

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 _____

Garmon M. A. (my)
Cherokee County

ACT DEC. 16, 1901. OK for 1901

No. _____

WIDOW'S PENSION,

190 \$

Mrs. *M. A. Garmon*

County of *Cherokee*

Widow of *M. S. Garmon*

Warrant issued _____ 190 _____

and handed to _____

J. W. LINDSEY,

Commissioner of Pensions,

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

42908

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Personally came Mrs. *M. A.*

COUNTY OF *Cherokee* } *Garmon* who says on oath she is the

widow of *H. S. Garmon* to whom, in the County of

Garmon State of *Georgia*, she was married on the

day of *Nov* 18 *64*, that she remained his wife up to the *2*"

day of *June* 190 *7*, at which time he died, and that she has not since married.

At the time of his death he was a resident of *Cherokee* County, in said State of

Georgia, and was on the *Invalid* pension roll of the State of Georgia, having been allowed

a pension of \$ *50* per annum on account of being a soldier in Company *I*

56" Regiment, *Co* 1 Volunteers or State

What affliction have you and how does it affect you? *Kidney trouble*

my feet and lower extremities

swell so that I can hardly walk

What have you been doing to earn a support since 1st of January, 1900? *My husband*

died June 2nd 1907 have not done anything since

What property or effects had you on 1st January, 1900? *none*

What have you acquired since, and what income have you now? *Have none*

What disposition have you made of any property since 1st January, 1900, and at what price and for what

purpose? *none*

Dependent further says that she is now a resident of *Cherokee* County, and has contin-

uously resided in the State of Georgia since the *23rd* day of *April* 18 *65*

She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.

Sworn to and subscribed before me, this *5*" day of *August* 190 *8*

M. A. Garmon *W. J. Webb*

Ordinary of *Cherokee* County,

NOTE.—All blank spaces must be filled before signing.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, } Personally came W. A. Grogan
COUNTY OF Cherokee } T. B. Watkins and
Tobitha Grogan known to me to be reputable and truthful person, who says
on oath that from his own personal knowledge Mrs. M. A. Grogan
who made the foregoing affidavit, is the widow of W. S. Grogan
who died in Cherokee County and State of Georgia on the
2 day of Janu, 1907, and that she has not since married; that she became his
wife on the 2 day of Nov 1884, and so remained up to the time of his death,
and that she has resided in this State continuously since the 23 day of April 1845
With what affliction does she suffer? Kidney trouble, and swelling of
the feet & lower extremities
What property or income had she on 1st January, 1900? None
What has she in her possession and control now? Nothing
How was she supported in 1900 and 1901? By her husband
I have no personal interest in the pension asked for
W. A. Grogan
T. B. Watkins
Tobitha Grogan
Sworn to and subscribed before me, this 12 day of Aug 1908
W. J. Webb
Ordinary Cherokee County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me
COUNTY OF Cherokee } Wm. H. Wallingham
and W. J. Coker, both of whom are known to me to be reputable
physicians, who say on oath that they personally know Mrs. M. A. Grogan
mentioned in the foregoing affidavit, that she is permanently afflicted with Kidney trouble, Rheumatism
and indigestion
earning a support
Wm. H. Wallingham M.D.
W. J. Coker M.D.
Sworn to and subscribed before me, this 23 day of Sept 1908
W. J. Webb
Ordinary of Cherokee County.

CERTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE.

STATE OF GEORGIA, } I, W. J. Webb Ordinary,
COUNTY OF Cherokee } in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs. Mrs. M. A. Grogan
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 23 day of April 1845, and has not lived out
of the State since that date. I also certify that the witnesses, to-wit: W. A. Grogan
T. B. Watkins and Tobitha Grogan
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 22
day of Sept 1908
W. J. Webb
Ordinary.

{ SEAL }

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.

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.

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DATE	FUND FROM WHICH PAID	\$
11-4	@ * @	90
1.25.25	1930	10 00
	TOTAL.	100 00

James Macintosh Esq
by 7 Sept 1851

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

Luther Howell of said County, who, after being sworn, on oath

says that he knew Mrs. M. A. Gorman 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 24 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 \$300.00 per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

Paul Massey Ordinary
Cherokee County

(Seal of Ordinary)

Luther Howell

CERTIFICATE OF ORDINARY

GEORGIA, Cherokee County.

I, Jacob Massey, Ordinary of said County, do certify

that I personally know Luther Howell, 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. M. A. Gorman 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 Thirty (\$30.00) Dollars

in said County for March 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 1st day of July, 1933

(Seal of Ordinary) Paul 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.

\$ 300.00 10.00

CANTON, GA., Feb. 28 1935

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

Ten & no/100

T THIRTY NO/100

DOLLARS

Funeral Expenses Mrs. M. A. Gorman
IN FULL SETTLEMENT OF PENSION FOR 1933

WITNESS:

Ruth Groves

PAYEE SIGN HERE

Jones Mercantile Co.

W. Massey

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED, AND REMAINS ATTACHED TO CHECK

Cashier

\$ 90.00 90.00

CANTON, GA., Nov. 8 1935

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

Ninety

THIRTY AND NO/100

DOLLARS

On Funeral expenses Mrs. M. A. Gorman

IN FULL SETTLEMENT OF PENSION FOR 1933

WITNESS:

J. Massey

PAYEE SIGN HERE

Jones Mercantile Co.

W. Massey

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED, AND REMAINS ATTACHED TO CHECK

A Certificate

STATE OF GEORGIA, County of Cherokee

IN RE: Expenses last illness and funeral Mrs. M. A. Gorman

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, 1938.

(SEAL)

Jacob Massey Ordinary

(Ordinary will please complete and return immediately to A. L. Hinson, Director, Veterans Service Office, State Capitol, Atlanta, Ga.)

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.

Cherokee
Garmon, Willis S.

Code Section 1290.

C.R. No.

1901

**INVALID
SOLDIER'S PENSION**

1900.

W.S. Garmon

Cherokee Co.

Disability *Disease*

Amount, \$ *50 - Dec*

1900.

E. J. 1901
JOHN W. LINDSEY,
Commissioner of Pensions

WARRANT HANDED TO

5/10-1901
Geo. W. Harrison, State Printer, Atlanta.

11/9-1901

Pension Office 11/9-1901

*Physician must say
by him. As a result of
their examination - that
the present Infirmary Condi-
tion - of Applicant is the
sole evident result of
the affliction contracted
while in the service - in
discharge of duty
of other causes - and
that the "Infirmary" is a
disease practically incur-
rent. To prove this
ordinarily requires a
"line of life". This
must appear before
any Pension can be
granted*

W. S. Garmon
Care of Pension

STATE OF GEORGIA,

Power of Attorney.

Form No. 5.

Cherokee County.

I, *W. S. Garmon*, hereby authorize *W. S. Garmon*

of *Cherokee* County, to receive and receipt for the pension allowed and

request that he remit same to *W. S. Garmon*, by *check*

at *Cherokee*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10th*

day of *July*, 1900.

W. S. Garmon [L. S.]

Executed in the presence of

W. S. Garmon

Power of Attorney.

Form No. 5.

STATE OF GEORGIA,

Cherokee County.

I, W. S. Harmon hereby authorize W. S. Harmon of Atlanta, Ga to receive and receipt for the pension allowed and request that he remit same to H. C. Harmon, Esq. by check at Leasiter

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th day of July, 1900.

W. S. Harmon [L. S.]

Executed in the presence of

H. C. Harmon

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

For Use of Applicants Who Have Not Heretofore Drawn.

Form No. 1.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears W. S. Harmon of said Cherokee County, State of Georgia, who being duly sworn says on oath that he was born on the 16th day of March, 1842, that he is a bona fide citizen and resident of Georgia, and has been continuously since the May day of 1862, that he enlisted in the military service of the Confederate States (or the State of Georgia) on the 10th day of March, 1862, during the war between the States, and served in Company 9 of 52 th Regiment of Ga Volunteers Artillery Brigade, and was honorably discharged on the day of May, 1865; that whilst engaged in such military service, and in line of duty in the State of Georgia, on the day of July, 1862

he was disabled or wounded as follows: severely wounded in camp first taken prisoner then taken prisoner which settled in my Bowells & Legs and have never recovered from same trouble haven't been able to do but very small amount of labor for twenty years also have Rheumatism which causes considerable pain and trouble which was contracted in service.

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 28th, 1900.

Sworn to and subscribed before me, this the 18th day of April, 1900.

H. C. Harmon Ordinary.

Post Office Holly Springs, Ga

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.

Pension Office 10/9-1900
Physician must say
of him as a result of
their examination that
the present degree of disability
of applicant is the
result of military service
and that he is unable to
perform his ordinary
duties of life. This
must appear before
any Pension Com. to
be granted
W. S. Harmon
Care of Pension

Cherokee
Harmon, W. S.
Code Section 1250.
O. R. No. 100 / 1900
INVALED
SOLDIER'S PENSION
1900.
JOHN W. LINDSEY,
WARRANT HANDED TO
10-1900

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

Cherokee County.

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

James P. Howard

and

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 W. S. Hamman

whose application is herewith presented for a pension, that he has resided in this State continuously since the day of 1850, that he served in Company I of the

6th Regiment of Georgia 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.)

In State of Tennessee in July, 1862, he first taken
Union's then taken taken which settled in his back
has never been able to do but very little work
since the war was almost over when he joined
the army & was broken down & contracted disease
in service & has been disabled ever since

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 day of May

1862. 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

15 day of April, 1900.

A. C. Burr

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.

Physicians' Affidavit.

Form No. 3.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY comes before me A. C. Burr Ordinary of said County,

E. E. Roberts and J. W. Huchabee, both known to

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

W. S. Hamman and after such personal examination, say that the present

condition of applicant is as follows: We have known him

twenty three years and treated him

for his disease that is affected with

Chronic Peritonitis & Rheumatism & Hemorrhoids

and that such condition is permanent. Said condition arises from the following facts:

Had typhoid fever while serving in the
Confederate army which produced chronic
peritonitis & Rheumatism & Hemorrhoids that render
him unable to do but very little work

We have treated applicant professionally for 22 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

28 day of July, 1900.

A. C. Burr

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 applicant.

NOTE 2. The physicians will be careful to fill every blank space in oath.

Form No. 4.

STATE OF GEORGIA,

Cherokee County.

I, A. C. Burr, Ordinary of said County,

do certify that I am well acquainted with W. S. Hamman 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 16 day of May, 1862.

I also certify that the witnesses, to-wit: E. E. Roberts & J. W. Huchabee

and James P. Howard 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 July, 1900.

A. C. Burr

Ordinary Cherokee County.

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

Affidavit for Three Witnesses.

STATE OF GEORGIA,

Paulding County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, B. F. McCurryand J. L. Griggs andpersonally 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 W. S. Gormanwhose application is herewith presented for a pension, that he has resided in this State continuously since the day of _____ 1860, that he served in Company A of the52 Regiment of Boston'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.)

While in service in the State of Texas he had
 been paid money for August 1862 which was
 sent to the Doctor at the Capital.
 which became chronic and had been
 confirmed, and as a result of the
 disease he had not been able to do but
 very little work since the year. had not
 been able to do a days plowing in 20
 years as he gets other things done
 more. he cannot do more than one fourth
 the work of an ordinary Texas hand.
 as a result of the disease he has had Rheumatism
 and Gout in his hands. and for the last year
 he had not been able to make any
 crop and had none planted.

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 16th day of May.1865 Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1865.

We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this

27th day of Sept. 1900.F. P. Hudson

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.

and I further certify that B. F. McCurry and
 J. L. Griggs are citizens of this County and their
 statements as witnesses are entitled to full faith and
 credit given under my hand and seal of office
Sept 27th 1900 F. P. Hudson ordinary of Paulding Co Ga

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Willis S. Harmon hereby authorize

A. C. Brown of Bartow Co.

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

me by

at Bartow Co.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9

day of Jan 1902.

W S Harmon [L. S.]

Executed in presence of

J. D. Pru

Harmon, W. S. (Willis S.)
Cherokee Co.

CODE SECTION 126

(FOR THOSE ALREADY ENROLLED.)

SS No. 2110.

DISABLED

SOLDIER'S PENSION

1902.

Name Willis S. Harmon

County Cherokee

Co. I Regiment 52d Ia

Disability Discharged

Amount, \$ 57

2/4 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Gray

Gen. W. Harmon, State Prison, Atlanta.

5/4/02
no data

Harmon, W. S.
Cherokee Co

CODE SECTION 126

(FOR THOSE ALREADY ENROLLED.)

SS No. 2114

No.

DISABLED

SOLDIER'S PENSION

1903.

Name W. S. Harmon

County Cherokee

Co. I Regiment 52d Ia

Disability Discharged

Amount, \$ 59.00

2/16 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. S. Harmon

Gen. W. Harmon, State Prison, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, W. S. Harmon hereby authorize

W. S. Wright of Atlanta Ga.

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

A. C. Brown by check

at Bartow Co.

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

day of May 1903.

W S Harmon [L. S.]

Executed in presence of

A. C. Brown, Clerk

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEED PENSIONS

K O O D A K S A F E T Y

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears Willis S Gannon 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 1842; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company D, of 52th Regiment of Georgia Volunteers, Barton's Brigade; that whilst engaged in such military service in the State of Georgia, on the 1862 day of 1862, he was wounded, injured or diseased as follows:

Contracted fever typhoid fever
settled on legs & bowels caused
chronic beriberi

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 this claim was awarded 124 Dollars, for the year 1901.

Sworn to and subscribed before me, this the 9th day of Jan 1902. } W S Gannon
Post-office A C Gannon

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

STATE OF GEORGIA,

Cherokee County.

I, A C Gannon Ordinary of said County, do certify that I am well acquainted with Willis S Gannon 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 9 day of Jan 1902.

A C Gannon
Ordinary Cherokee County.

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

БОЛЕР ОЕ V.LLOVIEA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears Willis S Gannon 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 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 D, of 52th Regiment of Georgia Volunteers, Barton's Brigade; that whilst engaged in such military service in the State of Georgia, on the 1862 day of 1862, he was wounded, injured or diseased as follows:

Contracted disease which caused
a general break down in the system

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 124 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 12th day of Jan 1903. } W S Gannon
Post-office A C Gannon

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 12 day of Jan 1903.

A C Gannon
Ordinary Cherokee County.

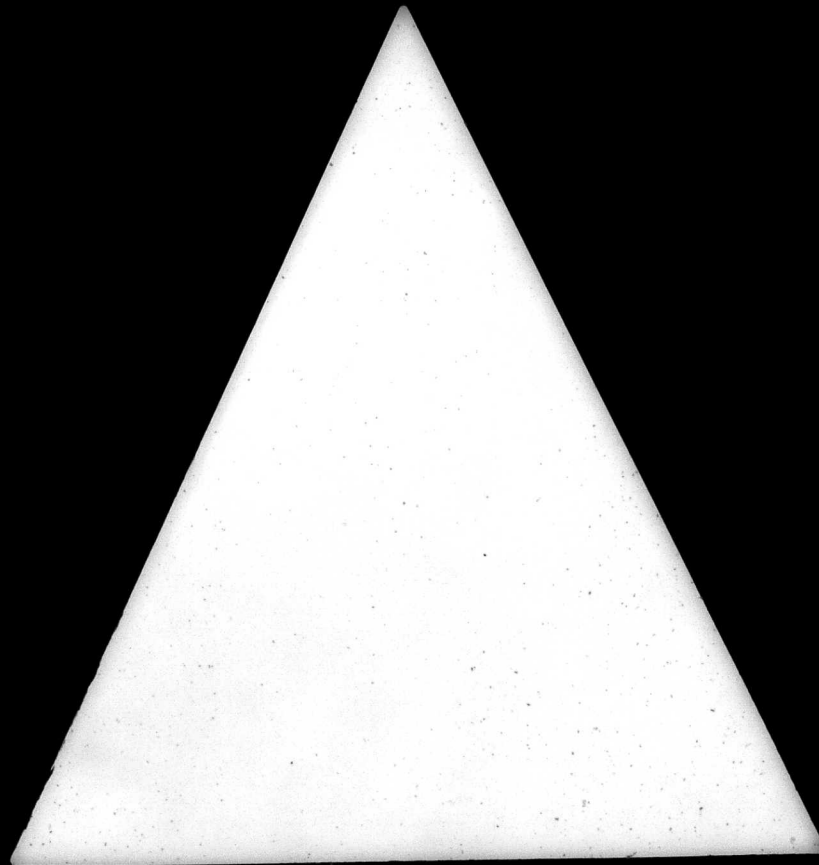
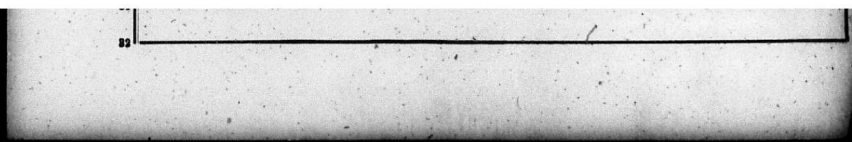
NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

БОЛЕР ОЕ V.LLOVIEA

Georgia
Cherokee County 3

I hereby Certify that I have
carefully examined Willis
Garmon and as a result of
said examination I certify that
that the present infirm condition
of the said Garmon is the sole
and direct result of his affliction
contracted while in actual service
of the Confederate Army and is in
furtherance of old age or any other
cause or causes and is a result
of said disease so contracted while
in actual service of the Confederate
States he is rendered incompetent
to earn a support by the ordinary
occupations of manual labor.
In witness whereof I have hereunto
set my hand and affixed my
signature this

Subscribed before me C. E. Roberts M.D.
April 25th 1921 J. M. Bates, M.D.
Attest my hand and seal
Charles E. Bates, Secy



Ex. Deth
Feb 14/89

Proof must show
that the wound
under the leg
substantially &
essentially useless.

The power of atty
is blank.

W. H. Harrison
Clerk

W. H. Harrison, N. J.
Harrison, N. J.

On Character

No. 2712

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 31, 1889.

FOR

Leg Disabled

Applicant N. J. Harrison

County Cherokee

Amount 50

Date of Warrant Dec 26

Entered on Record

Dec 26

W. H. Harrison

SECRETARY EXERCISES DEPARTMENT

50

40

Ex. Deth. Atlanta Ga
March 29. 1889.

This applicant was
wounded in the leg.
and under the law
the sole question
is "does the wound
under the leg sub-
stantially and essentially
useless". If so,
and the proofs so state
he would be entitled
If they do not show
that such is the extent
of the injury he can
not be paid

W. H. Harrison
Clerk

STATE OF GEORGIA.

Cherokee County.

PERSONALLY appears W. J. Garrison 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 14th day of May 1823; 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 Captain in Company D, of 28th Regiment of Georgia Volunteers, 1st Colquhoun's Brigade; that whilst engaged in such military service, at the battle of Shapsburg in the State of Maryland, on the 17 day of September 1862, he was wounded as follows: Shot through the thigh with Minny ball, breaking bone about two inches above hip joint, shivering, bone near knee joint, shortening leg about three inches. Making it quite essential to use a stick now walking with it, and renders it substantially and adversely affected from said gunshot wound.

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 11th day of February 1889 } W. J. Garrison
Ordinary W. Putnam, Ordinary W. J. Garrison
Ordinary W. Putnam, Ordinary W. J. Garrison
 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. J. Putnam Ordinary of said county, W. J. Putnam and John M. York, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined W. J. Garrison and after such examination say that the applicant has been injured as follows: The wound was struck with a minnie ball about 3 inches above the knee joint, shivering, bone near knee joint, shortening leg about three inches, making it quite essential to use a stick now walking with it, and renders it substantially and adversely affected from said gunshot wound.

Sworn to and subscribed before me, this 11th day of February 1889 } John M. York
Ordinary W. Putnam, Ordinary W. J. Garrison
Ordinary W. Putnam, Ordinary W. J. Garrison
 State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

Amended to Sworn to and Subscribed before me this 24 day of December 1889
W. J. Putnam, Ordinary W. J. Garrison
Ordinary W. Putnam, Ordinary W. J. Garrison

Ex. Dept. Atlanta Ga.
 March 29. 1889.
 The applicant was
 wounded in the leg
 and under the law
 the sole question
 is "does the wound
 render the leg sub-
 stantially and adversely
 affected?" If so,
 and the proofs so state
 he would be entitled
 if they do not show
 that such is the extent
 of the injury. He can
 not be paid
 W. J. Garrison
 Clerk

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1889.

FOR

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STATE OF GEORGIA,

Cherokee County.

I, *Oleian M. Putnam* Ordinary of said county, do certify that I am well acquainted with *William M. Garrison* 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. L. Colman* 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 11 day of *December* 1887

Oleian M. Putnam Ordinary *Cherokee* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I, *William M. Garrison* of *Cherokee* county, in said State, do hereby appoint *Benjamin H. Abbott* 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 *Eleventh* day of *December* 1887

Executed in the presence of us:

W. J. Garrison (L. S.)

O. M. Putnam
Geo. J. Peasley

DIRECTION:

Send money to me as follows, by *Bank of Georgia* or *P. O. Order* to *Gautier* *Cherokee* County, Georgia.

W. J. Garrison

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,

Cherokee County.

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

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

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

Oscar W. Putnam

Ordinary Cherokee County.

Cherokee Co
Harrison, N. J.
1890.

No 282
APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1889.

Leg. Sec. Harrison

Applicant, Cherokee

County, Cherokee

Amount, 50

Date of warrant, Feb 1

Entered on record, Feb 1

1890

done

No additional duty

ABSENT PAID TO

R. J. Jones

STATE OF GEORGIA,

Cherokee County.

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

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

Given under my official signature and seal, this 15th day of February 1891.

Oscar W. Putnam

Ordinary Cherokee County.

Harrison, N. J.
Cherokee Co

1891

done

No additional duty

ABSENT PAID TO

R. J. Jones

1891

done

No additional duty

ABSENT PAID TO

R. J. Jones

1891

done

No additional duty

ABSENT PAID TO

R. J. Jones

1891

done

No additional duty

ABSENT PAID TO

R. J. Jones

1891

done

No additional duty

ABSENT PAID TO

R. J. Jones

1891

done

No additional duty

ABSENT PAID TO

R. J. Jones

1891

done

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears *N. J. Garrison* of *Cherokee* county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the *14* day of *May* 1823; 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 *Captain* in Company *D*, of *28* th Regiment of *Georgia* Volunteers *Colquitt*'s 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: *Wound shot through the left thigh, breaking the bone, coming down, coming down, some three inches of the bone coming the said left leg to be broken, broken and three inches short, said leg being substantially and essentially useless, necessitating the constant use of a stick in walking.*

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 *Twenty* dollars.

Sworn to and subscribed before me, this the *First* day of *February* 1890 } *N. J. Garrison*
William M. Patterson, Clerk

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, *William M. Patterson*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *First* day of *February* 1890

Executed in the presence of us:

P. R. Dupre

William M. Patterson, Clerk

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 *N. J. Garrison* of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *14* day of *May* 1822; 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 *Captain* in Company *D*, of *28* th Regiment of *Georgia* Volunteers *Colquitt*'s 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: *Gun shot wound from the hand of the enemy, severing the left thigh bone about three inches below the hip joint, shortening the left leg three inches, making it substantially and essentially necessitating the constant use of a stick in walking.*

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 *Twenty* dollars.

Sworn to and subscribed before me, this the *First* day of *February* 1891 } *N. J. Garrison*
William M. Patterson, Clerk

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, *William M. Patterson* of *Cherokee* County, State of Georgia, do hereby appoint *Robert D. Jones*

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 *6* day of *February* 1891

Executed in the presence of us:

N. J. Garrison

William M. Patterson, Clerk

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 *Nehemiah J. Harrison*
 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 *14th* day of *May* 1825; 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 *captain* in Company *D*,
 of *28*th Regiment of *Georgia* Volunteers *Volquitt*'s
 Brigade; that whilst engaged in such military service at the battle of *Chickasaw*
 in the State of *Ms.*, on the *fourteenth* day of
September 1862, he was wounded as follows: *by a hand shot*
in the left thigh, leaving the bone and causing some
loss of leg to be three inches short. disabled to such
extent that it has always been necessary to use a stick
in walking, and has never been able to perform common
labor since receiving said wound

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

Eighty Dollars for *1892-1893*
 Sworn to and subscribed before me this the *17th* day of *March* 1892. } *N. J. Garrison*
O. W. Putnam 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, *Nehemiah J. Harrison*
 of *Cherokee* County, in said State, do hereby appoint *John Jones*
 of *Marion* County, *Ms.* 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 *fourth*
 day of *March* 1892.

Executed in the presence of us: } *N. J. Garrison* [L. S.]
O. W. Putnam Ordinary }
E. M. Haran

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 *N. J. Harrison* 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 *14th*
 day of *May* 1825; 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 *capt* in Company *D*, of *28*th Regiment
 of *Georgia* Volunteers *Volquitt*'s Brigade; that whilst engaged in
 such military service at the battle of *Chickasaw* in the State
 of *Ms.*, on the *14th* day of *September* 1862, he was
 wounded as follows: *shot in the left thigh, leaving the bone and causing some*
loss of leg to be three inches short. disabled to such
extent that it has always been necessary to use a stick
in walking, and has never been able to perform common
labor since receiving said wound

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and
 the acts amendatory thereof, and makes application for the allowance to which he is entitled for
 the year ending October 26, 1893. I have heretofore been allowed a pension of *Eighty*
 dollars, for *the years 1892-1893*
 Sworn to and subscribed before me, this, the *16th* day of *March* 1893. } *N. J. Garrison*
Allen B. Barn 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, *Allen B. Barn* Ordinary of said County,
 do certify that I am well acquainted with *N. J. Harrison* 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 in-
 dividual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this *16th* day of *March* 1893.
Allen B. Barn Ordinary *Cherokee* County.

STATE OF GEORGIA,
 POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee COUNTY.

Know all Men by these Presents, That I,

W. J. Garrison
of *Cherokee*
W. J. Garrison

County, State of Georgia, do hereby appoint

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

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

W. J. Garrison [L. S.]

Executed in the presence of us

D. C. Conn. ordinary

DIRECTIONS.

Send money to me as follows, by

Cherokee to *D. C. Conn. ordinary* P. O.
Cherokee County, Georgia.

W. J. Garrison

(For These Already Enrolled.)

No. *445*

Soldier's Pension.
1894.

Name *W. J. Garrison*

County *Cherokee*

Disability *Dr. 10 leg*

Amount, *\$50*
3/17

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

W. J. Garrison

Gen. W. Harrison, State Printer, Atlanta.

No data

Enrolled On
Garrison, W. J.

(For These Already Enrolled.)

No. *854*

SOLDIER'S PENSION.
1895.

Name *W. J. Garrison*

County *Cherokee*

Disability *W. J. Garrison*

Amount, *\$12.00*
3/4

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Atty

Gen. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I,

W. J. Garrison
of *Cherokee*

County, State of Georgia, do hereby appoint

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 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 *16*

day of *January* 1895.

Executed in presence of us

W. J. Garrison [L. S.]
mark

D. C. Conn. ordinary

James V Keith

DIRECTIONS.

Send money to me as follows, by

Cherokee to *D. C. Conn. ordinary* P. O.
Cherokee County, Georgia.

W. J. Garrison
mark

K. O. D. A. K. S. A. F. E. T. Y. L. M.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cherokee County.

PERSONALLY appears *W. J. Harrison* 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 *1821*; 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 *capt* in Company *D*, of *30th* Regiment of *Georgia* Volunteers *Volunt*'s Brigade; that whilst engaged in such military service at the battle of *Charleston* in the State of *South Carolina*, on the *17* day of *September* 1862, he was wounded as follows: *By gunshot in left thigh & back of the right arm near the joint of the arm & hand. I do not know the name of the man who shot me.*

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

Twenty dollars, for the year 1894.
Sworn to and subscribed before me, this, the *22nd* day of *March* 1894. *W. J. Harrison*
D. L. 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, *D. L. Brown* Ordinary of said County, do certify that I am well acquainted with *W. J. Harrison* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

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



Ordinary *D. L. Brown* *Ordinary of Cherokee County.*

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cherokee County.

PERSONALLY appears *W. J. Harrison* 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 *1820*; 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 *Captain* in Company *D*, of *26th* Regiment of *Georgia* Volunteers, *Volunt*'s Brigade; that whilst engaged in such military service at the battle of *Charleston* in the State of *South Carolina*, on the *18* day of *Sept* 1862, he was wounded as follows: *By gunshot in left thigh & back of the right arm.*

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

Sworn to and subscribed before me, this, the *26th* day of *January* 1895. *W. J. Harrison*
D. L. 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, *D. L. Brown* Ordinary of said County, do certify that I am well acquainted with *W. J. Harrison* 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 *26th* day of *January* 1895.



Ordinary *D. L. Brown* *Ordinary of Cherokee County.*

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, W. J. Garrison hereby authorize A. L. Brown
Ordinary 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 26

day of July 1896.

STATE OF GEORGIA

Executed in presence of

J. W. H. H.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, W. J. Garrison hereby authorize Wm. L. Wright
of Atlanta Ga

to receive and receipt for the pension paid hereon and request that he remit same to
A. L. Brown Ordinary by check
at Lawson

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 26

day of July 1897.

Executed in presence of

Wm. L. Garrison

Garrison, W. J.
Cherokee Co.
ACT OF 24 OCT. 1887.
(For Those Already Enrolled.)

No. 1957
SOLDIER'S PENSION.
1896.

Name W. J. Garrison
County Cherokee
Disability 3 1/2
Amount, \$ 50.00 dollars
3 1/2 1896

RICHARD JOHNSON,
Secretary Executive Department
WARRANT HANDED TO
W. J. Garrison
Wm. W. Harrison, State Printer, Atlanta.

no date

Garrison, W. J.
Cherokee County
ACT OF 24 OCT. 1887.
(For Those Already Enrolled.)

No. 2084
INVALID
SOLDIER'S PENSION.
1897.

Name W. J. Garrison
County Cherokee
Disability Warp wound
Amount, \$ 60.00
2 1/2 1897

RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDED TO
W. J. Garrison
Wm. W. Harrison, State Printer, Atlanta.

No date

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions:

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions:

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears W. J. Harrison 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 1829; 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 Captain in Company D, of 24th Regiment of Georgia Volunteers, Belmont's Brigade; that whilst engaged in such military service in the State of M.D., on the 14th day of Sept 1862, he was wounded, injured or diseased as follows:

Wounded in Left leg near his first shooting
said leg making said leg three inches short

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 1896.

Sworn to and subscribed before me, this, the

26 day of July 1896.

A. C. Brown, ording

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

STATE OF GEORGIA,
Cherokee County.

I, A. C. Brown Ordinary of said County, do certify that I am well acquainted with W. J. Harrison 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 26th day of July 1896.



Ordinary Cherokee County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears W. J. Harrison 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 1829; 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 Captain in Company D, of 24th Regiment of Georgia Volunteers, Belmont's Brigade; that whilst engaged in such military service in the State of M.D., on the 14th day of Sept 1862, he was wounded, injured or diseased as follows:

Wounded in Left leg near his first shooting
just below his first

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Cherokee county been allowed an invalid pension of fifty Dollars, for the year 1896.

Sworn to and subscribed before me, this, the

26 day of July 1897.

A. C. Brown, ording

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

STATE OF GEORGIA,
Cherokee County.

I, A. C. Brown Ordinary of said County, do certify that I am well acquainted with W. J. Harrison 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 26th day of July 1897.



Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, W. J. Garrison hereby authorize Wm. A. Wright
of Monticello

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

A. C. Brown by check
at Monticello

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20
day of July 1898.

W. J. Garrison [L. S.]

Executed in presence of

J. D. R. R.

Garrison, W. J.
Cherokee

ACT OF 24 OCT. 1872.

(For Those Already Enrolled.)

No. 2127

INVALID

SOLDIER'S PENSION.

1898.

Name W. J. Garrison

County Cherokee

Disability Leg. wound

Amount, \$ 50.00

2/16 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

A. C. R.

W. J. GARRISON, STATE PRINTER, PALATKA.

No data

Cherokee

Maimed Soldiers.

Voucher No. 2712

Amount \$ 50

Paid to W. J. Garrison

For Leg. disabled

Dec 26 1889

Included in warrant No.

issued to Treasurer.

1889

WARRANT CLERK.

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

B. F. Abbott Esq.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears N. J. Garrison 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 1822; 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 capt in Company D, of 28th Regiment of Volunteers, Col. Jos. K.'s Brigade; that whilst engaged in such military service in the State of Georgia, on the 21th day of Sept 1862, he was wounded, injured or diseased as follows:

Remained in Sept. the following year
first below mentioned

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

Sworn to and subscribed before me, this, the 21th day of Jan 1898, by N. J. Garrison

A. B. Cunningham POST-OFFICE

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

Given under my official signature and seal, this 20th day of Jan 1898.

A. B. Cunningham
Ordinary Cherokee County.



No. 2712

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga., Dec 26 1889

Mr. N. J. Garrison 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

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

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

By the Governor,

N. N. Harrison
CLERK EXECUTIVE DEPARTMENT.

J. B. Gordon
GOVERNOR.

\$ 50.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 00/100 Dollars,
per above voucher, this 26th of Dec 1889.

N. J. Garrison by
By. Abbott his atty
in fact

Cherokee

Maimed Soldiers.

Voucher No. 282

Amount \$ 50

Paid to N. J. Garrison

For Leg disabled

Okby 5

1890

Included in warrant No.
issued to Treasurer.

WARRANT CLERK.

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

R. J. Jones

Garrison, N. J.

1891.

Maimed Soldiers.

Voucher No. 1334

Amount \$ 50

Paid to N. J. Garrison

For Dis Co

Okby 20

1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Geo. W. Harrison



A. C. CONN, Ordinary.

Canton, Ga., March 16, 1891.

Mr. Richard Johnson,

Secretary, Executive Department
Atlanta Ga.

Dear Sir:-

Please deliver to Mr. Ben. F. Perry
the bearer of this, the pension checks
for ex-Confederate soldiers made out
to me upon power of Attorney filed
with you. You may also deliver
to him other checks directed by power
of Attorney to be paid to you and Comptroller General Wright.

Yours Truly

A. C. Conn, Ordinary
Cherokee County

Cherokee

Maimed Soldiers.

Voucher No. 282

Amount \$ 50

Paid to N. J. Garrison

For Leg. disabled

Deby 1890

Included in warrant No.
issued to Treasurer.

WARRANT CLERK.

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

R. J. Jones

Garrison, N. J.

1891.

Maimed Soldiers.

Voucher No. 1334

Amount \$ 50

Paid to N. J. Garrison

For Dis. Co.

Deby 1891

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

G. W. Jones

\$770.00 - Rec - 2 Rich Wain
Sum human as sent doc in
this order - 16 Mch 1891 -
+ of N. A. might one human as sum
to doc - 16 Mch 1891 -

Ben Perry

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 282

Atlanta, Ga., Feb 5 1890

Mr. A. J. Garrison 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

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

PAID
STATE OF GEORGIA
J. H. Gordon

GOVERNOR,

W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.

\$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

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

Wm J Garrison
per Wm J Garrison

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

1891.

No. 1334

Atlanta, Ga., Feb 20 1891.

Mr. A. J. Garrison 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

Leg dis
He is entitled to receive the sum of 50 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,

PAID
STATE OF GEORGIA
W. J. Northington

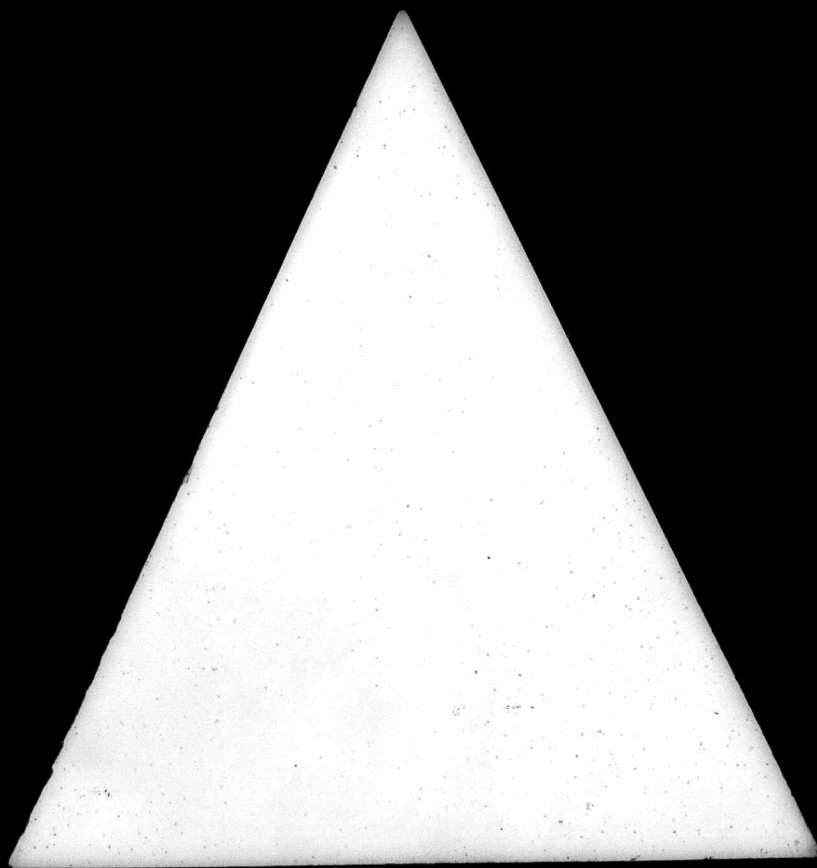
Sec'y EXECUTIVE DEPARTMENT.

\$ 50

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

Fifty 00/100 Dollars,
per above voucher, this 20 of Feb 1891.

Wm J Garrison
per Wm J Garrison



Ordinary's Certificate

STATE OF GEORGIA,

Cherokee COUNTY }

I, Frank M. Massey, Ordinary of said County, do certify that I know M. J. Gilstrap 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 1906; that I also know J. A. Burnett 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 21 day of Sept 1920
(SEAL) Frank M. Massey 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 will be the true and correct answer to each of the questions asked you and the evidence of your answers shall be taken as true and correct." 2. Additional affidavits may be attached if needed. 3. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by said Ordinary. 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by said Ordinary. 5. Alms: certified copies of marriage license if obtainable. If not, prove marriage by some person or by general reputation.

Gilstrap M. J. (Mrs)
Cherokee County
No. _____

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Cherokee
Name M. J. Gilstrap
Widow of M. J. Gilstrap
Company Co. H
Regiment Second Div. Inf.
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9/23-1920

Ordinary's Certificate

STATE OF GEORGIA,

Cherokee COUNTY.

I, Jacob Massey Ordinary of said County, do certify that I know M. J. Gilstrap the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know J. A. Garrett 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 21 day of Sept 1920

(SEAL)

Jacob Massey 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, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Gilstrap, M. J. (wid)
Cherokee County
Sept 21 1920

No.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Cherokee
Name M. J. Gilstrap
Widow of B. N. Gilstrap
Company Co. H
Regiment Second Gen. M.
Approved _____

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

9/23-1920

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 M. J. Gilstrap 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? M. J. Gilstrap, Ball Ground Ga
2. How long and since when have you been a continuing resident of the State of Georgia? All my life
3. When, where and to whom were you married? Cherokee Co. Ga
June the 5th 1868 B. N. Gilstrap
- 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 Confederate Army or Georgia Militia? (State the arms and class of Service.) Co. H, Brunswick Ga
2nd Second Gen. Maliska
5. When and where did the commands of your husband surrender or discharge from the army? May 1862 Savannah Ga
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? Savannah Ga
- a. For what cause did he leave his command? Sick with Fever
- b. By whose authority did he leave his command? Commanding Officers
- c. For how long was he granted leave of absence? _____
- c. What was his physical condition when he left his command? Sick
- f. What effort did he make to return to his command? None could not walk
- g. In what way was he prevented from going back to Command By sickness
- h. Was he captured by the enemy at any time? No
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? _____
- j. When and where did your first husband die? Ball Ground Ga
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart? _____
- m. Are you now a widow? Yes
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

21 day of Sept 1920

Jacob Massey Ordinary
of Cherokee County.

(SEAL)

K O O D A K S A F E T Y A F I L M

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Scherlock COUNTY }

Personally before me comes J. A. Garrett 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. A. Garrett, Cumming, Ga.
2. How long and since when have you known M. J. Silstrap applicant? Within years.
3. How long and since when has she continuously resided in this State? (Give date.) all her life
4. When and to whom was she married? B. M. Silstrap in 1868 How do you know?
5. How long and since when did you know B. M. Silstrap her husband? Since 1861.
6. When and where did B. M. Silstrap the husband of applicant, die? June 4, 1862, at Ball Ground, 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?
9. Were they divorced? No
10. When, where and in what Company and Regiment did B. M. Silstrap enlist? Co. K, Second Ga. Inf.
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? From Oct. 1861 to May 1862
13. When and where did his Command surrender, and was discharged? Savannah, Ga. May 1862
14. Were you personally present when it was surrendered? Yes If not, where were you _____ and how came you there?
15. Was the husband of applicant personally present at surrender? Home sick If not where was he? Home When, where and for what cause did he leave Command? (Give date.) 1862, Savannah, Ga. By whose authority did he leave his Command? Commanding Officer And how long was he granted leave? Don't know was sick How do you know all this? I was present with him
16. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? Being sick and not able to return
17. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? Not able to return

Sworn to and subscribed before me this the

21 day of Sept 1862
Jas. M. Massey Ordinary
of Scherlock County.
(SEAL)

J. A. Garrett

TO PAY -
1930. \$ 110
Cig. & C. Tax. \$
TOTAL.

Gilstrap, M.J. Mrs.
For Blair County
1932

Application for Pension
Due Deceased Pensioner
(UNDER ACT 1904)
(To pay expenses of last illness and
funeral)

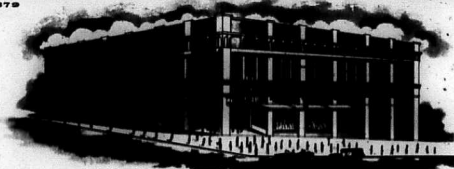
Frank M. Marney Ordinary
For Mrs. M.J. Gilstrap
Date of Death Oct 3 1932
Amount \$ 110.00
Approved and ordered paid

R. deT. LAWRENCE
Commissioner of Pensions.

PAID TO ORDINARY ON THIS CLAIM:
DATE 1932 FUND FROM WHICH PAID \$
2-25 1930 110.00
TOTAL 110.00

R.T. 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 1875 INCORPORATED 1907

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



STORE BUILDING - FLOOR SPACE OVER 50,000 SQUARE FEET
DEPARTMENT STORE & MERCHANDISE
COTTON AND FERTILIZERS
CANTON, GA.

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

Oct. 3, 1932

Mr P M Gilstrap,

Funeral \$110.00

For Mrs Mary J Gilstrap

Georgia Cherokee County.
The above and foregoing account is rendered for funeral expenses
of Mrs. M.J. Gilstrap, who died without owning sufficient property
to pay this bill.
Sworn to and subscribed before me,
This 8 day of October, 1932.

Frank M. Marney Ordinary

Jones Mercantile Co
By J. L. Darnell

\$ ~~100.00~~ 110.00 CANTON, GA. Feb. 28 1935.

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

One Hundred & Ten Dollars & no/100

T ~~100.00~~ AND NO/100 DOLLARS

Funeral Expenses Mrs. M. J. Gilstrap
IN FULL SETTLEMENT OF ~~CHEROKEE~~ PENSION FOR 193.

WITNESS:

Ruth Groves

PAYEE SIGN HERE

James Mercantile Co.

W. J. Massey

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED
AND REMAINS ATTACHED TO CHECK

A Certificate

STATE OF GEORGIA, County of *Cherokee*

IN RE: Expenses last illness and funeral *Mrs. M. J. Gilstrap*

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 *1* day of *Aug*, 1935.

(SEAL)

Paul Massey, Ordinary

(Ordinary will please complete and return immediately to A. L. Henson, Director, Veterans Service Office, State Capitol, Atlanta, Ga.)

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

Paul Gilstrap

of said County, who, after being sworn, on oath

says that he knew *M. J. Gilstrap* 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 *25* day of *October*, 19*32*,

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 *\$110.00*, per sworn statements fully and completely

ITEMIZED hereto attached.

Sworn to and subscribed before me,

Paul Massey, Ordinary
Charles County

(Seal of Ordinary)

Paul Gilstrap

CERTIFICATE OF ORDINARY

GEORGIA, *Cherokee* County.

I, _____, Ordinary of said County, do certify

that I personally know *Paul Gilstrap*, 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 *M. J. Gilstrap* 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 *Thirty* (\$*30.00*) Dollars

in said County for *Aug*, 19*32*, 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 *6* day of *October*, 193*2*

(Seal of Ordinary)

Paul 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 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.

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.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee County.

I, Eliabender S. Glass hereby authorize, W. H. Lindsey

of Cherokee County, to receive and receipt for the pension allowed and that he

resent the same to me at Cherokee County, Georgia, by his check or registered mail.

Witness my hand this 16 day of July, 1901.

Executed in presence of

E. S. Glass Oathman, Eliabender S. Glass L. S.

Cherokee County.



Office of Commissioner of Pensions
4/4-1901
Manager add to the pension
of Eliabender S. Glass
the important facts
except record for pension
? Clerk of Court's room
can be granted
J. W. Lindsey
Commissioner of Pensions

Eliabender S. Glass
Cherokee Co.
GA

No. _____

WIDOW'S
Indigent Pension.
1901.

Name Eliabender S. Glass
County Cherokee

Widow of Wm. S. Glass
Co. E. Phillips Legion

Approved _____ 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

_____ 1901.

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

6/19-1901

3/21-1901

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee County.

I, Eleanor S. Glass hereby authorize W. A. Wright of Atlanta Ga County, to receive and receipt for the pension allowed and that he remit the same to me at A. B. Glass, care, Canton by his check or registered mail.

Witness my hand this 16th day of Feb 1901

Executed in presence of

A. B. Glass Ordinary, Eleanor S. Glass I. S.
Cherokee County.

SEAL

Off. of Pension
4-1-01
Money add to pension
and interest of husband
are important and
must be paid for pension
clearly. If not
can be granted
W. A. Wright
Comm. of Pension

WIDOW'S
Indigent Pension.
1901.

Name Eleanor S. Glass
County Cherokee

Widow of Wm. A. Glass
Ch. & Phil. Regt.

Approved _____ 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Gen. W. Harrison, State Printer, Atlanta, Ga.
6/9-1901

3/21-1901

Questions for Applicant.

STATE OF GEORGIA,

Cherokee County.

Wm. A. Glass 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 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.) Wichity Ga
Eleanor S. Glass
2. How long and since when have you been a resident of this State? Since 1855
3. When and where were you born? June 1822 State, N. C.
4. When and where was your husband born—state his full name, and when were you and he married?
Wm. A. Glass was born 1828 State, S. C. Married
March 9 1847 State, S. C.
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? March 1862 Union County Ga in comp. Co.
Philip's Legion Ga Vol.
6. How long did your husband serve in said Company and Regiment? Tell surrender
of army in 1865
7. When and where did your husband's Company and Regiment surrender and was discharged?
At Phenopolis, N. C. House, N. C.
8. Was your husband present at the time and place when his Company and Regiment surrendered?
Yes
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 present
with command when he surrendered
10. When and where did your husband die? 1865 Cherokee County Ga
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 & 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.
Have been for fifteen years not able to
have my sight
13. What has been your occupation since your husband's death? None more
not able to work
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?
no property
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? Set small
amount of personal property. Has been used for
17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation?
Cherokee County made no return
18. How have you been supported since death of husband, and especially for 1899 and 1900?
used the small amount of property I had. My children helped me
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? Could not tell cost
20. What was your employment during 1899 and 1900—how much did you receive for each year?
None. no employment cant work
21. Have you a family? If so, who compose such family? Give their means of support. Have they any lands or other property? Have 5 children all poor
22. Have you ever made an application for pension before? no
23. How many applications have you made for a Pension, and under what class? under
old law

Sworn to and subscribed before me this 16th

day of Feb 1901
A. B. Glass Ordinary,
of Cherokee County.

Support
helped me

Questions for Witnesses.

STATE OF GEORGIA,

Forsyth County.

E. J. Smith of said State and County, having been presented as a witness in support of the Application of Mrs. Ellender S. Glass for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? E. J. Smith, Farmer in Forsyth Co. Ga. 20 Miles from Union Co.
2. Are you acquainted with the applicant, Mrs. Ellender S. Glass?

If so, how long have you known her? About 20 yrs

3. Where does she reside, and how long and since when has she been a resident of this State? She lives in Forsyth Co. Ga. She moved from Union Co. to Forsyth Co. Ga. about 1865.

When and where was she born? I don't know

5. Were you ever acquainted with her husband? Yes

6. Where did he reside in 1861? He lived in Union Co.

7. When and to whom was he married? I don't know

8. When and where was he born? I don't know

9. How long have you known him? Ever since March 1862

10. When and where did Wm. F. Glass enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? Wm. F. Glass enlisted in Union Co. Comp. G. 1st Georgia Regiment

11. Were you a member of the same Company and Regiment? Yes

12. How long did he perform regular military duty? From March 1862 until the surrender 1865

13. When and where was his Company and Regiment surrendered and discharged from service? April 1865 - Appomattox Co. Va.

14. Were you with the command when it surrendered? No

15. Was Wm. F. Glass the husband of applicant present? He was

16. If not present, where was he? He was present

17. When and where did he leave his Command? For what cause?

By whose authority he left? By the authority of the commanding officer

How do you know all this? (State fully and clearly.) I was at the time of the surrender and saw my comrade Wm. F. Glass with his company at the surrender

18. When and where did Wm. F. Glass die? near Forsyth Co. Ga.

19. Where did he reside at his death and how long had he been a resident of Georgia at his death? He lived in Forsyth Co. Ga. he has lived in Ga. ever since he came here

20. Do you of your own knowledge know that applicant is the lawful widow of Wm. F. Glass? Yes

21. Has she remained unmarried since her soldier husband's death, and is now his widow? Yes

22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? Nothing by my personal observation

23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? None

24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? None

25. What is applicant's physical condition and her chances and ability to earn a support? Very feeble

26. Is applicant able to earn a support at home of any sort, if not why? By reason of old age and disability

27. How was she supported for 1899 and 1900? By her son-in-law

28. How much did applicant contribute to her support for last two years? Nothing

29. Give a full and complete statement of applicant's physical condition? She is old and infirm by reason of age

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

Sworn to and subscribed before me this 18 day of March 1901

H. S. Jones Ordinary, Forsyth County.

E. J. Smith Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA,

Cherokee County.

Personally before me comes J. M. Batis and J. M. Lurt both known to me to be reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully Mrs. Ellender S. Glass applicant for a Pension under Act of 1900, and after

and personal examination say that her physical condition is this: She is infirm and old (70) and broken down in health. Has a bad cough coming from lungs. Chronic bronchitis. Her condition is such that she cannot possibly earn a support for herself.

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 16 day of February 1901

A. C. Linn Ordinary, Cherokee County.

John M. Lurt Witnesses.

J. M. Batis Witnesses.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee County.

I, A. C. Linn Ordinary in and for said county, hereby

certify that the applicant, Mrs. Ellender S. Glass resides in said

county, and has been a bona fide resident of this State since 1865 day of

18, and that the witnesses, Mr. John M. Lurt J. M. Batis

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 16 day of Feb 1901

A. C. Linn 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 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,

Cherokee County. }

I, Elondor L. Glass, hereby authorize

D. C. Brown of Canton Ga

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 10th

day of July 1902.

Elondor L. Glass [L. S.]

Executed in presence of

D. C. Brown, Clerk

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County. }

I, Elondor L. Glass, hereby authorize

Mrs. D. Wright of Canton Ga

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

D. C. Brown, Clerk at Canton Ga

In Witness Whereof, I have hereunto set my hand and seal, this 10th

day of July 1903.

Elondor L. Glass [L. S.]

Executed in the presence of

D. C. Brown, Clerk

Glass, Elondor L.
Cherokee County
To Those Hereofore Paid

1902.

No. 761

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. Elondor L. Glass

OF

Cherokee

County,

Widow of Mr. F. L. Glass

Co.

Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDED TO

Only

Geo. W. HARRISON, STATE PRINTER, ATLANTA, GA.

Glass, Elondor L.
Cherokee County
To Those Hereofore Paid

1903.

No. 1151

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. Elondor L. Glass

OF

Cherokee

County,

Widow of Mr. F. L. Glass

Regiment

Co. E 48th

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1903

AND HANDED TO

Only

Geo. W. HARRISON, STATE PRINTER, ATLANTA, GA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

PERSONALLY COMES MRS.

County of CherokeeEleanor L. Glass

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 about 1850. That she is the Widow of Wm F. Glass who was a soldier in Company E of the 24th Regiment of Co Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to Surrender in 1865. That he died on the 1st day of Feb 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 1845.

I have been allowed an Indigent pension as a resident of this claim was approved County, under Act 1900, for the year 1902, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this 10th day of May 1902. Eleanor L. Glass Ordinary. Post-Office London

State of Georgia,

I, A. B. Borne

Cherokee County. Ordinary of said County, certify that I am well acquainted with Mrs. Eleanor L. Glass, 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 1862.

Given under my official signature and seal, this the 10th day of May 1902.

Official Seal.

A. B. Borne 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,

PERSONALLY COMES MRS.

County of CherokeeEleanor L. Glass

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 50 years. That she is the Widow of Wm F. Glass who was a soldier in Company E of the 24th Regiment of Co Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to Surrender in 1865. That he died on the 1st day of Feb 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 1845.

I have been allowed an Indigent pension as a resident of Cherokee County, under Act 1900, for the year 1902, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this 9th day of May 1902. Eleanor L. Glass Ordinary. Post-Office London

State of Georgia,

I, A. B. Borne

Cherokee County. Ordinary of said County, certify that I am well acquainted with Mrs. Eleanor L. Glass, 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 50 years day of 18.

Given under my official signature and seal, this the 9th day of May 1902.

Official Seal.

A. B. Borne Ordinary of Cherokee County.

NOTE.—All blanks must be filled.

Vouchers and affidavits must bear date after January 1st, 1903.

Georgia }
 Forsyth County } J. H. V. Jones
 Ordinary of said
 County hereby certify
 That the witness Mr E. J. Smith
 is a trustworthy character and that
 his statement is entitled to full
 faith and credit - I do further
 certify that the witness taken the
 oath herein prescribed before the
 same was signed and subscribed
 witness my hand and official seal
 This the 18th day of March 1904
 J. H. V. Jones Ordinary
 of Forsyth County

E. Ellender, S. Glass
Cherokee County

TO THOSE HERETOFORE PAID.

1904.

No. 1374.

INDIGENT
 WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904

PAID TO

Mrs. E. Ellender, S. Glass

Cherokee County,

Widow of *Mrs. E. Glass*

Co. E. 24th Ia Regiment

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT ISSUED

FEB 18 1904,

AND HANDED TO

Ordy

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, *E. Ellender, S. Glass*, hereby authorize
Mrs. H. Wright of *Atlanta, Ga*

to receive and receipt for the pension paid hereon, and request that he remit same to
Ch. E. Glass, Esq. at *Atlanta, Ga*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10th*
 day of *May* 1904.

E. Ellender, S. Glass [L. S.]

Executed in presence of

Ch. E. Glass, Esq.

Georgia Cherokee County

Personally comes before me Ellen
L. Glass applicant for pension under
the Indigent widow law who being
sworn says in support of her said
application that she was married to
Wm. F. Glass at the time and place
mentioned in her application.

That there were only three persons
present at the marriage and
they are all dead. That the person
who married them was at the time
the ceremony was performed was
an old man and she is satisfied
that he is dead. She further swears
that she is unable to procure a
record of marriage from the register
that the law of Geo. did not have
any such record.

Sworn to & subscribed before me

on June 15 1901 Ellen L. Glass

A. C. Glass ordinary
Cherokee County Ga.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

Form No. 2.

STATE OF GEORGIA,

County of Cherokee

PERSONALLY COMES MRS.

Ellen L. Glass

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 1851 or 1852. That she is the Widow of
Wm. F. Glass who was a soldier in Company
B of the 24th Regiment of Vol. Inf.
Volunteers, that he enlisted in said regiment on or about the month of March
1863, and served in the Army up to December 1865. That he died
on the 1st day of Feb 1866

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 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 2^d day of May 1904. Ellen L. Glass
A. C. Glass Ordinary. Post Office. Cherokee

State of Georgia,

Cherokee County.

I, A. C. Glass

Ordinary of said County, certify that I am well
acquainted with Mrs. Ellen L. Glass, 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 1851
day of 18

Given under my official signature and seal, this the 2^d day of May 1904.



A. C. Glass
Ordinary of Cherokee County

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

D A K S A F E T Y A F I L M

BAD COPY***OR***LIGHT PRINT

Appomattox Court House, Va.

April 16th, 1865.

THE BEARER, *John Phillips* of Co. *A*, *1st Regt.*
a Paroled Prisoner of the Army of Northern Virginia, has per-
mission to go to his home, and there remain undisturbed.

John Phillips
of *Phillips* *Co.*

Georgia Cherokee County

Personally comes before me L. L. Williams who being duly sworn says that he knew Wm. F. Glass and his wife Ellen L. Glass about the year 1851 soon after they came from South Carolina and knows they were living together as man and wife at that time and up to the time of his death.

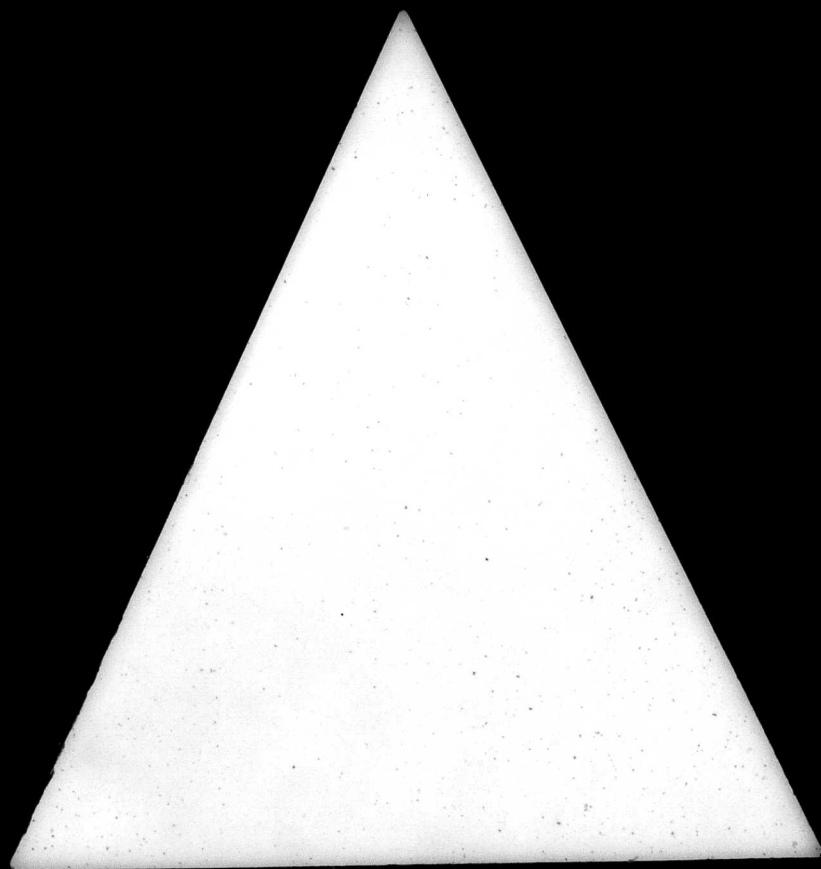
Subscribed L. L. Williams
before me June 18, 1901.

A. C. Connor, Ordning, Cherokee County, Ga.

Georgia Cherokee County

I, A. C. Connor Ordning, in and for said County certify that L. L. Williams whose affidavit appears above, is a citizen of this County of trust worthy character whose statement is entitled to full faith and credit
witness my hand & Seal of Office
this 18th day of June 1901

A. C. Connor, Ordning
Cherokee County



Goss, B. S.
Cherokee Co.
on 12/19/07

**INDIGENT PENSION,
1908.**

Name B. S. Goss

County Cherokee

Co. D^o 43 Ga. Regt.

Approved _____ 1908.

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.

7/31/08

6/5/08

Atlanta Ga 9/18/08

Must state in what way and
where authority he left company
43d Ga Regiment and joined some
other company, state what company
and regiment he joined, and who en-
gaged such action, it was his duty
to remain with company in 43d Ga
and give every fact to be true by one
who knows.

J. W. Lindsey
Com. of Pensions

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 _____ 1908.

Executed in the presence of _____

[L.S.]

STATE OF GEORGIA,

COUNTY.

I, _____ hereby authorize

04

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

1

b5

Witness my hand and seal, this _____ day of _____ 1908

[L. S.]

Executed in the presence of

STATE OF GEORGIA.

____ COUNTY.

---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:

- What is your name and where do you reside? (give State, County and post-office)
B. S. L. Doss, Ballentineville, Va.
- How long and since when have you been a resident of this State? Since Nov. 1855.
- When and where were you born? Dec. 1833 Nabensham, Henry Co., Va.
- When and where and in what company and regiment did you enlist or serve? March 1862
Comp. A. 43. Va. Regt.
- How long did you remain in such company and regiment? Till May 1864
Left that company in May 1864 and joined
company of cavalry
- When and where was your company and regiment surrendered and discharged? The last
company I belonged to surrendered at
Rapidan, Va. May 1865
- Were you present with your company and regiment when it was surrendered? Was with last command
- If you do 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? \$350 - 00
- What has been your occupation since 1865? Farming & carpenter trade
- 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"? Infirmity & 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?
Have hady trouble & suffer from weakness received in war
- What property, real and personal, or income, do you possess, and its gross value? none
- What property, real or personal, did you possess in 1894, 1896, 1898, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? Answered none Personal Property during some of those years which was spent for debt to live on
- In what County did you reside during those years, and what property did you then return for taxation? Live in Shenandoah County Return none personal except
- How were you supported during the years 1899, 1900, 1901 and 1902? Labor of my self and family
- How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? did have no contribution one half
- What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year? farming
- Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? None my self & one
son 15 years old who is not very stout cant do much work
- Are you receiving any pension? If so, what amount and for what disability? none
- Have you ever made an application for pension before? none
- How many applications have you ever made and under what claim? none
- Sworn to and subscribed before me this the
day of July 1903.
B. S. L. Doss
Ordinary,
of Shenandoah County,
- Applicant.

Every Question MUST be Answered.

Atlanta Ga 9/13/03

Must state in what way and whose authority he left company " 43d Ca Regiment and joined some other company. State what company and regiment he joined, and who authorized such action, it was his duty remain with company in 43d Ca. Give every fact to be true by one knows.

J. W. Lindsey
Com. of Pensions

1933

Name B. L. Gross 59

County Chandee

Co. 11th 43rd Ia. - Regt.

Approved _____ 1903.

JOHN W. LINDSEY.

Commissioner of Pensions.

WARRANT HANDED TO

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

Used W. H. Gibson, State Printer, Atlanta.

0/31/05

8/1/8

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cherokee COUNTY.

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

1. What is your name and where do you reside? P. W. Lyon
Ball Ground, Ga.
 2. Are you acquainted with B. S. Lass, the applicant; if so, how long have you known him? Same 45 years
 3. Where does he reside, and how long and since when has he been a resident of this State?
Ball Ground, Ga. I have known him since he is young
 4. When, where and in what company and regiment did he enlist, and how do you know?
Comp. U. S. Co. Regt. 1862
 5. Were you a member of the same company and regiment? was part of same comp.
 6. How long did he perform regular military duty? till May 1864 until then he
 7. When and where was his command surrendered? May 1865 in Battle of Fort Fisher
near Cape of Va. which was surrendered at Hampton Va.
 8. Were you present when it surrendered? was present
 9. Was applicant present? he was when last captured and
 10. If he was not present, where was he?
left first command in 1864 on March 1864
- When did he leave his command? left first command in 1864 on March 1864
For what cause? Discharged, Etc.
By what authority he left? How do you know all of this?

11. What property, effects or income has the applicant? (Give your means of knowledge.)
none
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? small amount of personal
property which was used to pay his debts
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
none
14. What is the applicant's occupation and physical condition? does what he can
on farm. Physical condition is bad
15. Is the applicant unable to support himself by labor of any sort, if so, why? I think he is
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? by labor of
himself & family
17. What portion of his support for these four years was derived from his own labor or income?
I suppose one fourth
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? he is advanced in age & has no
problem to rely on for support
19. Who composes family? What property have they? Children's age and their earning capacity?
has one child age 15 is not strong not able
to do much work
20. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this the

7 day of July 1903.

W. B. Carson Ordinary.

P. W. Lyon
Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cherokee COUNTY.

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

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

Suffering from Paralysis of
Reptiles which he says he contracted in
the year of 1862 and which renders
him unable to perform manual labor
to the extent of making a support for himself
and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the

7 day of July 1903.

W. B. Carson Ordinary.

J. M. Price M.D.
Jon Bates M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee COUNTY.

I, W. B. Carson Ordinary, in and for said County, hereby certify that the applicant B. S. Lass resides in said County, and has been a bona fide resident of this State since Birth day of 1858 and that the witnesses, viz.: J. M. Price J. M. Bates, and
P. W. Lyon

are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of Cherokee County show that applicant returned for taxation in his name in 1899 Don't find any return Dollars of property, and in 1900 \$160.00 Dollars of property, in 1901 \$102.00 Dollars of property, in 1902 was not in this county Dollars of property.

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

Witness my hand and seal of office, this 7 day of July 1903.

W. B. Carson Ordinary,
of Cherokee County.

NOTE.

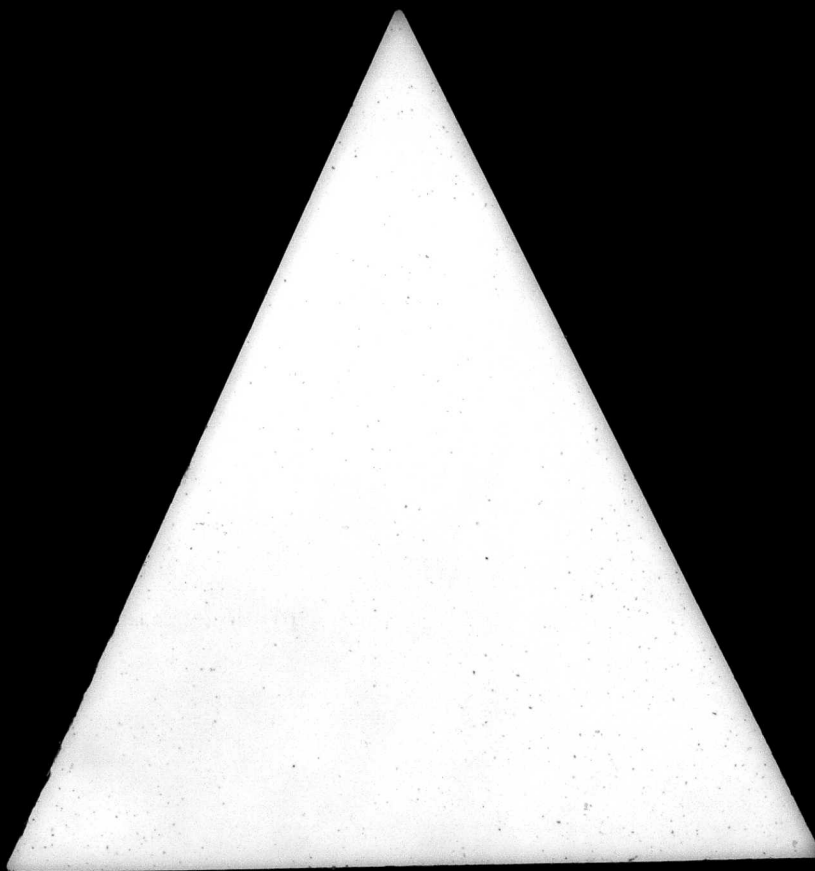
1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if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

1908 Church

Georgia, Floyd County

And now comes the applicant B. S. Lee
and for further proof in his applica-
tion for pension, on oath says
That on account of disabled leg, he was
left behind in May 1864, unfit for duty,
and remained disabled until Nov. 1864
and then being wholly unfit for fur-
ther infantry service joined a Cavalry
company, under Capt. P. H. Lyons, Haynes
Division, under Genl. Wofford and
from Nov 1864 to last of April or first of
May 1865, served in that Cavalry Co.
P. H. Lyons, the witness, was Capt. of Co.
A, 43rd Ga., and was also Capt. of the
Cavalry Co. He was at home on wound-
ed disability and raised a Cavalry
Co, and claimant was one of them.
(A careful reading of Capt Lyons evidence
will show that he was Capt of the
Co. A, 43rd Ga. and that claimant was
afflicted in 1864 with disabled leg,
and then in Cav. Co, which surrendered
at Kingston, and both were present
at Kingston. Lyons being Capt. and present
at Kingston with Cav. Co.)
Claimant is now nearly 68 years
old, worn out with age. Has no
property except about \$40.00 worth of
personal property - B. S. Lee
swore to and subscribed before me the
June 4th 1908 John P. Davis
Ordinary Floyd Co. Ga.

"Sworn to and subscribed before me +"
June 4th 1908 John P. Davis
Ordinary Floyd Co. Ga.



Goss, N. S. OK
Cherokee County

No.

INDIGENT PENSION

1899.

Name *N. S. Goss*

County *Cherokee*

Approved 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Pension Office 7/6 1899
Applicants answers to 12
+ witnesses to 11 are not
satisfactory

R. S. Johnson
Com. of Pensions

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee County.

I, *N. S. Goss*, hereby authorize

Wm. S. Wright of *Cherokee*

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

N. S. Goss at *Cumtla* by *Shack*

Witness my hand and seal this *1st* day of *April* 1899.

Executed in presence of

J. B. Harrison *J. B. Harrison* (L. S.)

4/3 1899

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee COUNTY.

I, A. C. Burns, hereby authorize

Wm. A. Wright of Cherokee

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

A. C. Burns at Canton by check

Witness my hand and seal this 1st day of April 1899.

Executed in presence of

A. C. Burns (L. S.)

Pension Office 7/6 1899
applicant answers to 12
+ initials to 11 on not
satisfactory
R. W. Johnson
Comm. of Pension

INDIGENT PENSION

1899.

Name A. C. Burns

County Cherokee

Approved

1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

W. J. JOHNSON, STATE PRINTER, ATLANTA.

431519

Questions for Applicant.

STATE OF GEORGIA.

Cherokee County.

A. C. Burns 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 post office.) Canton, Cherokee County, Georgia
2. How long and since when have you been a resident of this State? Since April 10, 1865
3. When and where were you born? April 10, 1818, Cass, Georgia
4. When and where and in what company and regiment did you enlist or serve? Enlisted in Company K, 1st Regt. Georgia Infantry, August 1861
5. How long did you remain in such company and regiment? From August 1861 till Surrender of the Army in 1865
6. For how long a period did you discharge regular military duty? Over two years
7. When, where and under what circumstances were you discharged from service? Was in camp at a place where I was at the surrender and was discharged from that place
8. What is your present occupation? farming
9. How much can you earn (gross) per annum by your own exertions or labor? Some \$150
10. What has been your occupation since 1865? farming
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? 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? Age and poverty & infirmity & poverty have been for me or two years not able to earn my support
13. What property, effects or income do you possess, and its gross value? have no property
14. What property, effects or income did you possess in 1864, 1865, 1866, 1867 and 1868, and what disposition, if any, did you make of same? in 1864-65 & 66 I returned some property that was purchased in time & was able to pay for the same
15. In what County did you reside during those years, and what property did you then return for taxation? Spent in Cherokee County
16. How were you supported during the years 1867 and 1868? done all I could & received help from my family
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? cost done \$60. Some & some \$15
18. What was your employment during 1867 and 1868? What pay did you receive in each year? farming & received no pay except what I saved from my father
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? have wife & child now at home & married & child all have no homestead
20. Are you receiving any pension? If so, what amount, and for what disability? no pension

Sworn to and subscribed before me this the

25th day of March, 1899.

A. C. Burns

Ordinary,

of Cherokee County.

Applicant.

Every Question MUST be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cherokee COUNTY,

Wm. F. Pender, of said State and County, having been presented as a witness in support of the application of N. C. Cross 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? Wm. F. Pender
Resides in Cherokee County Ga
2. Are you acquainted with N. C. Cross, the applicant; if so how long have you known him? Have known him since 1861
3. Where does he reside, and how long and since when has he been a resident of this State? in Cherokee Co. Ga I have known him in this State since 1861
4. When, where and in what company and regiment did he enlist, and how do you know? in Aug. 1862 he enlisted in Comp. A 48 la. Regt
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? he served from Aug. 1862 till surrender of Spring 1865, was discharged as a prisoner of war at camp Chase W. F. Pender Sr
7. What property, effects or income has the applicant? (Give your means of knowledge.)

has no property that I know anything about

8. What property, effects or income did the applicant possess in 1894, 1897 and 1898, and what disposition, if any, did he make of same? had no property

9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom?

if he has I don't know anything about it

10. What is the applicant's occupation and physical condition? occupation farmer his condition is bad

11. Is the applicant unable to support himself by labor of any sort, if so, why? don't think he is able to earn his support

12. How was he supported during the years 1897 and 1898? was supported by his family

13. What portion of his support for those two years was derived from his own labor or income? was derived from his labor

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? he is broke claims has Rheumatism and not able to work

15. 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 April 1899. } H. A. Stephens Witness.

A. C. Cross Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cherokee COUNTY.

Personally came before me John W. Turck and Jacob M. Bates, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully N. C. Cross, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

We find that that Applicant has thin on left side. That he is suffering with Rheumatism and that his general health is broken down. He is suffering from nervous debility

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 27th day of March 1899. } John W. Turck, M.D.
Jacob M. Bates, M.D.
A. C. Cross Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee COUNTY.

I, A. C. Cross, Ordinary in and for said County, hereby certify that the applicant N. C. Cross resides in said County, and has been a bona fide resident of this State since the 1860 day of 1860 and that the witnesses, viz: John W. Turck, Jacob M. Bates, Wm. Pender & H. A. Stephens & C. C. Cross are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cherokee County show that applicant returned for taxation in his name in 1897 no return Dollars of property, and in 1898 no return Dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 1st day of April 1899.

A. C. Cross 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 answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if 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.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, W. S. Goss hereby authorize
H. C. Brown, Comdr. of Cherokee Battery
 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 5th day of May 1901.

W. S. Goss [L. S.]

Executed in presence of

H. C. Brown, Comdr.

(For Those Already Enrolled.)

No. 3666

INDIGENT

SOLDIER'S PENSION.
 1901.

Name W. S. Goss
 County Cherokee

This claim was established 11/22/00

WARRANT ISSUED
2/12 1901.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO
Brown

Geo. W. Harrison, State Printer, Atlanta

White

Goss, W. S.
Cherokee Co.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, W. S. Goss hereby authorize
Al Combs of Canton Ga
 to receive and receipt for the pension allowed and request that he remit same to
 at _____
 by _____

Witness my hand and seal, this 24 day of May 1902.

W. S. Goss [L. S.]

Executed in presence of

J. D. Price

(For Those Already Enrolled.)

No. 8616

INDIGENT

SOLDIER'S PENSION.
 1902.

Name W. S. Goss
 County Cherokee
 Co. A Regiment 43 Ga

WARRANT ISSUED
2/4 1902.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO
only

Geo. W. Harrison, State Printer, Atlanta

no data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears W. S. Goss 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 _____ 1884; that he is 68 years old and by occupation a _____ that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of thirteen in Company A, of 43 th Regiment of Co. Volunteers; that his physical condition is as follows: has nervous disease & rheumatism

that his property consists of the following items: made no 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 1901. I have heretofore as a resident of this same county been allowed a pension for the year 1 approved for 1890

Sworn to and subscribed before me, this the _____

5th day of July 1901.

H. C. Connor Ordinary.

STATE OF GEORGIA,

Cherokee County.

I, H. C. Connor Ordinary of said County, do certify that I am well acquainted with W. S. Goss 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 July 1901.

H. C. Connor

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 H. S. Goss 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 _____ 1887; that he is 65 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 yrs in Company A, of 43 th Regiment of Co. Volunteers; that his physical condition is as follows: Rheumatism nervousness and insomnia

that his property consists of the following items: _____

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 1902. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1 _____

Sworn to and subscribed before me, this the _____

30 day of July 1902.

A. C. Connor Ordinary.

STATE OF GEORGIA,

Cherokee County.

I, A. C. Connor Ordinary of said County, do certify that I am well acquainted with H. S. Goss 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 July 1902.

A. C. Connor

Ordinary Cherokee County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County. }

I, H. S. Goss, hereby authorize
Wm. S. Wright of Atlanta Ga
 to receive and receipt for the pension allowed and request that he remit same to
W. C. Goss, Jr. at Lawrence Ga.
 by check

Witness my hand and seal, this 10th day of Jan 1903.

J. S. Goss [L. S.]

Executed in presence of

W. C. Goss, Jr.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County. }

I, H. S. Goss, hereby authorize
Wm. S. Wright of Atlanta Ga
 to receive and receipt for the pension allowed and request that he remit same to
W. C. Goss, Jr. at Lawrence Ga.
 by check

Witness my hand and seal, this 9th day of Jan 1904.

J. S. Goss [L. S.]

Executed in presence of

W. C. Goss, Jr.

Goss, H. S.
Cherokee Co.

CODE SECTION 1281
 (FOR THOSE ALREADY ENROLLED.)

No. 4350

INDIGENT

**SOLDIER'S PENSION
 1903.**

Name H. S. Goss
 County Cherokee
 Co. A. Regiment 4th Ga.

WARRANT ISSUED

2/16

1903.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

W. C. Goss

Geo. W. Harrison, State Printer, Atlanta.

No data

Goss, H. S.
Cherokee Co.

CODE SECTION 1281
 (FOR THOSE ALREADY ENROLLED.)

No. 5022

INDIGENT

**SOLDIER'S PENSION
 1904.**

Name H. S. Goss
 County Cherokee
 Co. A. Regiment 4th Ga.

WARRANT ISSUED

2/16

1904.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

W. C. Goss

Geo. W. Harrison, State Printer, Atlanta.

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears H. S. Goss 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 1834 day of 1834; that he is 64 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 12 of 43 th Regiment of Georgia; that his physical condition is as follows: Has Rheumatism

that his property consists of the following items: no 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 10 day of May 1903.
A. B. Goss Ordinary.

STATE OF GEORGIA,

Cherokee County.

I, A. B. Goss Ordinary of said County, do certify that I am well acquainted with H. S. Goss 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 May 1903.

A. B. Goss 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 H. S. Goss 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 1834 day of 1834; that he is 64 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 12 of 43 th Regiment of Georgia; that his physical condition is as follows: has Bad Rheumatism & other troubles not able to work

that his property consists of the following items: no 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 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 9 day of May 1904.
A. B. Goss Ordinary.

STATE OF GEORGIA,

Cherokee County.

I, A. B. Goss Ordinary of said County, do certify that I am well acquainted with H. S. Goss 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 9 day of May 1904.

A. B. Goss Ordinary Cherokee County.

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



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, H. S. Goss

hereby authorize

W. J. Webb

of Cherokee

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

at Santon

by

WITNESS my hand and seal, this 2 day of January 1905.

W. J. Webb

[L. S.]

Executed in the presence of

J. S. Goss

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, H. S. Goss

hereby authorize

W. J. Webb

of Santon

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

at

by

WITNESS my hand and seal, this 5 day of Jan 1906.

W. J. Webb

[L. S.]

Executed in the presence of

W. J. Webb

H. S. Goss

Goss, H. S.
Cherokee Co

CODE SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

No. 664

INDIGENT
SOLDIER'S PENSION
1905.

Name H. S. Goss

County Cherokee

Co. A Regiment 43

WARRANT ISSUED

1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, Manager, for State Printer, Atlanta.

no date

Goss, H. S.
Cherokee County

CODE SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

No. 2934

INDIGENT
SOLDIER'S PENSION
1906.

Name H. S. Goss

County Cherokee

Co. A Regiment 43

WARRANT ISSUED

FEB 1 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, Manager, for State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, }
Cherokee County. }

Personally appears H. S. Goss 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 10 day of April 1837; 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 in Company A, of 40th Regiment of Georgia; that his physical condition is as follows: that he has Rheumatism that he is Ruptured which renders him unable to work that his property consists of the following items: nothing

of the value of nothing Dollars. I am now earning, by my labor, two 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 20th 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 H. S. Goss the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 20th day of January 1905.

W. J. Webb Ordinary Cherokee County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia, }
Cherokee County. }

Personally appears H. S. Goss 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 10 day of April 1837; that he is 69 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 5 in Company A, of 40th Regiment of Georgia; that his physical condition is as follows: Infirmary and Poverty

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 the 5th day of Jan 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 H. S. Goss 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 5th day of Jan 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, H. S. Good, hereby authorize
H. S. Good of

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

at
by

Witness my hand and seal, this 19 day of Jan 1907.

H. S. Good [L. S.]
Good

Executed in presence of

F. M. Blackwell

Good, H. S.
Cherokee Co.

Order Section 1264.

(FOR THOSE ALREADY ENROLLED)

No. 6044

INDIGENT

SOLDIER'S PENSION

1907.

Name H. S. Good

County Cherokee

Co. A 4th Regiment

WARRANT ISSUED

1907.

Feb 19
JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Landon, District Agent, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cherokee County.

Personally appears H. S. Goss 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 _____ 18____; that he is 70 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 Three years in Company A, of 43th Regiment of Ma Vol; that his physical condition is as follows: Age Infirmary and poverty

that his property consists of the following items: Household

of the value of 25 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 Cherokee County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 19 day of Jan 1907. H. S. Goss Miner
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 H. S. Goss the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this 19th day of Jan 1907.
W. J. Webb
Ordinary Cherokee County.



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

Goss, H. S.

For Cherokee County

1927

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

For *Frank Massey* Ordinary

For *H. S. Goss*

Date of Death *Mar. 10th* 1927

Amount \$ *172.50* ~~100.00~~

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

OFFICE OF
A. C. CONN,
ORDINARY
CHEROKEE COUNTY.

Canton, Ga., March 9th 1927

Personally came before me the undersigned
Ordinary in and for said County
C. C. Goss who on oath says that the
applicant H. S. Goss is not able
to earn his support he is suffering
with Nervous Rheumatism which he
attempts to work will often be
unhappily to lay down in the field
and has to by them for some time
Sworn to & subscribed
Before me March 9th 1927

C. C. Goss

A. C. Conn, Ordinary
Cherokee County Ga

JONES MERCANTILE COMPANY

CAPITAL SURPLUS AND PROFIT MORE THAN \$1,000,000.00

(OWNERS: CANTON FERTILIZER COMPANY)

ESTABLISHED 1879

INCORPORATED 1907

DIRECTORS:
R.T. JONES
P.W. JONES
J.E. JONESTON
E.M. RUDABILL
L.L. JONES



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

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

MAR 11TH 1929

MR H S GOSS - FOR HIS ESTATE

CASKET 125 00 SUIT 27 50 EMBALMING 20 00

\$ 172 50

The above and foregoing account is rendered for funeral expenses
of H.S. Goss, who died without owning sufficient property to pay
this bill.

Sworn to and subscribed before me,

This 15th day of March, 1929.

Ordinary.

John M. Massey
for H.S. Goss
Ordinary

Canton's Big Department Store
JONES MERCANTILE COMPANY
QUALITY MERCHANDISE—COTTON—C-F-C FERTILIZERS

No. 9756

Canton, Ga.

June 19 1929

Received from *John Massey, Cash*

\$ 100

DOLLARS

On *June 19 1929*

Thanks

JONES MERCANTILE COMPANY

By *John M. Massey*

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

F. L. Goss

of said County, who, after being sworn, on oath

says that he knew *H. S. Goss* of said County, and that said Pensionerwas on the Pension Roll of said County at the time of death, which occurred in *Cherokee*County, in this State, on the *10th* day of *March* 192*9*

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 \$*172.50* per sworn statements fully and completely
ITEMIZED hereto attached.

Sworn to and subscribed before me,

John M. Massey, Ordinary
Cherokee County

(Seal of Ordinary)

F. L. Goss

CERTIFICATE OF ORDINARY

GEORGIA, *Cherokee* County.

I, *John M. Massey*, Ordinary of said County, do certify
that I personally know *F. L. Goss*, 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 *H. S. Goss* while in life and that this wasthe same person whose name appears on the Pension Roll of *Cherokee* County, andwas paid a Pension of *Two Hundred* (\$*200.00*) Dollarsin said County for 192*8*, and I now believe said pensioner to be dead; and that the instructions at the

foot of this voucher have been carefully observed in making up this voucher and the bills which are at-

tached hereto.

Given under my hand and official seal, this *15th* day of *March* 192*9*

(Seal of Ordinary)

John M. 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. (Do not use the terms: "just, true, due, unpaid," etc.)

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill.

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

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Return this application, and attached bills, with your final settlement, to the Pension Department.

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

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of....., who died without owning sufficient property to pay this bill.

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

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Return this application, and attached bills, with your final settlement, to the Pension Department.

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

STATE OF GEORGIA,

Bartholomew County,

I, Oliver W. Ralston

Ordinary of said County,

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

I further certify that

J. B. Ralston

before whom the foregoing affidavits were made and power of attorney was signed, is a Notary Public by Appt. J. B. of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 12th day of November, 1891.

Oliver W. Ralston

Ordinary Bartholomew County.

Descent, W. B. Cherokee
1891
Cherokee Co
PAID 100.00

No. 1144

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Leg. Sec. J. B. Howell
Applicant, W. B. Howell
County, Cherokee
Amount, 50
Date of Warrant, Feb, 18
Entered on record, Feb 15 1891
W. B. Howell

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

W. A. Smith

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

STATE OF GEORGIA,

Cherokee County.

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

I further certify that J. L. Dyer before whom the foregoing affidavits were made and power of attorney was signed, is a Notary Public & Ex. Officer of said County; and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 12th day of November 1891.

William M. Putnam

Ordinary Cherokee County.

Received, W. B. Hassett
1891
PAID 1891, W.

No. 1144
Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Leg. Sec. of

Applicant, W. B. Hassett

County, Cherokee

Amount, 55⁰⁰

Date of Warrant, July 18

Entered on record, July 18 1891

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

W. B. Hassett

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

STATE OF GEORGIA.

Cherokee County.

I, William M. Putnam Ordinary of said county, do certify that I am well acquainted with W. B. Hassett 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 5th day of March 1892.

William M. Putnam

Ordinary Cherokee County.

Received, W. B. Hassett
1892

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name W. B. Hassett

County Cherokee

Disability Dr. Leg. Sec. of

Amount, \$ 55⁰⁰

Entered on record, March 17 1892.

W. H. HARRISON,

Secretary of Executive Department.

AGENT.

J. J. Rusk

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

STATE OF GEORGIA.
For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County, }
PERSONALLY appears William B. Bossett 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 fourteenth
day of March 1838; 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 4th, of 20th Regiment
of Infantry Volunteers Grant's Brigade; that whilst engaged
in such military service at the battle of Shiloh in the State
of MD, on the seventeenth day of September 1862, he was
wounded as follows: From shot striking right thigh passing through
the same from the front and lodging in the rear of the thigh
in the fleshy part of his or thigh, where the wound is
practically and substantially unable to labor, alone in
the 22 day of March 1864 at Ball's Gap in Tenn. by gunshot wound of
the right hand cutting off the middle finger in the left hand.

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

Twenty five dollars, for 1889-1890
Sworn to and subscribed before me, this, the 12 day of February 1891.
W. B. Bossett

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, William B. Bossett
of Cherokee County, State of Georgia, do hereby appoint
John H. Rensick
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
12 day of February 1891.
W. B. Bossett [L. S.]

Executed in the presence of us:

O. S. DePill
S. DePill

DIRECTION.

Send money to me as follows, by

to Cherokee County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County, }
PERSONALLY appears W. B. Bossett
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 22 day of March 1837; 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 20th Regiment of Infantry Volunteers Grant's
Brigade; that whilst engaged in such military service at the battle of Shiloh
in the State of MD, on the seventeenth day of
September 1862, he was wounded as follows: Left thigh struck
in the right thigh, passing the right leg process or pa
manche, so that it was always necessary to walk on the or lacerated
in walking. Also the middle finger in the left hand cut off
with an axe while in the army at Ball's Gap in the State of
Tenn on the 22 day of March 1864.

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

Twenty five Dollars for 1889-1890-1891
Sworn to and subscribed before me this the 12 day of February 1892.
W. B. Bossett
O. S. DePill 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, W. B. Bossett
of Cherokee County, State of Georgia, do hereby appoint
John H. Rensick
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 12 day of February 1892.
W. B. Bossett [L. S.]

Executed in the presence of us:

O. S. DePill
S. DePill

DIRECTION.

Send money to me as follows, by

to Cherokee County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY appears *Cherokee* County, *N.B. Samuel* 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 *1827*; 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 *4*, of *20th* Regiment

of *Georgia* Volunteers *Turnbo*'s Brigade; that whilst engaged in

such military service at the battle of *Shoephung* in the State

of *Miss.* on the *17* day of *Sept* 1862, he was

wounded as follows: *gunshot wound in right thigh*

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

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causing great pain and requiring daily care

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causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County,

PERSONALLY appears *William R. Bassett* of *Cherokee*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the

day of *1840*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the

States, and served as a *Private* in Company *2*, of *32th* Regiment

of *Georgia* Volunteers *Turnbo*'s Brigade; that whilst engaged in

such military service at the battle of *Shoephung* in the State

of *Miss.* on the *14* day of *Sept* 1862, he was

wounded as follows: *By gunshot in right upper thigh*

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

gunshot wound in right arm

causing great pain and requiring daily care

STATE OF GEORGIA,

Cherokee County,

I, *Allen C. Bassett* Ordinary of said County,

do certify that I am well acquainted with *William R. Bassett* 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 *Eleventh*

day of *March* 1894.

Allen C. Bassett

Ordinary *Cherokee* County.



STATE OF GEORGIA,

Cherokee County,

I, *Allen C. Bassett* Ordinary of said County,

do certify that I am well acquainted with *William R. Bassett* 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

competent person (or of the State) and 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 *22* day of *March* 1894.

Allen C. Bassett

Ordinary *Cherokee* County.

STATE OF GEORGIA,

Cherokee County,

I, *Allen C. Bassett* Ordinary of said County,

do certify that I am well acquainted with *William R. Bassett* 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.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

of _____ my true and lawful attorney in fact, for

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

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

day of _____ 1895.

Executed in presence of us

[L. S.]

DIRECTIONS.

Send money to me as follows, by _____

to

P. O.

County, Georgia.

(For Those Already Enrolled.)

No. 853

SOLDIER'S PENSION.

1895.

Name *W. B. Bassett*

County *Cherokee*

Disability *Thy second & last finger*

Amount, \$ *55.00*

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

W. B. Bassett

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County. }

I, *W. B. Bassett* hereby authorize *W. B. Bassett*

of *Cherokee* County

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

at *Wadsworth Ga*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *15*

day of *July* 1896.

STATE OF GEORGIA

Executed in presence of us

A. C. Bassett, residing

(For Those Already Enrolled.)

No. 2710

SOLDIER'S PENSION.

1896.

Name *W. B. Bassett*

County *Cherokee*

Disability *Thy second & last finger*

Amount, \$ *55.00* Dollars

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

W. B. Bassett

No date

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears W. B. Bassett of Cherokee

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of 1840; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company H, of 20th Regiment of Georgia Volunteers, Tombs's Brigade; that whilst engaged in such military service at the battle of Gettysburg, in the State of M.D., on the 17 day of Sept. 1862, he was wounded as follows: m upper right leg, and also loss of one finger

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of Fifty Five dollars, for the year 1891-1892-4

Sworn to and subscribed before me, this, the 4th day of Feb. 1895. W. B. Bassett

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

STATE OF GEORGIA,
Cherokee County.

I, A. L. Brown Ordinary of said County, do certify that I am well acquainted with W. B. Bassett 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 Feb. 1895.



A. L. Brown
Ordinary of Cherokee County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears W. B. Bassett 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 22 day of March 1844; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company H, of 20th Regiment of Georgia Volunteers, Tombs's Brigade; that whilst engaged in such military service in the State of M.D., on the 19 day of Sept. 1862, he was wounded, injured or diseased as follows: gunshot in upper right leg also loss of one finger

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Cherokee county been allowed a pension of Fifty Five dollars, for the year 1891.

Sworn to and subscribed before me, this, the 15th day of Feb. 1896. W. B. Bassett

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

STATE OF GEORGIA,
Cherokee County.

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

Given under my official signature and seal, this 15th day of Feb. 1896.



A. L. Brown
Ordinary of Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, W. B. Gossett hereby authorize
Wm. H. Wright of Atlanta
to receive and receipt for the pension paid hereon and request that he remit same to
W. W. Benson by check
at Woodstock Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11
day of January 1897.
W. B. Gossett [L. S.]
mark

Executed in presence of

Webb Camm

Gossett, W.B.
Cherokee County
ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 36

INVALID

SOLDIER'S PENSION.

1897.

Name W. B. Gossett

County Cherokee

Disability

Amount, \$ 55.12

2/11 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

att.

Geo. W. HARRISON, STATE PRINTER, AT-AUTA.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, W. B. Gossett hereby authorize W. W. Benson
of Woodstock Ga.
to receive and receipt for the pension paid hereon and request that he remit same to
me by Cash at Woodstock
at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 26
day of Jan 1898.
W. B. Gossett [L. S.]
mark

Executed in presence of

A. C. Benson

Gossett, W.B.
Cherokee Co.
ACT OF 24 OCT., 1887.
(For Those Already Enrolled.)

No. 2867

INVALID

SOLDIER'S PENSION.

1898.

Name W. B. Gossett

County Cherokee

Disability Physically

Amount, \$ 55.00

2/24 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

W. W. Benson

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears W. B. Gossitt 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 22nd day of March 1840; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company F, of 22nd Regiment of Georgia Volunteers, Pombs's Brigade; that whilst engaged in such military service in the State of Maryland, on the 17th day of Sept. 1862, he was wounded, injured or diseased as follows:
Shot in upper right thigh and also lost
Finger in March 1863.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1897. I have heretofore under said law as a resident of Cherokee county been allowed an invalid pension of Fifty Five Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 11th day of January 1897, } W. B. Gossitt
POST OFFICE Mark Modesto, Ga.

Allen C. Loun Ordinary

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 11th day of January 1897.

Allen C. Loun
Ordinary Cherokee County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears W. R. Lassett 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 22nd day of March 1840; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company F, of 22nd Regiment of Georgia Volunteers, Pombs's Brigade; that whilst engaged in such military service in the State of M.D., on the 17th day of Sept. 1862, he was wounded, injured or diseased as follows:

Shot in upper right thigh and also
finger in Sept. 1862

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

Sworn to and subscribed before me, this, the 26th day of Aug. 1898, } W. R. Lassett
POST OFFICE Mark Modesto, Ga.

A. C. Loun Ordinary

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

STATE OF GEORGIA,

Cherokee County.

I, A. C. Loun Ordinary of said County, do certify that I am well acquainted with W. R. Lassett 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 26th day of Aug. 1898.

A. C. Loun
Ordinary Cherokee County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, W. B. Cassett hereby authorize W. W. Bassett
of Woodstock Ga

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

me by cash
at Woodstock Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18th
day of August 1899.

W. B. Cassett [L. S.]
merch

Executed in presence of

A. L. Connolly

Cassett, W. B.
Cherokee County

CODE SECTION 129.

(For These Already Enrolled.)

No. 3356

INVALID

SOLDIER'S PENSION.

1899.

Name W. B. Cassett

County Cherokee

Disability By account of injury
from

Amount, \$ 55

3/9 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

W. W. Bassett

GEORGE W. HARRISON, STATE PRINTER, ATLANTA

No Data

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

Cassett, W. B.
Cherokee

CODE SECTION 129.

(For These Already Enrolled.)

No. 1401
to Fulton

INVALID

SOLDIER'S PENSION.

1900.

Name W. B. Cassett

County Cherokee

Disability By account of injury

Amount, \$ 15.00

Warrant issued July 1st 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. W. Bassett

GEORGE W. HARRISON, STATE PRINTER, ATLANTA

No Data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Charleston County.

Personally appears W. B. Bassett 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 26 day of March 1840; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company 2, of 22 th Regiment of Co Volunteers, Tomb's Brigade; that whilst engaged in such military service in the State of M. G., on the 14 day of Sept 1862, he was wounded, injured or diseased as follows:

Burnshot in Right thigh, and loss of one finger

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 Charleston County been allowed an invalid pension of

Fifty Five Dollars, for the year 1899

Sworn to and subscribed before me, this, the 19 day of January, 1899. } W. B. Bassett POST OFFICE mark

A. C. Bern. Oakridge

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

STATE OF GEORGIA,

Charleston County.

I, A. C. Bern Ordinary of said County, do certify that I am well acquainted with W. B. Bassett 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 January, 1899.

A. C. Bern
Ordinary Charleston County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Charleston County.

Personally appears W. B. Bassett of Charleston County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of _____ 1840; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company 2, of 22 th Regiment of Co Volunteers, Tomb's Brigade; that whilst engaged in such military service in the State of M. G., on the 14 day of Sept 1862, he was wounded, injured or diseased as follows:

Burnshot in Right thigh, also in the
22 end of March 1862 Lost one finger

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

Fifty Five Dollars, for the year 1899

Sworn to and subscribed before me, this, the 14 day of Feb, 1900. } W. B. Bassett POST OFFICE mark

A. C. Bern

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

STATE OF GEORGIA,

Charleston County.

I, A. C. Bern Ordinary of said County, do certify that I am well acquainted with W. B. Bassett 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 February, 1900.

A. C. Bern
Ordinary Charleston County.



Audited _____ 1891.

COMPTROLLER GENERAL.

Gossett, William S.
35 ✓
Cherokee
1891.

Maimed Soldiers.

Voucher No. 1145

Amount \$ 55

Paid to M^r B Gossett

For Leg air loss

of finger

July 18 1891.

Included in warrant No. _____

issued to Treasurer,

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

J. F. Rusk

1891.

No. 1145

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga. Decy 18 1891.

Mr. William B. Gossett 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

Leg dis 40 days of 1 year
He is entitled to receive the sum of Eighty Five Dollars

for such disability, the same being the allowance due for the year ending October 24, 1891.

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

H. J. Venable
GOVERNOR.

By the Governor,

W. H. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

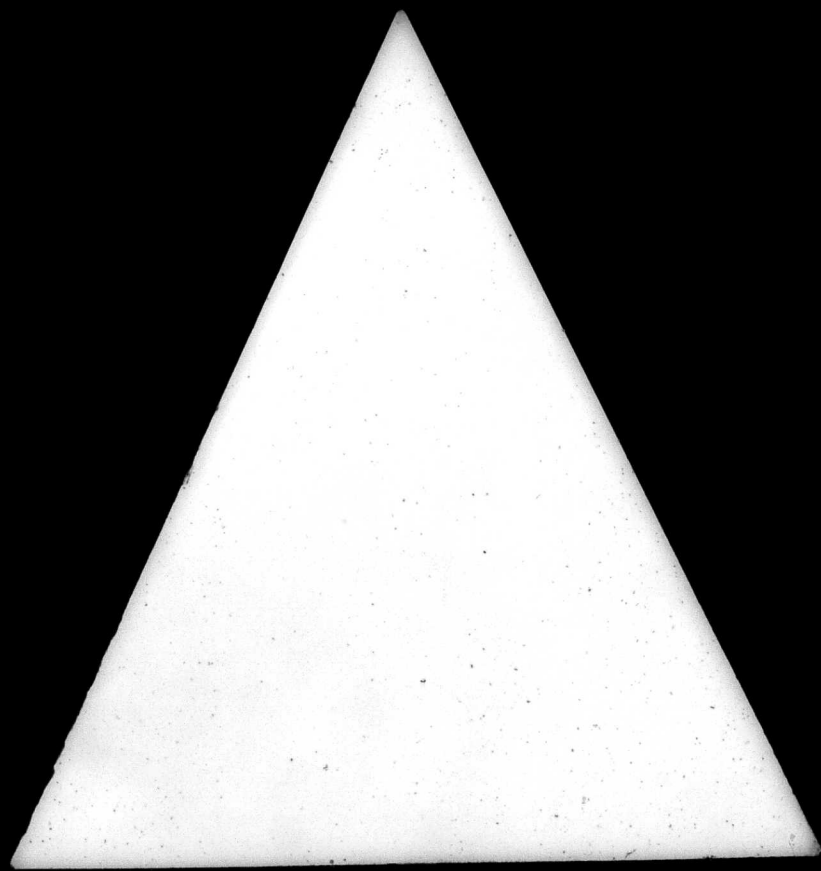
\$ 55

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

Eighty Five Dollars,
per above voucher, this 18 of Decy 1891.

Wm B. Gossett
J. F. Rusk





POWER OF ATTORNEY.

STATE OF GEORGIA,

Shoshone County.

I, Ernest L. Brandt

_____ hereby authorize

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

Order at Swanton Va by Abner

Witness my hand and seal this 3^d day of Dec 1897.

Executed in presence of

Dr & Wootley

Gramlin⁶²(g), Enoch G.
Cherokee County
No. 2081

INDIGENT PENSION

1897.

Name Ernest C. Kramling

County Cherokee U

Approved _____ 1897.

WARRANT HANDED TO

27. A. IV

SEO. W. HARRISON, STATE PRINTER, ATLANTA

1/13/97

Cherokee County.

I, Frank C. Corcoran hereby authorize

William A. Wright of Atlanta Ga
to receive and receipt for the pension allowed and request that he remit same to A. C. Burns

Ordry at Luntun Co by check

Witness my hand and seal this 30 day of Dec 1897.

Executed in presence of

Executed in presence of } Each of the foregoing
W. A. Brasley } and

STATE OF GEORGIA,

Shenandoah County.

Estroch G. Granberg 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:

- What is your name and where do you reside? (give State, County and post office) Brook E. Drury, Charleston, Charleston County, Ga.
- Where did you reside on January 1st, 1894, and how long have you been a resident of this State? In Charleston Co. Born Feb. 2, 1867
- When and where were you born? 1867, June 5, Spotsylvania Co., Va.
- When and where and in what company and regiment did you enlist or serve? 1867, 1st Charleston Co., 1st Cavalry Regt. U.S.A. Regt.
- How long did you remain in such company and regiment? About one year, 1867-1868, fought at Ft. Mifflin & Ft. Fisher, Va. & was wounded at Ft. Fisher, Va.
- For how long a period did you discharge regular military duty? About one year, 1867-1868, discharged from service by the Surgeon General, U.S.A. Regt.
- When, where, and under what circumstances were you discharged from service? In Va. North Carolina, and Georgia, in the 1st Cavalry Regt. U.S.A. Regt.
- What is your present occupation? A farmer of country
- How much can you earn (gross) per annum by your own exertions or labor? Nothing
- What has been your occupation since 1865? Have been a farmer
- 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"? 1st & 2^d
- 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 able to work on living for 2 years - before now I am old age and general infirmity, and mostly blind.
- What property, effects or income do you possess and its gross value? A little household effects, little money, some land, no more than \$100.
- What property, effects or income do you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? The 24th & 25th. I have an old piece of land and a poor lot of land, which I sold to a person who did not buy it.
- In what County did you reside during those years and what property did you then return for taxation? In Charleston, the property was returned.
- How were you supported during the years 1895 and 1896? By friends and the Government.
- How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? By the war, \$15.00 in 1895.
- What was your employment during 1895 and 1896? What pay did you receive in each year? Was trying to work as a farmer, but no success.
- Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Yes, an old man and wife, two boys, one son, one daughter, and one grandchild. They live on a farm, no more than \$100.
- Are you receiving any pension, if so what amount and for what disability? No more.

Sworn to and subscribed before me this the

30 day of June 1897

Album Ordinary

of Cherokee County

INDIGENT PENSION

1897.

Name Erach, K. Karamling

County Charleston

Approved:

1897

WARRANT HANDED TO-

W. A. W.

U.S. GOVERNMENT PRINTING OFFICE: 1964

1/13/97

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Cherokee County.

W. L. Coleman, of said State and County, having been presented as a witness in support of the application of Esau G. Brumley 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? W. L. Coleman - Cherokee Co.

2. Are you acquainted with Esau G. Brumley, the applicant, is of how long have you known him? As long as fifty years.

3. Where does he reside, and how long has he been a resident of this State? In Cherokee Co., from seven years fifty years.

4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? He served in the Confederate Army. I know it because I saw him, he was at the battle of Gettysburg.

5. When, where and in what company and regiment did he enlist? Sept 1861, in Cherokee Co. Company D, 28th Regt.

6. Were you a member of the same company and regiment? I was Capt. of the Corps.

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 served in the Confederate Army, he was at the battle of Gettysburg, and he was discharged from the service.

8. What property, effects or income has the applicant? (Give your means of knowledge.) He owns no real estate, and no other property, only a little household effects, some money.

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 was in possession of a piece of land, which has gone into the hands of his son.

10. What is the applicant's occupation and physical condition? He is a farmer, and is quite infirm, both physically and mentally, he is unable to do anything by labor.

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is not able to support himself by labor of any sort, he is unable to do anything by labor.

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

13. What portion of his support for these two years was derived from his own labor or income? He had no labor, he was unable to do anything by labor.

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? He is old, poor and quite infirm, as much so as a man can get.

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

Sworn to and subscribed before me, this 30th day of Dec 1896.

W. L. Coleman Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cherokee County.

Personally came before me John M. Turk and

W. L. Coleman, both known to me as reputable physicians

of said county, who being severally sworn, say on oath that they have examined carefully Esau G. Brumley

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 is over 38 years old, and that he is very weak and infirm, and totally unable to do any manual labor to earn or maintain a support. His health is declining on old age, broken down.

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 30th day of Dec 1896.

W. L. Coleman, M.D.

W. L. Coleman Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee County.

I, W. L. Coleman, Ordinary in and for said County, hereby certify that

the applicant Esau G. Brumley 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:

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, Three Hundred dollars

of property, and in 1896, no return dollars of property.

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

Witness my hand and seal of office, this 30th day of Dec 1897.

W. L. Coleman Ordinary

of Cherokee County.

NOTE.

Before any question is answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall answer truthfully 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,

Charlottesville County.

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

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12th day of July 1898.

Executed in presence of

A. C. Connor

POWER OF ATTORNEY.

STATE OF GEORGIA,

Charlottesville County.

I, Ely Grambling hereby authorize W. A. Wright of Feather Co

to receive and receipt for the pension allowed, and request that he remit same to A. C. Connor by check at Camden

Witness my hand and seal this _____ day of _____ 1899.

Executed in presence of

J. D. Pre

E. Grambling (L. S.)

Grambling, Ely
ACT OF 1898, SEC. 1254.
(For Those Already Enrolled.)

NO. 2406

INDIGENT

SOLDIER'S PENSION,
1898.

Name Ely Grambling
County Charlottesville

WARRANT ISSUED

1/21 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

M. A. W.

Geo. W. Harrison, State Printer, Atlanta.

No date

Grambling, Ely
ACT OF 1898, SEC. 1254.
(For Those Already Enrolled.)

NO. 1896

INDIGENT

SOLDIER'S PENSION,
1899.

Name E. L. Grambling
County Charlottesville

WARRANT ISSUED

1/16 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

W. A. W.

Geo. W. Harrison, State Printer, Atlanta.

No date

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears

Enoch G. Framling

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 _____ 1846; that he is 79 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 two years in Company D, of 25th Regiment of

Confederate States; that his physical condition is as follows: Properly sworn to, physical & mental

able to do anything, as can be seen

from his work, but unable to do more than

that his property consists of the following items, a house lot of 10

acres fronting my own wife's lot

about 1000 ft

of the value of 25 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 12 day of Jan 1898. } Enoch G. Framling

A. C. Bess Ordinary.

I, A. C. Bess Ordinary of said County,

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

Given under my official signature and seal, this 12 day of Jan 1898.

A. C. Bess

Ordinary Cherokee County.

NOTE.—The blank spaces must be filled.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears

E. G. Framling 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 _____ 1846; that he is 79 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 18 months in Company D, of 25th Regiment of

Confederate States; that his physical condition is as follows: Very feeble and hardly able to

walk is able to do nothing at all

that his property consists of the following items household &

kitchen furniture

of the value of Twenty 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 2 day of Jan 1899. } E. G. Framling

A. C. Bess Ordinary.

I, A. C. Bess Ordinary of said County,

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

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

A. C. Bess

Ordinary Cherokee County.

NOTE.—The blank spaces must be filled.

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

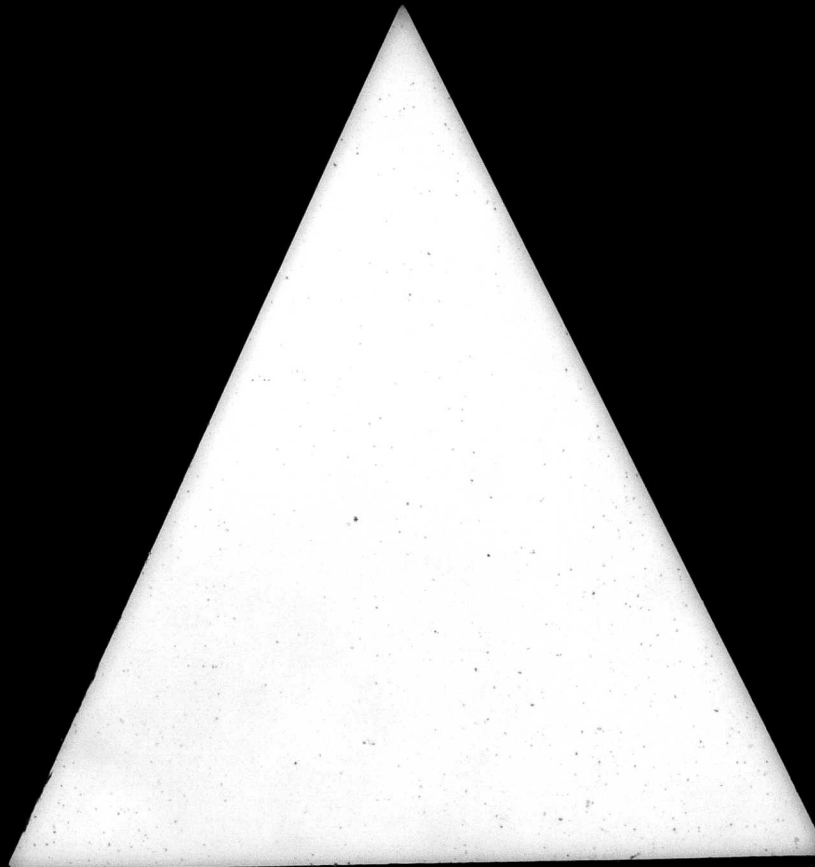
NOTE.—The blank spaces must be filled.

COUNTY OF ALLOMBIA

NOTE.—The blank spaces must be filled.

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

Ordinary Shoshone County.



Ordinary's Certificate

STATE OF GEORGIA.

COUNTY.

I, Wm. M. Hall

Ordinary of said County, certify that I know

the applicant James M. Brantley for pension is the person he represents himself to be and resides in said county. That I also know Wm. M. Hall the witness swearing to the

service; that they are both 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.

Sworn under my hand and official seal of office this 11th day of Sept 1919.

of Wm. M. Hall Ordinary
(SEAL) County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give shall be true and correct." 2. 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.

Confederate Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Franklin

Name James M. Brantley

Company 73

Regiment Wofford's Brigade

Approved _____

#4

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9/26-1919

Pension office
10/25-1919

Disapproval - Pension
Have with Civil War
War Journal as stated
by Appl. Commit grant Pn.
JW Lindsey
Comm. of Pension

Ordinary's Certificate

STATE OF GEORGIA,

Cherokee COUNTY.

I, J. M. Saltzfield Ordinary of said County, certify that I know the applicant James M. Granberry for pension is the person he represents himself to be and resides in said county. That I also know W. T. Shanks the witness swearing to the service; that they are both 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.

Sworn under my hand and official seal of office this 11th day of Sept 1922

J. M. Saltzfield Ordinary
of Cherokee County.
(SEAL)

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

Confederate Soldier's Application

Under Act 1910 - As Amended by Act of 1919.

County Cherokee
Name James M. Granberry
Company 73
Regiment Confederate Brigade
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9/26-1919

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

Questions For Applicants to Answer

STATE OF GEORGIA,

Cherokee COUNTY.

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

1. What is your name and where do you reside? (Give County and Post-office) James M. Granberry Canton No. Cherokee County
2. How long and since when have you been a contiguous resident citizen of this State? 73 yrs. on my life since 1846
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) March 1864 Atlanta Ga Co. B. 1st Georgia Regt
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) 18 months - April 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? April 1865 - 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 _____
- a. Where was your command when you left it? _____
- b. When did you leave the command? _____
- c. For what cause did you leave? _____
- d. By whose authority did you leave? _____
- e. For how long was your leave 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. Are you drawing a pension of any amount from this State or the United States? No
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? _____

Sworn to and subscribed before me, this the

6th day of Sept 1922

J. M. Saltzfield Ordinary
of Cherokee County.
(SEAL)

Granberry James M.
Cherokee County
No. 10/25-1919

Pension offer
10/25-1919
Dec approved - Bureau
Have with such Am
performed as stated
by appl. must go to
J. W. Lindsey
Care of Bureau

Questions for Witness as to Service

STATE OF GEORGIA,

COUNTY.

W. F. Chambers of said State and County is hereby presented as a witness in support of the application of James M. Keady for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? W. F. Chambers
Lawton Ga. Cherokee County
2. How long and since when have you known James M. Keady the applicant?
all my life we were raised together
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? Lawton Ga. Cherokee County
all his life we were raised in same place
4. When, where and in what Company and Regiment did James M. Keady enlist during war from 1861 to 1865? (Give date and place.) Spring 1861, Atlanta Ga. 3rd Co. 1st Regt. 4th Div. 1st Army
5. How did you obtain your information of this Service? I was in same command.
He was with the Co. when I joined.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) 5 months from Sept 1861 to Feb 1862
7. When and where was his command surrendered or discharged (give date and place) May 1865 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?
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 _____
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

11 day of Sept 1917

J. M. Safford Ordinary
of Cherokee County.

(SEAL)

Day of 1947
D. M. Sautz Ordinary
of *Cherokee* County.
(SEAL)

ODAX S·A F E T Y · ▲ F ' I L M ●

POWER OF ATTORNEY.

STATE OF GEORGIA.

County of Cherokee }
Cherokee County.

I, Polly L. Lanning, hereby authorize W. L. Lanning of Cherokee County, to receive and receipt for the pension allowed and that he remit the same to W. L. Lanning by his check or registered mail.

Witness my hand this 11 day of Aug 1901.

Executed in presence of

W. L. Lanning Ordinary,
Cherokee County.

Polly L. Lanning, L. S.



RECEIVED BY THE STATE OF GEORGIA

RECEIVED BY THE STATE OF GEORGIA

Granting Polly
Cherokee County
Ch.

No. _____

WIDOW'S
 Indigent Pension.
 1901.

Name Polly Lanning
 County Cherokee

Widow of E. L. Lanning
by D. S. R. R. R.

Approved 4/8 1901.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

1901.

3/24/01

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee County.

I, Polly Gransling hereby authorize W. H. Wright of Attanta Ga County, to receive and receipt for the pension allowed and that he remit the same to me at 6, 12, 18, 24, 30, 36, 42, 48, 54, 60, 66, 72, 78, 84, 90, 96, 102, 108, 114, 120, 126, 132, 138, 144, 150, 156, 162, 168, 174, 180, 186, 192, 198, 204, 210, 216, 222, 228, 234, 240, 246, 252, 258, 264, 270, 276, 282, 288, 294, 300, 306, 312, 318, 324, 330, 336, 342, 348, 354, 360, 366, 372, 378, 384, 390, 396, 402, 408, 414, 420, 426, 432, 438, 444, 450, 456, 462, 468, 474, 480, 486, 492, 498, 504, 510, 516, 522, 528, 534, 540, 546, 552, 558, 564, 570, 576, 582, 588, 594, 600, 606, 612, 618, 624, 630, 636, 642, 648, 654, 660, 666, 672, 678, 684, 690, 696, 702, 708, 714, 720, 726, 732, 738, 744, 750, 756, 762, 768, 774, 780, 786, 792, 798, 804, 810, 816, 822, 828, 834, 840, 846, 852, 858, 864, 870, 876, 882, 888, 894, 900, 906, 912, 918, 924, 930, 936, 942, 948, 954, 960, 966, 972, 978, 984, 990, 996, 1002, 1008, 1014, 1020, 1026, 1032, 1038, 1044, 1050, 1056, 1062, 1068, 1074, 1080, 1086, 1092, 1098, 1104, 1110, 1116, 1122, 1128, 1134, 1140, 1146, 1152, 1158, 1164, 1170, 1176, 1182, 1188, 1194, 1200, 1206, 1212, 1218, 1224, 1230, 1236, 1242, 1248, 1254, 1260, 1266, 1272, 1278, 1284, 1290, 1296, 1302, 1308, 1314, 1320, 1326, 1332, 1338, 1344, 1350, 1356, 1362, 1368, 1374, 1380, 1386, 1392, 1398, 1404, 1410, 1416, 1422, 1428, 1434, 1440, 1446, 1452, 1458, 1464, 1470, 1476, 1482, 1488, 1494, 1500, 1506, 1512, 1518, 1524, 1530, 1536, 1542, 1548, 1554, 1560, 1566, 1572, 1578, 1584, 1590, 1596, 1602, 1608, 1614, 1620, 1626, 1632, 1638, 1644, 1650, 1656, 1662, 1668, 1674, 1680, 1686, 1692, 1698, 1704, 1710, 1716, 1722, 1728, 1734, 1740, 1746, 1752, 1758, 1764, 1770, 1776, 1782, 1788, 1794, 1800, 1806, 1812, 1818, 1824, 1830, 1836, 1842, 1848, 1854, 1860, 1866, 1872, 1878, 1884, 1890, 1896, 1902, 1908, 1914, 1920, 1926, 1932, 1938, 1944, 1950, 1956, 1962, 1968, 1974, 1980, 1986, 1992, 1998, 2004, 2010, 2016, 2022, 2028, 2034, 2040, 2046, 2052, 2058, 2064, 2070, 2076, 2082, 2088, 2094, 2100, 2106, 2112, 2118, 2124, 2130, 2136, 2142, 2148, 2154, 2160, 2166, 2172, 2178, 2184, 2190, 2196, 2202, 2208, 2214, 2220, 2226, 2232, 2238, 2244, 2250, 2256, 2262, 2268, 2274, 2280, 2286, 2292, 2298, 2304, 2310, 2316, 2322, 2328, 2334, 2340, 2346, 2352, 2358, 2364, 2370, 2376, 2382, 2388, 2394, 2400, 2406, 2412, 2418, 2424, 2430, 2436, 2442, 2448, 2454, 2460, 2466, 2472, 2478, 2484, 2490, 2496, 2502, 2508, 2514, 2520, 2526, 2532, 2538, 2544, 2550, 2556, 2562, 2568, 2574, 2580, 2586, 2592, 2598, 2604, 2610, 2616, 2622, 2628, 2634, 2640, 2646, 2652, 2658, 2664, 2670, 2676, 2682, 2688, 2694, 2700, 2706, 2712, 2718, 2724, 2730, 2736, 2742, 2748, 2754, 2760, 2766, 2772, 2778, 2784, 2790, 2796, 2802, 2808, 2814, 2820, 2826, 2832, 2838, 2844, 2850, 2856, 2862, 2868, 2874, 2880, 2886, 2892, 2898, 2904, 2910, 2916, 2922, 2928, 2934, 2940, 2946, 2952, 2958, 2964, 2970, 2976, 2982, 2988, 2994, 3000, 3006, 3012, 3018, 3024, 3030, 3036, 3042, 3048, 3054, 3060, 3066, 3072, 3078, 3084, 3090, 3096, 3102, 3108, 3114, 3120, 3126, 3132, 3138, 3144, 3150, 3156, 3162, 3168, 3174, 3180, 3186, 3192, 3198, 3204, 3210, 3216, 3222, 3228, 3234, 3240, 3246, 3252, 3258, 3264, 3270, 3276, 3282, 3288, 3294, 3300, 3306, 3312, 3318, 3324, 3330, 3336, 3342, 3348, 3354, 3360, 3366, 3372, 3378, 3384, 3390, 3396, 3402, 3408, 3414, 3420, 3426, 3432, 3438, 3444, 3450, 3456, 3462, 3468, 3474, 3480, 3486, 3492, 3498, 3504, 3510, 3516, 3522, 3528, 3534, 3540, 3546, 3552, 3558, 3564, 3570, 3576, 3582, 3588, 3594, 3600, 3606, 3612, 3618, 3624, 3630, 3636, 3642, 3648, 3654, 3660, 3666, 3672, 3678, 3684, 3690, 3696, 3702, 3708, 3714, 3720, 3726, 3732, 3738, 3744, 3750, 3756, 3762, 3768, 3774, 3780, 3786, 3792, 3798, 3804, 3810, 3816, 3822, 3828, 3834, 3840, 3846, 3852, 3858, 3864, 3870, 3876, 3882, 3888, 3894, 3900, 3906, 3912, 3918, 3924, 3930, 3936, 3942, 3948, 3954, 3960, 3966, 3972, 3978, 3984, 3990, 3996, 4002, 4008, 4014, 4020, 4026, 4032, 4038, 4044, 4050, 4056, 4062, 4068, 4074, 4080, 4086, 4092, 4098, 4104, 4110, 4116, 4122, 4128, 4134, 4140, 4146, 4152, 4158, 4164, 4170, 4176, 4182, 4188, 4194, 4200, 4206, 4212, 4218, 4224, 4230, 4236, 4242, 4248, 4254, 4260, 4266, 4272, 4278, 4284, 4290, 4296, 4302, 4308, 4314, 4320, 4326, 4332, 4338, 4344, 4350, 4356, 4362, 4368, 4374, 4380, 4386, 4392, 4398, 4404, 4410, 4416, 4422, 4428, 4434, 4440, 4446, 4452, 4458, 4464, 4470, 4476, 4482, 4488, 4494, 4500, 4506, 4512, 4518, 4524, 4530, 4536, 4542, 4548, 4554, 4560, 4566, 4572, 4578, 4584, 4590, 4596, 4602, 4608, 4614, 4620, 4626, 4632, 4638, 4644, 4650, 4656, 4662, 4668, 4674, 4680, 4686, 4692, 4698, 4704, 4710, 4716, 4722, 4728, 4734, 4740, 4746, 4752, 4758, 4764, 4770, 4776, 4782, 4788, 4794, 4800, 4806, 4812, 4818, 4824, 4830, 4836, 4842, 4848, 4854, 4860, 4866, 4872, 4878, 4884, 4890, 4896, 4902, 4908, 4914, 4920, 4926, 4932, 4938, 4944, 4950, 4956, 4962, 4968, 4974, 4980, 4986, 4992, 4998, 5004, 5010, 5016, 5022, 5028, 5034, 5040, 5046, 5052, 5058, 5064, 5070, 5076, 5082, 5088, 5094, 5100, 5106, 5112, 5118, 5124, 5130, 5136, 5142, 5148, 5154, 5160, 5166, 5172, 5178, 5184, 5190, 5196, 5202, 5208, 5214, 5220, 5226, 5232, 5238, 5244, 5250, 5256, 5262, 5268, 5274, 5280, 5286, 5292, 5298, 5304, 5310, 5316, 5322, 5328, 5334, 5340, 5346, 5352, 5358, 5364, 5370, 5376, 5382, 5388, 5394, 5400, 5406, 5412, 5418, 5424, 5430, 5436, 5442, 5448, 5454, 5460, 5466, 5472, 5478, 5484, 5490, 5496, 5502, 5508, 5514, 5520, 5526, 5532, 5538, 5544, 5550, 5556, 5562, 5568, 5574, 5580, 5586, 5592, 5598, 5604, 5610, 5616, 5622, 5628, 5634, 5640, 5646, 5652, 5658, 5664, 5670, 5676, 5682, 5688, 5694, 5700, 5706, 5712, 5718, 5724, 5730, 5736, 5742, 5748, 5754, 5760, 5766, 5772, 5778, 5784, 5790, 5796, 5802, 5808, 5814, 5820, 5826, 5832, 5838, 5844, 5850, 5856, 5862, 5868, 5874, 5880, 5886, 5892, 5898, 5904, 5910, 5916, 5922, 5928, 5934, 5940, 5946, 5952, 5958, 5964, 5970, 5976, 5982, 5988, 5994, 6000, 6006, 6012, 6018, 6024, 6030, 6036, 6042, 6048, 6054, 6060, 6066, 6072, 6078, 6084, 6090, 6096, 6102, 6108, 6114, 6120, 6126, 6132, 6138, 6144, 6150, 6156, 6162, 6168, 6174, 6180, 6186, 6192, 6198, 6204, 6210, 6216, 6222, 6228, 6234, 6240, 6246, 6252, 6258, 6264, 6270, 6276, 6282, 6288, 6294, 6300, 6306, 6312, 6318, 6324, 6330, 6336, 6342, 6348, 6354, 6360, 6366, 6372, 6378, 6384, 6390, 6396, 6402, 6408, 6414, 6420, 6426, 6432, 6438, 6444, 6450, 6456, 6462, 6468, 6474, 6480, 6486, 6492, 6498, 6504, 6510, 6516, 6522, 6528, 6534, 6540, 6546, 6552, 6558, 6564, 6570, 6576, 6582, 6588, 6594, 6600, 6606, 6612, 6618, 6624, 6630, 6636, 6642, 6648, 6654, 6660, 6666, 6672, 6678, 6684, 6690, 6696, 6702, 6708, 6714, 6720, 6726, 6732, 6738, 6744, 6750, 6756, 6762, 6768, 6774, 6780, 6786, 6792, 6798, 6804, 6810, 6816, 6822, 6828, 6834, 6840, 6846, 6852, 6858, 6864, 6870, 6876, 6882, 6888, 6894, 6900, 6906, 6912, 6918, 6924, 6930, 6936, 6942, 6948, 6954, 6960, 6966, 6972, 6978, 6984, 6990, 6996, 7002, 7008, 7014, 7020, 7026, 7032, 7038, 7044, 7050, 7056, 7062, 7068, 7074, 7080, 7086, 7092, 7098, 7104, 7110, 7116, 7122, 7128, 7134, 7140, 7146, 7152, 7158, 7164, 7170, 7176, 7182, 7188, 7194, 7200, 7206, 7212, 7218, 7224, 7230, 7236, 7242, 7248, 7254, 7260, 7266, 7272, 7278, 7284, 7290, 7296, 7302, 7308, 7314, 7320, 7326, 7332, 7338, 7344, 7350, 7356, 7362, 7368, 7374, 7380, 7386, 7392, 7398, 7404, 7410, 7416, 7422, 7428, 7434, 7440, 7446, 7452, 7458, 7464, 7470, 7476, 7482, 7488, 7494, 7500, 7506, 7512, 7518, 7524, 7530, 7536, 7542, 7548, 7554, 7560, 7566, 7572, 7578, 7584, 7590, 7596, 7602, 7608, 7614, 7620, 7626, 7632, 7638, 7644, 7650, 7656, 7662, 7668, 7674, 7680, 7686, 7692, 7698, 7704, 7710, 7716, 7722, 7728, 7734, 7740, 7746, 7752, 7758, 7764, 7770, 7776, 7782, 7788, 7794, 7800, 7806, 7812, 7818, 7824, 7830, 7836, 7842, 7848, 7854, 7860, 7866, 7872, 7878, 7884, 7890, 7896, 7902, 7908, 7914, 7920, 7926, 7932, 7938, 7944, 7950, 7956, 7962, 7968, 7974, 7980, 7986, 7992, 7998, 8004, 8010, 8016, 8022, 8028, 8034, 8040, 8046, 8052, 8058, 8064, 8070, 8076, 8082, 8088, 8094, 8100, 8106, 8112, 8118, 8124, 8130, 8136, 8142, 8148, 8154, 8160, 8166, 8172, 8178, 8184, 8190, 8196, 8202, 8208, 8214, 8220, 8226, 8232, 8238, 8244, 8250, 8256, 8262, 8268, 8274, 8280, 8286, 8292, 8298, 8304, 8310, 8316, 8322, 8328, 8334, 8340, 8346, 8352, 8358, 8364, 8370, 8376, 8382, 8388, 8394, 8400, 8406, 8412, 8418, 8424, 8430, 8436, 8442, 8448, 8454, 8460, 8466, 8472, 8478, 8484, 8490, 8496, 8502, 8508, 8514, 8520, 8526, 8532, 8538, 8544, 8550, 8556, 8562, 8568, 8574, 8580, 8586, 8592, 8598, 8604, 8610, 8616, 8622, 8628, 8634, 8640, 8646, 8652, 8658, 8664, 8670, 8676, 8682, 8688, 8694, 8700, 8706, 8712, 8718, 8724, 8730, 8736, 8742, 8748, 8754, 8760, 8766, 8772, 8778, 8784, 8790, 8796, 8802, 8808, 8814, 8820, 8826, 8832, 8838, 8844, 8850, 8856, 8862, 8868, 8874, 8880, 8886, 8892, 8898, 8904, 8910, 8916, 8922, 8928, 8934, 8940, 8946, 8952, 8958, 8964, 8970, 8976, 8982, 8988, 8994, 9000, 9006, 9012, 9018, 9024, 9030, 9036, 9042, 9048, 9054, 9060, 9066, 9072, 9078, 9084, 9090, 9096, 9102, 9108, 9114, 9120, 9126, 9132, 9138, 9144, 9150, 9156, 9162, 9168, 9174, 9180, 9186, 9192, 9198, 9204, 9210, 9216, 9222, 9228, 9234, 9240, 9246, 9252, 9258, 9264, 9270, 9276, 9282, 9288, 9294, 9300, 9306, 9312, 9318, 9324, 9330, 9336, 9342, 9348, 9354, 9360, 9366, 9372, 9378, 9384, 9390, 9396, 9402, 9408, 9414, 9420, 9426, 9432, 9438, 9444, 9450, 9456, 9462, 9468, 9474, 9480, 9486, 9492, 9498, 9504, 9510, 9516, 9522, 9528, 9534, 9540, 9546, 9552, 9558, 9564, 9570, 9576, 9582, 9588, 9594, 9600, 9606, 9612, 9618, 9624, 9630, 9636, 9642, 9648, 9654, 9660, 9666, 9672, 9678, 9684, 9690, 9696, 9702, 9708, 9714, 9720, 9726, 9732, 9738, 9744, 9750, 9756, 9762, 9768, 9774, 9780, 9786, 9792, 9798, 9804, 9810, 9816, 9822, 9828, 9834, 9840, 9846, 9852, 9858, 9864, 9870, 9876, 9882, 9888, 9894, 9900, 9906, 9912, 9918, 9924, 9930, 9936, 9942, 9948, 9954, 9960, 9966, 9972, 9978, 9984, 9990, 9996, 10002, 10008, 10014, 10020, 10026, 10032, 10038, 10044, 10050, 10056, 10062, 10068, 10074, 10080, 10086, 10092, 10098, 10104, 10110, 10116, 10122, 10128, 10134, 10140, 10146, 10152, 10158, 10164, 10170, 10176, 10182, 10188, 10194, 10200, 10206, 10212, 10218, 10224, 10230, 10236, 10242, 10248, 10254, 10260, 10266, 10272, 10278, 10284, 10290, 10296, 10302, 10308, 10314, 10320, 10326, 10332, 10338, 10344, 10350, 10356, 10362, 10368, 10374, 10380, 10386, 10392, 10398, 10404, 10410, 10416, 10422, 10428, 10434, 10440, 10446, 10452, 10458, 10464, 10470, 10476, 10482, 10488, 10494, 10500, 10506, 10512, 10518, 10524, 10530, 10536, 10542, 10548, 10554, 10560, 10566, 10572, 10578, 10584, 10590, 10596, 10602, 10608, 10614, 10620, 10626, 10632, 10638, 10644, 10650, 10656, 10662, 10668, 10674, 10680, 10686, 10692, 10698, 10704, 10710, 10716, 10722, 10728, 10734, 10740, 10746, 10752, 10758, 10764, 10770, 10776, 10782, 10788, 10794, 10800, 10806, 10812, 10818, 10824, 10830, 10836, 10842, 10848, 10854, 10860, 10866, 10872, 10878, 10884, 10890, 10896, 10902, 10908, 10914, 10920, 10926, 10932, 10938, 10944, 10950, 10956, 10962, 10968, 10974, 10980, 10986, 10992, 10998, 11004, 11010, 11016, 11022, 11028, 11034, 11040, 11046, 11052, 11058, 11064, 11070, 11076, 11082, 11088, 11094, 11100, 11106, 11112, 11118, 11124, 11130, 11136, 11142, 11148, 11154, 11160, 11166, 11172, 11178, 11184, 11190, 11196, 11202, 11208, 11214, 11220, 11226, 11232, 11238, 11244, 11250, 11256, 11262, 11268, 11274, 11280, 11286, 11292, 11298, 11304, 11310, 11316, 11322, 11328, 11334, 11340, 11346, 11352, 11358, 11364, 11370, 11376, 11382, 11388, 11394, 11400, 11406, 11412, 11418, 11424, 11430, 11436, 11442, 11448, 11454, 11460, 11466, 11472, 11478, 11484, 11490, 11496, 11502, 11508, 11514, 11520, 11526, 11532, 11538, 11544, 11550, 11556, 11562, 11568, 11574, 11580, 11586, 11592, 11598, 11604, 11610, 11616, 11622, 11628, 11634, 11640, 11646, 11652, 11658, 11664, 11670, 11676, 11682, 11688, 11694, 11700, 11706, 11712, 11718, 11724, 11730, 11736, 11742, 11748, 11754, 11760, 11766, 11772, 11778, 11784, 11790, 11796, 11802, 11808, 11814, 11820, 11826, 11832, 11838, 11844, 11850, 11856, 11862, 11868, 11874, 11880, 11886, 11892, 11898, 11904, 11910, 11916, 11922, 11928, 11934, 11940, 11946, 11952, 11958, 11964, 11970, 11976, 11982, 11988, 11994, 12000, 12006, 12012, 12018

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee County.

I, Polly Grantling hereby authorize W. H. Wright of Attanta Ga County, to receive and receipt for the pension allowed and that he remit the same to me at M. C. Brown, exy. Charleston by his check or registered mail.

Witness my hand this 25 day of July 1901

Executed in presence of

M. C. Brown Ordinary, Cherokee County.

Polly Grantling L. S. mark

{ SEAL }

Grantling Polly
Cherokee County

No.

WIDOW'S
Indigent Pension.
1901.

Name Polly Grantling
County Cherokee
Widow of W. H. Grantling
for 25 yrs
Approved 4/8 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

3/21/01

Questions for Applicant.

STATE OF GEORGIA,

Cherokee County.

Polly Grantling 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 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.)
Polly Grantling in Canton Cherokee Co. Ga.
2. How long and since when have you been a resident of this State?
Since 1845
3. When and where were you born?
South Carolina in 1810
4. When and where was your husband born—state his full name, and when were you and he married?
In South Carolina in Spartanburg, South Georgia
Grantling married in Spartanburg SC in 1839
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States? In April 1861 Co. D. 28 Ga. Regiment
6. How long did your husband serve in said Company and Regiment? Assigned on account of bad health at Malvern Hill Va. in 1863
7. When and where did your husband's Company and Regiment surrender and was discharged?
At Chase Run Va.
8. Was your husband present at the time and place when his Company and Regiment surrendered?
No. He had resigned
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 not with Co. D. Regiment
he was at Charleston and resigned on account of his health
10. When and where did your husband die? In Canton Ga. in June 1879
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.
See person more and infirmity from old age
being 81 or 92 yrs of age
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? nothing
15. What property, real or personal, or income do you have or possess, and its gross value?
nothing
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?
10 and small amount personal property went household goods
17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation?
Cherokee Co. nothing
18. How have you been supported since death of husband, and especially for 1899 and 1900?
Live with my daughter
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? I contributed nothing. Don't know how much it cost
20. What was your employment during 1899 and 1900—how much did you receive for each year?
I had no employment. Received nothing
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 class? none

Sworn to and subscribed before me this 25

day of July 1901

M. C. Brown Ordinary,
of Cherokee County.

Polly Grantling
mark

Questions for Witnesses.

STATE OF GEORGIA,

Cherokee County.

John Huggins of said State and County, having been presented as a witness in support of the Application of Mrs. Polly Granling for a Pension under the Act of 1900, and after having been duly sworn true answers to make to the following questions, deposes and answers as follows:

- What is your name and where do you reside? John Huggins History Flat Cherokee Co. Ga.
- Are you acquainted with the applicant, Mrs. Polly Granling? Yes
- If so, how long have you known her? About 40 years or more
- Where does she reside, and how long and since when has she been a resident of this State? Canton Ga. since I knew her 40 to 45 yrs
- When and where was she born? Independent in G.C.
- Were you ever acquainted with her husband? Yes
- Where did he reside in 1861? In Cherokee Co. Ga.
- When and to whom was he married? I do not know
- When and where was he born? I do not know supposed in G.C.
- How long have you known him? 40 to 45 years
- When and where did C. G. Granling enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? in Cherokee Co. in Aug 1861. Co. D. 28 Ga. Regiment
- Were you a member of the same Company and Regiment? Yes
- How long did he perform regular military duty? Between 12 & 18 months
- When and where was his Company and Regiment surrendered and discharged from service? I was in prison when they surrendered.
- Were you with the command when it surrendered? No
- Was C. G. Granling the husband of applicant present? No
- If not present, where was he? He resigned from command in 1863
- When and where did he leave his Command? at Va. Virginia in 1863
- For what cause? On account of his health
- By whose authority he left? Being a Lieut. he had a right to resign
- How do you know all this? (State fully and clearly.) I was present with command when he resigned
- When and where did C. G. Granling die? In Canton Ga. in June 1877
- Where did he reside at his death and how long had he been a resident of Georgia at his death? In Canton Ga. about 45 yrs to my knowledge
- Do you of your own knowledge know that applicant is the lawful widow of C. G. Granling? I doubt that they were married. They lived as man & wife 45 yrs
- Has she remained unmarried since her soldier husband's death, and is now his widow? Yes
- What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? Not nothing. I know her and family
- What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? Had nothing
- Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? No
- What is applicant's physical condition and her chances and ability to earn a support? Helpless, being about 81 or 82 years of age

26. Is applicant able to earn a support at labor of any sort, if not why? no, too old

27. How was she supported for 1899 and 1900? by Charity

28. How much did applicant contribute to her support for last two years? nothing

29. Give a full and complete statement of applicant's physical condition?

Being 81 or 82 years of age, being able to walk about the house

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

Sworn to and subscribed before me this 8 day of Feb 1901
H. C. Corman Ordinary,
Cherokee County.

Witnesses.

Affidavits of Physicians.

STATE OF GEORGIA,

Cherokee County.

Personally before me comes John M. Larib and J. M. 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. Polly Granling applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this: This applicant is old (81) and helpless and almost blind and has not been able to do any kind of work for several years. Her condition is such that she has to be treated as like a child, but it is impossible for her to do anything towards supporting herself and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 28 day of February 1901
H. C. Corman Ordinary,
Cherokee County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee County.

I, H. C. Corman, Ordinary in and for said county, hereby certify that the applicant, Mrs. Polly Granling resides in said county, and has been a bona fide resident of this State since day of 1841, and that the witnesses, Mr. J. M. Bates and John M. Larib 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 28 day of Feb 1901

H. C. Corman 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 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,

Cherokee County. }

I, Polly Gramling, hereby authorize.

A. C. Brown of Carters Co.

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

me at Carters Co.

In Witness Whereof, I have hereunto set my hand and seal, this 4th

day of July 1902.

Stan Polk [L. S.]

Executed in presence of

N. H. Spauldy

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County. }

I, Polly Gramling, hereby authorize

Wm. A. Wright of Carters Co.

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

A. C. Brown at Carters Co.

In Witness Whereof, I have hereunto set my hand and seal, this 2^d

day of July 1903.

Polly Gramling [L. S.]

Executed in the presence of

A. C. Brown

Gramling, Polly
Cherokee County
To Those Heretofore Paid

1902.

No. 763

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. Polly Gramling

OF

Cherokee County,

Widow of E. L. Gramling

Co. D, 28th Regt.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDLED TO

244

Poly

Geo. W. HARRISON, STATE PRINTER, ATLANTA, GA.

Gramling, Polly
Cherokee County
To Those Heretofore Paid.

1903.

No. 1150

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. Polly Gramling

OF

Cherokee County,

Widow of E. L. Gramling

Co. D, 28th Regt.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1903

AND HANDLED TO

244

Geo. W. HARRISON, STATE PRINTER, ATLANTA, GA.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cherokee

PERSONALLY COMES MRS.

Mrs. Polly Gammeling

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 1845. That she is the Widow of

Enoch G. Gammeling who was a soldier in Company

28th of the Georgia Regiment of

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

1861, and served in the Army up to July 1865. That he died

on the England day of June 1877.

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 1828.

I have been allowed an Indigent pension as a resident of Cherokee County, under Act 1900, for the year 1902, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this 7th day of May 1902. A. B. Corn, Ordinary. Post-Office Not

State of Georgia,

County of CherokeeI, A. B. Corn

Ordinary of said County, certify that I am well acquainted with Mrs. Polly Gammeling, 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 1845.

Given under my official signature and seal, this 7th day of May 1902.

Official Seal. A. B. Corn

Ordinary of Cherokee County.

NOTE. - All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1902.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cherokee

PERSONALLY COMES MRS.

Mrs. Polly Gammeling

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 1845. That she is the Widow of

E. G. Gammeling who was a soldier in Company

28th of the Georgia Regiment of

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

1861, and served in the Army up to July 1865. That he died

on the 10th day of June 1877.

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 1828.

I have been allowed an Indigent pension as a resident of Cherokee County, under Act 1900, for the year 1902, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this 2nd day of May 1903. A. B. Corn, Ordinary. Post-Office Not

State of Georgia,

County of CherokeeI, A. B. Corn

Ordinary of said County, certify that I am well acquainted with Mrs. Polly Gammeling, 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 1845.

Given under my official signature and seal, this 2nd day of May 1903.

Official Seal. A. B. Corn

Ordinary of Cherokee County.

NOTE. - All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, Polly Granling, hereby authorize

Mr. A. Wright of Atlanta Ga.

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

S. C. Comer, Esq. at Canton Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2^d

day of May 1904.

Polly Granling [L. S.]
mark

Executed in presence of

S. C. Comer, Esq.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, Polly Granling, hereby authorize

Mr. J. M. Ma of Cherokee

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

me at Canton

In Witness Whereof, I have hereunto set my hand and seal, this 6th

day of Jan 1905.

Polly Granling [L. S.]

Executed in presence of

J. D. Ma

Granling Polly
Cherokee County

TO THOSE HERETOFORE PAID.

1904.

No. 1373

INDIGENT
WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. Polly Granling

Cherokee County,

Widow of S. C. Comer

Co. D. 36 Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

FEB 18 1904.

AND HANDED TO

Ordy

Geo. W. Harrison, State Printer, Atlanta.

Granling Polly
Cherokee County

To Those Heretofore Paid.

1905.

No. 1052

INDIGENT
WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. Polly Granling

Cherokee County,

Widow of S. C. Comer

Co. D. 36 Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

FEB 23 1905.

AND HANDED TO

M. Ma

Geo. W. Harrison, State Printer, Atlanta.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cherokee

PERSONALLY COMES MRS.

Polly Granling

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 1845. That she is the Widow ofEnoch G. Granling

who was a soldier in Company

Dof the 38thRegiment of La.Volunteers, that he enlisted in said regiment on or about the month of Sept.1861, and served in the Army up to July 1863. That he diedon the 10th day of June 1863.died in Canton Cherokee county Ga
from old age

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 1833 or 40.

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 2nd day of May 1904.A. B. Connor Ordinary.Post Office. FrankPolly G. Granling

State of Georgia,

Cherokee

County.

I, A. B. Connor

Ordinary of said County, certify that I am well

acquainted with Mrs. Polly Granling, 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 1845.Given under my official signature and seal, this the 2nd day of May 1904.A. B. ConnorOrdinary of Cherokee CountyNOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1904.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County of Cherokee

PERSONALLY COMES MRS.

Polly Granling

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 1845. That she is the Widow ofEnoch G. Granling

who was a soldier in Company

Dof the 38thRegiment of GeorgiaVolunteers, that he enlisted in said regiment on or about the month of September1861, and served in the Army up to July 1864. That he died onthe 10th day of June 1869.He died on the date last above mentioned
in Canton Cherokee County Ga
from old age and infirmity

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 1839 or 40.

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 6th day of Jan 1905.N. J. Webb Ordinary.Post-Office Canton

State of Georgia,

Cherokee

County.

I, N. J. Webb

Ordinary of said County, certify that I am well

acquainted with Mrs. Polly Granling, 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 1845.Given under my official signature and seal, this the 6th day of Jan 1905.

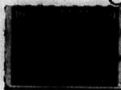
Official Seal.

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

State of South Carolina, Primarily appears Lady
Spartanburg County, I, Catharine Ann made oath that
he was present at Church Church at the County & State
in the year of 1829 and witnessed the marriage of S. S. Grawling
to Polly Catharine of Bert John Grawling a Methodist
minister in good standing Feb 16 1901
Geo H. Capen
Notary Public
Linda Catharine
Maid

13

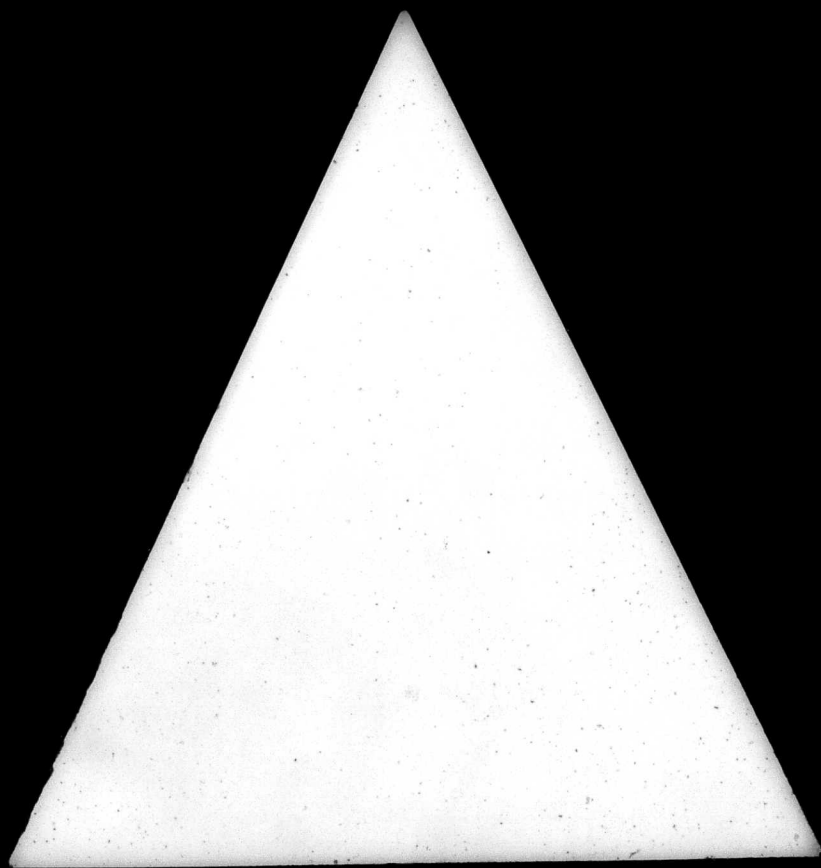
STATE OF SOUTH CAROLINA,
County of Spartanburg.



I, T. R. TRIMMIE, Clerk of the Circuit Court in and for the
County and State aforesaid, do hereby certify that Geo H. Capen
whose genuine signature appears
to the foregoing instrument hereto attached was at the time of
signing the same, a Notary Public, duly
commissioned under the laws of the State, and that his official
acts as such are entitled to full faith and credit.

Witness my hand and Seal of said Court at Spartanburg
Court House, South Carolina, this 18th day of July
A. D. 1901.

T. R. Trimmie
Clerk of Circuit Court.



Gravely, S. J. M.
Cherokee County

No. *06 for 1905*

**WIDOW'S
INDIGENT PENSION.
1903.**

Name *Mrs. S. J. Gravely*
County *Cherokee*
Widow of *Spencer Gravely*
C. L. 36 Ga

Approved _____ 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

_____ 1903.

Geo. W. Harrison, State Printer, Atlanta.

6/7/04
7/31/03

Pension Office 9/14/03
Applicant's husband was not an
old man after his discharge from
the 36th Ga. What other command if
any did he join? In what did he re-
main out of army for balance of war?
State and prove clearly every fact
to be true.

J. W. Lindsey
Com. Of Pensions

SEAL

**POWER OF ATTORNEY.
STATE OF GEORGIA.**

I, _____
County, }
hereby authorize _____
of _____ County, to receive and receipt for the pension allowed and that he
transmit the same to me at _____ day of _____ 190 ____
by his check or registered mail.
Witness my hand this _____ day of _____ 190 ____
Executed in presence of _____

County, }
Ordinary, }

L. R.