

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Cherokee*

Personally Comes Mrs.

James D. Witt

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

1821. That she is the Widow of

David M. Witt

who was a Soldier in Company

N of the *48*Regiment of *Georgia*Volunteers, that he enlisted in said Regiment on or about the month of *March*

1862 and served in the Army up to

July

1862

That he lost his

life on the

day of *July*

1862

(State here

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

*Said husband died in Hospital in the City of**Atlanta Ga on the day of July 1862*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1856, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

*11th*day of *Jan*

1895.

A. L. Brown

Ordinary.

Post-office

Hampton

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Cherokee*

Personally Comes Mrs.

James D. Witt

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

Cherokee

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

continuously ever since *the year*

1831

That she is the Widow of

David M. Witt

who was a Soldier in Company

*N*of the *48th*Regiment of *Georgia*Volunteers, that he enlisted in said regiment on or about the month of *March*

1862 and served in the Army up to

1862

That he lost his

life on the

day of *July*

1862

(State here

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

Died in Hospital in Atlanta Ga in July 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1856, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of *Cherokee* County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

*6th*day of *Jan*

1896.

A. L. Brown

Ordinary.

Post-office

*James D. Witt**Hampton*

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

Form No. 2.

STATE OF GEORGIA, County of Cherokee
I, A. C. Corn Ordinary in and for said County of
Cherokee State of Georgia, hereby certify that I am acquainted with Mrs.
Jane A. Hitt the applicant for a pension in this case, and
know from my own knowledge (or from positive proof presented to me by reputable witnesses,) that she
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not
lived out of the State since that date. That she is the widow of Daniel M. Hitt
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
the 11th day of January 1897.

{ REAL } A. C. Corn Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County.
I, Jane A. Hitt 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. Corn at Canton, Ga.

In Witness Whereof, I have hereunto set my hand and seal, this 11th
day of January 1897.

Executed in the presence of

A. C. Corn, ordinary

Jane A. Hitt [L. S.]
mark

POWER OF ATTORNEY.

State of Georgia, Cherokee County.
I, Jane A. Hitt hereby authorize Wm. A. Wright
of Atlanta, Ga. to receive and receipt for the pension paid hereon and request
that he remit same to Allen C. Corn at Canton, Ga.

In Witness Whereof, I have hereunto set my hand and seal, this 20
day of January 1898.

Jane A. Hitt [L. S.]
mark

Executed in the presence of

Webb Corn

STATE OF GEORGIA, Cherokee County.
I, Jane A. Hitt 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. Corn at Canton, Ga.

In Witness Whereof, I have hereunto set my hand and seal, this 11th
day of January 1897.

Executed in the presence of

A. C. Corn, ordinary

Jane A. Hitt [L. S.]
mark

Hitt, Jane A.
Cherokee Co.

For Those Heretofore Paid.

1898.

NO. 1970

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Jane Hitt
OF
Cherokee County,
Widow of Daniel M. Hitt

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

21 1898.

AND HANDED TO

R. J. N.

SEC. W. HARRISON, STATE PRINTER, ATLANTA

Hitt, Jane A.
Cherokee County
FOR THOSE HERETOFORE PAID
1897.
No. 630
WIDOW'S PENSION,
for year ending February 15th, 1897.
PAID TO
Mrs. Jane A. Hitt
OF
Cherokee County.
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
21 1897.
AND HANDED TO
R. J. N.
SEC. W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cherokee

Personally Comes Mrs.

Jane A. Heitt

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

1861

That she is the Widow of

David M.

who was a Soldier in Company

A of the 40thRegiment of CoVolunteers, that enlisted in said regiment on or about the month of March1862 and served in the Army up to July1862

That he lost his

life on the 2ndday of July1862

(State here

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

Said Husband Died in Hospital at Atlanta
Co 20 July 1862

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

Sworn to and subscribed before me, this

11thday of Jan

1897.

A. L. B. B. B.

Ordinary.

Post-office

Jane A. Heitt
mark

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cherokee

Personally Comes Mrs.

Jane A. Heitt

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

Cherokee

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

continuously ever since

1831

That she is the Widow of

Davis M. Heitt

who was a Soldier in Company

A. of the 43Regiment of GeorgiaMarch

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

1862 and served in the Army up toJuly1862

That he lost his

life on the 2ndday of July1862

(State here

full particulars of the husband's death, when, where and from what cause.) Died in Hospital
in Atlanta Ga, July 8th 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1855.

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

Sworn to and subscribed before me, this

20

day of Jan

1898.

Allen B. B. B.

Ordinary.

Post-Office

mark
Benton Ga

State of Georgia,

Cherokee

County.

Ordinary of said County, certify that I am well acquainted

with Mrs. Jane Heitt

who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the

day of

1831

Given under my official signature and seal this the

20

day of Jan

1898.

Allen B. B. B.Ordinary of Cherokee County.

Official Seal.

POWER OF ATTORNEY.

State of Georgia,

Cherokee County.

I, Jane A. Witt 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. Cunningham at San Antonio

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

day of January 1899.

Jane A. Witt [L. S.]

Executed in presence of

A. C. Cunningham

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Jane A. Witt 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. Cunningham at San Antonio

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd

day of Jan 1900.

Jane A. Witt [L. S.]

Executed in presence of

A. C. Cunningham

Witt, Jane A.
Cherokee County
For Those Heretofore Paid.

1899.

NO. 978

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. Jane A. Witt

OF

Cherokee County

Widow of David M. Witt

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

211 1899.

AND HANDED TO

Wm

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Witt, Jane A.
Cherokee County
To Those Heretofore Paid.

1900.

NO. 820

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO

Mrs. Jane A. Witt

OF

Cherokee County,

Widow of David M. Witt

JNO. W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

Feb 13 1900,

AND HANDED TO

Wright

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cherokee

Personally Comes Mrs.

Margaret A. Natt

who, being sworn, says on oath, that she is a bona fide resident of said county of
Cherokee State of Georgia, and that she has resided in said State
 continuously ever since 1871 That she is the Widow of

David H. Natt

who was a soldier in Company

N

of the

40thRegiment of Inf

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

1862 and served in the Army up to July 1862 That he lost his
 life on the 8th day of July 1862 (State here

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

Died in Hospital in Atlanta Georgia July 8th 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
 she has never married since his death aforesaid, and that she became his wife in the year 1855.

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

Sworn to and subscribed before me, this

15thday of Jan

1899.

A. C. Curran

Ordinary.

Post-Office

Jane A. Natt

State of Georgia,

Cherokee

County.

I

A. C. Curran

Ordinary of said County, certify that I am well acquainted

with Mrs. Jane A. Natt who made the above affidavit and am satis-
 fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
 has continuously resided in this State since the day of 1871.

Given under my official signature and seal this the 15th day of January 1899.

A. C. CurranOrdinary of Cherokee County.Official
Seal.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cherokee

Personally Comes Mrs.

Jane A. Natt

who, being sworn, says on oath, that she is a bona fide resident of said county of
Cherokee State of Georgia, and that she has resided in said State
 continuously ever since 1871 That she is the Widow of

David H. Natt

who was a soldier in Company

N

of the

40thRegiment of Inf

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

1862 and served in the Army up to July 1862 That he lost his
 life on the 8th day of July 1862 (State here

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

Died in Hospital in Atlanta Georgia July 8th 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
 she has never married since his death aforesaid, and that she became his wife in the year 1855.

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

Sworn to and subscribed before me, this

15thday of Jan

1900.

A. C. Curran

Ordinary.

Post Office

Jane A. Natt

State of Georgia,

Cherokee

County.

I

A. C. Curran

Ordinary of said County, certify that I am well acquainted

with Mrs. Jane A. Natt who made the above affidavit and am satis-
 fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
 has continuously resided in this State since the day of 1871.

Given under my official signature and seal, this the 15th day of January 1900.

A. C. CurranOrdinary of Cherokee County.Official
Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, James D. Hitt hereby authorize
A. C. Berry of Cherokee County
to receive and receipt for the pension paid hereon and request that he remit same to
me at Benton Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st
day of Jan 1901.

James D. Hitt [L. S.]
ma

Executed in presence of

A. C. Berry

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, James D. Hitt hereby authorize
A. C. Berry of Cherokee County
to receive and receipt for the pension paid hereon, and request that he remit same to
me at Benton Ga

In Witness Whereof, I have hereunto set my hand and seal, this 1st
day of Jan 1902.

James D. Hitt [L. S.]
ma

Executed in presence of

A. C. Berry

Hitt, James D.
Cherokee County

To Those Heretofore Paid.

1901.

No. 7468

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. James D. Hitt

OF
Cherokee County.

Widow of James D. Hitt

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

2/12 1901,

AND HANDLED TO

Berry

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

Hitt, James D.
Cherokee County

To Those Heretofore Paid

1902.

No. 1857

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. James D. Hitt

OF
Cherokee County,

Widow of James D. Hitt

Co. 2d Regiment 4th Ga

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDLED TO

Berry

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cherokee

Personally Comes Mrs.

James A. Hitt

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 That she is the Widow ofDavid M. Hitt

who was a soldier in Company

A of the 45thRegiment of CoVolunteers, that he enlisted in said regiment on or about the month of March1862 and served in the Army up to July 1862 That he lost hislife on the 8th day of July 1862 (State here

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

Died in Hospital in Atlanta Ga July 8th 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1855

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

Sworn to and subscribed before me, this

4th day of May 1901.A. C. Brown Ordinary.

Post Office

James A. Hitt

State of Georgia,

Cherokee

County.

I A. C. Brown Ordinary of said County, certify that I am well acquaintedwith Mrs. James A. Hitt, who made the above affidavit and am satisfied

that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of July 1861Given under my official signature and seal, this the 4th day of May 1901.A. C. BrownOrdinary of Cherokee County.

Official Seal.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cherokee

PERSONALLY COMES MRS.

James A. Hitt

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 That she is the Widow ofDavid M. Hitt

who was a soldier in Company

A of the 45thRegiment of CoVolunteers, that he enlisted in said regiment on or about the month of March1862, and served in the Army up to July 1862 That he lost hislife on the 8th day of July 1862 (State here

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

Died in Hospital in Atlanta Ga July 8th 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1855

I have been paid a pension as a resident of Cherokee County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me,

this 15th day of May 1902.A. C. Brown Ordinary.

Post Office

James A. Hitt

State of Georgia,

Cherokee

County.

I A. C. BrownOrdinary of said County, certify that I am well acquainted with Mrs. James A. Hitt, who made the above affidavit and

am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the

day of July 1861Given under my official signature and seal, this the 15th day of May 1902.

Official Seal.

Ordinary of Cherokee County.

NOTE.—All blank spaces must be filled.
Voucher and affidavit must bear date after January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, Jane D. Witt, hereby authorize
Mr. A. Wright of Atlanta Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
A. C. Burr and at Lawton Ga.

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

Jane D. Witt [L. S.]
mark

Executed in presence of

A. C. Burr and

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, Jane D. Witt, hereby authorize
Mr. A. Wright of Atlanta Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
A. C. Burr and at Lawton Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8th
day of May, 1904.

Jane D. Witt [L. S.]
mark

Executed in presence of

A. C. Burr and

Witt Jane D.
Cherokee County
To Those Heretofore Paid.

1903.

No. 1972.

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. Jane D. Witt.

Cherokee County,

Widow of Daniel M. Witt

Co. 43 Regiment 43 Ga

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1903.

AND HANDLED TO
J. A. D.

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

Witt Jane D.
Cherokee County

TO THOSE HERETOFORE PAID.

1904.

No. 2081

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. Jane D. Witt.

Cherokee County,

Widow of Daniel M. Witt

Co. 43 Regiment 43 Ga

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1904.

AND HANDLED TO
J. A. D.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

PERSONALLY COMES MRS.

County of CherokeeJane A. Witt

who, being sworn says on oath, that she is a bona fide resident of said County of Cherokee State of Georgia, and that she has RESIDED in said State continuously ever since 1831.

That she is the Widow of David M. Witt who was a soldier in Company A of the 45th Regiment of Inf

Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to 8th of July 1862. That he lost his life on the 8th day of July 1862. (State here particulars of the husband's death, when, where and from what cause.)

Died in Hospital at Atlanta Ga

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1835.

I have been paid a pension as a resident of Cherokee County for the year ending December 31, 1902, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this 8th day of July 1903.

Jane A. Witt
Wife

A. C. Berry, Ordinary.

Post-Office.

State of Georgia,

I, A. C. BerryCounty of Cherokee

Ordinary of said County, certify that I am well

acquainted with Mrs. Jane A. Witt, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1831.

Given under my official signature and seal, this the 8th day of July 1903.

A. C. Berry

Ordinary of Cherokee County.

{ Official
Seal }

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1903.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

PERSONALLY COMES MRS.

County of CherokeeJane A. Witt

who, being sworn says on oath, that she is a bona fide resident of said County of Cherokee State of Georgia, and that she has RESIDED in said State continuously ever since 1831.

That she is the Widow of David M. Witt who was a soldier in Company A of the 45th Regiment of Inf

Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to 8th of July 1862. That he lost his life on the 8th day of July 1862. (State here particulars of the husband's death, when, where and from what cause.)

Died in Hospital in Atlanta Ga

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1835.

I have been paid a pension as a resident of Cherokee County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me,

this 8th day of July 1904.

A. C. Berry, Ordinary.

Post Office.

State of Georgia,

I, A. C. BerryCounty of Cherokee

Ordinary of said County, certify that I am well

acquainted with Mrs. Jane A. Witt, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1831.

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

A. C. Berry

Ordinary of Cherokee County.

{ Official
Seal }

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, Jane A. Hitt, hereby authorize
W. J. Webb of Cherokee
to receive and receipt for the pension paid hereon, and request that he remit same to
at _____

In Witness Whereof, I have hereunto set my hand and seal, this 9th
day of Jan 1905.

Jane A. Hitt [L. S.]

Executed in presence of

J. S. Webb

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, Jane A. Hitt, hereby authorize
W. J. Webb of Cherokee
to receive and receipt for the pension paid hereon, and request that he remit same to
at _____

In Witness Whereof, I have hereunto set my hand and seal, this 9th
day of Jan 1905.

Jane A. Hitt [L. S.]

Executed in presence of

W. J. Webb

Hitt, Jane A.
Cherokee County
To Those Heretofore Paid.

1905.

No. 1960

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO
Mrs. Jane A. Hitt
OF
Cherokee County,
Widow of David M. Hitt
Co. A Regiment 43rd

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

FEB 23 1905.

AND HANDED TO

W. J.

See Pensions Paid to Pensioners of Dec. 31, 1905, Vol. 1, Pensions, Records, and Birth Records.

Hitt, Jane A.
Cherokee County
To Those Heretofore Paid

1906.

No. 1013

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO
Mrs. Jane A. Hitt
OF
Cherokee County,
Widow of David M. Hitt
Co. A Regiment 43rd

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

FEB 1 1906.

AND HANDED TO

See Pensions Paid to Pensioners of Dec. 31, 1906, Vol. 1, Pensions, Records, and Birth Records.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cherokee

PERSONALLY COMES MRS.

Jane A. Kitt

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

Cherokee

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

continuously ever since 1831

That she is the Widow of

David M. Kitt

who was a soldier in Company

A of the 43rdRegiment of Ca.Volunteers, that he enlisted in said regiment on or about the month of March1862, and served in the Army up to July 1862. That he lost hislife on the 8 day of July 1862. (State here

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

Died in Hospital in Atlanta Ga
July 8th 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1855.

I have been paid a pension as a resident of Cherokee County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me,

this 9 day of Jan 1905.N. J. Webb, Ordinary.

Post-Office

State of Georgia,

Cherokee

County.

I, N. J. Webb

Ordinary of said County, certify that I am well

acquainted with Mrs. Jane A. Kitt, 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 1831Given under my official signature and seal, this the 9 day of January 1905.{ Official
Seal }Ordinary of Cherokee County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1905.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cherokee

PERSONALLY COMES MRS.

Jane A. Kitt

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

Cherokee

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

continuously ever since 1831

That she is the Widow of

David M. Kitt

who was a soldier in Company

A of the 43rdRegiment of Ca.Volunteers, that he enlisted in said regiment on or about the month of March1862, and served in the Army up to July 1862. That he lost hislife on the 8 day of July 1862. (State here

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

Died in Hospital in Atlanta

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1855.

I have been paid a pension as a resident of Cherokee County, for the year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me

this 9 day of Jan 1906.N. J. Webb, Ordinary.

Post-Office

State of Georgia,

Cherokee

County.

I, N. J. Webb

Ordinary of said County, certify that I am well

acquainted with Mrs. Jane A. Kitt, 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 1831Given under my official signature and seal, this the 9 day of Jan 1906.{ Official
Seal }Ordinary of Cherokee County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1906.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, Jane A. Hitt hereby authorize

M. J. Webb

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

at

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

Jane A. Hitt [L.S.]

Executed in presence of

F. M. Blackwell

Hitt, Jane A.
Cherokee County

To Those Heretofore Paid.

1907.

No. 1697

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. Jane A. Hitt

OF

Cherokee County,

Widow of Mary M. Hitt

Co. A 4th Regiment 9th

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1907,

AND DATED FEB 13

Geo. W. Harrison, State Printer, Atlanta

STATE OF GEORGIA

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cherokee

PERSONALLY COMES Mrs.

Jane A Hitt

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

Cherokee

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

continuously ever since

1831

That she is the Widow of

David M Hitt

who was a soldier in Company

Aof the 43rdRegiment of 9thVolunteers, that he enlisted in said regiment on or about the month of March1862, and served in the Army up toJuly1862. That he lost his

life on the

8th

day of

July1862. (State here

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

died in Hospital in Atlanta
on July 8th 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1855.

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

Sworn to and subscribed before me

this 14 day of Jan 1907.W J Mith, Ordinary.

Post Office.

Jane A Hitt

State of Georgia,

Cherokee

County.

I, W J Mith

Ordinary of said County, certify that I am well

acquainted with Mrs. Jane A Hitt, who made the above affidavit, and

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

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

day of

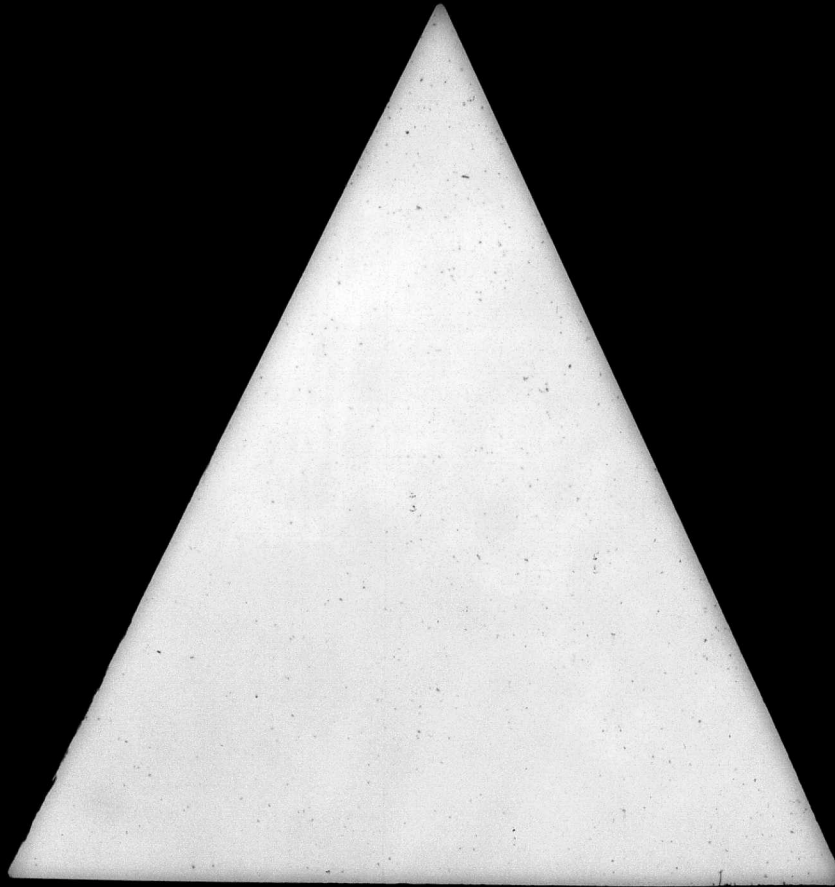
18-31Given under my official signature and seal, this the 14 day of Jan 1907.{ Official
Seal }Ordinary of Cherokee County.

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

(504)

Ordinary of Cherokee County.

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



POWER OF ATTORNEY.

County.

and receipt for the pension allowed, and request that he remit same to _____ by _____ at _____

Witness My hand and seal, this 24th day of November, 1901. J. L. S.

Executed in presence of a notary public and witnesses

IN THE field of education and education researchers are looking for new ways to use technology.

1061 to 761

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA }
COUNTY }

things, people, County, and his to be in training. I
 and here, County, his in delivery, including with duty
 to the, and some state with to making self made a need
 six possession and that have

[illegible]

Solbert, Jacob
Cherokee Co

INDIGENT PENSION,
1901.

1003
Name *Jacob Halbert*
County *Cherokee*
Co. *G. & "C" Battalion* Reg't
Approved _____ 1901

JOHN W. BINDSEY,
Commissioner of Pensions

WARRANT FOR

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

Geo. W. Harrison, State Printer, Atlanta.

9/4/03.

POWER OF ATTORNEY.
AFFIDAVIT OF PHYSICIANS
STATE OF GEORGIA,

County, Cherokee STATE OF GEORGIA
I, John B. Lindsey hereby authorize

to receive and receipt for the pension allowed, and request that he remit same to me as a reliable physician

Witness my hand and seal, this 24th day of August 1901

Executed in presence of James B. Lindsey and John B. Lindsey

Ordinary

They further say on oath that the physical condition of applicant renders him unable to read

any work or calling sufficient to earn a support for himself and that he has no interest in said pension

being allowed

Return to and subscribe before me this the 24th day of August 1901

Ordinary

Ordinary in and for said County, hereby certify

that the applicant

has been a bona fide resident of this State since the 1st day of January 1865

and that the witnesses viz:

one 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 prescribed, and that the full text of the affidavits was read to the applicant and witness

before me as was

I further certify that the tax lists of Cherokee County show that applicant

returned for taxation in his name in 1899

Dollars

to property and in 1899

in support the following claim

made in good faith

County

INDIGENT PENSION,

1901.

1903

Name Jacob Lindsey

County Cherokee

Co. B. S. Lindsey

Approved

JOHN B. LINDSEY,
Ordinary of Cherokee County, Georgia.

Questions for Applicant.
STATE OF GEORGIA, WITNESSES FOR

County, Cherokee STATE OF GEORGIA

of said State and County, desiring to avail himself of the Pension Act (Section 1264, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) James B. Lindsey, Cherokee County, Ga.

2. How long and since when have you been a resident of this State? Since 1865

3. When and where were you born? March 25th, 1840, State of Ga.

4. When and where and in what company and regiment did you enlist or serve? Oct 1864, Cherokee County, Ga. Co. B. S. Lindsey, 8th Battalion

5. How long did you remain in such company and regiment? Till Summer of 1865

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

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

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? After bloods defeat at Nashville, was sent to Hospital at Chattanooga, Ga. in Feb. 1865

9. How much can you earn (gross) per annum by your own exertions or labor? None

10. What has been your occupation since 1865? None

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

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?

Have been 5 or 6 years not able to labor

13. What property, real or personal, or income, do you possess, and its gross value?

None

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899 and 1900?

and what disposition, if any, by sale or gift, have you made of same? None

15. In what County did you reside during those years, and what property did you then return for taxation?

Cherokee County, returned as State a horse

16. How were you supported during the years 1899 and 1900? By my children

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

18. What was your employment during 1899 and 1900? What pay did you receive in each year?

None

19. Have you a family? If so, who compose such family? Give their means of support? Have they a homestead? None

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

None

21. Have you ever made an application for pension before? None

22. How many applications have you ever made and under what class? None

Sworn to and subscribed before me this the 24th day of Aug 1901

J. B. Lindsey Applicant.

Ordinary,

of Cherokee County.

Every Question MUST be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Pickens COUNTY.

C. C. Andrews of said State and County, having been presented as a witness in support of the application of Jacob Halbert 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? C. C. Andrews I reside Pickens County Ga
2. Are you acquainted with Jacob Halbert, the applicant; if so, how long have you known him? about 45 years
3. Where does he reside, and how long and since when has he been a resident of this State? in Cherokee Co. Ga. about since 1860
4. When, where and in what company and regiment did he enlist, and how do you know? In Oct 1862 from Cherokee Co Ga Co. G. 8 Ga Battalion
5. Were you a member of the same company? yes
6. How long did he perform regular military duty? about 2 years & 6 months
7. When and where was his command surrendered? 1865 N. C.
8. Were you present when it surrendered? no
9. Was applicant present? no
10. If he was not present, where was he? at home on sick furlow
When did he leave his command? For what cause? Sicknes
By what authority he left? by the officers How do you know all of this?
I was in same company

11. What property, effects or income has the applicant? (Give your means of knowledge.) None I lived near him
12. What property, effects or income did the applicant possess in 1898, 1897, 1898, 1899, and 1900, and what disposition, if any, did he make of same? He had an interest in land but sold the same to him or and it is exonerated
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? no
14. What is the applicant's occupation and physical condition? has no occupation
15. Is the applicant unable to support himself by labor of any sort, if so, why? yes because of old age and general debility is not able to labor any
16. How was he supported during the years 1898, 1899 and 1900? by his children
17. What portion of his support for these three years was derived from his own labor or income? none

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Old age and general debility

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

Sworn to and subscribed before me, this C. C. Andrews mark Witness.
the 1st day of Sept 1902.
C. J. Cornbliss Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cherokee COUNTY.

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

Applicant has general debility, and is partially paralyzed and on account of his age will grow worn

They 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 24 day of Aug 1902.
J. M. Bates Ordinary.
John M. Turk Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee COUNTY.

I, J. C. Cornbliss Ordinary in and for said County, hereby certify that the applicant Jacob Halbert 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 M. Turk & Jacob M. Bates

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

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

I further certify that the tax digests of Cherokee County show that applicant returned for taxation in his name in 1898 1898 \$188.00 Dollars and in 1899 1899 \$250.00 Dollars and in 1900 1900 \$250.00 Dollars of property.

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

Witness my hand and seal of office, this 24 day of Sept 1902.
J. C. Cornbliss 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 witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, Jacob Holbert hereby authorize
Wm. S. Wright of Atlanta Ga

to receive and receipt for the pension allowed and request that he remit same to
E. C. Cunningham at Boston Ga
by check

Witness my hand and seal, this 6 day of Jan 1904.

Jacob Holbert [L. S.]

Executed in presence of

E. C. Cunningham

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, Jacob Holbert 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 16 day of Jan 1905.

Jacob Holbert [L. S.]

Executed in the presence of

H. D. Prie

Holbert Jacob
Cherokee Co
CODE SECTION 154
(FOR THOSE ALREADY ENROLLED.)
No. 5726
INDIGENT
SOLDIER'S PENSION
1904.
Name Jacob Holbert
County Cherokee
Co. E Regiment 8 Ga
Battalion
WARRANT ISSUED
W/S 1904.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Liby
Geo. W. Harrison, State Printer, ATLANTA.

no date

Holbert Jacob
Cherokee Co

CODE SECTION 154
(FOR THOSE ALREADY ENROLLED.)
No. 5619
INDIGENT
SOLDIER'S PENSION
1905.
Name Jacob Holbert
County Cherokee
Co. E Regiment 8
WARRANT ISSUED
FEB 23 1905.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
G
Geo. W. Harrison, State Printer, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears Goodie N. Lambert 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 _____ 1892; that he is 78 years old and by occupation a Wagon Driver 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 over 2 years in Company 6, of 8th Regiment of the Battalion of Ga.; that his physical condition is as follows: not able to do any labor.

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 this county since _____ County been allowed a pension for the year 1 approved in 1903.

Sworn to and subscribed before me, this the

6 day of January 1904.

D. C. Lamm

Ordinary.

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this

6 day of January 1904.

D. C. Lamm

Ordinary Cherokee

County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1904.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears Jacob Holbert 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 _____ 1890; that he is 80 years old and by occupation a Wagon Driver, 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 2 1/2 yrs in Company 5, of 5th Regiment of the Battalion of Ga.; that his physical condition is as follows: Broke down from old age

that his property consists of the following items: _____

of the value of _____ Dollars. I am now earning, by my labor, nothing Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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

16 day of January 1905.

N. J. Webb

Ordinary.

STATE OF GEORGIA,

Cherokee County.

I, N. J. Webb Ordinary of said County, do certify that I am well acquainted with Jacob Holbert 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

16 day of January 1905.

N. J. Webb

Ordinary Cherokee

County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, Jacob Holbert hereby authorize
W. J. Webb of Canton

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

by

WITNESS my hand and seal, this 8 day of Jan 1908.

Jacob Holbert [L. S.]

Executed in the presence of

W. J. Webb

Holbert, Jacob
Cherokee County

Form No. 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 2839

INDIGENT
SOLDIER'S PENSION
1908.

Name Jacob Holbert
County Cherokee
Co. 4 Regiment 8

WARRANT ISSUED

FEB 1 1908

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

W. J. Webb

This Pension is Payable to the Soldier or his Heir, or his Representative.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cherokee County.

Personally appears Jacob Holbert 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 _____ 1857; that he is 80 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 2 1/2 yrs in Company 61, of 8 th Regiment of Ga vol; that his physical condition is as follows: Age and poverty

that his property consists of the following items: nothing

of the value of nothing Dollars. I am now earning by my labor, nothing Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 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 8 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 Jacob Holbert the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 8

day of Jan 1906.

W. J. Webb Ordinary Cherokee County.

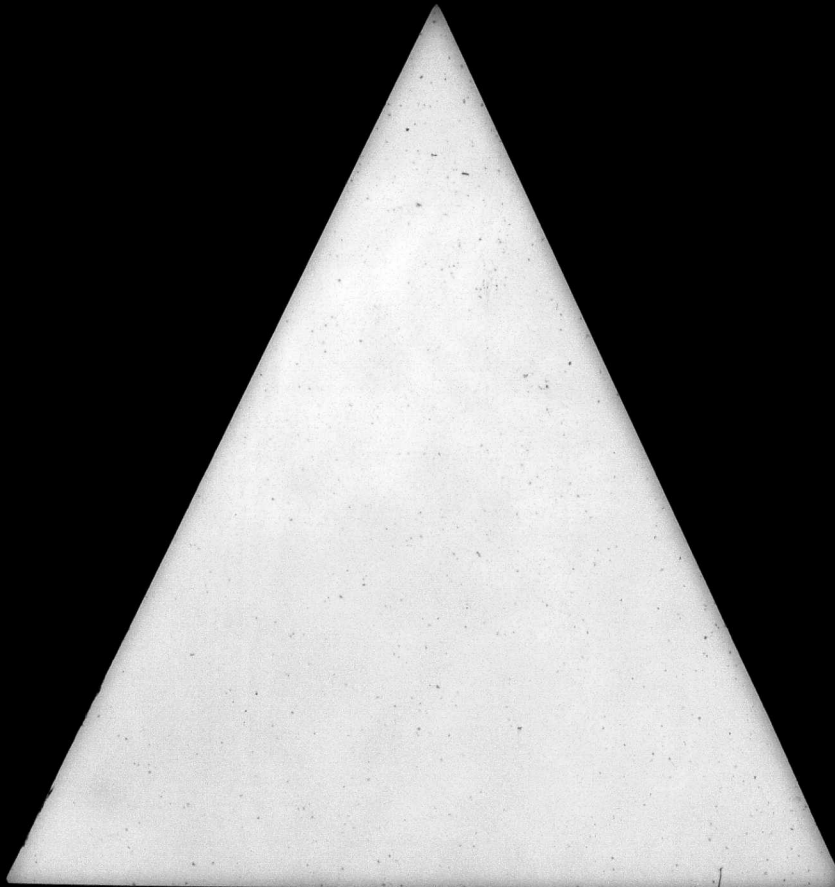


NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1906.

seal
here

Notar.—The blank spaces must be filled.
Notar.—Affidavit should not be attested before January 1st, 1906.

W

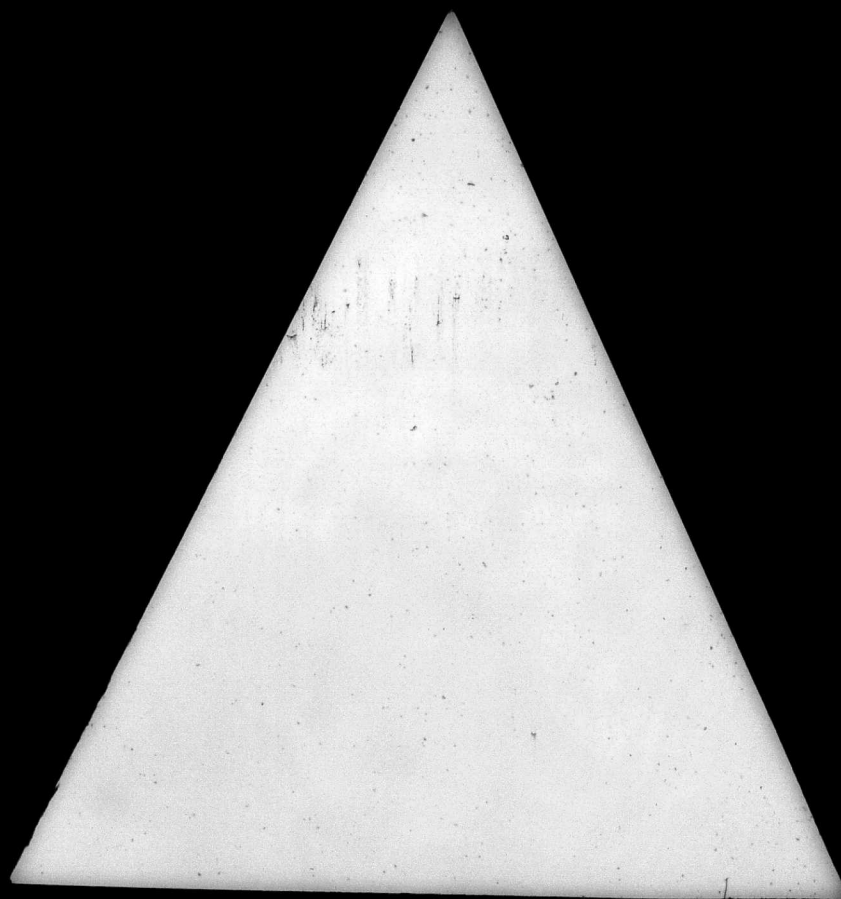


PAROLED PRISONER'S PASS.

Wm. D. Jones
Kingston Va May 12 1865.
The bearer *James A. Holloman* Capt.
of Co. *D* *Bakers* Regiment of *Sea Cavalry*
a paroled prisoner of the army of *Northville Georgia*
has permission to go to his home, and there remain undisturbed. By Order of
Wm. D. Jones
Wm. D. Jones Commanding.

Proceeded at Hampton Va this 12th
day of May 1865.

Genl. Merritt
Executive of the War Office
Per old Kenton Capt. Abel &



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Ordinary's Certificate

STATE OF GEORGIA

Cherokee COUNTY

I, J. M. Hays Ordinary of said County, certify that I know the applicant J. F. Hays for pension is the person he represents himself to be and resides in said county. That I also know J. F. Hays 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 29th day of Oct 1915

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 witnesses you give shall be the whole truth. So help you God." 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.

Halcombe, O. F.
Cherokee Co
Oct 29 1920

Confederate
Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Cherokee
Name R. F. Holcombe
Company 73
Regiment Finlay's attached to
1st Regt. Ala. Inf.
Approved _____

E. R. O. 1937

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-31-1919

Ordinary's Certificate

STATE OF GEORGIA,

Cherokee COUNTY.

I, J. M. Saffell, Ordinary of said County, certify that I know the applicant, B. F. Holcomb, for pension is the person he represents himself to be and resides in said county. That I also know B. F. Holcomb, 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 29th day of Dec- 1912

J. M. Saffell, 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.

Holcomb, B. F.
Cherokee Co. Ga.

Nov. Jan 1920

Confederate

Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Cherokee

Name B. F. Holcomb

Company B

Regiment 7th Inf. Regt. 1st Div.

Approved

C. R. O. 1937

J. W. LINDSEY,
Commissioner of Pensions.

Burd Printing Co. State Printers, Atlanta.

10-31-1919

Application for Soldier's Pension Under Act 1910

Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA,

Cherokee COUNTY.

B. F. Holcomb 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) B. F. Holcomb, Ball Ground Ga. Cherokee County
2. How long and since when have you been a continuous resident citizen of this State? all my life 72 years
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) August 1864, Cherokee County, Ga. Co. B. 7th Inf. Regt. 1st Div.
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) Nine months from Aug. 1864 till May 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? May 12th 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? No
 - 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? Yes
 10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Yes

Sworn to and subscribed before me, this the

29th day of Dec- 1912

J. M. Saffell, Ordinary

of Cherokee County.

(SEAL)

B. F. Holcomb

1919
22
47

Questions for Witness as to Service

STATE OF GEORGIA,

Cherokee

COUNTY.

T. L. Whittamore of said State and County is hereby presented as a witness in support of the application of B. F. Holcomb 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? T. L. Whittamore
Ball Ground Ga. Cherokee County
2. How long and since when have you known B. F. Holcomb the applicant?
65 years since 1864
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? Ball Ground Ga. Cherokee County
all his life or ever since I have known him
4. When, where and in what Company and Regiment did B. F. Holcomb enlist during war from 1861 to 1865? (Give date and place.) Aug. 1864 Cherokee County
5. How did you obtain your information of this Service? I was in the same Co.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) nine months from Aug. 1864 till July 1865
7. When and where was his command surrendered or discharged (give date and place) May 12" 1865 Kingston Ga.
8. Were you personally present at the surrender? Yes
9. If not, where were you and how came you there? Yes
10. Was the applicant personally present with his command at surrender? Yes
11. If not where was he and how came him there? Yes
12. When did he leave his command? Yes Where was his command when he left it? Yes For what cause did he leave? Yes By whose authority did he leave? Yes and how long was he granted leave? Yes How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically Yes
13. In what way was he prevented from returning to his command? Yes How do you know? Yes
14. What effort did he make to return to his command and how do you know? Yes
15. Was applicant captured as a prisoner? Yes If so, when and where? Yes In what prison was he held? Yes and when released Yes

Sworn to and subscribed before me, this the

22 day of Oct. 1917

J. M. Safford Ordinary
of Cherokee County.

(SEAL)

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Cherokee County.
 I, Lawrence Marney, Ordinary of said County, do certify
 that I personally know Mrs. R. F. Holcomb, the applicant, and that she
 is the lawful widow of R. F. Holcomb, who was on
 the Pension Roll of said Cherokee County, and was paid
 a Pension from Cherokee County for 193 1, and at the time
 of his death on the 15 day of June, 193 1, there was due to
 him and unpaid his Pension of Thirty Dollars from the State
 of Georgia, and I know _____, the within
 witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 15 of July, 193 1

(Seal of Ordinary)

Lawrence Marney, Ordinary
Cherokee, County

44 Holcomb, B. F.

Cherokee, County
1931

Application for Pension Due
 Deceased Soldier
 (UNDER ACT 1891)
 (To be paid to his Widow)

BY

Mrs. R. F. Holcomb
 Widow of R. F. Holcomb
 Date of Marriage July 3-1887
 Date of Death June 30 1931

Approved and ordered paid.

193

R. de T. LAWRENCE,
 Commissioner of Pensions.

Ordinary: Fill out above in full and send
 this blank to Pension Department for ap-
 proval before you pay out the money, and
 then return it with your pay-rolls for per-
 manent filing in the Pension Department.

FILED

JUL 23 1931
 VETERAN SERVICE OFFICE
 A. L. HENSON, Director

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow)

(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, Cherokee County.

Personally before me, the Ordinary of said County, comes Mrs. R. F. Holcomb of said County, who after being duly sworn, on oath says that she is the widow of R. F. Holcomb and that said Pensioner was on the Pension Roll of Cherokee County and was paid a Pension of Thirty (\$30.00) Dollars from said County for the month of April 1895, and that said Pensioner died in Cherokee County on the 30 day of June, 1895. Applicant further swears that she married the said R. F. Holcomb on the 5 day of February, 1897, in Cherokee County and State of Texas, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension for 1895, due and unpaid be paid to her.

Sworn to and subscribed before me this 15 day of July, 1895.
Jack M. Mearns, Ordinary } Mrs. R. F. Holcomb
Cherokee, County } (S. S.)
(Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA _____ County.

Personally before me comes _____, who on oath says that he knew _____ while in life and that he knows Mrs. _____, the above applicant; and knows that the said _____ and _____ were in due form of law married in the County of _____ in the State of _____ on the _____ day of _____, 18____, and that they were residing together as husband and wife at the time of his death on the _____ day of _____, 19____, and that she is his dependent widow.

Sworn to and subscribed before me this _____ day of _____, 189____.
_____, Ordinary }
_____, County }
(Seal of Ordinary)

INSTRUCTIONS:

- 1st. Proof of marriage must be made.
- 2nd. Do not use the enormously large form of marriage certificate in common vogue throughout the State, suitable only for framing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.
- 3rd. The Ordinary should examine the blank after it is filled in, and see that everything is fully and correctly completed, and the seal affixed, and that back of application, when folded, is filled in.
- 4th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make payment.
- 5th. Return this application with your final settlement to the Pension Department.
- 6th. The widow or person holding her proper power-of-attorney receipt for this pension by signing name, as widow, opposite the name of husband on the soldier's pay roll.
- 7th. Only the unpaid pension for the year is covered by this application. Take another application, on the white blank, to admit widow to roll in her own right.

INSTRUCTIONS:

- 1st. Proof of marriage must be made.
- 2nd. Do not use the enormously large form of marriage certificate in common vogue throughout the State, suitable only for framing. Such certificate is entirely too bulky for use in any pension application. A plain certificate written on the back of the copy of marriage license is the proper thing.
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- 4th. Pay out no money on this application until approved in the Pension Department and returned to you as your authority to make payments.
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- 6th. The widow or person holding her proper power-of-attorney receipts for this pension by signing name, as widow, opposite the name of husband on the soldier pay roll.
- 7th. Only the unpaid pension for the year is covered by this application. Take another application, on the white blank, to admit widow to rolls in her own right.

STATE OF GEORGIA

COUNTY

This Certifies that Benjamin F. Holcomb
and Georgia A. Bohannen
WERE UNITED IN THE HOLY BONDS OF MATRIMONY
By J. R. Barrow
On the 7 day of July, in the year of our Lord 1881
as appears of record in my office in Marriage Record, book "7"
page 198. This 22 day of July, 1881
John Barrow
Ordinary

Form 120

NAME Holcombe, B. F. YEAR 1920 COUNTY Cherokee.

WHEN AND WHERE BORN? A resident of Georgia all my life,
72 years.

ENLISTED WHEN AND WHERE? August, 1864, Cherokee County, Ga.

RANK:

COMPANY AND REGIMENT? Company B, 11 Georgia Regiment
(Findley's Regiment).

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED:

WHEN AND WHERE SURRENDERED? May 12, 1865, Kingston, Georgia.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: E. L. Whittemore - same company - -No data.

SB.

A. L. HENDERSON
DIRECTOR

C. ARTHUR CHEATHAM,
ASST. DIRECTOR

MISS LILLIAN HENDERSON,
ASST. DIRECTOR



THE VETERANS SERVICE OFFICE

STATE CAPITOL

ATLANTA

IN RE: Application of Mrs. B. F. Holcomb,
widow of B. F. Holcomb, Cherokee
County, Georgia, for pension
balances due husband at time of
death:

It appearing that the late husband of this applicant established his right to a pension as a Confederate veteran and was such a pensioner at the time of his death; that she lived with him to the date of his death and has not since remarried, and that pension payments accrued to her husband, up to the end of the year of his death, and were unpaid at the time of his death, are due this applicant, under the Act of 1891, this application is approved, and it is ordered that said payments be made to her, by the Ordinary of Cherokee County, Georgia, as and when they may become payable.

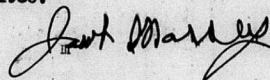
This the 23rd day of July, 1935.

[Signature]
Director.

Georgia, Cherokee County.

I, Jacob Massey, Ordinary of said County, do hereby certify
that the within and foregoing is a correct copy of the
death of B.F. Holcomb, as appears of file in this office.

This 22 day of July 1935.

 Ordinary

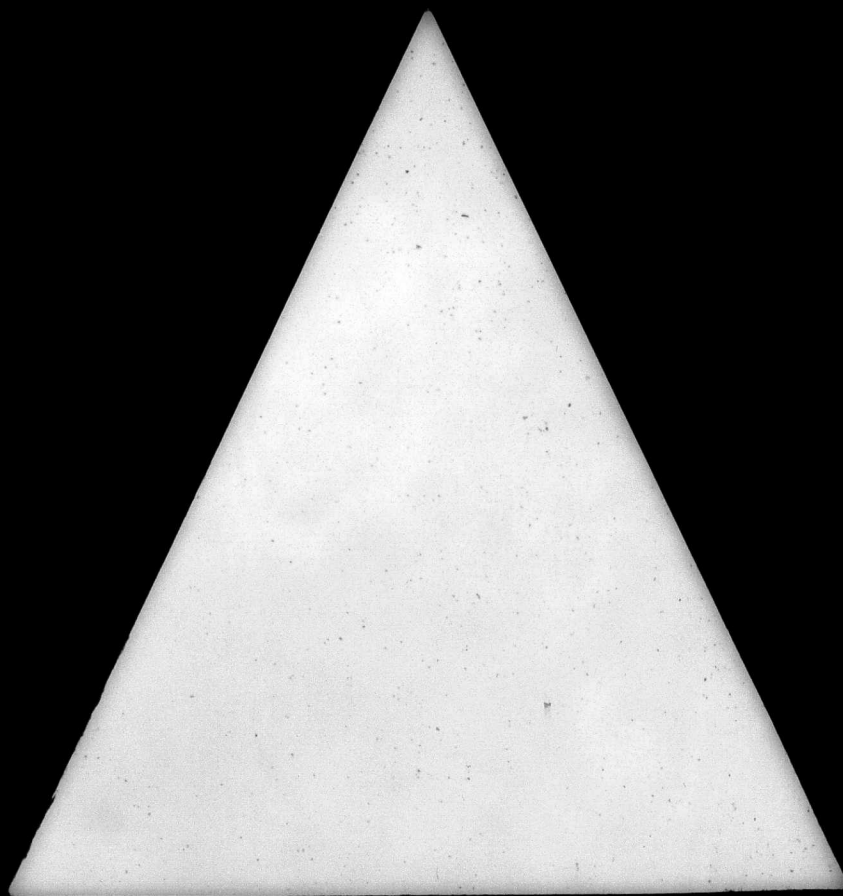
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. Was disease or injury caused by dangerous or insanitary conditions or occupation? Where was disease contracted if not at place of death?

V.2-3



CERTIFICATE OF DEATH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH		Registered No.	
County <u>Cherokee</u>	Militia District (Number and Name) <u>Ball Ground</u>	State of Georgia	
City or Town <u>Ball Ground</u>		Length of residence in this city or town: Yrs. <u> </u> Mos. <u> </u> Days <u> </u> WOM-RESIDENT (Yes or No) <u> </u>	
Street and Number (No.) <u> </u> (Street) <u> </u>		Ward <u> </u> (If death occurred in a hospital, give its name instead of street and number)	
2. FULL NAME <u>R. F. Holcomb</u>		(State) <u> </u>	
Residence (City or Town) <u>Ball Ground</u>		(Street and Number) <u> </u>	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>male</u>	4. COLOR or RACE <u>white</u>	5. Single, Married, Widowed, Divorced (write the word) <u>married</u>	
6. DATE OF BIRTH (month, day, year)			
7. AGE	Years <u>38</u>	Months <u>2</u>	Days <u>18</u>
If less than one day			
Hours <u> </u> Minutes <u> </u>			
8. OCCUPATION			
(a) Trade, profession or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Retired</u>			
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc. <u> </u>			
(c) Date deceased last worked at this occupation (month and year) <u> </u>			
(d) Total years spent in this occupation <u> </u>			
9. BIRTHPLACE			
(P. O. Address) <u> </u>			
10. NAME <u>Thomas Holcomb</u>			
11. BIRTHPLACE <u> </u>			
(P. O. Address) <u> </u>			
12. MAIDEN NAME <u>Rachel Dwyer</u>			
13. BIRTHPLACE <u> </u>			
(P. O. Address) <u> </u>			
14. INFORMANT <u>R. F. Holcomb</u>			
(Signed) <u> </u>			
(Address) <u>Ball Ground, Ga.</u>			
15. BURIAL PLACE <u> </u>			
(Cemetery) <u> </u>			
(Postoffice) <u>Ball Ground, Ga.</u>			
16. UNDERTAKER <u> </u>			
(Signed) <u> </u>			
(Address) <u> </u>			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH <u>June 29</u> 19 <u>31</u> at <u> </u> (Month, Day, Year) (Hour) <u> </u> M			
17. I HEREBY CERTIFY, That I attended the deceased from <u>June 29</u> 19 <u>31</u> to <u>June 29</u> 19 <u>31</u>			
I last saw <u> </u> alive on <u>June 29</u> 19 <u>31</u> death is said to have occurred on the date and hour stated above.			
The principal cause of death and related causes of importance in the order of onset and duration of each: <u> </u>			
Other contributory causes of importance: <u> </u>			
What test confirmed diagnosis? <u> </u> (Specify whether autopsy, operation, laboratory, or clinical)			
If death was due to external causes (violence) fill in also the following:			
Was injury an accident, suicide, or homicide? <u> </u>			
Where did injury occur <u> </u> (Specify city or town, if outside of limits, the county, and also the state)			
Did injury occur in a home, public place or industry? <u> </u>			
Manner of injury <u> </u>			
Nature of injury <u> </u>			
(Signed) <u> </u> M.D.			
(Address) <u> </u>			
18. FILED <u> </u> 19 <u>31</u>			
(Signed) <u> </u>			
(Local Registrar) <u> </u>			



Holcomb, John W.
Cherokee

A. K. Jan 1910
Cherokee
INDIGENT PENSION

190

Name *John W. Holcomb*

County *Cherokee*

Co. *B* *23 Co* Regt

Approved _____ 190

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

Chas. F. Byrd, State Printer, Atlanta, Ga.

9-2209

STATE OF GEORGIA,

County _____

POWER OF ATTORNEY.

hereby authorize

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

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

Executed in presence of _____ (L. S.)

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____.

Executed in presence of _____

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY

I, Charles W. Holcomb of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn, true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.)
Charles W. Holcomb, Cherokee Co., Ball Ground Ga.
2. How long and since when have you been a resident of this State?
Since 1840.
3. When and where were you born? 1842, Cherokee Co., Ga.
4. When and where and in what company and regiment did you enlist or serve? Enlisted in fall of 1862, Co. B, 23rd Ga. Reg. Vol.
5. How long did you remain in such company and regiment? until the surrender in May 1865.
6. When and where was your company and regiment surrendered and discharged? At Camp Sherman, Va. 26. 1865.
7. Were you present with your company and regiment when it was surrendered? Yes.
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? _____
9. How much can you earn (gross) per annum by your own exertions or labor? Very little.
10. What has been your occupation since 1865? Farming.
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Blindness & Poverty.
12. If upon the first ground, state how long you have been in such condition that you could not earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight. I am not totally blind, but my eyes have been very weak for several years cannot see to do any work.
13. What property, real and personal, or income, do you possess, and its gross value? Nothing.
14. What property, real or personal, did you possess in 1903, 1904, 1905, 1906, 1907 and 1908, and what disposition, if any, by sale or gift, have you made of same? Small amt of personal property, I have not disposed of any property.
15. In what County did you reside during those years, and what property did you then return for taxation? Cherokee Co. Returned small amt of personal property.
16. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? I am forced to work for a support.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Don't know.
18. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? What pay did you receive in each year? Working on the farm with them I was able.
19. 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? Myself and wife. My age 63, wife is 66, grass hogs.
20. Are you receiving any pension? If so, what amount and for what disability? No.
21. Have you ever made an application for pension before? No.
22. How many applications have you ever made and under what class? None.

Every Question MUST Be Answered.

Sworn to and subscribed before me this _____ day of _____, 190____.

W. J. Allen Ordinary
of Cherokee County.

Charles W. Holcomb
Applicant.

KNOW ALL MEN BY THESE PRESENTS, that the within and foregoing is the true and correct statement of the facts and circumstances as stated above, and that the same is true and correct to the best of my knowledge and belief, and that I am not aware of any facts or circumstances which would render the same false or incorrect.

INDIGENT PENSION

190

Name Charles W. Holcomb
County Cherokee
Co. B. 23 Ga. Regt.

Approved _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

Given at _____, State of Georgia, this _____ day of _____, 190____.

9-22-09

Holcomb's claim

Cherokee Co.

INDIGENT PENSION

190

Name Charles W. Holcomb
County Cherokee
Co. B. 23 Ga. Regt.

Approved _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

Given at _____, State of Georgia, this _____ day of _____, 190____.

9-22-09

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Barrow County.

W. J. Ingram of said State and County, having been presented as a witness in support of the application of John M. McLean for pension under section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? W. J. Ingram
Bartonsville Ga.
 2. Are you acquainted with Applicant the applicant; if so, how long have you known him? Since 1861
 3. Where does he reside, and how long and since when has he been a resident of this State? Blacks Co. Ga. Ever since I have known him
 4. When, where and in what company and regiment did he enlist, and how do you know? 1861. Big Shanty, Co. B. 38th Ga. Regt.
 5. Were you a member of the same company and regiment? I was
 6. How long did he perform regular military duty? About fifteen months
 7. When and where was his command surrendered? April 26. 1865. near
Greensboro NC.
 8. Were you present when it surrendered? I was
 9. Was applicant present? He was
 10. If he was not present, where was he? He was present
- When did he leave his command? For what cause?
- By what authority he left? How do you know all of this?
He was present at the surrender

11. What property, effects or income has the applicant? (Give your means of knowledge.) Dont know
12. What property, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909? Dont know
- and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? Dont know
14. What is the applicant's occupation and physical condition? Cant tell
15. Is the applicant unable to support himself by labor of any sort; if so, why? Cant tell
16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? Cant tell
17. What portion of his support for these four years was derived from his own labor or income? Cant tell
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. Cant do so
19. Who composes family? What property have they? Children's ages and their earning capacity? Dont know

20. What interest have you in the recovery of a pension by this applicant? none
Sworn to and subscribed before me, this the 2nd day of Sept 1909 W. J. Ingram Ordinary.

W. J. Ingram is of trustworthy character and his statements are correct & belief. W. J. Ingram Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cherokee County.

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

Has catarrh of the eyes, in his eyes which make it impossible for him to see well enough to work for a living.

and that we have no interest in said pension being allowed.
Sworn to and subscribed before me, this the 12 day of Sept 1909 W. J. Bates Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee County.

I, W. J. Bates Ordinary, in and for said County, hereby certify that the applicant John M. McLean resides in said County, and has been a bona fide resident of this State since the 11 day of April 1861 and that the witnesses, viz: W. J. Bates, John M. Willingham

are of trustworthy character, and that their statements are entitled to full faith and credit.
I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness before same was signed.

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

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 12 day of Sept 1909 W. J. Bates Ordinary.

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.

Witness
Gro. Lindners
Ordinary
W. J. Ingram is of trustworthy character and his
statements are worthy of belief. Gro. Lindners Ordinary

W. LEE RICHARDS

DEALER IN

GENERAL MERCHANDISE AND COM-
MISSARY SUPPLIES.

CREIGHTON, GA.,-----190--

Georgia Cherokee County
Personally Comes J. W. Holcomb
who has in application for
Pension who after being duly
sworn deposes and says that
his property consist of One Cow
worth \$15.00 one hog worth \$15.00
and house hold worth about
\$30.00 Total \$60.00 and further
states under oath that he has
no other income or means
of support. I am \$60.00 worth
sworn to and
subscribed before me
this Nov. 23rd 1909.
W. J. Webb Ordinary

W. LEE RICHARDS

DEALER IN

GENERAL MERCHANDISE AND COM-
MISSARY SUPPLIES.

CREIGHTON, GA.,-----190--

Georgia Cherokee County
Personally Comes the undersigned
who after being sworn says
that the statement of J. W. Holcomb
in regard to his financial
standing is true to the best
of their knowledge and belief
A. L. Good
sworn to and W. L. Richards
subscribed before me
this Nov. 23rd 1909
W. J. Webb Ordinary

W. J. WEBB
Ordinary
CHEROKEE COUNTY

F. M. BLACKWELL
Clerk
COURT OF ORDINARY

CANTON, GA.

State of Georgia—Cherokee County.

Personally appeared before me the undersigned Ordinary in and for
said County Irie Good and Lee
Richards who after being duly sworn saith that they are
personally acquainted with John W. Holcombe of said county, who is making
an application for a Pension as an Indigent Soldier, and that they are
also well acquainted with his financial condition, and that he has no
property at all except a small amount of household and kitchen furniture
and that it is not worth over fifty dollars, and that he has no means of
support at all, and not able to labor for a support.

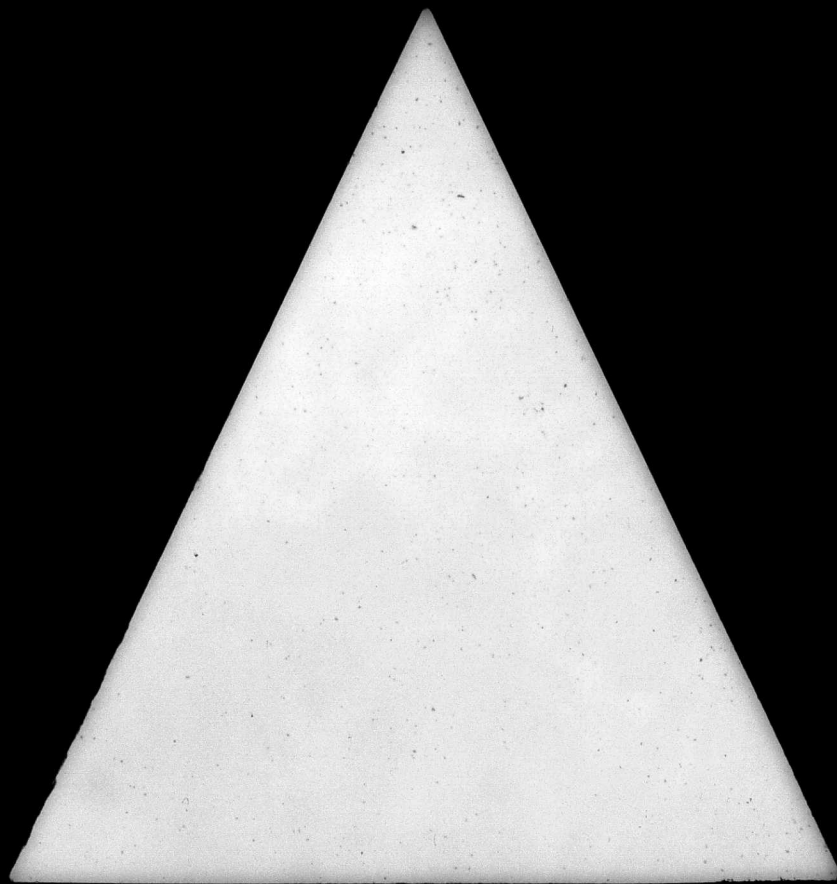
We certify that we have no interest in his claim for a Pension, and that
he is a worthy and honorable citizen and deserves a Pension and is badly
in need of help.

Irie Good
Lee Richards

Sworn to and subscribed before me,

this 8 day of Sept. 1909.

W. J. Webb Ordinary



Holcombe, Kansas
91 Apr 1918
11/2-1917
County

No.

Widow's Application

To Be Put on Roll in Her Own Right When
Husband Was on the Indigent Roll or
Put on Under Act of July 11, 1910

County *Leavenworth*

Name *Kansada Holcombe*

Widow of *John W Holcombe*

Company

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions.

APPROVAL OF TWO FREEHOLDERS

Court

STATE OF GEORGIA

WIDOW'S AFFIDAVIT

STATE OF GEORGIA, Cherokee COUNTY

Personally before me comes Kansada Holcombe of said County, who, after being duly sworn, on oath says, that she is the widow of John W Holcombe to whom in the County of Cherokee State of Georgia she was married on the 24 day of May 1869, and that she remained his wife, and resided with him to the date of his death in March 1917 and that she has not since his death remarried. At the time of his death he was a resident of Cherokee County, in Georgia said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$ 70.50 in Cherokee County for 1917 per annum, on account of being a soldier in Company Regiment (Volunteers of State Militia)

At the death of John W Holcombe he was in the use and possession of the following property none of the cash value of \$ none

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully and where situated.)

Acres land	<u>X</u>	\$
Horses and Mules	<u>X</u>	\$
Hogs, Cows, etc.		\$
Total Cash value of all property		\$

That she is now a bona fide resident citizen of said County of Cherokee and she has so continuously resided since 1861 day of 19

Sworn to and subscribed before me, this the 7 day of Sept 1917 } Kansada Holcombe }
J M Seagraves Ordinary, }
of Cherokee County.

Affidavit of Witnesses to Prove Marriage and to Whom Date of Death of Husband

STATE OF GEORGIA, Cherokee COUNTY

Personally before me come J M Seagraves and H B Turner known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Kansada Holcombe who made the foregoing affidavit, is the lawful widow of John W Holcombe who died in Cherokee County in said State of Georgia on 8 day of March 1917, and that she has not since remarried. That she became the wife of on the day of 18 , and that she and he had resided together as man and wife continuously since day of 18 , and that the was the same man who was on the pension roll of said State from County when he died.

Sworn to and subscribed before me, this the 29 day of Oct 1917 } J M Seagraves }
J M Seagraves Ordinary, }
of Cherokee County.

Kansada Holcombe
Sept 1918
Cherokee, 11/2-1917
Seagraves

No.

Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910

County Cherokee

Name Kansada Holcombe

Widow of John W Holcombe

Company

Regiment

Approved

J. W. LINDSEY,
Commissioner of Pensions

Index Printing Co., State Printers, Atlanta

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 S. D. HOLCOMBE

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

says that he knew MRS. KANSADA HOLCOMBE of said County, and that said Pensioner

was on the Pension Roll of said County at the time of death, which occurred in FLOYD

County, in this State, on the FIRST day of JANUARY 1927, and that

no dependent children surviving,

and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 125.00

per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me

this 27TH day of JANUARY 1927

Frank P. Burtz Ordinary

CHEROKEE County

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, CHEROKEE County.

I, FRANK P. BURTZ, Ordinary of said County, do certify

that I personally know S. D. HOLCOMBE, who is a resident

citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith

and credit; that I also know MRS. KANSADA HOLCOMBE while in life and that this

was the same person whose name appears on the Pension Roll of CHEROKEE County, and

was paid a Pension of TWO HUNDRED (\$ 200.00) Dollars

in said County for 1926, and I now believe said pensioner to be dead; and that the instructions at the foot

of this voucher have been carefully observed in making up this voucher and the bills which are attached

hereto.

Given under my hand and official seal, this 27TH day of JANUARY 1927.

(Seal or Ordinary)

Frank P. Burtz Ordinary

CHEROKEE County

INSTRUCTIONS:

1st. For use in all cases where pensioner died after January 1st, had not been out of State longer than twelve months, and did not leave sufficient property to pay such expenses. THE WIDOW OF A SOLDIER, IF SHE IS LIVING, HAS PRIOR CLAIM OVER THESE EXPENSES, AND MUST MAKE APPLICATION ON YELLOW BLANK.

2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.

4th. 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."

5th. 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.

6th. 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.

7th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipt.

8th. Accept no bills for nursing until you write the Pension Department, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.

9th. Return this application, and attached bills, with your final settlement, to the Pension Department.

10th. Ordinary should see that the back of this blank, when folded, is filled out.

AFFIDAVIT OF TWO FREEHOLDERS

STATE OF GEORGIA, Cherokee County

Personally before me comes E. M. Safford & H. E. Zimm who after being sworn on oath says, that they are freeholders of said County, and that they know Kansada Holcomb of said County and knew her said husband Geo W Holcomb at his death on the 5 day of March 1917 that she and he were in the use, possession and control of the following erty to-wit: none

of the value of \$ _____ That she is now in the use, possession and control of the following property at his death to-wit: none

of the value of \$ _____

Sworn to and subscribed before me, this the

27 day of Oct 1917

E. M. Safford Ordinary,

Cherokee County.

ORDINARY'S CERTIFICATE

STATE OF GEORGIA, Cherokee County

I, E. M. Safford Ordinary of said County, do certify, that, I know Mrs. Kansada Holcomb the applicant for this pension and that she is the person

she represents herself to be, and that she is a bona fide continuing resident of said County and was on the

8th March 1918

That I also know _____ witness as to marriage and I also know

E. M. Safford & H. E. Zimm who I know to be a resident freeholder of said County

that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are

truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of _____ County shows that _____ returned property to the

amount of \$ _____ for 1908, \$ _____ for 1909, \$ _____ for 1910, \$ _____ for 1911, \$ _____ for

1912, \$ _____ for 1913, \$ _____ for 1914, \$ _____ for 1915, \$ _____ for 1916, \$ _____ for 1917,

\$ _____ for 1918.

Sworn under my hand and official seal of office this 27 day of Oct 1917

(SEAL)

E. M. Safford Ordinary,

Cherokee County.

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

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

3. All affidavits must be made before the Ordinary.

4. Only widows who married prior to first January, 1870, are entitled.

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

- 3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew worse to die.
- 4th. 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."
- 5th. 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.
- 6th. 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.
- 7th. The Ordinary signs pay roll, as Ordinary, for the pension and then deburses the money himself and takes receipts.
- 8th. Accept no bills for nursing until you write the Pension Department, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for doing only what the law and common humanity demand of them.
- 9th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 10th. Ordinary should see that the back of this blank, when folded, is filled out.

3. Only widows who married prior to first January, 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

*Holcombe, Kansasa
(Mrs.)*

For CHEROKEE County

1925

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Frank P. Burt Ordinary

For MRS. KANSADA HOLCOMBE

Date of Death JANUARY 1ST, 1927.

Amount \$ 100.00

Approved and ordered paid *OK*

John W. Clark 1925

MAY 25 1927 *N. B. HARRIS,*
Commissioner of Pensions.

Paid

1 Dec. 1927

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.

Lindale, Ga.
Jan. 1, 1926.

1 Casket \$ 100.00
Embalming \$ 20.00
Transportation to Rome Depot \$ 5.00

This is the Undertakers bill for Kansasa Holcombe
Age 82 yrs.

This bill is due, and is unpaid.

*Britten Bros. Undertakers
Lindale,
Ga.*

GEORGIA-CHEROKEE COUNTY:

THE ABOVE AND FOREGOING ACCOUNT IS RENDERED FOR FUNERAL
EXPENSES OF MRS. KANSADA HOLCOMBE WHO DIED WITHOUT OWNING SUFFICIENT
PROPERTY TO PAY THIS BILL.

SWORN TO AND SUBSCRIBED BEFORE ME
THIS 27TH DAY OF JANUARY, 1927.

Frank P. Burt ORDINARY.



MARRIAGE LICENSE

OF

John W Holcombe

AND

Martha Hagood

Issued *24th day August 1869*

and Recorded on Page *438* Book

S. of Marriage Licenses.

J M Safford
Ordinary.

I hereby certify that this
is a true copy of marriage
license and marriage of John
W Holcombe and Martha
Hagood as appears on

record in Book D. Page

438 of marriage record
of Chatham County Georgia

A J Henderson
Clerk.

AND

Amable Hagood

Issued 24th day August 1869

and Recorded on Page 438 Book

5. of Marriage Licenses.

J M Saltzfill
Ordinary.

I hereby certify that this
is a true copy of Marriage
License and Marriage of John
W. Holcomb and Amable
Hagood as appears on
Record in Book D. Page
438 of Marriage Record
of Cherokee County Georgia
At J. Henderson
Clerk. C.



TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL.

You are hereby authorized to join
John W Holcomb and Leanda Hagood
in the Holy State of Matrimony according to the Constitution and
Laws of this State and for so doing this shall be your License
And you are hereby required to return this License to me with your
Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal this 24 day of
Aug 1889

W R B Moss (L.S.)
Ordinary.

STATE OF GEORGIA **CERTIFICATE** CHEROKEE COUNTY

I Certify that John W Holcomb and Leanda Hagood
were joined in Matrimony by me this 24 day of August 1889
Recorded Aug 12 1889
and Eighty nine

W R B Moss

Ordinary.

F M Williams M. B.
(Sign here.)



TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL.

You are hereby authorized to join
John W Holcomb and Bernade Hagood
in the Holy State of Matrimony according to the Constitution and
Laws of this State and for so doing this shall be your License
And you are hereby required to return this License to me with your
Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal this 24 *day of*
Aug 1889 th *W R B Moss* (L.S.)

Ordinary.

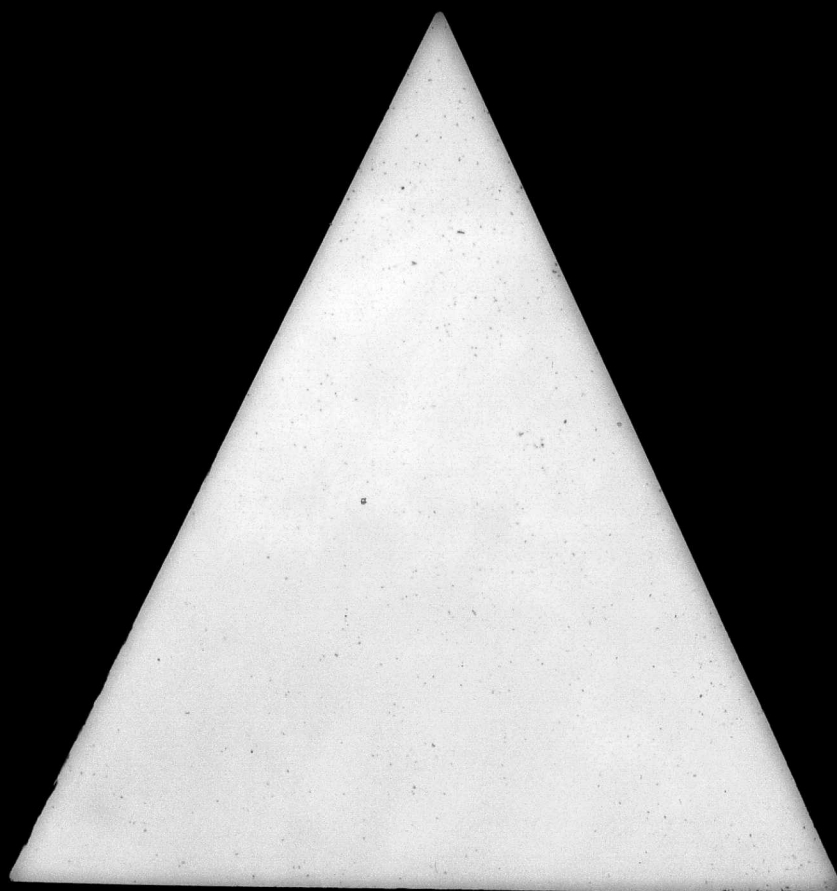
STATE OF GEORGIA **CERTIFICATE** CHEROKEE COUNTY

I Certify that John W Holcomb and Bernade Hagood
were joined in Matrimony by me this 24 *day of* August 1889 *between* Eight *Hundred*
Recorded Aug 12 1889 *and* Eight *nine*

W R B Moss

Ordinary.

F M Williams M. P.
(Sign here.)



RECORDED

Widow's Application
Cherokee County
1938

State Dept. Public Welfare
 Atlanta, Oct. 27, 1937.

B. F. Holcombe enlisted as
 a private in Co. B, 11th
 Regt. Ga. Militia Aug. 1864
 Surrendered Kingston, Ga.,
 May 12, 1865.

Director Confederate Records
 Div.

Widow's Application

Under Act of 1910—As Amended by Act of
 1919, and Constitutional Amendments
 of 1920 and 1937.

County *Cherokee*
 Name *Martha Holcomb*
 Widow of *B. F. Holcomb*
 Date of Marriage *May 5, 1864*
 Date of Husband's Death *June 30, 1935*
 Company *B. F. Holcomb*
 Regiment *11th Regt. Ga. Militia*
 Approved *W. C. Miller* 1937
 Director

JUL 24 1937

Ordinary's Certificate

STATE OF GEORGIA,

Cherokee COUNTY.

I, *Frank Marley*, Ordinary of said County, do certify
 that I know *Martha Holcomb* the applicant for pension; that
 she is the person she represents herself to be, and that she has been, continuously, a bona fide resident
 citizen of said State since January 1st, 1920; that I also know *J. H. Holcomb*
 the witness who swears to the ~~service of husband and~~ marriage; that both of them are now residents
 of said County and were duly sworn by me before signing the foregoing affidavits, and that they are
 truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this *22* day of *July*, 193*7*.
 (SEAL OF ORDINARY) *Frank Marley* Ordinary.
 of *Cherokee* County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

(Under Act of 1910, as Amended by Act of 1919, and Constitutional
 Amendments of 1920 and 1937.)

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

Cherokee COUNTY.

Personally appears before me, *Martha Holcomb* of said State and County
 and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the
 Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after
 being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County)
Martha Holcomb, Canton, Cherokee Co.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State
 of Georgia? *All my life*
 Give date, or year, of your birth. *1868* Age: *68*
3. (1) When, (2) where and (3) to whom were you married? *May 5, 1864*
to B. F. Holcomb, Canton, Cherokee Co.
- a. Have you married since the death of first and soldier husband? *No*
- b. When and where did your first husband die? *June 30 - 1935*
- c. Were you residing together when he died? *Yes*
- d. If not, how long had you resided apart?
- e. Are you now a widow? *Yes*
- f. Have ~~you~~ your husband heretofore been paid a pension by the State? *No*
- g. If so, when and for what cause were you or your husband placed on the roll? *Conf. Soldiers*

SECTION II.

Answer the following questions if your husband was not a pensioner:

1. When, where and in what Company and Regiment did your husband enlist as a soldier in
 Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry,
 Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
2. When and where did the Commands of your husband surrender or discharge from the Service?
3. Was your husband personally present with his Command when it was surrendered or discharged?
4. If he was not present, state specifically and clearly where he was?
5. When did he leave the Command?
 a. For what cause did he leave?
 b. By whose authority did he leave?
 c. For how long was his leave of absence granted? d. In what way?
- e. What was his physical condition when he left his Command?
- f. What effort did he make to return to his Command?
- g. In what way was he prevented from going back to his Command?
- h. Was he captured by the enemy at any time?
- i. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

22 day of *July*, 193*7*.
Frank Marley Ordinary
 of *Cherokee* County.
 (SEAL OF ORDINARY)

Martha Holcomb
 Applicant.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of _____

Before me, the Ordinary of said County, comes Mrs. _____, who, after being duly sworn, deposes and says:

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;
2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;
3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;
4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Sworn to and subscribed before me, this the _____

day of _____, 193____

_____, Ordinary,

_____, County.

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

_____, COUNTY.

_____, of said State and County is hereby presented as a witness in support of the application of Martha Holcomb for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give Post Office and County) J. H. Holcomb, Ball Ground, Ga. Cherokee Co.
2. How long and since when have you known Martha Holcomb, applicant 52 yrs.
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? Benton, Ga. all her life
4. When and to whom was she married? to R. F. Holcomb How do you know? I saw them
5. How long and since when did you know R. F. Holcomb her husband? all my life
6. When and where did R. F. Holcomb the husband of applicant, die? Ball Ground, Ga. June 30 - 1935
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes

8. If not, how long did they live apart before his death? _____

Were they divorced? _____

If the husband of the applicant was a pensioner, DO NOT answer the following questions.

9. When, where and in what Company and regiment did _____ enlist? (Give date and place) _____
10. How did you obtain your information of this service? _____
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) _____
12. When and where was his Command surrendered or discharged? (Give date and place.) _____

13. Were you personally present with this Command when it was surrendered? _____ If not, where were you _____ and how came you there? _____

14. Was the husband of applicant personally present with his Command at its surrender? _____ If not where was he? _____ and how came him there? _____

When, where and for what cause did he leave his Command? (Give date.) _____

By whose authority did he leave his Command? _____

and how long was he granted leave? _____

How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically) _____

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

16. What effort did he make to return to his Command and how do you know this? _____

17. Was he captured as a prisoner? _____ If so, when and where? _____

In what prison was he held? _____ and when released? _____

Sworn to and subscribed before me, this the _____

23 day of July, 1937
John M. May Ordinary
of Cherokee County.
(SEAL OF ORDINARY)

J. H. Holcomb
(Witness)



Widow's Application

Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.

County Cherokee
Name Martha Holcomb
Widow of Dr. H. F. Holcomb
Date of Marriage May 8 1887
Date of Husband's Death 1
Company 1
Regiment 193
Approved 193
Director 193

Ordinary's Certificate

STATE OF GEORGIA,

Cherokee COUNTY.
I, Dr. H. F. Holcomb, Ordinary of said County, do certify that I know Mrs. Martha Holcomb the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1920; that I also know Dr. H. F. Holcomb the witness who swears to the service of husband and/or the marriage; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 22 day of July, 1937.
(SEAL OF ORDINARY) Dr. H. F. Holcomb, Ordinary.
of Cherokee County.

INSTRUCTIONS:

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1920, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be certified by such Ordinary.
5. Attach certified copy of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Fill out the back of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.
8. Do not take an application from any widow who is already receiving a pension.

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

(Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.)

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

Cherokee COUNTY.

Personally appears before me, Martha Holcomb said State and County and hereby applies for the pension allowed by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, and submits testimony to support the same, and, after being duly sworn, true answers to make to the questions propounded, answers as follow, to wit:

SECTION I.

1. What is your name, and where do you reside? (Give Post Office and County) Martha Holcomb, Cherokee, Ga. Cherokee Co.
2. How long and since when have you been, continuously, a bona fide resident citizen of the State of Georgia? All life.
Give date, or year, of your birth 1869 Age? 68
3. (1) When, (2) where and (3) to whom were you married? May 8 - 1887
Cherokee Co. to Dr. H. F. Holcomb.
- a. Have you married since the death of first and soldier husband? No.
- b. When and where did your first husband die? East Prussia, Ga. Cherokee Co.
- c. Were you residing together when he died? Yes.
- d. If not, how long had you resided apart? Yes.
- e. Are you now a widow? Yes.
- f. Have you or your husband heretofore been paid a pension by the State? Yes.
- g. If so, when and for what cause were you or your husband placed on the roll?

SECTION II.

Answer the following questions if your husband was not a pensioner:

1. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
2. When and where did the Commands of your husband surrender or discharge from the Service?
3. Was your husband personally present with his Command when it was surrendered or discharged?
4. If he was not present, state specifically and clearly where he was?
5. When did he leave the Command?
 - a. For what cause did he leave?
 - b. By whose authority did he leave?
 - c. For how long was his leave of absence granted?
 - d. In what way?
6. What was his physical condition when he left his Command?
7. What effort did he make to return to his Command?
8. In what way was he prevented from going back to his Command?
9. Was he captured by the enemy at any time?
10. If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the 22 day of July, 1937.
Dr. H. F. Holcomb, Ordinary
of Cherokee County.
(SEAL OF ORDINARY)

Martha Holcomb
Applicant.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of

Before me, the Ordinary of said County, comes Mrs. who, after being duly sworn, deposes and says:

1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;
2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;
3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;
4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.

Sworn to and subscribed before me, this the

..... day of, 193.....

..... Ordinary,

..... County.

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

..... COUNTY.

..... of said State and County is hereby presented as a witness in support of the application of Mrs. Martha Holcomb for the pension provided by the Act of 1910, as amended by the Act of 1919 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give Post Office and County) J. H. Holcomb, Ball Ground, Ga., Chitaway Co.
2. How long and since when have you known Mrs. Martha Holcomb applicant 50 yrs.
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? Canton, Ga. all life
4. When and to whom was she married? May 5-1877 How do you know? I was there
5. How long and since when did you know all my life. her husband?
6. When and where did Ball Ground, Ga. June 30-1905 the husband of applicant, die?
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death? Were they divorced?

If the husband of the applicant was a pensioner, DO NOT answer the following questions.

9. When, where and in what Company and regiment did enlist? (Give date and place)
10. How did you obtain your information of this service?
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.)
12. When and where was his Command surrendered or discharged? (Give date and place.)
13. Were you personally present with this Command when it was surrendered? If not, where were you and how came you there?
14. Was the husband of applicant personally present with his Command at its surrender? If not where was he? and how came him there? When, where and for what cause did he leave his Command? (Give date.) By whose authority did he leave his Command? and how long was he granted leave? How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically)
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?
16. What effort did he make to return to his Command and how do you know this?

17. Was he captured as a prisoner? If so, when and where? In what prison was he held? and when released?

Sworn to and subscribed before me, this the

..... day of July, 1937

..... Ordinary of County.

(SEAL OF ORDINARY)

J. H. Holcomb (Witness)

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Honorable Jacob Massey, Ordinary,
Cherokee County,
Canton, Georgia.

WHEREAS:

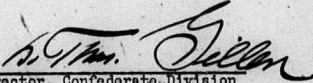
MRS. MARTHA HOLCOMB, WIDOW OF B. F. HOLCOMB,

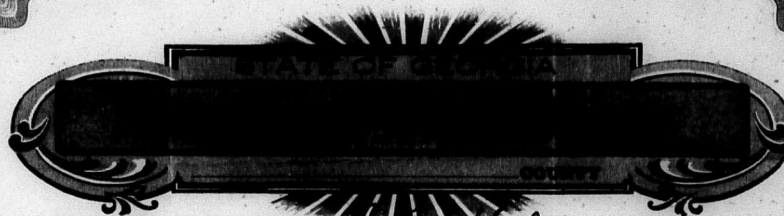
has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January, 1938, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 1937.


Director, Confederate Division
State Department of Public
Welfare



This Certifies that R. F. Holcomb
and Mattha Swinford

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

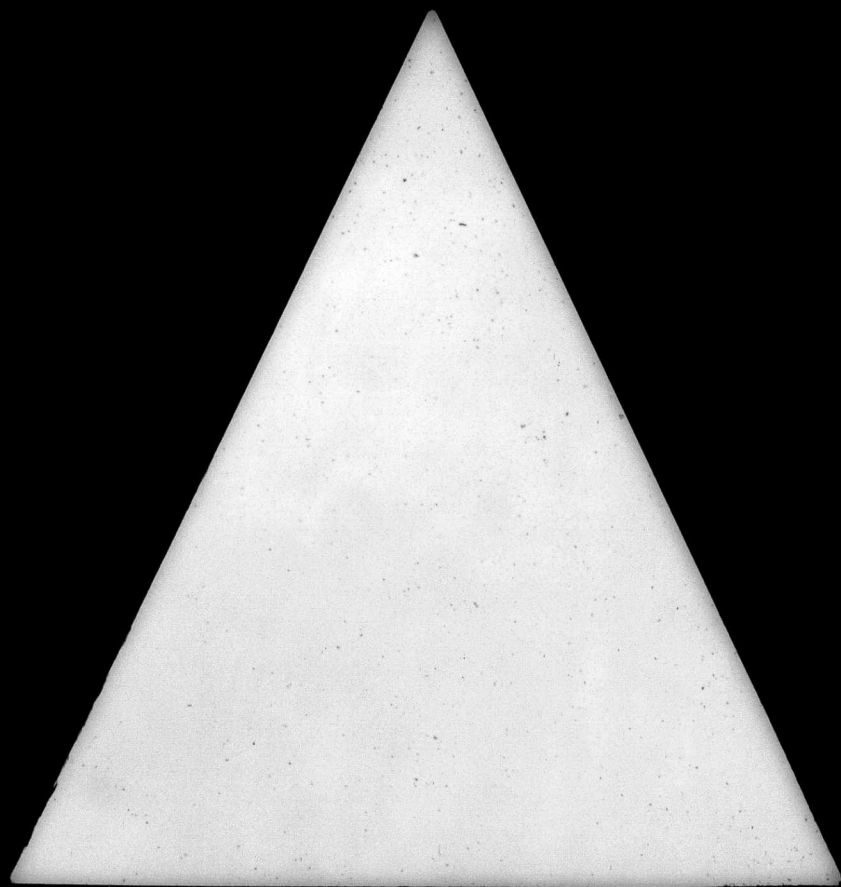
By N. J. Ingram M. &

On the 5 day of May, in the year of our Lord 1937

as appears of record in my office in Marriage Record, book 7

page 140. This 22 day of July 1937

Jack Massey
MINISTRY



Holden, Miles W.

No. *789* *Cokerokee Co*

APPLICATION FOR

FOR CONFEDERATE SOLDIER.

Applicant *Miles W. Holden*

County *Cokerokee*

Limb *Right arm below elbow*

Amount *\$4.00*

Date of Warrant *Jan'y 14th '88*

Page

State of Georgia,

Cherokee County.

Personally appeared before me Amiles N. Holden of the County of Cherokee State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a private Soldier in Company H. 1st Ga. L. Regiment of Ga. State Line Volunteers, that while engaged in such military service, to wit: at the battle or engagement of Grassboro in the State of Georgia on the Thirtieth day of August 1864, he was wounded in the right Arm, and that the same was amputated. Below the Elbow that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has not supplied himself with an artificial Arm; or that, not having done so, he prefers to supply himself with an artificial Arm.

Sworn to and subscribed before me this Sixth day of January 1880.

O. W. Putnam Ordinary

Amiles N. Holden

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

COMMISSIONED OFFICER'S AFFIDAVIT.

State of Georgia,

County.

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

Sworn to and subscribed before this day of 18.

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

Holden, Amiles N.
No. 789 Cherokee Co.

APPLICATION FOR

FOR CONFEDERATE SOLDIER.

Applicant Amiles N. Holden

County Cherokee

Limb Right Arm below elbow

Amount \$40

Date of Warrant Jan 14 1880

Page

AN ACT

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

SECTION I. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such needed artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy-five dollars; for an arm extending above the elbow, sixty dollars; for an arm not extending above the elbow, forty dollars: Provided, the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

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

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

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

HENRY R. GOETCHUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved September 20th, 1879.

A. O. BACON,
Speaker House Representatives.
REYNOLDS E. LISTER,
President Senate.
ALFRED H. COLQUITT, Governor.

State of Georgia.

Cherokee County.

Personally came John L. Worley, M. A. Keith, and
C. D. Framling.....
who, being duly sworn, depose and say they are acquainted with Miles T. Holden.....
.....and that he lost an arm.....in the military service during the late war;
that said arm.....was amputated, below the elbow.....; that he is a bona fide
citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.
Sworn to and subscribed before me this.....
.....day of January.....1880. E. G. Framling
John L. Worley
M. A. Keith

State of Georgia,

Cherokee County.

I, O. W. Putnam.....Ordinary of Cherokee.....
county, do certify that I am well acquainted with Miles T. Holden.....
the applicant for an arm....., and am well satisfied that the facts stated by him in the fore-
going affidavit are true, and that I am well acquainted with John L. Worley.....
M. A. Keith, and C. D. Framling.....
the citizens who make their affidavit, that they are respectable citizens of this county, and that the
facts stated by them are true.

Given under my hand and official seal, this twentieth day of January.....1880
O. W. Putnam.....Ordinary.....

Halden Miles N.

Cherokee Co

No. 1266.

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 25, 1889.

FOR

Lawrence H. Halden

Applicant Miles N. Halden

County Cherokee

Amount \$100

Date of Warrant March

Entered on Record,

March 1889

SECRETARY EXECUTIVE DEPARTMENT.

No additional data.

M. S. Wright

STATE OF GEORGIA.

Cherokee County.

PERSONALLY appears Miles N. Halden 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 day of 1856; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company A, of 1st Regiment of State Line Volunteers, Howell's Brigade; that whilst engaged in such military service, at the battle of Gettysburg in the State of Georgia, on the 30 day of August 1864, he was

wounded as follows: by Bomb shell striking right arm carrying away six inches of the hand and half of the arm, between the elbow and the hand, arm completely paralyzed, leaving disponent without the power of movement in the right arm.

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 the 26 day of September 1889. Miles N. Halden

Deponent's signature, and date.

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

STATE OF GEORGIA.

County.

PERSONALLY comes before me Ordinary of said county, and both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined and after such examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this day of 188

ORDINARY.

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

STATE OF GEORGIA,

Cherokee County.

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

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

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

Given under my official signature and seal, this 26 day of February 1887

Oscar W. Putnam
Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I, Wm. M. Holden of Cherokee county, in said State, do hereby appoint Wm. M. Holden 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 26 day of February 1887

Wm. M. Holden (L. S.)

Executed in the presence of us:

Oscar W. Putnam Ordinary
J. S. Dupree

DIRECTION:

Send money to me as follows, by Money Order to Cherokee County, Georgia.
Wm. M. Holden P. O.
Cherokee

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

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

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

Oscar W. Putnam

Ordinary

Cherokee

County.

STATE OF GEORGIA,

Cherokee County.

I, Oscar W. Putnam

Ordinary of said County,

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

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

Given under my official signature and seal, this 5 day of July 1891.

Oscar W. Putnam

Ordinary

Cherokee

County.

APPLICATION FOR ALLOWANCE

FOR TALL MEN'S SERVICE IN 1861.

James of Arm
Applicant Miles N. Holden

County, Cherokee

Amount, 100

Date of warrant, Feb 28

Entered on record, Feb 28 1890

do not

WARRANT HANDED TO

Jefferson Smith

1891

PAID 1891

Application for Allowance

FOR TALL MEN'S SERVICE IN 1861.

James of Arm

Applicant, Miles N. Holden

County, Cherokee

Amount, 100

Date of Warrant, Feb 28

Entered on record, Feb 28 1891

do not

WARRANT HANDED TO

Miles N. Holden

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

1891

PAID 1891

Application for Allowance

FOR TALL MEN'S SERVICE IN 1861.

James of Arm

Applicant, Miles N. Holden

County, Cherokee

Amount, 100

Date of Warrant, Feb 28

Entered on record, Feb 28 1891

do not

WARRANT HANDED TO

Miles N. Holden

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County. }
PERSONALLY appears *Miles W. Holden* of *Cherokee* county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the _____ day of _____ 1885; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *A*, of *1st* th Regiment of *State Line* Volunteers *Stovall*'s Brigade; that whilst engaged in such military service, at the battle of *Jonesborough* in the State of *Georgia*, on the *30th* day of *August* 1864, he was wounded as follows: *gun shot on forearm of a shell striking right arm below the elbow, fracturing the amputation of bone arm near the elbow at once after being introduced*

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

Sworn to and subscribed before me, this the _____ day of *February* 1890, *Miles W. Holden*

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, *Miles W. Holden* of *Cherokee* county, in said State, do hereby appoint *Jefferson Smith* 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 _____ day of *February* 1890 *Miles W. Holden* [L. S.]

Executed in the presence of us:

M. M. Hagood
Oscar W. Portman

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 *Miles W. Holden* of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the _____ day of *January* 1836; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Private* in Company *A*, of *1st* th Regiment of *State* Volunteers *Stovall*'s Brigade; that whilst engaged in such military service at the battle of *Jonesborough* in the State of *Georgia*, on the *30th* day of *August* 1864, he was wounded as follows: *in the right arm by a shell and the arm was amputated about the middle of the arm below the elbow*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *one hundred* dollars, for *1888 & 1889*

Sworn to and subscribed before me, this the _____ day of *July* 1891, *Miles W. Holden*

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, *Miles W. Holden* of *Cherokee* County, State of Georgia, do hereby appoint *Miles W. Holden* 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 _____ day of *February* 1891, *Miles W. Holden* [L. S.]

Executed in the presence of us:

J. S. P.
Oscar W. Portman

DIRECTION.

Send money to me as follows, by _____

to _____

P. O.

County, Georgia.

STATE OF GEORGIA.

Cherokee County.

I, O. W. Harrison Ordinary of said county,

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

Given under my official signature and seal, this 15 day of March 1892.

O. W. Harrison
Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee County.

Know all Men by these Presents, That I, Wm. D. Holden County

of Cherokee County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us:

O. W. Harrison
Allen C. Harris Ordinary of said County.

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

STATE OF GEORGIA _____ County, Georgia.

Warrant for the sum of _____ Dollars.

Holden, Miles of
Cherokee Co.

March 15

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name Wm. D. Holden

County Cherokee

Disability Loss of Arm

Amount, \$ 100.00

Entered on record March 15 1892.

W. H. HARRISON,
Secretary of Penitentiary Department.

no

AGENT.
E. J. Holden
Geo. W. Harrison, State Printer, Atlanta, Ga.

Cherokee Co.

1893

Holden, Miles of

Cherokee Co.

No. 46

Application for Advancement

For the Year Ending October 31, 1893

Loss of Arm

Amount, 100.00

Date of Warrant, March 15

Entered on record, March 15

Warrant Handed to M. J. Holden

no

STATE OF GEORGIA
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears *Miles N. Holden* of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the day of *January* 1864, 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 *H*, of *1st* th Regiment of *State Line* Volunteers *Georgia*'s Brigade; that whilst engaged in such military service at the battle of *Jonesboro* in the State of *Georgia*, on the *10th* day of *August* 1864, he was wounded as follows: *Left hand struck by right hand. Causing pain and he was unable to perform duty of military service and shot, wounded*

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

One hundred Dollars for *1889, 1890 & 1891*

Sworn to and subscribed before me this the *15th* day of *March* 1892, *Miles N. Holden*

O. B. Spurgeon 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, *Miles N. Holden* of *Sharp Top Cherokee Co. Ga.*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *15th* day of *March* 1892.

Executed in the presence of us:

W. A. Stanil
W. A. Stanil, J. P.

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 *Miles N. Holden* of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *January* 1864; 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 *H*, of *1st* th Regiment of *State Line* Volunteers *Georgia*'s Brigade; that whilst engaged in such military service at the battle of *Jonesboro* in the State of *Georgia*, on the *10th* day of *August* 1864, he was wounded as follows: *Left hand struck by right hand. Causing pain and he was unable to perform duty of military service and shot, wounded*

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

One hundred dollars, for *1889, 1890, and 1891*

Sworn to and subscribed before me, this, the *15th* day of *March* 1892, *Miles N. Holden*

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, *Alfred L. Brown* Ordinary of said County, do certify that I am well acquainted with *Miles N. Holden* 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 *15th* day of *March* 1892.

Alfred L. Brown 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,

Miles T. Nolden

of Cherokee

County, State of Georgia, do hereby appoint,

William N. Harrison

of Atlanta 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 25th

day of January 1894.

Miles T. Nolden

[L. S.]

Executed in the presence of us

S. L. Gorm, Ordinary
W. T. Kirk

DIRECTIONS

Send money to me as follows, by

By check No 12 S. L. Gorm
to Ordinary, Canton

P. O.

Cherokee

County, Georgia.

Miles T. Nolden

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I, Miles T. Nolden

of Cherokee

County, State of Georgia, do hereby appoint

Rachael Johnson, Sec. Ex. Dept

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 26th

day of January 1895.

Miles T. Nolden [L. S.]

Executed in presence of us

S. L. Gorm, Ordinary

of Cherokee County

DIRECTIONS.

Send money to me as follows, by

check No 12 S. L. Gorm Ordinary
to me, at Canton

P. O.

County, Georgia.

Miles T. Nolden

Holden, Miles T.

Cherokee

(For Those Already Enrolled.)

No. 449

Soldier's Pension.

1894.

Name Miles T. Nolden

County Cherokee

Disability Loss of arm

Amount, \$ 100

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

M. T.

Geo. W. Harrison, State Printer, Atlanta.

No data

Graves Co.
Holden, Miles T.

(For Those Already Enrolled.)

No. 856

SOLDIER'S PENSION.

1895.

Name Miles T. Nolden

County Cherokee

Disability Loss of arm

Amount, \$ 100

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

All

Geo. W. Harrison, State Printer, Atlanta.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Cherokee County. }

PERSONALLY appears Miles, N. Walden 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 1855; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 7, of 1st Regiment of Georgia Volunteers Shoel's Brigade; that whilst engaged in such military service at the battle of James R. Ransom in the State of Georgia, on the 30th day of August 1864, he was wounded as follows: With Bomb Shell which caused the loss of Right arm below the elbow

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

Sworn to and subscribed before me, this, the 31st day of February 1894. } Miles, N. Walden
A. C. Loomis, Ordinary

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

STATE OF GEORGIA, }

Cherokee County. }

I, A. C. Loomis Ordinary of said County, do certify that I am well acquainted with Miles, N. Walden 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 27th day of February 1894.



Ordinary A. C. Loomis County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Cherokee County. }

PERSONALLY appears Miles, N. Walden 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 18; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company 7, of 1st Regiment of State Volunteers, Shoel's Brigade; that whilst engaged in such military service at the battle of James R. Ransom in the State of Georgia, on the 31 day of August 1864, he was wounded as follows: By Bomb Shell causing loss of right arm

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

Sworn to and subscribed before me, this, the 30 day of January 1895. } Miles, N. Walden
A. C. Loomis, Ordinary

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

STATE OF GEORGIA, }

Cherokee County. }

I, A. C. Loomis Ordinary of said County, do certify that I am well acquainted with Miles, N. Walden 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 A. C. Loomis County.

Audited mch 5- 1889.

Wm. A. Wright
COMPTROLLER-GENERAL.

Cherokee

Maimed Soldiers.

Voucher No. 1066.

Amount. \$ 100.

Paid to Miles N. Holden
For Loss of right
Arm.
March 4 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK.

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

W. A. Wright

Cherokee

Maimed Soldiers.

Voucher No. 2123

Amount \$ 100⁰⁰

Paid to Miles N. Holden
For Loss of an
Arm.
July 28 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

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

Mr. Jefferson Smith

Holden, Miles N.
Cherokee

1891.

Maimed Soldiers.

Voucher No. 1214

Amount \$ 100

Paid to Miles N. Holden
For Loss of right
Arm.

Nov. 6. 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Miles N. Holden

No. 1066

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.Atlanta, Ga. *Feb 4* 1889

Mr. *Miles H. Holden* of the County
of *Cherokee* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1888, and the same having been allowed for

Loss of right arm
He is entitled to receive the sum of *One Hundred & 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor,

W. H. Hamlin

CLERK EXECUTIVE DEPARTMENT.

\$ 100.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100 Dollars,
per above voucher, this *4* of *March* 1889.

*M. W. Holden**Per W. W. Smith*

No. 2123

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga. *Feb 28* 1890

Mr. *Miles H. Holden* of the County
of *Cherokee* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved, Dec. 24, 1888, and the same having been examined and allowed for

Loss of right arm
He is entitled to receive the sum of *One Hundred & 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.
The Treasurer will pay the same and hold his receipt on this voucher, and return same
to Executive Department for warrant.

By the Governor,

W. H. Hamlin

CLERK EXECUTIVE DEPARTMENT.

\$ 100.⁰⁰

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100 Dollars,
per above voucher, this *28* of *Feb* 1890

*Miles H. Holden**W. W. Smith*

1891.

No. 124

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT. }

Atlanta, Ga. Feb 6 1891.

Mr. Miles M. Holden of the County
of Cherokee having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for

Loss of arm
He is entitled to receive the sum of One Hundred Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

G. J. Northing
GOVERNOR.

By the Governor,

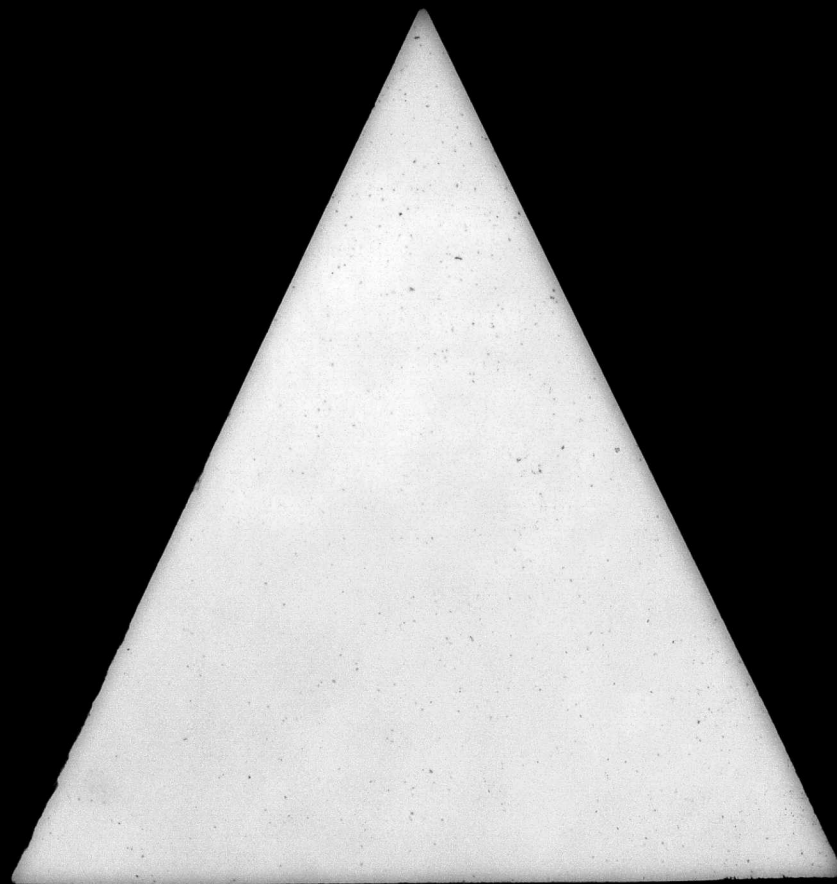
M. H. Harrison
SECY EXECUTIVE DEPARTMENT

\$ 100

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

One Hundred and no/100 Dollars,
per above voucher, this 6 of Feb 1891.

M. M. Holden
By M. M. Holden



Hollen Emma V
Cherokee Co
Oct 1914

+ No.

Widow's Application

To Be Put on Roll in Her Own Right, when
Husband Was on Roll at Death.

✓

County *Cherokee*

Name *Mrs Emma V Hollen*

Widow of *P M Hollen*

2-10-22

Approved

J. W. LINDSEY
Commissioner of Pensions

Chas. P. Byrd, State Printer, Atlanta.

9/26/1913

STATE OF GEORGIA,
CHEROKEE

County,

Personally before me comes Mrs. Emma V. Hollen of said County, who, after being duly sworn, on oath says, that she is the widow of P. M. Hollen to whom in the County of Rockingham State of Virginia she was married on the 14th day of Nov. 1907 and that she remained his wife, and resided with him to the date of his death in Mar. 25 1912 and that she has not since his death remarried. At the time of his death he was a resident of Cherokee County, in Canton said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$ 60.00 in Cherokee County for 1011 per annum, on account of being a soldier in Company "D" 10th Va. Regiment Infantry (Volunteers of State Militia.)

At the death of P. M. Hollen he was in the use and possession of the following property. No property

of the cash value of \$ None

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.) Nothing.

Acres land. \$
Horses and Mules. \$
Hogs, Cows, etc. \$
Total Cash value of all property \$

That she is now a bona fide resident citizen of said County of Cherokee and she has so continuously resided since 25 years in State since 1863.

Sworn to and subscribed before me, this the 12th day of June 1913. Mrs. Emma V. Hollen
H. J. Webb Ordinary,
of Cherokee County.

Affidavit of Witnesses to Prove Marriage and to Whom--Date of
Death of Husband.

STATE OF GEORGIA,
Cherokee County,

Personally before me come G. M. Speck known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Emma V. Hollen who made the foregoing affidavit, is the lawful widow of P. M. Hollen who died in Cherokee County in said State of Georgia on 25th day of March 1912 and that she has not since remarried. That she became the wife of P. M. Hollen on the 14th day of Nov. 1867 and that she and he had resided together as man and wife continuously since 14th day of Nov. 1867 and that the P. M. Hollen was the same man who was on the pension roll of said State Ga. from Cherokee County when he died.

Sworn to and subscribed before me, this the 12th day of June 1913. G. M. Speck
H. J. Webb Ordinary,
of Cherokee County.

Widow's Application

To Be Put on Roll in Her Own Right, when
Husband Was on Roll at Death.

Name Mrs. Emma V. Hollen
County Cherokee
Widow of P. M. Hollen
Dated 11-10-12
Approved _____

J. W. LINDSEY
Commissioner of Pensions

CHAS. F. BYRD, State Printer, Atlanta.

9/20/1913

A Certificate

STATE OF GEORGIA, County of Cherokee

IN RE: Expenses last illness and funeral Mrs. E. V. Hollen

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 12th day of Aug 1933.

(SEAL)

Jacob Massey Ordinary

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

\$ 127.00 CANTON, GA. Feb. 28 1935

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

One Hundred & Twenty Seven & no/100 DOLLARS

Mrs. E. V. Hollen Funeral Expenses
IN FULL SETTLEMENT OF COMPENSATION PENSION FOR 1933

WITNESS:

Ruth Groves

PAYEE SIGN HERE
W. J. Lawrence

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

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Cherokee County.

Personally before me comes L. A. McClure & O. E. Fitch who after being sworn on oath says, that they are freeholders of said County, and that they know Emma E. Hollen of said County and knew her said husband Wm. Hollen at his death on the 25th day of March 1917 that she and he were in the use, possession and control of the following property at his death to wit: None

of the value of \$ 0.00 That she is now in the use, possession and control of the following property to wit: None

of the value of \$ 00.00 L. A. McClure

Sworn to and subscribed before me, this the

25 day of Sept 1913

Ordinary,

of Cherokee County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee County.

I, J. M. Saffell Ordinary of said County, do certify, that, I know Mrs. Emma E. Hollen the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the June 12 1913

That I also know L. A. McClure & O. E. Fitch witness as to marriage and I also know L. A. McClure & O. E. Fitch who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Cherokee County shows that she returned property to the amount of _____ for 1908 \$ _____ for 1909 \$ _____ for 1910 \$ _____

Sworn under my hand and official seal of office this 25th day of Sept 1913.

(SEAL.)

J. M. Saffell Ordinary.

Cherokee County.

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

R. T. JONES, PRESIDENT

FORTY YEARS AND MORE AT CANTON

R. W. JONES, GEN. MANAGER

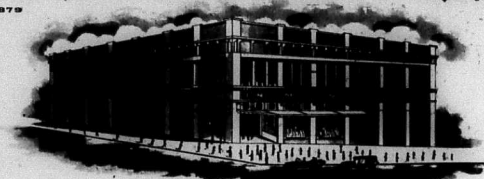
JONES MERCANTILE COMPANY

CAPITAL, SURPLUS AND PROFITS MORE THAN \$1,500,000.00
(OWNERS CANTON FERTILIZER COMPANY)

ESTABLISHED 1879

INCORPORATED 1907

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



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

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

June 28th. 1932

Mrs L A McClure, for Funeral Mrs. E. V. Hollen

Funeral Expense

\$365.00

The above and foregoing account is rendered for funeral expenses, of Mrs. E. V. Hollen, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me, This 7th day of July, 1932

J. M. Saffell Ordinary, Jones Mercantile Co.
by W. J. Saffell

TOTAL.

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

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

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 Mrs. Laura McClure of said County, who, after being sworn, on oath says that he knew E. V. Hollen 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 26 day of June, 1902, 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 \$265.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

Just Massey Ordinary
Cherokee County

(Seal of Ordinary)

Mrs. Laura McClure

CERTIFICATE OF ORDINARY

GEORGIA, Cherokee County.

I, Just Massey Ordinary of said County, do certify that I personally know Mrs. Laura McClure, 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 E. V. Hollen 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 1902, 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 7 day of June, 1902

(Seal of Ordinary)

Just Massey Ordinary
Cherokee County

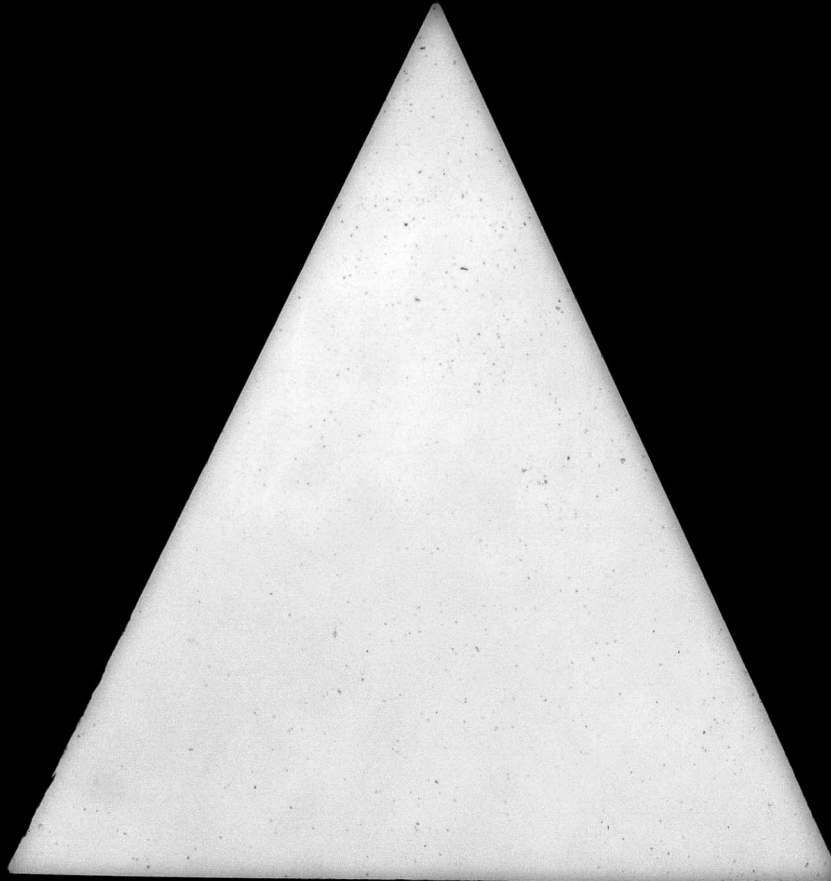
INSTRUCTIONS

- 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.

When the completed voucher, this blank and the bill, 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.



Hollan P. M.
Chester Co.
on Jan 14 09

INDIGENT PENSION.

190 8

Name P. M. Hollan
County Chester
Co. 10th Va Inf Regt.
Approved 190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

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

9/29/08

STATE OF GEORGIA.

COUNTY.

POWER OF ATTORNEY.

I, _____ of _____
do hereby authorize _____
to receive and receipt for the pension allowed and request that he remit same to _____

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

Executed in presence of _____

[L. S.]

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 _____ 1908.

[L. S.]

Executed in presence of _____

Hollan P. M.
Cherokee Co.
on Feb 1908

INDIGENT PENSION.

1908

Name R. M. Hollan
County Cherokee
Co. 10th Va. Inf. Regt.

Approved _____ 1908

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write name of Applicant, Company and Regiments in fields as indicated above.

Gen. of Pensions, State Printer, Atlanta, Ga.

932965

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

I, *P. M. Hollan* of said State and County, desiring to avail himself of the Pension Act (Section 1264, Code), hereby submit his proofs and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

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

P. M. Hollan, Cherokee County, Ga.

2. How long and since when have you been a resident of this State? *Over 20 years*

Nov 1867 about 46 years

3. When and where were you born? *Docttingham, Va. June 22nd 1838*

4. When and where and in what company and regiment did you enlist or serve? *Enlisted in Company D, 10th Va. Infantry*

in June 1861

5. How long did you remain in such company and regiment? *until 12th of May 1864*

1864 was Captain at Spotsylvania C. 74

12th of May 1864 was in Prison at Culpeper Va

6. When and where was your company and regiment surrendered and discharged? *At Appomattox on the 9th day of April 1865*

7. Were you present with your company and regiment when it was surrendered? *no*

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? *Was Capt. at Spotsylvania May 1864*

was in Prison 10 months was under parole

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

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

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty,"

second, "infirmity and poverty," or third, "blindness and poverty?" *Age & 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. *was fully wounded in battle and also ruptured*

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

but household worth about forty dollars

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904, 1905, 1906 and 1907, and what disposition, if any, by sale or gift, have you made of same? *none*

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

16. How were you supported during the years 1901, 1902, 1903, 1904, 1905, 1906 and 1907? *by help of 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?

18. What was your employment during 1901, 1902, 1903, 1904, 1905, 1906 and 1907? What pay did you receive in each year? *worked as Carpenter trade at 10 cents*

19. Have you a family? If so, who composes such family? Give their means of support. Have they a home-stand, or other property? Their ages and how employed? *Have but myself and wife*

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

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

22. How many applications have you ever made and under what class? *none*

Sworn to and subscribed before me this the _____ day of _____ 1908.

P. M. Hollan

Ordinary.

of Cherokee County.

Applicant.

Every Question MUST Be Answered.

Heath Place

and Deputy Clerk of Court
of Rockingham Co. Va.
made out by same Court

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

D. H. LEE MARTY,
COUNTY CLERK AND ALSO CLERK
OF THE CIRCUIT COURT AND
NOTARY PUBLIC.

J. S. MEMMERLY,
DEPUTY,
C. H. BRUNK,
DEPUTY.

CLERK'S OFFICE.

CIRCUIT COURT OF ROCKINGHAM COUNTY.

Harrisonburg, Virginia, July 8, 1907

Virginia, Rockingham County Va.
I D. H. Lee Marty late Lt. Col.
of the 10th Regt. Va. Vol. Inftry. Co. S. S. C.
and its only surviving Field Officer
at the close of the War; do hereby
certify that Peter M. Hollen late
of Rockingham Co. Va. but now
of Ga. was a member of Co. "D"
of the 10th Regt. Va. Vol. Inftry Co. S. S. C.
and that he was a faithful and
gallant Soldier - having been
wounded in the month of the battle
of McDowell in the Spring of 1862.
and that if there of there ever was a
deserving Soldier, he is one,
having lost his Citizens Ship in
Virginia. There is no Va. Law under
which he can be pensioned -

D. H. LEE MARTY,
COUNTY CLERK AND ALSO CLERK
OF THE CIRCUIT COURT AND
NOTARY PUBLIC.

J. S. MEMMERLY,
DEPUTY,
C. H. BRUNK,
DEPUTY.

CLERK'S OFFICE.

CIRCUIT COURT OF ROCKINGHAM COUNTY.

Harrisonburg, Virginia, July 27th 1907

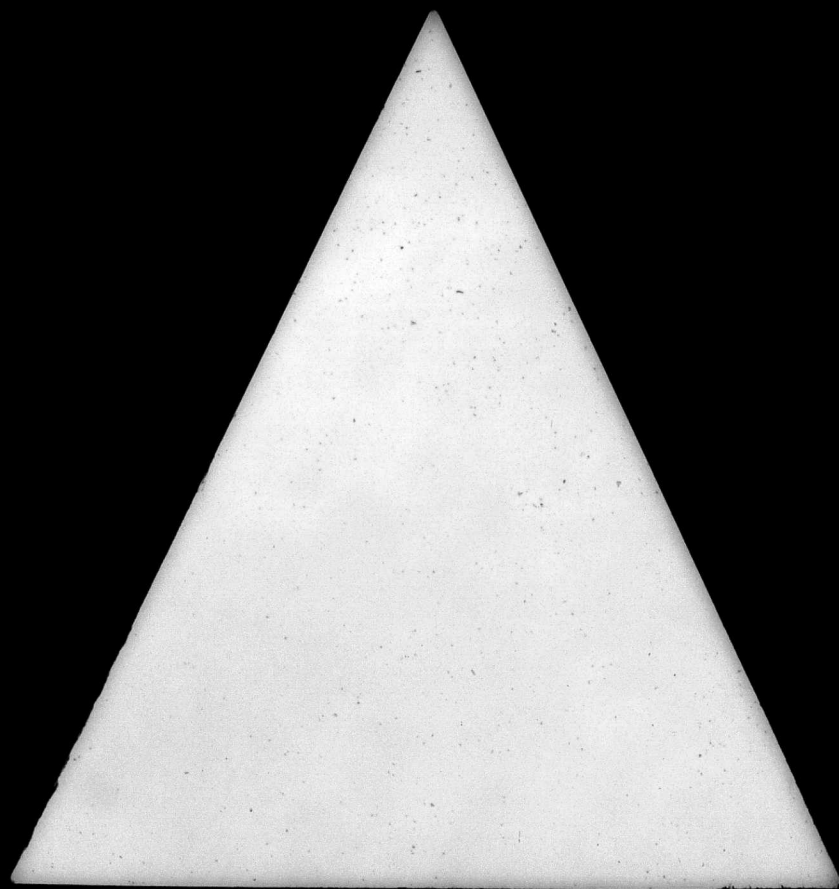
To all Whom it may Concern

I D. H. Lee Marty late Lt. Col.
of the 10th Regiment of Virginia In-
fantry, Army of Northern Va. Co. S. S. C.
certify that P. M. Hollen was a
member of Co. "D" 10th Va. Inftry. and
as time and have a Soldier as
we find a gun; bearing upon his
body now. The scars of wounds re-
ceived in battle - If faithful and
loyal service will entitle him to
a pension, then he should have it -
Respectfully
We heartily approve } D. H. Lee Marty
the above }
W. H. Stinespring - Co. "B" 10th Va.
R. K. Fletcher Co. "G" " "

D. H. Le May
Subscribed and sworn to before
me by D. H. Le May this 8 day
of February 1907

Geo. H. Hess.

Deputy Clerk for this Ct.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County,

I, James Noney hereby authorize
H. D. Magill of Stouten County

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

Adams at Lawton by book

Witness my hand and seal this 5th day of April 1895.

Executed in presence of

A. D. Burns Adams

James Noney

Ex Opt 16 July 1895
 It is not shown that
 witness applicant can
 not support himself
 See question 11 to witness
 Physicians not shown
 Rich Johnson

OK OK
 Honey James
 No 320 Cherokee

INDIGENT PENSION

1895.

La Bartow Co 1897

Name James Noney

County Cherokee Cherokee

Ground

July 1 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Atty

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, *James Noney* hereby authorize
W. D. Knight of *Fulton County*

to receive and receipt for the pension allowed and request that he remit same to *S. L. Burns*

Ordinary at *Carters* by *check*

Witness my hand and seal this *5th* day of *April* 1895.

Executed in presence of

S. L. Burns Ordinary

James Noney

Ex. Dpt. 16 July 1895
It is not shown that
Noney applicant can
not support himself
See question 11 to witness
Physician not shown
Rick Johnson

OK
Noney James
No 320 Cherokee
INDIGENT PENSION
1895.
S. L. Burns Col 191

Name *James Noney*
County *Cherokee*

Ground
July 1 1895
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT RETURNED TO
Atty
Geo. W. Harrison, State Printer, Atlanta.

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Cherokee County.

James Noney of said State and County, desiring to avail himself of the Pension Act approved December 16th, 1894, hereby submits his proof, 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)
James Noney Cherokee County Ga
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
Cherokee County Ga since June 1890
3. When and where were you born?
Summit Ga. 30 June 1830
4. Did you volunteer in the Confederate Army or in the Georgia Militia?
Confederate Army
5. When and where did you enlist?
June 1861 in Dalton Ga
6. In what company and regiment did you enlist?
Co. H 23d Reg. Ga. Inf.
7. How long did you remain in that company and regiment?
till the summer 1865
8. If you were discharged from same and joined another, or if you were transferred to another, give an account of such discharge or transfer?
9. For how long a period did you discharge regular military duty?
near four years
10. When, where and under what circumstances were you discharged from service?
I was discharged by surrender of the whole army
11. What is your present occupation?
Farmer
12. How much can you earn per annum by your own exertions or labor?
20 or 25 dollars
13. What has been your occupation since 1865?
Farmer
14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income?
a bent 25 dollars 20 or 25 dollars
15. What is your present physical condition and how long have you been in such condition?
from effect of wound and age am not able to work recovered wound in 1864 but with my age has made me unable to work for several years
16. 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"?
17. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?
in first & second age & poverty & infirmity & poverty
18. What property, effects or income do you possess?
none
19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same?
none
20. In what County did you reside during those years and what property did you then return for taxation?
in 1893 in Dalton in 1894 in Cherokee had no property
21. How were you supported during the years 1893 and 1894? By what labor received do credit & charity of the good people
22. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
a bent 260 contributed some 20 or 25 dollars
23. What was your employment during 1893 and 1894? What pay did you receive in each year?
Farmer
24. Are you married and have you a family? If so, is your wife living and how many children have you? Give age and sex of children and their means of support?
have no family living with me have 6 children married 4 boys & one girl all very poor.

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

no
Sworn to and subscribed before me this the
1st day of *April* 1895. } *James Hany* Applicant.
A. L. Loomis Ordinary
of *Cherokee* County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb County.
R. M. Mitchell of said State and County, having been presented as a witness in support of the application of *James Hany* 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? *Robert M. Mitchell*
Acworth Cobb County Georgia

2. Are you acquainted with *James Hany*, the applicant, if so how long have you known him? *Yes, thirty-five years*

3. Where does he reside, and how long has he been a resident of this State? *In Cherokee County Ga ever since I know him 30 years*

4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? *I know he served in Confederate Army I am with him*

5. When, where and in what company and regiment did he enlist? *Richmont August 31st 1861 in Co. F 2nd Regt Ga Inf*

6. Were you a member of the same company and regiment? *Yes*

7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? *From 31st Aug 1861 to Feb 1st 1865 at Anderson SC in April 1865. He was discharged before the surrender of the South*

8. What property, effects or income has the applicant? (Give your means of knowledge.) *Don't know, except from pension report he has nothing*

9. What property, effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? *Don't know*

10. What is the applicant's occupation and physical condition? *He resides on a farm I don't know his physical condition except he is getting old and has a bone wound in his arm*

11. Is the applicant unable to support himself by labor of any sort, if so, why? *I can't say*

12. How was he supported during the years 1893 and 1894? *Don't know*

13. What portion of his support for these two years was derived from his own labor or income? *Don't know*

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? *Don't know except as stated that it is reported he is very poor, he is about 65 years old and was severely wounded*

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

Sworn to and subscribed before me, this
the 4th day of *April* 1895. } *R. M. Mitchell* Applicant.
J. M. Stone Ordinary
Cobb County

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cherokee County.

Personally came before me *W. L. Coleman* and
C. Pickett, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully *James Hany*, 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 his shoulder has been dislocated by a shell and is perished away being disabled to that extent that in our opinion that he is not able to earn a living by manual labor

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 1st day of *April* 1895. } *W. L. Coleman, M.D.*
C. Pickett, M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee County.

I, *A. L. Loomis*, Ordinary in and for said County, hereby certify that the applicant *James Hany* resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: *W. L. Coleman & C. Pickett* 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 were signed. *Applicant made no return for tax on this County*

I further certify that the tax digests of _____ County show that applicant returned for taxation in his name in 1893, _____ dollars of property, and in 1894, _____ dollars of property.

Witness my hand and seal of office, this *1st* day of *April* 1895.

A. L. Loomis Ordinary
of *Cherokee* County.
I certify that R. M. Mitchell is a resident of Cobb County and is worthy of full faith & credit as a witness
NOTE: Before any questions are answered, the Ordinary shall read the following words: "You shall true answers make to each of the questions asked of you, and shall not swear to any other truth, as you feel."

that it is reported he is very poor, he is about 65 years old and was severely wounded

15. What interest have you in the recovery of a pension by this applicant?

Sworn to and subscribed before me, this

the 4th day of April 1895.

J. M. Stone Only
Cobb Co. Ga.

R. M. Mitchell
Applicant.

of

of Cobb County

County.

I certify that R. M. Mitchell is a
Resident of Cobb Co. Ga. and is worthy
of full faith & credit as a witness
NOTE: You shall
Before any questions are answered, the Ordinary shall read applicant and the witnesses in the following words: "You shall
true answers make to each of the questions asked of you and your witness shall give full and true answers to the whole truth, so help you God."

State of Georgia Samuel Hamey of said State
Cherokee County being having been presented
as a witness in support of the application of
James Hamey for Pension & after being duly
sworn solemnly and says

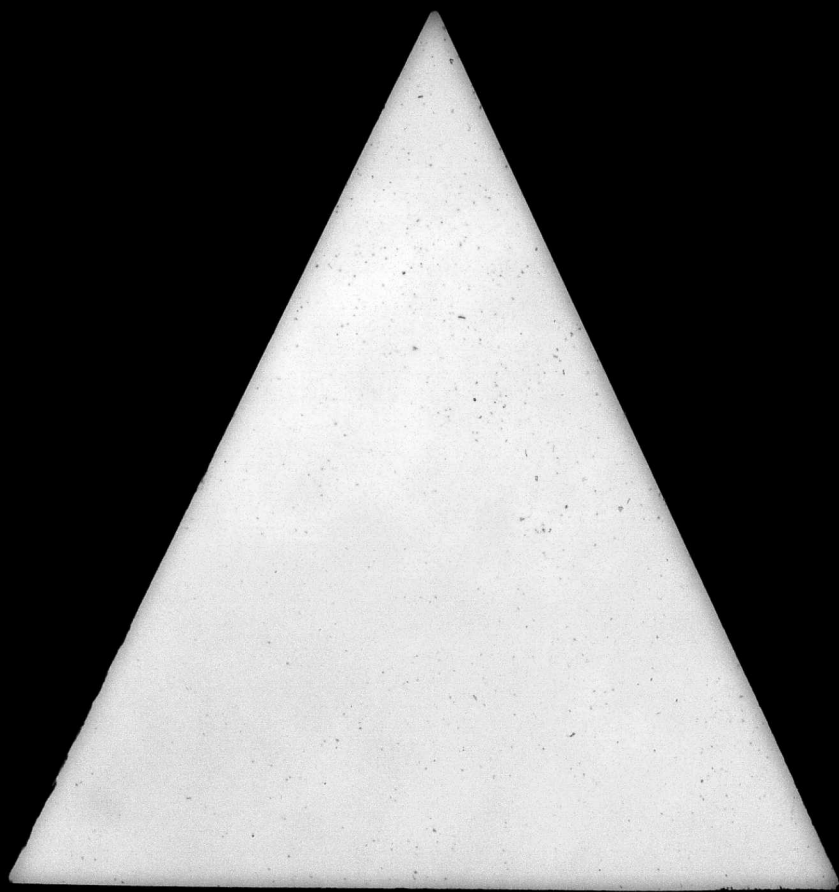
to the question. Shown on blank application he
says the applicant is not able to support him
self he has received a shot in the war & that
and old age has disabled him from labor
sufficient to earn a support

Sworn before me August 27th 1895.

D. C. Corrie Ordinary Samuel Hamey
mark

I, D. C. Corrie Ordinary, in & for said County
testify that Samuel Hamey who has this day
testified in support of the application of
James Hamey for Pension is a citizen of this
County & of good worth character & his statement
is entitled to full faith & credit this Aug 27th 1895

D. C. Corrie Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA,

Charlton County, }
hereby authorize

I, Benj. D. Woodward of Charlton Co.

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

Woods at Charlton Co. by Abner

Witness my hand and seal this 21st day of July 1897.

Executed in presence of

J. T. Woods }
W. B. Woods

Benj. D. Woodward
Charlton County
No. 3785

INDIGENT PENSION
1897.

Name Benj. D. Woodward
County Charlton

Approved 5/2 1897

WARRANT HANDED TO

Warr.

1/13/97
2/18/98 - 3/9/99

Pension Office 5/8/97
It appears that applicant
has a sufficiency of prop-
erty for his present sup-
port - Richd. Johnson
Corn of Pension

Pension Office 7/30/98
Further proof of infirmity
is required -
See witness 11 - also the
physician's affidavit
Richd. Johnson
Corn of Pension

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Burg H. Howard 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. Brown

Ordinary at Canton Ga by Chas. H.

Witness my hand and seal this 22nd day of Nov 1897.

Executed in presence of

G. F. Forrest

B. H. Howard

*Division Office 5/6/1897
It appears that applicant
has a deficiency in prop-
erty for his present tax-
port - Will of Bureau
order of Bureau
Division Office 7/20/1898
Further proof of infirmity
is required
See letters 11 - also the
physician's affidavit
Will of Bureau
order of Bureau*

INDIGENT PENSION

1899.

Name Burg H. Howard

County Cherokee

Approved 5/2 1897

WARRANT HANDLED TO

n. n.

1/13/97

246.48-39.99

Questions for Applicant.

STATE OF GEORGIA,

Cherokee County.

Burg H. Howard of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office) Burg H. Howard Cherokee Co. Ga
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? Resided in Cherokee Co. Ga. have lived in this State 45 years
3. When and where were you born? was born Dec 4th 1849 in Ga.
4. When and where and in what company and regiment did you enlist or serve? enlisted 1861 in 1st Ga. Cav. Co. B. 24th Regt.
5. How long did you remain in such company and regiment? nine months
6. For how long a period did you discharge regular military duty? three years
7. When, where and under what circumstances where you discharged from service? Discharged at Camp Lee, near Richmond, Va. was discharged from the service & General Disabling
8. What is your present occupation? Nothing
9. How much can you earn (gross) per annum by your own exertions or labor? about \$100.00
10. What has been your occupation since 1865? a cooper for 20 years
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmity and poverty" or third "blindness and poverty"?
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight? lost all of the use of my eyes & am now blind in one eye and cannot see myself
13. What property, effects or income do you possess and its gross value? own a small lot of land and a small amount of household goods & some stock
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? Returned for each of those years a part of the same property a small amount of household goods
15. In what County did you reside during those years and what property did you then return for taxation? in Cherokee Co. Returned as above stated
16. How were you supported during the years 1895 and 1896? I was kept by a wife and my daughter gave me some and a son labor
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? small amount contributed one half
18. What was your employment during 1895 and 1896? What pay did you receive in each year? I was nothing I received no pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? have wife & 4 children all married but one all poor not able to help me
20. Are you receiving any pension, if so what amount and for what disability? I receive no pension

Sworn to and subscribed before me this the

28 day of December 1897.

A. C. Brown Ordinary.

of Cherokee County.

B. H. Howard

Applicant.

Every Question MUST be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

County. }

Geo. F. Proust, of said State and County, having been presented as a witness in support of the application of Berry, H. Neward 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? Geo. F. Proust, Resides in Cheshoe, Ga.
2. Are you acquainted with Berry, H. Neward, the applicant, is of how long have you known him? have known him since 1861
3. Where does he reside, and how long has he been a resident of this State? Resides in Cheshoe, Ga. has known him since 1861
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I know he served in Confederate army I served with him
5. When, where and in what company and regiment did he enlist? I first met Mr. Neward in the army he was a member of the 6th Ga. Cal. Regt
6. Were you a member of the same company and regiment? I was a member of same Co.
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? I wasn't in the company in March 1862 he was a member of the Co. at that time but remember just how long he served after I went to the hospital his health failed he was discharged the 1st of June 1862
8. What property, effects or income has the applicant? (Give your means of knowledge.) I recall a moment of personal property I live in one half mile of Mr. Neward
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? Annual about the same each of these years and still has the same
10. What is the applicant's occupation and physical condition? he is a miller he is not able to do but very little work has Rheumatism and general disability
11. Is the applicant unable to support himself by labor of any sort, if so, why? I think he is he is not physically able to labor
12. How was he supported during the years 1895 and 1896? did what he could at Mill his children gave him some aid
13. What portion of his support for these two years was derived from his own labor or income? about one third
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 broken down bodily from disease
15. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this }
the 21st day of Dec 1897. } G. F. Proust Witness.
A. C. Coleman Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

County. }

Personally came before me, W. B. Coleman and W. F. Proust, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully Berry, H. Neward, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

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 21st day of Dec 1897. } W. B. Coleman W. F. Proust
A. C. Coleman Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County. }

I, A. C. Coleman, Ordinary in and for said County, hereby certify that the applicant Berry, H. Neward 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: C. P. Proust, W. B. Coleman, & G. F. Proust 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 Cheshoe County show that applicant returned for taxation in his name in 1895, Seventy three dollars of property, and in 1896, ninty five dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 21st day of Dec 1897.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, B. W. Howard

hereby authorize

W. A. Wright

of Atlanta Ga

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

A. E. Greenberg

at San Antonio Ga

by check

Witness my hand and seal, this 5th day of Jan 1900.

B. W. Howard

[L. S.]

Executed in presence of

A. E. Greenberg

Howard, B. W.

Cherokee

CODE SEC. 1284.

(For Those Already Enrolled.)

NO. 1884

INDIGENT

SOLDIER'S PENSION,

1900.

Name B. W. Howard

County Cherokee

WARRANT ISSUED

January 26 1900.

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wright

John W. Lindsey, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County. }

Personally appears R. W. Howard 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 _____ 1897; that he is 40 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 8 years in Company E, of 24 th Regiment of _____; that his physical condition is as follows: has rheumatism, is not able to do but my little work

that his property consists of the following items made and return

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1897

Sworn to and subscribed before me, this, the _____ day of Jan 1900. } R. W. Howard }
H. C. Brown Ordinary.

State of Georgia,

Cherokee County. }

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

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

AMC
your
seal
here.

H. C. Brown
 Ordinary Cherokee County.

NOTE.—The blank spaces must be filled.
 NOTE.—Affidavit should not be attested before January 1st, 1900.

Georgia Cherokee County

Personally came before me E.M. Priest who being duly sworn says he knows B. H. Howard the applicant for pension and was in the Army with him in Co. G. 24 regiment. he was in the regiment when I enlisted in Dec 1861. and in July 1862 he was discharged from service on account of being afflicted with rheumatism. I have known him for several years and for the last two years have been going to the mill that he kept and always found him unable to get about and I always had to take my grain in the mill. I don't consider him able to work for a support. He had to give up was not able to attend to the mill as it ought to have been attended to and is not now attending it. My impression is he had to give up the mill. E.M. Priest

Sworn to & subscribed
before me March 8. 1898

A.C. Coover Ordinary

I certify that E.M. Priest is a citizen of said County is truthful and reliable and his statements are entitled to full credit

A.C. Coover
Ordinary

State of Georgia & to A. Fowler and
Cherokee County B. H. Howard as
witnesses in support of the application
of B. H. Howard for Pension and
after being duly sworn deposes and
says as follows, we and each of us know
that the Property that was returned
for taxation in the years 1895 & 1896 by B. H.
Howard was not the Property of said
Howard but was the Property of his wife
and an Old Maid. Daughter of his
that lives with him. deponents further
swear that they have lived near Mr.
Howard for several years and is Father in
law. he has no property of his own
Subscribed & subscribed
Before me this 11th day of Feb 1898
A.C. Coover Ordinary } C. A. Fowler
B. H. Williams

Georgia Cherokee County

I Allen C. Coover Ordinary in and
for said County. Certify that C. A.
Fowler and B. H. Williams are citizens
of this County and are of trustworthy
Character whose statements are
entitled to full faith and credit.
Witness my hand and Seal this
11th day of Feb 1898.

Allen C. Coover
Ordinary

State of Georgia }
Cherokee County }

Personally came before me A. M. F. Hawkins and
J. M. Price both known to me as reputable
Physicians of said County who being solemnly
~~sworn~~ say on oath that they have examined
carefully B. H. Howard Applicant for pension
under the act of 1894 and after such personal
examination say that his precise physical
condition is as follows

We find he has Chronic Rheumatism we find
joints of lower extremities tender and tendons contracted
so as to prohibit at least a limitation of motion
muscles of upper extremities also contracted so as to
prevent a limitation of motion. Applicant is
not able from the above disease to perform manual
Labor sufficient to earn a support.

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 & subscribed
before me March 8/1898

A. C. Come

Ordg

A. M. F. Hawkins M.D.
J. M. Price M.D.

Georgia Cherokee County

I do. Comm. Ordinary for said County
Certify that A.M. & Hawkins & Jm. Price
are reputable practicing physicians
in said County and their statements
are entitled to full faith and credit.

Given under my hand and seal

Nov 8 1899

A.C. Comm

Ordinary

all indebted to full faith and credit.
Sum and p. may land road
Nov 8 1899

A. C. Connor
Adm.

CHEROKEE

can supply and sell
Nov 8/89

A. B. Conn
Adm.

CHEROKEE

COUNTY

THE END
MICROFILMED FOR

GA. DEPT. OF
ARCHIVES AND HISTORY

(PENSION APPLICATIONS OF CONFEDERATE SOLDIERS AND WIDOWS WHO APPLIED FROM GEORGIA)

Title DOBBS, (MRS) MARTHA C. (DAVID) THRU HOWARD, BENJAMIN H.

CHEROKEE COUNTY

Volume

GCP-76
GCP-

CHEROKEE COUNTY

Number

2886139-2886139-76

I CERTIFY I WAS THE OPERATOR WHO
PHOTOGRAPHED THIS FILM. IN ATLANTA,
GEORGIA, August 31, 1962.

J. P. HUGHES
Operator

15 X V

1095

MANN FILM LABORATORIES

DATE

END