865

8. What is your present occupation? free labor

9. How much can you earn (gross) per annum by your own exertions or labor? nothing

10. What has been your occupation since 1865? free labor

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

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?
Have been for two years not able to earn a cent

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

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

15. In what County did you reside during those years and what property did you then return for taxation?
nothing

16. How were you supported during the years 1895 and 1896? nothing

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? nothing

18. What was your employment during 1895 and 1896? What pay did you receive in each year?
nothing

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? nothing

20. Are you receiving any pension, if so what amount and for what disability? nothing

Sworn to and subscribed before me this the

22 day of July 1897.

G. W. Brown Ordinary.

of Cherokee County.

Applicant.

Every Question MUST be Answered.

INDIGENT PENSION

1897.

Name G. W. Brown

County Cherokee

Approved 7/1 1897.

WARRANT HANDED TO

WAW

W. V. BARBONIS, STATE PRINTER, ATLANTA.

1/25/97

12
Brown, G. W.
Cherokee County
No. 2079

Byron G. N. Cherokee County No. 2079

INDIGENT PENSION 1897.

Name *A. H. Brown*
 County *Cherokee*
 Approved *7/1* 1897.
 WARRANT HANDED TO *W. M. W.*
 1/25/97

Every Question AND

12. If upon the first ground, state how long you have been unable to 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?
None been for two years and should have a
substance

13. What property, effects or income do you possess and its gross value? *Personal Effects*

14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? *Had no property in either of these years*

15. In what County did you reside during those years and what property did you then return for taxation?
In Cherokee County made no return but none to return

16. How were you supported during the years 1895 and 1896? *Working by the*
labor of my wife washing for the neighbors

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? *Could not tell cannot tell*

18. What was your employment during 1895 and 1896? What pay did you receive in each year?
farming, received money

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *I have wife & children at home & have*
children married & dispersed

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

Sworn to and subscribed before me this the *22* day of *July* 1897. *A. H. Brown* Applicant.
A. H. Brown Ordinary.
 of *Cherokee* County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,
Cherokee County.
Wm. N. Willson of said State and County, having been presented as a witness in support of the application of *A. H. Brown* for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside?
Wm. N. Willson, Canton Cherokee Co Ga

2. Are you acquainted with *A. H. Brown*, the applicant, is of how long have you known him?
I am, have known him since 1867.

3. Where does he reside, and how long has he been a resident of this State?
Cherokee Co Ga and has been in this County over five the year

4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this?
I do. I served with him in the same company

5. When, where and in what company and regiment did he enlist?
31st of August 1861 at Camp McDonald (or Big Shanty Co. H. 23rd Va Regt

6. Were you a member of the same company and regiment?
Yes

7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?
he was in the company to my knowledge up to 1863 when I left the company (I being disabled) was understanding of from the Co he was then at Murfreesboro

8. What property, effects or income has the applicant? (Give your means of knowledge.)
I think he has none. I have been to his house 2 or 3 times, and I see no income or property.

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same?
None that I know of.

10. What is the applicant's occupation and physical condition?
Farming has been before his most occupation. Physical condition looks bad.

11. Is the applicant unable to support himself by labor of any sort, if so, why?
he looks to me to be a broken down soldier 65 or 70 years old. I do not look able to work

12. How was he supported during the years 1895 and 1896?
do not know

13. What portion of his support for these two years was derived from his own labor or income?
do not know

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894?
I think I have stated above as fully as I can

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

Sworn to and subscribed before me, this the *22nd* day of *January* 1897. *Wm. N. Willson* Witness.
A. H. Brown Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,
Cherokee County.

Personally came before me *Wm. Delany* and *A. H. Brown*, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully *E. W. Brown*, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:
Attributed to amputation of left leg with occasion a Chancere general skin disease. Suffered from old wound caused by fire of shell on back of the back which produced a terrible infection of flesh and blood.

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the *22* day of *July* 1897. *Wm. Delany, M.D.*
A. H. Brown, M.D.
A. H. Brown Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cherokee County.

I, *A. H. Brown*, Ordinary in and for said County, hereby certify that the applicant *A. H. Brown* resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: *Wm. Delany, A. H. Brown and Wm. N. Willson* are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of *Cherokee* County show that applicant returned for taxation in his name in 1895, *made no return* dollars of property, and in 1896, *made no return* dollars of property.

In my opinion the foregoing claim is *not* made in good faith.

Witness my hand and seal of office, this *22nd* day of *July* 1897. *A. H. Brown* Ordinary
 of *Cherokee* County.

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

understanding of from the Co he was there at the time.

8. What property, effects or income has the applicant? (Give your means of knowledge.)
 I think he has none. I have been to his house
 2 or 3 times, and I see no income or property.

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? None that I know of.

10. What is the applicant's occupation and physical condition? Farming has been
 I believe his most occupation.
 Physical condition looks bad.

11. Is the applicant unable to support himself by labor of any sort, if so, why? He looks
 to me to be a broken down soldier
 45 or 50 years old. I do not look able to work.

12. How was he supported during the years 1895 and 1896? do not know.

13. What portion of his support for these two years was derived from his own labor or income?
 do not know.

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? I think I have stated
 above as fully as I can.

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

Sworn to and subscribed before me, this
 the 22nd day of January, 1897. } Wm. M. Willson
 J. L. Brown } Witness.
 J. L. Brown } Ordinary.

ORDINARY'S CERTIFICATE.

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

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

I further certify that the tax digests of Cherokee County show that applicant
 returned for taxation in his name in 1895, made, no return, dollars
 of property, and in 1896, no return, dollars of property.

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

Witness my hand and seal of office, this 22nd day of January, 1897.
 J. L. Brown
 of Cherokee County.

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

POWER OF ATTORNEY.

State of Georgia,
 Cherokee County. }
 I, Geo. W. Brown, hereby authorize Wm. M. Willson, of
 Atlanta, Ga.
 to receive and receipt for the pension paid hereon and request that he remit same to
 J. L. Brown, residing by check
 at Canton, Ga.
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22nd
 day of January, 1897.
 Executed in presence of
 J. L. Brown, ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,
 Cherokee County. }
 I, Geo. W. Brown, hereby authorize
 Wm. M. Willson, of Atlanta, Ga.
 to receive and receipt for the pension allowed, and request that he remit same to
 J. L. Brown, residing at Canton, Ga.
 by check.
 Witness my hand and seal this 22nd day of January, 1897.
 Executed in presence of
 J. L. Brown, ordinary, Geo. W. Brown (L. S.)

ACT OF 1894, CH. 184.
 (For Those Already Enrolled.)
 No. 2002
 INDIGENT
 SOLDIER'S PENSION,
 1898.
 Name Geo. W. Brown
 County Cherokee
 WARRANT ISSUED
 420
 RICHARD JOHNSON,
 Commissioner of Pensions
 WARRANT HANDED TO
 Wm
 GEO. W. HARRISON, STATE PRINTER, ATLANTA
 No date

ACT OF 1894, CH. 184.
 (For Those Already Enrolled.)
 No. 1357
 INDIGENT
 SOLDIER'S PENSION,
 1899.
 Name Geo. W. Brown
 County Cherokee
 WARRANT ISSUED
 416
 RICHARD JOHNSON,
 Commissioner of Pensions
 WARRANT HANDED TO
 Wm
 GEO. W. HARRISON, STATE PRINTER, ATLANTA
 No date

Register
ACT OF 11 DEC. 1884.
(For Those Already Enrolled.)
NO. 2002
INDIGENT
SOLDIER'S PENSION,
1898.
Name Geo. W. Brown
County Cherokee
WARRANT ISSUED
1898
RICHARD JOHNSON,
Commissioner of Pensions
WARRANT HANDED TO
H. A. W.
Geo. W. Johnson, State Printer, Atlanta

110 data
Brown, George W.
Cherokee Co.
CODE REG. 1284.
(For Those Already Enrolled.)
No. 1889
INDIGENT
SOLDIER'S PENSION,
1899.
Name George W. Brown
County Cherokee
WARRANT ISSUED
1899
RICHARD JOHNSON,
Commissioner of Pensions
WARRANT HANDED TO
H. A. W.
Geo. W. Johnson, State Printer, Atlanta

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears Geo. W. Brown of Cherokee County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1848; that he is 24 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company G, of 28th Regiment of Georgia Infantry; that his physical condition is as follows: I am very infirm and not able to do any heavy work.

that his property consists of the following items: 100 lbs. of property

of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of Cherokee County been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 10th day of May, 1898. A. G. Brown Ordinary.

State of Georgia,
Cherokee County.

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

Given under my official signature and seal, this 10th day of May, 1898.

Ordinary, A. G. Brown, Cherokee County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears George W. Brown of Cherokee County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1848; that he is 24 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company G, of 28th Regiment of Georgia Infantry; that his physical condition is as follows: I am very infirm and not able to do any heavy work.

that his property consists of the following items: 100 lbs. of property

of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of Cherokee County been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the 10th day of May, 1899. A. G. Brown Ordinary.

State of Georgia,
Cherokee County.

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

Given under my official signature and seal, this 10th day of May, 1899.

Ordinary, A. G. Brown, Cherokee County.

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

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1898. I have heretofore as a resident of Charleston county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 8th day of May 1898. A. G. Brown Ordinary.

State of Georgia,

Charleston County.

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

Given under my official signature and seal, this 8th day of May 1898.



A. G. Brown Ordinary Charleston County.

Note.—The blank spaces must be filled.

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of Charleston county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 8th day of May 1899. A. G. Brown Ordinary.

State of Georgia,

Charleston County.

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

Given under my official signature and seal, this 8th day of May 1899.



A. G. Brown Ordinary Charleston County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Charleston County.

I, A. G. Brown hereby authorize Geo. W. Brown of Charleston to receive and receipt for the pension allowed, and request that he remit same to A. G. Brown at Charleston by check.

Witness my hand and seal, this 8th day of May 1900.

A. G. Brown [L. S.]

Executed in presence of

A. G. Brown

POWER OF ATTORNEY.

STATE OF GEORGIA,

Charleston County.

I, A. G. Brown hereby authorize Geo. W. Brown of Charleston to receive and receipt for the pension allowed and request that he remit same to A. G. Brown at Charleston by check.

Witness my hand and seal, this 8th day of May 1901.

A. G. Brown [L. S.]

Executed in presence of

A. G. Brown

INDIGENT
SOLDIER'S PENSION,
1900.

Name Geo. W. Brown
County Charleston

WARRANT ISSUED

January 27 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

May 1st

Geo. W. Brown, Agent.

W. G. Brown

INDIGENT
SOLDIER'S PENSION,
1901.

Name Geo. W. Brown
County Charleston

WARRANT ISSUED

May 1st 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

May 1st

Geo. W. Brown, Agent.

W. G. Brown

Brown George W.
Cherokee
CODE REC. 1284.
(For Those Already Enrolled.)
NO. 1872
INDIGENT
SOLDIER'S PENSION,
1900.
Name *George W. Brown*
County *Cherokee*
WARRANT ISSUED
January 4 1900.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
May 1st
JOHN W. LINDSEY, JR.
Printer, Atlanta.
W. D. Carter

Brown George W.
Cherokee
(For Those Already Enrolled.)
NO. 1872
INDIGENT
SOLDIER'S PENSION,
1901.
Name *George W. Brown*
County *Cherokee*
WARRANT ISSUED
May 1st 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
May 1st
JOHN W. LINDSEY, JR.
Printer, Atlanta.
W. D. Carter

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears *W. D. Carter* of *Cherokee* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *1872*; that he is *74* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *18 months* in Company *B*, of *25th* Regiment of *Georgia*; that his physical condition is as follows: *He is a weak, nervous, and old man.*

that his property consists of the following items *nothing*.

of the value of *nothing* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of *Cherokee* county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, *the 1st* day of *June*, 1900.
W. D. Carter Ordinary.

State of Georgia,
Cherokee County.

I, *W. D. Carter* Ordinary of said County, do certify that I am well acquainted with *W. D. Carter* 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 *June*, 1900.



Ordinary *Cherokee* County.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears *W. D. Carter* of *Cherokee* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of *1872*; that he is *74* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *18 months* in Company *B*, of *25th* Regiment of *Georgia*; that his physical condition is as follows: *He is a weak, nervous, and old man.*

that his property consists of the following items *nothing*.

of the value of *nothing* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of *Cherokee* county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, *the 1st* day of *June*, 1901.
W. D. Carter Ordinary.

STATE OF GEORGIA,
Cherokee County.

I, *W. D. Carter* Ordinary of said County, do certify that I am well acquainted with *W. D. Carter* 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 *June*, 1901.



Ordinary *Cherokee* County.

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

1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1892.

Sworn to and subscribed before me, this, the

15 day of June

1900.

Ordinary.

State of Georgia,

Cherokee County.

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

Given under my official signature and seal, this 15

day of June 1900.

Ordinary Cherokee County.

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

1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1892.

Sworn to and subscribed before me, this, the

15 day of June

1901.

Ordinary.

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 15

day of June 1901.

Ordinary Cherokee County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Geo. W. Lindsey hereby authorize

A. B. Brown of Cherokee

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

me at Cherokee

by _____

Witness my hand and seal, this 15 day of June 1902.

Geo. W. Lindsey [L. S.]

Executed in presence of

W. H. Fre

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Geo. W. Lindsey hereby authorize

Wm. A. Wright of Cherokee

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

A. B. Brown at Cherokee

by Cherokee

Witness my hand and seal, this 15 day of June 1903.

Geo. W. Lindsey [L. S.]

Executed in presence of

A. B. Brown

CODE SECTION 154
(FOR THOSE ALREADY ENROLLED.)

No. 2607

INDIGENT

SOLDIER'S PENSION
1902.

Name Geo. W. Lindsey

County Cherokee

Co. 4 Regiment 23

WARRANT ISSUED

1902.

24

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

only

(Geo. W. Hartman, State Printer, Atlanta.)

CODE SECTION 154
(FOR THOSE ALREADY ENROLLED.)

No. 4337

INDIGENT

SOLDIER'S PENSION
1903.

Name Geo. W. Lindsey

County Cherokee

Co. 4 Regiment 23

WARRANT ISSUED

1903.

24

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

only

(Geo. W. Hartman, State Printer, Atlanta.)

Brown, George
Cherokee Co.

(FOR THOSE ALREADY ENROLLED.)

No. 3607

INDIGENT

SOLDIER'S PENSION

1902.

Name George Brown

County Cherokee

Co. 4 Regiment 23

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

only

JOHN W. LINDSEY, State Printer, Atlanta.

W. C. Brown

Brown, George W.
Cherokee Co.

(FOR THOSE ALREADY ENROLLED.)

No. 4387

INDIGENT

SOLDIER'S PENSION

1903.

Name George W. Brown

County Cherokee

Co. 4 Regiment 23

WARRANT ISSUED

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

only

JOHN W. LINDSEY, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cherokee County.)

Personally appears George Brown of Cherokee County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the 1894 day of July, that he is 75 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company 4, of 23 th Regiment of Georgia; that his physical condition is as follows: Good, but unable to do heavy work

that his property consists of the following items: 2000

of the value of 2000 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1901

Sworn to and subscribed before me, this the 10 day of July, 1902.

George W. Brown
Ordinary.

STATE OF GEORGIA,
Cherokee County.)

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

Given under my official signature and seal, this 10 day of July, 1902.

A. C. Brown
Ordinary, Cherokee County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cherokee County.)

Personally appears George W. Brown of Cherokee County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the 1894 day of July, that he is 76 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company 4, of 23 th Regiment of Georgia; that his physical condition is as follows: Good, but unable to do heavy work

that his property consists of the following items: 2000

of the value of 2000 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1902

Sworn to and subscribed before me, this the 10 day of July, 1903.

A. C. Brown Ordinary.

STATE OF GEORGIA,
Cherokee County.)

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

Given under my official signature and seal, this 10 day of July, 1903.

A. C. Brown
Ordinary, Cherokee County.

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

condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1901

Sworn to and subscribed before me, this the 8 day of May 1902. A.C. Carr Ordinary.

STATE OF GEORGIA,
Cherokee County.

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

Given under my official signature and seal, this 8 day of May 1902.

Ordinary A.C. Carr County.

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

of the value of _____ Dollars, that by reason of the physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the 6 day of May 1903. W.C. Brown Ordinary.

STATE OF GEORGIA,
Cherokee County.

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

Given under my official signature and seal, this 6 day of May 1903.

Ordinary W.C. Brown County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, Geo. W. Brown hereby authorize Wm. D. Wright of Cherokee to receive and receipt for the pension allowed and request that he remit same to W.C. Brown residing at Cherokee by Cherokee

Witness my hand and seal, this 4 day of May 1904. Geo. W. Brown [I. S.]

Executed in presence of

W.C. Brown

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, George Brown hereby authorize W.J. Hebb of Cherokee to receive and receipt for the pension allowed, and request that he remit same to _____ at _____ by _____

Witness my hand and seal, this 3 day of May 1905.

Executed in the presence of

W.C. Brown

NAME SECTION 134.
(FOR THOSE ALREADY ENROLLED.)

INDIGENT
SOLDIER'S PENSION
1904.

Name Geo. W. Brown
County Cherokee
Co. 4 Regiment 23rd

WARRANT ISSUED
11/16 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

W.C. Brown

(Geo. W. Harrison, Manager for State Printer, Atlanta.)

NAME SECTION 134.
(FOR THOSE ALREADY ENROLLED.)

INDIGENT
SOLDIER'S PENSION
1905.

Name George Brown
County Cherokee
Co. 4 Regiment 23

WARRANT ISSUED

1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

W.C. Brown

(Geo. W. Harrison, Manager for State Printer, Atlanta.)

Brown, George W.
 (FOR THOSE ALREADY ENROLLED.)
 No. *1711*
 INDIGENT
 SOLDIER'S PENSION
 1904.
 Name *Geo. W. Brown*
 County *Cherokee*
 Co. *D*
 Regiment *23*
 WARRANT ISSUED
11/16
 1904.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
City
 Geo. W. Harrison, State Printer, Atlanta.

Brown, George W.
Cherokee Co.
 (FOR THOSE ALREADY ENROLLED.)
 No. *1711*
 INDIGENT
 SOLDIER'S PENSION
 1905.
 Name *George Brown*
 County *Cherokee*
 Co. *D*
 Regiment *23*
 WARRANT ISSUED
 1905.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
City
 Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears *Geo. W. Brown* of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1840* day of *1840*; that he is *76* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4 years* in Company *B*, of *23*th Regiment of *Georgia*; that his physical condition is as follows: *cannot perform any thing*

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

of the value of *nothing* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of *Cherokee* County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this the *11th* day of *January*, 1904.

Geo. W. Brown
 Ordinary.

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this *4th* day of *January*, 1904.

A. C. Brown
 Ordinary *Cherokee* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears *George Brown* of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the *1840* day of *1840*; that he is *78* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4 years* in Company *B*, of *23*th Regiment of *Georgia*; that his physical condition is as follows: *cannot perform any thing*

that his property consists of the following items:

of the value of *nothing* Dollars. I am now earning, by my labor, *nothing* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this the *11th* day of *January*, 1905.

Geo. W. Brown
 Ordinary.

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this *3rd* day of *January*, 1905.

M. J. Webb
 Ordinary *Cherokee* County.

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

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of Cherokee County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this the

4th day of May, 1904.

A. C. Brown

Ordinary.

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 4th

day of May, 1904.

A. C. Brown

Ordinary Cherokee

County.

Note.—The blank spaces must be filled.

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

by my last, Cherokee County. I am by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this the

3rd day of May, 1905.

M. J. Noble

Ordinary.

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 3rd

day of May, 1905.

M. J. Noble

Ordinary Cherokee

County.

Note.—The blank spaces must be filled.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Geo. W. Brown hereby authorize

M. J. Noble of Cherokee

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

by _____ at _____

WITNESS my hand and seal, this 4th day of May, 1906.

Geo. W. Brown [L. S.]

Executed in the presence of

F. H. West

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Geo. W. Brown hereby authorize

M. J. Noble of _____

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

by _____ at _____

WITNESS my hand and seal, this 19th day of May, 1907.

Geo. W. Brown [L. S.]

Executed in presence of

F. H. West

Form No. 1294.
(FOR THOSE ALREADY ENROLLED.)

No. 2213

INDIGENT SOLDIER'S PENSION 1906.

Name Geo. W. Brown

County Cherokee

Co. 4 Regiment 23rd

WARRANT ISSUED

1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Brown

The Pensioner's and Pensioner's Co. of Georgia, Atlanta, Ga.

No data

Form No. 1294.
(FOR THOSE ALREADY ENROLLED.)

No. 6003

INDIGENT SOLDIER'S PENSION 1907.

Name Geo. W. Brown

County Cherokee

Co. 4 Regiment 23rd

WARRANT ISSUED

FEB 13 1907

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Brown

The Pensioner's and Pensioner's Co. of Georgia, Atlanta, Ga.

No data

Brown, George W.
Charlotte County

Class Section 1294.
(FOR THOSE ALREADY ENROLLED.)

No. *2813*

INDIGENT
SOLDIER'S PENSION
1906.

Name *Geo W Brown*
County *Charlotte*
Co. *A* Regiment *28th*

WARRANT ISSUED
1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Indy

No data

Brown, George W.
Charlotte Co.

Class Section 1294.
(FOR THOSE ALREADY ENROLLED.)

No. *6003*

INDIGENT
SOLDIER'S PENSION
1907.

Name *G. W. Brown*
County *Charlotte*
Co. *A* Regiment *28th*

WARRANT ISSUED
FEB 13 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Indy

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Charlotte County.

Personally appears *George W Brown* of *Charlotte* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18*94*; that he is *78* years old and by occupation a *Farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *4 yrs* in Company *A*, of *28th* Regiment of *Ga vol*; that his physical condition is as follows: *infirmary age and poverty*

that his property consists of the following items: *none*

of the value of *none* Dollars. I am now earning by my labor, *nothing* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of *Charlotte* County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the *5* day of *Jan* 1906.
N. J. Mott Ordinary.

State of Georgia,

Charlotte County.

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

Given under my official signature and seal, this *5* day of *January* 1906.
N. J. Mott

Ordinary *Charlotte* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Charlotte County.

Personally appears *G. W. Brown* of *Charlotte* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18*97*; that he is *80* years old and by occupation a *Farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *4 yrs* in Company *A*, of *28th* Regiment of *Ga vol*; that his physical condition is as follows: *Age and poverty*

that his property consists of the following items: *nothing*

of the value of *nothing* Dollars. I am now earning by my labor, *nothing* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of *Charlotte* County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the *19* day of *Jan* 1907.
N. J. Mott Ordinary.

State of Georgia,

Charlotte County.

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

Given under my official signature and seal this *19* day of *Jan* 1907.
N. J. Mott

Ordinary *Charlotte* County.

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

federate States (or of the State of 40) during the war between the States, and served for the term of 4 yrs. in Company 7, of 23th Regiment of 7th vol; that his physical condition is as follows: infirmary age and poverty

that his property consists of the following items: none

of the value of none Dollars. I am now earning by my labor, nothing Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of Charles County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 8 day of June, 1906. M. J. Webb Ordinary.

State of Georgia,

Charles County.

I, M. J. Webb Ordinary of said County, do certify that I am well acquainted with Geo. 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 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 8 day of June, 1906.

M. J. Webb
Ordinary Charles County.

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

federate States (or of the State of 40) during the war between the States, and served for the term of 4 yrs. in Company 8, of 23th Regiment of 4th vol; that his physical condition is as follows: Age and poverty

that his property consists of the following items: nothing

of the value of nothing Dollars. I am now earning by my labor, nothing Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Charles County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 19 day of June, 1907. M. J. Webb Ordinary.

State of Georgia,

Charles County.

I, M. J. Webb Ordinary of said County, do certify that I am well acquainted with Geo. 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 I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this 19 day of June, 1907.

M. J. Webb
Ordinary Charles County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

Wm. H. Brown hereby authorize
to receive and receipt for the pension allowed, and request that he remit same to

by _____ at _____

Witness my hand and seal, this _____ day of _____, 1905.

Executed in the presence of _____ [witnesses]

Wm. H. Brown
Cherokee Co.
56

FOR THOSE ALREADY ENROLLED
7th. March Co. - 1904

No. *5601*

INDIGENT
SOLDIER'S PENSION
1905.

Name *James M. Brown*
County *Cherokee*
Co. *4* Regiment *7*

WARRANT ISSUED

1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, Manager, for State Printer, Atlanta.

E. R. O. 1937.

no date

**INDIGENT
SOLDIER'S PENSION
1905.**

Name John W. Lindsey
County Cherokee
Co. A Regiment 7
WARRANT ISSUED

1905.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
E. R. C. 1137.
no date

**INDIGENT
SOLDIER'S PENSION
1906.**

Name J. N. Brown
County Cherokee
Co. A Regiment 7
WARRANT ISSUED

1906.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
May
no note

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cherokee County.

Personally appears J. N. Brown of Cherokee County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 9 day of Dec 1845; that he is 60 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 yrs in Company D, of 7 th Regiment of La Volunteers; that his physical condition is as follows: infirmary and poverty lost arms since the war

that his property consists of the following items: Household

of the value of 20 Dollars. I am now earning, by my labor, nothing Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this 5 day of January, 1905.
J. N. Brown Ordinary.

STATE OF GEORGIA,
Cherokee County.

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

Given under my official signature and seal, this 3 day of January, 1905.
M. J. Webb
Ordinary Cherokee County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Cherokee County.

Personally appears J. N. Brown of Cherokee County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 9 day of Dec 1845; that he is 60 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 3 yrs in Company D, of 7 th Regiment of La Vol; that his physical condition is as follows: infirmary and poverty lost arms since the war

that his property consists of the following items: Household

of the value of Twenty five Dollars. I am now earning by my labor, nothing Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of Cherokee County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this 5 day of January, 1906.
J. N. Brown Ordinary.

State of Georgia,
Cherokee County.

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

Given under my official signature and seal, this 8 day of January, 1906.
M. J. Webb
Ordinary Cherokee County.

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

of the value of 2 Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

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

Sworn to and subscribed before me, this 8 day of January, 1905. W. J. Webb Ordinary.

STATE OF GEORGIA,
Cherokee County.

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

Given under my official signature and seal, this 8 day of January, 1905.

W. J. Webb
Ordinary Cherokee County.

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

by my labor, 2 Dollars per month, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of Cherokee County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this 8 day of January, 1906. W. J. Webb Ordinary.

State of Georgia,
Cherokee County.

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

Given under my official signature and seal, this 8 day of January, 1906.

W. J. Webb
Ordinary Cherokee County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, J. N. Brown hereby authorize W. J. Webb of Cherokee to receive and receipt for the pension allowed, and request that he remit same to me at Cherokee by me.

Witness my hand and seal, this 12 day of January, 1907.

Executed in presence of W. J. Webb

(FOR THOSE ALREADY ENROLLED)

No. 6008

INDIGENT
SOLDIER'S PENSION
1907.

Name J. N. Brown
County Cherokee
Co. 2 Regiment 7th Ga

WARRANT ISSUED

FEB 13 1907.

JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDLED TO

JOHN W. LINDSEY, COMMISSIONER OF PENSIONS, ATLANTA.

Brown J. N.
Cherokee Co.

W. J. Webb

Brown, J. N.
Cherokee Co.

Once Enrolled 1864.
(FOR THOSE ALREADY ENROLLED)
No. *6008*

**INDIGENT
SOLDIER'S PENSION
1907.**

Name *J. N. Brown*
County *Cherokee*
Co. *2* Regiment *7th Ga.*

WARRANT ISSUED
FEB 13 1907.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Q

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cherokee County.

Personally appears *J. N. Brown* of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the *9* day of *Dec.*, 1865; that he is *61* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3* years in Company *D*, of *7*th Regiment of *Georgia* *Inf.*; that his physical condition is as follows: *debility and poverty.*

that his property consists of the following items: *Small amount of household*

of the value of *Twenty five* Dollars. I am now earning by my labor, *nothing* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1864, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of *Cherokee* County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the *1st* day of *Jan.*, 1907. *J. N. Brown*
mark

State of Georgia,

Cherokee County.

I, *J. N. Brown*, Ordinary of said County,

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

Given under my official signature and seal this *1st* day of *January*, 1907.

J. N. Brown
Ordinary *Cherokee* County.



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

federate States (or of the State of Georgia) during the war between the States, and served for the term of 3 yrs in Company D, of 7th Regiment of Georgia Inf; that his physical condition is as follows: infirmity and poverty

that his property consists of the following items: Small amount of Household

of the value of Twenty five Dollars. I am now earning by my labor, nothing Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Greenville County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 1st day of Jan, 1907. J. N. Brown mark
W. J. Mc Ordinary.

State of Georgia,

Greenville County.

I, W. J. Mc Ordinary of said County,

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

Given under my official signature and seal this 1st day of Jan, 1907.

W. J. Mc Ordinary, Greenville County.

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

Superior
Oct 1910

In Rule

No.

Widow's Application

To Be Put on Roll in Her Own Right When
Husband Was on the Indigent Roll or
Put on Under Act of July 11, 1910.

County *Cherokee*

Name *Mary Ann Brown*

Widow of *George W. Brown*

Company *H*

Approved *23d 49*

J. W. LINDSEY,
Commissioner of Pensions

CHAS. F. BYRD, State Printer, Atlanta.

10/31-1914

Widow of George W. Brown
Company 23d 49
Approved 23d 49
J. W. LINDSEY,
Commissioner of Pensions
CHAS. P. BYRD, State Printer, Atlanta.

10/31-1914

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Cherokee County.

Personally before me comes Mrs. Mary Ann Brown of said County, who, after being duly sworn, on oath says, that she is the widow of B. W. Brown to whom in the County of Cherokee State of Georgia she was married on the 30 day of Aug. 1866 and that she remained his wife, and resided with him to the date of his death in June 26 1914 and that she has not since his death remarried. At the time of his death he was a resident of Cherokee County, in Georgia said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$ 60.00 in Cherokee County for 1914 per annum, on account of being a soldier in Company B, 23d Ia Regiment (Volunteers of State Militia).

At the death of B. W. Brown he was in the use and possession of the following property No property whatever of the cash value of \$.

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.) No property whatever
Acres land \$
Horses and Mules \$
Hogs, Cows, etc. \$
Total Cash value of all property \$

That she is now a bona fide resident citizen of said County of Cherokee and she has so continuously resided since August 1866 day of August 1866.

Sworn to and subscribed before me, this the 12 day of Sept 1914 Mary Ann Brown of Cherokee County, Georgia.

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

STATE OF GEORGIA,

Cherokee County.

Personally before me come J. M. Samuels known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Mary Ann Brown who made the foregoing affidavit, is the lawful widow of B. W. Brown who died in Cherokee County in said State of Georgia on June 26 day of June 1914 and that she has not since remarried. That she became the wife of B. W. Brown on the 30 day of Aug. 1866 and that she and he had resided together as man and wife continuously since Aug. 1866 day of Aug. 1866 and that the B. W. Brown was the same man who was on the pension roll of said State Cherokee from Aug. 1866 County Cherokee when he died.

Sworn to and subscribed before me, this the 12 day of Sept 1914 J. M. Samuels Ordinary, of Cherokee County.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910.

County Cherokee

Name Mary Ann Brown

Widow of George W. Brown

Company 23d 49

Approved 23d 49

J. W. LINDSEY,
Commissioner of Pensions

CHAS. P. BYRD, State Printer, Atlanta.

10/31-1914

That she is now a bona fide resident citizen of said County of Cherokee and she has so continuously resided since _____ day of August 1866.
Sworn to and subscribed before me, this the _____ day of _____ 1914,
J M Sautzfill Ordinary,
of Cherokee County.

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

STATE OF GEORGIA,

County.

Personally before me come _____ known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. _____ who made the foregoing affidavit, is the lawful widow of _____ who died in _____ County in said State of _____ on _____ day of _____ 19____ and that she has not since remarried. That she became the wife of _____ on the _____ day of 18____ and that she and he had resided together as man and wife continuously since _____ day of 18____ and that the _____ was the _____ same man who was on the pension roll of said State _____ from _____ County _____ when he died.

Sworn to and subscribed before me, this the _____ day of _____ 191____

Ordinary,
of _____ County.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Cherokee County.

Personally before me comes Oliver Fancher & H. H. Hillhouse who after being sworn on oath says, that they are freeholders of said County, and that they know Mrs. Mary Ann Brown of said County, and knew her said husband B. M. Brown at his death on the 26 day of June 1914 that she and he were in the use, possession and control of the following property at his death to wit: No property whatever

of the value of \$ _____. That she is now in the use, possession and control of the following property to wit: No property

of the value of \$ _____

Sworn to and subscribed before me, this the _____ day of Sept 1914,
J M Sautzfill Ordinary,
of Cherokee County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee County.

I, J M Sautzfill Ordinary of said County, do certify, that, I know Mrs. Mary Ann Brown the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the Sept 72 1914

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

That the tax Books of _____ County shows that _____ returned property to the amount of _____ for 1908 \$ 500 for 1909 \$ _____ for 1910 \$ 000

Sworn under my hand and official seal of office this _____ day of _____ 191____
(SEAL) J M Sautzfill Ordinary,
of Cherokee County.

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

of the value of \$. That she is now in the use, possession and control of the following property to wit: No property

of the value of \$.

Sworn to and subscribed before me, this the

12 day of Sept 1914

J. M. Sawitzell Ordinary,

of Cherokee County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee County.

I, J. M. Sawitzell Ordinary of said County, do certify, that, I know Mrs. Mary Ann Brown the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the Sept 12 1914

That I also know _____ witness as to marriage and I also know _____ who I know to be a resident free holder of said County

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

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

Sworn under my hand and official seal of office this _____ day of _____ 1914

(SEAL) J. M. Sawitzell Ordinary, Cherokee County.

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

E. Brown, Mary A. Thomas
Cherokee Co.

For Cherokee County

1914

Application for Pension Due Deceased Pensioner (UNDER ACT 1904)

(To pay expenses of last illness and funeral)

Isaac Reeves Ordinary
For Mary A. Thomas

Date of Death June 29 1913

Amount \$ 90.00 + 10

Approved and ordered paid

R. deT. LAWRENCE
Commissioner of Pensions.

APPROVED FOR PAYMENT
Isaac Reeves OFFICE

PAID TO ORDINARY ON THIS CLAIM: 1

DATE: _____ FUND FROM WHICH PAID: _____

4-4 C.F.C. 1930 100.00

TOTAL 100.00

TO PAY- \$ 10
1930.
Cig. & C. Tax. \$
TOTAL

J. M. SATTERFIELD, ORDINARY

W. D. MILLER, CLERK

OFFICE OF ORDINARY CHEROKEE COUNTY

CANTON, GA.

(Copy.)

State of Georgia, Cherokee County.

To any Judge of the Superior Court, Justice of the Inferior Court, Justice of the Peace or Minister of the Gospel.

You are hereby authorized to join George W. Brown and Mary Ann Thomas in the Holy State of Matrimony, according to the laws of this State, if they are such persons as are by law authorized to marry and for so doing this shall be your license.

Given under my hand and official this 29th. day of August 1866.
Warren R.D. Moss, Ordinary (seal)

I hereby certify that on the 30th. day of August 1866, George W. Brown and Mary Ann Thomas were lawfully joined in the Holy state of matrimony by me.

Isaac Reeves, J.P.

Recorded November 10th. 1866. Warren R.D. Moss, Ordinary

Georgia, Cherokee County.

I, W.D. Miller, Clerk of the Court of Ordinary in and for said County, do hereby certify that the above and foregoing is a true and correct copy of the marriage certificate of George W. Brown and Mary Ann Thomas, as the same appears of record in this office.

Given under my official signature and seal of office this the 14th. day of September, 1914.

W. D. Miller C.C.O.

TOTAL

R. deT. LAWRENCE
Commissioner of Deputies.

APPROVED FOR PAYMENT

OFFICE

PAID TO ORDINARY ON THIS CLAIM:

1933 FUND FROM WHICH PAID

U-2 C & C 1930

TOTAL

I hereby certify that on the 30th. day of August 1866, George W. Brown and Mary Ann Thomas were lawfully joined in the Holy state of matrimony by me.

Isaac Reeves, J.P.

Recorded November 10th. 1866. Warren R.D. Moss, Ordinary

Georgia, Cherokee County.

I, W.D. Miller, Clerk of the Court of Ordinary in and for said County, do hereby certify that the above and foregoing is a true and correct copy of the marriage certificate of George W. Brown and Mary Ann Thomas, as the same appears of record in this office.

Given under my official signature and seal of office this the 14th. day of September, 1914.

W.D. Miller C.C.O.

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 *James J. Hillhouse*

of said County, who, after being sworn, on oath says that he knew *Mary A. Brown* 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 *29* day of *June*, 19*13*, 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 \$*100.00*, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

James J. Hillhouse, Ordinary
County

(Seal of Ordinary)

James J. Hillhouse

CERTIFICATE OF ORDINARY

GEORGIA, *Cherokee* County.

I, *Jacob Massey*, Ordinary of said County, do certify that I personally know *James J. Hillhouse*, 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 *Mary A. Brown* 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 *Twenty* Dollars in said County for 19*13*, 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 *29* day of *June*, 19*13*

(Seal of Ordinary)

Jacob Massey, Ordinary
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:
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of _____, who died without owing 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, properly receipted, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

A Certificate

STATE OF GEORGIA, County of *Cherokee*IN RE: Expenses last illness and funeral *Mrs. Mary A. Brown*

This is to certify that from an examination of the records in my office, and from personal knowledge, or inquiry, it is ascertained that this pensioner:

1. Died inside of the State of Georgia;
2. Left no estate of any kind or value, sufficient to pay these expenses.

This the *7* day of *Aug*, 1933.

(SEAL)

Paul Massey, Ordinary

(Ordinary will please complete and return immediately to A. L. Benson, Director, Veterans Service Office, Wash. Capitol, Atlanta, Ga.)

\$ ~~30.00~~ 10.00

CANTON, GA. Feb. 28 1935

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

Ten & no/100

T ~~30.00~~ 10.00 AND NO. 100 DOLLARSFuneral expenses *Mrs. Mary A. Brown*

IN FULL SETTLEMENT OF EXPENSES FOR PENSION FOR 1933

WITNESS

Ruth Brown

PAYEE SIGN HERE

M. A. Brown

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED, AND REMAINS ATTACHED TO CHECK

\$ 90.00

CANTON, GA. Nov. 8 1933

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

Ninety

T ~~10.00~~ 90.00 AND NO. 100 DOLLARSOn funeral expenses *Mrs. Mary A. Brown*

IN FULL SETTLEMENT OF EXPENSES FOR PENSION FOR 1933

WITNESS

J. Massey

PAYEE SIGN HERE

M. A. Brown

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED, AND REMAINS ATTACHED TO CHECK

of said County, who, after being sworn, on oath says that he knew Mary A. Brown 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 29 day of June, 1933 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 \$100.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

Jacob Massey Ordinary
Cherokee County

(Seal of Ordinary)

Mrs J S Hillhouse

CERTIFICATE OF ORDINARY

GEORGIA, Cherokee County.

I, Jacob Massey Ordinary of said County, do certify that I personally know Mrs J S Hillhouse, 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 Mary A. Brown 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 cent (01 cent) Dollars in said County for 1933, 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 29 day of June, 1933
(Seal of Ordinary) Jacob Massey Ordinary
Cherokee County

INSTRUCTIONS -

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in full 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:
"The above and foregoing account is rendered for services in the last illness (or 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, properly receipted, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

IN RE: Expenses last illness and funeral Mrs Mary A. Brown

This is to certify that from an examination of the records in my office, and from personal knowledge, or inquiry, it is ascertained that this pensioner:

1. Died inside of the State of Georgia;
2. Left no estate of any kind or value, sufficient to pay these expenses.

This the 7 day of Aug, 1933.

(SEAL)

Ordinary

(Ordinary will please complete and return immediately to A. L. Henson, Director, Veterans Service Office, State Capitol, Atlanta, Ga.)

\$ 10.00

CANTON, GA., Feb. 28, 1935

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

Ten & no/100

10.00 AND NO/100 _____ DOLLARS

Funeral expenses Mary A. Brown

IN FULL SETTLEMENT OF ~~DEBITED~~ PENSION FOR _____ 193__

WITNESS

PAYEE SIGN HERE

Ruth Brown

M. J. Hillhouse

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED, AND REMAINS ATTACHED TO CHECK

\$ 90.00

CANTON, GA., Nov. 8, 1933

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

Ninety

90.00 AND NO/100 _____

DOLLARS

On funeral expenses Mrs. Mary A. Brown

IN FULL SETTLEMENT OF ~~DEBITED~~ PENSION FOR _____ 193__

WITNESS

PAYEE SIGN HERE

M. J. Hillhouse

M. J. Hillhouse

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED, AND REMAINS ATTACHED TO CHECK

ESTABLISHED 1870

FORTY YEARS AND MORE AT CANTON

INCORPORATED 1907

JONES MERCANTILE COMPANY

DEPARTMENT STORE - MERCHANDISE
COTTON AND FERTILIZERS
CANTON, GA.

Mrs. J.S. Hillhouse,

DATE	ITEMS	CHARGES	CREDITS	BALANCE
ACCOUNT RENDERED				
June 29, 1933	Funeral Expense for Mrs. Mary A. Brown	100 00		100 00

The above and foregoing account is rendered for funeral expenses of Mary A. Brown, who died without owning sufficient property to pay this bill.

Sworn to and subscribed to before me
This 30 day of June 1933.

Jacob Massey Ordinary.

Jones Mercantile Co.
by T. H. Hillhouse

Mrs. J.S. Hillhouse,

DATE	ITEMS	CHARGES	CREDITS	BALANCE
	ACCOUNT RENDERED			
June 29, 1933	Funeral Expense for Mrs. Mary A. Brown	100 00		100 00

The above and foregoing account is rendered for funeral expenses of Mary A. Brown, who died without owning sufficient property to pay this bill.

Sworn to and subscribed to before me
This 30 day of June 1933.

Joseph Massey Ordinary.

James J. [unclear]
by *H. H. [unclear]*

Bruce, Abraham
#612

Bruce, Abraham

No. *363* / *Cherokee Co*

APPLICATION FOR

Am

FOR CONFEDERATE SOLDIER

Abraham Bruce

County *Cherokee*

Lib. *Abraham Bruce*

Amount *60*

Date of Warrant *Dec 25 1869*

Page

C. 15.14 to 1871 only

6
1952

Date of Warrant Dec 25 1879

Page

C. T. 14 H. H. G. G.

6
1952

STATE OF GEORGIA.

Cherokee County.)

Personally appeared before me, Abraham P. Jones of the county of Cherokee State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, of this State as a Private in Company D. 14 Regiment of the 1st Infantry, 4th Volunteers that while engaged in such military service, to wit; at the battle or engagement of J. A. M. Hill in the State of Virginia on the 27 day of June 1862 he was wounded in the left hand and that the same was amputated. It was believed that the shoulder joint 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 limb; or that, not having done so, he prefers to supply himself with an artificial limb.

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

17th day of Dec 1879. A. B. M. C.
W. S. Du Pree J. P.

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA.

County.)

Personally came before me, of the county of State of Georgia, who, being duly sworn, depose 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

CF WM

For COMPENSATION SERVICE

Abraham P. Jones

County.....
Limb.....
Amount.....
Date of Warrant.....
Page.....

\$6.00

Dec 25 1879

1

C. T. 14 H. H. G. G.

Personally came before me:
the county of State of Georgia, who, being duly sworn, depose
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

STATE OF GEORGIA, }
Cherokee County. }

Personally came W. G. Radner W. J. Garrison and
John R. Page
who, being duly sworn, depose and say they are acquainted with J. Branch
and know that he lost a leg in the military service during the late war;
that said leg was amputated at the knee of the right leg; 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..... } *N. G. Pader*
17..... day of *Nov*..... 17*78* } *N. G. Pader*
N. G. LaRue Secy } *W. R. Page*

STATE OF GEORGIA, }
Cherokee County, }

I, *W. R. Page*..... Ordinary of *Cherokee*.....
 county, do certify that I am well acquainted with *Thaddeus T. Brown*.....
 the applicant for an *License*....., and am well satisfied that the facts stated by him in the foregoing
 affidavit are true, and that I am well acquainted with *Thaddeus T. Brown*.....
Thaddeus T. Brown.....
 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 20 day of February, 1877.

day of March, 1877.

John B. Bessinger
And for John B. Bessinger

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. GOETCHUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 10th, 1879.

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

I, Wm. C. Patterson, Ordinary of Cherokee county, do certify that I am well acquainted with Abraham B. Bruce the applicant for allowance, and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with Geo. L. P. Bruce 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 20th day of March, 1879.
Wm. C. Patterson
Ordinary of Cherokee County

STATE OF GEORGIA,

Cherokee County, }
PERSONALLY appears A. Bruce 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 continuously since the thirtieth day of April, 1869; that he enlisted in the military service of the Confederate States (as of the State of Georgia) during the war between the States, and served as a Private in Company D, of 14th Regiment of Volunteers Johnson's Brigade; that whilst engaged in such military service, at the battle of Burns Mills in the State of Virginia, on the 27 day of June, 1862, he was wounded as follows: gun shot in the left arm between the shoulder and elbow, and arm amputated four inches from shoulder joint.

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

Sworn to and subscribed before me, this } A. B. Bruce
the 6 day of July, 1889 }
Wm. C. Patterson
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

Cherokee 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.

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

Bruce, A.
Cherokee
No. 307
APPLICATION FOR ALLOWANCE
FOR YEAR ENDING, OCT. 26, 1889.
FOR
Geo. L. P. Bruce
Applicant
County Cherokee
Amount 100
Date of Warrant July 9
Entered on Record, July 9 1889
SECRETARY EXECUTIVE DEPARTMENT
No additional data
Wm. C. Patterson

Bruce, A.
Cherokee
 No. *107*
 APPLICATION FOR ALLOWANCE
 FOR YEAR ENDING OCT. 31, 1889.
 FOR
Lowell Ann
 Applicant & *Bruce*
 County *Cherokee*
 Amount *160.00*
 Date of Warrant *July 9*
 Entered on Record
July 9 1889
 SECRETARY EXECUTIVE DEPARTMENT
No additional data
Applicant

the *6* day of *July* 188*9* } *(A. Bruce)*
Ordinary
 Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

PERSONALLY comes before me
 county, and
 Ordinary of said
 county, 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.

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, *C. W. Peterson* Ordinary of said county,
 do certify that I am well acquainted with *A. Bruce*, the
 applicant in the foregoing affidavit, and am well satisfied that the statements made by him
 in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is
 the individual he represents himself to be, and that he resides in this county. I also certify
 that the foregoing witnesses, to-wit:

are persons of respectability, and that their statements are worthy of full credit and belief.
 I further certify that before whom the foregoing
 affidavits were made and power of attorney was signed, is a
 of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *6* day of *July* 188*9*
(Signature)
 Ordinary *Cherokee* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all Men by These Presents, That I
 of
 county, in said State, do hereby appoint
 of my true and lawful attorney in fact, for
 me and in my name, to receive and receipt for whatever amount of money I may be entitled
 to from the State of Georgia by reason of the injury received as aforesaid in the military ser-
 vice of the Confederate States (or of this State, as stated in the foregoing affidavit; hereby
 authorizing my said attorney to receipt in my name for any Warrant that may be issued by
 the Governor, or for any sum of money which may be coming to me for the reason aforesaid.
 In witness whereof I have hereunto set my hand and seal, this
 day of 188

Executed in the presence of us:

(L. S.)

DIRECTION:

Send money to me as follows, by

to
 County, Georgia.

P. O.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact 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 application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA.

KNOW ALL MEN BY THESE PRESENTS, That I

county, in said State, do hereby appoint

of my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to 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

188

(L. S.)

Executed in the presence of us:

DIRECTION:

Send money to me as follows, by

to

P. O.

County, Georgia.

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 application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.

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

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

STATE OF GEORGIA,

Cherokee County.

I, *W. H. B. B. B.* Ordinary of said county, do certify that I am well acquainted with *W. H. B. B. B.* 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 *W. H. B. B. B.* before whom the foregoing affidavits were made and power of attorney was signed, is a *W. H. B. B. B.* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *4* day of *July* 189*1*.

Ordinary

County.

STATE OF GEORGIA,

Cherokee County.

I, *W. H. B. B. B.* Ordinary of said County, do certify that I am well acquainted with *W. H. B. B. B.* 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 *W. H. B. B. B.* before whom the foregoing affidavits were made and power of attorney was signed, is a *W. H. B. B. B.* of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *4* day of *July* 189*1*.

Ordinary

County.

1890.

No. *1053*
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 31, 1891.

Loss Left arm
Applicant *W. H. B. B. B.*
County *Cherokee*
Amount, *100*
Date of warrant, *July 5*

Entered on record
July 5 189*1*

20th

WARRANT HANDLED BY

Applicant

1891.

W. H. B. B. B.
Applicant
County *Cherokee*
Amount, *100*
Date of Warrant, *July 5*
Entered on record, *July 11* 189*1*

No. *1053*
Application for Allowance
FOR THE YEAR ENDING OCTOBER 31, 1891.

Loss Left arm
Applicant *W. H. B. B. B.*
County *Cherokee*
Amount, *100*
Date of Warrant, *July 5*
Entered on record, *July 11* 189*1*

Entered on record

WARRANT HANDLED BY

Applicant

Brace, A.
Cherokee Co.
Greece, Ga.
1890.

No. 206,
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 24, 1887.
Loss left arm
Applicant, A. Bruce
County, Cherokee
Amount, 100.00
Date of Warrant, Feb. 5
Entered on record
Feb. 5 1890
2044
IMMEDIATE EXECUTIVE DEPARTMENT.
WARRANT ISSUED TO:
Applicant

Brace, Abraham
Cherokee Co.
PAID 100.00
1891

No. 1053
APPLICATION FOR ALLOWANCE
FOR THE YEAR ENDING OCTOBER 24, 1887.
Loss of arm
Applicant, A. Bruce
County, Cherokee
Amount, 100.00
Date of Warrant, Feb. 5
Entered on record
Feb. 5 1891
2044
IMMEDIATE EXECUTIVE DEPARTMENT.
WARRANT ISSUED TO:
Applicant

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears, Abraham Bruce 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 30th day of April 1837; 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 C, of 11th Regiment of Volunteers 's Brigade; that whilst engaged in such military service, at the battle of Chickamauga in the State of Georgia, on the 2nd day of September 1862, he was wounded as follows: Shot through the right arm
He took home a pension for the right arm
which was lost on the 2nd of April
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 100.00 dollars.

Sworn to and subscribed before me, this 4th day of Feb 1891
W. H. Benson 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,

County, Cherokee
KNOW ALL MEN BY THESE PRESENTS, That I, Abraham Bruce of Cherokee county, in said State, do hereby appoint

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 4th day of Feb 1891

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

DIRECTION.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears, Abraham Bruce 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 30th day of April 1837; 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 C, of 11th Regiment of Volunteers 's Brigade; that whilst engaged in such military service at the battle of Chickamauga in the State of Georgia, on the 2nd day of September 1862, he was wounded as follows: Shot through the right arm
He took home a pension for the right arm
which was lost on the 2nd of April
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 100.00 dollars, for 1887.

Sworn to and subscribed before me, this 4th day of Feb 1891
W. H. Benson 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,

County, Cherokee
Know all Men by these Presents, That I, Abraham Bruce of Cherokee County, State of Georgia, do hereby appoint

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 4th day of Feb 1891

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

DIRECTION.

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

of 100 dollars, for
Sworn to and subscribed before me, this the 11 day of Feb 1891
W. H. Harrison
Notary Public for the State of Georgia.
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, Cherokee
KNOW ALL MEN BY THESE PRESENTS, That I,
of

county, in said State, do hereby appoint

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

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

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

dollars, for
Sworn to and subscribed before me, this, the 11 day of Feb 1891
W. H. Harrison
Notary Public for the State of Georgia.
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY. STATE OF GEORGIA.

County, Cherokee
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 Feb 1891

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA.

County, Cherokee

I, W. H. Harrison, Ordinary of said county,

do certify that I am well acquainted with A. Bruce 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 11 day of Feb 1891

Ordinary, W. H. Harrison

County.

POWER OF ATTORNEY. STATE OF GEORGIA.

County, Cherokee
Know all Men by these Presents, That I, Abraham Bruce of Cherokee County, State of Georgia, do hereby appoint

of the City 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 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 Feb 1891

Executed in the presence of us:

Abraham Bruce
John P. Harrison

DIRECTION.

Send money to me as follows, by check deposited to

Abraham Bruce to Atlanta P. O.
County, Georgia.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name A. Bruce
County Cherokee
Disability from military service
Amount, \$ 100.00
Entered on record Feb 11 1892
W. H. HARRISON,
Secretary of Agriculture Department
AGENT.
W. H. Harrison
Dep. Sec. of Agriculture, Wash. D.C.

1893.

Application for Allowance

No. 111

For the Year Ending October 31, 1893.

FOR
Abraham Bruce
Applicant, Cherokee County, Georgia.
Amount, \$ 100.00
Date of Warrant, Feb 11
Entered on record, Feb 11 1893
W. H. HARRISON,
Secretary of Agriculture Department
W. H. Harrison
Dep. Sec. of Agriculture, Wash. D.C.

STATE OF GEORGIA
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Cherokee Co.
Brule, N.Y.
20. 276
SOLDIER'S PENSION.
1892.
FOR THE YEAR ENDING OCTOBER 26, 1892.
Name Al. Brown
County Cherokee
Disability loss of arm
Amount \$ 100.00
Entered on record Mar 22 1892.
W. H. HARRISON,
Secretary of Military Department
AGENT.
Chas. Pennington
U.S. Marshal, State Prison, Atlanta, Ga.

Cherokee Co.
Brule, N.Y.
1893.
Application for Allowance
No. 1147
For the Year Ending October 26, 1892.
Name Al. Brown
County Cherokee
Amount \$ 100.00
Date of Warrant 3/27
Entered on record Mar 22 1892.
W. H. HARRISON,
Secretary of Military Department
AGENT.
Chas. Pennington
U.S. Marshal, State Prison, Atlanta, Ga.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA.

Cherokee County, }
PERSONALLY appears Al. Brown
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 27 day of June 1862; 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 Soldier in Company D, of 14th Regiment of Georgia Volunteers (Cherokee Brigade); that whilst engaged in such military service at the battle of Spotsylvania in the State of Virginia, on the 27 day of June 1862, he was wounded as follows: lost his right arm about 10 inches from the shoulder, and the next day amputated

Dependent 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

100.00 Dollars for the year 1892
Sworn to and subscribed before me this the 15 day of March 1892 }
Al. Brown 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, Al. Brown of Cherokee County, in said State, do hereby appoint 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 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 15 day of March 1892.

Executed in the presence of us:
W. H. Harrison
Chas. Pennington

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 Abraham Brown
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 27 day of June 1862; 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 Soldier in Company D, of 14th Regiment of Georgia Volunteers (Cherokee Brigade); that whilst engaged in such military service at the battle of Spotsylvania in the State of Virginia, on the 27 day of June 1862, he was wounded as follows: lost his right arm about 10 inches from the shoulder, and the next day amputated near the shoulder joint

Dependent 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

100.00 dollars, for the years 1890, 1891, 1892
Sworn to and subscribed before me, this, the 15 day of March 1892 }
Al. Brown Ordinary.

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

STATE OF GEORGIA, }
Cherokee County, }

I, Al. Brown Ordinary of said County, do certify that I am well acquainted with Abraham 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.

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

Given under my official signature and seal, this 15 day of March 1892.
Al. Brown Ordinary Cherokee County.

STATE OF GEORGIA
POWER OF ATTORNEY

day of *March* 1892.
W. H. Harrison 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,

County, in said State, do hereby appoint *W. H. Harrison* 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 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* 1892. *W. H. Harrison* [L. S.]

Executed in the presence of us:
W. H. Harrison and
Cherokee

DIRECTIONS.

Send money to me as follows, by

to

P. O.

Cherokee County, Georgia.

day of *March* 1893.
W. H. Harrison 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.

Cherokee County.

I, *W. H. Harrison* Ordinary of said County,

do certify that I am well acquainted with *Abraham Bruce* 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 resided in this County.

I further certify that *Abraham Bruce* before whom the foregoing affidavit was made, and power of attorney was signed, is a resident of said County, and the said affidavit and signature thereto are genuine.

Given under my official signature and seal, this *15th* day of *March* 1893.

W. H. Harrison Ordinary *Cherokee* County.

CIVIL & PROBATE
POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee County.

Know all Men by these Presents, That I,

County, State of Georgia, do hereby appoint *Abraham Bruce* 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 *15th* day of *March* 1894. *Abraham Bruce* [L. S.]

Executed in the presence of us:

Abraham Bruce

DIRECTIONS.

Send money to me as follows, by

to *Abraham Bruce* County, Georgia.

Cherokee County, Georgia.

Abraham Bruce

POWER OF ATTORNEY.

STATE OF GEORGIA.

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 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.

Executed in presence of us

[L. S.]

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

(For Those Already Enrolled.)

Soldier's Pension.

1894.

Name *Abraham Bruce*

County *Cherokee*

Disability *Loss of right arm*

Amount *\$100.00*

3/17

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

W. H. Harrison

Gen. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled.)

SOLDIER'S PENSION.

1895.

Name *Abraham Bruce*

County *Cherokee*

Disability *Loss of right arm*

Amount *\$100.00*

3/17

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

Abraham Bruce

Gen. W. Harrison, State Printer, Atlanta.

Cherokee County, Georgia. *A. B. Mica*

Brace, A.

(For Those Already Enrolled.)

No. *433*

Soldier's Pension.

1894.

Name *Abraham Bruce*

County *Cherokee*

Disability *Loss of Arm*

Amount, \$ *10.00*

3/17

1894.

W. H. HARRISON, Secretary Executive Department.

WARRANT HANDLED TO *A. B. Mica*

Geo. W. Harrison, State Printer, Atlanta.

County, Georgia.

Brace, A.

(For Those Already Enrolled.)

No. *843*

SOLDIER'S PENSION.

1895.

Name *Abraham Bruce*

County *Cherokee*

Disability *Loss of Arm*

Amount, \$ *10.00*

3/17

1895.

W. H. HARRISON, Secretary Executive Department.

WARRANT HANDLED TO *A. B. Mica*

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Cherokee County. }

PERSONALLY appears *Abraham Bruce* 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 *1877*; 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 *14*th Regiment of *Georgia* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Grimes Mill* in the State of *Virginia*, on the *24* day of *June*, 1862, he was wounded as follows: *By gunshot in left arm causing 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, 1894. I have heretofore been allowed a pension of *One Hundred* dollars, for the year 1893.

Sworn to and subscribed before me, this, *13* day of *March*, 1894. *A. B. Mica*

A. B. Mica 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. B. Mica* Ordinary of said County, do certify that I am well acquainted with *Abraham Bruce* 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 *13* day of *March*, 1894.



Ordinary

A. B. Mica
Cherokee County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Cherokee County. }

PERSONALLY appears *Abraham Bruce* 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 *1877*; 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 *14*th Regiment of *Georgia* Volunteers, *Anderson's* Brigade; that whilst engaged in such military service at the battle of *Grimes Mill* in the State of *Virginia*, on the *24* day of *June*, 1862, he was wounded as follows: *By gunshot in left arm causing 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 26th, 1895. I have heretofore been allowed a pension of *One Hundred* dollars, for the year 1890.

Sworn to and subscribed before me, this, *13* day of *July*, 1895. *A. B. Mica*

A. B. Mica 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. B. Mica* Ordinary of said County, do certify that I am well acquainted with *Abraham Bruce* 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 *13* day of *July*, 1895.



Ordinary

A. B. Mica
Cherokee County.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 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 3d day of March 1894. A. B. Borne
A. B. Borne 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. B. Borne Ordinary of said County, do certify that I am well acquainted with A. B. Borne 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 3d day of March 1894.



Ordinary

A. B. Borne
Cherokee County.

3

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 189

Sworn to and subscribed before me, this, the 13 day of Feb'y 1895. A. B. Borne
A. B. Borne 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. B. Borne Ordinary of said County, do certify that I am well acquainted with A. B. Borne 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 13 day of Feb'y 1895.



Ordinary

A. B. Borne
Cherokee County.

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, A. B. Borne hereby authorize W. M. Borne of Woodstock Ga to receive and receipt for the pension paid hereon and request that he remit same to me by mail at Woodstock

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this third day of Feb'y 1896.

Executed in presence of

A. B. Borne Ordinary

A. B. Borne [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, A. B. Borne hereby authorize W. M. Borne of Woodstock Ga to receive and receipt for the pension paid hereon and request that he remit same to me by mail at Woodstock Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4th day of Feb'y 1897.

Executed in presence of

A. B. Borne Ordinary

A. B. Borne [L. S.]

Borne, Abraham
Cherokee Co.
ACT OF SEPT. 1887.
(For Those Already Enrolled.)

No. 2709

SOLDIER'S PENSION.

1896.

Name A. B. Borne

County Cherokee

Disability Loss of arm

Amount, \$100.00 dollars

1896

3/4

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

W. M. Borne, State Printer, Atlanta.

Borne, A.
Cherokee County
ACT OF SEPT. 1887.
(For Those Already Enrolled.)

No. 2710

INVALID

SOLDIER'S PENSION.

1897.

Name A. B. Borne

County Cherokee

Disability Loss of arm

Amount, \$100.00

1897

2/11

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

W. M. Borne, State Printer, Atlanta.

No data

Paye Abraham
Cherokee Co.
ACT OF 24 OCT. 1887.
(For Those Already Enrolled.)
No. *2709*
SOLDIER'S PENSION.
1896.
Name *A. Brown*
County *Cherokee*
Disability *Loss of arm*
Amount, \$*100.00* dollars
3/4 1896
RICHARD JOHNSON,
Secretary Executive Department.
WARRANT HANDLED TO
[Signature]
Wm. W. Harrison, State Printer, Atlanta.

Paye A.
Cherokee County
ACT OF 24 OCT. 1887.
(For Those Already Enrolled.)
No. *2710*
(No cash to 1887)
INVALID
SOLDIER'S PENSION.
1897.
Name *A. Brown*
County *Cherokee*
Disability *Loss of arm*
Amount, \$*100.00*
2/11 1897.
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
att
No data
Wm. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears *A. Brown* 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 *1877*; 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 *B*, of *14*th Regiment of *Georgia* Volunteers, *Anderson*'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: *transit on left arm causing 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 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 1896.

Sworn to and subscribed before me, this, the *10th* day of *Feb*, 1896. *A. B. Brown*

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

Given under my official signature and seal, this *10th* day of *Feb*, 1896.



Ordinary *Cherokee* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears *A. Brown* 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 *1877*; 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 *B*, of *14*th Regiment of *Georgia* Volunteers, *Anderson*'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: *transit on left arm causing 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 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, the *10th* day of *Feb*, 1897. *A. B. Brown*

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

Given under my official signature and seal, this *10th* day of *Feb*, 1897.



Ordinary *Cherokee* County.

of Georgia Volunteers, Anderson'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: Wound on left arm causing 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 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 1896.

Sworn to and subscribed before me, this, the 13th day of Feb 1896. } A. B. BROWN

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

STATE OF GEORGIA, }
Cherokee County. }

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

Given under my official signature and seal, this 13th day of Feb 1896.



A. B. Brown
Ordinary Cherokee County.

of Georgia Volunteers, Anderson'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: Wound on left arm causing 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 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, the 14th day of Feb 1897. } A. B. BROWN

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

STATE OF GEORGIA, }
Cherokee County. }

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

Given under my official signature and seal, this 14th day of Feb 1897.



A. B. Brown
Ordinary Cherokee County.

Audited Feb. 9th 1889

Wm. A. Moulton
COMPTROLLER GENERAL

Cherokee
Maimed Soldiers.
Voucher No. 317
Amount \$ 100
Paid to A. Brown
For loss of left arm
Feb 9 1889

Included in Warrant No.
issued to Treasurer

1889

WARRANT CLERK

W. C. Campbell, State Printer, Constitution, Georgia.

Cherokee

Maimed Soldiers.

Voucher No. 256
Amount \$ 100
Paid to A. Brown
For loss of left arm
Feb 15 1890

Included in Warrant No.
issued to Treasurer

1890

WARRANT CLERK

W. C. Campbell, State Printer, Constitution, Georgia.

Applicant

1891.

Maimed Soldiers.

Voucher No. 1053
Amount \$ 100
Paid to A. Brown
For loss of left arm

Included in Warrant No.
issued to Treasurer

1891

WARRANT CLERK

W. C. Campbell, State Printer, Constitution, Georgia.