STATE OF GEORGIA, EXECUTIVE DEPARTMENT. & Manta, Ja Kelry 27	1889
Mr. A. L. Kinnett of	f the County
of Cheville having filed his application in t	he Executive
Department for an allowance under the Act approved October 24, 1887, as amer	ded by Act,
Dec. 24, 1888, and the same having been allowed for	
Seft ann disabled	and the second second second second
He is entitled to receive the sum of August Voor	Dollars
for such disability, the same being the allowance due for the year ending October	r 24, 1889.
The Treasurer will pay the same and hold his receipt or this voucher, and re	turn same to
Executive Department for warrant.	1/31
ORGIN	GOVERNOR.
By the Governor	
CLERK EXECUTIVE DEPARTMENT.	1
A CONTRACTOR OF THE STATE OF TH	
A contract the second s	
00,	
RECEIVED OF STATE THEASURER, R. U. HARDEMAN,	
Kelli xool.	Dollars,
11 000 21	
per above voucher, this of Ceny	1880.

No. 929

Ros 368
Allanta, Sa, Hely 6 1090 EXECUTIVE DEPARTMENT. Mr. A. L. Kuinett of Resulter having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, approved, Dec. 24, 1888, and the same having been examined and allowed for della ann dis affeits He is entitled to receive the sum of Dollars for such disability, the same being the allowance que for the year ending October 24, 18 The Treasurer will pay the same and his his receipt on this voucher, and return same to Executive Department for warrant. By the Governor, By the Governor,

CLO H Hamisur

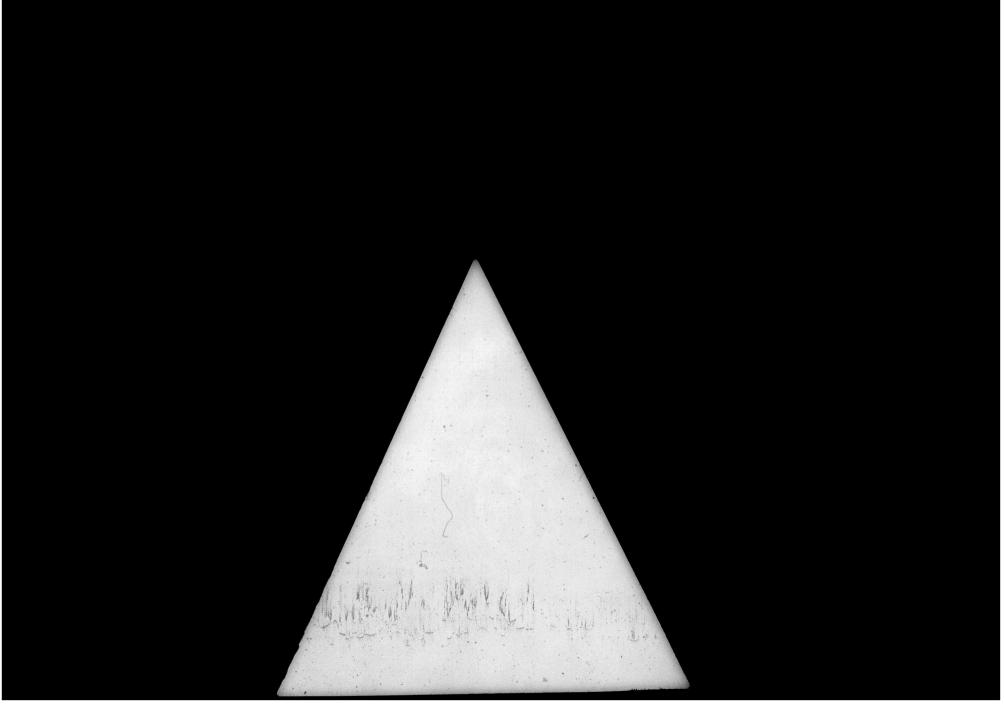
CLERK EXECUTIVE DEPARTMENT. 20 glames RECEIVED OF STATE TREASURER, R. U. HARDEMAN, A. S. 1 Emmer 1890)

B. G. Selowle My Dollars, per above voucher, this

STATE OF GEORGIA,

1891. No. 2925

STATE OF GEORGIA, EVECUTIVE DEPARTMENT. Atlanta, Ba. April 7 1891.
Executive Department.
Mr - J. L. Currett of the County
of Chero Ree having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
and dis
He is entitled to receive the sum of Fifty & of Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.
The Treasurer will pay the same and hold his receipt on this voucher and return same to
The second for marrant!
Executive Department for walland. W. huntum, GOVERNOR.
GOVERNOR.
By the Governor,
By the Governor. LON Hasses in Sec'y Executive DEPARTMENT.
SEC'Y EXECUTIVE DEPARTMENT.
Control of the second s
58
<u>,00</u>
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.
Mill too. Dollars.
per above voucher, this of April 1891.
64 Porishin -



POWER OF ATTORNEY.

Cherolie Gunt						5
Ho.					S	STAT
INDIGENT PENSION			2	Witn	ostive an	TE
1897.				ess my h	d receipt	OF G
1892.				and and	for the	GEORGIA
Name Jashera Brinnell				r al this	pension .	E P
County Chenchae			R	1	llowed a	Cou
i i i i i i i i i i i i i i i i i i i	·	- 4. 1	(and reque	nty.
Approved1897.				De of	est that h	
	1			white	to remit	
				6	ame to	
WARRANT HANDED TO				1 /2	o pe	, [
			There is a second	1898	or and	nereby a
and. W. Harridge, State Printers, averagys.				10 13	19	atherine and a second
		1.4	4 11 1	7		
W4.1899				MAL WILL		

POWER OF ATTORNEY.

I, Jashur Kinn		hereby	authorize	
L. J. Warn Tero	of Cherat			
receive and receipt for the pension allowed and re				
Witness my band and seal this 2	day of History			
Executed in presence of	Jos hua	Him	20110	,
Ab, Com Onling)		,	, , , , ,	
			, 1	
			3 1	
		· Landon Landon		
	,			
7				
	1897.		14.	
ISI			l t	
2 · 3		АКВАНТ НАИDED ТО		
1 13		HANI		
			COLUMN THE RESIDENCE AND ADDRESS OF THE PARTY OF THE PART	

Questions for Applicant.

	Questions for Applicant.
ST	ATE OF GEORGIA,)
	showshee County.
	all himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after
	dily sworn true answers to make to the following questions, deposes and answers as follows:
	What is your name and where do you reside? (give State, County and post office) the officer face
6	Tolkna krumett, Charokae bunt ba
2.	Where did you reside on January 1st, 1894, and how long have you been a resident of this State?
1	When and where were you born? Das Rome Roger in his 40 yours
3.	
1.	When and where and in what company and regiment did you enlist or serve me fall in the
	1 Salten be I Enlisted in tomping to the
W 7	How long did you remain in such company and regiment? Tall, Learning median
ر.	the arms pro1865
-0	, 100 2 mg/mil 3 mg
6.	For how long a period did you discharge regular military duty? a bount, 18 months
7.	When, where and under what circumstances where you discharged from service?
	Slavie of 1865. all er man Grages Burners
1	What is your present occupation? The many
	What is your present occupation? The many
9.	How much can you earn (gross) per annum by your own exertions or labor? \$20 cc 15 dallo
10.	What has been your occupation since 1865? Francisco
11.	Upon which of the following grounds do you base your application for pension, viz.: first "age and
pove	rty," second "infirmity and poverty" or third "blindness and poverty"? Age Y. Postort
VOUE	If upon the first ground, state how long 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
upon	the third state whether you are totally blind and when and where you lost your sight?
5	Have boom low land your nate abouta
-8	and my Cufffent
13.	What property, effects or income do you possess and its gross value ? Hane a forece
1	mess not of Wasse Nach teres tree of cree car stage by
14.	What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any,
did y	bout the fune proport as de sandales
4	n question, 14
15.	In what County did you reside during those years and what property did you then return for taxation?
si	a chereshoe count, Returned as Stated a base.
	How were you supported during the years 1895 and 1896? By say, Laker
10.	TALL MOTO LOS SUPPLIES AND LOSS AND TORON TORON TORON
17.	How much did your support cost for each of those years, and what portion did you contribute thereto
by v	our own labor or income? Mr. Left wife Laboral & Live offagoun
18.	What was your employment during 1895 and 1896? What pay did you receive in each year?
	Farmy did what I amore on trans tracerisely fant of the
19.	Have you a family? If so, who composes such family? Give their means of support? Have they
a ho	mestead? Nape wife to Days to me days & tos
1	a ngithan in this own & I recoise
21	on and land them
20.	Are you receiving any pension, if so what amount and for what disability? I can state
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Sworn to and subscribed before me this the Jawhua Rimmett
	g wa day of August 1899.) Applicant.
	A & Born Ordinary.
	of chore too County.

Œ	QUESTIONS FOR WITNESS.
	STATE OF GEORGIA.
	County.
	20 C. Science C, of said State and County, having been present
	as a witness in support of the application of Hashers Riveralt for pensi
	under the Act approved December 15th, 1894, and after being duly sworn true answers to make to
	following questions, deposes and answers as follows:
	1. What is your name and where do you reside? W. S. Warnand
	Resile in Charehae launt la
	2. Are you acquainted with fashera, Brancht, the applicant, is
	how long have you known him? Jane have Kincern him Sance 1865
	3. Where does he reside, and how long has he been a resident of this State? And Blanch
	bunk, ba Shave known him in this state fan
	4. Do you know of his having served in the Confederate army or the Georgia militia? How do y
	know this? I know he formed in benefatomate and
	I far sol with line
	5. When, where and in what company and regiment did he enlist? in the Fall of 13
	he Enlisted in tounger B. 54 loo, Rogt.
	6. Were you a member of the same company and regiment? I succs
	7. How long did he perform regular military duty, and what do you know of his service as a Conf
	erate soldier, and the time and circumstances of his discharge from the service? Lauca such
	him in the Landice & it & mentte be we
	1 cool foldion
	W. I Howeinel
	8. What property, effects or income has the applicant? (Give your means of knowledge
	Wes Small concert of Weese Nala Fernatter
	Time our her Lives and my Land
	9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition
	any did he make of same? A But the Santa frage and that
•	mind the first which with my wind would be to send this bound since the best will be the send with the bound of the bound
	10. What is the applicant's occupation and physicial condition?
	No is all & Ingin Vy mate able to do a
	in helder held held held held held held held held
	11. Is the applicant unable to support himself by labor of any sort, if so, why? Les
	he is cet Infirm not able to work
	12. How was he supported during the years 1898 and 1890? see the your 10-52 1-55
į	applicant wife Fired in Naise with met &
	13. What portion of his support for these two years was derived from his own labor or income?
	No Earnal Fine \$10 ayear
	14. Give a full and complete statement of the applicant's physical condition that entitles him to a pens
	under the Act of December 15th, 1894? We is God touch Inflime.
,	
	· · · · · · · · · · · · · · · · · · ·
	will all the second of a position but the small and a second of
	15. What interest have you in the recovery of a pension by this applicant?
	Sworn to and subscribed before me, this the 2 call day of 11:59. Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF	GEORGIA.		1	14 to 10 to		
Chi	10/511	Count		- 1		
	onally came before	ACCOUNT OF THE PARTY OF THE PAR	9	Colon	4.014	
For				, both known		N. C. L.
						M A
of said county, w	the being severally			for pension und		894, and after
ueb personal ex	amination say that				1 84110	al
healt labor.	s not a	He to	do he	and &	little ?	namual
	er say on oath that					
work or calling	sufficient to earn a	support for	himself, and t	hat we have no	interest in said	pension being
A !!	nd subscribed befor	e me, this	9) J		leman lates	m.D.
	<u> </u>					
	• 3.00	INARY'	S CER	TIFICATE	•	
	ORI F GEORGIA		}	TIFICATE	•	
-6	F GEORGIA	Count	y.}			by certify that
<i>l</i>	F GEORGIA	Count	y. }, Ordina	y in and for said	d County, here	
I,the applicant	F GEORGIA	Count	y.), Ordina	ry in and for sai	d County, here n said County,	and was a bona
I,	this State on the fit by character and the certify that before prescribed, and the	Count st day of Jan word at their state answering th	y. , Ordina nuary, 1894, a — L. J. ments are ente e foregoing of	resides in and for said and that the with the with the with the decision of the said that the said t	d County, here n said County, nesses, vis: a and credit. plicant and eac	h witness took
I,	Has State on the fits that before prescribed, and the signed.	Count st day of January at their state answering that the full terms	y.) Ordinal nuary, 1894, a ments are ente e foregoing o	resides is and that the witter that the witter to full faith questions, the apavits was read to	d County, here n said County, nesses, via:	h witness took
I, he applicant of the resident of trustwort I further of the oath hereon pefore same was	this State on the fit by character and the sertify that before prescribed, and the sertify that the tax errify that the tax	est day of Jay	y.) nuary, 1894, aments are entered foregoing of the affid	resides i and that the with the with the with the with the desired to full faith usestions, the apparits was read to the control of the contr	d County, here n said County, nesses, vis:	h witness took
I,	Has State on the fits that before prescribed, and the signed.	count at their state answering that the full tering that the full tering the state answering that the full tering the state of the stat	ments are entered for the affid	resides i and that the witter of the state o	d County, here n said County, nesses, vis:	h witness took and witnesses that applicant dollars
I,	this State on the fit of the signed. The state on the fit of the signed. The state on the fit of the signed. The signed of th	st day of Jay their state answering that the full terms of the state o	y.) Ordinary, 1894, and the foregoing of the affid Character of th	resides i resides i and that the with the with the with the control of the contro	d County, here n said County, nesses, via: a and credit, plicant and eac o the applicant County show	h witness took and witnesses that applicant dollars property.
I, the applicant of the resident of the same of trustwork. I further of the oath hereon before same was I further of returned for tax of property, and In my opin	this State on the fit of the signed. The state on the fit of the signed. The signed state of the signed state of the signed.	st day of Jay their state answering that the full terminates of in 1898,	y.) nuary, 1894, a ments are entered foregoing of the affid line. **Third in the affid line in the affid line. made in 2	resides i resides i and that the with the with the control of the	d County, here n said County, here n said County, hesses, vis : An and credit. plicant and eac o the applicant	h witness took and witnesses that applicant dollars property.
I,	this State on the fit of the signed. The state on the fit of the signed. The state on the fit of the signed. The signed of th	at their state answering that the full tention in 1898,	ments are entered for the affid	resides i resides i and that the with the with the with the control of the contro	d County, here n said County, here n said County, hesses, vis : An and credit. plicant and eac o the applicant	h witness took and witnesses that applicant dollars property.

POWER OF ATTORNEY. STATE OF GEORGIA, County.

of chock	ham 6	ension allowed,	and request	hat he ren	123
	ny hand and seal,	this pu day	for Jan		1900,
Execute	ed in presence of	//	hua /h	mill	[L, S.]
A, 6, 600		<u> </u>			
	A				
					" "
			1900,	Penion.	
incelled.)	TT TASION,	anett.	UED 1900,	ISEY, tioner of Partient.	D 90
ady Enrolled.)	PENSION,	Linastt	r ISSUED	LINDSRY, Commissioner of Parsigns.	ANDED TO
e Aiready Enrelled.)	DIGENT R'S PENSION,	900.	WHY THE 1900.	W. I	ANY HANDED BY THEN, 1946 FEBERS, ALBERTA. SOUTH
Got sto. 1364. For Those Aiready Enrelled.) NO. [757]	INDIGENT IER'S PENSION,	Name Joshun Linnutt. County Chartee	WARRANT ISSUED	JOHN, W. LINDSEY, Commissions of Parsiens.	WARRATHANDED DO WARRANT HANDED DO W. W. HERTON, SINGS TREET, ALBERTA OF LOUTE

POWER OF	ATTORNEY.	
STATE OF GEORGIA,		
County.		
I, Joshua kinnett	hereby authorize	
A. G. burn andry		ans
to receive and receipt for the pension		
	at banton bu	
by		all plants of the state of
	" day of fany	1901.
Witness my hand and seal, this	Fortnew K	mett [L. S.]
A. b. berm Galiy	*	
Enrolled.) 7	SUED 1901.	PO Presions.

Name Joshuszy

Character Special Character Character Special Character Special Solidient Solidiens So

richt emisiv

For Application, deretolore Allowe

Allowed Pensions.

JOHN W. LI

For Applicants Heretofore Allowed Pensions.

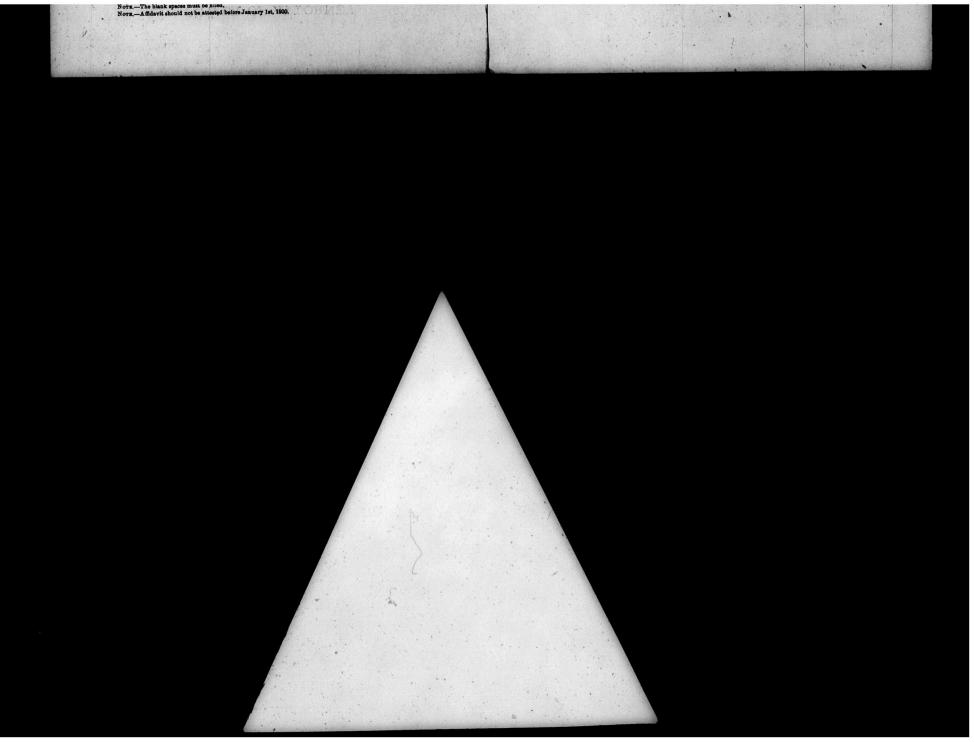
STATE OF GEORGIA,	1
Cou Cou	
Dersonally appears 1846	wa Kinnett of Cherche
County, State of Georgia, who being	duly sworn, says on oath that he is a bona fide citizen state, and has resided in said State continuously ever
since the day of	185'2; that he is Ys years old and
by occupation a farmen	that he enlisted in the military service of the Confed-
erate States (or of the State of	during the war between the States,
and served for the term of 15 mile	arienth in Company B., of St th Regiment of
Gied Malden	Bocah dun from age Infinite
follows: a beneral	Broak dun from age I Infinist
	The state of the s
that his property consists of the fo	ollowing items Neureliane and hitations
funniture	4
is entitled for the year 1900. I ha	reof, and makes application for the pension to which he we heretofore as a resident of the advantage of the seasons of the sea
Sworn to and subscribed befor	e me, this, the Joshua Rinnell 1900. Ordinary.
d. E. bim.	Ordinary.
. • • • • • • • • • • • • • • • • • • •	
State of Georgia,	
I, d 6 , 60000	Ordinary of said County,
do certify that I am well acquaint	ed with for home friends the
applicant in the foregoing amdavit	, 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	· · · · · · · · · · · · · · · · · · ·
	der my official signature and seal, this 8 44
day of fa	1900.
here.	de le lecono
MINISTER WAS THE	Ordinary Chorokoe County.

For Applicants Heretofore Allowed Pensions,

TAR OF CROPCIA	
STATE OF GEORGIA,	Y
Chopehoe	County.
personally appears fashua	e kinnett of Cherekoe
	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 the day of	1850; that he is 76 years old and
y occupation a famon	1830; that he is 76 years old and 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 for the term of,	meas 2 year in Company Q, ofd4 th Regiment
I la valuntois	; that his physical condition is as
ollows: Orahe deer	from age not able to do
But ven little A	et el
7.0	
hat his property consists of the f	ollowing items Wasser of Control of
and one and Wa	ollowing items dense durac frienten
ond one one wa	
f the value of Sith	Dollars, that by reason of his physical
ondition and poverty he is unabl	le to support himself by his own exertion or labor, and
hat he receives no pension but t	
Deponent desires to participa	ate in the benefits of the Act, approved December 15th,
894, and the Acts amendatory th	ercof, and makes application for the pension to which he
s entitled for the year 1901. I h	ave heretofore as a resident of Choiches
ounty been allowed a pension for	
Sworn to and subscribed befo	ore me, this the
a " Ann of Care	ore me, this the 1901. Jawhod Kinnett
day of your	
A, 6, 60mm	Ordinary.
STATE OF GEORGIA,	
Cherekow Co	ounty.
I, _ A. B. B. Corr	
1,	Carle San Brigger the
lo certify that I am well acquin	ted with fashing, himnett the
pplicant in the foregoing affidavi	it, and am well satisfied that the statements made by him
	I know he is the individual he represents himself to be
and that he resides in this County	
Given under	r my official signature and seal, this 2 5 "
day of_ H	ay 1901.
(AMEX)	J N.b. bonn
your seal here	
	Ordinary chorehoe County

Note —The blank spaces must be filled.

Note — Affidavit should not be attested before January 1st, 1901



Ordinary's Certificate

Myng 20	8 (wo	
Widow's Pension Under Act 1910—as Amended by Act of 1919.	TES: 1. Before may refresh to make the present of t	re duly swern by methy, and their state Sworn under my ha (SEAL)	STATE OF GROEGE 1
Name Mrs & To Kennut	questions are answere analy west that you will be the truth of their truth of their truth who married prior to a made to made before ful copies of marriage	ee before signing the before signing the ciments are entitled and official sea	COUNTY OF THE PROPERTY OF THE
Company 73: Begiment 34 //se John and	d the Ordinary shall swill true answers mal- builtrue answers mal- halp you God !" bed if blank spaces as heady you were to 'a amony ist, 1813, or 'a swill be and to we the Ordinary of the'	to full faith and e d office this	NITY NITY
Approved	weer applicant and the local cash of the que local cash of the que is a marketism. It may be a residence of the per careful cash, prove marries		Ordir
ENTERED ROSTER OFFICE	witness is the one saked year one saked year on to be swort , by some per		
J. W. LINDSEY, Commissioner of Pensions. Byrd Printing Co., State Printers, Atlanta.	the eridance the critical by a certified by genera	dinary, County	y, do certify emaion. She said County County and
	Widow's Pension Under Act 1910—as Amended by Act of 1919. County Linder Act 1910—as Amended by Act of 1919. County Linder Act 1910—as Amended by Act of 1919. Company Beginent Standard Sufficient Standard Sufficient Sufficient Standard Sufficient Suff	Widow's Pension Under Act 1910—as Amended by Act of 1919. County Name So Remain Widow of A Remain Widow of A Remain So Regiment Approved FINTERED ROSTER J. W. LINDSEY.	Widow's Pension Under Act 1910—as Amended by Act of 1919. County Company Widow of Attachment and Soldiers and Soldiers and Soldiers and the views in the following amounts and the views and the views in the following amounts and the views and the views and the views and the views and the

Ordinary's Certificate STATE OF GEORGIA. 7 m whelchel and was on the 4th November 1908; that I also know ... the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and eredit. Sworn under my hand and official seal of office this (SEAL) ----- County. NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. Only wildows 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. Attack certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Pension Widow's

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 no & To Kennett of said State and County,
nd, after being duly sworn, says that she desires to apply for a pension allowed under the Act
f 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 & E. Kennett- Ganha: Sa:
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? 24.24"/421. Charolt. 6.5.1.
a. Have you married since the death of first and soldier husband?
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 Service.)
140. B. 34" ge My Johnsons Orney
5: When and where did the commands of your husband surrender or discharge from the armyt
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 wast Ether in Hospital or at home. 8. Where was his command when he left! Kunnesais fa
a. For what cause did he leave his command? He was coounded in abort of fift aime
b. By whose authority did he leave his command four Husel he was around reach
c. For how long was he granted leave of absence?
e. What was his physical condition when he left his command! Bally available
f. What effort did he make to return to his command! Non- was never able after to
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! Cautlan Ja Cef 6"1911
k. Were you residing together when he died!
1 If not, how long had you resided apart?
m. Are you now a widow! Yes
9. Have you or your husband heretofore been paid a pension by the State! Yes he had
9. Have you or your husband heretofore been paid a pension by the State 1
so, when and for what cause were you or your husband placed on the roll! The activity of directivity equal for warming the activity of the state of
so, when and for what cause were you or your husband placed on the roll! The description of discribing agreed from which is seen as a subscribed before me this the 20" day of Octob 19!? Mes Larah & Remain 19!?
so, when and for what cause were you or your husband placed on the roll! The activity of directivity equal for warming the activity of the state of

Questions for Witnesses as to Service of Husband and Marriage

Application to the and on the section of the sectio

STATE OF GEORGIA,
Sperothe COUNTY.
Personally before me comes 7 m wholehal who, after
being duly sworn, true answers to make to the following questions, answers as follows:
1. What is your name and where do you reside! I M wholchel
Carlon Me. Church Conty-
2. How long and singe when have you known A Lemmel - applicant?
Sixly years
3. How long and since when has she continuously resided in this State! (Give date.)
low pine I have Brown how site your
4. When and to whom was she married! How do you know! 9 line
5. How long and since when did you know
husband! Singly years River 1869
6. When and where did A L Kennell-
the husband of applicant, die! Her Canton, Charolin Cong -: do not re-
7. Were the applicant and her husband living together as husband and wife at the date of his death?
8. If not, how long did they live spart before his death?
Were they divorced t
9. When, where and in what Company and Regiment did
My 1862 Carlos 4: Charle 6. les. 13. 34 02.
10. Were you a member of the same Company 1
11. How long within your personal knowledge did he perform actual military service with his Company
and Regiment 7 7 1862 200 /864
12. When and where did his Command surrender, and was discharged?
12. When and where did his Command surrender, and was discharged?
12. When and where did his Command surrender, and was discharged? Scanding 12. It not, where
12. When and where did his Command surrender, and was discharged?
12. When and where did his Command surrender, and was discharged? 13. Were you personally present when it was surrendered? 25. If not, where were you
12. When and where did his Command surrender, and was discharged? 13. Were you personally present when it was surrendered? 25. If not, where were youand how came you there? 14. Was the husband of applicant personally present at surrender? 15. If not where were you
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Application for Pension
Due Deceased Pensioner
(UNDER ACT 1919)
(To pay expenses of last illness and funeral)

Jack Massey Ordinary
For Mid. & Rennell

Date of Death Jame 28 1929

Amount 1919

Amount 1919

Amount 1919

JOHN W. CLARK,
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Department for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Department with your receipted payrolls to be permanently filed with them. Do not keep this application in your office.

JACOB MASSEY
RDINABY CÉRRORES COUNTY
CANTON, GEORGIA

Deorgin Cherotec County,

I, Jacob Massey, Ordinary and exofficio clerk of the Court of Ordinary
of said County, do herety certify
that Mrs. Sarah Kennett and Mrs.

S. E. Kennett is one and the
Same Jerson and she is on
the Jension roll for 1929,

This July 29-1929

Jacob Massey, Ordinary,

Received of Jarot Marin, Ordinary Dollars, For Fineral Expurses and & G. Konnett James Mey Go by M. Blancelland



STORE BUILDING - FLOOR SPACE OVER 80.000 SQUARE PER DEPARTMENT STORE - MERCHANDISE COTTON AND FERTILIZERS CANTON, GA.

June 29th, 1929

Mrs Sarah Kennett, for Her Estate Casket 210.00 Embalming 25.00 Service 8.00

\$243.00

The anove and foregoing account is rendered for funeral expanses of Mrs. S. E. Kennett, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me, this 23 Jones Mercantile Co.

Ordinary.

. State of Georgia, Cherokee County.

I hereby certify that Adolphus Kinnett and Sarah E.McClure were joined in the help bends of matrimony by me on the 28th day of Dec. 1871.

. P.H.Brewster, M.G.

Recorded Feb. 22nd 1872.

W.R.D. Moss, Ordinary.

Office of Ordinary Cherokee County, Ga. Oct. 28th 1919.

I, J.M. Setterfield, Ordinary & Ex-officio Clerk Court of Ordinary, hereby certify that the above and foregoing is a true and correct copy of the marriage certificate of the above named parties as same appears of record in this office.

Ordinary & Clerk Court Ordinary.

Application for Pension Due to a Deceased Pensioner

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness) (Under Act Approved August 15, 1904)

EORGIA, Cheropiec	County,
Personally before me, the Ordinary of said Co	unty, comes
& O Kennet	of said County, who, after being sworn, on oath
ays that he knew Mrs. S. E. Kanne	of said County, and that said Pensioner
was on the Pension Roll of said County at the tim	
County, in this State, on the	
0 11	estate of any value sufficient to pay these funeral
expenses, which amounted to the sum of	J, per sworn statements fully and completely
TEMIZED hereto attached.	
Sworn to and subscribed before me, Sworn to and subscribed before me, Ordinary County	& O Kennett
(Seal of Ordinary)	
faith and credit; that I also knew	ruthful and trustworthy character, entitled to full
tached hereto.	
Given under my hand and official seal, this	22 day of July , 192 9
(Seal of Ordinary)	Jacob Marty Ordinary
	County County
INST	RUCTIONS:
giving each item and the value of it, and each date.	nd funeral, to make out their accounts in fully itemized form
	ary, and in the following form. (Do not use the terms: "just
	vices in the last illness (or for funeral expenses, as the case majorithout owning sufficient property to pay this bill.
3rd. The Ordinary must see to it that each bill is per	feetly legitimate in every respect, and properly sworn to, and alperly completed as indicated.
attached neatly to this blank, after this blank has been pro- 4th. The completed voucher—this blank and the bil	operly completed as indicated. ls—must be sent to the Pension Department for approval and nor authority to make the payment.
money must be paid out until it is returned to you as you 5th. Return this application, and attached bills, with	
oth. Return this application, and attached built, with	

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for app money must be paid out until it is returned to you as your subports; to make the payment.

6th. Return this application, and statehed bills, with you finds settlement, to the Pension Department.

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

	Much youngen	化性配合 人
	Kirk, william 2	A Company of the Company
	Kirk, William 2.	
	APPLICATION FOR	
	Am	
	FOR CONFEDERATE SOLDIER WICh Applicant Williams J. Mark	
	County of Characters a Miles Story	7
) · · · · · · · · · · · · · · · · · · ·	Amount	LAN TO
	Date of Warrant & saturbu 14 14/7 9	
	Cr. E 221 Repter Dy	J. J
	a/kd	
	in a think and	A Time I
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	4/1/32	
	And the second of the second o	CONTRACTOR OF THE PARTY OF THE

Senreal W. A. Wright six of authorise fough, eM. eMs affe to receive and receipt you for my money this 12 th 1889 yours with Respects W. J. Kirk

STATE OF	GEORG	IA.
Che		

onton ag. 1
Personally appeared before me And Alanana Frank That The Control
the county of
enlisted in the military service of the Confederate States, or of this State, as a Allamatter parameter
in Company
that while engaged in such military service, to-wit: at the battle or engagement of Chamellar smill
in the State of 2 and a day of
Many 1863, he was wounded in the Angl. Bannar, and
that the same was amputated Additional That Bellicand
effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September
20th, 1879; that he has
done so, he prefers to supply himself with an artificial Anatom
Sworn to and subscribed before me this
ow, outran orchery
Norz.—The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.
COMMISSIONED OFFICER'S AFFIDAVIT.
STATE OF GEORGIA,
County.)
Personally came before me.,of
the county of State of Georgia, who, being duly sworn, deposes
and says that he was
and that, the above deponent, was a
in said Company, and that this deponent knows that said,
lost ain the military service as said in the above affidavit.
Sworn to and subscribed before me this
day of
NOTE.—If the affidavit of the commissioned officer is not obtainable, the following affidavit of three reasonable citizens

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

)

AN ACT

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

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

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

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

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

HENRY R. GOETCHIUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 0th, 1879.

A. O. BACON, Speaker House Representative RUFUS E. LESTER, President Senat

ALPRED. H. COLQUITT, Governor

SI	CATE OF GEORGIA,
<u> </u>	Cherokee County.
	Personally came. IB. P. P. Dyandon P. P. D. Margaret and
who	, being duly sworn, depose and say they are acquainted with ZALALARAM. I. Thank
that	said
	on of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.
	or to and subscribed before me this
74	is maily come talow me. I. W. M. Cales, who lawing simm disos, your that he is acquaint another that but an army in the interior singe of the confidente states I am affect and am in ATE OF GEORGIA.
moto and So	how with 18th and my short of my for the Mitte
	I, Or Ma Partmann, Ordinary of Cherolages
cour	nty, do certify that I am well acquainted with Milliann Son Riverta
	applicant for ava, and am well satisfied that the facts stated by him in the foregoing
	avit are true, and that I am well acquainted with
	The Dalottel and Long Special Secretary and that the facts citizens who make their affidavit, that they are respectable citizens of this county, and that the facts
state	ed by them are true.
	Given under my hand and official seal, this A. S. M. L. S. M. S
	day of A. Erns. Quantitation 1879.
	. J. M. Postmann Oxchang
	Cherotee Country Ga.

No. 10 Dy

STATE OF GEORGIA, TO TIME
Cherokel County.
PERSONALLY Appears, W. J. Hisk of Cherokee county,
State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resi-
dent of said State, and has been such continuously since the day of
Assessed 1845 that he enlisted in the military service of the Confederate
States (or of the State of
served as a Frivale in Company 6, of 22 th Regiment of
Glargia Volunteers Wrights 's Brigade; that whilst engaged
in such military service, at the battle of Chancelors will in the
State of Buguna on the day of may 1868, he was
wounded as follows: Dift com experienced above
blow carte by gun shot wounde
27. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
and the second s
Deponent desires to participate in the benefits of the Act, approved October 24, 1887,
and the Act amendatory thereof, approved Dec. 24, 1888, and makes application for the
allowance to which he is entitled for the year ending Oct. 26, 1889.
Sworn to and subscribed before me, this
the 12 day of Felenmeny 1887
Octional W. Postmans, ordinary
Norm.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.
the extent of the disability.
STATE OF GEORGIA,
County.
TO THE REPORT OF THE PARTY OF T
PERSONALLY comes before me Ordinary of said
county, and , both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they
say that the applicant has been injured as follows:
The state of the s
The state of the s
The second secon
The state of the s
A STATE OF THE PARTY OF THE PAR
Sworn to and subscribed before me, this
day of 188)

STATE OF GEORGIA, Chroked I. Ochan H. Pulmonn Ordinary of said county, do certify that I am well acquainted with Waltann 9 Kinch and a second of the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: are persons of respectability, and that their statements are worthy of full credit and belief. before whom the loregoing I further certify that affidavits were made and power of attorney was signed, is a of said county, and that the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this 12 day of Rubywarn 1889 Odian 91. Priman Ordinary Cherokee County and the A mirender by other last approved they are the add while are at the say within the the of barrier, and don't be removed in POWER OF ATTORNEY STATE OF GEORGIA, Toherstoll KNOW ALL MEN BY THESE PRESENTS, That I Milliam Co Minister of Character of Court, in said State, do hereby appoint W. A. Winght my true and lawful attorney in fact, for of Altania Gon me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this Anellyta-1889 W. 87 Kirk (L. S.) day of Felormann Executed in the presence of us: P.P. Dutai Ochians VV. Polmans. outinony DIRECTION TO THE SELECTION OF THE SELECT Send money to me as follows, by Regulated Letter to Stally Straings P.O.

County, Georgia.

County, Georgia.

I. 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 and the service.

dered substantially and essentially useless.

dered 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 cauled to any of the affidavits, the amendments must be made under outh 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, County.

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

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

signatures thereto are genuine.

Given under my official signature and seal, this 5 day of Felmonny 1890

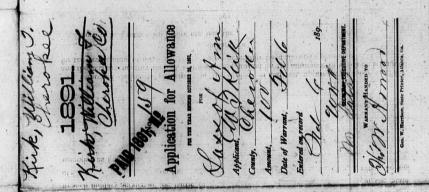
Odianol Putnano

Ordinary Churchel

County.

Genreal W. Ct. Wright six of anthorse anthorise foseph, eM. eMe affe to receive and receipt you for my money this 12th 1889 yours With Respects M. J. Kirk

		* * * * *
STATE OF GEORGIA,	County Nation gas	-4-76
I, Ool Palman	egess. Ord	inary of said County,
do certify that I am well acquainted with Thiling	ne I Kenstel	the
applicant in the foregoing affidavit, and am we		
in his said affidavit are true, and that he is disable		
the individual he represents himself to be, and the I further certify that DAN Pratnom	<u>) - </u>	
before whom the foregoing affidavits were m	of said County, and	the said affidavits and
Given under my official signature and seal,	this_ 4 day of 19	Amerony 1891.
	OM Promon	and believe at boom
Ordin		
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Chair of reconders, and the	, , ,	
PEOWLE OF	VITORNEY	1000



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,	
Chirolie , County,	
PERSONALLY appears Mon D. Kirk	
	sys on oath that he is a bona fide citizen and
resident of said State, and has been such cont	tinually since the direction day of
	e enlisted in the military service of the Con-
) during the war between the
States, and served as a Private	in Company & , of 22 th Regiment
of An Internation Volunteers Wy	's Brigade; that whilst engaged
in such military service, at the battle of	Infomeolemnille in the State
of Va , on the first	day of many 1865, he was left answir Somme amprinated of prince mounts.
wounded as follows: Drew Shot pro	left anni Ann ampulated
above the elvow in Ecris	expense or said surrence.
	Dr. Son State
想	A Land Land
0 = 1 = 1 = 1 = 1	
A12-15 EVE \$11	
	The second secon
Deponent desires to participate in the b	enefits of the Act, approved October 24, 1887,
and the acts amendatory thereof, and makes	application for the allowance to which he is
of One harnelyed	dollars.
Sworn to and subscribed before me, this	the Whan St. Kirk
Theret day of Felinarary 189	00
Oliver M. Pretramo andinaval	
Norg. State fully nature of wound or character of disease w	which causes the disability, and explain particularly the extent of
POWER OF	ATTORNEY.
STATE OF GEORGIA	
County.	
KNOW ALL MEN BY THESE PRESENTS, That I	Com.
	.01
county, in said State, do hereby appoint	and the state of t
of	my true and lawful attorney in fact, for what ever amount of money I may be entitled
o from the State of Georgia by reason of th	e injury received as aforesaid in the military
service of the Confederate States (or of the	what ever amount or money I may be entitude in injury received as aforesaid in the military is State), as stated in the foregoing affidavit; ipt in my name for any Warrant that may be
ssued by the Governor, or for any sum of mo	oney which may be coming to me for the reason
oforesaid.	e hereunto set my hand and seal, this
day of	to the second se
uay of	on a set of the second section of the second
Executed in the presence of us:	in maga tak magarira dishra bunga pa pur
e same a real fatherers of thought the	The state of the s
	Chambel of stag courts
Direction	OTION.
Send money to me as follows, by	a an arrangement of more than the control of the co
*to	P.O.
• • • • • • • • • • • • • • • • • • • •	County, Georgia.

STATE, OF, GEORGIA,
Dheroked Comy,
PERSONALLY Appears William J. Kurk of Charokes
County, State of Georgia, who, being duly sworn, says on oath that he is a bone fide citizen an
resident of said State, and has resided therein continuously ever since the
day of Selectionles 18/47 : that he enlisted in the miller
federate States (or of the State of) during the war between the
States, and served as a Prison in Company & of the Regime
federate States (or of the State of) during the war between the States, and served as a Grand in Company of 122 th Regimes of Marina Volunteers Waytha 's Brigade; that whilst engage
in such military service at the battle of the free tallians at the
wounded as follows: just left about the grand amportation prior the wounded as follows: just left about the armed amportation prior the field the sportal and the field the sportal and the field the sportal
wounded as follows: just lift about the word umprotated near the
Describbles, place trans processing at the field Harpolal
With files cot day and mary 1865
Deponent desires to participate in the benefits of the Act, approved October 24, 188
for the year ending October 26, 1891. I have heretofore been allowed a pension of
Sworn to and subscribed before me, this, the)
(// D, Jecux
day of 4 ((1891.)
21 Special Harden Con adding any of the first lider
Nora. State fully nature of wound or character of disease which causes the disability, and suplain particularly the extent of the disability, resulting from the wound or disease.
POWER OF ATTORNEY.
STATE OF GEORGIA,
- Whereher County.
Know all Men by these Presents, That I, Min A Kirk
of County, State of Georgia, do hereby appoint
Their was All Supervocal
of Longon Location for (Mollar) places on 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 autorney to receipt in my name for any Warrant that may be issued by the Government of the state of the
to from the State of Georgia by reason of the injury received as aforesaid in the military service
ing my said attorney to receipt in my name for any Warrant that may be issued by the Govern
The little and of money which may be coming to me for the reason aforesaid.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
- Al Charles day of Tellaphina 1891.
W 3/ Billion
Herenthe day of Fellenment 1891. W. J. Kirk [L. s.
Executed in the presence of us:
Exeguted in the presence of us:
Executed in the presence of us:
Con Ontarion continuosofo by White With
Coll Partitions Continuously by Winds Send money to me as follows, by
Con Ontarion continuosofo by White With

Given under my official signature and seal, this formed day of Inamba
Ochran M. Partmann
Ordinary Whendew SOLDIER'S PENSION lical NS. Fig. clotone Allowed Pensions.

STATE OF GEORGIA.

County.

1. Odiger N. Portaguage

do certify that I am well acquainted with Malliam D. Minsto.

individual he repesents himself to be, and that he resides in this county.

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

resident of said State, and has resided therein continuously ever since the County, State of Georgia, who, being duly swarn, mays on oath that he is a bone pide citizen and STATE OF GEORGIA, For Applicants Heretofore Allowed Pensions.

Know all Men by	these Presents,		f Georgia, do 1	con
of,	I signature and seal	my tru	and lawful attor	
from the State of Georgia	obse and receipt for by reason of the inju	ry received as as	oresaid in the mi	be entitled litary estylo
the Confederate States (or my said attorney to receipt	of this State), as state, in my name for any	Warrant that m	y be issued by	e Gayernor
for any sum of money which	th may be coming to	the for the reast	n aloresaid.	
dividual he represents high	的现在分词形式的现在分词形式的	THE TOTAL CONTRACTOR OF THE PARTY.	t my hand a	ind seal,
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STATE OF GEOR	
Cherolice	County.)
Personally appears //	Villiana G. Kundel
	County, State of Georgia, who, being duly sworn, says
	itizen and resident of Georgia, and has been such continuously
ince the	day of Janaxaraf 1814; that he enlisted
n the military service of the Co	onfederate States (or of the State of)
luring the war between the Sta	ates, and served as a Provate in Company &,
of 22 th Regiment of	Beargas Volunteers Winight 's
Brigade; that whilst engaged in	such military service at the battle of Lohancelemonially
	, on the Princett day of
man	1865, he was wounded as follows: Long Harry Black.
in the Left arm	or, anapostaled about the elbons
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Deponent desires to partic	ipate in the benefits of the Act. approved October 24, 1887, and
he acts amendatory thereof, ar	nd makes application for the allowance to which he is entitled for 192. I have heretofore been allowed a pension of
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Final day of Peran	1892.)
OW Openani	Ordinary.
Note.—State fully nature of woun	ad or character of disease which causes the disability, and explain particularly the
	ER OF ATTORNEY.
STATE OF GEOR	GIA, }
· loherolue.	County.
Know all Men by these	Presents, That I, William J. Rink
	of leheroleev
County in said State do hereb	by appoint Phomoso W Servovel
t Scherolce	
me and in my name to receiv	re and receipt for whatever amount of money I may be entitled to
rom the State of Georgia by r	reason of the injury received as aforesaid in the military service of
ny said attorney to receipt in i	this State), as stated in the foregoing affidavit; hereby authorizing my name for any Warrant that may be issued by the Governor, a may be coming to me for the reason aforesaid.
	EOF, I have hereunto set my hand and seal this Minot
lay of march	1892. William J. Kirk [t. s.]
The second secon	。
Executed in the presence	make the contract of the contr
ON Portnam Co	retine comp
. S. Dubru no.	10
	DIRECTION.
Send money to me as foll	lows, by
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	County, Georgia.
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federate States (or o	f the State of	Acordos	during	y service of	ween the
States, and served a	· Pringt			of 22 th	
of Heorgea	Volunteers_	Maright-	Brigade :	that whilst or	gaged in
such military service	A AND REPORTED MEN AND AND RESIDENCE	Charula	anille	in	the State
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wounded as follows:	Ty March St	of one of the	Tank Ra	and the	Com
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the year ending Oct	ber 26, 183. I h	application for the avalent of the available of the avail	the allowings to were allowed a pen	hich he is ent	itled for
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7 × × de	y of march	1893. 5		1	
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STATE OF		County, Georgia.	TOP TON		Fig. 35
CONTROL OF THE PARTY OF THE PAR	the as follows by		11211111		60.
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				linary of said	County,
do certify that I am	rell acqualated with	a gillalla med	12 Mente		ube
applicant in the fores	poing affidavic and	am well satisfied	that the statemen	ts made by h	m in his
said affidavit are true	and that he is dis	ablad, to the exten	t he claims, and	I know he is	s the in-
dividual he represent	s himself to be, and	that he residens	this County.		物理的
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the Confederate Stat	es (or of this State,), as stated in the	THE CARLES RES	the state and	UNIVERSE
from the State of Go	and receipts and receipt of organization of	the injury regain	amount of money	the military s	ervice of
Old	official signature a	nd seel this /5	day of 12	in attorney in	fact, for
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and the second	County.)	Ordinary That I	mussice		County.
STATE OF C	FORGIVE			First St	
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POWER OF ATTORNE

For Asymptotic Meretotate Allowed Pensions.

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POWER OF ATTORNEY.	POWER OF ATTORNEY. STATE OF GEORGIA,	
STATE OF GEORGIA, COUNTY. Know all Men by these Presents. That I, Williams J. Reak	KNOW ALL MEN BY THESE PRESENTS, That I, Man & Reak	
of DELEGALU	County, State of Georgia, do hereby appoint R. O. Dung las	
County, State of Georgia, do hereby appoint. Thomas, T. Sasocos. In y true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorising 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. As the baseas 1894. Executed in the presence of us J. L. borno, Ondamany DIRECTIONS. Send money to me as follows, by.	my true and lawful attorney in fact, me and in my name, to receive and receipt for whatever amount of money I may be entitled to from State of Georgia by reason of an injury received as aforesaid in the military service of the Confeder States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to rece in my name for any Warrant that may be issued by the Governor, or for any sum of money which in be coming to me for the reason aforesaid. IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Seills day of Aldan 1895. Executed in presence of us DIRECTIONS. Send money to me as follows, by to P	the rate eipt may
County, Georgia.	County, Georgia.	
Soldigr's PRPSION. So. H. G. Soldigr's PRPSION. ISSUE HESDE. County Lhoode. Think County Lhoode. Disability Least H. Amount, \$ 100 Amount, \$ 100 Amount, \$ 200 Amount, \$ 200 Amount, \$ 200 Amount, \$ 200 Berdung Executive Department WARRESON, Secretary Executive Department Off County Off County County County Amount, \$ 200 County County	Charagus Ca. (For These Already Enrolled.) No. 834 No. 834 SOLDIER'S PENSION Name 1777. L. Rach County Charaches County Leas of Amount, S. 1974. Ca. Amount, S. 1974. Ca. Amount, S. 1974. Ca. Serdary Executive Departm y ARRAST ENDRED TO. PARAST ENDRED TO.	Gro. W. Harrison, Paris Printer, Alanta
The state of the s	• 111	

For Applicants Heretofore Allowed Pensions.

County.
PERSONALLY appears M. T. Rink of Chonokel
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 Go home 1843; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
federate States (or of the State of) during the war between the States, and served as a Prinota in Company 6, of 32th Regiment of Lioppo Volunteers May 115 's Brigade; that whilst engaged in
of Lingto Volunteers Many Alls 's Brigade; that whilst engaged in
such military service at the battle of bhomsonwill, 2a in the State
of day of May 1867, he was
wounded as follows: Is a mo tot in Soft and which cornered
The soos of wand anm
the state of the s
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
ome Hundred dollars, for the year 1891
Sworn to and subscribed before me, this, the
37 th day of Hobowang 1894.
A, b, born, wadimang
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.
bhookov county.
I, A. b. bermy Ordinary of said County
do certify that I am well acquainted with %, F. Rink 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 Fobounes, 1894.
Ams 1 570 0 0 00 000 1804,
South Service State Service Se
Ordinary bhon the of County.
Ordinary Drog May County.

STATE OF GEORGIA,	
Personally appears mo, J. Rick	of lehonother
	nously ever since the 4 74 in the military service of the Con- during the war between the mpany Z, of 20 th Regiment
Lorsgia Volunteers, Righto 's	Brigade; that whilst engaged in
th military service at the battle of bhones looks 20., on the 18 day of	in the State
va. , on the day of	1867, he was
ounded as follows: bemothat in left am	my roung less of
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Sworn to and subscribed before me, this, the Setth day of Hely 1895. A. L. Lowrn, andernand Note-State fully the nature of wound or character of disease which causes the	Wise, I, Frink
the disability, resulting from the wound or disease.	
STATE OF GEORGIA, Schoolse County.	
	Ordinary of said County
policant in the foregoing affidavit, and am well satisfied	
his said affidavit are true, and I know he is the indivi-	
and that he resides in this County.	idual ne represents nimsen to b
Given under my official signatur	re and seal, this de 17%
day of 1114 1895.	the state of the s
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He is is on the contract of th	r Those Aiready Enrolled.)		1896.	m. & Kank	Loss of dorn	RICHARD JOHNSON,	Secretary Executive Dep	Off. Harrison, State Printer, Atlanta.
1 20 A 4 I I I I	(For Those Aiready Enrolled.)		1896.	e man, & kanh	unt, \$1110.00 Sellaco	RICHARD JOHNSON,	Secretary Executive Dep	Geo. W. Harrison, State Frinter, Albana.

POWER OF ATTORNEY

	TO WELL OF HIT DRIVET.
STATE OF GEO	DRGIA,
6 horotere	County.
	Thank hereby authorize The Nowood
•	of oher Melberns
	of an averal Joseph
to receive and receip	ot for the pension paid hereon and request that he remit same to
	mes by, olsh
at Welly sfee	
IN WITNESS	WHEREOF, I have hereunto set my hand and seal, this 23
day of Fel	1897.
2	War J. Hick [L. S.]
	[1. S.]
Executed in	presence of
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	m T.	100.	IARD JOI	WARRANT HANDED TO
I QIO	9	Disability	RICI	WA
	SOLDIER'S PENSION. 1897.	ER'S ER'S	INV I	LOS 100

inka William

STATE OF DECRETA

For Applicants Heretofore Allowed Pensions. STATE OF GEORGIA,

	whoe				
		mm J. Kin			
county, State	of Georgia, wl	ho being duly swo	orn, says on oat	h that he is a bon	a fide citizen
		nd has resided th			
ay of Do Ta		18#♂; that he			
	(or of the Sta	ite of		_) during the war	between the
		ornale,			
f boogp	Volun	teers, Was	/s's	Brigade; that wh	ilst engaged
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f May		V, he was wound			
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Sand .	ann	CALL CO.			
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ntitled for t	he year endir	ereof, and makes ng October 26th nty been allowed a	, 1896. I hav	e heretofore as	a resident of
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ntitled for the Condition of the Sworn to Sworn to the Condition of the disability, resu	he year endir Le D cour year 1895, and subscribed day of fac. by the nature of woun OF GEO	ng October 26th nty been allowed a d before me, this, nthaty 18 moderated of disease d or characted of disease	the }	War Ji	a resident of
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County, State	of Georgia, w	ho being duly	sworn, says o	n oath that he	is a bona fide	citizen
nd resident o	t said State, a	and has resided	d therein conti	in the milita	since the	o Con
ay of Seg	(- C 1 - C	1072; 11	at he enlisted) during	the war betw	een the
ederate State	or or the S	Trival	in (Company &	of 22 th Re	oiment
& Geor	ara Vo	Innteers a	right	s Brigade	that whilst e	ngaged
n such militar	ry service in	the State of	Virgin	na, or	the 1st	day
i ma	4 186	3.3., he was w	vounded, injur	ed or diseased	of follows:	
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of said	arm	y,			. /	
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and the acts entitled for the	amendatory ie year endin	thereof, and g October 26	makes applica th, 1897. I 1	tion for the p have heretofor been allowed	ension to whi re under said	ch he is law as a
and the acts entitled for the resident of One A Sworn to	amendatory the year ending the year end the year e	thereof, and g October 26 skee Dolls ed before me, war	makes applica th, 1897. I l county ars, for the yea this, the 1897. Pos	tion for the phave heretofor been allowed in 189	pension to white under said an invalid per	th he is law as a sion of
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POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF GEORGIA, STATE OF GEORGIA. charokoe County. herekee County. 6 X. Exons mm think hereby authorize_ of allante ba to receive and receipt for the pension paid hereon and request that he remit same to ceipt for the pension to receive and request that he by Register Settler at Walloy Sfirmings, Lac.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16 day of Frey 71. I Kirk [L. S.] Executed in presente of Executed in presence of A. C. being, orders Albermading SOLDIER'S PENSION SOLDIER'S PENSION Cobe section 120.

(For Those Aiready Enrolled.) RICHARD JOHNSON, RICHARD JOHNSON, INVALID INVALID 1898. No. 2564 1899. Name Mon J. Rich Disability Land H. a. mit hich 81/2

For Applicants Heretofore Allowed Pensions.

personally appears mm & hearly	of charoline
County, State of Georgia, who being duly sworn, says of	
and resident of said State, and has resided therein con-	inuously ever since the 6 "-
day of 1840; that he enlisted	in the military service of the Con-
federate States (or of the State of	during the war between the
States, and served as a Crivate in	
	's Brigade; that whilst engaged
	, on theday
of 1868, he was wounded, inj	
Loss of Vaice Link	V
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For many control of the control of t	
Deponent desires to participate in the benefits of th	
ntitled for the year ending October 20th, 1898. I have	been allowed an invalid pension of
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ntitled for the year ending October 26th, 1898. I have sident of Charles county one Wentler Dollars, for the year	re heretofore under said law as a been allowed an invalid pension of her 1892. W. J. Kirk
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swittled for the year ending October 26th, 1898. I have sident of county One Wenched Dollars, for the year of the	re heretofore under said law as a been allowed an invalid pension of the said law. W. J. Kirk
stitled for the year ending October 26th, 1898. I have sident of county County Dollars, for the year of the day of 1898. Post Dollars, for the year of the disability, resulting from the wound or character of disease witch causes the disability, resulting from the wound or disease.	re heretofore under said law as a been allowed an invalid pension of the said law. W. J. Kirk
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	State, and has res				
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derete States (or	of the State of) durit	or the war betw	een the
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TATE OF G		1.			
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Ι,	Al loon	~~	:0	rdinary of said	County,
o certify that I ar	n well acquainted	with m	J. Rich	?	the
pplicant in the fo	regoing affidavit, a	nd am well satis	sfied that the	statements mad	le by him
	t are true, and I kr				
	s in this County.	3		× 2	
		ny official signa	ture and seal	this 16 11	-
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~~	day of Same	131	1899.		
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		Ordinary	Bones		County.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.	genous and the second
, Wirk	hereby authorize
blemant a Evans	
W. J Kirk	by beeck
a Holly springs ba	
IN WITNESS WHEREOF, I have day of March 1900.	e hereunto set my hand and seal, this
day of // 1900.	W.J. Kirk [L, s]
Executed in presence of	
my MullinsnPass	P

Kirke, Office	No.1974	SOLDIER'S PENSION.	1800.	County Lellowher	Warrant issued Pula # 1900.	The same	Indee
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POWER OF ATTORNEY.

STATE OF GEORGIA, County.

STATE OF GEORGIA, County.

For Applicants Heretofore Allowed Pensions.

	chee County.
Personally	appears my hink of Cherekee
unty, 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
d resident of sa	State and County, and has resided therein continuously ever since established in the military service of
day of	tates (or of the State of) during the war be-
e Confederate S	tates (or of the State of) during the war be- and served as a Orivale in Company 8, of 24 th
egiment of	Volunteers, Wraght 's Brigade; that whilst
igaged in such	Volunteers, Wright, 's Brigade; that whilst military service in the State of // , on the /
av of Ma	1865, he was wounded, injured or diseased as follows:
	line shal an toll ann causing
Loss	of Said Friends
100	
nding October	takes application for the pension to which he is entitled for the year 26th, 1900. I have heretofore under said law as a resident of heavekee County been allowed an invalid pension of Mandreel Dollars, for the year 189 2. d subscribed before me, this, the
Sworn to an	26th, 1900. I have heretofore under said law as a resident of here kee. County been allowed an invalid pension of Nambreac Dollars, for the year 1895. d subscribed before me, this, the of 1900. POST OFFICE
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mate States (or of the	State of		duri) duri	ng the w	ar between	n the
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STATE OF GEORGIA,

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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nd resident of said S	State, and has r	esided therein conti	nuously ever since	he
y of Sefet	1845	; that he enlisted in	the military service	ce of the Con-
derate States (or of	the State of	in Comp) during the wa	r between the
tates, and served as	sa Prister	in Comp	any 20 6, of 21	_th Regiment
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

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POWER OF ATTORNEY.

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POWER OF ATTORNEY.

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OR APPLICANTS HERETOFORE ALLOW D PENSION

THE RESTORE ALLOWED PENSIONS.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF CEOPCIA
STATE OF GEORGIA,
County.
Personally appears you of kink of charokee
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 30777 1843; 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 Crivale in Company & , of 22. th Regiment
of La Volunteers Wrights 's Brigade; that whilst engaged
in such military service in the State of , on the / day
of May, 1866, he was wounded, injured or diseased as follows:
- Isumshot causing loss of Lott amo
A TOUR DESCRIPTION OF THE PROPERTY OF THE PROP
Deponent makes application for the pension to which he is entitled for the year
Chanckes County, been allowed an invalid pension of mes Namarol Dollars, for the year 1903. Sworn to and subscribed before me, this the
Sworn to and subscribed before me, this the day of Mary 1904.
Sworn to and subscribed before me, this the 2 day of flay 1904.
Sworn to and subscribed before me, this the day of flary 1904. Nore—State fully the nature of the wood or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.
Sworn to and subscribed before me, this the day of fary 1904. On the control of the would 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, Cherother County.
Sworn to and subscribed before me, this the day of flary 1904. On to the control of the wood or character of disease which causes the disability, and captain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Chiral of the county.
Sworn to and subscribed before me, this the day of flay 1904. On the learner, Onday Post-office Norn-State fully the nature of the would 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, Chorder County. I, Ordinary of said County,
Sworn to and subscribed before me, this the day of flary 1904. On the learner, and sy Post-office Norn-State fully the nature of the wood or character of disease which causes the disability, and explain purticularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Chorolic County. I, Delearer Ordinary of said County, do certify that I am well acquainted with Mrs. Plaink
Sworn to and subscribed before me, this the day of fazy 1904. On the learner of the would or character of disease which causes the disability, and explain purticularly the extent of the disability resulting from the would or disease. STATE OF GEORGIA, Chorder County. I, Ordinary of said County, do certify that I am well acquainted with foregoing affidavit, and am well satisfied that the statements made
Sworn to and subscribed before me, this the day of flay 1904. On to locate fully the nature of the wood 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, Character County. I, Ordinary of said County, do certify that I am well acquainted with my flain. Character County, but 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
Sworn to and subscribed before me, this the day of fary 1904. Norn-State fully the nature of the would or character of disease which causes the disability, and explain purficularly the extent or the disability resulting from the would or disease. STATE OF GEORGIA, Chorder County. I, Ordinary of said County, do certify that I am well acquainted with purficularity the extent on 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.
Sworn to and subscribed before me, this the day of fary 1904. On to and subscribed before me, this the 1904. On to a locate fully the nature of the wood or character of disease which causes the disability, and explain purticularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Choracter County. I, Ordinary of said County, do certify that I am well acquainted with Interpolation of 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 and
Sworn to and subscribed before me, this the day of flay 1904. Norn-State fully the nature of the would 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, Chorder County. I, While County. Ordinary of said County, do certify that I am well acquainted with particularly 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 flay 1904.
Sworn to and subscribed before me, this the day of fary 1904. On to and subscribed before me, this the 1904. On to a locate fully the nature of the wood or character of disease which causes the disability, and explain purticularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, Choracter County. I, Ordinary of said County, do certify that I am well acquainted with Interpolation of 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 and

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Charokee COUNTY.
Personally appears William J. Hick of Chewotee
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_ 6
day of Sift. 1843; that he enlisted in the military service of the Con-
federate States (or of the State of Sa) during the war between the
States, and served as a Orivali in Company 6, of 22 th Regiment
of Ga Volunteers Maighto 's Brigade; that whilst engaged
in such military service in the State of Va., on the / day
of May 1863, he was wounded, injured or diseased as follows:
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ampetetation of left arm
Sworn to and subscribed before me, this the May of Jew 1905. W.J. Wibb Ordy Post-office
Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly she extent of the disability resulting from the wound or disease.
STATE OF GEORGIA, Chewkee COUNTY. I, W L Mba Ordinary of said County do certify that I am well acquainted with W Skirk
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 himsel-
to be, and that he resides in this County.
Given under my official signature and seal, this
day of 900 1905.
CAME WEBE
Bar. Ordinary Charocee County.
Nors.—Fill all blanks and of Company and Regiment.

POWER OF ATTORNEY.

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	A.W.T.

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA, County.	
PERSONALLY appears Wrin ? Kirk of said	chiere
County, State of Georgia, who being duly aworp, says on oath that he was born on the	6 ck day of
1843, that he is a bona-Ade citizen and resident of	Georgia, and has been
continuously since the local day of 18_	, that he enlisted
in the military service of the Confederate States (or the State of) on the
21 th day of Red. 1862, during the war	between the States, and
	7-914. Volunteers
Wright Brigade, and was honorably discharged on the	day of
186 ; that whilst engaged in such military service	, and in line of duty in
the Histo of Na. on the 1st day of Men	
he was disabled or wounded as follows: By Explosion of	shell right
high Joint was distrection qual	Tis rends
Jerach cally incompetent to furfor	n che
ordinary manual vocations of life	
	(
Mark Market Market Company	<u> </u>
March 18 Commence of the State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Where was command surrendered? affeomathy Na.	
Was applicant present?	If not, where
	rounded
And by whose authority? State fully: wwo warmed on of	he 1 st day
of may 1863 was mor able families	nound all that of
Deponent desires to participate in the benefits of Section 1250 of the Code, and the and makes application for the pension to which he is entitled for the year thereunder, end	ing October 26th, 190-
Sworn to and subscribed before me, this the W. J, &	irk -
day of 190 190 190 190 190 190 190 190 190 190	Chi ac
Post Office Policy	Jung Gu
Norm.—State fully nature of wound or character of disease which causes the disability the extent of the disability. If claim is based on disease, give full and connected history of dise	ease, tracing it directly to
the extent of the disability. NOTE.—Do not trouble to mention wounds which do not disable. NOTE.—The Ordinary will see that all blank spaces are filled when the affidavits are sign	Committee of the second

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,
Chiraper County.
PERSONALEY appears before me, the undersigned Ordinary in and for said County a. R. Mosteller
B. F. Crister o wox nestil and
personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say
under oath, that they are personally and well acquainted with whose spplication is herewith presented for a pension, that he has resided in this State continuously since the
day of18, that he served in Companyof the
Regiment of Regiment of Live gistal rigade, and from our personal knowledge be, while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language when, where, and hew the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor or can do any, state what.) The Many 1 st 1863 Mostellar Says Who! Cappell Court
was shot in arm & hip while he wa
in the coming serving as a soulder in
the confederal's service, and chap he
Sow Said Kirk while in wounded stoke
and That he know that good Kirls reed
This Ixin wound while in said confidents
servers. B& Cruiles & wormen's back
Estify that the statement by mostilles
is true,
<u> </u>
Where was applicant's command surrendered? approved to was he with it? No. Mostelles was he have ranked. Were all of you present?
If not, where was he? DP. Creicher + Work Mucht was also ah 10 11 11 Worneded at the Durkender,
Where were you all?
The state of the s
How do you know the facts you state to be true? Mostellin & Reslit owene present at the
he that country
We personally know above stated facts. We were with him in the army and have known him ever since.
He was honorably discharged or retired from the service onday of
186 Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18.6 3. We have no interest in the recovery of a pension by him.
Sworn to and subscribed before me, this
12 day of dopte 1005 1 Thomas les
Ordinary.
Note 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.

3—All blank spaces must be filled when signed.

4.—Three witnesses are required.

		\$ 1000 A	To to styrall
STATE OF GEORGIA			**
Cherokee County.	M n.	11	
PERSONALLY comes before me	1.4.1	hob or	linary of said County,
John maire and go	RAGE	190-15	lackwell
ne as reputable physicians of said County, who, being	g severally swort	s, say on oath, the	t they have carefully
xamined Wiff, Kirk	and after such ;	personal examination	n, say that the present
ondition of applicant is as follows: 19ve dist	ocality a	of the right	& hofe upon
bookword, with total die	Imolion	of capes	ulor ligom
The sight is greatly re	dirand	in Die	u and
Che lig is substant	dially	and e	soutielly
usely and apple	evil	is inc	meterel
to furling the ordi	nary .	mann	al Vacation
at like	- /		
nd that such condition is permanent. Said condition ari	issa from the follo	Q	Aplicant
Saus That the ruper	Mes	De cid a	1. Intel
May in 1863 at th	·cun est	Cloriai	100 110
24-9 1- 1 0 0 0 <u>30, 40</u>			70.47
		<u> </u>	
			1,77
Ve have treated applicant professionally for			tion, as above stated,
oesarise from heredity or conger	nital causes, or fr	om vicious or intem	perate habits.
Sworn to and subscribed before me, this	7.50	Beach	well mil
12" day of bept 1906	9011	frice	011,5
W.J. neba	/		
Ordinary.	with extent of disc	ahilitu TE disahilitu	results from mound on
Note 1.—State fully the physical condition and especially jury, state its location, character and present condition. If the igin, as understood by affants. Note 2.—The physicians will be careful to fill every bloom.	from disease, give	its nature and chara	cter, and its causes or
Nora 2.—The physicians will be careful to fill every bl	ank space in oath		
			Form No. 4.
TATE OF GEORGIA,		1 3 3	
Chewite County,	, , ,		
11. 2. 7/20C		Owlin	ary of said County,
man de la company de la compan	- 1/2	Zik!	
plicant in the foregoing affidavit, and am well satisfied	that the statemen	made by him to	his said affidavit are
plicant in the foregoing affidavit, and am well satisfied ue, and he is disabled, as he claims, and I know he is	the individual	e represents himse	If to be, and that he
sides in this County and has been a bona fide resident sin	nce the	day of	1847
also certify that the witnesses to-wit: A.R. Mo	steller	B. Flist	x Yr H motion
/With	respectability t	hat their statement	s are worthy of full
edit and belief, and that the full text of the affidavit w			
Given under my official signature and seal, this	12"day of	Seph	190 \$
	7	2. mis	(
	0-4	When !	Cee Connty.
	Ordinary	- Grandel	Connty.

POWER OF ATTORNEY.

STATE OF GEORGIA,			
Oherottee con	UNTY.	, ,,	
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W.J. Treb.	of		
to receive and receipt for the per	nsion paid here	on, and request th	at he remit same to
	bv	16. 177 (74)	The religion state of the
At			11: 6"
In Witness Whereof, I ha	ive hereunto set	my nand and sear	, this
day of January 1906.		2.04	011.1
		W.D.	Hish [L. S.]
Executed in the presence of			and a second of the second of
of a mill		1 1	
J. m. YEVV.			

Constitute Luning Constitute Luning No. Lille DISABLED SOLDIER'S PENSION 1900 Chevottee Co. C. Regiment 22. Sc. Disability Steas of Chevot Disability Steas of Chevot Commissioner of Pension JOHN W. LINDSET. Commissioner of Pension WARRANT BANDED TO	The Hate	JOHN W. LINDSEY, Commissions of Persions, WARRANT HANDED TO	Amount, \$ 100 28	Co. C. Regiment 22. Go	Name W. J. Huth	1906.	SOLDIER'S PENSION	No. Ittle	COOR SHOTSON 1350. (FOR THOSE ALREADY EMPOLLED.)	hick, M. S.
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POWER OF ATTORNEY.

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receive and receipt for the	pension paid hereon, and	request that he remit same t
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In WITNESS WHEREOF, I	have hereunto set my hand	and seal, this
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FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Cherofice County.
Personally appears W. J. Stirl of Cherotice
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 Lept. 1843; 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 Orival in Company &, of 27th Regiment
of You Volunteers Maghts 's Brigade; that whilst engaged in such military service in the State of T, on the / day
of Man 1863, he was wounded, injured or diseased as follows:
Lost Lift ann at Chandlewille
19° 100 100 100 100 100 100 100 100 100 10
The state of the s
The state of the s
Tanasana Andreas
ending October 26th, 1906. I have heretofore, under said law, as a resident of Courty of County, been allowed an invalid pension of Dollars, for the year 1905. Sworn to and subscribed before me, this the M. J. Hirk
day of Jan 1908. Post-Office
Nors.—State fully the nature of the wound or character of disease which causes the disability, and emplois particularly the extent of the disability resulting from the wound or disease.
State of Georgia, County. I, Meth Ordinary of said County do certify that I am well acquainted with M. M. Hink
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and I know he is the individual he represents himself
to be, and that he resides in this County.
Given under my official signature and seal, this
day of January 1908. A. & Walk
Ordinary Cherottee County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

une	not bee	County			
Per	sonally appea	20 0		. 60	hentee
		ia, who, being duly		COLUMN TO SERVICE DE L'ANDRE DE L	
		te, and has resided			
ay of	nt of said Sta				
		1843; that 1			
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		Volunteers Mu	or s	Brigade; that	t whilst engage
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Swo Nora- ricularly the State I, o certify ne applica	rn to and sub- day of West Bisse fully the n a extent of the di Of Ge that I am we ent in the fore	accribed before me, state of the wound or cability resulting from the county of acquainted with acquainted wit	County, bee Dollars, i this the Postoffic character of disease wound or disease.	said law, an allowed an infor the year 19 W. T. which causes the	s a resident of available pension of the second of the sec
Swo Nora- rifeularly the State I,_ o certify ne applica y him in	rn to and sub- day of New Biase fully the n e extent of the di Of Ge that I am we that I am we that in the fore his said affida	ature of the wound or cashility resulting from the county of acquainted with acquainted with acquainted with acquainted with are true, and I	County, bee Dollars, is this the Postoffic Postoffic wound or disease.	said law, an allowed an infor the year 19 W. T. which causes the	s a resident of available pension of the second of the sec
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Swo Nora- Articularly the State I, o certify the applica y him in	That I am we not in the fore his said affidat that he reside Given u	accribed before me, state of the wound or cashility resulting from the corgia, County all acquainted with agoing affidavit, and it is in this County.	County, bee Dollars, is this the Postoffic character of disease wound or disease. I am well satisfic know he is the is nature and seal	said law, an allowed an infor the year 19 W. J. which causes the ordinary individual he put this	s a resident of available pension of the second of the sec

POWER OF ATTORNEY.

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41			THE STATE OF THE PROPERTY OF
		to receive and r	eceipt for the pension allowed
nest that he remit same to		by	
	•		
IN WITNESS WHEREOF,	I have hereunto set	my hand and seal, this.	
		t my hand and seal, this.	
		t my hand and seal, this.	
IN WITNESS WHEREOF,		t my hand and seal, this.	
		tmy hand and seal, this.	

Pension Office, 10/1/07.

Physicians unit say Wiether the leg as a direct result of the wound in hip or leg has rendered that leg essentially and substantially useless. That is to say that it cannot be used for any purpose without artificial aid or support.

J. W. Linesey.

com. of Pen.

10 Juno	INXALID DIEN'S PERSON, 1902	link.	DSBT,	KIDED TO	13.60 13.00
Showh hus	SOLDIER'S PERSION,	Name If Thirth. County Therefile. Co. 6. 22 Fee. Roge. Dissenting Seel Submir High.	JOHN W. LINDSEY,	WARRANT HANDED TO	6011-6/2

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

	ATE OF GEORGIA, County	
	PRIBONALLY Appears W. J. Hill of said Che	rollee
Cou	nty, State of Georgia, who being duly sworn, says on oath that he was born on the 6"	day of
4	18 4 3, that he is a boya-fide citisen and resident of Georgia	
	tinuously since the day of Mefet 1843, the military service of the Confederate States (or the State of Strongisc	hat he enlisted
] —	23 rd day of Febry 1864, during the war between	
eer	red in Company O of 22 th Regiment of Lac	Volunteers
_	Wright Brigade, and was honorably discharged on the	day of
-	186.5; that whilst engaged in such military service, and in	line of duty in
	Was disabled or younded as follows: Shot by Shell is	100
	right Hip distocation it an	rel,
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1 -	Oppomattox Court Hou	in Ola
	here was command surrendered ?	If not when
)	as applicant present? We How come there? Out Hosp	sitol
	d by whose authority? State fully: I was there by and	horite
*-	of the Physicians	
-	Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts am	ndatory thereof
an	d makes application for the pension to which he is engitted for the year thereunder, ending Octol Become to and subscribed before me, this the	20th, 190_
	33 day or august 18000	6.
-	W. J. Hebe Post Office Carrier	300
	Nors, State fully nature of wound or character of disease which causes the disability, and ex-	plain particularly ing it directly to

AFFIDAVIT FOR THREE WITNESSES.

STATE OF C	GEORGIA,	})	1. 16-
PERSONALLY O	popears before me, the under	reigned Ordinary in and	and A.R. Mus	nestit teller
personally known t	to me to be trustworthy citis	sens, each of whom, being	duly aworn according to la	w, severally say
	is herewith presented for a	18 40°, tha	he cerved in Company	of the
mben where and	Regiment of	or the disease was contr	acted, and to what extent a	own language
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	ant's command surrendered			Va
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Where were you al	discharges	four unis	at hom	dichage
		orupace	ve u	
He was honorably	lly know above stated facts. y discharged or retired from	the service on 10	day of May	1600
We have no interes	eant is permanently disabled to in the recovery of a pensi ad subscribed before me, thi	ion by him. W M	Meshit	er since 18
9" 0	Oct. 190.7	1371 AR.M	Posteller	
0	Ordinary.	wife of the senting help	a vide from to senting giles, and	re-

Note 1.—The Ord nary will see that the full text of the sfildavit is understood by the witnesses, and that they are legally qualified to the same.

2.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.

3.—All blank paces must be filled when signed.

4.—Three witnesses are required.

PHYSICIAN'S AFFIDAVIT.

	Alberta Alberta	NO STATE
STATE OF GEORGIA		T. V
Cherokee County.	white	40, 40
(la) A A.	the an	4.1
PERSONALLY comes before me	Ordina:	ry of said County,
9. V. Oglackwell and	Lusa	, both known to
me as reputable physicians of said County, who, burng severall		
examined (Millian 2 Mart) and ane	r such personal examination, s	y that the present
condition of applicant is as follows : Opplicant	i has I	ft ann
off at shoulder and	right le	bh de
De in the Hild A	ever du	1 1
wood we my	the constant	- My way
and weekward mail	my the len	viny-
Much shorter and mir	iscles ng	il abude
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Coulle since being	mister to do	man o
lator		100
and that such condition is permanent. Said condition arises from	the following facts:	•
		
We have treated applicant professionally for	years, and his condition	as shove stated.
		a transfer of the
doesarise from heredity or congenital caus	es, or from vicious or intemper	ate habits.
· · · · · · · · · · · · · · · · · · ·	D 120 -1	2: 0
Sworn to and subscribed before me, this	D. Beachive	eem.D.
Sworn to and subscribed before me, this 23 day of aug 1907 Aug	D. Beachine	m. D.
1912 11.	D. Blackwe	m. D.
23th day of any 1907 Just.	Part.	m. D.
23th day of any 1907 Just.	Part.	m. D.
23th day of any 1907 Just.	Part.	m. D.
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23th day of any 1907 Just.	Part.	m. D.
day of Aug 1907 Such Missel Ordinary. Norn 1.—State fully the physical condition and especially the extering in jury, state its location, character and present condition. If from discoving in as understood by affairs. Norn 2.—The physicians will be careful to fill every blank space	Part.	m. D.
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day of Cut 190 7 Just 190 190 190 190 190 190 190 190 190 190	nt of disability. If disability res use, give its nature and character in oath.	m. D.
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day of Quy of Ordinary. Ordinary. Norn 1.—State fully the physical condition and especially the exteriorization and esp	nt of disability. If disability resses, give its nature and characters in oath. Ordinary History Ratements made by him in bi	milts from wound or , and its causes or Form No. 4.
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All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify

Audited Mich, 2

Um Amgas

Cherokee Maimed Soldiers. Voucher No. 1029. undired Feb. 5 Amount \$ /av. Paid to M. J. Kirk For Lass of Left arm March 2 Included in Warrant No. issued to Preasurer. 1889. WARRANT CLERK W. J. Campbell, State Printer, Constitution Job Office Ita It.

Cheroker Maimed Soldiers. Maimed Soldiers. Voucher No. 81 Voucher No. 139 Amount \$ 100, Amount \$ 10 0 Paid to M. J. Kirk For Lass of ann Gul 6 Included in warrant No. Included in warrant No. issued to Treasurer. issued to Treasurer. 1891. WARRANT CLERK. WARRANT CLERK applicant Thorn Armour

EXECUTIVE DEPARTMENT.	Suania, Sa. Wen I roay
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The Treasurer will pay the same	e and hold his received in this youcher, and return same to
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RECEIVED OF STATE TREASURER	
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No. 1029

STATE OF GEORGIA.

allanta, Sa, Febry 11 ,090 STATE OF GEORGIA, EXECUTIVE DEPARTMENT. Mr. Mm J. Kin of Cherokee having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, approved, Dec. 24, 1888, and the same having been examined and allowed for He is entitled to receive the sum of One Hundred Foof Dollars for such disability, the same being the allowance due for the year ending October 24, 18 90 The Treasurer will pay the same and hold his receip on this voucher, and return same to Executive Department for warrant. GOVERNOR: By the Governor

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Que Stundred per above voucher, this

Dollars,

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

He is entitled to receive the sum of Dollars
for such disability, the same being the almost due for the year ending October 24, 1891.

The Treasurer will pay the same and bold his precipit to this voucher and return same to
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Sec'y Executive Department.

William I Kink by & Mayort aty

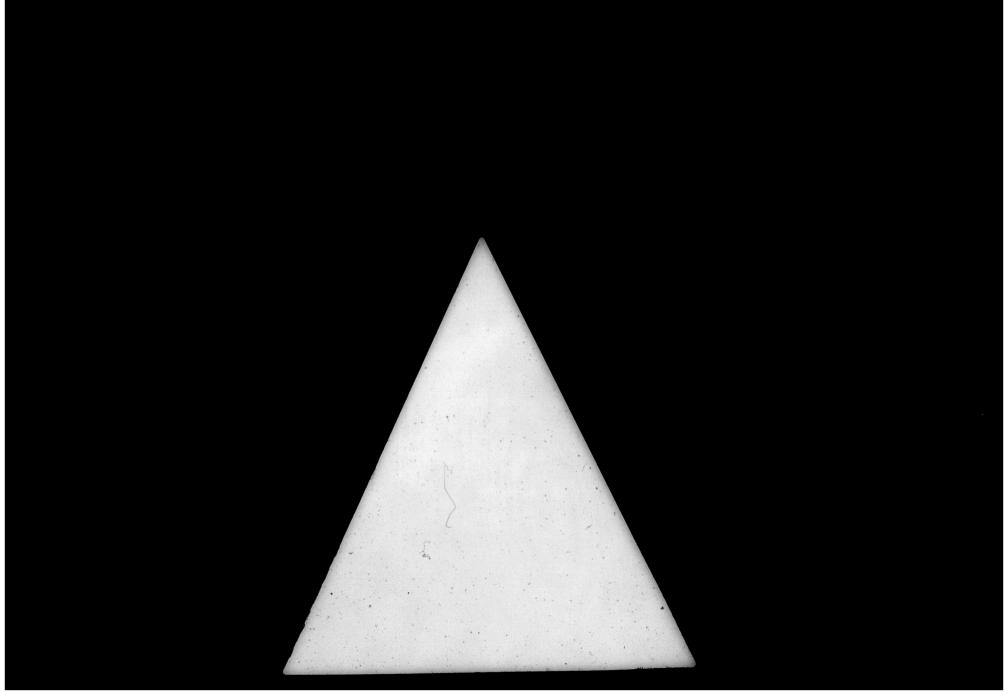
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

College Medical College State of Georgia.

Per above voucher, this of Georgia.

STATE OF GEORGIA,

:100



Code Section 1250. No. INVALID Soldier's Pension, 1902. Name John Buksnap County, Chendre Co. S. 38 Sha Regt.	ipplicant statements and his termose fails to make such a claim will under the les anticeles will under the les anticeles. J.V. Lindsoy, Gom. Of Pensions, sion Office 9/13/03 he testimon, was applicant does me how that the indivice complained as rendered wither the sum or leg matantially and essentially unels ich should show that it cannot be sed for applify any purpose without stificial aid. If he is indigent poly on that Issis-form. J.V. Lindsoy.	IN WITNESS WHEREOF, I have become set day of	of request that he remit same to	5	POWER OF A
Disability Wounds Amount, \$ 1902. JOHN W. LINDSEY,	Puisan of Pensions. Puisan of Jai 4 Oh is not blown	ny hand and eesl, this	to receive and rec	authorize	ATTORNEY.
Ordinary will write Name of Applicant, Company and Regiment on back as indicated shore.	lay the first milial a said of which while the said of the said of the said of the said they comment to do and	(a, 1)	pt for the primion allowed and		
18/26/03/2/04.	aid or Callers with				

			THE RESERVE TO STATE OF THE PARTY OF THE PAR			Form No. 1.
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	ALLEN THE PROPERTY OF THE PROP	
	STATE OF GEORGIA,	
	Cheroku County.	
1	PERSONALLY appears John Benson How of said Scherolle	
X		
K	County, State of Georgia, who being duly sworn, says on oath that he was born on the day of	
L	Rebrucy 1839, that he is a bona Ade citizen and resident of Georgie, and has been	
0		
Ø	continuously since the / day of General 183 9, that he enlisted	
유	4.4	
U	in the military service of the Confederate States (or the State of	
_	day of linguit 1861, during the war between the States, and	
K	14 1 0 1	
_	served in Company of 2 3 22 th Regiment of Georgia Volunteers	
H	Brigade, and was honorably discharged on the /8 day of	
4		
2	1865 ; that whilst engaged in such military service, and in line of duty in	
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STATE OF GEORGIA, County. hereby authorise to receive and receipt for the pension allowed and IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Executed in the presence of

service. Nors—Do not trouble to mention wounds which do not disable. Nors—The Ordinary will see that αll blank spaces are filled when the affidavits are signed.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,
laharokee County.
Personally appears before me, the undersigned Ordinary in and for said County
I Stoken W.J. Laury, and Laure Amore
personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say,
under oath, that they are personally and well acquainted with form B. Kanay
whose application is herewith presented for a pension, that he has resided in this State continuously since the
all his day of life 18 ; that he served in Company of the
2.3. La Regiment of Calgitata Brigade, and from our personal knowledge, he while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language
while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicants disabled from work as a direct result thereof. If he does any labor, or can do any, state what.)
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Where was applicant's command surrendered affinewarattay Na
Was be with it? don'think hereins. Were altof you present? I & Cooker note pared
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at the surrounder war the comp exact yent know when have, in
How do you know the facts you state to be true? Leves wette hnat 25 months
I want the color of the color of the color of
We personally know above stated facts. We were with him in the Army and have known him ever since.
He was honorably discharged or retired from the service onday of
186
Sworn to and subscribed before me, this)
16 day of Soft 1902 The Saucery
Alborn Gergerann
Ordinary. Imah

Nors 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.

2.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.

3.—All blank spaces must be filled when signed.

4.—Three witnesses are required.

STATE OF GEORGIA,
Chertee County.
County.)
PERSONALLY comes before me County, Ordinary of said County,
IIII Ali sim (), in
both known to
me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully
examined What Should Italy and after such personal examination, say that the present
condition of applicant is as follows: News gun shah wounds one through the
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use very much of that arm also an other wound in the
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and that such condition is permanent. Said condition arises from the following nots: The directility
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and profigure the muscle to such an yeart as to Cause of
ague to freish away the wound in the his left in a o
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too Calphin ours to the long received Conductor
We have treated applicant professionally for
7
does arise from hereditary or congenital causes, or from victous or intemperate habita-
Sworn to and subscribed before me, this
16 h day of Stoffent 1902.) Im Brice mo
1100
A.b.lonn
Ordinary.
O.dinary. Nore 1.—State fully the physical condition and especially the extent of dissibility. If disability results from them by injury, state its location, character and present condition. If from disease, give its nature and character, and its course or origin, as understood by officered by the careful to fill every blank space in cats. STATE OF GEORGIA,
Nors 1.—State fully the physical condition and especially the extent of dissibility. If dissibility results from the injury, state its location, character and present condition. If from disease, give its suspec and character, and its causes or origin, as understood by officials. Nors 2.—The physicians will be careful to fill every blank space in oats.
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Odinary. Nors 1.—State fully the physical condition and especially the extent of dissoluting. If dissoluting results from the injury, state its location, character and present condition. If from disease, give its nature and character, and its courses or origin. Nors 2.—The physicians will be careful to fill every blank space in oats. STATE OF GEORGIA, Lake Norse 2.—County. I
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Coun		hereby authorize-
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Witness my hand and seal, this	day of	190
		[L, 8.]
Executed in presence of		
		
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PENSION.	190	HANDED TO HANDED TO Applicant, Company indicated above. But Got Jon. W. Harrison Mer. But Got Jon. W. Harrison Mer.
NT PENSION. 906	W. LINDSEY, Commissioner of Parsions	NT HANDED TO The same of Applicant, Company of as indicated above. Pathibing Go, Go, W. Egreton, Men.
ENT PENSION. 1906 3 Ymok	A 3 LA Regi. d 3 LA 190 JOHN W. LINDSEY, Commissioner of Pensions.	WARRANT HANDED TO Odinary will write name of Applicant, Company of Regiment on back as indicated above. Anthus Fractice and Political Conf. of Western Conf. of Conf.

	QUESTIONS FOR APPLICANT.	
STA	ATE OF GEORGIA, COUNTY,	
o av	all himself of the Pension Act (Seation 1284, Code), hereby submits his proofs, and after being duly avoid answers to make to the following questions, deposes and answers as follows: What's your make and where do you reside? (Give, State, County, and Seatoffice.) Dum (S) Tund Karling Spanning Ollinate Co.	ig rn
2. 1	Hollong and since when have you been a resident of this State? Lell my life	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֓֓֡֓֓֡
8. 4.	When and where were you born? 16 - Feby. 1839. W. Columbia Co., When and where and in what company and regiment did you enlist or serve? Ashibe allegation of the Company and regiment did you enlist or serve? Ashibe allegations of the Company of t	ga L
5.	Hoy long did you remaja in such company and regiment? will Surrender 1800 yours Surrendered under Gent Northon	eJ.~
6.	When and where was your company and regiment surrendered and discharged? Was Sentonwille N	- - -
7. 8. and	Were you present with your company and regiment when it was surrendered? NO If not present, state specifically and clearly where you were, when you left your command, for what cau by whose authority? I was by surrended on 3, and any of Selstenish 1864 Sust Taxonigh His lift of Fi	- - - - - - - - - - - - - - - - - - -
9.	How much can you earn (gross) per annum by your own axersions or labor? Nothing What has been your occupation since 1865? Farming	_ '
4	or? If upon the second, give a full and complete history of the infirmity and its extent? If upon the this whether you are totally blind and when and where you lost your sight? I carry sufficiently the form of the sufficient which the sum are totally the sum of th	able able
3. 4. f an	What property, real and personal, or income, do you possess, and its gross value? I have a support of the control of the contr	
		_
15.	In what County did you reside during those years, and what property did you then return for taxation! I ame pursued from	12
16.	How were you supported during the years 1901, 1902, 1903, 1904 and 1905? by Dellanders	1
17. own 18,	How much did your support cost for each of these years, and what portion did you contribute thereto by you labor or income? A Land What was your employment during 1901, 1892, 1903, 1903, and 1905? What pad did you regelve in each year.	Zen.
19.	Hole you a family? If so, who composes such family? Give thely-means of support. Have they a hon, or other property? Their ages and how employed?	10.
20.	Are you receiving any pension? If so, what amount and for what disability?	=
21.	Have you ever made an application for pension before? Trace	_
22.	How many applications have you ever made and under what class? & oliver / wor.	2
9	Sworn to and subscribed before me this the PRIK of Applicant,	_
	Mary. Ordinary.	
	of County.	

OUESTIONS FOR WITNESS.

Quariona ren marines
STATE OF GEORGIA,
Cherolle County.
of said State and County, having been presented
as a witness in support of the application of house a section 1254, Code, and after being duly sworn true auswers to make to the following questions, deposes and
answers as follows:
1. What is your name and where do you reside? It towery a construction Outsalke Country Georgia
2. Are you acquainted with John R Hard the applicant: if so how
long have you known him? all my life.
3. Where does he reside, and how long and since when has he been a resident of this State?
he resides in Charles County and has all his
4. When where and in what company and regiment did he entiles, and how do you know? In august 31-1861. at Camp me Donda Co. G. 23. Lee.
, ————————————————————————————————————
5. Were you a memoer of the same company and
-1 16 - 100 71 0
7. When and where was his command surrendered? At Successibile 11.
8. Were you present when it surrendered? I was not a was in prison
8. Were you present when it surremoved the way of my own throwledge
9. Was applicant present? \ down to the was not present, where was he? \ - Was everyded sold south to the was not present, where was he? \ - Was everyded to the sold to the s
When did he leave his command; on The 312 day of For what cause! The was sheet on he
By what authority be left? by authority of Doctors How do you know all of this?
By what authority he lett ballle of Fort Harris colore
B. Will State of the state of t
11. What property, effects or income has the applicant? (Give your means of knowledge.)
What property effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what
disposition, if any, did he make of same? Very little, having last his
1 la fin fine last and is bent book
13. Has he conveyed away any of his property in the last four years; if so, what was it and to whom?
Wire of any consequence
14. What is the applicant's occupation and physical condition? Farther, this payrical
dilin is very weak has guishor in
with and also its left hip city has being bouble
15. As the applicant unable to support himself by labor of any sort; if so, why?
while to labor leasure as above stated
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? by what wille
1. Touch work and daysing a little barler
17. What portion of his support for these four 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 Junshot my ny the army also in
19. Who composes family? What property have they? Children's ages and their earning capacity?
Just him self his wife having
Total
20. What interest have you in the recovery of a pension by this applicant? www.
Sworn to and subscribed before me, this the
21 day of august 1906) Witness.
W. J. Well Ordinary.

AFFIDAVIT OF PHYSICIANS

The abolicant was sounded in the and in and and and the time he is out furning from the tale of the standard and the is in an enfuel a condition and that we have no interest in said pension being allowed. I should be to Me the Man of day of furnit 1906 and ordinary. ORDINARY'S CERTIFICATE.
Personally came before me And
fraction of the country, who, being severally sworn, say on oath that they have examined carefully a policiant for pension under Section 1254, Code, and after much personal examination say that his precise physical condition is as follows: The abolic and was when his precise physical condition is as follows: The abolic and was when he is one of further than a result of the country of the co
The cooking severally sworn, say on oath that they have examined carefully and personal examination say that his precise physical condition is as follows: The cooking and was precise physical condition is as follows: The cooking and was precise physical condition is as follows: The cooking and was precise physical condition is as follows: The cooking and was precise physical condition is as follows: The cooking and was precise physical condition is as follows: The cooking and was precise physical condition is as follows: The cooking and was precise physical condition is as follows: The cooking and was precise physical condition in as follows:
and County, who, being severally sworn, say on oath that they have examined carefully applicant for pension under Section 1254, Code, and after not personal examination say that his precise physical condition is as follows: The clocking and was about the condition of the cond
applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows: The abolic and was warmed in the and many many at the and many many at the and the
nucl personal examination say that his precise physical condition is as follows: The abolic and was wormeded in the and in the angle of the about the and interest in said pension being allowed. I ohn the the and interest in said pension being allowed. I ohn the trank of any of fuguret 1906. ORDINARY'S CERTIFICATE.
The abblicant was wounded in the and in and and the and and and the an
and at this time he is out furning from and he is an enfuel a condition and the is an enfuel about and that we have no interest in said pension being allowed. I ohn M. Tunk M. gworn to and subscribed before me, this the all day of fuguret 1906 Sortin P. Tunk M. ORDINARY'S CERTIFICATE.
Sworn to and subscribed before me, this the Aday of Arguest 1906 Ordinary. ORDINARY'S CERTIFICATE.
Sworn to and subscribed before me, this the Aday of Agency 1906 ORDINARY'S CERTIFICATE.
Sworn to and subscribed before me, this the day of Garagest 1906 ordinary. ORDINARY'S CERTIFICATE.
Sworn to and subscribed before me, this the 2 Shire P Trush 30. 1 day of Algert 1906 Ordinary.
Sworn to and subscribed before me, this the day of Garagest 1906 ordinary. ORDINARY'S CERTIFICATE.
Sworn to and subscribed before me, this the Sworn to and subscribed before me, this the Sworn to August 1906 ordinary. ORDINARY'S CERTIFICATE.
ORDINARY'S CERTIFICATE.
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA.
Cherolice County
J. J. Webs Ordinary, in and for said County, hereby certify
O B W
all a line
been a bona fide resident of this State since the all as of the
and that the witnesses, viz.:
John James
are of trustworthy coaracter, and that their statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and each witness took the oath
trurther certify that before answering the foregoing questions the applicant and witness before same was signed.
blo lla
I further certify that the tax digest of Whine County shows that applicant
returned for taxation in his name in 1901
property, and in 1902 Dollars of property; in 1903
Dollars of property; in 1904
Dollars of property; in 1905
In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this. // " day of Sept. 1906
William Manual and seal of other, with the Manual M
- late Ken
8f County.
1. Before any questions are answered, the Ordinary shall awear applicant and the wilnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be

Additional affidavits may be attached if blank spaces are insufficient.
 In every case the ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

I, J.	3. Kin		autou		
receive and rece	ipt for the po		bauto	hat he remit i	same to
Witness my b		7 11	day of	Jan, 11 :	
	n presence of		. King	***************************************	[[r, 6.]
I. m. Bla	charell				
					
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	NOISN	2 4 4	1807.	of Pennions, TO	
	PENSION Z.	Variation 23 May		NDEEY, nissioner of Pensions. NDED TO	Farment, Articles,
	rs Pension Oz.	Handren 23 400	16.24 1907.	W. LINDSEY, Commissioner of Pensions NY HANDED TO	OI, PLANT THUMAN, AND DEA.
(NOTES)	IER'S PENSION 1907.	Character.	WARRANT ISSUED AUG 20 1 1807.	JOHN W. LINDSEY, Commissioner of Pensions WARRANT HANDED TO	C. Reamon, Pract Present, Articula.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
County:
Personally appears & B. Knox of Cherokee
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen
and resident of said County and State, and has resided in said State continuously ever
since the day of 1839; that he is 67 years old
and by occupation a Farmer, that he enlisted in the military service of the Con-
federate States (or of the State of Berryia) during the war between the
States, and served for the term of 4400, in Company 9, of 23 th Regiment
of Serrying Wol, ; that his physical condition is as
follows: Infirmity and poverty.
that his property consists of the following items; Mothing
of the value of Dollars. I am now earning
by my labor, Molling, Dollars per month. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.
Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1907. I have heretofore, as a resident of the wife se
County, been allowed a pension for the year 1906.
Sworn to and subscribed before me, this the
7 day of fare, 1907.
W.J. Webb Ordinary.
State of Georgia,
Cherokee County.
240 24 11
do certify that I am well acquainted with J. B. Mint
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 Anmary 1907.
W. Q Welch
Ass.
ordinary Ordinary County.

Nors.—The blank spaces must be filled. Nors.—Affidavit should not be attested before January 1st, 190 Georgia, Cherokee County.

Personally appeared before me, the undersigned, A.C.Conn, Ordinary, in and for the aforsaid county, J. B. Knox, who is an applicant for a pension as an invalid soldier, for services rendered during the Civil war between the States, he being a Confederate soldier, and having made application for pension in the year 1902, and same having been rejected on the ground that "applicant statements and his testimony fails to make such a claim as will under the law authorize the grant of a disabled pension".

He deposes and makes this further and additional testimony: That from the wound he received in his right arm as the result of being hit by a minne ball, has caused that member to be of nos use to him in trying to perform any physical labor, and that said arm prevents him from performing any kind of labor. And that the wound referred to in his original application, caused by a minne ball, which shattered his hip, and has caused him to lose the use of that limb and that he can not from this wound do any physical labor. And that from the pain that deponent experiences when he tries to do any physical labor is so excrutiating that he has to quit . That it has been 8 or 10 years since deponent has been able to contribute to his support by any kind of labor. And for past two years he has hardly been able to get about at all , and he has not tried to do any physical labor. And he further says that he has to depend upon the charities of others for his support.

Sworn to and subscribed to before me, this 25 day of Aug., 1903

A 6,60000 Cherokee County.

Georgia, Cherokee County.

Personally appeared before me, the undersigned, A.C. Conn, Ordinary in and for Cherokee county, Jos. W. Knox, who on oath says that he is personally acquainted with J.B.Knox. And that he knew him to be a soldier in Company G.23rd Georgia. Regiment, Volunteers. He knew that J.B.Knox was wounded during the war and that at the time of the surrender of his command at Appomattox, and that he knew that said J.B.Knox was not with his commad at the time of the surrender. He knew that he was wounded and at home on furlow at the time of the surrender.

He further knows that the said J.B.Knox was honorably discharged at Kingston some time in August ,1865. That he was given his discharge by General Wofford. That deponent was present at the time with the said J.B.Knox.

Deponent knows that the reason for the said J.E.Knox not being with his command at the time of the surrender of his command was the he was seriously wounded and was at home on a furlow and that he was barely able to go to Kingston at the time he was discharged.

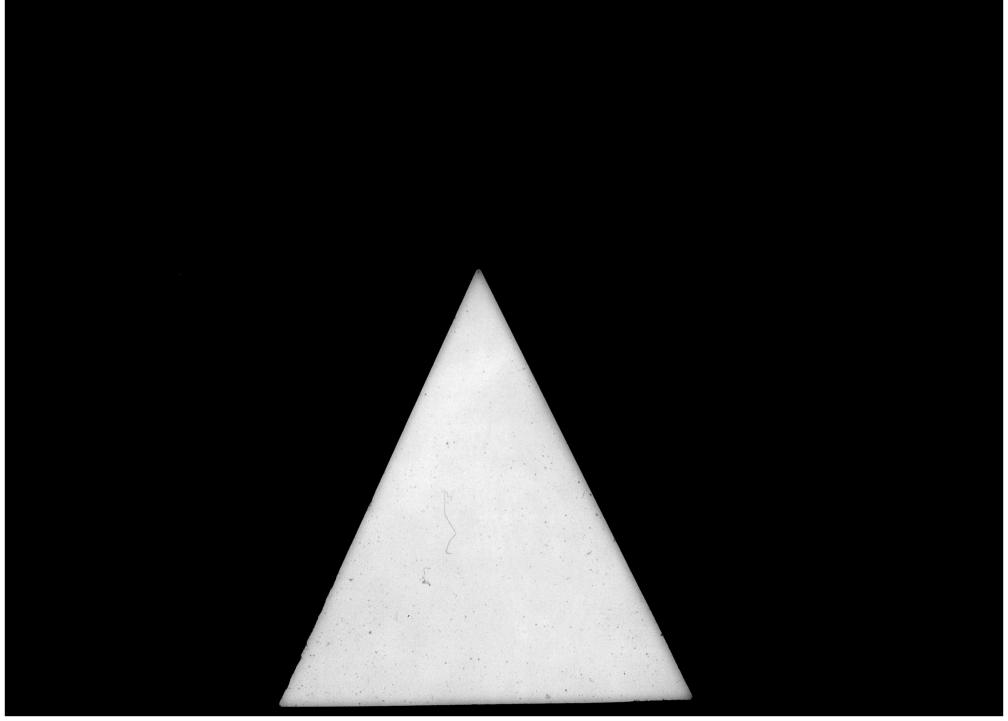
Joseph # **Next

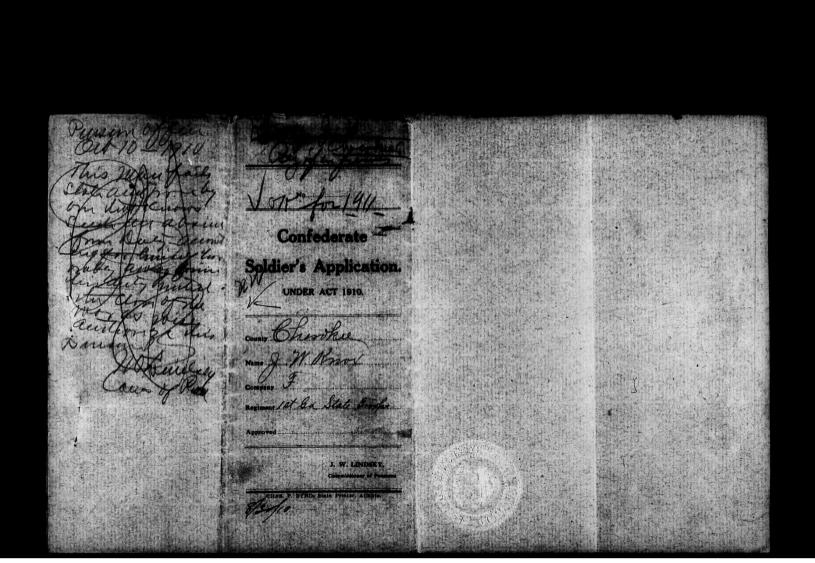
Joseph # **Next

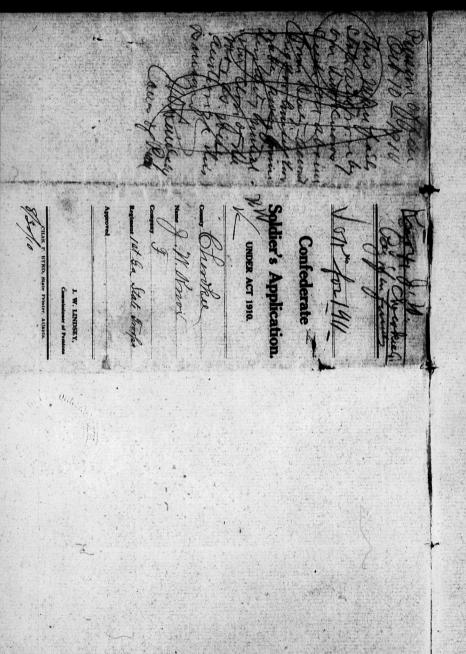
Joseph # **Next

Sworn to and subscribed to before me, this 25th day of Aug., 1903.

A 6,600000 Cherokee County, Georgia.







APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.
STABLOF GEORGIA.
Cherolies County
for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with
his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit;
A. What is your name and where do you sealed (Give County and Post-office)
J. W. Prant, Rinde in Charles Co. Can ton R. F DH 4
How long and since when have you been a continuous resident citizen of this State?
1 gentle
3. Diff you enlist in the Army of the Confederate States or of the Organized Militia of this State
from 1861 to 1865?
of Samilar Short abril 1 at 1864 Barton Ca Sa Cour of 1st lea state Tople.
5. How long did you remain in the actual Milltary Service with said Company and Regiment?
(Give date of discharge) Mattill March 1. "1865." 6. When and where was your Company and Regiment surrendered or discharged from the Service?
Ling wood do
7. Were you actually present with your Command when it was surrendered or discharged? 20.02
8. If you were not actually present, state specifically and clearly where you were a way at how
on 30 days Juntough which time to met go fried
a. Where was your Command when you left it? Milledgewille do
ma - lu 184.5
b. When did you leave the Command? Marsh 14, 1865
c. For what cause did you leave? The the Common of the Common of
e. For how long was your leave granted? In what way? The 3d days In the state of th
f. Why did you not return to your Command after leave expired? My leave never supported
g. In what way were you prevented?
h. What effort did you make to return? Home, he cause Lie hand already discrete
i. Were you captured during the war? 222
j. 11 so, when, and where? In what prison were you need and when were you released?
9. What property of every discription was owned, in the use, possession and control of yougself
and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) # Q Que to fallows
\$200,00 Horse \$ 8000 low a 2 georling \$4000 5 Along
\$1500 myon \$1000 House hough 5000 -
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov.,
1908. To whom and for what price Hared two Kinger brought &
20 any all faid on burial of human of me and in the use,
11. What property of any discription of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemised list).
40 acres of Caref \$2000 0 Dry Karrel \$800 Cond 9 and and
tigo granking \$4500 Hours hold \$5000 14 oga \$1000
12, What annual or monthly income or earnings of yourself and wife and the source derived have
you? Noul
13. Are you drawing a pension of any amount from this State or the United States?
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was
uot allowed?
Sworn to and subscribed before me, this the .) 4.1/2.4.

Sworn to and subscribed before me, this the

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O'UESTIONS FOR WITNESS AS TO SERVICE.
STATE OF GEORGIA
Chindres County
the same and the s
M.M. M. Constant of Manager of the application of A. M. Marsel do the pension provided
by the Act of 1930, in said State, and after pring sworn frue answers to make to the questions propounded.
20 1. What is your name and where do you reside 1. 11 M. Connelies, Pariet than
Cherike County to at Curtary Williams the applicant?
Cinc
3. Where does he now reside, and since when has be been a benefice, continuing resident in this state and how do you know? Respective and how do you know? Respective and how do you know?
State and how do you know? Regular the Charthan Commenty 24
Reas on this State truck 1860
4. When, where and in what Company and Regiment did
war from 1861 to 1868? (Give date and place) April 1864, 186
5. How did you obtain your information of this Service!
member of come Company
6. How long within your own personal knowledge of he perform actual military service with this Company and Regiment? (give date) MINIO, Done Torne about forth & Morah 86
7. When and where was his command surrendered or discharged (give date and place).
I don't prost
8. Were you personally present at the Surrender?
9. If not, where were you and how came you there? I was paralled at
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrendert
11. If not where was he and how came him there? The Allers and All
about march 10"07 11" 186 x
12. When did he leave his Command? Lane tring he Man Mr. Where was his Command
when he left it? Milledgenies In for what cause did he leave! Andrey h
By whose authority did he leave down know and how
long was he granted leave? 3 0 days How do you know
all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)
13. In what way was be prevented from returning to his Command? I don't their his Thertony How do you know!
13. In what way was be prevented from returning to his Command?
How do you know?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner 100 If so, when and where?
In what prison was he held?and when released?
Sworn to and subscribed before me, this the)
31 day of aug 1010
M. J. Well of Cheroker County.
Oi
AFFIDAVIT OF TWO FREEHOLDERS.
STATE OF GEORGIA.
Christian County,
Personally before me comes to the arms of the comes who on oath
save that they are feed holders registers in said County and we know (W. Karry
the applicant for pension and we know the property that is now in the use, possession and control of himself
and wife and of its each value to wit: (Make List by items and value) 440 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Well \$5000 West \$1000 44 1500

i. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov.

2. When and to whom was it sold or given to! 5. What was the price gaid or stated to be paid! 4. What visition is the passy to applicant! 6. What the disposition was made of the proceeds of the sale! 7. Was the disposition was made of the proceeds of the sale! 8. Was the disposition was made in good fattle and full values? 9. Was the disposition of this property made in good fattle and full values? 9. Was the disposition of the property made in good fattle and full values? 10. Was the disposition was made of the property made in good fattle and full values? 10. Was the disposition was made of the property made in good fattle and full values? 10. Was the disposition was made of the proceeds of the sale!	
4. What relation is the pasty to applicant? We said 4. What disposition was made of the proceeds of the said 4. Was the disposition of this property made in good lattic and full values? or was it made to obtain a pengion? Syore to and subscribed before me, this the hand to disposite the disposition of the control of	
or was it made to obtain a pendent. Smort to and subscribed before me, this the 1 1 the Clarence.	
of Charaches County	
ORDINARY'S CERTIFICATE.	
County.	
the applicant. That I also know the Description of the person he represents himself to be and reside country. That I also know the Description of the person he represents himself to be and resident the witness swearing to	des in
service and L. T. Control of M. E. Carriero who are free holders, they are all residents of said County and were duly sworn by me before signing the foregoing affidavi	that it and
they are all truthful and trust graby and their statements are entitled to full faith and credit. The Tax Results of State of Sta	t wife
Sworn under my hand and official seal of office this day of day o	THE PARTY OF THE PARTY OF
NOTES 1. Before day questions are answered the Ordinary shall event applicant and all the property of the Control of the Contr	words ce you
NOTES 1. Before any questions are answered the Ordinary shall event applicant and all witnesses in the following "You do selemnly event that you will true answers make to each question asked you and the evident shall give shall be the whole stuth as help you God." 2. Additional silidarite may be statehed it biant spaces are insufficient. 3. All silidaries must be made before the Ordinary and certified by him. 4. If applicant has no property at all in his possession, use or control of self- and wife, affidarits of Free tunescenary.	heldere
ALCOHOL MANAGEMENT AND	

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA. Ohumbur County.
A N. Journation of said State and County is hereby presented and witness in support of the application of A Monaty for the pension provided
by the Act of 1910, in said State, and after bong sworn true answers to make to the questions propounded, enswere as follows: 1. What is your name and where do you reside? A. M. Farmlasin. Reside in Oliver Rev. County,
2. How long and since when have you known. 2. How long and since when have you known. 3. Where does he now regide, and since when has by been a bona fide, continuing resident in this
Stage and how do you know? Any discount Charitan County to Charitan State 5 2 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
war from 1881 to 1885? (Give date and place) about Africa 1811 864 By town to bom to 5. How did you obtain your information of this Service? I was forward for warmed a member of same company
8. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) More Marie 11865. 7. When and where was his Command surrendered or discharged (give date and place)
8. Were you personally present at the Surrender? 9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender? 10. 11. If not where was he and how came him there? As guras garas 3.0 days Juntary hy
March 114 860 and his translangh had not express mutil the . 12. When did he leave his Command? 220 area 1845. Where was his Command when he left it? Milledsextle & for what cause did he leave? The formand the second seco
long was he granted leave? S. D. Mary Market Move all that you have stated to be true? It of your own knowledge (Tell clearly and specifically).
Assembly the state of the make to return to his Command down the Command of the C
15. Was applicant captured as a prisoner. MD. If so, when and where?
Sworn to and subscribed before me, this the Annual
13 day of Sept 1910 Gordinary

of Cherolice County.

1950 Application for Pension
Due Deceased Pensioner
(UNDER ACT 1904)
(To pay expenses of last illness and funeral) PAID TO ORDINARY ON THIS CLAIM: Refunded 1930

DEPARTMENT OF OR AND MORE AT CANTON

DEPARTMENT OF ORE --- MERCHANDISE

COTTON AND FERTILIZERS

LANTIN, BA.

MR W H KNOX FOR JOS. KNOX "ESTATE" INCORPORATED 1907

	· · · · · · · · · · · · · · · · · · ·	CHARGES	CREDITS	BALARCE
33	ACCOUNT RENDERED			
٧.	1 PR GLOVES	1 59		
	NAILS 15 TACKS 15	30		
	7 YD CREPE 5 53 COTTON 65 5 SHEETING 75	6 93		
	5 YDS LACE 95 5 YDS CLOTH 75	1 70		
	HARDWARE FOR CASKET	8 00		
		1		
	CASH 163 TEL	75		19 27
	GEORGIA CHEBOKEE COUNTY,			
	Personally appeared before me the undersigned,	N		
	a Notary Public in and for said State and County,		1	
n +	C H Peacock, Undertaker for the Jones Mercantile Co			h 1
				1 1 1
	who upon oath deposes and says that mr Jos. Know,			V · H
	did not leave sufficient estate to pay his funeral	expenses.		
	JONES MERCANTILE COMPANY	. '		
	BY CHI can de			
	UNDERTAKER.			
	Sworn to and subscribed before			
	me this March 4, 1935			4
	777777	-		1
1	Googia, State at Large.			
1	Georgia, State at Large.			1
1				1.0
	The second secon			
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State of Georgia -- Cherokee County.

M.V.Morgan of said State and County is hereby presented as a witness in support of the aplication of J W Knox for the Pension provided by the Act of 1910, in said State, and after being duly sworn true answers to make to the questions propounded, answers as follows:-

My name is M V Morgan, reside in cherokee county, Ga.

- I have known Mr. J W Knox, since 1864, that he resides in said County, has been in this Sate since 1864.
- I know that he onlished in April 1864, in Company F, 1st Ga.Reg.
- I was a member of same regiment, but in Company. A.

I know that J W Knox remained with said Company until March 11th 1865, when he and I were both given a thirty days furlough, and went home together, and two days before my Furlough expried I started back to the command, got to Aplanta, Ga, and was notified that the war was over, that my Command had been disbanded, and I could not get back to them, I went with what remained of our Command to Kingston, Ga. and was payroled there. I know that J W Knox could not get back to his Command, or there was no Command to go to when his Aurlough expired.

835

Sworn to and subscribed before me,

this Sopt. 12th 1910.

Application for Pension Due to a Deceased Pensioner

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness) (Under Act Approved August 15, 1904)

GEORGIA, Cherviu	County.
mis Tela Brux	d County, comesof said County, who, after being sworn, on oati
was on the Pension Roll of said County at the	time of death, which occurred in Blassofte
County, in this State, on the	day of Soc 19 UT
	and no estate of any value sufficient to pay these funera
Soorn to and subscribed before me, Ordinary County (Seal of Ordinary)	mrs Lila Knox.
that I personally know 2010. Let citizen of said County, and that said person is faith and credit; that I also know 2011. The same person whose name appears on the P	County. Ordinary of said County, do certify, who is a residen while the county and trustworthy character, entitled to full the county, and county, an
	re said pensioner to be dead; and that the instructions a
	observed in making up this voucher and the bills which are
attached hereto.	South and the same with the sa
Given under my hand and official seal, this (Seal of Ordinary)	day of Joseph 19 45 S Beet Markey Ordinary County County
Ist. Require those claiming expenses of last illustring each item and the value of it, and each date. 2nd. Each account must be sworn to before the "The above and foregoing account is rendered for be) of	NSTRUCTIONS: ness and funeral, to make out their accounts in fully itemised form Ordinary, and in the following form: services in the last illness (or for funeral expenses, as the case may died without owning sufficient property to pay this bill. perfectly legitimate in every respect, and property sworn to, and al sen property completed as indicated.

Return this application, and attached bills, properly receipted, to the Pension Departm

CERTIFIC	CATE OF DEATH
GEORGIA DEPARTA	MENT OF PUBLIC HEALTH
	of Vital Statistics
1. PLACE OF DEATH	Registered No
County Skyll Willet Warder (Womber on	1 5 10-
	State of Georgia
City or Town	this city or town: Yrs
Street and Number (No.) (Street)	Ward
2 FULL NAME W. W. Krians	(If death occurred in a hospital, give its name instead of street and number)
Residence (City or Town)	(9
PERSONAL AND STATISTICAL PARTICULARS	(Street and Number) (State)
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR or RACE 5. Single, Married, Widowed, Divorced (write the word)	16. DATE OF COUN 4 DEATH OF STANK
made will widown	(Month, Day, Year) (Hour)
6. DATE OF BIRTH (month, day, year)	17. I HEREBY CERTIFY, That I attended the deceased from
7. AGE Years Months Days If less than one day	1000 1000 1000
Hours Minutes Minutes	I least now harded-filtre on the season and hour staffed phoyen. 19th death is said to have occurred so the date and hour staffed phoyen. 19th death file principal cause of death and related causes of importance in the order of monet and duration of joint.
(a) Trade, profession or particular Refused #	The principal cause of death and related causes of importance in the
(b) Industry or business in which	Enlace and Bras tate Slauch.
(b) Industry or business in which work was done, as cotton mill, sawmith, bank, etc	
(c) Date deceased last worked at this occupation (month and spent in this	
9. BIRTHPLACE	Other contributory causes of importance:
(P. O. Address)	
0. 0	
10. NAME TO THE	What test confirmed diagnosis?
10. NAME TO COLOR OF THE STATE	
(P. O. Address) Warren Company	If death was due to external causes (violence) fill in also the following:
12 MAIDEN NAME Malusha) Khodu	Was injury an accident, suicide, or homicide?
12. MAIDEN NAME Malusche) Khooly 13. BIRTHPLACE 14. DO AMERICA STORY	Where did injury occur
A C. O. Madress/	Did injury occur in a home, public place or industry?
14. INFORMANT W. X. Ruel	Manner of injury
(Address) Le cuteril XIII	Nature of Infuri
19. BURIAL PLACE , /	(Bigned) SA Programme 1, 40
(Cemetery) Cross Country	(Miller Leant Will XIII)
(Postoffice) boto Date Men Do	U L. — I
20. UNDERTAKER (Signed)	18. PILED INS
(Address).	(Bigget) Sucus Of Citte
	(Met Belder)

State of Aurgin

.

Georgia, Cherokee County.
I, Jacob Massey, rdinary and ex-officio clerk of the court of ordinary of said County, do hereby certify that the within and foregoing is a correct copy of the death of J.W.Knox, as appears of file in this office,

This 13 day of March 1935./

Jaw Massegainery.

State of Aurgin

march 12 CANTON, GAMCh. 13- 1985 MS. ET. W. Knoy TO DR. JAS. R. BORING DR. Office Phone 8 100 Midical stroids don Soft. 011 Des. 19303 100 Georgia, Cherokee County. cl. i cream This Bill is rendered for medical treatment for J.W.Khox, in his last illness in Sept. and ct. 1933. Feb. 17 1933 Bull Sworn to and subspribed before me, This arch 13 , 1935. Than 4/933 2R food Marsey On Georgia, Cherokee County Jas. B. Bosmams The above and firegoing acct, is rendered for Medicine for last illness of J.W. Mnox, who died without owning sufficient property to per wwo in after ones pay this bill. Sworn to and subscribed before me This 12 day of March 1955. Sout marrey

Ordinary.

(Indurial Taken for Coffin #1500

GEORGIA. CHEROKEE COUNTY.

The above and foregoing accounty is renedred for material and labor for coffin for J.W.Knox, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me, This arella 1935.

Ordinary. Massey

GR Gramling

A		A contract of		263
			, , , , , , , , , , , , , , , , , , ,	26
" CANTON CA	Appel 1	20	1035	

\$ 15.00 CHEROKEE COUNTY, GEORGIA RECEIVED OF JACOB MASSEY, ORDINARY,

FIFTEEN AND NO/100-

Dr.Bill J.W.Knox's last illness.

PAYEE SIGN HERE

DOLLARS

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROLEE COUNTY, GEORGIA

For material and labor for coffin J.W. Knox.

CANTON, GA. April 20

DOLLARS

FIFTEEN AND NO/100

\$___15.00__

CANTON, GA. April S 1599 8.35

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA Eight and 35/100

F 4863336363533366639389* For Medicine for last illness J.W.Knex

| \$604130 \$65006 6466A1304305660 \$0 6265A 2135 \$**549**46 65 AT 195A55

(Inalirial & Labor for Coffin #15000

GEORGIA. CHEROKEE COUNTY.

The above and foregoing accounty is renedred for material and labor for coffin for J.W.Knox, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me, This er.12 1935.

Ordinary.

GR Gramling

\$15.00	CANTON, GA. April 20 1935
RECEIVED OF JACOB MASSEY, ORDINARY	CHEROKEE COUNTY, GEORGIA
FIFTEEN AND NO/100	DOLLARS
Dr.Bill J.W.Knox's last illness.	Selection 193
WITNESS:	PAYEE SIGN HERE
Dan Sacr 48 27	James 18. Boxme
THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS	THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED.
(04.	

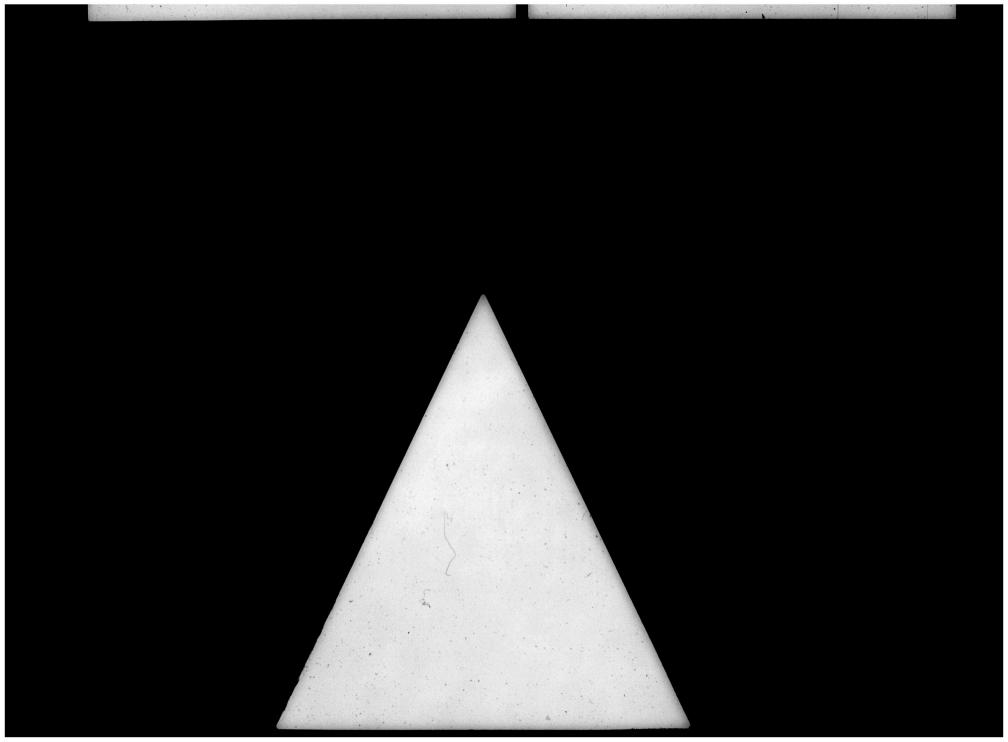
S #500 48.00	CANTON, GA. ADTI 20 1935
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Dr.Bill for J.W.Knox's last illness.	THE THE POLLARS
AS PARTISETTO ENERM ON COMPEDERANCE FIS	Methode 4 - Hard Sund And And
WITNESS:	
Mrs X In Harle	· · · · · · · · · · · · · · · · · · ·
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\$ 15.00	CANTON, GA., April 20 1935
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WITCESS! E Sacrely	J. B. Graming
AND REMAINS ATT	THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED.
4.	
S1\$\$\$\$ 8.35	CANTON, GA. April 20 1935
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For Medicine for last illness J.W.Kn	ox
MITNESS: Austin Brown	Gauton Drug Co.
THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS	THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED.
s #### 19.27	: CANTON GA April 20 1935
RECEIVED OF JACOB MASSEY, ORDINARY Nineteen and 27/100	CHEROKSE COUNTY, GEORGIA

DOLLARS

WITNESS:

For Funeral expenses of J.W.Knox.



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Widow's Application To Be Put en Boll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910— As Amended by Act of 1919. County Land Her Widow of M. J. Land Widow of M. J. Land Company Regiment J. J. Land Commissioner of Pensions. Byrd Printing Co., State Printers, Atlanta.	before signing the respective airdawis, and that they are truthful and trustworthy and their statements are entitled to full faith and credit. Sworn under my hand and official seal of office this	tor this pension inuing resident of witness as a marr the foregoing we
9/26/1922	2 am 1 5 am	THE PARTY OF THE P

ORDINARY'S CERTIFICATE STATE OF GEORGIA. ____ COUNTY.Ordinary of said County, do certify that I the applicant for this pension, and that she is the she represents herself to be and that she is a bona fide continuing resident of said County and was that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit. Sworn under my hand and official seal of office this. (SEAL.)

NOTES: 1: Hefore any squestions 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."

Additional additional additional the statement of the statement o

Widow's

LICENSE MARRIAGE

I, Jacob Massey, Ordinary and ex-officio clark of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of marriage license of Willis T. Knox and Malissa H. Cagle with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record.

In Testimony Whereof, T have hereunto set my hand and affixed the seal of the Court of Ordinary. This 25th day of Sept. 1922.

Ordinary and ex-officio 0.0.0.

JACOB MASSEY, Ordinary
Ex-officio Clerk Court of Ordinary

OFFICE OF

ORDINARY CHEROKEE COUNTY

Sept.25th 1922, CANTON, GEORGIA

20001000

Pension Commissioner,

Atlanta.Ga.

Dear sir: - I am enclosing herewith Mrs. M.H.Knex's application to be put on in her own name.

Iam getting on fine.

Respectfully yours,

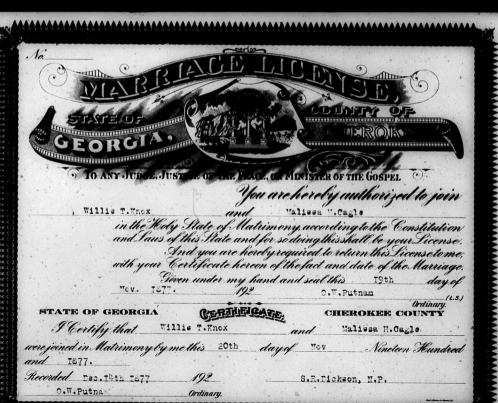
and Masse

WIDOW'S AFFIDAVIT

STATE OF GEORGIA,		
Cherice	COUNTY.	
Personally before me comes	nes In 18 /12	
who, after being duly sworn, says t	that she is the widow of	Jenox
	heroka State of	
the 20 day of MOU	and that she remained h	s wife, and resided with him to the
	19 21 and that she has n	
the time of his death he was a resid	ient of Cherolice	G
of Geomeia and harman at Co	refe derate Pension I	County, in said State
of Georgia, and he was on the	Pension I	toll of the State and paid a pension
of \$100 in grand (a	County for 1921 per annum,	on account of being a soldier in
Company	Regiment 23 Sw	(Volunteers or State Militia)
That she is now a bona fide res	sident citizen of said County of	herofice and she
	day of brith 185	
Sworn to and subscribed before a		
		her
23 day of Seff		
faut Massey	Ordinary My	Theyenox
of leperotee	County.	mean (
(SEAL)		National States
STATE OF GEORGIA,	te of Death of Husband	
2010	COUNTY.	
Personally before mc comes		known to be
	iding in said County, who after be-	
	iding in said County, who after hav	ing been duly sworn, say: that
of their own personal knowledge Mr	rs	ing been duly sworn, say: that
of their own personal knowledge Mr		ing been duly sworn, say: that
of their own personal knowledge Mr	rs	mg been duly sworn, say: that, who made the foregoing who died in
of their own personal knowledge Mr affidavit, is the lawful widow of County in said State of	rsday of	mg been duly sworn, say: that, who made the foregoing who died in
of their own personal knowledge Mr affidavit, is the lawful widow of	day ofday of	mg been duly sworn, say: that , who made the foregoing who died in
of their own personal knowledge Mr affidavit, is the lawful widow of County in said State of and that she has not since remarried theday of	day ofday and that she and he	who died inon
of their own personal knowledge Mr affidavit, is the lawful widow of County in said State of and that she has not since remarried theday ofday wife continuously sinceday	day ofday of	who died inon had resided together as man and
of their own personal knowledge Mr affidavit, is the lawful widow of County in said State of and that she has not since remarried theday ofday wife continuously sinceday the same man who was on the pension	day ofday of	who died inon had resided together as man and
of their own personal knowledge Mr affidavit, is the lawful widow of County in said State of and that she has not since remarried theday ofday wife continuously sinceday the same man who was on the pension	day ofday of	who died inon had resided together as man and
of their own personal knowledge Mr affidavit, is the lawful widow of County in said State of and that she has not since remarried theday ofday wife continuously sinceday the same man who was on the pension	That she became the wife of	who died inon had resided together as man and
of their own personal knowledge Mr affidavit, is the lawful widow of County in said State of and that she has not since remarried theday ofday wife continuously sinceday the same man who was on the pension County	day ofday ofday of	who died inon had resided together as man and
of their own personal knowledge Mraffidavit, is the lawful widow of	day ofday of	who died inon had resided together as man and
of their own personal knowledge Mr affidavit, is the lawful widow of County in said State of		who died inon had resided together as man and

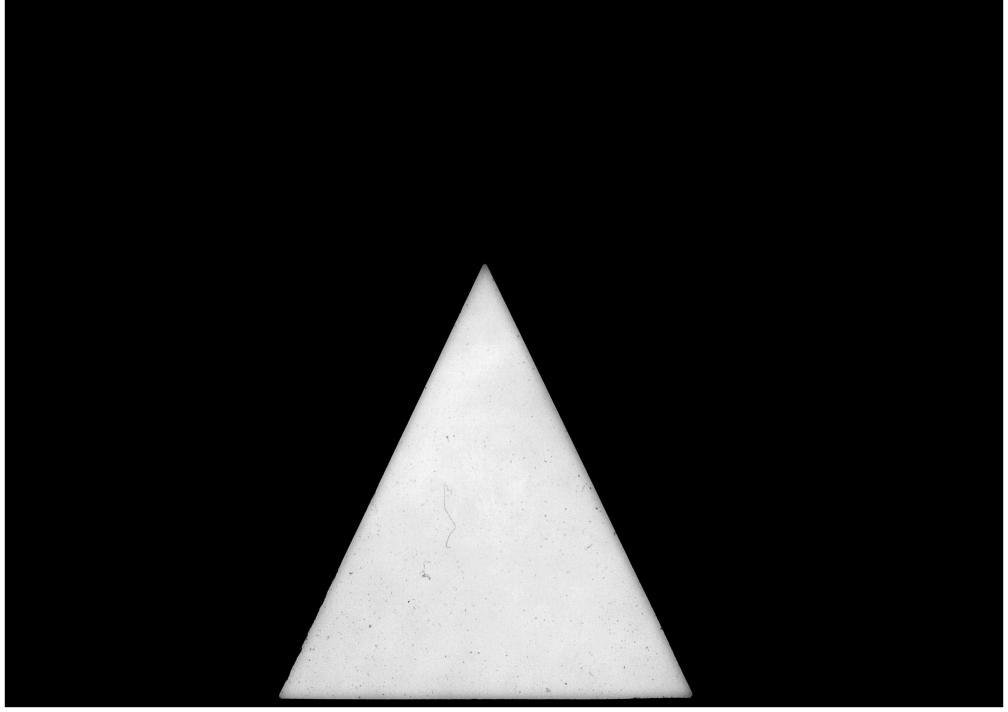
// / · · //	
the time of his death he was a resident of Lakervice	County, in said State
of Georgia, and he was on the Coupe devale Pension Roll of the State	e and paid a pension
of \$ 125 in felles (car County for 1921 per annum, on account of	heing a soldier in
a de lest	ers or State Militia)
That she is now a bona fide resident citizen of said County of Leaurel	
has so continuously resided sinceday of Arith (836	and she
Sworn to and subscribed before me, this the	·
Sunt massey mass my 485/L	
Jawt Massey Ordinary MM M. 781/2	wy
of County.	
(SEAL)	
Affidavit of Witnesses to Prove Marriage and to Date of Death of Husband	w nom.
Date of Death of Husband	
STATE OF GEORGIA,	
COUNTY.	
Personally before me comes	known to be
esponsible and truthful persons, residing in said County, who after having been duly	
f their own personal knowledge Mrs, who r	
ffidavit, is the lawful widow ofwho died inwho	
county in said State ofday ofday of	
nd that she has not since remarried. That she became the wife of	
neday of18,, and that she and he had resided to	ogether as man and
ife continuously sinceday of18, and that the	was
ne same man who was on the pension roll of said Statefrom _	5 3 3 5 5 6
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Sworn to and subscribed before me, this theday of	
Countywhen he died.	

he same man who was on the pension roll of said State	from	
countywhen he died.		11
Sworn to and subscribed before me, this the		
19		
Ordinary		
County.		



Sworn to and subscribed before me	, this the			
day of	19		1	
	Ordinary	 		
of	County.			•
(SEAL)				

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* O	in the Ho	ly State of	Matrimon	, according to	the Constu	tution
	and Jans	of The Thate	and for son	loinathis shall	be reper to	
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	with your G	And you ar Certificate Given under h	e herebyregu hereon of th ny hand an	efact and dated seal this O.W.Putna	this License of the Ma 19th Drain Market COUN	etome, rriage, day of many.(L.S.)
I Certi,	with your of west 187 GEORGIA	And you are Certificate fiven under h	herebyrege hereon of th my hand an 192	efact and dated seal this O.W.Putna	this Sicense te of the Ma 19th m Ordi	etome, rriage, day of many.(L.S.)
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I Certif were joined in and 1877.	with your of the second of the	And you are Certificate fiven under his T. Knox	herebyrege hereon of th my hand an 192	cherol Malis Mov	Mis Licenson of the Marie 19th Ma	clome, rriage, day of mary. TY
I Certification	with your grown 127 GEORGIA The that Watrimony'ty 1.14th 1677	And you are Certificate fiven under h	herebyrege hereon of th my hand an 192	cherol CHEROI Malis	Mis Licenson of the Marie 19th Ma	etome, rriage. day of many. TY



Confederate Soldier's Application. UNDER ACT 1910. J. W. LINDSEY,

Questions for Applicants to Answer. STATE OF GRORGIA of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworm statement, with his testimony to make out the same, and after being duly sworm true answers to make to the question propounded, answers as follows, to wit:

What is your name and where do you reside? (Gyv/County and Post-office).

What is your name and where do you reside? (Gyv/County and Post-office). 2. How long and since when have you been a continuous resident citizen of this State? 3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1801 to 1865? Also Described Army of the Army of the Confederate States or of the Organized Militia of this State from 1801 to 1865? Also Described Army and Regiment did you enlist? Give the arm and class of Service) Attach Army of the Army and Regiment?

5. Governor of the Organized Military Service with said Company and Regiment?

(Give date of discharge) Army Organized Military Service with said Company and Regiment? When and where was your Company and Regiment surrendered or discharged from the Service? Were you actually present with your Command when it was surrendered or discharged? ... The 8. If you were not actually present, that specifically and clearly there you were then 1825. 1862.

James & Dorogh Ed. 18th La Athala Day, Maria granup was the latter during the latter of the during the latter of e. For how long was your leave granted? In what way? Final disables. perimo was detection f. Who did you not return to four Command after leave expired? Herry Africand g. In what way were you prevented that which County is 10th Sa till Inversely What effort did you make to return?... Were you captured during the war? 20. j. If so, when, and where? In what prison were you held and when were you released?. 9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908! (Make list by items and value.) And Processary of the control 10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov.,

To whom and for what price?

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Lan 10. What property of any kind-have you or your wife disposed of and for what purpose since 4 Nov.

1908. To whom and for what price?

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its each value? (Make itemised list)

12. What is a subject to the subject t 14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was Sworn to and subscribed before me, this the

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

OUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA, County.
Alfred Educate gold State and County is hereby presented
as a witness in support of the application of
by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded,
Paside at Hallshal Cherike County by
2. How long and since when have you known. A
3. Where does he now reside, and since when has is been bons fide, continuing resident in this
State and how do you know? Jean day there for Juliants
been Oantinewoody in State for 30 7000
4. When, where and in what Company and Regiment did
war from 1861 to 1865? (Give date and place) July 1861, Change of 23 20 19
5. How did you obtain your information of this Service? I away for the thing
6. How long within your own personal knowledge did he perform actual military service with
this Company and Regiment? (give date) Lilf Les, 1862.
7. When and where was his Command surrendered or discharged (give date and place)
8. Were you personally present at the Surrender? 211.
9. If not, where were you and how came you there? I were in Prince at
Goint Look out
. 10. Was the applicant personally present with his Command at surrender? I dout
11. If not where was he and how came him there? he had been disable and
latter front of tier 1862, on account of defection theory
12. When did he leave his Command?
when he left it? 1277 harris Me for what cause did he leaves did he leaves
By whose authority did he leave Deplay of Manage Sales and how
long was he granted leave? Trival discharge How do you know
all that you have stated to be true? If of your own knowledge (Tell clearly and specifically).
personal knowledge, by bing in some stone
13. In what way was be prevented to a returning to his Command? The was not referred to ret.
14. What effort did he make to return to his Command and how do you know?
Dark Pay
15. Was applicant captured as a prisoner
In what prison was he held?
Sworn to and subscribed before me, this the Alfrido Columnia
The think Down
of Cherobes County

APPIDAVIT OF TWO PREEHOLDERS.

STA	75.6	CEC	RCIA		
Ball o	17.30	100		1400	200
	SAMPLE CONTROL OF THE	THE .	1	LOI	inty.

SQUINTER	Personally before me	和维加·维索斯·阿尔特的主题(14)22:900年的16公司(15)2:19(15)2:19(15)2:19(15)2:19(15)2:19(15)2:19(15)2:19(15)2:19(15)2:19(15)2:19	who on oath
100000	HOLE AND DESCRIPTION OF THE PARTY OF THE PAR	rs residing in said County and we know	
NO. US	With the same of the	e to wit: (Make List by items and va	he use, possession and control of himself
1	120000-1	ne of \$250 2 00	
1	· 3 Aves	\$130 House h	old \$3500 0
20	Cal \$ 3 \$ 2	60 11	
1/1	What property, I	any, has been sold or given away by	the applicant or his wife since 4 Nov
87	(State It fully by Ite	ma.) Mary	
2	. When and to wh	om was it sold or given to?	
8	. What was the pri	ce paid or stated to be paid?	
4	. What relation is	the party to applicant?	a land,
6	. What disposition	was made of the proceeds of the sale?	- 3 3
1 0		ion of this property made in good fait	h and full values?
		pension?	5 0
8	17	bed before me, this the	. Granling
/	1 2/ 2	VIII (1912.)	A 11 P
		Olas offer	Ti Mo debnas
		of	
W	7.37.1 TO NO.		
	ANTENNE	ORDINARY'S CERTIF	ICATE

STATE OF GRO	RGIA,			
on of	County.			The true
1, 1	rev	Ordin	ary of said County, ce	etify that I know
the applicant		CONTRACTOR SERVICE SER		REDUCED FAIR EASTERNISHED SHARADER VOICEMENT HEY'S
	yo know affect &			
service and	ramility & J.	Malon	and who are	freeholders, that
they are all residents of	CONTRACTOR STANDARD AND ADDRESS OF THE PARTY	and the second state of the second section	of their state of the second state of the seco	Made to selection with a property of
they are all truthful and	trustworthy and their s	tatements are entit	led to full faith and c	redit. That the
Tax Results of	4 my	shows	that	wife
value for tax is in 1908	1/71	for 1909 12.0	for 1910	1293
Sworn under my	hand and official seal of	office this	day of	1910
7-0	There	Ordinary.	0 0	Miller
1		01	rentkel	County
NOTES 1. Before any que	stions are answered the Ord			國家 化车 医部二号 短
"You do solem	hiy swear that you will true	anaway make to ear	p desertor ways Aon in	d spe saidence Aon
2. Additional affic	AND THE STATE OF T	ank spaces are insulf	Idion).	De la Solida

QUESTIONS FOR WITNESS AS TO SERVICE STATE OF GEORGIA. County of said State and County is hereby presented by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded answers as follows: W. J. Mary the applicant? How long and since when have you known..... known time and 3. Where does he now reside, and since when has he been a hoos fide, continuing resident in this Bears and how do you know? he sinds in Charter burning the State 4. When, where and in what Company and Regiment did ... war from 1861 to 1868? (Give date and place) Man 186.2 Chertely Co. C. E. oh 5. How did you obtain your information of this Service? Manher of Chine Company 6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) Suppose martiel the surrender. 7. When and where was his Command surrendered or discharged (give date and place). know. 8. Were you personally present at the Surrender?..... 9. If not, where were you and how came you there? out on detail 10. Was the applicant personally present with his Command at surrender? 11. If not where was he and how came him there?.. 12. When did he leave his Command? Quant and Where was his Commandfor what cause did he leave? ... By whose authority did he leave. long was he granted leave?..... all that you have stated to be true?) If of your own knowledge (Tell clearly and specifically) personal knowledge 13. In what way was he prevented from returning to his Command? How do you know? 14. What effort did he make to return to his Command and how do you know?... and when released?

I, that I per is the law	ful widow of	Marses us M	heroke H, knox	, Ordina	Count	y muty, do actify not, and that she, and was paid
a Pension of his dea him and u of Georgia	th on the 5 inpaid his Pension a, and I know	day of One	of said lo h	County	7 for 19,2 /,	and at the time here was due to from the State here, the within
Given (SEAL.)	Application for Pension Due Deceased Soldier (UNDER ACT 1891)		The of Mary County Out or Nor Old Date of Death Felt 5 1992	Second and ordered paid.	J. W. LINDSER, Constitutioner of Fensions.	Ordinary: Fill out above in full and send the last last to be present to be force for appearable to be senson office for appearable for permanent filing in the Perman Office.
lawful att through m Pension R Witne	eby authorize and	and receipt to	The Kr		nsion due	10

a Pension i	onally know Miles and widow of 2st trom less on the 5	Marse Marse S. M. W. Comion Roll of ma Serokee day of Fa	Huox	County	the applicant to 1924.	inty, do certify it, and that she , and was on and was paid and at the time ere was due to from the State , the within
	he is of a truthfunder my hand and			entitled to f	Hass	Old Ordinary County.
1922	Application for Pension Due Deceased Soldier (UNDER ACT 1891) (To be paid his Widow or Dependent Children)	WINDOW OF JULY LANDY	Old or New Old South	Approved and ordered paid.	J. W. LINDSEY, Commissioner of Penniott.	Ordinary: Fill out above in full and sand this blank to Persion Office to approved be- fore you pay out the money, and shen return it with your pay-cells for persassent filing in the Pension Office.
lawful atte	by authorise and orney to collect, or deceased husbandell and paid from	and receipt for I	W. El.		msion due r	H

Application for Pension Due Deceased Soldier (To Be Paid to His Widow or Dependent Ohildren)

STATE OF GEORG	IA, Cherotee	County	
Personally before me con	nes Mrs. M. H. Knon	of said Coun	y, who
after being duly sworn, on or	ath says that she is the widow	of W. I. Knox	
who was duly enrolled as a	Confederate	Pensioner from the	County
of Cherotice	and was paid a Pension of	One Hundred two	enty
Dollars from Che	rolee	County for 192/ and that t	he said
I Know a	ied in Cherola	County for 192/, and that t	nty on
the S day of Fer	19 22 and at th	e time of his death a Pension of \$.2	00 8
0	has do as		
A-Vient further evene the	t she married the said	F. Kun	1022
a 19	r she married the said Z.	alerokee cou	
1			
		the date of marriage to his death	
lawful wife, and is now his c	lependent widow, and she asks	that the Pension so due and unp	oaid be
paid to her.		2.1	
Sworn to and sabscribed	before me this 34 day		, 1921
1 11	ordinary.	elf & kno;	20
11 11 1	/		/T, R)
Cherote	e County.	The state of the s	
(SEAL.)	County.	- F	(2. 5.)
(SEAL.)			
(SEAL.)	FFIDAVIT OF W		
(SEAL.)	FFIDAVIT OF W	ITNESS	
STATE OF GEORGI	FFIDAVIT OF W		
STATE OF GEORGI Personally before me com	FFIDAVIT OF W	TTNESS County	, who
STATE OF GEORGI Personally before me com	FFIDAVIT OF W	TTNESS County	, who
STATE OF GEORGI Personally before me com	FFIDAVIT OF W	TTNESS County	, who
STATE OF GEORGI Personally before me come on oath says that he knew and that he knews Mrs.	FFIDAVIT OF W	County while	, who in life
STATE OF GEORGI Personally before me come on oath says that he knew and that he knews Mrs.	FFIDAVIT OF W	County while	, who in life
STATE OF GEORGI Personally before me come on eath says that he knew and that he knews Mrs. above applicant; that he knew and	FFIDAVIT OF W	County while	, who in life
STATE OF GEORGI Personally before me come on eath says that he knew and that he knews Mrs. above applicant; that he knew and of	FFIDAVIT OF W A, set that the said were in the State of	County while	, who in life , the County on
STATE OF GEORGI Personally before me come on oath says that he knew and that he knews Mrs. above applicant; that he knew and the day of the day of	FFIDAVIT OF W	County while	on ogether
STATE OF GEORGI Personally before me come on oath says that he knew and that he knews Mrs. above applicant; that he knew and of the day of as husband and wife from day	FFIDAVIT OF W	County while in due form of law married in the , is, and that they resided to is death on the	on ogether
STATE OF GEORGI Personally before me come on oath says that he knew and that he knews Mrs. above applicant; that he knew and of the day of as husband and wife from day	FFIDAVIT OF W A, The state of	County while in due form of law married in the 18. , and that they resided to is death on the the is his dependent widow.	, who in life on the county on one of the county on one of the county of
STATE OF GEORGI Personally before me come on oath says that he knew and that he knews Mrs. above applicant; that he knew and of the day of as husband and wife from day	FFIDAVIT OF W A, The state of the day of t	TTNESS County while in due form of law married in the , i8, and that they resided to is death on the he is his dependent widow.	, who in life on the country on on opether day of
STATE OF GEORGI Personally before me come on oath says that he knew and that he knews Mrs. above applicant; that he knew and of the day of as husband and wife from day	FFIDAVIT OF W A, The state of the day of he state of the marriage to the day of he state of the state	County while in due form of law married in the 18. , and that they resided to is death on the the is his dependent widow.	, who in life on the country on on opether day of
STATE OF GEORGI Personally before me come on oath says that he knew and that he knews Mrs. above applicant; that he knew and of the day of as husband and wife from day sworn to and subscribed	FFIDAVIT OF W A, The state of the day of t	while county while in due form of law married in the is death on the the is his dependent widow.	on opether
STATE OF GEORGI Personally before me come on oath says that he knew and that he knews Mrs. above applicant; that he know and of the day of as husband and wife from day of the day of as husband and subscribed	rs that the said. were in the State of te of marriage to the day of h , 19 , and I know that a before me this day of h County.	TTNESS County while in due form of law married in the , i8, and that they resided to is death on the he is his dependent widow.	, who in life, the county on one operator of the county of

Application for Pension Due Deceased Soldier (To Be Paid to Ris Widow or Dependent Ohildren)

UNDER ACT APPROVED OCTOBER (, 10-11.
STATE OF GEORGIA, Cherofce	County
Personally before me comes Mrs. M. H. Knoy	of said County, w
after being duly sworn, on oath says that she is the widow of	112 11
	Pensioner from the Cour
or leherofce and was paid a Pension of and	hundred & twee
Dellars from Cheroscel	County
the 5 day of Fel , 19.21 and at the time	
was due him from Cherifee	County and unpaid for 19
Applicant further swears that she married the said W.T.	lnox
the 20 day of Two, 1877 in leke	whee county
State of Sw, and resided with him from the de	
lawful wife, and is now his dependent widow, and she asks that	
paid to her.	
Syorn to and subscribed before me this 14 day of	July 18
11 , 0	
tacot Marrey Ordinary	- Jan
Lacot Markey, Ordinary.) mus 12	William (L.
Seherofee County.	Willy (L.
Leherofee County Mus MA	ESS (L.
Seherofee County.	ESS (L.
Leherofee County Mus MA	ESS (L.
AFFIDAVIT OF WITN STATE OF GEORGIA,	ESS County
AFFIDAVIT OF WITN STATE OF GEORGIA, Personally before me comes	ESS County
AFFIDAVIT OF WITN STATE OF GEORGIA, Personally before me comes on oath says that he knew.	ESS County
AFFIDAVIT OF WITN STATE OF GEORGIA, Personally before me comes on oath says that he knew and that he knows Mrs. above applicant; that he knows that the said and were in due	ESS County
AFFIDAVIT OF WITN STATE OF GEORGIA, Personally before me comes on oath says that he knew and that he knows Mrs. above applicant; that he knows that the said and of in the State of	ESS County while in form of law married in the Cou
AFFIDAVIT OF WITN STATE OF GEORGIA, Personally before me comes on oath says that he knew and that he knows Mrs. above applicant; that he knows that the said and were in due	ESS County while in form of law married in the Cou
AFFIDAVIT OF WITN STATE OF GEORGIA, Personally before me comes on oath says that he knew and that he knows Mrs. above applicant; that he knows that the said and were in due of in the State of the day of together as husband and wife at the time of his death on the	ESS County while in form of law married in the Cou
AFFIDAVIT OF WITN STATE OF GEORGIA, Personally before me comes on oath says that he knew and that he knows Mrs. above applicant; that he knows that the said and were in due of in the State of the day of , 11 together as husband and wife at the time of his death on the , 19, and I know that she is he	ESS County while in form of law married in the Cou and that they were resided day day day day day
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AFFIDAVIT OF WITN STATE OF GEORGIA, Personally before me comes on oath says that he knew and that he knows Mrs. above applicant; that he knows that the said and were in due of in the State of the day of , 11 together as husband and wife at the time of his death on the , 19, and I know that she is he	ESS County while in form of law married in the Cou and that they were resid day day day day
AFFIDAVIT OF WITN STATE OF GEORGIA, Personally before me comes on oath says that he knew and that he knows Mrs. above applicant; that he knows that the said and were in due of in the State of the day of 1 together as husband and wife at the time of his death on the Sworn to and subscribed before me this day of	ESS County while in form of law married in the Cou and that they were resid day day day day

MARRIAGE LICENSE

GEROGIA, CHEROKEE COUNTY.

I, Jacob Massey, Ordinary and ex-officio clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of marriage license of Willie T.Knox and Malissa H.Cagle with the original thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court of Ordinary. This T4th day of July 1922.

	issued and recorded on Page		Mar
of Marriage Licenses.	O P	À NO	Marriage License
licenses.			Lice
	19 19 19		nse

GEORGIA? CHEROKEE COUNTY.

I.Jacob Massey, Ordinary and ex-officio Clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of marriage liquose of Willis T. Knox and Maliesa H. Cagle with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record.

In Testimony Whereof, T have hereunto set my hand and affixed the seal of the court of Ordinary. This Feb.24th T922.

Ordinary and ex-officio c.C.O.

MARRIAGE LICENSE

AND

AND

Issued

192

and Recorded on Page Book

of Marriage Licenses

Ordinary

GEROGIA, CHEROKEE COUNTY.

I, Jacob Massey, Ordinary and ex-officio clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of marriage license of Willie T. Knox and Malissa H. Cagle with the original thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such eriginal record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court of Ordinary.

This I4th day of July 1922.

Ordinary and ex-officie 0.0.0

Marriage License

AND

AND

Mirriage Licenses.

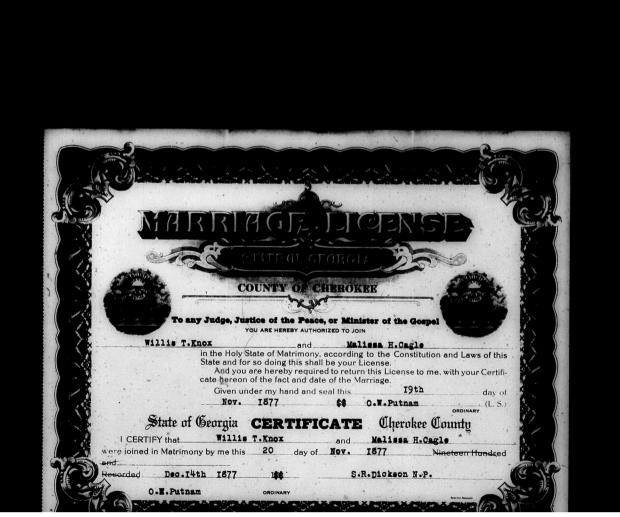
GEORGIA? CHEROKEE COUNTY.

I, Jacob Massey, Ordinary and ex-officio Clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of marriage lidense of Willis T.Knox and Maliesa H.Cagle with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record.

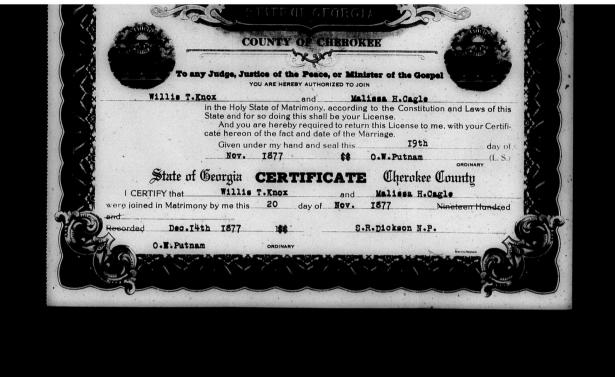
In Testimony Whereof, I have hereunto set my hand and affixed the seal of the court of Ordinary.

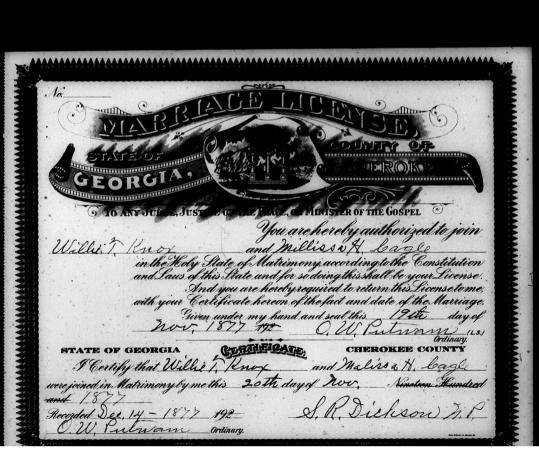
This Feb.24th 1922.

Ordinary and Cofficio C.C.O.









State of Georgia - Gounty.

N.Brooke of said State and County being presented as a witness in support of the application of W.T.Knox for the Pension provided by Act of 1910, in said State, and after being duly sworn answers as follows:

My name is N Brooke, reside in Polk County, Ga., have known W.T.

Know the applicant all his like, that he resides in Cherokee Co.

Ga, has been a continuing resident of this State all his life,
except seven years just after the war, that we were members of
Company "E", lst Ga State Troops, were together in the service,
and in the latter part of Nov. 1863 I carried in person and delivered to said W T Known a detail out of the Company to the
baggage wagons from Gen. Poster, Gen. quarter master for the State,
and that this was unlimited, and so far as I know remained on said
Cetail service to the end of the war.

Sworn to and subscribed before me- y Brooks

this day of Oct. 1910.

Ordinary.

Georgia Pork country
Dasstogg Ordinon of Said country
Certify that A. Brooke is a resident of Pork
country and is truthful thusboorthy and
his Statement intiffed to full faith
and credit Och 10th 1970 full faith
and credit Och 10th 1970 full faith

Georgia, Gordin County, J.J. Kenn of said State and Coming, being, presente as a wither in support of the application of It. J. King for persino, and ages being seven him arrams to make, auseus as fallows; To 1st Questione, Jof Keen, Gordon Co. Ga, Cacham, 20 2 4 - Home Krewoni H. J. Kerry Since 1863, To 3 " - I dent Keens, To 4 " - Ser 1863, I fines Keess him in Co, & 1 24ga. To 5th Question; I was on detail west him, in wager fram To 6 " - He served from 1868 to 1865 To 7 - 11 - I don't Know - was with wagen traine och Milleranile applicant was wet me To 8 Durlin; no. Was with loagen hour, on delain To 9 " , applican was with one on detail He was more Captions. Surmerland at milugine in may 1865 ggheen Seven 4 x Subscirbed began son, Oct 127,910 } Tall Clausing Asseriary, Tengin, Terrem Comes, & W.R. Rassain, Ordinary of said Cours, do every that I keen forker, cultures 4 service shar he is a celying of said terms, is truckful aced hustranty and the fair statements on entitled to full fairt and or ester Tem ander my hand and Official Deal, at Cooking Ia, This 12 stay g let , 1910 Ma Ranecia Osdur of Gordan Court

og Gorden Conding

Cherokee County					5
No.	No. of the last of	11		9/6	STATE
INDIGENT PENSION	Market State of the State of th	d grand i		ess my hand nated in presen	of GEO
1896.		Evan Branch		and seal this	GEORGIA,
Nameled and husbandara		See and			DUNTY.
	Part of the state	no long		But of the	dell oquest that h
Approved1898.				waste for	f bet
RICHARD JOHNSON, Commissioner of Presions.				Temps 1	to be
WARRANT HANDED TO				and the	hereby autho
2/7-1960				3	1

Witi	d receipt for th	d seal this	at my	day of Alexa	by	2.1884	eex
	Carre		}	Michael deid	Trule 0	algebra Massellalarinian (Ma	(46)
				an species de la face			
				ŲQ.	**************************************	w .	
				10	O Draw of State		

ba and 2d Regt Questions for Applicant. STATE OF GEORGIA. Charation County, Edward King Rondall of said State and County, desiring to avail himself of the Pension Ast approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows: What is your name and where do you reside? (give State, County and post office.) Leas face fa Edward Rus handall Resident Chancelow breen be How long and since when have you been a resident of this State? have Been in the State 19 your When and where were you born? M. 1818 M. Or. 6, When and where and in what company and regiment did you salist or serve? ин 1864 ОТ померам ва выпольтовино of 2 ma in state to ages 8. How long did you remain in such company and regiment? Set provides 6. For how long a period did you discharge regular military duty? Sat smonths When, where and under what circumstances were you discharged from service? I Empisted for Six months at the Experiellion of that time was dischargoe What is your present occupation? farming 9. How much can you earn (gross) per annum by your own exertion abor ? Can't Gun Guy fun What has been your occupation since 1865? Advertis al Collections.

Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? A C. A. Y. Blandness 12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight?... Wave Boom for two your not able to cammy Support My Eges has failed in the 6 months can so comes Noe my suas 13. What property, effects or income do you possess, and its gross value? (12) Michaes Worth BIS as 14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897, and what disposition, if any, did you make of same? Geles at a Boart the face as I sure Genz 15. In what County did you reside during those years, and what property did you then return for taxation? I Sivor in Charehoe beent Returnal \$15 of Personal 16. How were you supported during the years 1897 and 1898 have Boar about ices my Support: But have Sait my Socht and cant work 17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income of cered not far Imade all I cered to and 18. What was your employment during 189 and 189 ? What pay did you receive in each year? I And all I cente on farm Receive mano his 19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead ? Ware Make Y & Married Chielmen all face nurse own my Land West one all have same family 20. Are you receiving any pension? If so, what amount, and for what disability? Receive MO Consian Sworn to and subscribed before me this the

QUESTIONS FOR WITNESS.
STATE OF GEORGIA,
Gobb COUNTY.
John W Bernett, of said State and County, having been presented
as a witness in support of the application of Colevan Many Rendell for pension under the Act approved December 16th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:
1. What is your name and where do you reside?
2. Are you acquainted with Acry Kondall, the applicant; if so how long have you known him? Hory years
3. Where does he reside, and how long and since when has he been a resident of this State? Cherofice County Georgin
4. When, where and in what company and regiment did he enlist and how do you know? 1864 Resuccessaring 60 4 2 2 Rey Ga Male Free for
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Set Mouth and libertorably discharge from the service?
The state of the s
What property, effects or income has the applicant? (Give your means of knowledge.) Know he first or affects of Knowledge forms for the first of th
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom?
10. What is the applicant's occupation and physical condition? Harmy
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is because I him extreme all ap and nearly
12. How was he supported during the years 1898 and 1898 by The assistance
What portion of his support for these two years was derived from his own labor or income?
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894?
for him can anything -
15. What interest have you in the recovery of a pension by this applicant?
Sworn to and subscribed before me, this John Wisen well the day of the 1987 of ahm to husen Witness.
Johnson an orbutable and worth of full

Personally game before/fine. COUNTY, Personally game before/fine. COUNTY, Personally game before/fine. Present a support for himself, both known to me as reputable physican after the personal examination say that his precise physical condition is as follows: Several uniform the physical condition is as follows: We further say on oath that the physical condition of applicant renders him unable to labor at any game of the condition of applicant renders him unable to labor at any game of the condition of applicant renders him unable to labor at any game of the condition of applicant renders him unable to labor at any game of the condition of applicant renders him unable to labor at any game of the condition of applicant renders him unable to labor at any game of the condition of applicant renders him unable to labor at any game of the applicant property, hereby certify that the deal of the statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant and esoh witness took onthe hereon prescribed, and that the full text of the affidivity was read to the applicant and witness row man was signed. I further certify that the tax digests of the affidivity was read to the applicant and witness row man was signed. I further certify that the tax digests of the affidivity was read to the applicant and witness row man was signed. I further certify that the tax digests of the affidivity was read to the applicant and witness row man was signed. I further certify that the tax digests of the affidivity was read to the applicant and witness row man was signed. I further certify that the tax digests of the affidivity was read to the applicant and witness row on the property, and in 1898 Dollars of property. In my opinion the foregoing claim is day of fine. Witness my hand and seal of office, this game is good faith. Witness my hand and seal of office, this game is good faith.	AFFIDAVIT OF PHYSICIANS.	
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	OF ATTORNEY.
STATE OF GEORGIA, County.	
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Lheneko County	.)			
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to receive and receipt for the pens	ion allowed a	nd request	hat he r	emit same to
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by	· ·	STATE STATE		
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Executed in presence of				
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N S S S	3.3 \$	WARRANT ISSUE	OHN W. LINDSEY	WARRANT HANDED TO
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For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, County.
Dersonally appears Edward Fly here hall of Cherohoe
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 1820; that he is £1 years old and
by occupation ahus been formen 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 Lif months in Company of , of 2 th Regiment of State Marks ; that his physical condition is as
follows: Branke down from age ant hardly
that his property consists of the following items Weeise have farmitaine
of the value of Marine free Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of this training approved county been allowed a pension for the year 1 Sworn to and subscribed before me, this the day of fary 1901. Ordinary. Ordinary.
STATE OF GEORGIA,
I, Officeria Ordinary of said County, do certify that I am well acquinted with Educard, Henry handale 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 flusy 1901, Affix your Sorre—The blank spaces must be filled.
AUTE - THE OWNER SPICES IN USE OF MINER.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

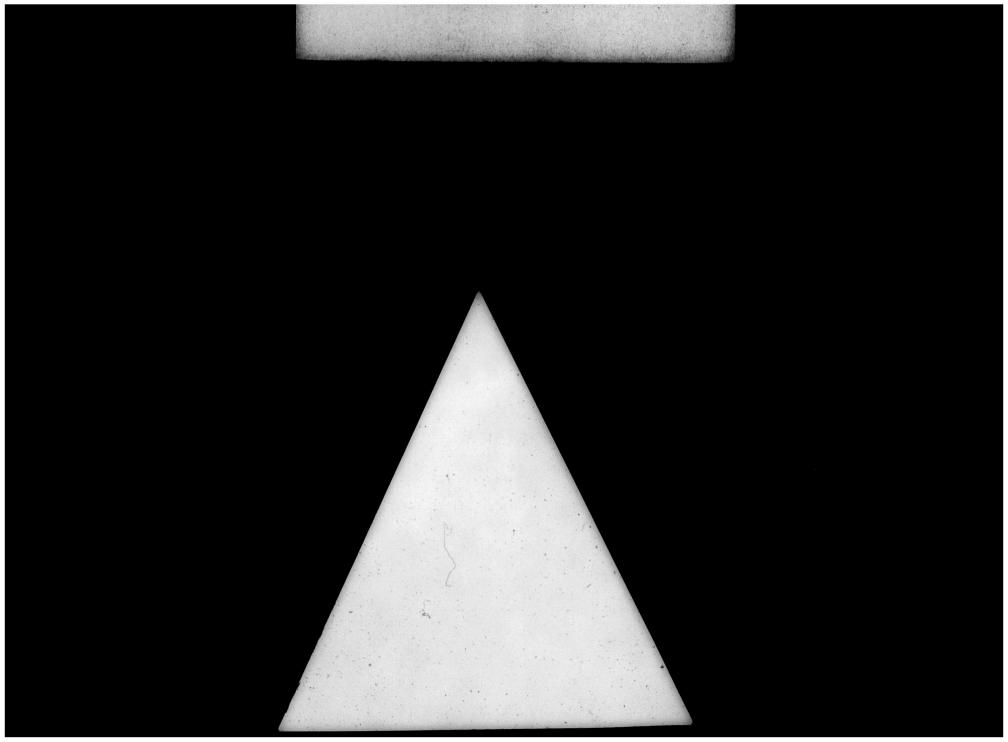
61	county.)
County, State of	Appears Eclesions Scientific Security (Constitution of Constitution). Of Chemokes. Geoogia, who being duly sworn, says on oath that he is a bone fide citizen said County and State, and has resided in said State continuously ever day of 1814; that he is \$55 years old and
by occupation a	or of the State of that he enlisted in the military service of the Con- or of the State of) during the war between the d for the term of the Regiment
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Deponent of 1894, and the A is entitled for t county been allo Sworn to a	verty he is unable to support himself by his own exertion or labor, and no pension but the one herein applied for. esires to participate in the benefits of the Act, approved December 15th its amendatory thereof, and makes application for the pension to which he e year 1902. I have heretofore as a resident of heave here wed a pension for the year 150/ d subscribed before me, this the lay of fary 1902.
Deponent 1894, and the A is entitled for t county been alle Sworn to a STATE OF L. L. do certify that the applicant in him in his said	verty he is unable to support himself by his own exertion or labor, and no pension but the one herein applied for. esires to participate in the benefits of the Act, approved December 15th its amendatory thereof, and makes application for the pension to which he e year 1902. I have heretofore as a resident of hemothes wed a pension for the year 190/ d subscribed before me, this the lay of fary 1902. Cordinary. Ordinary.

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		adal hereby authorize	
- mi	M. Wright	of Attenta ba	
		sion allowed and request that he	remit same to
1.6,6	over 6 sd	ny at Canton bar	* **
by chee	h		
Witness my	y hand and seal, this_	8" day of Juny	1903.
		Edwart hugh	mdal Ott. s.]
Executed in	presence of	mah d.	
ell le lon	me ordry	<u>, </u>	V
10,00			

			- Andrew September 1997
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and the state of	,	in million make the part of the	ronger kan norder ja

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE	OF GEORGIA,		
	nohee County.		
Personally County, State of and resident of since the by occupation a federate States States, and serv of Malu follows:	appears Edward has of Georgia, who, being duly sworn said County and State, and has day of Has Bleen farms, that he (or of the State of red for the term of 6 munts Transpa Annth dann Manth	A says on oath that he is seriesided in said State 1808; that he is 8 seriesided in the military of during the series of the s	a bona fide citizen continuously ever years old and service of the Con- ue war between the the condition is ac-
nat his proper	ty consists of the following items		
Deponent 1894, and the A is entitled for the	poverty he is unable to support he is no pension but the one herein a desires to participate in the benets amendatory thereof, and make the year 1903. I have heretofore owed a pension for the year 150 and subscribed before me, this the year fame 1903.	pplied for. efits of the Act, approve es application for the pe e as a resident of Cha Codurance	d December 15th, usion to which he
I, go certify that I ne applicant in in his said	County. County. County. Cam well acquainted with Led. County. Cam well acquainted with and am waffidavit are true, and I know he esides in this County. Given under my official signs	Ordinar Mand (en- rell satisfied that the sta is the individual he rep	resents himself to
Affix your Beal here	<i>f</i>	ell le learn	
	Nors.—The blank spaces must be filled	dinary Grany	County.



Knykendell Pheba J Bherokee County ACT DEC. 16, 1901. Indigert No. WIDOW'S PENSION, 190___ Mra Oheber & Knykendoll Widow of Edward Ruy Rendall 1. Z - L - Rendall Warrant loued 190 J. W. LINDSEY, Commissioner of Pensions,

7/31/03

COUNTY.) hereby authorize of of by Times my hand and seal this day of Executed in presence of [SELL]	**************************************		Comment	L'OPENTO. I	COUNTY						hereby author	Control of the contro						0	V			1					and receipt for the mension silowed and request that he remit same to	The section of the bearing mental and the section of the section o						97										0 A 0 0	- CA CI									The property of the property o																																																																																												
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POWER OF ATTORNEY

STATE OF GEORGIA,		
T ₁		hereby authori
	of .	
to receive and receipt for the pension allowed	ed and request that he	
Witness my hand and seal this		
Executed in presence of	**************************************	
		[SEA]

1 2

Pheropee Centre Control of the Act DEC. 16, 1901. Mon. No. No. WIDOW'S PENSION, 1900. Mrs. Chekay Kany Kendade Cointy of Eleasthe Cointy of Eleasthe Wistor of Educate Reserved Wistor of Educate Reserved T. Z. S. R. Mar. J. W. LINDSEY, Commissioner of Pomben, Commissioner of Pomben,

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,	Personally came Mrs. Ch.	be f. knykend	ul
COUNTY OF bherohee	-	who says on oath she is the	
widow of Edward king	kendall)	to whom, in the County of	£
Cherohee State of			
day of			
lay of Munch 190			
At the time of his death he was a resident of			
Georgia, and was on the Indiagent			1
pension of 860 00 per annum on acco			
2 and Regiment La			
What affliction have you and how does it effect yo	u? am some	est and Broke	
duen from age, I be	me ys your a	see,	
		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
What have you been doing to earn a support since	a 1st of January, 1900?	husband lived	
To made oss. I we lived off			
What property or effects had you on 1st January,			me
one low & Small amo		· · · · · · · · · · · · · · · · · · ·	
What have you acquired since, and what income	nave you now!		
		* 5	
What disposition have you made of any property st			,
Sold low refered to			
bill in last dickne			
Deponent further says that she is now a resident of	Cherokee	County and bas	,
ontinuously resided in the State of Georgia since	hon binth day of		
the applies for the pension provided by Act of the			
Sworn to and subscribed before me this.	day of	1903	
	R	-	
el 6,60mm		Knykendell)	
	Ordinary of	Boushee County	

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

AFFIDAVIT FOR THREE WITNESSES

STATE OF GEORGIA, Personally of	amo allbert to Cantrolle
COUNTY OF Cherokee \ of Sa	and and
State known	to me to be reputable and truthful person who says
on oath that from his own personal knowledge Mrs. Oh	ebe & Ruykendake
who made the foregoing affidavit is the widow of	amond Ruy Rendale
who died in Cherothe County and 20 Th day of March 1805.	d State of Rose on the
wife on the day of 18	, and so remained up to the time of his death,
and that she has resided in this State continuously since	
With what affliction does she suffer? IS Old	
	<u>.</u>
What property or income had she on 1st January, 1900?	ne con & Amale!
apprecent of deuse hald	
What has she in her possession and control now?	Small amount
of Nurse hald furnitur	ine .
How was she supported in 1900 and 1901? here	Harsband was living
and they lived on ten	esien drawn from state
<u>و</u>	t & cantrill
I have no personal interest in the pension asked for {	
Sworn to and subscribed before me this 35" da	y of fine 190.8
	C1.6.6000
	Ordinary Cherocee County, Georgia.
· · · · · · · · · · · · · · · · · · ·	4000404
PHYSICIANS' A	FFIDAYIT.
STATE OF GEORGIA, Personally co	ame before me
COUNTY OF Che The John and Jack 2m, But	M. Jusk.
and Joel m. But	, both of whom are known to me to be reputable
physicians, who say on oath that they personally know	hete J. Kuy Kendall.
mentioned in the foregoing affidavit, that she is permanent	
earning a support) bronchitis, and	H & all to
age the is rendered, uns	su co com a vupos
	John M. Tusk M. D.
	Jaest, Mr. Bato mo
Sworn to and subscribed before me this 2, 9 day	of June 1903
	Ld.b.born
	Ordinary of chenches County.

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

	Ordinary,
COUNTY OF lehendler in and for said County of lehenge	
State of Georgia, hereby certify that I am acquainted with Mrs. Chebaff Kan	y Rendall
the applicant for a pension in this case, and know from my own knowledge (or from positve	
by reputable witnesses) that she resides in this County, and that she has resided in the State of	
since the Brath day of 18 and has	
State since that date. I also certify that the witnesses, to wit:	
presents to sustain her claim, are known to me to be truthful witnesses, entitled to full is	
and that the full text of the affidavit was read to and understood by them before same was	
satisfied that this claim is made in good faith, and I have caused the applicant and the w	tnesses to read or hear
read the proofs they aign.	
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, th	is the 25
day of ference 190.8	
(1. b.learne	
SEAL SEAL	Ordinary.

The pension is only payable to those widows whose husbands were on Pension Roll at the time of death, marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried sine death of such husband.

Proofs by one witness and two physicians will be accepted when it is shown that the same can not be four all cases the best proof accessible will be required and it is incumbent on the applicant to make out a covering the above points.

Affidavits must be made in presence of the Ordinary.

STATE OF GEO	RGIA,	1			
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					BULLIOTIZE
	might		ACTION OF A PROPERTY OF A STREET,		
to receive and rece					same to
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00		Cheobe	X hus	hondall	[L. S.]
Executed in pr	esence of	m	neh T		
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OFORE PAID.	PENSION ECEMBER 31, 1904	Hon		NDSEY. SSUED 1904,	Printer, Atlanta.
O4.	GENT PENSION FDECEMBER 31, 1904	Hon	2 -	LINDSEY, Commissioner of Pensions. NT ISSUED ANDED TO	Space Printer, Albair.
304.	'S PENSION ING DECEMBER 31, 1904	Co. Resplanded	2 -		3 3
SE HERETOFORE PAID. [904.	DIGENT W'S PENSION ENDING DECEMBER 31, 1904	Hon	2 -		3 8
1904.	INDIGERATION TO STATE OF STATE ENDING DECEMBER 31, 1904	Hon	2 -	JOHN W. LLINDSEY. Commissioner of Pensions. LLD 16 WAREANT ISSUED TEB 18 1904,	Geo. W. Barrisos, Space Printer, Atheria

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day of	ama	my	1905.				
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