35	QUESTIONS FOR WITNESS.
20	STATE OF GEORGIA,
3/3	Barton COUNTY.
37	1. D. WEEL , of said State and County, having been presented
150	a witness in support of the application of William Kelly for pension
16	under Section 1254, Code, and after being duly sworn true answers to make to the following questions,
1 to	deposes and answers as follows:  1. What is your name and where do you poside? I. NEEL, Sh.
3-7	Castersville Ga
186	2. Are you acquainted with Williams Helly the applicant; if so
13	how long have you known him? I got acquainted with hims in the n
200	3. Where does he reside, and how long and since when has be been a resident of this State?  On there here we go, Has lived in this state?
12/2	4. When, where and in what company and regiment did he enlist, and how do you know?
37	5. Were you member of the same company and regiment? Sundly, Co
1903	6. How long did he perform regular military duty, and what do you know of his service as a Confederate
320	soldier, and the time and circumstances of his discharge from the service? Appel three
34	discharged at homobor No. of the
43	Summer in 1865
dos.	7. What property, effects or income has the applicant? (Give your means of knowledge.)
X	
16.	8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what dispo-
120	sition, if any, did he make of same?
12	9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom?
h	
4	10. What is the applicant's occupation and physical condition?
6	X
3	11. Is the applicant unable to support himself by labor of any sort, if so, why?
14	- Part
37	111111111111111111111111111111111111111
33	12. How was he supported during the years 1897 and 1898?
ME	13. What portion of his support for these two years was derived from his own labor or income?
733	14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
Fag.	under Section 1254, Code?
13 3	
73	
Pg	Sworn to and subscribed before me, this
7 3	the 7 2 day of Chif 1899. Witness.
25	GWHINN OLG Ordinary.
[m	(Alman Parlia)

#### AFFIDAVIT OF PHYSICIANS

THE PROPERTY OF THE POPULATION.	
STATE OF GEORGIA,	
COUNTY	٧.
4 11 h	
N D = 1	nd
Said County, who, being severally sworn, say on oath that they have examined carefully &	
William , Relly , applicant for pension under Section 1254, Code, and a	
uch personal examination say that his precise physical condition is as follows:	
We find him outfiring from a complia	Z
of transles - descared condition of bladder	
Hendry, enlarged liver, and a general	
11111 - 1 - 1 - 1 - 1 - 1	-
P. 1 = 1.	nd
and in every way this system is completly let. We further say on oath that the physical condition of applicant renders him unable to labor at a	21.
ork or calling sufficient to earn a support for himself, and that we have no interest in said pension be	
llowed.	
Sworn to and subscribed before me this the	
10 day of open 1899. In Balis not	
allen C Carne Ordinary.	
	=
ORDINARY'S CERTIFICATE.	
STATE OF GEORGIA.	
Cherokee COUNTY	
and the country.)	
I, allen Claum, Ordinary in and for said County, hereby certain the applicant William Nelling resides in said County, and	ify
nat the applicant William Helling resides in said County, and	nas
een a bona fide resident of this State since the day of April 1899 and that the witnesses, viz: N. N. adding ton and S. W.	7
not that the witnesses, vis: A. M. Gates M.D.	
re 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 to	ok
ne oath hereon prescribed, and that the full text of the affidavits was read to the applicant and with	èss ,
efore same was signed.  I further certify that the tax digests of Chenoke County show that applie	
2.	
beturned for taxation in his name in 1897.	
f property, and in 1898 Dollars of property  In my opinion the foregoing claim is made in good faith.	
Witness my hand and seal of office, this 10 day of 1899	
allen Com Ordinary.	
allen C Com Ordinary.	

STATE OF GEORGIA,	Armuy.
leherchees County.	
I, mm, kolly	hereby authorize
mm di pright of Atlanta &	la
to receive and receipt for the pension allowed, and request that	t he remit same to
Alberry ording a barston la	<del> </del>
by chook	
Witness my hand and seal, this sel day of fast William 12	1900.
William 13	llen 17. 87
Executed in presence of	
d, 6 born, 6rdy	

For These Airsady Enrilled.)	SOLDIER'S PENSION, 1900.	Name (1922, Acolly) County Eleantrace WARRANT ISSUED	JOHN W. LINDSEY, Commissions of Pension.	WARRANT HADED TO	One V. Helen, sand Plates, states  M. Leele
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	POWER	OF AT	TORNE	Υ.	
TATE OF	GEORGIA,	1 '			
Char	sheel County	y.∫			Y.
I, br	esiam holly	here	by authorize_	,	
	form Godge				7
receive an	d receipt for the pe	ension allowed	TO STATE OF THE PARTY OF THE PA	that he rem	it same to
	(A)				
		his 4 "	lay of fame	. /	1901.
WILLES	ss my hand and seal, th		Vran 14	.00.	Γ <sub>τ</sub> α
			1.100.11-	ing	[L. S.
J Exec	ented in presence of	· -			
0.	•	•			
			, > .	*.	
Angelia de		1.0	A complete	., i	181
			**		1. 1
			<b>5</b>		

SOLDIER'S PENSION. (For Those Already Enrolled.) WARRANT ISSUED No. 8677 Name Mollown Rolly JOHN W. LINDSEY, WARRANT HANDED TO INDIGENT 1901.

No data

### For Applicants Heretofore Allowed Pensions.

personally appears we kelly of Charekee unty, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen of resident of said County and State, and has resided in said State continuously ever the day of 1811; that he is 61 years old and occupation a farme ; that he enlisted in the military service of the Confedence States (or of the State of during the war between the States, of deep the term of the served for the	STATE OF GEORGIA, County.
unty, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen de resident of said County and State, and has resided in said State continuously ever too the day of 181/1; that he is 62 years old and occupation a farma; that he enlisted in the military service of the Confedute States (or of the State of ) during the war between the States, deserved for the term of three years in Company a, of the Regiment of that his physical condition is as lows: Nearth claise as Y Conformal Life the receives no pension but the one herein applied for.  Deponent desires to participate in the benefits of the Act, approved December 15th, 94, and the Acts amendatory thereof, and makes application for the pension to which he entitled for the year 1800. I have heretofore as a resident of Charles Market Swort to and subscribed before me, this, the walls of fare 1900.  Sworn to and subscribed before me, this, the day of fare 1900.  Also County.  I, Also County.  County.  Given under my official signature and seal, this of the represents himself to be de that he resides in this County.  Given under my official signature and seal, this of the day of fare 1900.  Also County.  Given under my official signature and seal, this of the day of fare 1900.  Also County Counter and I know he is the individual he represents himself to be defined that he resides in this County.  Given under my official signature and seal, this of the county of the county of the county of the plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be defined that he resides in this County.  Given under my official signature and seal, this of the county of the co	
it hat he enlisted in the military service of the Confedite States (or of the State of	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 eve
de States (or of the State of large of	ince the day of 18/7; that he is 62 years old an
d served for the term of three year in Company 6, of to the Regiment of that his physical condition is as lows:  Noart Siegas Y Castanria of the record  at his property consists of the following items.  Dollars, that by reason of his physical addition and poverty he is unable to support himself by his own exertion or labor, and at he receives no pension but the one herein applied for.  Deponent desires to participate in the benefits of the Act, approved December 15th, 94, and the Acts amendatory thereof, and makes application for the pension to which he entitled for the year 1900. I have heretofore as a resident of Charles this be unty been allowed a pension for the year 189  Sworn to and subscribed before me, this, the day of fare 1900.  H. B. Berrer Ordinary.  Tate of Georgia, County.  I. M. B. Berrer Ordinary of said County, certify that I am well acquainted with Menty Rolls the plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this day of fare 1900.  A. B. Berrer	y occupation a farme; that he enlisted in the military service of the Confed
the value of	erate States (or of the State of) during the war between the States
the value of	and served for the term of throw your in Company & , of 40 th Regiment o
the value of	fa Nat his physical condition is a
Dollars, that by reason of his physical addition and poverty he is unable to support himself by his own exertion or labor, and at he receives no pension but the one herein applied for.  Deponent desires to participate in the benefits of the Act, approved December 15th, 94, and the Acts amendatory thereof, and makes application for the pension to which he entitled for the year 1800. I have heretofore as a resident of Chearless this bunty been allowed a pension for the year 189  Sworn to and subscribed before me, this, the day of fare 1900.  H. B. Berry Ordinary.  The Berry Ordinary.  Ordinary of said County, the plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this of the poor of the pension of the pension of the pension of the pension of the Act, approved December 15th, and the physical signature and seal, this of the pension to which he entitled for the Act, approved to the pension to which he entitled for the Act, approved to the pension to which he entitled for the Act, approved to the pension to which he entitled for the Act, approved to the pension to which he entitled for the Act, approved to the pension to wh	ollows: Neart diseas & catarock of the wood
Dollars, that by reason of his physical addition and poverty he is unable to support himself by his own exertion or labor, and at he receives no pension but the one herein applied for.  Deponent desires to participate in the benefits of the Act, approved December 15th, 94, and the Acts amendatory thereof, and makes application for the pension to which he entitled for the year 1800. I have heretofore as a resident of Chearless this bunty been allowed a pension for the year 189  Sworn to and subscribed before me, this, the day of fare 1900.  H. B. Berry Ordinary.  The Berry Ordinary.  Ordinary of said County, the plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this of the poor of the pension of the pension of the pension of the pension of the Act, approved December 15th, and the physical signature and seal, this of the pension to which he entitled for the Act, approved to the pension to which he entitled for the Act, approved to the pension to which he entitled for the Act, approved to the pension to which he entitled for the Act, approved to the pension to which he entitled for the Act, approved to the pension to wh	
adition and poverty he is unable to support himself by his own exertion or labor, and at he receives no pension but the one herein applied for.  Deponent desires to participate in the benefits of the Act, approved December 15th, 94, and the Acts amendatory thereof, and makes application for the pension to which he entitled for the year 1900. I have heretofore as a resident of Chenches this bunty been allowed a pension for the year 189—  Sworn to and subscribed before me, this, the day of fan 1900.  H. C. County.  Ordinary.  County.  I. H. C. County.  I. A. C. County.  Ordinary of said County, certify that I am well acquainted with Mr. Kollo that he statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this day of form 1900.  A. C. County.  Gay of form 1900.	hat his property consists of the following items have no famount
adition and poverty he is unable to support himself by his own exertion or labor, and at he receives no pension but the one herein applied for.  Deponent desires to participate in the benefits of the Act, approved December 15th, 94, and the Acts amendatory thereof, and makes application for the pension to which he entitled for the year 1900. I have heretofore as a resident of Chenches this bunty been allowed a pension for the year 189—  Sworn to and subscribed before me, this, the day of fan 1900.  H. C. County.  Ordinary.  County.  I. H. C. County.  I. A. C. County.  Ordinary of said County, certify that I am well acquainted with Mr. Kollo that he statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this day of form 1900.  A. C. County.  Gay of form 1900.	
at he receives no pension but the one herein applied for.  Deponent desires to participate in the benefits of the Act, approved December 15th, 94, and the Acts amendatory thereof, and makes application for the pension to which he entitled for the year 1900. I have heretofore as a resident of Charles this banty been allowed a pension for the year 189	of the value of Dollars, that by reason of his physica
at he receives no pension but the one herein applied for.  Deponent desires to participate in the benefits of the Act, approved December 15th, 94, and the Acts amendatory thereof, and makes application for the pension to which he entitled for the year 1900. I have heretofore as a resident of Charles this banty been allowed a pension for the year 189	condition and poverty he is unable to support himself by his own exertion or labor, an
Deponent desires to participate in the benefits of the Act, approved December 15th, 94, and the Acts amendatory thereof, and makes application for the pension to which he entitled for the year 1900. I have heretofore as a resident of handhard the entitled for the year 1900. I have heretofore as a resident of handhard the entitled for the year 189	hat he receives no pension but the one herein applied for.
94, and the Acts amendatory thereof, and makes application for the pension to which he entitled for the year 1900. I have heretofore as a resident of heavehous this inty been allowed a pension for the year 189	
centified for the year 1900. I have heretofore as a resident of handle this county been allowed a pension for the year 189  Sworn to and subscribed before me, this, the day of fan 1900.  H. C. Dordinary.  County.  I. H. C. County.  I. H. C. County.  I. M. C. County.  I. M. C. County.  Ordinary of said County, certify that I am well acquainted with Marie Rolls. the plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this day of four 1900.  A. C. Borrer.	894, and the Acts amendatory thereof, and makes application for the pension to which h
Sworn to and subscribed before me, this, the day of fan 1900.  A. B. Correct Ordinary.  Condinary.  Condinary of said County, and an well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this 1900.  A. B. B. Correct Ordinary of said County, the plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this 1900.	s entitled for the year 1900. I have heretofore as a resident of Chonches this
day of flan 1900.)  A. C. County.  I. M. C. County.  I. M. C. County.  I. M. C. County.  Ordinary of said County, the plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this day of four 1900.  A. C. Borrer.  A. C. Borrer.  Ordinary.	
day of flan 1900.)  A. E. Court Ordinary.  tate of Georgia,  L. M. E. Court Ordinary of said County, certify that I am well acquainted with Mr. Kolls, the plicant in the foregoing affidavit, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this day of four 1900.  A. E. Borrer  A. E. Borrer  A. E. Borrer	Sworn to and subscribed before me, this, the ) William (4.11)
A & & County.  I. A & & County.  I. A & & County.  I. A & & County.  Ordinary of said County, the plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this day of four 1900.  A & & & & & & & & & & & & & & & & & &	dev of Ran 1900
I, A. C. County.  I, A. C. County.  I, A. C. County.  I, A. C. County.  Ordinary of said County, the plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this of the pour tour tour tour tour tour tour tour t	
I. H. E. County. Ordinary of said County, certify that I am well acquainted with Mrs. Rollo. the plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this day of 1900.	M. W. M. C.
I. A County.  I. A County.  Ordinary of said County, certify that I am well acquainted with Mrs. Rolls.  the plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this day of four 1900.  AMER AND 1900.	State of Coursia 1 1
I, A C. Correctify that I am well acquainted with Merical Scales, the plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this day of Journal 1900.  A, C. Borrer	
certify that I am well acquainted with Mr. kollo the plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this day of Jan 1900.  A, b, b, corre	
plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this day of four 1900.  A, b, borrer	I, Ale Corre Ordinary of said County
plicant in the foregoing affidavit, and am well satisfied that the statements made by him his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this day of four 1900.  A, b, borrer	lo certify that I am well acquainted with mm, kollo,
his said affidavit are true, and I know he is the individual he represents himself to be d that he resides in this County.  Given under my official signature and seal, this day of 1900.  A, b, b, contains	
Given under my official signature and seal, this of day of four 1900.  A, b, borre	n his said affidavit are true, and I know he is the individual he represents himself to h
day of for 1900.	and that he resides in this County.
day of for 1900.	Given under my official signature and seal, this
A, b, bonne	
	your

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA; County.	
personally appears Milliam . Kollos	. 10. 01
County, State of Georgia, who being duly sworn	
and resident of said County and State, and ha	s resided in said State continuously ever
ince theday of	
y occupation a farmen that he	enlisted in the military service of the Con-
	during the war between the
States, and served for the term of 5 Hean	in Company 6 of 40 th Regiment
States, and served for the term of I year  f ha Naturaloeus	that his physical condition is as
ollows: har cotoarh of Wood	
almost Blind	Transfer and Ks
L-1 1 - C 1	*
hat his property consists of the following items	mad The relien
	<u> </u>
	The state of the s
f the value of	Dollars, that by reason of his physical
ondition and poverty he is unable to support l	nimself by his own exertion or labor, and
894, and the Acts amendatory thereof, and males entitled for the year 1901. I have heretofore ounty been allowed a pension for the year 1922.  Sworn to and subscribed before me, this the state of the year 1922.	as a resident of Chorokov
4 day of fan 190	1.)
d b born	_Ordinary.
STATE OF GEORGIA,  Chorefros County.	
I. d. b. burne	Ordinary of said County,
certify that I am well acquinted with	
oplicant in the foregoing affidavit, and am well	satisfied that the statements made by him
his said affidavit are true, and I know he is t	
nd that he resides in this County.	
Given under my official sig	mature and seal this 4
day of Jane	/1901.
Amx } your }	S. E. Berry
Ordinar	chonetice County.
Norz —The blank spaces m ust be filled.	L soft

STATE OF GE	ORGIA,	la granda		
Cheda on 5	County.			
I, : //	bonn !		authorize	•
to receive and rec	eipt for the pensio	n allowed and		e remit same to
by		-q.	. 9	1000
Witness my	hand and seal, this_	day o	MX/Cell	1902, [L. s.]
Executed in p	resence of			/
10 Du	<i>IM</i>			

POWER	OF ATTORNEY.	
STATE OF GEORGIA,	1	
Cheroher Con	unty.	
I, m.m. kolley	B 과어 프리스 (SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	
mm J. Mright.		
U.b. be receipt for the pen	sion allowed and request that he	remit same t
by chook		
Witness my hand and seal, this	10" day of Juney	1903,
	ow in Helly	[L. S
Executed in presence of		
as, b. Come, and	ry	
	<b>*</b>	

Helly, W. M. (William m.) Cherofee (Oo, CODE SECTION 124. (FOR THOSE ALREADY ENROLLED.)	No. 3624 INDIGENT	SOLDIER'S PENSION 1902.	n Kelen entler Regiment 40	WARRANT ISSUED  3/4 1902.	JOHN W. LINDSEY,	WARRANT HANDED TO	Geo, W. Harrison, State Printer, Alfanta.
Telly, W. Ohngker.	No.	SOLDIE	Name W. H. County Co. E	WAR	NHOÍ	WARR	Geo. W. Harr

	•											
Kelley, William	CONTRACTOR EST. (EGR THOSE ALGERAL ENGINEER)	No. 4357.	INDIGENT	SOLDIER'S PENSION	1903.	Name W. M. Relley	Eas.	WARRANT ISSUED	716 1903.	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO	Geo. Harrison, State Printer, Atlanta,

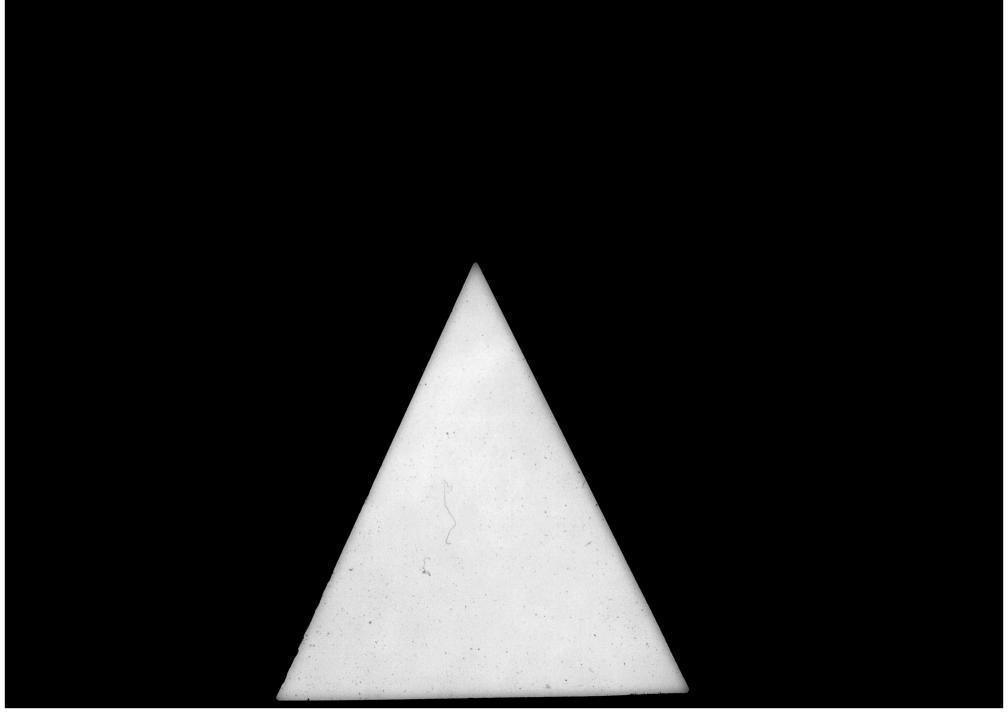
### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
(oberokee County.)	
Personally appears W. M. Kelly	of Chestree
County, State of Geoogia, who being duly sworn,	says on oath that he is a bona fide citizen
and resident of said County and State, and has	s resided in said State continuously ever
since theday of	1877: that he is 6 2 years old and
by occupation a Farme that he e	mlisted in the military service of the Con-
federate States (or of the State of	) during the war between the
States, and served for the term of 470	in Company & of 40th Regiment
of 42 malenders	: that his physical condition is as
of ya valencers follows: Hert harble the	induces
IUIOWS.	
that his property consists of the following items	S
	* 1
7	
	Dollars, that by reason of his physical
condition and poverty he is unable to support h	
that he receives no pension but the one herein ap	
Deponent desires to participate in the bene	ofts of the Act approved December 15th.
1894, and the Acts amendatory thereof, and make	es'application for the pension to which he
is entitled for the year 1902. I have heretofore	a as a resident of Cheroles
is entitled for the year 1902. I have heretolore	Lie
county been allowed a pension for the year 19	
Sworn to and subscribed before me, this the	
day of and 1902,	/
, Com	Ordinary.
STATE OF GEORGIA,	
Cherter County.	
460 -	
1, 2	Ordinary of said County,
do certify that I am well acquainted with	-11 satisfied that the statements made by
the applicant in the foregoing affidavit, and am whim in his said affidavit are true, and I know he	is the individual he represents himself to
	is the individual he represents ministricto
be and that he resides in this County.	9
Given under my official sign	
day of Jung	
Affix your seal	Accessor
here	
Ordina	ary Chestill County.

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORG	
Personally appears Jum	Mikeller 1 of chandles
County, State of Georgia, who, bein	ng duly sworn, says on oath that he is a bona fide citizen
nd resident of said County and S	State, and has resided in said State continuously ever
ince theday of	1838; that he is 65 years old and
y occupation a farm	that he enlisted in the military service of the Con.
ederate States ( or of the State of	) during the war between the
tates, and served for the term of	in Company 6, of 10 th Regiment
ollows: locationrake	of the Would & Manager
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hat his property consists of the fo	ollowing items: ne medium
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f the value of	Dollars, that by reason of his physical
hat he receives no pension but the	e to support himself by his own exertion or labor, and e one herein applied for. tte in the benefits of the Act, approved December 15th,
894, and the Acts amendatory the	reof, and makes application for the pension to which he
	ave heretofore as a resident of Chandles
ounty been allowed a pension for	the year 1502
Sworn to and subscribed before  10 day of funning  W, 6, 6000	19 12 전 12 12 12 12 12 12 12 12 12 12 12 12 12
STATE OF GEORGI	
	ellow VI 6 Goran Ordinary of said County,
	ted with W. M. Relley
	lavit, and am well satisfied that the statements made by
	and I know he is the individual he represents himself to
and that he resides in this Cour	
	ny official signature and seal, this
Amx your Beal }	es. 6. borne
	Ordinary chardee County.
Norg.—Affidavit she	paces must be filled. ould not be attested before January 1st, 1908.

State of yeorgin H.M. addington of said State & county having been presented as a witness in sup port of the applicant William Hely for pension moder Section 1254 Code & after being derly swom the auswers to make to the following grustions depose y answer as follows He has no property to amount to any thing Thave Known him for Deveral years he is old infine matable to make a liv ing by manuel labor He has been a miller but is now ma ble to do any thing He was sufferled during the years 1897 & 1898 by his friends I have known him for 10 or 15 years & he has not had any property since, I true him I don't suffer he could som our linth of his support by his own later as he is very Sweet to and Subscribed before & H. M. adding love me. Africe 10 - 1899. The Rockin Chen 164 Richar Charter Co



## Cherokee Co. INDIGENT PENSION, 1901. Name Marine Kenny County Cherches Co. The Mater of Reg'm't Approved JOHN W. LINDSEY, Commissioner of Pensions. WARRANT HANDED TO Ordinary will write Name of Applicant, Company and Regiment on back as indicated above.

POWER

**ATTORNEY** 

	ounty. )	hereby h
	of	
ve and receipt for the pension allo	wed, and request that he remit	same to
		hv-
at		U J
Witness my hand and seal, this	day of	190

JOHN W. LINDSEY,

3T/	Questions for Applicant.
1	Cherokee County.
word	ail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly a true answers to make to the following questions, deposes and answers as follows:  What is your name and where do you reside? (give State, County and post office)
2.	How long and since when have you been a resident of this State?
3. 4.	When and where were you born? Language the learning ba, Oct. 1817, When and where and in what company and regiment did you enlist or serve Statter fact.
1	When and where and in what company and regiment did you enlist or serve Sattan fant
5.	How long did you remain in such company and regiment? Spinsonths
6.	When and where was your company and regiment surrendered and discharged? I enlisted on Six privately the time of which on a standard ba discharges in 1864
7.	Were you present with your company and regiment when it was surrendered? Justice If pot present, state specifically and clearly where you were, when you left your command, for what
ens	If pot present, state specifically and clearly where you were, when you left your command, for what e and by whose authority? I was fareurent
9.	How much can you earn (gross) per annum by your own exertions or labor ? Cant Parm and
1.	What has been your occupation since 1865? Authorized Upon which of the following grounds do you base your application for pension, vis: first, "age and
2.	if upon the first ground, sure how you have been in such condition that you could not earn support? If upon the second, give a full and complete history of the infirmity and its extent? If
ipg	the third, state whether you are totally blind and when and where you lost your sight?
Do	any been fin fact your solding New fortante
3.	What property, real or personal, or income, do you possess, and its gross value ? (are law to
4.	What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899 and 1900
Ma	what disposition, if any, by sale or gift, have you made of same? made black of black of male of same? made of same? make a subject of such it, last,
15.	In what County did you reside during those years, and what property did you then return for taxation
	How were you supported during the years 1899 and 1900? Last True dang then
w	How much did your support cost for each of those years, and what portion did you contribute thereto
ov v	rour own labor or income? Accel Assault Comment of labor Cont Tolk.  What was your employment during 1898 and 1899? What pay did you receive in each year.
	Reacinos, no ha
h hc	Have you a family? If so, who composes such family? Give their means of support? Have they meetead? Warle Mark Mark dans then a walk me me
4	Vaneatoad
20.	Are you receiving any pension? If so, what amount and for what disability?
21.	Have you ever made an application for pension before? Merce!
22.	How many applications have you ever made and under what class? Messel
	Sworn to and subscribed before me this the Marione, Kenzel Applicant.

teny marion

INDIGENT PENSION,

#### QUESTIONS FOR WITNESS.

STATE OF GEORGIA,	
leabh COUNTY.	1
100	
Wir Burnell , of said State and County, having been presented	
as a witness in support of the application of Marion Kerna for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions,	
deposes and answers as follows:	4
1. What is your name and where do you reside?	
2. Are you acquainted with Manon Kump, the applicant; if so,	
2. Are you acquainted with Manon Jump, the applicant; if so, how long have you known him? 42 Muro	130000
3. Where does he reside, and how long and since when has he been a resident of this State?	7779
State of worg in Cheroke County	
4. When, where and in what company and regiment did he enlist, and how do you know?	
company a 7th Reg Ma alute troops enlested as Begahan fant	Manager
5. Were you a member of the same company and regiment?	194 35
6. How long did he perform regular military duty?	-
7. Wan and where was his command surrendered? mustined and at allem	~
8. Were you present when it a metal to a color of aut - ' Yes !	
9. Was applicant present?	1
10. If he was not present, where was he? Present	
When did he leave his command? For what cause? Musleved aut	-
By what authority he left? Enlisted for 6 months How do you know all of this?	
The state of the s	and the state of
Rome under my personal Knowledge	A CONTRACT
11. What property, effects or income has the applicant? (Give your means of knowledge.)	4 5
12. What property, effects or income did the applicant possess in 1896, 1897, 1898, 1899 and 1900, and	
what disposition, if any, did be make of same? One anale one Cow and Call	h
said Aplicant fort both of them	1)
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?	10
He has not	
14. What is the applicant's occupation and physical condition?	11.
his Phical Condition is very Bad	
15. Is the applicant unable to approve himself by labor of any cost if so why? H(1's 225)	
15. Is the applicant unable to support himself by labor of any sort, if so, why? His use	
	4
16. How was he supported during the years 1898, 1899 and 1900? By the helh of	The same
his two claughter	H
17. What portion of his support for these three years was derived from his own labor or income?	il a
17. What portion of his support for these three years was derived from his own labor or income?	1
17. What portion of his support for these three years was derived from his own labor or income?  10. There than our third  18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension	) 
17. What portion of his support for these three years was derived from his own labor or income?  10. I mare than one the applicant's physical condition that entitles him to a pension under Section 1254, Code? And is Phinical Complete transplant in Phinical Complete transplants in the applicant's physical condition that entitles him to a pension under Section 1254, Code? And is Phinical Complete transplants.	<u> </u>
17. What portion of his support for these three years was derived from his own labor or income?  10. There than our third  18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension	
17. What portion of his support for these three years was derived from his own labor or income?  10t mart trans one third in the applicant's physical condition that entitles him to a pension under Section 1254, Code? him in Phinical Completion is a try Bad and he is not abel to close many labor.	
17. What portion of his support for these three years was derived from his own labor or income?  18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? 442 12 Phinical Completion is 122 mg.  Bad and he is not about to close many brites.  19. What inferest have you in the recovery of a pension by this applicant?	,
17. What portion of his support for these three years was derived from his own labor or income?  18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? 442 is Phinical Completion is Arry Back and here, not about to close mannly labor.  Back and here, not about to close mannly labor.  19. What inferest have you in the recovery of a pension by this applicant?	
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17. What portion of his support for these three years was derived from his own labor or income?  18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? His is Phinical Consolition is Arry Bad and he is not about to close manily labor.  19. What interest have you in the recovery of a pension by this applicant?  Sworn to and subscribed before me, this full the day of they are they ordinary.	rsia ?
17. What portion of his support for these three years was derived from his own labor or income?  18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? His is Phinical Consolition is Alary Bad and he is not about to close many later of any ting.  19. What inferest have you in the recovery of a pension by this applicant? More Sworn to and subscribed before me, this for the large of the day of they 1908.  19. What inferest have you for the recovery of a pension by this applicant? Witness, which Amarky Ordinary.  A certify that they Ordinary.	rsie 7

#### AFFIDAVIT OF PHYSICIANS

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STATE OF GEOR	GIA,			
Cherocee				
Personally came before me	<i>X</i> :	m /3a	les	and .
711-C	1/ // .	, both knows	to me as manutal	ale physicians
of said County, who, being several				
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such personal examination say tha				
	opplicant		and 6	-0-1
		MONTH OF THE PROPERTY OF THE P		1-
aown being 75	years ald			1
with his heart		to From	A	THE
he can do kind	You let	the man	mal lot	0)
not witheren!	to earn a	Sullect		
They further say on oath t	hat the physical con-	lition of applicant	renders him unab	le to labor at
any work or calling sufficient to	sarn a support for h	imself, and that we	have no interest in	said pension
being allowed.		1.2	- Bale	s. nin.
Sworn to and subscribed b	efore me, this the	Ow.	A. Colema	m. Dr
25 day of apri	e 190 \$\$			
A le bon	v ·	Qrdinary.		
				<del> </del>
ORDI	NARY'S	CERTIFIC	ATE.	
STATE OF GEOR	GIA.	)		
Schenokee		<b>}</b>	A. 110 C.	
I, 1 le 60			for said County	hereby certify
that the applicant Mas	wien han	ordinary in and	resides in said Co	unty and has
been a bona fide resident of this 8				1824
and that the witnesses, viz:	1 W R	il and	14.96	
and that the witnesses, viz:	Julia Co			7 1 No.,
are of trustworthy character, and	hat their statements	are entitled to full	faith and credit.	
I further certify that befor				h witness took
the oath hereon prescribed, and th	at the full text of th	e affidavits was re	ad to the applicar	at and witness
hafora same was signed		0 0		
I further certify that the t				
returned for taxation in his nam	in 1899			
of property, and in 1909	11120		Dollars of pro	
In my opinion the foregoing		. //	ade in good faith.	
Witness my hand and seal		. 10 . ( )	mie .	LANGE BOOK STATE
	*x	- 121	n 0	THE RESERVE
* **	of	Chano	kee	County
	No	·	Y'   6	
1. Hefore any questions are as words: "You shall true answer make	swered, the Ordinary to each of the question	shall swear applicant is asked of you, and th	and the witnesses	in the following give will be the
	attached if blank space			
as above set out.	tues certify to the dia	Popular pi ene mieness'	THE DO NO THE CANON	

STATE OF GEORGIA,	1		e emarco
County.		4	
I, Marion komp		authorize	
mm A Mright	of Alla	nta la.	
to receive and receipt for the pens			emit same to
A. B. Born Gray	at bon	lar la	
by chock Witness my hand and seal, this			
Witness my hand and seal, this	day of	gary	190\$.
The state of the state of	_ Marce	ne Kenny	[r. s.]
Executed in presence of			
			100
d. b. Boin Ording	7		

Churchen 60	(FOR THOSE ALREADY ENROLLED.) No. 435-9.	SOLDIER'S PENSION	Name Marior. Laggedy.  County Lohnsohe 2  Co. 21. 4" Regiment Halistone R.	WARRANT ISSUED	JOHN W. LINDSEY, Commissions of Pration.	CON W. HATTON, State Prints, Atlanta.	
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### POWER OF ATTORNEY.

	ORGIA,		ļ .	7.	
Ohan		COUNTY.			
I.	mai	in 1	Zemp		, hereby authorize
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- Mile					
o receive and	receipt for t			equest that	he remit same to
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у	* * * * * * * * * * * * * * * * * * *		- 4 C		
WITNESS I	y hand and	seal, this	4	ay of	1907.
			mari	1/2	[L. S.]
				Man	7
7 Execut	ed in presenc	e of			The second of the second
+MI	lack	well	16		
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	16				
	NOIS	14		1907.	
(arno)	NOISN	- Ifmy		1907.	TO COMPANY.
EMOLLED)	ENSION	1. Then the state of the state		1807.	DED TO
DY ENGLED)	PENSION	7. Thungs	neht 7	1807.	ANDED TO
READY ENROLLED)	GENT S PENSION	07.	egiment 7	1807.	Commissioner of Prisonal Parky Parky DED TO
ALREADY ENROLLED)	R'S PENSION	DOZ.	Regiment 7	1807.	Commissioner of Personal ANY EXANDED TO
Cons Berras 194. SE ALREADY EMPOLLED)	ER'S PENSION	807.	Regiment &	HW W. EBUSAY.	Commissioner of Presona.  RRANT RANDED TO  RAMON, DAR FEFTER, ATLAND.
Cons Berres 1864. (FOR THOSE ALREADY EMPOLLED)  No. 6 c. 72	INDIGENT JER'S PENSION	1807.	1 Regiment &	1907.	WARRANT HANDED TO  A. M. MARRON, STATES, ATLANT.

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Personally appears Manion Roma of chandred  County, State of Geoogia, 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  time the day of 1824; that he is \$5. years old and  by occupation a Farmen that he enlisted in the military service of the Con-  Gederate States (or of the State of ) during the war between the  States, and served for the term of Six months in Company I, of x th Regiment  of La State lacets  follows: Arabic desart from apel rest  able to de but day Arabic aracent of under  chat his property consists of the following items Arabic aracent of under  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 1002. I have heretofore as a resident of this charmens  ounty been allowed a pension for the year 1  Sworn to and subscribed before me, this the  day of farm 1905.
Personally appears Manion Romfi of chewoher County, State of Geoogia, who being duly sworn, says on oath that he is a bona fide citizen mine resident of said County and State, and has resided in said State continuously ever since the day of 1827; that he is \$5 years old and by occupation a Farmen 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 Six months in Company 1, of 7 th Regiment of Lia Male Arcels ; that his physical condition is as follows: Archer desure from age word when the Chat his property consists of the following items Arall amount of the value of Best to de But very small amount 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 1000. I have heretofore as a resident of this charmens county been allowed a pension for the year 1  Sworn to and subscribed before me, this the 2  day of Lane 1965.
County, State of Geoogia, 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 1827; that he is \$5. years old and by occupation a flat 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 Six most in Company 1, of 7 th Regiment of La State Arcels   that his physical condition is as follows:  Arche desure from age 1 not condition is as follows:  Object to de but day Armele armemat of which his property consists of the following items I male armemat of the value of fits 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 1000. I have heretofore as a resident of this charmeness county been allowed a pension for the year 1  Sworn to and subscribed before me, this the 2  "day of Lane 1965."
and resident of said County and State, and has resided in said State continuously ever since the day of 1827; that he is \$45 years old and by occupation a Farmen 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 Six most in Company 1., of 7 th Regiment of Lia State Incares ; that his physical condition is as follows:  Oracle desart from Open and State of the following items I made a more and of the value 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 1000. I have heretofore as a resident of this charments county been allowed a pension for the year 1  Sworn to and subscribed before me, this the 2  "day of Lane 1965."
that he is \( \frac{1}{3} \) years old and by occupation a \( \frac{1}{3} \) that he is \( \frac{1}{3} \) years old and by occupation a \( \frac{1}{3} \) that he enlisted in the military service of the Con- federate States (or of the State of
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 Six month in Company 1., of r th Regiment of Lia State Arcelo ; that his physical condition is as follows:  Orable desart from age red to the Regiment of the Value of the following items Sprall associated grant of the value of Research  Of the value of Research  Of the value of Research  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 1000. I have heretofore as a resident of this charments county been allowed a pension for the year 1  Sworn to and subscribed before me, this the 2  "day of Rome" 1965.
cederate States (or of the State of) during the war between the States, and served for the term of Six most in Company 1., of 7 th Regiment of Lia Male Arcels; that his physical condition is as follows: Arcels
States, and served for the term of Six most in Company I., of the Regiment of Lia State Arcelo ; that his physical condition is as follows:  Oble to de but vay Armele amount of well and that his property consists of the following items Sprall amount of 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 1000. I have heretofore as a resident of this charmeness county been allowed a pension for the year 1  Sworn to and subscribed before me, this the 2  "day of Lane 1965.
of hea Male Arcels ; that his physical condition is as follows:  Oralle desert from Ogel and  Oble to de but way small amount of metals of the value of Resert Property  Of the value of Resert 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 1000. I have heretofore as a resident of this chamicus county been allowed a pension for the year 1  Sworn to and subscribed before me, this the 2  '' day of Reme 1965.
chat his property consists of the following items Sprall amount of which this property consists of the following items Sprall amount of Centeral Property  of the value of Mass 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 1000. I have heretofore as a resident of this charme was county been allowed a pension for the year 1  Sworn to and subscribed before me, this the 2  day of Lane 1965.
that his property consists of the following items Small amount of Leasured Property  Of the value of Bas 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 1909. I have heretofore as a resident of this charmens county been allowed a pension for the year 1  Sworn to and subscribed before me, this the
that his property consists of the following items Small amount of Leasured Property  Of the value of Bas 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 1909. I have heretofore as a resident of this charmens county been allowed a pension for the year 1  Sworn to and subscribed before me, this the
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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 1909. I have heretofore as a resident of this classification for the year 1 and appear of the year 1 and year 1 and year 1 and year 1 and year 1909.
1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1909. I have heretofore as a resident of this characters county been allowed a pension for the year 1  Sworn to and subscribed before me, this the
sentitled for the year 1909. I have heretofore as a resident of this characters county been allowed a pension for the year 1  Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the
2 day of Prime 1905.
2 day of Vane 1903.
11 11 11
es bibering Ordinary. Marion, Kenny
STATE OF GEORGIA,
chemoker County.
I, A. b. born Ordinary of said County, lo certify that I am well acquainted with Marian Semb
the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to
be and that he resides in this County.
Given under my official signature and seal, this 2
day of flare 1900
July Jours d. C. Borns
Ordinary chenokel County.
Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 1902.

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Cherokee County.
701
· i ciounny appears
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 1837; that he is 76 years old
and by occupation a Farmer that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served for the term of & wes in Company a , of 7 th Regiment
of tech Jooc ; that his physical condition is as
follows: a ge and proverty
and the second s
that his property consists of the following items; horting
of the value of Mething Dollars. I am now earning
by my labor, Wething Dollars' per month. That by reason of his
physical condition and poverty he is mable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1907. I have heretofore, as a resident of Collewsee
Sworn to and subscribed before me, this the Manior therefore
day of 1907.
My Webb Ordinary.
State of Georgia,
Church ex County.
I. W.J. Webb Ordinary of said County,
do certify that I am well acquainted with Mianion Trans
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 1907,
and I will with
(10 - 1
And your Ordinary Collect Les County.
Nora.—The blank spaces must be filled.  Nors.—Affidavit should not be attasted before January 1st, 1907.

STATE OF GEORGIA,	
_ likershee _ County. }	
I, Marion Remps hereby auth	orize
Jum A. Wright of atlant	a ba
D. C. borne and receipt for the pension allowed and receive and receipt for the pension allowed and receipt for the pension allowed and receive and receipt for the pension allowed and receive and receipt for the pension allowed and receipt for th	equest that he remit same to
Witness my hand and seal, this	1904.
Mar	ion Keny [1. 8.]
Executed in presence of	
D 6 Com Ording	

SOLDIER'S PENSION	1904.	Name Morrios Aganda	La Mater Aracita	WARRANT ISSUED	JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HADED TO	Ges. W. Marrison, State Printer, Atlanta.	ala
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(FOR THOSE ALREADY ENROLLED.)

### POWER OF ATTORNEY.

STAT	Of GEORGI		}	
	. I,	COUNTY.	on Semp	hereby authorize
	myn	for the pension s	of Chewa	that he remit same to
to rec	me me	for the pension a	at a civo	the le
by		Land seal this	It day of	nuay 1905.
	WITNESS MY hand	and seat, this	marion Fill	einfe [i. s.]
	Executed in the p	resource of	1000	

Remy, Marieur Chero Les G.  ODE ENTROLED.  No. Jewy No. Jewy INDIGENT TODIGENT TODIGENT TODIGENT TODIGENT	Name Mariera Meruft County Collectice Co. A Regiment 7  warrant Issued  warrant Issued	JOHN W. LINDSEY, Commissioner of Pensions. WARRANT, BANDED TO
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no date

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
County.	
Personally appears Marion &	emple of chambre
County, State of Georgia, who, being duly swo	
	has resided in said State continuously ever
ince the day of	
	he enlisted in the military service of the Con-
ederate States (or of the State of	during the war between the
	the in Company of & th Regiment
	; that his physical condition is as
follows:	
Printed to the second s	
- A - 1 - 10 - 10 - 10 - 10 - 10 - 10 -	
that his property consists of the following ite	ome: mo . Parl & Overes hald;
Louds	
South	
A au	
	Dollars, that by reason of his physical rt himself by his own exertion or labor, and
1894, and the Acts amendatory thereof, and mais entitled for the year 1904. I have heretofe County been allowed a pension for the year 1  Sworn to and subscribed before me, this  y day of fary 190  Of the terror	sthe Marion French 04.
STATE OF GEORGIA,	
cheroher County.	· in the second
I. M. C. Com	Ordinary of said County,
do certify that I am well acquainted with	Warior Kerney
the applicant in the foregoing affidavit, and	
by him in his said affidavit are true, and I ku	am well satisfied that the statements made
	am well satisfied that the statements made
	am well satisfied that the statements made ow he is the individual he represents himself
to be, and that he resides in this County. Given under my official signa	am well satisfied that the statements made ow he is the individual he represents himself
2011년 중요 12 12 12 12 12 12 12 12 12 12 12 12 12	am well satisfied that the statements made low he is the individual he represents himself ature and seal, this
	am well satisfied that the statements made ow he is the individual he represents himself ature and seal, this ya
Given under my official signal day of far	am well satisfied that the statements made low he is the individual he represents himself ature and seal, this

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

0.0	F GEORGIA,
Cherte	eeCounty.
	appears Marion Remp of Cherkee
	Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
	aid County and State, and has resided in said State continuously eve
	day of 1837; that he is 27 years old an
	Access that he enlisted in the military service of the Con
	r of the State of during the war between th
	for the term of 6 Manths in Company , of 7 th Regimen
s slave	age and poerty
ollows:	age and Joverny
101 14 1	
at his property	consists of the following items: Onvierry
f the value of	wothing Dollars. I am now earning
y my labor,	Dollars per month. That by reason of h
hysical condition	n and poverty he is unable to support himself by his own exertion
	e receives no pension but the one herein applied for.
	esires to participate in the benefits of the Act approved December 15t
894, and the Act	s amendatory thereof, and makes application for the pension to which l
entitled for the	year 1905. I have heretofore as a resident of Cheriftee
	wed a pension for the year 1904.  In d subscribed before me, this the Marion X Sterrift  War of Luman 1905.
	y of Junay 1905.
day	(m- 02-100
	Ordinary.
TATE	
NAME AND POST OF A PERSON NAMED IN	
STATE	F GEORGIA,
Ches	F GEORGIA,
-Ches	F GEORGIA,  Mice County.  Ordinary of said County
I, o certify that I	OF GEORGIA, County. Ordinary of said County am well acquainted with Just & Payme
I,	of GEORGIA,  Ordinary of said Count  am well acquainted with Jud & Parine  the foregoing affidavit, and am well satisfied that the statements made
I, o certify that I he applicant in t y him in his said	ordinary of said County  am well acquainted with Justified that the statements made daffidavit are true, and I know he is the individual he represents himse
I, o certify that I he applicant in to	ordinary of said County  M. J. No. County  am well acquainted with Jan & Parace  the foregoing affidavit, and am well satisfied that the statements mad d affidavit are true, and I know he is the individual he represents himse
I, lo certify that I he applicant in to be, and that he G	ordinary of said County.  Ordinary of said County am well acquainted with Jacob Parine  the foregoing affidavit, and am well satisfied that the statements mad affidavit are true, and I know he is the individual he represents himselve resides in this County.  Siven under my official signature and seal, this
I, lo certify that I he applicant in to be, and that he G	ordinary of said County  M. J. West Ordinary of said County  am well acquainted with Just of Parque  the foregoing affidavit, and am well satisfied that the statements may d affidavit are true, and I know he is the individual he represents himse e resides in this County.  Siven under my official signature and seal, this  Hay of Language 1905.
I, lo certify that I the applicant in to by him in his said to be, and that he	ordinary of said County.  Ordinary of said County am well acquainted with Jacob Parime the foregoing affidavit, and am well satisfied that the statements made affidavit are true, and I know he is the individual he represents himselve resides in this County.  Siven under my official signature and seal, this Amounty and seal, this Amounty of Managery 1905.
I, o certify that I he applicant in t y him in his said o be, and that he	ordinary of said County.  Ordinary of said County am well acquainted with Jacob Parime the foregoing affidavit, and am well satisfied that the statements made affidavit are true, and I know he is the individual he represents himselve resides in this County.  Siven under my official signature and seal, this Amounty and seal, this Amounty of Managery 1905.
I, o certify that I he applicant in t y him in his said b be, and that he	ordinary of said County  M. J. West Ordinary of said County  am well acquainted with Just of Parque  the foregoing affidavit, and am well satisfied that the statements may d affidavit are true, and I know he is the individual he represents himse e resides in this County.  Siven under my official signature and seal, this  Hay of Language 1905.

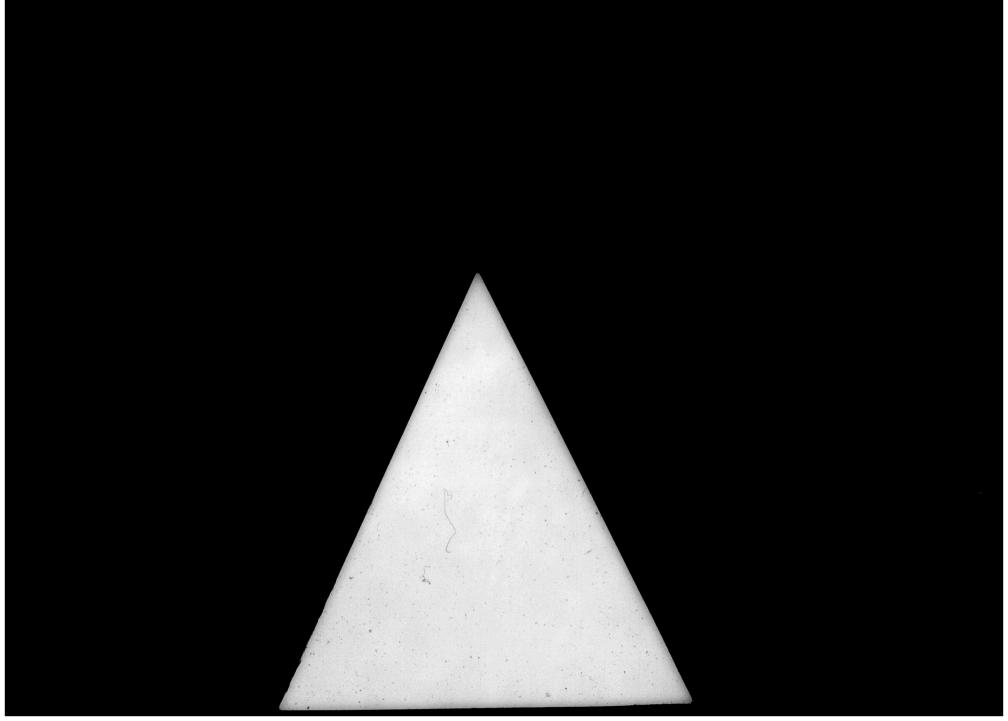
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eceive and	receipt for the p						ame to
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WITNES	s my hand and seal,	this_G			an	16	906.
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7 Or	a Hell					M.:	
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F)	301	Vame	8	/			Ĭ
	WITNES  Executer 7. Ox	WITNESS my hand and seal,  Executed in the presence of F. On . Hell.	MINDIGENT COUNTY. No. 2443 of the pension allow with the pension allow with the pension allow with the pension of the pension of the pension allow with the pension of the pension allow with the pension of the pension allow with the pension with the pension allow with the pension allow with the pension with the pension allow with the pension allow with the pension with the pension allow with the pension allow with the pension allow with the pension with the pen	I. Mose Alterday Emolited.  I. Mose and secretary of the pension allowed, and secretary flowers and secretary for the pension allowed, and secretary flowers.  Brecht State St	INDICENTE STATE OF COUNTY STAT	INDIGENT  INDIGENT  INDIGENT  INDIGENT  INDIGENT  OF GARTON  INDIGENT  OF GARTON  INDIGENT  INDIGENT  OF GARTON  OF GARTON  INDIGENT  INDIGENT  Marion Marian  Executed in the presence of  T. On. Marian  Indigent  Ind	INDIGENT INDIGENT INDIGENT OF COUNTY Secrete and receipt for the pension allowed, and request that he remit secrete and receipt for the pension allowed, and request that he remit secrete in the presence of T. In Markant Harber To Market Indiana of Parish Indiana o

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State	of Georgia,	
-loh	croker County.	
		n Kemp of Cherokee
County, State	of Georgia, who, being duly sw	worn, says on oath that he is a bona fide citizen
and resident	of said County and State, and	I has resided in said State continuously ever.
since the	day of	1827; that he is 78 years old and
by occupation	a Farmer, that h	he enlisted in the military service of the Con-
federate State	es (or of the State of 4a	) during the war between the
States, and se	gved for the term of 6 Mon	the in Company of the Regiment all Violent his physical condition is as
of	m are si	ale woother his physical condition is as
follows:	age as	ed poverty
-		
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that his prope	erty consists of the following ite	ems: mone
of the value of	1 non	Dollars. I am now earning
by my labor.	morting s	Dollars per month. That by reason of his
nhunical cond	ision and manual (1/2)	- Donard per month. That by leason of his
physical cond	ition and poverty be is unable	e to support himself by his own exertion or
labor, and the	at he receives no pension but th	ne one herein applied for.
Depone	ent desires to participate in the	benefits of the Act approved December 15th,
1894, and the	Acts amendatory thereof, and n	nakes application for the pension to which he
is entitled for	the year 1906. I have heretof	fore on a rapidant of Che. 15
	allowed a pension for the year	
	to and subscribed before me, this	ether Marin Stemp
	day of 190	mark )
	1ay of 190	ж. )
***************************************	11 J. Vretu	Ordinary.
State	of Georgia,	
	critice County.	S
Ι,	W.J. Moh	
		Ordinary of said County,
		Marin Remp
		am well satisfied that the statements made
		ow he is the individual he represents himself
to be, and that	he resides in this County.	net
*	Given under my official signat	ture and seal, this 6
	day of January	1906.
	0	W. Mach
Amx your		
here }		
	Note.—The blank spaces must b	De milea.

Given under my official signature and seal, this day of lanuary 1908. W. Me bh Affix your seal here Ordinary Chewitee County. Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1906. Georgia Cherotes County this is to certify that I am Personly acquainted with the Kenifs Aplicant fase pension have Leved mear since 1898 and know that the answer to the 11=12=13=14=15=16=19=18= and , 19 greestion True and I futher know that he is not abel to Support Sino self by his own Labor and has no other means of Support only that Setfourth in his Paper this the 9th day of June 1702 of the 814th Dirth I of Cheroker boanty



Kenyf, nancy Adelin				
Nochura per C	иотъя	worthy, an Sworn u (SEAL)	is the pen and was o the witnes	STAT
Widow's Pension Under Act 1910—as Amended by Act of 1919.	1. Before any "You do s you shall gi 2. Additional 3. Only widow 4. All affdavi 5. Attach cert reputation.	d their s		STATE OF GEORGIA
County le herothe Name Mrs M. A. Kerry	questions are a solutions are a statement of the true will be the true affidavits may be a who married to must be mad try.	orthy, and their statements are entitled to full faith and credit Sworn under my hand and official seal of office this	is the person she represents herself to be and she is a bona fide continuing resident citizen of said Co and was on the 4th November 1908; that I also know to them are now assidents of said County the witness who swears to the service of husband; that both of them are now assidents of said County the county by see before signing the foregoing efficient and that they both the said that they between the said that they be the said	Market Market
Widow of Henry In Keny	ast you will true th. So help you we e affached if bis prior to January e before the On arriage license i	ntitled to full	If to be and st	Ordinary's
Approved	Ordinary shall swee rue answers make to ou God."  blank spaces are to blank spaces are to ary 1st, 1831 are Ordinary of the re Ordinary of the re	faith and cre	know at the that both of	11 100
	swear applicant and the witness ake to each of the questions asks we insufficient. are entitled: be residence of the person to be reflected to the person to be	S day of Che	them are no	Certificate
E. P.O		ents are entitled to full faith and credit.  and official seal of office this 25 day of 3-4 1945.  A M Source L Ordinary, County.	both of them are now sesidents of said County both of them are now sesidents of said County and	Ordinary of said County, do certify
J. W. LINDSBY. Commissioner of Pansions.	d you had the evidence d you had the evidence sworn and certified by e person, or by general	Ordinary,	en of said Co	County, do ce
Byrd Printing Co., State Printers. Atlanta.	words: wideace filed by general	_19/2		artify She

#### Ordinary's Certificate

STATE OF GEORGIA,
COUNTY!
I Ordinary of said County, do certify
that I know Mrs N. A. / Samp the applicant for pension. She
is the person she represents herself to be and she is a bona fide continuing resident citizen of said County
and was on the 4th November 1908; that I also know A Scott
the witness who swears to the service of husband; that both of them are now residents of said County and
were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-
worthy, and their statements are entitled to full faith and credit.
Sworn under my hand and official seal of office this
(SEAL) A Solitary,
Cherolin 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.
you shall give will be the truth. So help you God."  2. Additional affaivatis may be attached if blank spacer are insufficient,  3. Only widows who married prior to January 1st, 1881, are entitled.  4. All affaivits must be made before the Ordinary of the residence of the person to be sworn and certified by
such Ordinary.  5. Attach certified copies of marriage liceuse if obtainable. If not, prove marriage, by some person, or by general
reputation.
W.
SAI 3   1   1   1   1   1   1   1   1   1
S Pension  Amended by Act of 1819  A. Howy  A. Howy  A. Lindser,  Commissioner of Parisins  Bus Frien, Amen.  O- 1919
Pension Made by Act of Manage
S Pen Amended by Amend
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2 3 0 R 10 13 0 0 3 8 R
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# Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

#### Questions for Applicant

STATE OF GEORGIA,
COUNTY.
Personally before me comes Mrs M. A. Henry of said State and County,
and, after being duly sworn, says that she desires to apply for a pension allowed under the Act
of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to
the following questions to wit:
1. What is your name, and where do you reside! M. A. Mary wood stock of
2. How long and since when have you been a continuing resident of the State of Georgia?
2 When when and to whom many of the 1st 1859 - word stads.
3. When, where and to whom were you married! Ang 12-1857= North state  Secretary the secretary the secretary that the secretary the secretary that the secretary the secretary that the
a. Have you married since the death of first and soldier husband? 120
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
federate Army or Georgia Militia? (State the arms and class of Service 744 / 1692
at wordstill Mr. See . G. Phillips Legin Cavelry
5. When and where did the commands of your husbend surrender or discharge from the army!
1965 - Belelston 72 6.
6. Was your husband personally present at the time of the surrender or discharge of this command !
As.
7. If he was not present state clearly where he was f
8. Where was his command when he left?
a. For what cause did he leave his command?
b. By whose authority did he leave his command?
c. For how long was he granted leave of absence?
e. What was his physical condition when he left his command?
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command
h. Was he captured by the enemy at any time?
i If so, when and where captured and where held as a prisoner, and when and for what cause released?
j. When and where did your first husband die!
k. Were you residing together when he died?
l If not, how long had you resided apart?
m. Are you now a widowf
9. Have you or your husband heretofore been paid a pension by the State?
If so, when and for what cause were you or your husband placed on the roll?
* (
Sworn to and subscribed before me this the
A. M. Soll-jild Ordinary
of County.
(SEAL)

#### Questions for Witnesses as to Service of Husband and Marriage STATE OF GEORGIA. COUNTY. being duly sworn, true answers to make to the following questions, answers as follows: 1. What is your name and where do you reside! Q.A: Scale - Cambon Charter Congo Right Teens 3. How long and since when has she continuously resided in this State! (Give date.). Iver since I have Thrown her: 4. When and to whom was she married! How My Kamp How do you know! The first with a 6. When and where did They miles the husband of applicant, diet . Mordetall Same : Act 7: 1904 7. Were the applicant and her husband living together as husband and wife at the date of his death? TR. 8. If not, how long did they live apart before his death? 9. When, where and in what Company and Regiment did Henry me King enlist? Feb. 1462: Charolle conty no les le Phillips Lyin 10. Were you a member of the same Company! \_\_\_\_\_\_\_\_\_ 11. How long within your personal knowledge did he perform actual military service with his Company and Regiment 7 /862 till April 1865-12. When and where did his Command surrender, and was discharged? April 1845 = Boldhow n. 6. were you \_\_\_\_\_and how came you there!\_\_\_\_ where was he? \_\_\_\_\_\_When, where and for what cause did he leave Command? (Give date.) \_\_\_\_\_By whose authority did he leave his Command !-----And how \_\_\_\_\_ 15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com-

of belowers as

mowledge or how?	mmand and how do you know, this? Of your
Sworn to and subscribed before me this the	I. a. Deatt
m Solffield Ordinar	
SEAL) Count	**)

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how! I a Death Sworn to and subscribed before me this the (SEAL)

ertified copy of the narriede certificate of feary . Namp and Tancy (deline Evens

corgia, cherokee county

I horoby corking that Tonry . Tonp and Tanoy Adoline Evens were joined in untrines, by ne on the and day of Au . 1859.

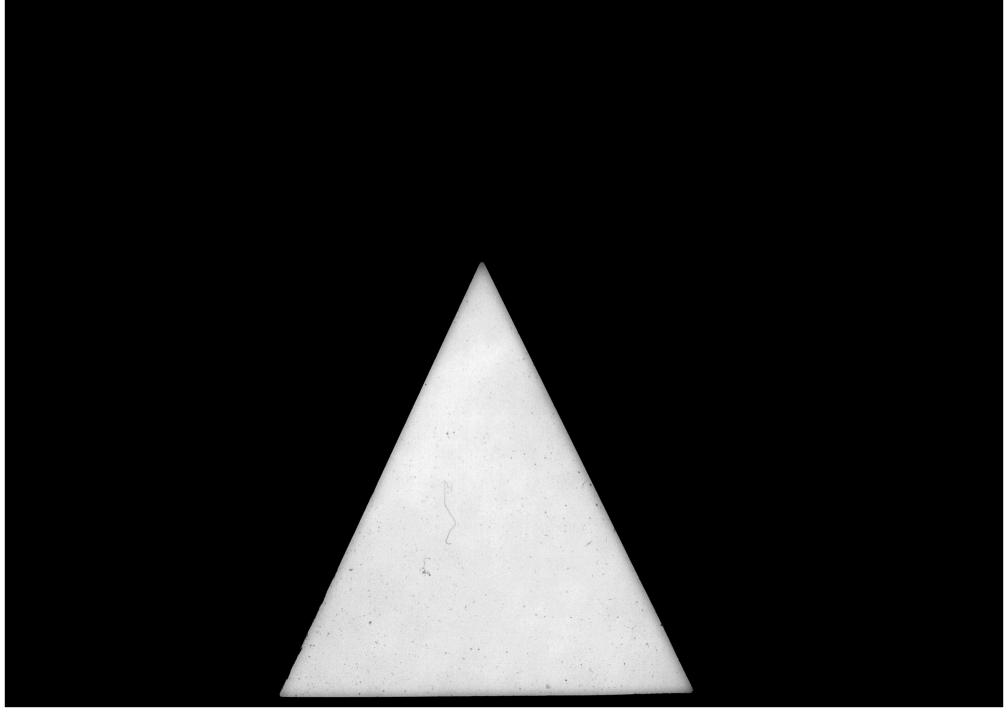
Amon rasle ton, J. .

Recorded Dec. 7th 1859.

James Sordon, Ordy :

office of Ordinery Therefore County, Ca. et. 20th 1919. I, J. Lasterdicks, Ordinary or of icto lark Court Ordinary. nerally certify that the within and fore oing is a true and correct. eggy of the marriage certificate 50 the above pared parties as the sare-sprouse of record in this of ico.

ordery a close court or incry.



Cheralia County
ACT DEC. 16, 1901.
WIDOW'S PENSION,
1907
Mrs Sarah Kernen
Wildow of Marion 7 Eerrys
Warrant issued 190
J. W. LINDSEY, Commissioner of Pensions.

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	derry.	Total Control		d separate by	
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	Tra-Cl. accounting			Trees to come	Court New .
	und sper give es	N. S. C.		2	
	Laborate L	*	<b>5</b>	/	
	100	NO.	Mary Server		<b>.</b>
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ceive and receipt for the pension allow	wed and request that he	remit same toby	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ceive and receipt for the pension allow			190

WIDOW'S PENS  WIDOW'S PENS  W. Sarah Keny  Ocury of Chewotter  Thurs of Marian The Commission of Commission  J. W. LINDSE  Commission  J. W. LINDSE  Commission  J. W. LINDSE  Commission  Gen. Therico, Chew Commission	Kemb, Books	CT DEC. 16, 1901.	WIDOW'S PENSION,	Jaroh Henry	Wine of Marion Henry	o period	J. W. LINDSEY,	Gen. W. Harrison, Ghan Prigue, Alleng Ga.
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# AFFIDAVIT FOR THREE WITHESERS. WITHESERS.

STATE OF GEORGIA, Personally came Mrs. Sarah Kenya
COUNTY OF Cherifice who mays on oath she is the
widow of Marion Henry to whom, in the County of
401
day of all cember 18.5 5, that she remained his wife up to the 9 5
day of July 190 7, at which time he died, and that she has not since married.
At the time of his death he was a resident of Cherolice County, in said State of
Georgia, and was on the
a pension of \$ 60 per annum on account of being a soldier in Company
Regiment, To Volunteers of State Georgia
What affliction have you and how does it affect you? Varalytis renders
Are amable do any labor
The way of the state of the same
What have you been doing to earn a support since 1st of January, 1900? Worthing
what have you been doing to earn a support since is of January, 1900!
2000
What property or effects had you on 1st January, 1900? Noue Example
a small amount of household
What have you acquired since, and what income have you now?
What disposition have you made of any property since 1st January, 1900, and at what price and by what
mone? noul
purpose
la P. de
Deponent further says that she is now a resident of the file County, and has contin-
uously resided in the State of Georgia since the allegay of 18
She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.
Sworn to and subscribed before me, this 26 " sday of august 1907
O Plane
210 30 Sarah x Hemp
Wif Whole Ordinary of to heartsee Country
Nors.—All blank spaces must be filled before signing,

AFFIDAVIT FOR THREE WITNESSES.
GEORGIA, Personally came W. M. Hunt STATE OF GEORGIA, COUNTY OF Cherokee marion Kens What property or income had she on 1st January, 1900? Nivile eyespt How was she supported in 1900 and 1901? her I have no personal interest in the pension asked for Sworn to and subscribed before me, this 26" day of August PHYSICIANS' AFFIDAVIT STATE OF GEORGIA, COUNTY OF Chewkel physicians, who say on oath that they personally know Sarah Chewkee

#### CRRTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE.

STATE OF GEORGIA, L. M. M. M. Ordinery
COUNTY OF Cherokee In and for said County of Cherokee
State of Georgia, hereby certify that I am acquainted with Mrs. Sarah Keufe
the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to
me by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia con
tinuously since the day of all live Cofe 18, and has not lived ou
of the State since that date. I also certify that the witnesses, to-wit: 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
and .
whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full fait
and credit as such, and that the full text of the affidavit was read to and understood by them before same we
signed. I am fully eatisfied that this claim is made in good faith, and I have caused the applicant and the
witnesses to read or hear read the proofs they sign.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 26"
day of August 1907 1907
Ir. I. Vicol
Ordinary.
()
SEAL }

The Pension is only payable to those widows whose husbinds were on Pension Roll at the time of death. The marriage must have existed at the time husband was soldier, and the widow must have remained unmarried since the death of such husband. Date of marriage is essential and must be submitted.

Proofs by one witness and two physicians will be accepted when it is shown that the same cannot be furnished, but in all cases the bast proof accessible will be required, and it is incumbent on the applicant to make our a clear case overling the above noints.

Affidavite must be made in presence of the Ordinary

Ordinary of Chewite County.

Pousion of 1/14 1920 Desapprove for tu reason	Widow's Pension	(SEAL)  NOTES: 1. Before, you also 2. Andition and 2. Andition and 4. And and 5. And and 6. And 5. A	that I know
lister of Comments of husband in work of husband entirely	Ounty Charolle  Name Dizabeth - Hely  Widow of anes H Killy  Company Woffords Brigarle	ary questions are assected, the Ordinan to soot with the art that you will true out to soot the fact that you will true out to soot the fact that the soot of the fact that the will be fact that the will be fact the ordinary at district ones the mante be made before the Ordinary settless.	STATE OF GEORGIA,  COUNTY  I,  Me by Left W.  That I know  Me by Left W.  Is the person she represents herself to be and she is a sand was on the 4th November 1908; that I also know the witness who swears to the service of husband; that the witness who swears to the service of husband; that were duly sworn by me before signing the foregoing worthy, and their statements are entitled to full faith Sworn under my hand and official seal of office the
Affro for Penantal a Classical on Carda Come of Orechan	Approved	T shall ever applicant and the witness process make forthe questions and process are insufficient.  1881, are suitified.  1810, the residence of the person to be realized.  1810, the residence of the person to be realized.	Ordina the bina fide continuing re- bina fide continuing re- both of them are how re- affidavits and that they and credit.  is 12 day of 1
	J. W. LINDSEY, Commissioner of Pensions.  Byed Printing Co., State Printers, Atlanta.  10-30-1926	County.  County  in the following words: ed you and the evidence o you and certified by me person, or by general	applicant for pension. She sident citizen of said County  seldents of said County and both are truthful, trust-

-

#### Ordinary's Certificate

STATE OF GEORGIA,	· · · · · · · · · · · · · · · · · · ·
& herola	COUNTY.
I, M Solling that I know Mrs Wingslish	Ordinary of said County, do certify
that I know Mrs Wysbulh	the applicant for pension. She
is the person she represents herself to be an and was on the 4th November 1908; that I	d she is a bona fide continuing resident citizen of said County also know. W. J. Charles
the witness who swears to the service of husb	and; that both of them are now residents of said County and
were duly sworn by me before signing the f	foregoing affidavits and that they both are truthful, trust-
worthy, and their statements are entitled to	full faith and credit.
Sworn under my hand and official seal of	f office this 12 day of Aug 1979
(SEAL)	M Saffinal Ordinary,

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:

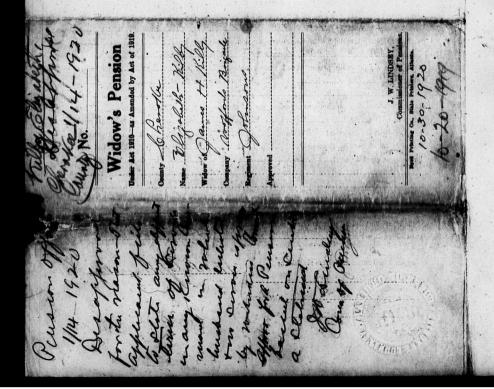
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence
you shall give will be the truth. So help you food."

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

3. Only widness who married prior to January 1st, 1881, are entitled.

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

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



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

#### Questions for Applicant

STATE OF GEORGIA,  Liherolly COUNTY.
Personally before me comes mes Chickets- Hilly of said State and County,
and, after being duly sworn, says that she desires to apply for a pension allowed under the Act
of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to
he following questions to-wit:
1. What is your name, and where do you reside! Mrs Whighthe Killy: California
2. How long and since when have you been a continuing resident of the State of Georgia?
3. When, where and to whom were you married 1 Nov. 5" 1874 - Varlos 1/2.
a. Have you married since the death of first and soldier husband? Me
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Con-
ederate Army or Georgia Militia? (State the arms and class of Serves)
Jasper - Piettens Comby- esc. woffords Brigate Johnson
5. When and where did the commands of your husband surrender or discharge from the army!
6. Was your husband personally present at the time of the surrender or discharge of this command !
7. If he was not present state clearly where he was !
8. Where was his command when he left?
a. For what cause did he leave his command f
b. By whose authority did he leave his command?
c. For how long was he granted leave of absence?
e. What was his physical condition when he left his command?
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command
h. Was he captured by the enemy at any time?
i If so, when and where captured and where held as a prisoner, and when and for what cause released?
j. When and where did your first husband diet. 200. /572. logulon 35
k. Were you residing together when he died!
1 If not, how long had you resided apart?
m. Are you now a widow!
9. Have you or your husband heretofore been paid a pension by the State?
f so, when and for what cause were you or your husband placed on the roll?
Sworn to and subscribed before me this the Mrs Claifalle Killy
12" day of 19/2 19/2
M Soco Ordinary
Chevila County
SEAL)

#### Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,	
When the COUNTY.	
Personally before me comes	who, after
remonanty before me comes	WIIO, ALICE
being duly sworn, true answers to make to the following questions, answers as follows:	
1. What is your name and where do you reside! MY + lefamble	
2. How long and since when have you known Physicseth Killy	
2. How long and since when have you known Dingalath Thing	applicantf
all my lipe 66 pro	
3. How long and since when has she continuously resided in this State? (Give date.) -	
All her 66 78000	
4. When and to whom was she married? Question the Most do you	know !
5. How long and since when did you know Jane It Hilly husband! Air 1864	her
husband! Aire 1864	
6. When and where did James H. 1824, the husband of applicant, die 1. Landon 100. 16 1889	
the humband of applicant dies learlow nov. 16 1889	
7. Were the applicant and her husband living together as husband and wife at the	
7. We're the applicant and her hardand hang together as hadden and who at the	
8. If not, how long did they live apart before his death?	
Were they divorced 1	
9. When, where and in what Company and Regiment did	enlist?
Face of 1864: Pickers Couly 1/2	
10. Were you a member of the same Company?	
11. How long within your personal knowledge did he perform actual military service	with his Company
and Regiment! from Nov: /864 the my 64 1865-	
12. When and where did his Command surrender, and was discharged?	
Mry 5" 1865. Kingston 842	
13. Were you personally present when it was surrendered?	If not, where
were youand how came you theref	
14. Was the husband of applicant personally present at surrender?	If not
where was he?When, w	
cause did he leave Command (Give date.)	
authority did he leave his Command f	
long was he granted leavetHow do	
toug was the Branton teaves	
	1
15. For what cause, if you know of your own knowledge, was he prevented from retu	
mand!	
16. What effort did he make to return to his Command and how do you know this	11 Of Your lows
knowledge or how t	
	10.04
Sworn to and subscribed before me this the	nese
8 worn to and subscribed before me this the	
M Salligill Ordinary	
of County.	
(SRAL)	det de para

and a section of a major of mile in the property

### painted bus busin Ordinary's Coulficate panels free suchants Markey Ordinary of said County, do certify the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful; trustworthy, and their statements are entitled to full faith and credit. Sworn under my hand and official seal of office this 12 day of .... (SEAL)

1. Before any questions are narrored the Ordinary shall swear applicant and the witness in the following words: You do elements were that you will true narrors make to each of the questions saked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavite may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by



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

#### Questions for Applicant

STATE OF GEORGIA,
leherokee COUNTY.
Personally before me comes 2002 E. J. Kully of Said State and County,
and, after being duly sworn, says that the desires to apply for a pension allowed under the Act
of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to
the following questions to-wit:
1. What is your name, and where do you reside? MAS, E. J. Lilly
2. How long and since when have you been a continuing resident of the State of Georgia?
all my life A 1 1.
3. When, where and to whom were you married? Las, The Retty Marries 50
a. Have you married since the death of first and soldier husband?
4. When, where and in what Company and Regiment did your human enlist as a soldier in Con-
federate Army or Georgia Militia! (State the arms and class of Service.) Le le Joseph Re
5. When and where did the commands of your husband surrender or discharge from the army!
6. Was your husband personally present at the time of the surrender or discharge of this command 1
7. If he was not present state clearly where he was?
8. Where was his command when he left?
a: For what cause did he leave his command?
b. By whose authority did he leave his command t
c. For how long was he granted leave of absence !
e. What was his physical condition when he left his command?
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command
h. Was he captured by the enemy at any time!
i If so, when and where captured and where held as a prisoner, and when and for what cause released?
j. When and where did your first husband die! 1899 at leastlon you
k. Were you residing together when he died! Sex
1 If not, how long had you resided apart!
m. Are you now a widow!
9. Have you or your husband heretofore been paid a pension by the State!
If so, when and for what cause were you or your husband placed on the roll?
11 so, when and for what onuse were you or your numband placed on the roll!
Sworn to and subscribed before me this the 1921 & Salvey last Market Mar
of lehelz Of See County,
(SNAII)

Application for Pension by a Wester Vinder Act of 1910".

A. Arcended by Act of 1919.

Question for Anglication

LAMOR

STATE OF GEORGIA.
0.04
tullon county trains
Des W. Shoulee
Personally before me comes who, after
being duly sworn, true answers to make to the following questions, answers as follows:
1. What is your name and sphere do you reside! . See W. Chamlee
130 Gren At allenta Ja
2. How long and sines when have you known this & Steller applicant?
allherlife
3. How long and since whou has she continuously resided in this State! (Give date.)
all her life
4. When and to whom will she marrie 17 to H Kelly bandon da 1876 wind by the
5. How long and since when did you know
husband! Aince Oug 1864
6. When and where did
the husband of applicant, die! Mean Courtby Fa - 1899
公司的第三届新疆的新疆域的新疆域的新疆域的新疆域的大型的大型的大型的大型的大型的大型的大型的大型的大型的大型的大型的大型的大型的
7. Were the applicant and her husband living together as husband and wife at the date of his death?
The state of the s
8. If not, how long did they live apart before his death?
Were they divorced! 100
9. When, where and in what Company and Regiment did Jane H. Kelley enlist?
aug 1864 Canton To 60 6 Jolihson Reg
10. Were you a member of the same Company f
11. How long within your personal knowledge did he perform actual military service with his Company
and Regiment! Until Durander
12. When and where did his Command surrender, and was discharged?
Kingston Fa Upil 1863
18. Were you personally present when it was surrendered?If not, where
were you delout Aerwice and how came you there!
14. Was the husband of applicant personally present at surrender?If not
where was he!When, where and for what
cause did he leave Command? (Give date.)
authority did he leave his Command !
long was he granted leave!How do you know all this?
information given me by my brother
Withhaulee who was with him
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com-
mand1
16. What effort did he make to return to his Command and how do you know this? Of your own
knowledge or how!
Sworp to and subscribed before merthis the \\ \Gamma 11 Charulee
IL MAN WITHOUTH
7174
William K. Maghin Ordinary
Tulban 66
ofCounty.)

Questions for Witnesses as to Service of Husband and Marriage

State Capitol, September 15th, 1920.

Hon. Jno. W. Collins, Canton, Georgia.

My dear Friend:

I am in receipt of your letter of the 18th instant, making inquiry as to why the application for pension made by Mrs. Elisabeth Kilby was disapproved.

The law requires that the application and the testimony of the witness thereto must show dates of collistment and discharge, and that at least six months of actual military service must have been made by the soldier. Rrs. Kilby's application gives the date of her husband's enlistment as August 1886. Her witness, Kr. W. F. Chamles gives the date of enlistment as Evereber 1864, which leaves less than six months to be served before the end of the war, the war haing ended, officially, April 86th, 1865.

The company and regiment in which Mr. Kilby served is not given. To say, as is stated in the application, that Mr. Kilby served in Wofford's Brigade, Johnson's Regiment, is entirely too gameral.

Mr. Chamles himself made just such a general statement of his service when he applied for a pension last fell. He afterword amended his applieation and proof by an affidavit setting out that he enlistedSept. 18th. 1864, under Captain B. F. McCollum in Eherokee County, in Co. "A", and was later transferred to Co. "B", under Captain Tom Wofford, when several companies were consolidated as the 12th Ga. Regiment of Cavalry under Col. Jeff Johnston, Lieut-Col. B. F. McCollum and Hajor Robert Graham, and that he served in said 12th Ga. Cavalry until the end of the War. Mr. Goo. W. Hvans made an affidavit also reciting the foregoing facts and that he knew of his own knowledge that Mr. Chamles served from the time of his enlistment until the end of the War, and was duly paroled at Kingston, Ga.

Mr. Chamlee, Mrs. Kilby's witness, was, evidently, with Mr. Kilby throughs the period of his service and should be able to make the necessary supplementary proof.

I suggest that you prepare an affidavit for Mrs. Kilby to swear to before the Ordinary of Cherokee County, setting forth the dates of Mr. Kilby's enlistment and discharge, and giving the details of his command as was given in the case of Mr. Chamlee, and that you also prepare an affidavit for Mr. Chamlee to sign before the Ordinary giving the information contained in the affidavit you will make for Mrs. Filby herself to sign. If you will make these affidavits sufficiently detailed and make them show as much as six month's service on the part of Mr. Kelby, it seems that the paperschould be complete.

prior to April 26ths 1865, then she would some in for a pention under the law passed by the last denical Assembly, provided her makes to command was sufficiently desirated so compared her

JNO. W. COLLINS

Canton, Georgia Sept. 13th, 1920.

Hon.W. Sam Askew, Atlanta, Georgia.

My dear friend:-

Mrs Elizabeth Kilby, widow of

James H.Kilby, exhibited a letter to me the
other day from the Pension Commissioner informing her that her application for pension had been
disapproved for the reason that the length of service did not appear.

Mrs Kilby is a near neighbor of mine and of course I am anxious to do anything for that I can. If you will be so kind as to return her application to me I will seek to have the proper information supplied at once. She informs me that Mr. Frank Chamlee of this place is her only witness and that he and her husband served in the game company during the Civil War. If you have any suggestions to offer in this connection I shall be very glad to have them.

Hope you are getting along nicely and enjoying the very best of health. I am,

Yours very tong W. Celing

Typ. W. Littinsey Commissioner of Penstons Atlanta, Co.

State Capitel, September 15th, 1920.

Hon. Jno. W. Collins. Canton, Georgia.

My dear Friend:

I sm in receipt of your letter of the 18th instant, making inquiry as to why the application for pension made by Mrs. Elisabeth Kilby was disapproved.

The law requires that the application and the testimony of the witness thereto must show dates of calistment and discharge, and that at least six months of actual military service must have been made by the soldier. Her. Kilby's application gives the date of her husband's enlistment as August 1864. Her witness, Mr. W. F. Chemice gives the date of enlistment as Forember 1864, which leaves less than six months to be served before the end of the war, the war haing ended, officially, April 26th, 1865.

The company and regiment in which Mr. Kilby served is not given. To say, as is stated in the application, that Mr. Kilby served in wolford's Brigade, Johnson's Regiment, is entirely too gameral.

Mr. Chamlee himself made just such a general statement of his service when he applied for a pension last fall. He afterward amended his application and proof by an affidavit setting out that he enlistedsept. 18th, 1864, under Captain B. F. McCellum in Eherokee County, in Co. "A", and was later transferred to Co. "B", under Captain Tom Wofford, when several companies were consolidated as the 12th Ga. Regiment of Cavalry under Col. Jeff Johnston, Lieut-Col. B. F. McCellum and Major Robert Graham, and that he served in said 12th Ga. Cavalry until the end of the War. Mr. Goo. W. Evans made an affidavit also reciting the foregoing facts and that he knew of his own knowledge that Mr. Chamlee served from the time of his enlistment until the end of the War, and was duly paroled at Kingston, Ga.

Mr. Chamlee, Mrs. Kilby's witness, was, evidently, with Mr. Kilby throught the period of his service and should be able to make the necessary supplementary proof.

I suggest that you prepare an affidavit for Mrs. Kilby to swear to before the Ordinary of Cherckee County, setting forth the dates of Mr. Kilby's enlistment and discharge, and giving the actails of his command as was given it the case of Mr. Chamlee, and that you also prepare an affidavit for Mr. Chamlee to sign before the Ordinary giving the information contained in the affidavit you will make for Mrs. Filby herself to sign. If you will make these affidavits sufficiently detailed and make them show as much as six month's service on the part of Mr. Kälby, it seems that the paperschould be complete.

If Mr. Kilby did not serve as much as six nonths in the Army prior to April Ethn 1868, then she would come in for a pension under the law passed by the last General Assembly, provided her ambient's command was sufficiently described as suggested, but Ino. W. Lindary Commissioner of Penston

3.

in such case, she could not be paid a pension for 1920 but would be put on the rolls to be paid first in 1921.

Let me know how you come out in the matter. If there is anything further than I can do for you,let me know.

Assuring you of my sincere desire to serve you in any way at any time, and with my very kindest regards,

Always your friend,

W. Sam Askey

GEORGIA. CHEROKEE COUNTY.

Personally before me, the undersigned officer who is authorized by law to administer oaths, came A.N.McClure, who. after being duly sworn deposes and says that he was personally acquainted with James Kilby and knew him personally during the year 1864. He further says that according to his personal knowledge and best recollection that the said James #.Kilby enlisted in the Confederate Army in the latter part of September. or the first part of October, 1864, and that he served more than six months in said Confederate Army. Deponent says that he saw the said James Kilby with his command near his home in Pickens County, Georgia, frequently during the early fall of 1864, but that he is unable to recall the Co. to which he belonged, or the exact date of his enlistment. Not being absolutely positive as to the exact date of his enlistment, but deponent says that the said James # Kilby did enlist as above set out in the latter part of September or the first part of October. 1864, and that he did contribute more than six months' service in the Army.

an Mulling Deponent

Sworn to and subscribed before me, this 18th, day of September, 1920.

a formerson neige STATE OF GEORGIA.

Personally before the undersigned authority now comes

GEORGE W. CHAMBLEE, who upon oath says:

That he knows Mrs. Elizabeth Kilby and knew her husband James H. Kilby, deceased; that he knows of his own personal knowledge that the said James H. Kilby enlisted in McCollum's Company, Joe Brown's in August 1864, and later served and surrendered with the 12th Ga. Reg., under the same command. Affiant states further that while he was placed on detail duty in September 1864, he never left said regiment and saw the said James H. Kilby constantly in service from the date of his enlistment in August 1864 to the surrender at Kingston, Ga., in April 1865

Sworn to and subscribed before me this October 18, 1920.

"I Whamler

C C ORDINARY FULTON CO., GA.

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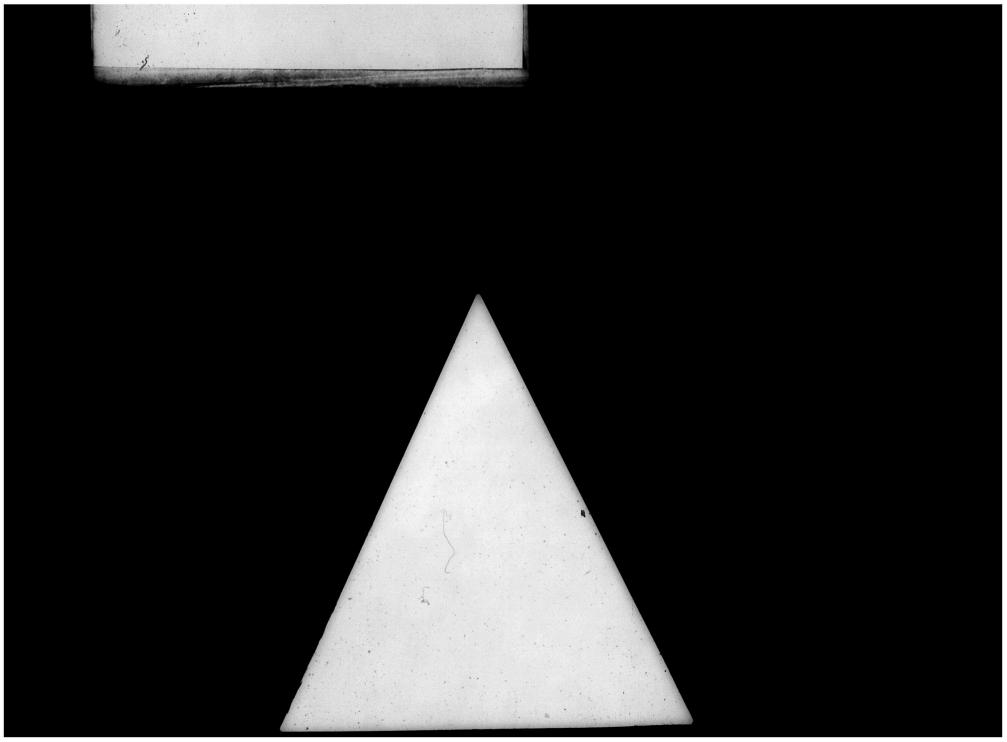
as the college of recording is affice.

J. M. Soregue

widow of James H. Kilby Bo, A. Johnson's Requirement

les, and regiment belowing information from Brother who was with him

& G. A. Thenles. 13. 19th Regt. Bas bearalry - Wofford's Brigade



of said County, certify that I had some the represents himself to be an analysis of the witness swearing to the witness swearing to the member signing the foregon the present and witnesses in the following very said the generations and the original print and the splittant or winds resides as the high Printing Co., State Printing, Atlanta.	STATE OF GEORGIA	Ordinard's Cartificate
Commissioner of Pensions.		

#### Ordinary's Certificate

STATE OF GEORGIA,
leherothe county.
I, M Sell-fill Ordinary of said County, certify that I know
the applicant 10 A King for pension is the person he represents himself to be and
resides in said county. That I also know A Limpson the witness swearing to the
service; that they are both residents of said county and were duly sworn by me before signing the forego-
ing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and
eredit.
Sworn under my hand and official seal of office this 22" day of 19/2
M Sallerfiel Ordinary)
of Charothe County.
(SEAL)

NOTES: 1. Refere any questions are answered the Ordinary shall swear applicant and witnesses in the following words:

"You do selemnly 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.

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

Questions For Applicants to Answer

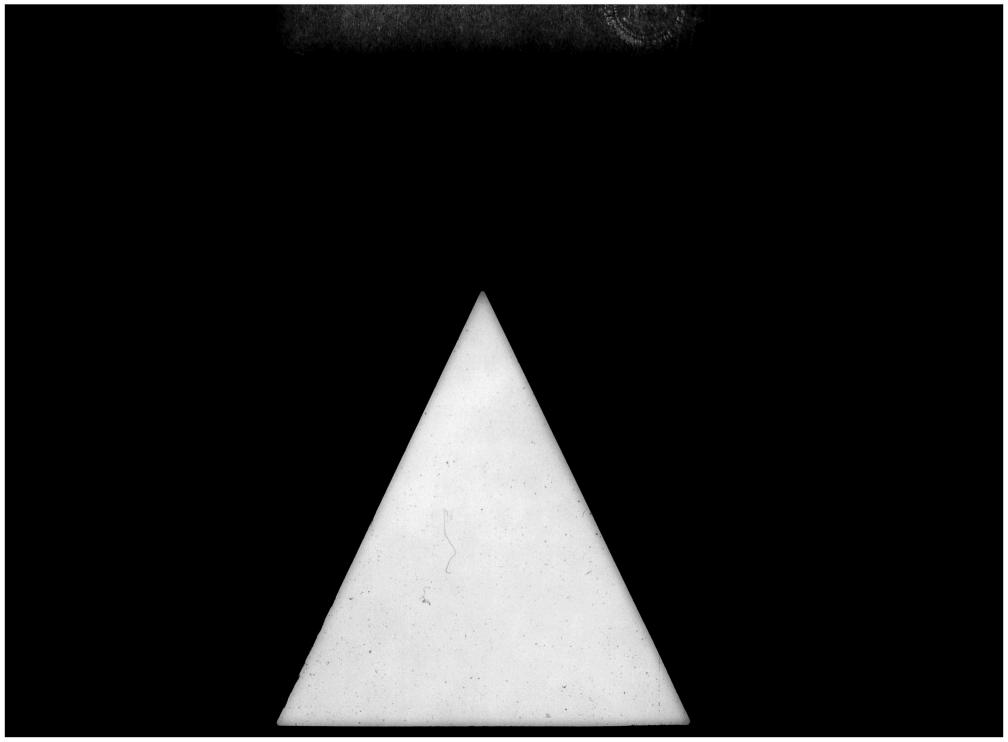
STATE OF GEORGIA,
COUNTY.)
Alexandr Mung of said State and County, hereby applies
or the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits
is sworn statement, with his testimony to make out the same, and after being duly sworn true answers to
nake to the questions propounded, answers as follows, to-wit:
1. What is your name and where do you reside? (Give County and Post-office) . Aling Orange Man Clarifice
2. How long and since when have you been a continuous resident citizen of this State!
Are my lip
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of dervice) /864, Alkale 12 los 15 4" Pagi
5. How long did you remain in the actual military service with said anany and Regiment? (Give late of discharge) -/2 // // // // // // // // // // // // /
6. When and where was your Company and Regiment surrendered or discharged from the Service!
My 1865 = Seample Ale
7. Were you actually present with your command when it was surrendered or discharged?
8. If you were not actually present, state specifically and clearly where you were.
a. Where was your command when you left it! Audissmille 191:
b. When did you leave the command? 4-19.1863
c. For what cause did you leave? I may fully hal home:
d. By whose authority did you leave! Lieband - Simb: or Commaling office
e. For how long was your leave granted? In what way!
f. Why did you not return to your command after leave expired? It foul and got a-
h. What effort did you make to return! I all the try amount are forly i Were you captured during the war!
j If so, when, and where? In what prison were you held and when were you released?
9. Are you drawing a pension of any amount from this State or the United States! Lex
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was
not allowed? 200
2
Sworn to and subscribed before me, this the
day of 10/2)
Ordinary )
of County.)
SEAL

## Questions for Witness as to Service

SECTION CONTRACTOR STATE OF THE PROPERTY OF

STATE OF GEORGIA,
COUNTY.
On Die passes of said State and County is hereby presented
as a vitues in support of the application of Alex Ring 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!
Holy- eff y Mr. along
2. How long and since when have you known Div 1864 = 50 7400 the applicant?
Dine 1844 65 7 200
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! Orange 912 Cherolle Comb
I live in Same County.
4. When, where and in what Company and Regiment did
war from 1861 to 1865? (Give date and place.)
5. How did you obtain your information of this Service? - 9 was mile him
I gond Day G. M. 4" He former
6. How long within your own personal knowledge did he perform actual military service with this
Company and Regiment (Give date) / 10 months
7. When and where was his command surrendered or discharged (give date and place)
my 1895 temples Ale
8. Were you personally present at the surrender!
9. If not, where were you and how came you there?
10. Was the applicant personally present with his command at surrender !- 12
11. If not where was he and how came him there! He was on the factory
12. When did he leave his command! 2 /865 Where was his command
when he left it! For what cause did he leave!
By whose authority did he leave the state and how
long was he granted leave! How do you know
all that you have stated to be true! If of your own knowledge, tell clearly and specifically
Thing from my 1864 till par 166 he am Interplant town
18. In what way was he prevented from returning to his command?
How do you know! and
14. What effort did he make to return to his command and how do you know?
15. Was applicant captured as a prisoner
In what prison was he held!and
when released
Sworn to and subscribed before me, this the
29 day of
M Sett fill Ordinary)
of Charthe County.
(SEAL)

The Control of the Co	7 Training (1997)	14. What effort did he make t	to return to his command and how do you know!	-
		<u></u>	as a prisoner	ıd
	4	when released	re me, this the . Joff, Dingson	• • • •
		J. M. Sotty		
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Widow's Pension UNDER ACT 1910. Nem Smands & King J. W. LINDSEY, 11/6 FANTERED ROSTER OFFICE.

Widow's Pension

Widow's Pension

UNDER ACT 1910.

WHOW of Jos Jr W. LINDSEY.
Commissions of Frances.

WHO TELL'S ROSTER OFFIOR

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

STATE OF GEORGIA, County.
Personally before me comes. Assauda. E. Many of said State and County,
and after being duly aworn, on oath says that she desires to apply for pension allowed under the Act
of
1. What is your name, and where do you reside? Annanda & King Malaska &
2. How long and since when have you been a continuing resident in the date of Georgia?
3. When, where and to whom were you married? Janu. 2, 1867, Malesada In. the J. M. Mirio. 4. When, where and in what Company and Regiment did your husband splits as a soldier in Con-
tederate Army or Georgia Militia? (State the arms and class of Service Neet 1864) at Chero Co. La. Occasion C. M. C. Schame Reg. M. Harbe Pring, Castaday No. 5. When and where did the Commands of your husband systemater or discharge from the comy?
May 12 1865 at King atow ks.
6. Was your husband personally fresent at the time of the surrender or discharge of this Command?
If he was not present state clearly where he was? At was fathered
8. Where was his Command when he left?
a. For what cause did he leave his command?
b. By whose authority did he leave his Command?
c. For how long was he granted leave of absence?
e. What was his physical condition when he left his Command?
f. What effort did he make to return to his command?
g. In what way was he prevented from going back to Command?
h. Was he captured by the enemy at any time?
i. If so, when and where captured and where held as a prisoner, and when and for what cause re-
leased r
j. When and where did your husband die? Novi. 23, 1910, Walesday Sa
k. Were you residing together when he died?
1. If not, how long had you resided apart?
9. What property of any description did you own, hold or control for your use and its cash value,
Nov. 4, 1908. (State same by items.)
<u> </u>
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.)
11. What property of any description of any value have you now? Oard 2100 Hrg. 12
City to a local malure / De Conse of Jan J. Mal \$ 1/ DO
12. What are your annual earnings or income and their value? Single Gallons,
13. Have you heretofore been paid a pension by the State? 20,
If so, when and for what cause were you struck from the Roll?
Sworn to and subscribed before me this the
21 day of aug 19/1
N. J. Nella g Ordinary.
of therother County.

uesti	ons for the Withesses as to Service of Husband and Marriage.
TATE	ØF GEØRGIA,
10	trensky County 0
Per	sonally before me comes M. J. Chaule who after
g duly	sworn true answers to make, to the following questions, answers as follows:
1.	What is your name and where do you reside? W. F. to handley to hen Ken 6
2.	How long and since when have you known and and b, King applicant?
	How long and since when has she continuously resided in this State? (Give date.)
1	When and to whom was she married? Jan. 27. 1867 How do you know? La recal
	How long and since when did you know Jos Ming her
	Over 5 8 years
6.	When and where did Jas W. King f
husbai	d of Applicant die? Mot. 23, 1966, Chenther Co &s.
- 7.	Where the Aplicant and her husband living together as husband and wife at the date of his
	If not, how long did they live apart before his death?
	divorced? 20 0.
	When, where and in what Company and Regiment did Jas M. Muis enlist?
	t Sopl jet 1864 Charles Ooks Cosch 6.
	ollins Royalon Noffordo Brig (Cavalry)
10.	Were you a member of the same Company?
11.	How long within your personal knowledge did he perform actual military service with his Com-
THE REAL PROPERTY.	Regiment? Litt May 12, 1865
*13.	Were you personally present when it was surrendered? MR If not where
14.	Was the husband of applicant personally present at surrender?
ere wa	s he? when, where and for what
se did l	e leave Command? (Give date.) Nexus left, By whose
	did he leave his Command? and how
HOIIty	pe granted leave? How do you know all this?
1.0	room al knowledge,
	3.
	For what cause, if you know of your own knowledge was he prevented from returning to his
	For what cause, if you know of your own knowledge was he prevented from returning to his
mmand	For what cause, if you know of your own knowledge was he prevented from returning to his?  What effort did he make to return to his Command and how do you know this? Of you
ommand 16.	For what cause, if you know of your own knowledge was he prevented from returning to his?  What effort did he make to return to his Command and how do you know this? Of your wledge or how?
mmand 16. n know	For what cause, if you know of your own knowledge was he prevented from returning to his?  What effort did he make to return to his Command and how do you know this? Of you wledge or how?  orn to and subscribed before me this the
mmand 16. n know	For what cause, if you know of your own knowledge was he prevented from returning to his?  What effort did he make to return to his Command and how do you know this? Of you wledge or how?
mmand 16. n know	orn to and subscribed before me this the
nand 16. know	For what cause, if you know of your own knowledge was he prevented from returning to he cause, if you know the cause is the command and how do you know the cause of your look

#### AFFIDAVIT OF TWO FREEHOLDERS.

County and know what property she owned on 4th Nov.	at the	tim	ez ·
Austoroso profest la amale	aut of	prof	with at the
Notes and accounts due	10		-
Total	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. \$	
Schedule (B).			
We know the property sold or given away since Nov. 4th			
Personal property Dishoul	11	. 8	
Money, Notes and accounts		. 8	
Schedule (C).			
We also know what property she has now in her possess		THE STATE OF	
Acres of land worth		02/10/09/09	30,
Tronses and Mules			5 (-)
Cows and Hogs House ho	11	\$	20,
income and earnings			50,
Total Value of all property and e		8.4	45.
Sworn and subscribed before me this the	1. 4.		
Sworn and subscribed before me this the	w fin	ch	us ,
Sworn and subscribed before me this the constant of the consta	w fr	rgg County.	in d
ORDINARY'S CERT		County.	and
ORDINARY'S CERT TE OF GEORGIA, Onunty I know America Miny	Ordinarythe at	of said	County do certify
ORDINARY'S CERT TE OF GEORGIA, County I know Argusta Brisself to be any she is a	Ordinarythe at	of saic	for pension. She
ORDINARY'S CERT  TE OF GEORGIA,  Church  I know  Person she represents herself to be any she is a ly and was in the 4th Now, 1908.	Ordinary the appona fide continui	of said	for pension. She lent citizen of said
ORDINARY'S CERT  ORDINARY'S CERT  TE OF GEORGIA,  County,  I know person she represents herself to be and she is a lay and was in the 4th Now. 1908  That I also know The Results	Ordinary	of said	for pension. She lent citizen of said
ORDINARY'S CERT  TE OF GEORGIA,  County  I know County  I know County  I person she represents herself to be any she is a ly and was in the 4th Now, 1908	Ordinary the appona fide continui	of said	for pension. She lent citizen of said  itness who swears  who are me before signing
ORDINARY'S CERT  ORDINA	Ordinary the appona fide continui  and and were auly a worthy, and their	of said	for pension. She lent citizen of said  itness who swears  who are me before signing
ORDINARY'S CERT  ORDINARY'S CERT  ORDINARY'S CERT  ORDINARY'S CERT  County.  County.  I know County.  County.  I know County.  County.  County.  I know County.  County.  County.  County.  County.  I know County.  County	Ordinary the appona fide continui  and and were auly a worthy, and their	of said	for pension. Shelent citizen of said
ORDINARY'S CERT  ORDINARY'S CERT  County.  County.  County.  Land Was in the 4th Nov. 1908  and was in the 4th Nov. 1908  That I also know.  That I also know.  Service of husband, and the the service of husband, and that they all, are truthful, trust the and credit.  That the Tax Returns for 1910  Sworn under my hand and official seal of office this.	Ordinary the appona fide continui  and and were auly a worthy, and their	of said	for pension. Shelent citizen of said
ORDINARY'S CERT  ORDINARY'S CERT  ORDINARY'S CERT  County.  Liknow  Person she represents herself to be applishe is a land was in the 4th Nov. 1908  Bervice of husband, and Direction of said Count  that I also know  Service of husband, and under the said Count  that I also know  Service of husband, and under the said Count  that I also know  Service of husband, and under the said Count  that I also know  Service of husband, and under the said Count  Service of husband, and official seal of office this.	Ordinary the appona fide continui  and and were auly a worthy, and their	of said	for pension. Shelent citizen of said
ORDINARY'S CERT  ORDINARY'S CERT  ORDINARY'S CERT  County.  Land Was in the 4th Noy. 1908.  Service of husband, and Olicus State of said Count regoing affidavits and that they all, are truthful, trust the and credit.  That the Tax Returns Are Military.	Ordinary the appona fide continui  and and were auly a worthy, and their	of said	for pension. Shelent citizen of said

Georgia--Cherokee County.

I, F.M. Blackwell, Clerk of the Court of Ordinary of said Cunty, and custodian of the records of said county, do hereby certify that the o within or foregoing is a true copy of the marrage record of Jos. W. King and Amanda E Puckett as appears of record in my office by reference. to marriage records, Book, D, page 304., and is the whole of such recod witness my hand and official signature this Nov. 3rd

Clerk Court of Ordinary .

LICENSE MARRIAGE

### 1922

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

For amanda King

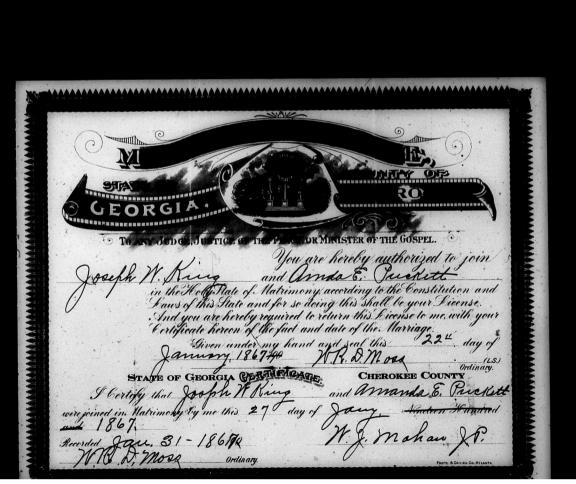
Amount \$ 210 700 3100 00

Approved and ordered this

John W. Lelann 1.
22-4-24 Commissioner of Pensitons.

Clerk Court of Ordinary.

LICENSE MARRIAGE



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	2	Alane	2ing	17	50	
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	17	r. W.	Ja	dinary.		
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		*				

## 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)

Personally before me, the Ordinary of said Co	County.
Constitution and the contract of the contract	
a 7. Juningo	of said County, who, after being sworn, on oath
CA IV	229 of said County, and that said Pensioner
was on the Pension Roll of said County at the tim	100
	say of Duember 1928,
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 \$210	100 per sworn statements fully and completely
ITEMIZED hereto attached.	
Sworn to and subscribed before me,  auth Massey, Ordinary  Cheroftee, County  (Seal of Ordinary)	a & Jennings
citizen of said County, and that said person is of t faith and credit; that I also knew. Amaza. the same person whose name appears on the Pensi	n Wd
was paid a Pension of JWO Thank	A Commence of the second
in said County for 192 5, and I now believe said	pensioner to be dead; and that the instructions at the
in said County for 192 5, and I now believe said	A Commence of the second
in said County for 192 5, and I now believe said	pensioner to be dead; and that the instructions at the
in said County for 192.6, and I now believe said foot of this voucher have been carefully observed tached hereto.  Given under my hand and official seal, this	pensioner to be dead; and that the instructions at the
in said County for 192.5, and I now believe said foot of this voucher have been carefully observed tached hereto.	pensioner to be dead; and that the instructions at the
in said County for 192.5, and I now believe said foot of this voucher have been carefully observed tached hereto.  Given under my hand and official seal, this	pensioner to be dead; and that the instructions at the

G. M. JACKSON & SONS
FUNNITURE, STOVES AND UNDERTAKING
"The Firm that Appreciate your Bushes."

Store Phone 16s

Carteraville, the 192

Name On 192

Name On 192

Address

CREDIT AND RECEIPT

By Coth Received on A count

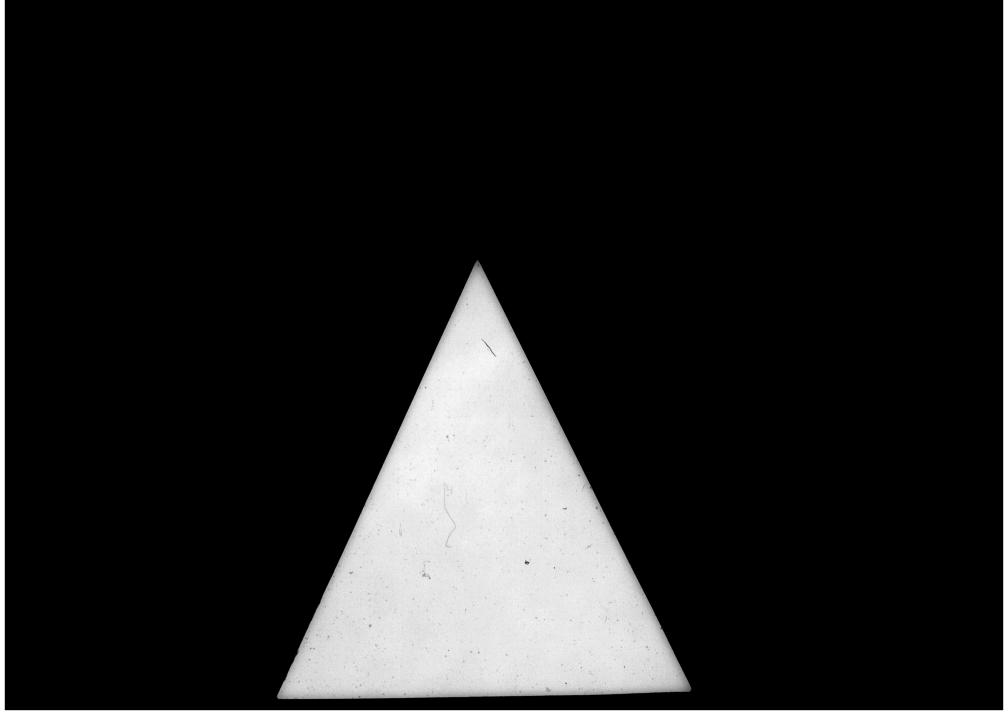
On 8

CISSOIT for Good- Returned
as follows:

O. K.

KEEP THIS RECEIPT

At any time you desire to verify our record of your account, this receipt will assist us in tracking each transaction.

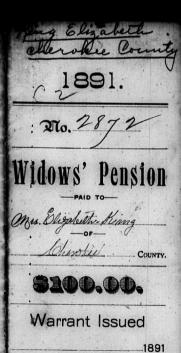


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POWER OF ALTORN	STATE OF GEORGIA,
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me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason and seal, this my true and lawful attorney in fact, for 1894 him I have hereunto set my hand Know all Men by these Presents, That I, " Lightlifte fluiding Now Elizabeth Francis In Hang and oblige, WITNESS WHEREOF, 1 ha County, in said State, do hereby appoint. James. A. Tatterson Executed in the presence of us: Homewith





AND HANDED TO

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  day of May 1891 him  Executed in the presence of us:  Tarner. A. Tatterson	STATE OF GEORGIA,	
Know all Men by these Presents, That I, Disputtly Riving of Acoverthe & O. Lookb.  County, in said State, do hereby appoint: Riving On Riving  of Acoverthe & O. Lookb  May true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of Many Elizabeth & Thing [L. s.]  Executed in the presence of us:	Schenolice County.	
of Acoustic P. Co. Dobb  County, in said State, do hereby appoint:  The me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of many  Line Elizabeth & thing [L. 8.]  Executed in the presence of us:	Know all Men by these Presents, That I,	Elizabeth King
County, in said State, do hereby appoint:    Promotion		
my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of many like Elizabeth to the foregoing to me for the reason aforesaid.  Executed in the presence of us:		
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of many  Secure of the Secure o		
to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of many  List Executed in the presence of us:  Laman. A. Jakterson  [L. 8.]		
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 many  List Executed in the presence of us:  Lames. A. Jakterson  [L. 8.]		
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 many  More Elizabeth thing [L. 8.]  Executed in the presence of us:		
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of many 1891 him Elizabeth thing [L. s.]  Executed in the presence of us:  Tarner. A. Tatterson	be issued by the Governor, or for any sum of mor	
Executed in the presence of us:  James. A. Tatterson	aforesaid.	
James. A. Tatterson	IN WITNESS WHEREOF, I have	e hereunto set my hand and seal, this
James. A. Tatterson	day of man	189/ hir
James. A. Tatterson	16	To Elizabeth x King [L. S.]
	Executed in the presence of us:	market
o line	James. A. Talterson	
(MIX Indiagram) (specialis)	Ontopolium overnaged	
DIRECTIONS.	and the state of t	
If allowed, send amount byto	DIRECTI	ONS.
me at, and oblige,	If allowed, send amount by	to



Warrant Issued

#### Affidavit to be Made by the Widow

of Cronic D	in and for the C	Volunteers; that he enlist  186 12 , and  186 12 , (See No.	says under in , of the ed in said was in the
ath that she is the widow of the service of the Confederate State Regiment of the Confederate State Regiment of the Confederate Army, he was on the wife Confederate State Confederate State Sta	in and for the C	ounty of Clusters, and so company who was a soft Company Volunteers; that he enlist 186 1 , and 186 4 That will 186 5 (See No.	says under in , of the ed in said was in the
ath that she is the widow of the service of the Confederate State Regiment of the Confederate State Regiment of the Confederate Army, he was on the wife Confederate State Confederate State Sta	es, any served as a member of day of my up to 2 4 1 of The day of	who was a feet of the contract	says under in soldier in , of the ed in said
ath that she is the widow of the service of the Confederate State Regiment of the confederate on or about the Confederate Army, he was on the the Confederate Army, he was on the confederate of Cronic Defeated	day of da	Volunteers; that he enlist  186 12 , and  186 12 , (See No.	a soldier in , of the ed in said was in the
ath that she is the widow of the service of the Confederate State Regiment of the confederate on or about the Confederate Army, he was on the the Confederate Army, he was on the confederate of Cronic Defeated	day of da	Wounteers; that he enlist 186 12 , and 186 12 , and 186 13 , (See No.	a soldier in , of the ed in said was in the
Regiment of Regiment	day of da	Volunteers; that he enlist  186 1. , and  186 2. , That w	ed in said
Regiment of ervice on or about the Confesional - Ariamy, he was on the win the Vinginia of Cronic D	day of my up to 2 m/n of 3 day of across acr	Volunteers; that he enlist 186 2., and 186 4. That wi	ed in said
ervice on or about the Confessional - Arianny, he was on the win the Virginia of Cronic D	day of my up to 2 for 7 day of auxury uuu	186 12., and 186 14. That wi	was in the
Confestivali - Ari Army, he was on the in the virginia of Cronic D	my up to 2 day of 3	1864 That w	
in the virginia	Curry luis	186.8 , (See No	hile in the
in the virginia	Curry luis	186.8 , (See No	THE STORY OF STREET
in the virginia	any and		
of Cronic D	aving and	an landel	
11/	line de me 1.		
	wred by u	hich soing	aue
he died on		you Julyu	ing
1864 in Ben	low coul	to in the d	lule
of bergin		13	
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norma periodo de amena de altra de la como caración de la como car	minimum manner a si am mana jamini an		10 10
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eponent further swears that she v			

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

#### Affidavit for Three Witnesses.

STATE OF GEORGIA,	
0:	In person came before me, the undersigned Ordinary
County of Tordon	in and for said County, witnesses J. 4. Colwards
Jas. W. Hill sr	,
and John Hice	( ) ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
	(each known to said Attesting Officer as truthful,
reliable and reputable citizens), who severally	say under oath, that, from their own personal knowledge,
Mrs. 6 materia sung	, of the County of Charok,
State of Georgia, is the widow of	en B. Kring, who was a soldier in
Company of the 2 200	Regiment of Da Jul Volunteers.
	e Confederate States (or the Georgia State Troops) on or
about theday of	186.2 That while in said service, or by
reason of said service in the Army, he lost hi	is life as follows:
John Hill swear	emed a wighter to there ally
Jane and	bolem B. Kingy before he
o granua san a	steem is thing before the
substit, and Knew for	smally of his indistruent
in the service as a	for stold, that for saw my the army sick, that in a he and of his drath, from a war who this drath, from and were been hood from which and
him when came home for	my the army sick, that in a
persons in the nlighborh	ood who knew of his death and
that said King has n	verer been word from alice sevel
J. Tr. Edwards are ans	that he lived a neighbor will a granted with this tubolinents to the tubolinents to the tubolinents to that he has been that is don't and know that
before per intited and the	were personally of his substruct
in the service as of	fre stated, he does not know
Sighton Sheak of he	in death and Knows that
he has never been he	and of alive since the war
and the second of the second o	
J. W. Thee. Sr. Suc	abolemy B. King as by and said with a and g. W. Hele & and
acquainted with raid	absolung 13. King had said
as a substitute for his	in the said I. W. Hill. &r. and
that he the raid 1	tite was present when he was
examined and mil	stand wito the service, He
further gream that	he saw said Kning, when t
Cance home from	the army back, and furnished
Tune a horse to the	de from the town of fearer
where he got for the	is there of to be and from
the neigh or that he	the saw said Kring, when the army sick, and furnished from the town of promished from the house the Countries thereof to he heard from wood dad, and that said Kun
has were been heard	from alie since
We further swear that Mrs. 6 lin	abeth King was the wife of said
colding during the survice and that she has	not intermarried since his death, and that she resides in
Cheroke County of t	
Sworn to and subscribed before me, this,	son & A Roowas
18 day of May	
W.H. Black	Jas My Hill Sm
Ordinar	
	John Vill
	//

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

STATE OF GEORGIA,	I, Ochian M. Portnam Ordinary
	in and for said County of Schuroleu
State of Georgia, hereby certify that I am	acquainted with Mrs. Elizabeth Ring
the applicant for a pension in this case, a	and know, from my own knowledge, or from positive proof
presented to me by reputable witnesses, t	that she resides in this County, and that she resided in the
State of Georgia on December 23d, 1890,	, and has not lived out of the State since that date. (I also
certify that the witnesses whose testimony	y she presents to sustain her claim are known to me to be
	credit as such I am fully satisfied that this claim is made in cant and the witnesses to read or hear read the proofs they signs
	to set my hand and affixed the seal of my office, this, the
25 ou day of monf	1891.
SRAL }	Oction M. Profinan
1	Ordinary.
	Form No. 4.

#### NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

Those whose husbands died in the army of wounds or disease contracted in the service.

Those whose husbands went to the army and have never been heard from since the war.

Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.

Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death.

No widow is entitled unless she was the wife of the soldier during the war, and has never

The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.

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

Widows who have married since the service of their husbands in the army are not entitled.

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.

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

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

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

By order of the Governor.

W. H. HARRISON,

Sec. Ex. Department.

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

his is the same of
STATE OF GEORGIA, County of Drussey
1, Ordinary in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
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
About mil hing deceased, and as such has heretofore been allowed a
pension for the year ending February 15th 1892.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the
day of fanox mg 1893.
Alland le Como Ordinary.
CAPPUNU, O, CUNTU Ordinary.
Pow No. 9
POWER OF ATTORNEY.
All the state of t
STATE OF GEORGIA, County.
KNOW ALL MEN BY THESE PRESENTS, That I, Shipple Michael Sing
of Acrocatos looks
County, in said State, do hereby appoint A. Con House
of 2 5 my true and lawful attorney in fact, for
davit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of Mand son man ( 1895
day of April 1895 [1.8.]
Everyted in the presence of us:
Executed in the presence of us:
Mont b, bonn ordinary)
DIRECTIONS.
있는 사용하다 하는 것도 보다면서 1.0000전 소리를 보면 보면 보면 보다 보다면 그것 같아요. 1.00000전 1.00000전 1.00000 1.00000 1.00000 1.00000 1.0000
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me at, and oblige
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I E G C THOSE HERETOFY  1 E G G  1 E G  1 E G G  1 E G G  1 E G G  1 E G G  1 E G G  1 E G G  1 E G G
HERETO DO HANDE TO THE PAID TO
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	RGIA, County of Chocottoe
onally compacting	dinde born A Ordinary in material County of
bhow the	State of Georgia, hereby certify that I am acquainted with Mrs.
800	to both Karne) the applicant for a pension to this case and
know, from my own	knowledge (or from positive proof presented to me by reputable wit-
nesses), that she res	ides 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 A.O.	deceased, and as such has heretofore
heen allowed a pens	ion for the year ending February 15th, 1893.
In Witness W	hereof, I have hereunto set my hand and affixed the seal of my office,
this, the 32 ma	day of fammany) 1894.
{ <b>○</b>	To meninger . A. b. borne di to Ordinary.
	Columners, that he entired to entire Regiment on the find the mount
~	POWER OF ATTORNEY
ald sed at the dis-	EDWER OF ATTOMINATION of the Court of the Co
STATE OF GE	ORGIA. Chowoffol County. All no sill
STATE OF GE	EN BY THESE PRESENTS, That I. Elegabath Margo
KNOW ALL MA	of photos Bol
County in said Sta	te, do hereby appoint J. M. Ring)
of bhones	my true and lawful attorney in fact, for
me, and in my nam	ne, to receive and receipt for whatever amount of money I may be en- State of Georgia as a widow of a Confederate Soldier, as stated in the
sisted to from the	Comis as a midam of a Confederate Soldier as stated in the
titled to mom the	State of Georgia as a widow of a Confederate Soldier, as stated in
foregoing affidavit;	be issued by the Governor, or for any sum of money which may be
foregoing affidavit; Warrant that may coming to me for t IN WITNESS V	thereby authorizing my said Attorney to receipt in my name for any be issued by the Governor, or for any sum of money which may be he reason aforesaid.  VHEREOF, I have hereunto set my hand and seal, this 33 mills.
foregoing affidavit;	thereby authorizing my said Attorney to receipt in my name for any be issued by the Governor, or for any sum of money which may be he reason aforesaid.  VHERROF, I have hereunto set my hand and seal, this 33 md/.
foregoing affidavit; Warrant that may coming to me for t IN WITNESS V day of Jamma	thereby authorizing my said Attorney to receipt in my name for any be issued by the Governor, or for any sum of money which may be he reason aforesaid.  VHEREOF, I have hereunto set my hand and seal, this 33 ml.  1894.  [L. S.]
foregoing affidavit; Warrant that may coming to me for t IN WITNESS V day of Jamma.  Executed in t	the presence of us:  The result of the Governor, or for any sum of money which may be the reason aforesaid.  WHEREOF, I have hereunto set my hand and seal, this 33 ml.  [L. s.]  the presence of us:
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foregoing affidavit Warrant that may coming to me for t IN WITNESS V day of famma.  Executed in t I lo, lov.  The Cogg only Send amount me at a man me coming to me of the control of the control  we at a man min me coming to me of the control  we at a man min me coming to me of the control  control of the control of the control  control of the control  control of t	be issued by the Governor, or for any sum of money which may be he reason aforesaid.  VHERROF, I have hereunto set my hand and seal, this 33 melt 1  1894.  L. S.]  The presence of us:  DIRECTIONS.  By and the she was the first to shiw sit saw she had seal that saw a soldier, and spilled by the country as a soldier, and spilled by the she had a ship to ship the shape of the ship to ship the ship the ship to ship the s

## For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally comes Mrs.
County of Cheroles	Elizabethe Being
who being sworn, says on oath, that she is a bo	one fide resident of said County of
	Georgia, and that she has resided in said State
	That she is the Widow of
	who was a Soldier in Company
10 of the 2 n R	Regiment of Locagian Introduction.
Volunteers, that he enlisted in said Regiment on o	r about the month of Aslan manne.
1865 and served in the Army up to flee Lat	To bast 1865 That he lost his
life on the ajst day of G	elector area 1864 (State here
full particulars of the husband's death, when, whe	
Daile hardrende pour best to	
Listale balloud love Commissioner	
22 Day at that mini he ye	
radian mandala tapapanta dalat tama talah dalat	
The hand of the second of the second of the second	Selected and behavior and attended the Select Selec
Deponent swears that she was the wife of said de	ceased soldier during his service in the army
as a soldier, and that she has never married since	his death aforesaid, that she became his wife
in the year 1850.; that Georgia is her home and	
1890, and has not lived in any other State or lo	$\lambda$
pension for the year ending February 15th, 1892,	
	and now apply for the anowance provided by
law for the year ending February 15th, 1893.	
Sworn to and subscribed before me, this	La fa the bell set & Bulleting
. 25 day of Dan wary 1893.	mario 6 . 1
Allen & barry Ordinary.	Post-office Account la

#### For Widows Heretofore Allowed Pensions.

	1 1 1 1 1 1 1 1 1	division of the state of	County of	F GEORGIA	STATE
STATE	OF GEO	RGIA,	1. 540	personally c	omes Mrs.
ted with Mr-	of was de land	herely certify i	Eliesas	both , Ram	ρ).
where other corners	NOTE IN THE BUCK	SSIFIVE DIPORT BEE	G HIGH IGE DUN	26-25-13-11-11-12-2-12-2-12-2-2-2-2-2-2-2-2-2	BREET TRUES
vho being sw	orn, says on oath	that she is a bo	na fide resident	of said County	inciscos) the
	Chonokoe	State of Geo	rgia, and that s	he has resided in	said State
ontinuously	ever since 24.00	10.	18/4	That she is th	e Widow of
	A.B. His		dure hereinter	was a Soldier i	Company
1		The second secon	le gabania		. into the
conflict.	of the 2 and		Regiment of	U	
	that he enlisted in			month of HIL	source)
86.3 and se	erved in the Arm	A QTT &	MERCON	9864 Tha	t he lost his
ife on the		day of		N CROKOLA	(State here
	ers of the husband	De danie dilla			
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	Nus band		and Grown	WARLOW S	100 1004
y in fact, for draw be en-	nd lawing attorned to money to the training of money to the training of training of the training of tr		 विष्ट बार्च खर्डा	IV battle, 1G rece	rarbeston
ali ni Seren		A CONTRACT A TABLE	THE WEST NAMED IN	i da atare alta Meni and	Hamperine more
ich max be	um of money w	e gin for any s	he the Covern	t may be rested e for the reason	adi tuare U
3	od sentythis (1877)	na buar ya 192	I have bereitu	TOTALDE AND AND A	
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1.6.7.4		•	, रहा कि के	ed in the presen	makt - *
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D	wears that she was	the wife of sai	OHREG d deceased sold	ier during his s	ervice in the
MESS TO ESTADO	oldier, and that sh	No. 20 1	No.		
his wife in t	the year 1830; t	hat Georgia is he	er home and she	resided in this	State 23d day
of December	r, 1890, and has n	ot lived in any o	ther State or loc	ality since that	date. I have
been allowed	d a pension for th	e year ending F	ebruary 15th, 1	893, and now a	pply for the
p=	rovided by law for				
<b>=</b>		The state of the s		3	
Sworn to	and subscribed b		Elivabe	man Ring	5
32	day of fan	2000 mg 1894.	0	mank of	VMD
<b>P Y</b>	A. b. born	Ordinary.	Post-office	25.	
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Pensions	re AHowec	elelere H	Widows	For
STATE	OF GEORGIA,	County of 6	perokee	
I, A, 6,1	bam	Ordinar	y in and for sai	d County of
- 1 tomis diminas	State of Georgia, 1	ereby certify that	am acquainte	4 yith Wise
Eliyabeth 1	ling,	_the applicant for	a pension in th	nis case, and
know from my own know	wledge (or from pos	itive proof present	ed to me by re	patable wit
nesses), that she resides	in this County, and	that she resided i	n the State of	Georgia on
December 23, 1890, and				
widow of Obsoles			and as such ha	s heretofore
been allowed a pension for				
In Witness Whered				
this, the 13 Th				
{BEAL}		D. le.bom	Ordinary.	
		<del></del>	A STATE OF THE STA	37/38/01/50
D	OWER OF	TTODNE	v	Form No. 8
	DWER OF	ATTORNE		016 0 000
				al area
STATE OF GEORGI KNOW ALL MEN BY	A, Ohores	ree so	ounty.	West of the
KNOW ALL MEN BY	THESE PRESENTS,	of leherol	Dell King	
		ot schores	100	
County in said State, do	hereby appoint			
of le horoBoo, le		my true and		
titled to from the State foregoing affidavit; hereb Warrant that may be iss coming to me for the reas In WITNESS WHER	of Georgia as a wido y authorizing my s ued by the Governo on aforesaid. EOF, I have hereunto	w of a Confederat aid Attorney to re or, or for any sum	ceipt in my na of money wh	ated in the me for any ich may be
day of farman	1895.	solint	or his.	11
		Grigado	MA Rains	[L. S.]
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INT ISSUEL	or oked	PEN February 15	416	Da Santa

Certificate of Ordinary of the County of Applicant's Residence.
For Widows Heretotore Allowed Pensions.
A CHILDREN TO I
STATE OF GEORGIA, County of Shoaskoe
I Drilliary in and for said County of
10 1
To Manual to Man
Eligo both king 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 Absolute hing)
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
the thead day of faminay 1896.
( C. C. Comm Ordinary.
Form No. 8.
POWER OF ATTORNEY.
FOWER OF ATTORNETS
STATE OF GEORGIA, Chorohoe County.
1, Elifahoth Ming, hereby authorize F. M. King)
of Choroko & bornet to receive and receipt for the pension paid hereon and request
that he remit same to MMD at
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Abrad
day of fameray 1896.
1 1 tohers
Bligaboth & hing [1.8.]

The blooked bearing

WIDOW'S PENSION No. 3239 1896.

# For Widows' Heretofore Allowed Pensions.

Mrs.
a jed miji kil
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TOTAL STREET, SCHOOL

# For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	personanty comes and
County of Character	Wigatett King
THE REPORT OF THE PARTY OF THE	
	hat she is a bona fide resident of said county of
Chowkee State of Ge	orgia, and that she has RESIDED in said State
continuously ever since a been !	18-20 That she is the Widow of
Absolom B. King,	who was a Soldier in Company
6 of the 3 and	tegiment of la.
Volunteers, that he enlisted in said regiment on or about the	
	186. That he lost his
1861 and served in the Army up today of	
full particulars of the husband's death, when, where and from	what cause.
ho taken Charnes Sinoak	Y was sent home on
fundan + Hobay the 1st 10	264
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I .	
	****
Deponent swears that she was the wife of said deceased sold	lier, during his service in the army as a soldier,
and that she has never married since his death aforesaid,	
that Georgia is her home and she resided in this Sts	
lived in any other State or locality since that date.	
	nding 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	1' - A where!
	Digaboth theking
	-office

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

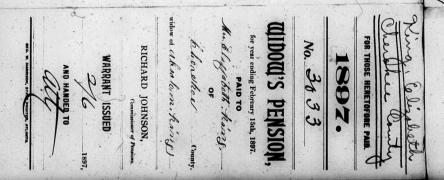
		Ordinary in and for said County of
cheaphor	State of Georgia, he	ereby certify that I am acquainted with Mrs.
Elizabet.	ticking,	the applicant for a pension in this case, and
know from my own knowle	dge (or from positive proof prese	nted to me by reputable witnesses,) that she
esides in this County, and t	hat she resided in the State of G	leorgia on December 23, 1890, and has not
ived out of the State since t	hat date. That she is the widow	of Obsalam, B. King
leceased, and as such has her	etofore been allowed a pension for	r the year ending February 15th, 1896.
In Witness Where	of, I have hereunto set my har	ad and affixed the seal of my office, this
he	day of Sec	1897.
4,51	A, b, be e	

#### POWER OF ATTORNEY.

STATE OF GEORGIA, Cheaches County.	
I, Eliffaboth, hing hereby authorize I. Al. K.a.	'A
of chorekee beauty to receive and receipt for the pension pa	id hereon and request
that he remit same to me at Pagne, but	<i>U</i> ,
In Witness Whereof, I have hereunto set my hand and seal, this _ 8/	
day of (5000) 1897.	
Elique beth file	(i. 8.]
Executed in the presence of	
A. le, bear, c, ording	

#### POWER OF ATTORNEY.

I,ofthat he i	emit same to	programme of the service of the serv	to 1	receive and rece at——atmand and seal, the	ipt for the p	ension paid he	
		the presence of Ain	d		<b>.</b>		J
These Heretofore Paid.	उद्गर	OW'S PENSION, cer, ending February 16th, 1898.	cateth, Averg	esterol County,	RICHARD JOHNSON, Commissions of Ponions.	RANT ISSUED	D HANDED TO M. Kuing Soon, State Promity, ATLANTA



## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	personally Comes Mrs.
County of & beachoel	Elizabett king
5 . The state of t	
who being sworn, says on oath, the	nat she is a bona fide resident of said county of
chorekoe State of Ge	orgia, and that she has RESIDED in said State
	188/ That she is the Widow of
absilm, B. king)	who was a Soldier in Company
b of the 2 de la Rep	
Volunteers, that enlisted in said regiment on or about the	month of Fiel 1863
186 and served in the Army up to High	1864 That he lost his
life on the day of He	1864 (State here
full particulars of the husband's death, when, where and from	what cause. Takon chronic
Diroch in the pall of 18'as un	
- bu Just i way proce the	spools of a bove chisens
	The second secon
Deponent swears that she was the wife of said deceased sold	er, during his service in the army as a soldier,
and that she has never married since his death aforesaid, the	nt she became his wife in the year 1820,
that Georgia is her home and she resided in this Sta	te 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
chonstoe County for the year en	
the pension provided by law for the year ending February	
Sworn to and subscribed before me, this	8 layabeth thing
A, b, born Ordinary. Por	

## For Widows Heretofore Allowed Pensions.

County of A hos attend	100 100	4'
Dounty of charelson	8 legaboth	Time
	oath, that she is a bona fide resid	
chanelson Stat	e of Georgia, and that she has	RESIDED in said State
entinuously ever since a built	1826 That	she is the Widow of
Absolum R kap	who was	Soldier in Company
	degiment of La	
olunteers, that he enlisted in said regiment on or about the	month of	
66.1 and served in the Army up to Reb	186	4 That he lost his
fe on theday of		8 (State here
ill particulars of the husband's death, when, where and	from what cau	
Said Wusband Esia	in Fel 18	64 with
chocarae Biochali		
and the second s		
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eponent swears that she was the wife of said deceased soldier	r, during his service in the army	as a soldier, and that
oponone sucurs care care mas and miss as	harry his wife in the year 18 (	0
e has never married since his death aforesaid, and that she l	ogcame his wife in the year 10 x.	
I have been allowed a pension as a resident of	Country law for the year ending Fel	ty for the year ending bruary 15th, 1898.
I have been allowed a pension as a resident of	Country law for the year ending Fel	ty for the year ending bruary 15th, 1898.
I have been allowed a pension as a resident of	Country law for the year ending Fel	ty for the year ending bruary 15th, 1898.
I have been allowed a pension as a resident of harmonic provided by the pension provided Sworn to and subscribed before me, this day of day 1898.	Country law for the year ending Fel	ty for the year ending bruary 15th, 1898.
I have been allowed a pension as a resident of chruary 15th, 1897, and now apply for the pension provided Sworn to and subscribed before me, this day of 1898.	Post-Office	y for the year ending gruary 15th, 1898.
I have been allowed a pension as a resident of chruary 15th, 1897, and now apply for the pension provided Sworn to and subscribed before me, this day of 1898.  A la control ordinary.	Post-Office	y for the year ending gruary 15th, 1898.
I have been allowed a pension as a resident of chruary 15th, 1897, and now apply for the pension provided 8worn to and subscribed before me, this day of 1898.  A language Ordinary.  State of Georgia,	Post-Office  I A le leccionary of said County, certify that	y for the year ending gruary 15th, 1898.
I have been allowed a pension as a resident of hrunary 15th, 1897, and now apply for the pension provided Sworn to and subscribed before me, this day of 1898.  A location Ordinary.  State of Georgia,  Charles County.	Post-Office  I A le leccionary of said County, certify that	y for the year ending gruary 15th, 1898.
I have been allowed a pension as a resident of the chruary 15th, 1897, and now apply for the pension provided Sworn to and subscribed before me, this day of fag. 1898.  A. C. Correct Ordinary.  State of Georgia,  Charles County. Ordinary.	Post-Office  I A le learning of said County, certify the	ty for the year ending truary 15th, 1898.
Sworn to and subscribed before me, this  Sworn to and subscribed before me, this  day of Gray 1898.  A long and a continuary.  State of Georgia,  Chonestee County. Ordinary.  Ordinary.  Ordinary.  Ordinary.  Ordinary.	Post-Office  I A G Gordinary of said County, certify that the individual she represents here	ty for the year ending ruary 15th, 1898.  The second secon
I have been allowed a pension as a resident of chruary 15th, 1897, and now apply for the pension provided Sworn to and subscribed before me, this day of gray 1898.  A language Ordinary.  State of Georgia,  Character County. Ordinary.  Character County ordinary.	Post-Office  I A 6 6 cm  I who made the above the individual she represents here day of	t I am well acquainted affidavit and am satiself to be, and that she
I have been allowed a pension as a resident of the chruary 15th, 1897, and now apply for the pension provided Sworn to and subscribed before me, this that the facts therein stated are true, and I know she is the continuously resided in this State since the Given under my official signature and seal this the	Post-Office  I A 6 6 cm  I who made the above the individual she represents here day of	ty for the year ending ruary 15th, 1898.  Ling  t I am well acquainted affidavit and am satiself to be, and that she  18.2.5.

#### POWER OF ATTORNEY.

			Count					
	T. 81	2. Wat	off kin	her_	eby author	rize .	u.k.	inp
		7	<u> </u>	of	cho,			
en universe								
to r			ipt for the per	ision paid				Temit same
		ne				yne,		
	IN V	VITNES	S WHEREO	F, I have he	ereunto se	t my hand	and sea	al, this 12
day	of_fa	m,		1899.		. 0		
		9			lida	Soll X	Phin	[L.
			in presence of		v	mon	4 0	
			in presence of					
	16.	600	morel	iz ·				
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ald.			189	1 3		N, of Pena		
e Pard.	•		[SI0] 5th, 1899.	in s	2	SON,	Q	7
fore Pard.	9.	26	ENSION 139 139 139 139 139 139 139 139 139 139	of the second	30	HNSON, missioner of Pena	SSURD	or of
etofore Paid.	.66	741	PENSIO	of his	ging	JOHNSON, Commissioner of Pena	r issurd	NDED TO
Heretofore Paid.	.668	3116	S PENSION	Soft him	8 kins	RD JOHNSON, Commissioner of Pena	ANT ISSUED	HANDED TO
se Heretofore Pard.	899.	3116	PS PENSION	gabath thin	1.8. king	HARD JOHNSON, Commissioner of Pena	RRANT ISSURD	2/6 LANDED TO M. Krony
hose Heretofore Paid.	1899.	NO. 3176	W'S PENSION or ending February 15th, 1899.	Ligaboth From	S. B. Riong	ICHARD JOHNSON, Commissioner of Pens	WARRANT ISSUED	AND HANDED TO
For Those Heretofore Paid.	1899.	NO. 3176	IDOW'S PENSION For year ending Pedruary 15th, 1899.	Eligabeth him	idow of D. B. Ring	RICHARD JOHNSON, Commissioner of Pena	WARRANT ISSUED	2/6 AND HANDED TO

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,		Personally Comes Mrs.
County of chorekod	1800	pototh king
who, being sworn,	says on oath, that she	is a bona fide resident of said county of
· · · · · · · · · · · · · · · · · · ·	State of Georgia	, and that she has RESIDED in said State
ontinuously ever since.		1856 That she is the Widow of
A. B. King		who was a soldier in Company
	Postment	of la
6 of the 2		
olunteers, that he enlisted in said regiment on or		
864 and served in the Army up to		
ife on theday o	of Fog	1864 (State here
ill particulars of the husband's death, when, whe	ere and from what c	ause.)
Biod with chroses	· como an	
*		and the state of t
Deponent swears that she was the wife of said decea the has never married since his death aforesaid, and I have been allowed a pension as a resident	that she became his wi	fe in the year 1850 .
ebruary 15th, 1898, and now apply for the pension	n provided by law for t	the year ending February 15th, 1899.
Sworn to and subscribed before me, this  // day of face 1899.  A & Source Ordinary.	80	with the sking
17 day of fanny 1899.	}	mark
A & Bosson Ordinary.	Post-Office	e
	,	
State of Georgia,	1 1 1	B, Bc 222
State of Georgia,	}	
chowkow County.	) Ordinary of said	County, certify that I am well acquainted
ich Mrs. Elifaboth King	w	tho made the above uffidavit and am satis
ed that the facts therein stated are true, and I kno	Service of the servic	
as continuously resided in this State since the	day of_	1830
Given under my official signature and seal th	nis the 17	day of faring 1899.
	Alel	in the second
(Official)	Outliness of all	control County.
{ Seal. }	Ordinary of 1200	Sounty.

#### POWER OF ATTORNEY.

STATE OF GEORGIA,	
County.	T. Canter,
I, Eligabeth king	hereby authorize
I. Eligabeth hing Shener	Low lecens
to receive and receipt for the pension paid hereon and r	equest that he remit same to
me at least	n la
IN WITNESS WHEREOF, I have hereunto set to	ny hand and seal, this
day of gary 1901.	1. Athorte
	be the bing [L. S.]
Executed in presence of	
H, M, King	

Wing, Elmand Sunty To Those Heretofore Paid.	42 don 6. 1900	WIDOW'S PENSION,  For year enging February 15th, 1901.  Thus. Bliggsbette. Assarge  Character. Assarge  Scharefiel. County.  Widow of Sliberal energia, Reging  JOHN W. LINDSEY,  Country.  WARRANT SSUED  Solve.  AND HANDED TO.  Control of the county of the county.  Country.  Country.  AND HANDED TO.  Country.  AND HANDED TO.  Country.  AND HANDED TO.  Country.  Country.  Country.	V. DEFTISOR, SIRIC FRIBIEF, ASSESSED, CO.
To Those	and only	Por year of the Block Widow of the JOH	Geo. 11. Ed

#### POWER OF ATTORNEY.

STATE OF GEORGIA,	
County.	
I. Elisfabeth king . A. b. bern anding .	, hereby authorize
A. b. burn anding .	Charokee burnet.
to receive and receipt for the pension paid h	
managed transfer of the first of the property	Canton ba.
In Witness Whereof, I have hereunto set	
day of Jane 1902.	indabeth king [L. S.]
Executed in presence of	5 mad 2
H. M. King	

Finny, Elizabeth. To Those Heretofore Padd To Those Heretofore Padd No. 18578 No. 18578 PENSION, For year ending Dec. 31, 1902. PAID TO YEAR PARENTON, PAID TO	Mr. Eligabeth, hing be sold on the Kaing County, Widow of A B. Kaing Co. B. Regiment & Handell.	JOHN W. LINDSEY, Commissioner of Pensions.  WARRANT ISSUED  AND HANDER TO  ORG. A NAMESSA TO  ORG. A TABLESSA TO  ORG. A TABLE
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18 Heretofore Allowed Pensions, EORGIA, Personally Connec Mrs.

LORN No .

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	Personally Come	Mrs.
County of Cherokee	- Bligabott he	, , , , , , , , , , , , , , , , , , ,
		2
who, being sworn, save on	oath, that she is a bona fide resident of	mid County of
	tate of Georgia, and that she has RESIDE	
continuously ever since 1825.	. That she is	the Widow of
Absolum B. king	who was a soldie	r in Company
6 of the Second	Regiment of La	
Volunteers, that he enlisted in said regiment on or about	it the month of Holy	
		hat he lost his
186.7 and served in the Army up to Sulfie on the day of 3	tel 1864	(State here
particulars of the bushes do doubt taken at		(15,0110 11070
particulars of the husband's death, when, where a bisce in Fel 1864 a	na from what cause)	<i>a</i> )
2190 m 405 1064 M	Ista DAMMINE, VINO	he .
	and the second s	
A company of the comp		
Deponent swears that she was the wife of said deceased a		loidier, and that
she has never married since his death aforesaid, and tha	1	•
I have been allowed a pension as a resident of	Secretary County for	the year ending
February 15th, 1900, and now apply for the pension	provided by law for the year ending Febru	ary 15th, 1901.
Sworn to and subscribed before me, this	8	
e day of functional subscribed before me, this	alipebeth 19	ing
day of July 1901.	monk	1
d. b. bon Ordinary.	Poet Office	
		- Fig. 34
State of Georgia,	I de le son	
County.	Ordinary of said County, certify that I am	well acquainted
with Mrs. Eliga Both king		
that the facts therein stated are true, and I know she i	s the individual she represents herself to b	e, and that she
		1825'
Given under my official signature and seal, this	the f " day of fary	.1901.
Given under my official signature and seal, this	d. 6.6000	) harpers
'( Official ) -	ordinary of chere has	
المستبر المستب	rdinary of Cherentee	County.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,	PERSONALLY COMES MRS.
County of Cherohod	Slige Seth Ring
	on oath, that she is a bona fide resident of said County of
	State of Georgia, and that she has RESIDED in said State
continuously ever since. about 15	
A B. Rine.	who was a soldier in Company
1 a	Regiment of Las
of the	
Volunteers, that he enlisted in said regime	
1865, and served in the Army up to	
	day of Hely . (State here
particulars of the husband's death, when, when	re and from what cause)
Died with 6km	conio sindhe
	· · · · · · · · · · · · · · · · · · ·
December 81, 1902.  Sworn to and subscribed before this	me, Slighabething
A. B. Bern , Ordin	ary.   Post-Office
<del>-77: 10: 10: 10: 10: 10: 10: 10: 10: 10: 10</del>	1 I. S. G. benne
State of Georgia,	
	nty. Ordinary of said County, certify that I am well
acquainted with Mrs. Eliga Bolla	, Ring , who made the above affidavit and
	1 are true, and I know she is the individual she represents
	ously resided in this State since the 1826
day of	
Given under my omens signiture an	ad soul, this the /5 day of Posse, 1902.
	id wells, tills tile
(Official)	ad soul, this the 18 day of Josep 1602.  Ordinary of Cherofice County.

NOTE.—All blank spaces must be filled.

Voucher and affidavit must bear date after January 1st, 1902

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 20, 1898.

Name of Moring

County Churren

Disability Would Would

Amount, \$ 50

Entered on record

March 9 1892.

W. H. HARRISON,

Secretary of Executive Department.

POL

STATE OF GEORGIA,

of Parlament County

inted with The Mrs. Kin

Ordinary of said coun

my official signature and seal, this .5 day of Proceeds 1892.

denohul ...

ANTENNA S

Coun

retatore Allowed Pensions.

STATE OF GEORGIA,

SOLDIER'S

POWER OF ATTORNEY. STATE OF GEORGIA. Charetto & County. Know all Men by these Presents, That I H. M. Hong of County, State of Georgia, do hereby appoint of Managery and in my race and in my name, of which the confederate States (or of this State), as stated in the military service of the Confederate States (or of this State), as stated in the first of the confederate States (or of this State), as stated in the first of the confederate States (or of this State), as stated in the foregoing affiditivity hereby authorizing my said attorney to receipt in my name, for any, warrant that may be issued by the Greyernor, or for any sum of money which may be coming to me for the reason aforesaid. WITNESS WHEREOF, I have hereunto set my hand and seal, this dividual he repressible hard sto be Marsan reside 803 his thint, said affidavit and true, and that he is absoluted, to the extent to subset to Executed in the Bissenes of haring am well sanshed that the statements mad by him to h Allen b, bears, and many Ordinary of said County, Send money to me as follows, by 's Brigade; that whilst engaged i in Company .... of .... th Regiment States, and served as a , during the war botween, the tederate States (or of the State of 18 14 that he enlisted in the military service of the Conesident of said State, and has resided therein continuously ever since the County, State of Georgia, who, being duly sworn, says on eath that he is a boats fide citizen at County.

For Applicants Heretofore Allowed Pensions.

Churkee 20

STATE OF GEORGIA, )

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,
Asheriolau County.
- Wheredee County S PERSONALLY appears 9 m. Meing
of lakeroleco 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 Designation day of Graday 1886; 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 Banguest in Company ML.
of 14 th Regiment of Microsia Volunteers Thomas 's
Brigade; that whilst engaged in such military service at the battle of Chelian Eping
in the State of Wal , on the Phisthelland day of march 1865, he was wounded as follows: by Munn Black
march 1865, he was wounded as follows: by Anni Black
healed; The Shot part in the stande pround has very
Lenoland discharge of mother parch wound remoters depound
somable to labor
The state of the s
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of
the year ending October 26, 1892. I have heretofore been allowed a pension of
Dollars for 1897 1891
Sworn to and subscribed before me this the H. Hing
5 th day of march 1892.
ONS. Portmand Ordinary.
Norm.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
POWER OF ATTORNEY.
STATE OF GEORGIA.
County.
Know all Men by these Presents, That I, 9 m. King
of Chiroley
County in said State do hereby appoint W/ A Wiright
of Mante Prellar le miles for my true and lawful attorney in fact, for
of Allunia Pullar Landing Landing 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.
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,
IN WITNESS WHEREOF, I have hereunto set my hand and seal this Derived
day of mirror 1892. H. M. Ring [L. S.]
Executed in the presence of us:
ON Promain a dilinary
55. Dupice
DIRECTION.
Send money to me as follows, by Enforces
to Acurathi P. O.
Lobb County, Georgia,
Country, Georgia

# For Applicants Heretofore Allowed Pensions.

	adle o County.	la i	11	
	ppears #. II. II			
County, State of C	Georgia, who, being duly	sworn, says on oath	that he is a bone fid	citizen and
esident of said St	ate, and has resided ther	ein continuously ever	since the TA	
	of the State of	; that he enlisted in		
	as a Leagena	w/- 1 a	during the war	
	ad Volunteers J		mpany 12, of 14	
	ice at the battle of		Brigade; that whilst	in the State
1 2ngana				6.5., he was
ounded as follow	n		intering Ga	11-100
	00	A STATE		
		4 4 4		
	1.53	1772 - 1985 - 1985	4	3 1
<u>w</u>				8 11
<b>U</b>	12 5			T SOFT
<u> </u>			7	3011
Deponent de	sites to prate ate in the ry thereof, and makes a cobber 26, 1653. I have	e benefits of the Act,	approved October 24	th, 1887, and
he year ending O	cuber 26, 193. I hav	e heretofore been allo	wance to which he is	Fills
		dollars, for the	4000 1889 189	189191
Sworn to and	subscribed before me, th	nis, the	11 92	6
14 14	day of March	.1893. \$	1334 1634 1	Z
Allen	6 bourn order	Page 1		1
Nors-State fully n	sture of wound or character of d	toons which causes the disabil	lity, and enplain particularly	the extent of the
		unty, Georgia;		
a Charles Bardharry (Bitar That C	GEORGIA,	10		1.0
Sandaya	DATE County!			
1,	Allen 6 E	Com	Ordinary of	said County
o certify that I ar	m well acquainted with	# 11.1	Passe	the
			2	
	regging affidavit, and an			
aid affidavit are t	rue, and that he is disabl	led, to the extent he ci	sims, and I know h	e is the in
	ents himself to be, and the			
1 fürtiler certi	Ty that		et my hand and	scal, thi
core whom the	lorogoing afficavits we	ne made and bowd	of storacy was	igned, is
ie Confederate 5	Georgia by reason of the tates for of this Sidia),	at stated in the wife C	dunty will the said	HE SINGE
gravares thorses	heta Seunine and reneip			e entitled to
Gluen under	my official signature and	legal this 14"	lay of March	y in fact, fo
, and the second	any orners agricult and	A A complete	or coorgia, do no	en) whive
Vyon an	Ion by these Prese	6,000	of Capital da her	ohe amount
T	County.)	Ordinary Oh	ondisses	County
11111				
TATE OF	GEORGIA.			
		OF ALTOR	i de la	

## POWER OF ATTORNEY.

COUNTY.  Know all Men by these Presents. That I,  of  County, State of Georgia, do hereby appoint  of  muy true and lawful attore  me and in my name, to receive and receipt for whatever amount of money I may be entite  State of Georgia by reason of an injury received as aforesaid in the military service of the  States (or of this State), as stated in the foregoing affidavit; hereby authorizing mey to receipt in my name for any Warrant that may be issued by the Governor, or for any which may be coming to me for the reason aforesaid.  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this.	ney in fact, for led to from the he Confederate
County, State of Georgia, do hereby appoint—  my true and lawful attors me and in my name, to receive and receipt for whatever amount of money I may be entit State of Georgia by reason of an injury received as aforesaid in the military service of tl States (or of this State), as stated in the foregoing affidavit; hereby authorizing m ney to receipt in my name for any Warrant that may be issued by the Governor, or for any which may be coming to me for the reason aforesaid.	ney in fact, for led to from the he Confederate
my true and lawful attors me and in my name, to receive and receipt for whatever amount of money I may be entit State of Georgia by reason of an injury received as aforesaid in the military service of tl States (or of this State), as stated in the foregoing affidavit; hereby authorizing m ney to receipt in my name for any Warrant that may be issued by the Governor, or for any which may be coming to me for the reason aforesaid.	led to from the
State of Georgia by reason of an injury received as aforesaid in the military service of the States (or of this State), as stated in the foregoing affidavit; hereby authorizing mey to receipt in my name for any Warrant that may be issued by the Governor, or for any which may be coming to me for the reason aforesaid.	ne Confederate
	sum of money
day of1894.	[L, S.]
Executed in the presence of us	
DIRECTIONS.	
to	P. O.

#### POWER OF ATTORNEY

	R OF ALTORNET.	
TATE OF GEORGIA,		
Count	y. S	
KNOW ALL MEN BY THESE		
	of	
County, State of Georgia, do hereby a		
D <b>f</b>	my true and law	
in my name for any Warrrant that may be coming to me for the reason aforesai IN WITNESS WHEREOF, J	have hereunto set my hand and seal, this	said Attorney to receipt m of money which may
day of	1895.	[L. 8.]
Executed in presence of us		
manamanian and a summanian managarity and a summanian managarity and a summanian managarity and a summanian man		
4.	DIRECTIONS.	
Send money to me as follows, by	anne a ariar (essa e esperar esperar proportion de la companyante	A contract to the second secon
	to the second se	
	County, Georgia.	
	the state of the s	
see the property of the		MANAGER WAS SHOWN STREET
	988	neut.
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8 2	, X	o I
A E		D TO D TO
5 7 2	9 3   H	DED Printer
E 20 50	1 6 8 1	ary ary
in Stole	M. Pring) Then stranged  Load  Load  Load  CHARD JOHNSON	Secretary Executive Departments of the Control of t
	HAS ELL	S # (6) #
FX	1 4 8 34 18	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Soldigt's Papsion.

1894.

Same H. Hong.

County Let on My. M.

Brishility P. W. M. HARRISON,

W. A. HARRISON,

Scordury Eccutive Department.

WARRANT HARRISON,

Scordury Eccutive Department.

Ogy. WARRANT HARRISON,

Scordury Eccutive Department.

a small hyrotomic Allowed Pensions.

(For Those Aiready Enrolled.)

16 H. O.N.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, L
Charte County.
PERSONALLY appears H. Me, Hing of Cherioche
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 fluly 1836; that he enlisted in the military service of the Con-
federate States (or of the State of granges ) during the war between the
States, and served as a Sargi in Company 17, of 14 th Regiment
of Georgia Volunteers Herrord 's Brigade; that whilst engaged in
such military service at the battle of Peters Burg 20 in the State
of Vergenia, on the 30 day of Mnach 1865; he was wounded as follows: in The Left tempel By gen
wounded as follows: in / he rept lempel By gen
Shot Entring Left tempel a Bout two inche
near the Lots of the saw when the
Ball Still Remains Causing a Kuning
Sory all The tim wich permetition disaft am
From dowin Ener Mind of worth t gives me pain all the to
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
Haff dollars, for the year 1890
Sworn to and subscribed before me, this, the
Fift day of Manch 1894.
I, b, bomi, oads,
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)
Choookse County.
do certify that I am well acquainted with #, M. Nomo! 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 Staffit
day of Mago A 1894.
Amx
geal here. D. le borns
Ordinary bhow Phoe County.

# For Applicants Heretofore Allowed Pensions.

Dersonally appears F. M. King	of bhorollow
ounty, State of Georgia, who being duly swoi nd resident of said State, and has resided thei ay of Joele 1836; that l	
ederate States (or of the State of tates, and served as a Sangramil Volunteers, Thomas	during the war between the in Company A, of 14 th Regiment
ch military service at the battle of Pol	on Benne) in the State
ounded as follows: By Lanmohat	m loft Tempole 1865; he was
· · · · · · · · · · · · · · · · · · ·	
	<i>)</i>
f #175 doll	pplication for the allowance to which he is 5. I have heretofore been allowed a pension ars, for the year 1890 1990
f Fift doll Sworn to and subscribed before me, this,	5. I have heretofore been allowed a pension ars, for the year 1890 784
f Fift doll Sworn to and subscribed before me, this,  31 6 day of fanning 18  A. L. born and amage Norz-State fully the nature of wound or character of disease	5. I have heretofore been allowed a pension ars, for the year 1890 784 the } Hings
of Fift doll Sworn to and subscribed before me, this,  I be day of fameray  18  A le born brdnmary  Norz-State fully the nature of wound or character of disease	I have heretofore been allowed a pension ars, for the year 1890 784  the J. J.), Hing
doll Sworn to and subscribed before me, this,  3/ 6 day of famenay  18  Norz-State fully the nature of wound or character of diseases the disability, resulting from the wound or disease.	I have heretofore been allowed a pension ars, for the year 1890 784  the J. J.), Hing
doll Sworn to and subscribed before me, this,  31 6 day of famenay  18  A. L. Lorn Ordernay  Norz-State fully the nature of wound or character of diseases the disability, resulting from the wound or disease.	I have heretofore been allowed a pension ars, for the year 1891 784 the High Him
doll Sworn to and subscribed before me, this,  3/6 day of famenary.  Norz-State fully the nature of wound or character of disease the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.	I have heretofore been allowed a pension ars, for the year 1891 784 the High Him
doll Sworn to and subscribed before me, this,  3/6 day of famenary.  Note—State fully the nature of wound or character of disease the disability, resulting from the wound or disease.  STATE OF GEORGIA,  Cherothee County.  1, A, b, borns	They heretofore been allowed a pension ars, for the year 1890 + 84.  the Hard Hard Hard Hard Hard Hard Hard Hard
doll Sworn to and subscribed before me, this,  31 6 day of famenag. 18  Discomm Ondornary.)  Norz-State fully the nature of wound or character of disease the disability, resulting from the wound or disease.  STATE OF GEORGIA,  County.  1, D. borns  o certify that I am well acquainted with	They have heretofore been allowed a pension ars, for the year 1890 + 84  the Jan
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#### POWER OF ATTORNEY

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## For Applicants Heretofore Allowed Pensions.

County.	
personally appears II. M. Ming, of Chonokoe	
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide of	itizan
and resident of said State, and has resided therein continuously ever since the	7
lay of fuels 1836; that he enlisted in the military service of the	
federate States (or of the State of Leange a ) during the war between	
States, and served as a Sagrant in Company k, of 14 th Reg	
of ba Volunteers, Thomas 's Brigade; that whilst en	
in such military service in the State of Vingenie, on the 30 11	day
of March 1865, he was wounded, injured or diseased as follows:	
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Deponent desires to participate in the benefits of the Act, approved October 24th	
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Norz-State fully the nature of wound or character of disease which causes the disability, and explain particularly the disability, resulting from the wound or disease.	e extent
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STATE OF GEORGIA,	
County.	
I, O.b. boson Ordinary of said C	ounty,
lo certify that I am well acquainted with H. M. Mamp)	the
applicant in the foregoing affidavit, and am well satisfied that the statements made t	
n his said affidavit are true, and I know he is the individual he represents himsel	f to be
and that he resides in this County.	
0' 1 1 1 1 1 1 1 1	
Given under my official signature and seal, this Thead	
Given under my official signature and seal, this Areaco	
day of famusay 1896,	

# For Applicants Heretofore Allowed Pensions.

personally ap	pears It M. Kaing, of cheadhoo
County, State of Ge	orgia, 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
lay of derla	1886; that he enlisted in the military service of the Con-
ederate States (or	of the State of) during the war between the
States, and served a	of the State of) during the war between the sa Caxpaard in Company L, of 14 th Regiment
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n such military ser	vice in the State of Val , on the 20th day
of March	186, he was wounded, injured or diseased of follows:
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and the acts amen entitled for the yes resident of Offi Sworn to and s	datory thereof, and makes application for the pension to which he is a rending October 26th, 1897. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1896.
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sand the acts amen entitled for the year resident of Andrews Sworn to and a day of the disability, resulting f STATE OF G.  L. L	post office   1897   Post office    EORGIA,  Well acquainted with **Limited of the said County**  Well acquainted with **Limited office

		_County.					
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Name & M. Ring

Disability Plead

County -

SOLDIER'S PENSION. INVALID 1899.

RICHARD JOHNSON,

STATE OF GEORGIA,	
cheartson County.	
Dersonally appears F. M. Ka	ing of cherekoe
County, State of Georgia, who being duly	sworn, says on oath that he is a tona fide citizen
and resident of said State, and has resided	d therein continuously ever since the
day of 1856; tha	t he enlisted in the military service of the Con-
federate States (or of the State of	) during the war between the
States, and served as a Sarpoon	in Company A, of the the Regiment
of La Volunteers, Th	's Brigade; that whilst engaged
	20 , on the 10 day
	wounded, injured or diseased as follows:
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of the disability, resulting from the wound or disease.	, , , , , , , , , , , , , , , , , , , ,
STATE OF GEORGIA,	* . X
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n his said affidavit are true, and I know he	F. M. king the
n his said affidavit are true, and I know he and that he resides in this County.	F.M. Riving the well satisfied that the statements made by him is the individual he represents himself to be
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in his said affidavit are true, and I know he and that he resides in this County.	F.M. Riving the well satisfied that the statements made by him is the individual he represents himself to be
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in his said affidavit are true, and I know he and that he resides in this County.  Given under my offiday of fang	the well satisfied that the statements made by him is the individual he represents himself to be cial signature and seal, this 1898.

# For Applicants Heretofore Allowed Pensions:

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unty, State of G	eorgia, who be	eing duly swo	rn, says on	oath that he is	a bona fide c	itizen
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erate States (or	of the State	of		) during t	he war betwe	en the
erate States (or ates, and served a	sa Pang	int	in Con	npany 4, o	fu th Reg	iment
la	Voluntee	ers, Then	res	's Brigade; t	hat whilst en	gaged
such military ser	rvice in the S	tate of	a ·	, on	the Jo	day
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e Aiready Enrolled.)	A. 46 9: 1900)	SABLED	R'S PENSION	901.	" haire	as Julamas	2/2 19 I W I INDERV	Commissioner of Persions.	Lonne To	Marker, State Princer, Atlanta.
CODE SECTION 150. Those Aiready Enrolled.)	18 th 1900)	DISABLED	IER'S PENSION	1901.	M. haire	Mars Jutames	1/2 19 HN W ITNDERV	Commissioner of Pensions.	WARRANT HANDED TO	W. Herrison, state Printer, Atlanta.  Market
cope section 130.	w Not 46 9 1900	DISABLED	LDIER'S PENSION	1001.	H.M. harre	ility Mach Julearid	10HN W I INDEEV	Commissioner of Pensions.	WARRANT HANDED TO	Geo. W. Harrison, state Printer, Atlanta.  N. Charles.
(For Those Aiready Enrolled.)	ion Matter 1900)	DISABLED	COLDIER'S PENSION	.1001.	ame H. M. haric	isability Mond Julearne	10HN W I INDEEV	Commissioner of Pensions.	WARRANT HANDED TO	600. W. Harrison, state France, Assets.  M. Audel.
(For Those Aiready Enrolled.)	From 18 16 (1900)	DISABLED	SOLDIER'S PENSION	. 1901.	Name H. M. Sarie	Disability Mans   seleanted	10HN W LINDSEY	Commissioner of Position.	thistieng	M. Clark.
CODE SECTION 1190. (For Those Aiready Enrolled.)	Gram Mat 46 9 1900)	DISABLED	SOLDIER'S PENSION	.1001.	Name # M. harres	Disability Olgan Juliannes	10HN W I INDERV	Commissioner of Pensions.	WARRANT HANDED TO	Janes Marie Marie

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, Cherokoe County. hereby authorize to receive and receipt for the pension paid hereon and request that he remit same to IN WITNESS WHEREOF, I have hereunto set my hand and seal this. /S. 7. In King [1. s.] STATE OF GEORGI Executed in presence of 1, b, bonn, andin IER'S PEN DISABLEI

POWER OF ATTORNEY.

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

County.	of Le horolos
Personally appears H. M. King	or that he is a houg fide citizen
County, State of Georgia, who being duly sworn, says on a resident of said State, and has resided therein cont	inuously ever since the
ay of fully 1856; that he enlisted	in the military service of the Con-
ederate States (or of the State of	) during the war between the
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Volunteers Thromas	s Brigade; that whilst engaged
n such military service in the State of No.	on the so day
of March 1865, he was wounded	, injured or diseased as follows:
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ulognation which continues	to preasant time
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Godor October 26th, 1901. I have heretofore un	y been allowed an invalid pension of he year 1900.
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# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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### POWER OF ATTORNEY.

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SOLDIER'S PENSION	Name # M. Raing County the Regiment # La. Disability Neal Litherand Amount, \$500 00.	JOHN W. LINDSEY, Commission of Practices.  Complete particular particular of Practices.  Coc. W. Barriers Since Prince, Allente.
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### POWER OF ATTORNEY.

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IN WITNESS WHEREOF, I have hereunto	set my hand and seal, this \$
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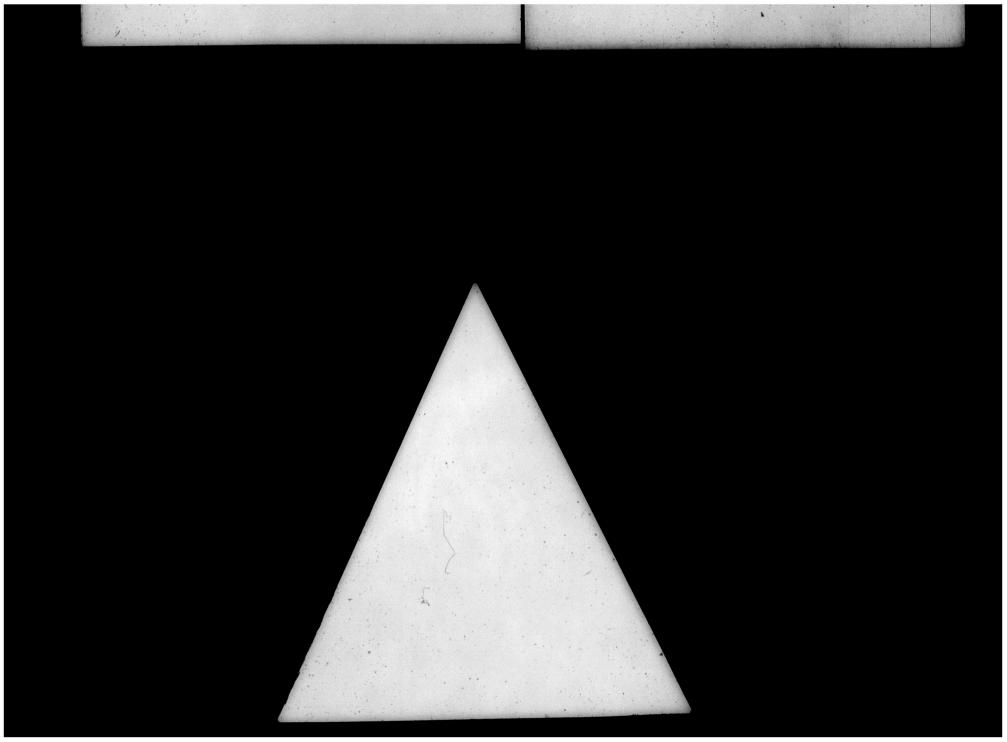
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## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Deponent makes application for the pension to which he is entitled for the year and go County.  Deponent makes application for the pension to which he is entitled for the year and go County.  Sworn to and subscribed before me, this the day of fary 1903.  Deponent of and subscribed before me, this the county bear attention to the wound or disease which causes the disability, and explaint in the foregoing affidavit, and am well satisfied that the statements made by nim in his said affidavit are true, and I know he is the individual he represents himself to day of fary.  Circuity Character of the statements made by nim in his said affidavit are true, and I know he is the individual he represents himself to day of fary.  Circuity Character of this County.  Civen under my official signature and seal, this day of fary.  Civen under my official signature and seal, this day of fary.  Civen under my official signature and seal, this day of fary.  Civen under my official signature and seal, this day of fary.  County.  County.  County.  Cordinary Character.  County.  Cordinary County.  County.  County.  Cordinary Character.  County.  County.  Cordinary County.	OTATE OF CEORGIA
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Personally appears # M. Lang of Manuels of 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 ay of 1826; that he enlisted in the military service of the Condetate States (or of the State of the S	County.
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Ordinary charshee County.	July & W. B. Com
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# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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ounty, State of Geo	rgia, who being duly swo	orn, says on oath that he is	a bona fide citizen
nd resident of said	State, and has resided the	erein continuously ever sin	ce the
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derate States (or of	f the State of	in Company , of	he war between the
tates, and served as	s a dongoonl	in Company /2, of	th Regiment
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such military serv	rice in the State of /U	was wounded, injured or d	line ou day
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che,	nohoe	retofore, under said law County, been allowed an	invalid pension of
Sworn to and	subscribed before me, thi	County, been allowed an Dollars, for the year 19 is the 04.	invalid pension of
Sworn to and 5 " day of	subscribed before me, the	County, been allowed an Dollars, for the year 1904.  Post-office	invalid pension of 03.
Sworn to and 5 " day of	subscribed before me, the	County, been allowed an Dollars, for the year 19 is the 04.	invalid pension of 03.
Sworn to and  " day of  Norz.—State fully particularly the extent of	subscribed before me, the	County, been allowed an Dollars, for the year 1904.  Post-office	invalid pension of 03.
Sworn to and  S day of  Norz.—State fully  particularly the extent of  STATE OF	subscribed before me, this subscribed before me, this subscribed before me, the subscribed befor	County, been allowed an Dollars, for the year 1904.  Post-office	invalid pension of 03.
Sworn to and  " day of  Norz.—State fully particularly the extent of  STATE OF	subscribed before me, the subscribed before	County, been allowed an Dollars, for the year 19 is the W04. Post-office haracter of disease which causes to wound or disease.	invalid pension of 03.
Sworn to and  Sw	subscribed before me, the large 19  y the nature of the wound or or the disability resulting from the GEORGIA, County.	County, been allowed an Dollars, for the year 1904.  Post-office  Character of disease which causes to wound or disease.  Ordin	invalid pension of 03.
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Sworn to and  Nora.—State fully  bardicularly the extent of  STATE OF  Cho.—Oh.  I,  do certify that I an the applicant in the	subscribed before me, the  Lary 19  y the nature of the wound or or the disability resulting from the  GEORGIA,  County.  A. Courty.  M. Courty.  M. Courty and acquainted with the foregoing affidavit, and	County, been allowed an Dollars, for the year 190 is the O4. Post-office haracter of disease which causes two and or disease. Ordin	invalid pension of 03.  He disability, and explain ary of said County he statements made
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Sworn to and  "day of  Norn.—State fully bardendarly the extent of  STATE OF  Cho.—Off.  I,  do certify that I an the applicant in the by him in his said to be, and that he r	subscribed before me, the  law 19  Law 19  y the nature of the wound or or the disability resulting from the  GEORGIA,  County.  M. Courty.  M. Courty.  A decrease affidavit, and affidavit are true, and I keesides in this County.  Yen under my official sign	County, been allowed an Dollars, for the year 1904.  Post-office  Conding the Post-office  Condi	invalid pension of 03.  The disability, and explain ary of said County he statements made e represents himselvers.
Sworn to and  "day of  Norn.—State fully bardendarly the extent of  STATE OF  Cho.—Off.  I,  do certify that I an the applicant in the by him in his said to be, and that he r	subscribed before me, the law 19  y the nature of the wound or of the disability resulting from the CEORGIA,  County.  A law a county.  A law a county.  A law a county.  A county affidavit are true, and I know the county.  Yen under my official sign of farm.	County, been allowed an Dollars, for the year 1904.  Post-office  Post-office  Ordin  Wound or disease which causes to wound or disease.  Ordin  H. M. Kang disease that the mown he is the individual heature and seal, this 3 1904.	invalid pension of 03.  A property of said County, and explain ary of said County, the statements made e represents himself.
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Kinnett, A.E. APPLICATION FOR ALLOWANCE Left am Deables Applicant & Reinett County Cherokee Date of Warran John 27/ Entered on Record, SECRETARY EXECUTIVE DEPARTMENT. applicant

Nog 224
Nog 22

STATE OF GEORGIA,	M TANDERSONOIN TO THE WAS
PERSONALLY appears Q4 1	
	ays on oath that he is a bona fide citizen and resi-
dent of said State, and has been such cont	
Manager has some share be as	Mared in the military service of the Confederate
States (or of the State of 1968	during the war between the States, and
serveu as a	The Company of the Aregiment of
	bummany)'s Brigade; that whilst engaged
in such military service, at the battle of	Kenedard in the
State of Storyia on the	day of June 1869, he was
wounded as follows: Jum shot	my the head of the redins
both condylin of the	Eusemi & the arm
residering The own	
	A STATE OF THE STA
	2 A Land Company of the Art of th
	and the second s
Deponent desires to participate in the	benefits of the Act, approved October 24, 1887,
	ed Dec. 24, 1888, and makes application for the
	The second second second
allowance to which he is entitled for the	year ending Oct. 26, 1889.
Sworn to and subscribed before me, th	
Sworn to and subscribed before me, the	os I Minnett
Sworn to and subscribed before me, the	os I Minnett
Sworn to and subscribed before me, the	
Sworn to and subscribed before me, the	os I Minnett
Sworn to and subscribed before me, the the_is- day of Gilowaway 1889 Octions W Configuration 1889 Nore-State fully nature of wound or character the extent of the disability.	os I Minnett
Sworn to and subscribed before me, the us-day of Guloraran 1889 Octour W. Prelanaran 1889 Norn-State fully nature of wound or character the extent of the disability.  STATE OF GEORGIA,	of disease which causes the disability, and explain particularity
Sworn to and subscribed before me, the us-day of Gulormann 1889 Octions W Prelimann 1889 Nore. State fully nature of wound or character the extent of the disability.  STATE OF GEORGIA,	of disease which causes the disability, and explain particularity
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Sworn to and subscribed before me, the LS— day of Pulsanary 1889  Octour W Prulsanary 1889  Nove.—State fully nature of wound or character the extent of the disability.  STATE OF GEORGIA,  Character County  Perspeally comes before me county.  W L Callanar me as reputable physicians of said county have carefully examined.	of disease which causes the disability, and explain particularly  Ordinary of said  More than the causes the disability, and explain particularly  of disease which causes the disability, and explain particularly  of disease which causes the disability, and explain particularly  of disease which causes the disability, and explain particularly  of disease which causes the disability, and explain particularly  of disease which causes the disability, and explain particularly  of disease which causes the disability, and explain particularly  of disease which causes the disability, and explain particularly  of disease which causes the disability, and explain particularly  of disease which causes the disability, and explain particularly  of disease which causes the disability, and explain particularly  of disease which causes the disability, and explain particularly  of disease which causes the disability and explain particularly  of disease which causes the disability and explain particularly  of disease which causes the disability and explain particularly  of disease which causes the disability and explain particularly  of disease which causes the disability and explain particularly  of disease which causes the disability and explain particularly  of disease which causes the disability and explain particularly  of disease which causes the disability and explain particularly  of disease which causes the disability and explain particularly  of disease which causes the disability and explain particularly  of disease which causes the disability and explain particularly  of disease which causes the disability and explain particularly  of disease which causes the disability and explain particularly  of disease the d
Sworn to and subscribed before me, the LS— day of Filomann 1889  Olsonal Wordinann 1889  Nove.—State fully nature of wound or character the extent of the disability.  STATE OF GEORGIA,  Clary ICC County  PERSONALLY comes before me county, L Calculation me as reputable physicians of said county have carefully examined.	of disease which causes the disability, and explain particularly  Ordinary of said  who, being severally sworn, say on eath that they  content that they  and after such examination  follows: Form that when the
Sworn to and subscribed before me, the LS— day of Filomann 1889  Olsonal Wordinann 1889  Nove.—State fully nature of wound or character the extent of the disability.  STATE OF GEORGIA,  Clary ICC County  PERSONALLY comes before me county, LY Called and me as reputable physicians of said county have carefully examined.	of disease which causes the disability, and explain particularly  Ordinary of said  who, being severally sworn, say on eath that they  content that they  and after such examination  follows: Form that when the
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Sworn to and subscribed before me, the 15- day of Filorogany 1889 Obscient W Professionary Nove.—State fully nature of wound or character the extent of the disability.  STATE OF GEORGIA,  Character County Personally comes before me county, L. County for County, L. County for County for County for the applicant has been injured as a that the applicant has been injured as the character of the county of the county for the county of the county for the coun	of disease which causes the disability, and explain particularly  Ordinary of said  who, being severally sworn, say on oath that they  content that when to follows: Fun that when the follows:

Sworn to and subscribed before me, this John M. Fank. M.S.

15 day of Pubranary 1889 TV. B. Coleman M. D.

October W. Pubranary

ORDINARY.

Norra.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the

STATE OF GEORGIA,	STATE OF GEORGIA
do certify that I am well acquainted with applicant in the foregoing affidavit, and am in his said affidavit are true, and that he is dethe individual he represents himself to be, a that the foregoing witnesses, to-wit:	well satisfied that the statements made by him isabled to the extent he claims, and I know he is
affidavits were made and power of attorney of said county, and that the said affidavits Given under my official signature and	statements are worthy of full credit and belief, before whom the foregoing was signed, is a
and red restrained to the state of the state	Ordinary Where here to the transport of the bus to be the rest of the waterwalls
STATE OF GEORGIA,  County.  Know all Men by These Presents	A contract to the second
county, in said State, do hereby appoint	of
to from the State of Georgia by reason of th vice of the Confederate States (or of this S authorizing my said attorney to receipt in the Governor, or for any sum of money which	my true and lawful attorney in fact, for for whatever amount of money I may be entitled e injury received as aforesaid in the military sertate), as stated in the foregoing affidavit; hereby my name for any Warrant that may be issued by the may be coming to me for the reason aforesaid, the my hand and seal, this may a distance and
day of	188 (L.S.)
Executed in the presence of us:	
DIRI	CTION:
Send money to me as follows, by	P.O.

### MOTES

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,

Long County.

I, OM. Pulmane Ordinary of said county,
do certify that I am well acquainted with A. Miname 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 former A. fordan before
whom the foregoing affidavits were made and power of attorney was signed, is a
Class County County.

Given under my official signature and seal, this 4" day of Puly. 189 2

Ordinary Lossocked County.

Ordinary Lossocked County.

Dheroface Conney. Ordinary of said County, do certify that I am well acquainted with Alsham & Kannett 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 June L. Jerdan before whom the foregoing affidavits were made and power of attorney was signed, is a bluk of the Properies Courst of said County, and the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this 10 day of Relianning 1891. Odium M Portnum Ordinary Cherokee

APPLICATION FOR ALLOWANGE.

THE TELL BETTON OFFICE AND ASSOCIATION OF APPLICATION OF ACTIVITY OF ACTIV

STAJE OF GEORBIA,

For Applicants Heretotog, Allowed Pensions,

STATE OF GEORGIA.

STATE OF GEORGIA,

For Applicates Heretafore Allowed Pensions,

STATE OF GEORGIA,
Chimoece County.
PERSONALLY appears A. L. Himnett of Cherosees 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 24" day of
December 1854; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a private in Company B, of 54 th Regiment of Georgia Volunteers Cumming's Brigade; that whilst engaged
in such military service, at the battle of himmean mt. in the State
of Georgia, on the 22" day of June 1864, he was
of Grazia on the 25" day of June 1864 he was wounded as follows: Hym Short wound left Elbon joint.
rendering the joint Striff & thirty useless.
MI + 2 = - 1/2 - 1/4 - 1
A Series of the Assessment October 200
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 rear ending October 26, 1890. I have heretofore been allowed a pension of August
of Gillars.
Sworn to and subscribed before me, this the of L. Simuett
4 day of Fel Ruary 1890)
fames L' fordard Col.
Norz.—State fully nature of yound or character of disease which causes the disability, and captain particularly the extent of the disability.
POWER OF ATTORNEY.
STATE OF GEORGIA
KNOW ALL MEN BY THESE PRESENTS, That I, A. L. Kimmelt
of Lehender
county, in said State, do hereby appoint B. A. Morioles
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 tor any sum of money which may be coming to me for the reason
aforesaid.  IN WITNESS WHEREOF, I have hegeunto set my hand and seal, this
day of February 1800
of I Simmett [i. s.]
Executed in the presence of us:
Cames L. Jordan ese.
lake & Every
DIRECTION.
Send money to me as follows, by
to
County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, County.
PERSONALLY appears Adolphus & Kinnett of Scherotee
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and
resident of said State, and has resided therein continuously ever since the 25 11
day of Accession 1862; that he enlisted in the military service of the Confederate States for State 1862;
federate States (or of the State of) during the war between the States, and served as a
of Jonged Volunteers (united s Brigade; that whilst engaged
to another office and the second seco
of searched, on the gand day of final 1863, he was
yound as follows: a green shot ine of the left elbour
away or thruster vendering it useles.
The state of the s
рания принада принада принада принада принада на
Donatal
Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of
dollars, for 1869 + 1890
Sworn to and subscribed before me, this, the ofarthhear & Kinne II
10 E day of Belegry 1891.
Jan. 4 Varia 282
Norz. State fully nature of wound or character of disease which causes the disability, and esplain particularly the extent of the disability, resulting from the wound or disease.
POWER OF ATTORNEY.
STATE OF GEORGIA,
Cheroford County.
Know all Men by these Presents, That I, Adollehus & Kinnett
County, State of Georgia, do hereby appoint
Benjamin I Crister of Cherokee County
of Stute of Jeorgies 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 authoriz- ng my said attorney to receipt in my name for any Warrant that may be issued by the Gover-
ng my said attorney to receipt in my name for any Warrant that may be issued by the Gover- nor, 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
this 10th day of He houry 1891. Sincett [L. s.]
Executed in the presence of us:
Compared to the first the plant and are a figure property to the epigaporal and the figure
Oall Continues, continuent
Send money to me as follows, by
to P. O.
County, Georgia.

STATE OF GEORGIA. Ordinary of said county, do certify that I am well acquainted with Adalphons & Brinn iff applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he repesents himself to be, and that he resides in this county. Given under my official signature and seal, this & day of march Ordinary Colorolay **PENSION** SOLDIER'S

of Bouldani, Hamilton, and sorp any sorp and a more appoint of Localitation. Pure and lawful attorney in fact, for me and law 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 aforegaid 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 same for any Wasyant that way be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN THE STATE OF THE REOF, I have hereunto set my hand and seal, this dividual be sepressitis bank alto by and sand in reside 897 th Allen blown ordinas Send money to me as follows, by P. O. County, Georgia. Sworn to and States, and served as a STATE OF GEORGIA, For Applicants Heretofore Allowed Pensions.

POWER OF ATTORNEY.

Know all Men by these Presents, That I Adaly

. Uhirolesi County .	10 1 10 11.
PERSONALLY appears	deplease to Reconstite
of lohundel County, Sta	te of Georgia, who, being duly sworn, says
on oath that heris a bona fide citizen and resident of	Georgia, and has been such continuously
since the 24 day of Doennh	
in the military service of the Confederate States (or	
during the war between the States, and served as a	
of 54 th Regiment of Beorgia	
Brigade; that whilst engaged in such military service	
in the State of Miorgan, on t	wounded as follows: By Mand Short.
Spine lest and in the elbor	wounded as follows: Dy sapural stade
the spilionanteally and losens	the melmo
	F 1041 X
10,7500 700	22 6 1 187
Deponent desires to participate in the benefits of the acts amendatory thereof, and makes application the year ending October 26, 1892. I have heretofor	for the allowance to which he is entitled for
H.Mm/ Dollars	for 1890 1891
Sworn to and subscribed before me this the	14 16:
day of manche 1892.	CT, Danielli
- 1 My Dastanana Oudinana	
Nore.—State fully nature of wound or character of disease wextent of the disability.	hich causes the disability, and explain particularly the
	TTORNEY.
STATE OF GEORGIA.	
Mahirolus County.	-1. M. V. S
Know all Men by these Presents, That I, of	4 delphing I romaill
County, in said State, do hereby appoint . (Seag)	Hariolex
of Josepher Lehensley Learning Med- me and in my name, to receive and receipt for wha from the State of Georgia by reason of the injury re the Confederate States (or of this State), as stated in my said attorney to receipt in my name for any War or for any sum of money which may be coming to m	tever amount of money I may be entitled to ceived as aforesaid in the military service of the foregoing affidavit; hereby authorizing rant, that may be issued by the Governor, see for the reason aforesaid.
IN WITNESS WHEREOF, I have hereunto	set my hand and seal this Alternal
day of Mariana	A. L. Kinnett [L]
Executed in the presence of us:	specification sometimes made by the training
James of Killy	· · · · · · · · · · · · · · · · · · ·
DIRECTION	Ondinary of said county.
Send money to me as follows, by	
5/3 N. A. B. A. A. A. S. S. S. A. A. S.	P. O.
	County Georgie

# For Applicants Heretofore Allowed Pensions.

Parameter appears Relatibles & Mississett of Cheroles
County, State of Georgia, who, being duly sworn, says on cath that he is a seem fide citizen an resident of said State, and has resided therein continuously ever since the
day of Describes (or of the State of Assergine ) during the war between the
States, and served as a Convadu in Company & of Ch th Paris
of Man Infantary Volunteers Lagraniany 's Brigade; that whilst engaged is such military service at the battle of Briganians Incumpliance in the State
wounded as follows to a week that her ofte self-one pariet of the
Last assert Loraling this tring Craning the commenter
Contract wind in all contract to a server in small con
a Deponent desires to present out in the benefits of the Act, approved October at th. 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 333. I have heretotore been allowed a pension of 572
dollars, for 1890 1891 7 1892
Sworn to and subscribed sofore me, this, the oblight have & King me II
Allen b lower, orderers of deservation the distribity, and explain persistent of the extent of the
Mora—State fully nature of wound or character of disease which causes the distability, and englate perchasierly the extent of the distability, resulting from the wound or disease, CORUIN (1800-1819)  STATE OF GEORGIA, 1 100 100 100 100 100 100 100 100 100
Send mane as tolled by
do certify that I am well acquainted with Actallehouse of Burner B
applicant in the femanion affidayit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in- dividual he represents himself to be, and that he resides in this County.
West Trees, great WHEREOF, I have hereunto set my hand and seal, this
the control street or of the sure? As said the said the said and s
elgranders thereburgerelles and receipt for whatever amount of modes 1 max be confided to my true and partial attention in just for the confidence and seed this confidence of the confidence in the confidence of
of Allow P Post Outry, State of Georgia, do hereby appoint
County County County
POWER OF ALTORNEY

POWER OF ALTORNEY

### DOWED OF ATTODNEY

Kno	w all Mer	by these Presents,	INTY. S That I, O	doipp	ys Los yropu	limett.	
County,	State of G	eorgia, do hereby app	pint	. 0 10 11 0 1		attorney in fact, for	
State of States (c ney to re	in my name Georgia by or of this eccipt in my	to receive and receive reason of an injury State), as stated in mame for any Warring to me for the reas WHEREOF, I ha	pt for whatever received as afor the foregoing ant that may be	amount of n resaid in the affidavit; h issued by the	noney I may be military service ereby authorizin Governor, or for	entitled to from the of the Confederate ag my said Attor- rany sum of money	
day of	FO.	bourg	1894.	11/1/	1.91	Einne [.s.]	
	Executed	in the presence of u		ew jus	white your and	D, S.	
		form onds					
			2)				*
**	h	· · · · · · · · · · · · · · · · · · ·	DIRECT	IONS.	arry Ou	,	
Ser	nd money to	o me as follows, by	of a	day	tan	P. O.	
The	10 fee	1.	County, Geor	gia. B	4 Ori	aled	
	1. 24	1.1	annam	La contract of the contract	denta da santa continua de sa	and the middle and the control of th	
(For Those Aiready Enrolled.)	No. 395	Soldier's Pepsion.	Name Idalphone & Marines III	Disapire Brakea Gram	See 19 20 1888	WARRANT HANDED TO  On. W. Berline, State Frien, Atlant.	1/10/
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+	60	3 Jan	d				
3	4	6.33	Miles C	ra win.	LOW FOR	unita "	
	19	10 10	ST.	31 1 1 1 N		Harry Control	

### DOWED OF ATTORNEY

	POWE	K OL WIIG	JAME 1.	
lopes	GEORGIA,  County  LL MEN BY THESE P	RESENTS, That I.	D. G. Krims	nell
County, State of	of Georgia, do hereby ap	point 03, Find	brisles	attorney in fact, for
State of Georgic States (or of thi in my name for	name, to receive and rece a by reason of an injury is State) as stated in the any Warrrant that may e for the reason aforesaid NESS WHEREOF, I h	received as aforesaid foregoing affidavit; her be issued by the Gov	in the military service eby authorizing my said ernor, or for any sum	of the Confederate  l Attorney to receipt  of money which may
day of Fig.	uted in presence of us	18959	L'L'Signa	2017 [1 H.]
ship 10 p	CONTO, COMA	DIRECTIONS	•	
Send mon	ey to me as follows, by	to County, Georgia.		P.O.
	F=		%	
For Those Aiready Errelled.)	IER'S PENSIO	S. Kammett Chowoker	Sylvan 3/4 RICHARD JOHNSON, Secretary Executive Dynamics	WARRAYT HANDED TO  WARRAYT HANDED TO  WARRAYT HANDED TO  WARRAYT HANDED TO
<b>.</b>	SOLD	Name County Disability	Amount, \$ 5	88

# For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA, County. Personally appears Adolphust Kinnett 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 24 %
day of seconder 1863; that he enlisted in the military service of the Con-
States and sound on a Partifully in Comment to State To the
of Georgia Volunteers Cummin's Brigade; that whilst engaged in
such military service at the battle of Kenisaco in the State
of Terrgial , on the 22 nd day of June 1864 he was
wounded as follows: a gun Shot in the left elbow
of Georgia Volunteers Gummins Brigade; that whilst engaged in such military service at the battle of Stenesure in the State of Jerrefie on the 22nd day of Jerrefie 1864; he was wounded as follows: a gun Shot in the left elbow first Shavering the bone Shiftening goint
Land Causing it toperish or shrink thereby
rendering it wells
A second
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the allowance to which he is
entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of
dollars, for the year 1893
Sworn to and subscribed before me, this, the chellphus, & Sinner
I, b. bom. Ordanang 1894.
A la la service de
Ji, a . womo, a wallmang
Norz-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,
Choro Rose County.
011
do certify that I am well acquainted with Add phase & Mannall 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 To barrang, 1894.
your seal bere J. B. Comm
Ordinary bhorother County.

# For Applicants Heretofore Allowed Pensions.

TATE O	F GEORGIA	j		
Choroko		nty.		
Dersonally	appears A.L.	kinnoll	of lohows	low .
	Seorgia, who being do			
y of			ed in the military se	
derate States (or tates, and served Locarasa tch military servi	of the State of as a Cannan Volunteers, as the battle of	in jin	) during the Company R, of S, 's Brigade; that w	war between the ## th Regiment thilst engaged in in the State
· lsovogia	on the	22 day o	fund	1864, he was
	s: bennohol		ob mano	ang
Disabilit	If Said arm	7)	•	
		<u> </u>		
nd the acts amen	idatory thereof, and ar ending October 26	makes application 5th, 1895. I have dollars, for	on for the allowance we heretofore been a the year 189/=3	llowed a pension
nd the acts amen ntitled for the year Sworn to and SALTS day	ndatory thereof, and ar ending October 26 subscribed before m	makes application to the state of the state	on for the allowance we heretofore been a the year 189/=3.	e to which he is flowed a pension
nd the acts amen ntitled for the ye f Sworn to and SALT day Nore-State fully the the disability, resulting	addtory thereof, and ar ending October 26 subscribed before me of Field by before me of the beautiful of the beautiful of the beautiful of the season of the beautiful of the season of	makes applications, 1895. I have dollars, for the, this, the 1895.	on for the allowance we heretofore been a the year 189/=3.	e to which he is flowed a pension
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Sworn to and SALIE day Norz-State fully the the disability, resulting STATE O	adatory thereof, and ar ending October 26 subscribed before m of Hoby Lemma, wander enature of wound or character from the wound or disease.  F GEORGIA TO HOLY  J. L. Lowner  am well acquainted w	makes application of the content of	on for the allowance we heretofore been a the year 189/=3.  A, J, Skin on the disability, and explain ordinary with the statement of that the statement were the disability and explain ordinary with the statement of that the statement were the statement of the s	e to which he is illowed a pension  particularly the extent of said County, the ints made by him
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nd the acts amen ntitled for the ye f Sworn to and SAAT day Norz-State fully the the disability, resulting STATE O	subscribed before me of Holy bearing, and are noting October 26 subscribed before me of Holy bearing, and a subscribed before me of Holy bearing, and a subscribed before the wound or character from the wound or claracter from	makes application of the property of the prope	on for the allowance we heretofore been a the year 189/=3.  A, J, Skin or the disability, and explain or the disability, and explain or the disability and e	of said County, the ints made by him uts himself to be

# POWER OF ATTORNEY. STATE OF GEORGIA, Character County. I. A. S. himnost hereby authorize B. Fr. bais for of Character to receive and receipt for the pension paid hereon and request that he remit same to at Canton La. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this / the day of February [L. S.] Executed in presence of us A. C. Stermett [L. S.]

I, N. L. kar					· · · · · · · · · · · · · · · · · · ·
	of				
o receive and receipt for	A CONTRACTOR OF THE STATE OF TH			he remit sa	me to
banton ba		by,	ash	7 (	***********
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IN WITNESS WH					
lay of Teely	on a run manus programments	1897. 1/4	1	11	
		04.1	Macil.	nell	[L. s.]
Executed in pres	sence of				
A. b. barre	. Orich .			1 1 1 5	
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INVA SOLDIER'S

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net, adoppine	For Those Aiready Eardled	69	SOLDIER'S PENSION	96.	Name W. L. Mionmon	County Chastillos Disability Teas Blod and	Amount, \$50 00 dellers	RICHARD JOHNSON,	TANDED TO	Gen W. Harrison, Solar Princes, Albaira.
村	For Those Area	No. 3369	DIERS	1896	S.E.	Cho.	41/4	RICHAR	WARRANT HANDED	Mada
Time.	Pole		708	care or	. Nате	County	Amount	jet ije u A S	th R chie	, A

STATE OF GEORGIA,
herotee County.
Dersonally appears esolephies I kennett of Cherokes
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the 25
day of Mac 1853; that he enlisted in the military service of the Con-
federate States (or of the State of Jungie ) during the war between the
States, and served as a Privet in Company 13, of 34th Regiment
of Beorgia Volunteers, Cumming's Brigade; that whilst engaged
in such military service in the State of Sergial, on the 22 and day
of funce 1863, he was wounded, injured or diseased as follows:
for gun shot in the left elbow joint
Courseing it to Shrink or perish a
way rendering it useless
Deponent desires to participate in the benefits of the Act, approved October 24th, 1887,
and the acts amendatory thereof, and makes application for the pension to which he is
entitled for the year ending October 26th, 1896. I have heretofore as a resident of
Cherefice county been allowed a pension of # 60 00
dollars, for the year 1895.
[20] 전화 전환 [20] 전화 전환
17 CHUT Phind Scenned
1896. )
D. b. born ordinary
Nors.—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,
Charokoo County.
I, Ordinary of said County,
do certify that I am well acquainted with L. Mannoll the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in his said affidavit are true, and I know he is the individual he represents himself to be
and that he resides in this County.
Given under my official signature and seal, this / 7
day of Foloy 1896,
AME
Affix Pour John School
Ordinary Chorolog County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GE	DRGIA,	1	1		
Cheroke	/ Cou	ntv.			
			unelos Chi	well to	11.16
Dersonally app	ears Cyal	Thurs I sa	amerot Coll	10/07/100	Car all
County, State of Geo	rgia, who bein	g duly sworn	says on oath the	t ne is a oona j	ae citizen
and resident of said &	itate, and has	resided there	n continuously	ver since the	21.7 A
day of Secenther	18.5	3.; that he en	ilisted in the mi	litary service o	t the Con-
federate States (or of	the State of	7	) du	ring the war be	tween the
States, and served as	a MANY		in Company	22, of 24th	Regiment
of Georgia	Volunteers	, was	All Mys Brigg	ide; that while	t engaged
in such military servi	ce in the Stat	te of	rgien	, on the	day
of fune	186.3, he	was wounded	, injured or dises	sed of follows:	
ene Jus	y Shor	in	the left	lepou	found
causing i	10 31	wink	of perish	away	and
rendering	it us	les to	Mar -	manu	1
labor B			·/ , · 😜		
			' ' )		
<u> </u>					
Sworn to and su	bscribed before	e me, this, th	the year 189.4.		
Norn-State fully the nat of the disability, resulting from	mi O	rdinary	<del>)</del>		
Norn-State fully the nat of the disability, resulting from	are of wound or chan a the wound or disea	racter of disease where	ich causes the disability	, and explain particu	larly the extent
STATE OF GE					
		. }		1	
Choroke	2 Count	ty.)			
· 1, · //	leans	2	3.55 * S.	Ordinary of sa	id County,
do certify that I am	well acquainte	d with a	talk hus &	Kinner	the
applicant in the fores	roing affidavit.	and am well	satisfied that the	statements ma	de by him
in his said affidavit a	re true, and I	know he is	the individual he	represents his	nself to be
and that he resides in					
and that he resides i	Given under	my official si	gnature and seal,	this PIG	
4.	of Fes				
da	0		10011		
Affix	* 30		- A le lec	m	
hore.		1	11	,	
		Ordinary	chonches		County.

### POWER OF ATTORNEY.

STATE OF GEORGIA,	
choreko County.	W. A. Joasley
I, A & kennett	nereby authorize
	of canton la
	paid hereon and request that he remit same to
me	by cash
at continha	
IN WITNESS WHEREOF, I ha	ve hereunto set my hand and seal, this 26
day of Field	.898. A. L. Stennett [L. S.]
Executed in presence of	
A, le berry, ordin	5

SOLDIER'S PENSION.

1898.

INVALID

MAT Q.S

(For Those Aiready Enrolled.)

No. 3307

Name Magilianguell

chandros

County

RICHARD JOHNSON,

Amount, \$ 620 cm -Disability Copyes

WARRANT HANDED TO

	POWER	OF A	TTOR	NEY.			
	SEORGIA, Coun	<del>//</del>	_hereby a			Marig	a <u>t</u>
	receipt for the p	pension pa	id hereon	and reques		e remit sa	ame to
IN WITH	ess whereof	F, I have 1	).	k my hand			
	ted in presence of		<i>C</i> 4 )	Men	mel		[L. S.]
	CA X, CA	done		•			
rolled.	NSION.		Sour .	1889	SON, ner of Penerous.	ρ. 130	ER, ATLANTA
Cons section tea.  (For Those Aiready Enrol No. 17 ¥ L	INVALIE	1899	County Chanchase Disability & a Share	Amount, \$ \$10 0.0	RICHARD JOHNSON	WARRANT HANDED TO	GEO. W. HARRISON, STATE PRINTER.

STATE OF GEORGIA,	
chonolice	
personally appears 9	1. L. Requiett of characters)
	eing duly sworn, says on oath that he is a tona fide citizen has resided therein continuously ever since the
	850; that he enlisted in the military service of the Con
ederate States (or of the State	of) during the war between the
	in Company O, of se th Regimen
f ha Volunte	ers, baganing 's Brigade; that whilst engaged
n such military service in the S	ers, brigade; that whilst engaged tate of the 22 day
of fame 1864	, he was wounded, injured or diseased as follows:
lymshot	in doft Elbe frint
a v	
nd the acts amendatory thereof ntitled for the year ending Octo- esident of chendres	, and makes application for the pension to which he is ober 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension o
nd the acts amendatory thereof ntitled for the year ending Octo- esident of Changle of Sworn to and subscribed be 26 day of Helf	and makes application for the pension to which he is ober 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1892.  Tore me, this, the AL Stermell 1898. POST-OFFICE
nd the acts amendatory thereof ntitled for the year ending Octoberide to Chandle & Sworn to and subscribed be day of Hely	fore me, this, the A. Stermett
sworn to and subscribed be day of From State fully the nature of wound or the disability, resulting from the wound or the disability, resulting from the wound or the disability, resulting from the wound or the disability.	and makes application for the pension to which he is ober 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1892.  The post-office and said law as a county been allowed an invalid pension of Dollars, for the year 1892.  The post-office and said law as a county been law as a county.  The post-office and said law as a county been law as a county.  The post-office and said law as a county been law as a county.
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sworn to and subscribed be day of Help of the day of Help of TATE OF GEORGIA,  Cherelia of Cherelia of the day of TATE OF GEORGIA,  I, Ale occrify that I am well acquaint opplicant in the foregoing affiday	county been allowed an invalid pension of the pension to which he is ober 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1892.  Tore me, this, the Stermal 1898. FOST-OFFICE  1898. FOST-OFFICE  County.  County.  Ordinary of said County the extension of the pension of the county of the extension of the pension to which he is the pen
sworn to and subscribed be day of Help of the day of Help of the day of TATE OF GEORGIA, Cherelia of the day of the day of the day of TATE OF GEORGIA, Cherelia of the day of th	county been allowed an invalid pension of the pension to which he is ober 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1897.  The pension of Dollars, for the year 1897.  The pension of Dollars, for the year 1898.  The pension to which he is extension of the year 1898.  The pension to which he is the year 1898.  The pension to which he is the year 1898.  The pension to which he is the year 1898.  The pension to which he is the year 1898.  The pension to which he is the year 1898.  The pension to which he is the year 1898.  The pension to which he is the year 1898.
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sworn to and subscribed be day of Morr-State fully the nature of wound or the disability, resulting from the wound or the disability and the disability from the foregoing affidave the said affidavit are true, and and that he resides in this Count Given und	county been allowed an invalid pension of the pension to which he is ober 26th, 1898. I have heretofore under said law as a county been allowed an invalid pension of Dollars, for the year 1892.  The second of the year 1892 of the second of the year 1898. FOST-OFFICE  The second of the year

# For Applicants Heretofore, Allowed Pensions.

STATE OF GEORGIA

derekod	County.		3.60
Personalin annear	8 X. S. Rinne	tt of ch	andho el
County, State of Georgia and resident of said State	, who being duly swor	rn, says on oath that	he is a bona fide citizen
and resident of said State	e, and has resided the	rein continuously ev	ary service of the Con-
day of Sae	1833; that he	enlisted in the milit	ary service of the Con-
federate States (or of the States, and served as a	State of		of the war between the
States, and served as a	Univale.	in Company 20	, or ve th Regiment
of La Vin such military service i	Volunteers, Second	's Brigad	e; that whist engaged
of fine	1864, he was wou	ided, injured or dise	ased as follows:
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So on the	2 w da dota	1564	<del>``````</del>
	Education by the second		A Transfer
		> :	· .
Sworn to and subscr	Dollars, ribed before me, this,	the CALS	Kermett
- Holeen	moreling	9/	
Norz-State fully the nature extent of the disability resulting	of wound or character of disess from the wound or disease.	se which causes the disabili	ty, and explain particularly the
		se which causes the disabili	ty, and explain particularly the
STATE OF GEOR	RGIA,	se which causes the disabili	ty, and explain particularly the
STATE OF GEOR		se which causes the disabili	ty, and explain particularly the
STATE OF GEOR	County.		
STATE OF GEOR	County.		ordinary of said County,
I, Abo do certify that I am well applicant in the foregoin	County.	A. S. Karre ell satisfied that the	ordinary of said County,
I, About I am well applicant in the foregoin in his said affidavit are to	County. County.	A. S. Karre ell satisfied that the	ordinary of said County,
I, Ale do certify that I am well applicant in the foregoin in his said affidavit are to and that he resides in the	County. County. County. County. County. County. County.	A. P. Rannell satisfied that the the individual he	ordinary of said County, the statements made by him represents himself to be
I, Ale do certify that I am well applicant in the foregoin in his said affidavit are that the resides in the G	County. County.	A. S. Airn ell satisfied that the the individual he to	ordinary of said County, the statements made by him represents himself to be

### POWER OF ATTORNEY:

STATE OF GEORGIA,	Contrary Contrary
I, A & Kommott	of MtVanta ba
The state of the s	of Allanta ba
to receive and receipt for the pension	paid hereon and request that he remit same to
d, & born ords,	by choch
at Canton la	the property of the second section of the bins.
IN WITNESS WHEREOF, I he	ave hereunto set my hand and seal, this //
day of	et L. Shennett [L. s]
Executed in presence of	
d, b, lower Onde	en e

Construction Law Pour G. (For Those Already Envilled.)	SOLDIER'S PENSION.  1900.	Name Cl. S. Kannaett County Bhanekee  Disability die ableed ann Amount, \$50  Warrant issued	JOHN W. LINDSRY,  Commissions of Posicia,  WARRANTHANDED TO	More of Martines, Man Mark, Allente.  My Lotte
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	I :	1.6.6	EORG Ken	Cour	nty.}	per per	by author	orize_	beer	emit same	insk.
	at 6	ante WITNI	ss wi	off acquir ng offiday true, and	i know	hereun	Altar	Cal ho i	shresints	s made by himself t	6 be
*		Execute	CEO	esence of	1901 	09	in special			[L.	
	ing (	october	200h, 22.1	inol 1	have di	Cresolote Colfars, this th	ander courty be for the y	said en allou ear 1908	ed au fus	alid penal	
ratural .	CODE SECTION 120.	10. 24 65-	DISABLED	ER'S PENSION.	TAOT!	S. himself	Suiabled ason	2/2_1901.	IN W. LINDSEY, Commissions of Positions.	S POUNT HANDED TO	Latter, suse Prince, Autoria.

STATE OF GEORGIA, County.

For Applicants Heretofore Allowed Pensions.

States and of the State of Name Order of the Registration of the Registration of the State of the Registration of the State of the Stat

Personally appears %.

Connect Strice of Comput. who helper study sworm says on earth that is a second prodestration and estimate a second the configuration will be seen and resident of and Strice and has resided thereinfourthnessly ever since the different configuration will be seen to the Configuration of the Configurati

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	appears d, Schemmett of Cherethal
ounty, State of	Georgia, who being duly sworn, says on oath that he is a bona fide citizen id State and County, and has resided therein continuously ever since the Secondary that he enlisted in the military service of
e Confederate S veen the States, egiment of	tates (or of the State of ) during the war be- and served as a Crestal in Company A, of 6 4 th  Volunteers, burnariers 's Brigade; that whilst
igaged in such i	nilitary service in the State of La , on the 2+
ay of fine	186 4, he was wounded, injured or diseased as follows:
at as	1864, he was wounded, injured or diseased as follows:
in Lest 8	elo font
* * * * * * * * * * * * * * * * * * * *	
8.5	County been allowed an invalid pension of Dollars, for the year 189 \$ .
Sworn to and	of January 1900. POST OFFICE
Sworn to and	of fanuag 1900. Post office
Sworn to and	of fanuag 1900. Post office
Sworn to and day A & & & State full stent of the disability r	of famue 1900. POST OFFICE  of famue 1900. POST OFFICE  y the nature of wound or character of disease which causes the disability, and explain particularly the seculing from the would or disease.  GEORGIA,
Sworn to an day A & & & Constitution of the disability of the disa	of faming 1900. POST OFFICE 1900. Post of office particularly the seculing from the would or disease. GEORGIA, County.
Sworn to an day  A & & Sate full tent of the disability re  TATE OF	of family  of family  1900. POST OFFICE  1900. POST OFFICE  The state of world or character of disease which causes the disability, and explain particularly the scaling from the world or disease.  GEORGIA,  Above County.  Ordinary of said County,
Sworn to an  "" day  "" A le le "  "" Nora State full, tent of the disability of the	of faming 1900. POST OFFICE  190
Sworn to an  A & & A  State full  STATE OF  Cocrtify that I  pplicant in the fa	of faming 1900. POST OFFICE  190
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Sworn to an day A & & & & & & & & & & & & & & & & & &	of faming 1900. POST OFFICE  190
Sworn to an day A & & & & & & & & & & & & & & & & & &	of faming 1900. FOST OFFICE  y the nature of wound to character of disease which causes the disability, and explain particularly the section from the would or disease.  GEORGIA,  County.  Ordinary of said County, am well acquainted with A. S.
Sworn to an  A & & & & & & & & & & & & & & & & & &	georgia fidavit, and am well satisfied that the statements made by him vit are true, and I know he is the individual he represents himself to be es in this County.  Given under my official signature and seal, this
Sworn to an  A & & & & & & & & & & & & & & & & & &	georgia fidavit, and am well satisfied that the statements made by him rit are true, and I know he is the individual he represents himself to be sein this County.  Given under my official signature and seal, this  1900.
Sworn to an  A B Con  Norn State full  atent of the disability r  STATE OF  Cheens  I,  do certify that I  applicant in the fi in his said affidav	georgia fidavit, and am well satisfied that the statements made by him vit are true, and I know he is the individual he represents himself to be es in this County.  Given under my official signature and seal, this

# For Applicants Heretofore Allowed Pensions.

TATE OF	GEORGI	A, }			
blenot	lee 1	County.	1. 1866		
Devenopelly	appears Od.	L. Kin	nett of	Winds and the	89 EV
unty. State of	Georgia, who being	g duly sworn, s	ays on oath that	ne is a bona fid	le citizen
d resident of sa	id State, and has a	resided therein	continuously eve	r since the	
not from	1853	that he enl	isted in the milit	ary service of	the Con-
lerate States (or	r of the State of_		) duri:	ig the war bet	ween the
ates, and served	r of the State of	te	in Company &	_, of ## th F	Regiment
ter	Volunteers	bumas	zeree 's Brigad	e; that whilst	engaged
such military s	ervice in the Sta	te of Lea		on the 24	day
June	186 /	_, he was wour	ided, injured or d	iseased as foll	ows:
len	nshot in	Left B	Bow form		
<u> </u>	< 50 A	1 61%.	700		
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	CTJ - ETT   April		<u> </u>		
<b>基</b>	C		. > .	一直がしまし	
	bordent.				343
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25" day	of fancy	1901	Postoffice		
Note.—State ful arly the extent of th	lly the nature of the wo	ound or character of com the wound or di	disease which causes t	he disability, and e	zplain partic-
STATE OF	thee co	unty.			માં પ્રા
J,	ex 6.6	im		dinary of sai	
o certify that I	am well acquint	ed with	O. S. Kins	mell	the
pplicant in the	foregoing affidavit	t, and am well s	atisfied that the	statements ma	de by him
	vit are true, and				
nd that he resid	les in this County				panie to
	Given under	my official sign	nature and seal, t	his 25	<u> </u>
a.	ay of fam				
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AME	Coan				2
LL CHOI	KORGIV	Ordinar	y Cherer	20.0/	County
	TO AATT	1 131 XX	TOKKEX		TE LONG

### POWER OF ATTORNEY

	I, A. G. Rannett hereby authorise  D. C. Carry, Carley, of Checost Car leaves
	to receive and receipt for the pension paid hereon and request that he remit same to
	the Apricultant the Arcgoing affidavit, and am well satisfied that the statements made by
	IN WITNESS WHEREOF, I have hereunto set my hand and seal this.
	day of Care college .
	STATE OF GEORGIA, Of J Sennett [r. 8.]
	Executed in presence of a many parameters of a parameter and a parameters of a parameter and a parameters of a parameters of a parameter and a parameters of a parameter
	1.6. Commanding
	Another to and subscribed before moving the control of the control
CANCES CANCES	Follars for the year Paul
	County, been allowed an arrestld pension of
	The percent stankes application for the pension to which he is entitled for the year entity sections, 20 th 1602 have heretofore, under side law, as a resident of
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	County, State of Georgia, who being duly sword, save on oath that he is a bona yide citizen- aid to idential said State, and bus resole, therein continuously ever since the
	Personally appears
	County,
	STATE OF GEORGIA,

14.23233665666				ALCOHOLD S	
POY	VER	OF	ATT	OR	NEY

Che	AL							Lieu Lieu	
to receiv	ve and re	eceipt for Se.	the pension	by by	to set my	hand and	at he res	2 p. 10	4 10 12 3 12 3 12 3 14 3 15 3 16 3 16 3 16 3 16 3 16 3 16 3 16 3 16
		presence	of and	_04		Ken .	ren	[	L. S.]
CODE SECTION 194. FOR THOSE ALREADY ENFOLLED.)	No. 2217.	DISABLED	1903.	De Learnett	So. 22 Regiment 14. La. Disability Less Aless assure.	Amount, \$50 pe.	JOHN W. LINDSEY, Commissions of Pration.	or deliveration of the	ico. W. Harrison State Printer, atlanta.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,	
bhenskee County.	
Personally appears W. S. Rignorettt	of Chemokee
County, State of Georgia, who being duly sworn, say	ys on oath that he is a bona fide citizen
nd resident of said State, and has resided therein	continuously ever since the
lay of186%; that he culis	ted in the military service of the Con-
ederate States (or of the State of	during the war between the
States, and served as a Small Lee in	
Votenteers, Burnering	's Brigade; that whilst engaged
n such military service in the State of La	, on The 111 day
	ed, injured or diseased as follows:
Sunstation Jegusobas	wal
	H 2 1 5 2 2 2
	5 F. A. B.
Sworn to and subscribed before me, this the day of fare 1902. Po	경영화 경영화 경영화 보다 아내는 아내는 아내가 있다면 얼마나 되었다. 나는 사람이 아내를 하고 있다면 다른 사람들이 되었다.
Nors.—State fully the nature of the wound or character of articularly the extent of the disability resulting from the wound or d	disease which causes the disability, and explainties.
STATE OF GEORGIA, County.	(c.s)
I MILLIA CHEMONO PLACTERINE	Ordinary of said County
o certify that I am well acquainted with	
the applicant in the foregoing affidavit, and am well	
im in his said affidavit are true, and I know he is the and that he resides in this County, being person	
Given under my official signatur	
day of Aury	1902
Amer here	by authors
here County.) Orași	10 COURT
Ordinary_	d Regiment County
LYLE OF OFO Norr. Zell all blanks and of Company an	ear date after January 1, 1902.
TOWER OF ALL	OMMET:

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Church	ai !	County.				
Personally a	00	Kim		of Ch	when	, c
ounty, State of G				h that he is a	bona fide citi	zen
d resident of sai	d State, and ha	s resided th	erein continuo	usly ever since	e the	
y of						
derate States (or	of the State of	f		_) during the	war between	the
tates, and served						
such military s	Voluntee	rs, Cum	nuys 's	Brigade; that	whilst enga	aged
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Cher Zift	fee	have here	County; been	said law, as allowed an in year 1902.	a residen	t of
Sworn to and	26th, 1903. I	Dore me, this	County, been collars, for the state Post-off	said law, as allowed an in year 1902.  L. See Gice Conta	a residen	t of
Sworn to and	26th, 1903. I	Dore me, this	County, been collars, for the state Post-off	said law, as allowed an in year 1902.  L. See Gice Conta	a residen	t of
Sworn to and  Norn.—State ft articularly the extent	26th, 1903. I subscribed befay of faculty the nature of to of the disability results.	Dore me, this the wound or eulting from the	County, been collars, for the state Post-off	said law, as allowed an in year 1902.  L. See Gice Conta	a residen	t of
Sworn to and  Norn.—State ft articularly the extent	26th, 1903. I	Dore me, this the wound or eulting from the	County, been collars, for the state Post-off	said law, as allowed an in year 1902.  L. See Gice Conta	a residen	t of
Sworn to and Sworn to and Sworn to and State for articularly the extent STATE O	26th, 1903. I	fore me, this  Co. A.:  the wound or ealting from the  GIA,  County.	ctofore, under County, been collars, for the sthe Post-off Post-off haracter of disease.	said law, as allowed an in year 1902.  L. Selice Courts which causes the	a residen	t of on of
Sworn to and Sworn to and Sworn to and Some State for articularly the extent STATE O	26th, 1903. I	fore me, this  Co. A  the wound or ealting from the  GIA, County.	ctofore, under County, been collars, for the state Post-off Post-off Post-off Would or disease.	said law, as allowed an in year 1902.  L. Selfice Courts which causes the Ordinar	a resident availd pension of the control of the con	t of
Sworn to and Sworn to and Sworn to and Sworn to and STATE O  Loho ros  I,	26th, 1903. It subscribed befay of January of January of the disability results for the foregoing at the foregoing at	fore me, this  the wound or ealting from the  GIA, county.  inted with.	etofore, under County, been collars, for the state Post-off Post-off Post-off County of the collars wound or disease.	said law, as allowed an in year 1902.  L. Selfice Courts which causes the Ordinar much led that the sta	disability, and	t of on old on old
Sworn to and I carticularly the extent STATE O  Loho Not I, In the applicant in this said a	am well acquaithe foregoing affidavit are true.	fore me, this  fore me, this  c. A.  the wound or eulting from the  GIA, county.  inted with  findavit, and  , and I know,	etofore, under County, been collars, for the state Post-off Post-off Post-off County of the collars wound or disease.	said law, as allowed an in year 1902.  L. Selfice Courts which causes the Ordinar much led that the sta	disability, and	t of on old on old
Sworn to and I carticularly the extent STATE O  Loho Not I, In the applicant in this said a	am well acquainthe foregoing aiffidavit are truesides in this Co	fore me, this  the wound or ealting from the  GIA, county.  County.	etofore, under County, been collars, for the sthe 903. Post-off Post-off wound or disease.	said law, as allowed an in year 1902.  Condinar which causes the ordinar with the state in the s	disability, and	t of on old on old
Sworn to and Norn-State fr articularly the extent  STATE O  Loho North  I, I o  the applicant in this said a	an well acquaithe foregoing at findavit are true sides in this Co	fore me, this  fore me, this  C. A.  the wound or e ulting from the  GIA,  County.  inted with  findavit, and  , and I know  ounty.  my official s	etofore, under County, been collars, for the state of the post of	said law, as a allowed an in year 1902.  Condinar which causes the ordinar and the statividual he representations.	disability, and	t of on old on old
Sworn to and I carticularly the extent STATE O  Loho Not I, In the applicant in this said a	am well acquainthe foregoing aiffidavit are truesides in this Co	fore me, this  fore me, this  C. A.  the wound or e ulting from the  GIA,  County.  inted with  findavit, and  , and I know  ounty.  my official s	etofore, under County, been collars, for the sthe 903. Post-off haracter of disease wound or disease.  A well satisfi whe is the ind 1903	said law, as a allowed an in year 1902.  Condinar which causes the ordinar and the statividual he representations.	disability, and	t of on old on old
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### POWER OF ATTORNEY.

STATE OF GEORGIA,	
County.	
1. C. S. Kinnett	hereby authorize
_ m. A Wright of	attentaka.
to receive and receipt for the pension paid hereon	
D. le lover anding by a	check
ot	
IN WITNESS WHEREOF, I have hereunto set my h	and and seal, this
day of fung 1904.	L. Shinnett [L. s.]
Executed in presence of	*
I. le levre andry	

FOR THOSE ALREADY ENROLLED.  NO. 226 F.  NO. 226 F.  NO. 226 F.  DISABLED  SOLDIER'S PENSION  1800 A. Regiment of Read  Disability for object of and	George Barrands, Steam Francis
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### POWER OF ATTORNEY

STATE OF	Asa I,	County.	} Kee	or of the state of	promet	countries authorized	6
to receive and	bebo	he pension	ofofofofby		est that he	eremit sam	ا رغهنتند
In WITH	ess Whereof,				nw//	[1	r: 8·]
Jo. h	Lee Gr	Company days 1 cm		14 07 114 5	ore, su is	ating themsi	an of E
Cons Serrios 1200. THOSE ALREADY ENROLLED.) No. 3.3.38	DISABLED ISABLES PENSION	050	Kee Regiment 34	left acce	JOHN W. LINDSEY,	ODED TO	Anageme Co., Atlanta

TOTAL THE WALL BENEFORE ALLOWED PENSIONS.

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### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Charther County.
Personally appears A. L. kommett of chandles
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 185%; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a free of the in Company & of 94 th Regiment
of La Volunteers bernamy's Brigade; that whilst engaged
in such military service in the State of lav on, on the 29 day
of James 1864, he was wounded, injured or diseased as follows:
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the second secon
* / support
Management of the control of the con
And the second s
A Company of the Comp
County, been allowed an invalid pension of Dollars, for the year 1903.
Sworn to and subscribed before me, this the day of January 1904.  A. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.
day of Janna 1904.
Post-office
Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA
STATE OF GEORGIA, Lehendher County
I, W. C. County, do certify that I am well acquainted with A & Right State of State
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
Sall Dur Dile Come
here. Ordinary Charther County.
Norg.—Fill all blanks and of Company and Regiment.

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cherokee COUNTY.)
1.11 70 00 6
Personally appears A.L. Recentle of Cheer Moe
County, State of Georgia, who, being duly sworn, says on oath that he is a bone fide citisen
and resident of said State, and has resided therein continuously ever since the
lay of 18,25; that he enlisted in the military service of the Com-
ederate States (or of the State of) during the war between the States, and served as a
volunteers vervice in the State of Ja, on the 27 day
of 1864, he was wounded, injured or diseased as follows:
Som the timbeff ellow finch
The state of the s
Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1905. I have heretofore, under said law, as a resident of
Charokee County, been allowed an invalid pension of
Dollars, for the year 1904.
Sworn to and subscribed before me, this the
6 day of 2 · 2 · 1900.
no West Ordy Post-office Conton
Now State fully the nature of the wound or character of disease which causes the disability, and explain
Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
STATE OF GEORGIA,
Charokee COUNTY.
I. N. J. Wabb Ordinary of said County,
do certify that I am well acquainted with A. L. Kears
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 1905.
TANK) To M. J. Weble
Your I
Ordinary Onesoftee County.
Nore.—Fili all blanks and of Company and Regiment.

### POWER OF ATTORNEY.

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0		the presence o	· e	d. L.	Ein	ret	[L.	s.]
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OLLED,)		SI .	mit	34' 4.	18	SEY. er of Pensions	0 TO	dote
			le le	Regiment of the Co	1/1	JOHN W. LINDSEY. Commissioner of Pa	WARRANT HANDED TO	or or
READY EN	50		7	4 % 4	11 11 11		2 11	
CODE SECTION 1280. (FOR THOSE ALREADY ENROLLED.	No.1407	DISABI TER'S 190	1.8	County Court	2	JOHN	WARRA	

### POWER OF ATTORNEY.

STATE OF GI		COUNTY.		, hereby	authorise
to, receive and	receipt for the p	ension paid he	reon, and requ	est that he rem	it same to
day of Jan F. M. G.	s Whereor, I hav	907.	4, L, 2	seal, this 3 Kenney	
Coos Berrior 150. USE ALREADY EMBOLLED	ER'S PENSION  OOZ	mustit.		OHN W. LINDSEY, Commissioner of Pensione, LERANT HANDED TO	

Personally appears ( ) A second of the secon

State of Georgia.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

### FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

mesur	f Georg	County.	1.0	
Personall	y appears C	2. L. Sten	net of_	
County, State of	Georgia, who, be	eing duly sworn, say	ys on oath that he is	a bona fide citizen
and resident of	said State, and	has resided therein	continuously ever sin	ce the
lay of	(or of the State	of Isa	ed in the military se	war between the
States, and serve	STATE OF THE PARTY	0	company 13, of 8	
of ya			's Brigade; the	
n such military		/	unded, injured or dis	seased as follows:
ending October	26th, 1906.	I have heretofore	n to which he is ent , under said law, y, been allowed an i llars, for the year 190	as a resident of nvalid pension of
. Sworn to	and subscribed b	pefore me, this the	1 c4, L. J.	Gennett
40	y of	1906.	Post-Office	
u.				
100.00		he wound or character of	f disease which causes the	disability, and emplain
Note.—State particularly the extens		ria,	f disease which causes the r disease.	
Note.—State of State of Land	of fully the nature of the nature of the disability resolution of George while	County.	f disease which causes the r disease.	ry of said County
Note.—State of State of Land of Control of C	of filly the nature of the not of the disability respectively.  I am well acqu	county.	disease which causes the r disease.  Ordina	ry of said County
Note.—State of State of Local Indicate the applicant is	of filly the nature of the nature of the disability respectively.  I am well acquent the foregoing	County.	Ordina  L. Heriore  well satisfied that the	ry of said County
Note.—State of State of Line o	of filly the nature of the nature of the disability resulting the force of the first of the disability resulting the force of the force	County.  J. N. L.  aninted with  affidavit, and am v.  true, and I know h.	disease which causes the r disease.  Ordina	ry of said County
Note.—State of State of I., do certify that the applicant in by him in his s	of fully the nature of the nature of the deability residence of George while.  I am well acquent the foregoing said affidavit are the resides in this	County.  J. N. L.  aninted with true, and I know he secounty.	ordina  Crdina  Crdina	ry of said County
Note.—State particularly the external form of the state o	of a fully the nature of the new of the disability results.  If George The new of the new of the disability results.  I am well acquent the foregoing said affidavit are the resides in this Given under my	County.  J. N. L.  aninted with  affidavit, and am v.  true, and I know h.	ordina  Crdina  Crdina	ry of said County
Note.—State particularly the external form of the state o	of a fully the nature of the new of the disability respectively.  If George of the new of the disability respectively.  I am well acque on the foregoing said affidavit are the resides in this Given under my	County.  J. W. J.  affidavit, and am v.  true, and I know h.  s County.  nofficial signature	Ordina  L. L	ry of said County

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS State of Georgia, Cherokee County. & Kinnett Personally appears 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 1855; that he enlisted in the military service of the Confederate States (or of the State of Sergia ) during the war between the States, and served as a Pravate in Company B, of 3K th Regiment of Herrie Volunteers Comming 's Brigade; that whilst engaged in such military service in the State of Serfyin , on the 27 day 186 4 he was wounded, injured or diseased as follows: left and disable Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1907. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1906. Sworn to and subscribed before me, this the Postoffice Ganton Ga day of Janin 1907.

Norn.—State fully the nature of the wound or character of dis particularly the extent of the disability resulting from the wound or dise	sease which causes the disability, and explo-
State of Georgia,	pane may any rong the training
6 herokee county	Ordinary of said County
do certify that I am well acquainted withthe applicant in the foregoing affidavit, and am well s	
by him in his said affidavit are true, and I know he is	
to be, and that he resides in this County.  Given under my official signature and day of	seal this 2 20

bd

Affix your seal here

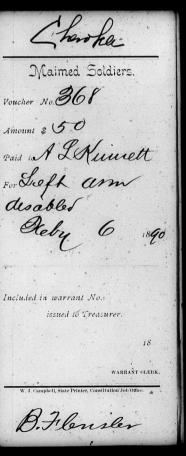
Nors.—Fill all blanks and of Company and Regiment.

Nors.—All vouchers and affidavite must bear date after January 1st, 1937.

Maimed Soldiers. Voucher No. 929 Amount. \$ 50. Paid in A. L. Kinnelt For Left ann y Desables Included in Warrant No. issued to Treasurer. applicant

Churke

Audited Feb. 27



Maimed Soldiers. Voucher No. 2925 Amount \$ 50 Paid to A. L. Reinett For Elm dis who 7 1891. Included in warrant No. issued to Treasurer,

BA Constor