

Dickinson, John
Cherokee Co.

No. 777

APPLICATION FOR ALLOWANCE
FOR YEAR ENDING OCT. 24, 1888.

FOR
Lieut. Dr. J. M. P. ...
Applicant John Dickinson
County Cherokee
Amount \$50

Date of Warrant April 3
Entered on Record
April 3 1889

Amount \$50
No additional data -
Ordinary

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

STATE OF GEORGIA,

County, ...
PERSONALLY comes before me ... Ordinary of said county ... and ... both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined ... and after such examination say that the applicant has been injured as follows: ...
Sworn to and subscribed before me, this ... day of ... 1889
Ordinary.

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

BAD COPY***OR**LIGHT PRINT

STATE OF GEORGIA,

County, ...
PERSONALLY appears, John Dickinson of Cherokee county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the ... day of ... 1847; that he enlisted in the military service of the Confederate States (or of the State of ...) during the war between the States, and served as a ... in Company ... of 28th Regiment of Georgia Volunteers ...
in such military service, at the battle of ... in the State of ... on the 26th day of February 1864, he was wounded as follows: ...
Depont 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 ... day of ... 1889
NOTE: State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

County, ...
PERSONALLY comes before me ... Ordinary of said county ... and ... both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined ... and after such examination say that the applicant has been injured as follows: ...
Sworn to and subscribed before me, this ... day of ... 1889
Ordinary.

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

Dickerson, John
Chowhee, Co.
 No. 1777
 APPLICATION FOR ALLOWANCE
 FOR THE DEEDS OF THE
 FOR
John P. Dickerson
William H. Rice
 County
 Amount: \$50
Wm. H. Rice
 Entered on Record
 April 3, 1889
 No additional data
Wm. H. Rice

J. B. Ammons, Secretary
 Note: State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

County, *Chowhee*
 PERSONALLY comes before me *Wm. H. Rice* Ordinary of said county *Wm. H. Rice* and *William H. Rice*, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *John P. Dickerson* and after such examination say that the applicant has been injured as follows:

He was wounded in the right arm, and the wound was so severe that it rendered the arm useless for any purpose.
 Sworn to and subscribed before me this *22* day of *April* 1889 *Wm. H. Rice, M.D.*
William H. Rice, M.D.

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

STATE OF GEORGIA,

County, *Chowhee*
 I, *Ordinary W. H. Rice* Ordinary of said county, do certify that I am well acquainted with *John P. Dickerson*, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit:

are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that *Wm. H. Rice* before whom the foregoing affidavits were made and power of attorney was signed, is a *Wm. H. Rice* of said county, and that the said affidavits and signatures thereto are genuine. Given under my official signature and seal, this *22* day of *April* 1889 *Wm. H. Rice* Ordinary *Chowhee* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County, *Chowhee*
 KNOW ALL MEN BY THESE PRESENTS, That I, *John P. Dickerson* of *Chowhee* County, in said State, do hereby appoint *Wm. H. Rice* of *Chowhee* County, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this *22nd* day of *April* 1889 *John P. Dickerson*

Executed in the presence of us:
Wm. H. Rice
W. H. Rice

DIRECTION:

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

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I, John Dickerson of Cherokee County, in said State, do hereby appoint W. H. Riser my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this second day of April 1899 John Dickerson (S.)

Executed in the presence of us:

W. H. Riser }
W. H. Riser }

DIRECTION:

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

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

Cherokee County.

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

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

Given under my official signature and seal, this 4th day of April 1899.

Ordinary W. Putnam
Ordinary Cherokee County.

STATE OF GEORGIA,

Cherokee County.

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

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

Given under my official signature and seal, this 21 day of March 1891.

Ordinary W. Putnam
Ordinary Cherokee County.

Cherokee Co
Dickerson, John
1890.

No. 2915
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 31, 1890.
By John Dickerson
Applicant, John Dickerson
County, Cherokee
Amount, 50
Date of warrant, April 16
Entered on record, April 16, 1890
W. H. Riser
WARRANT EXECUTIVE DEPARTMENT.
WARRANT HANDED TO
W. H. Riser

No. 2915
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 31, 1891.
By John Dickerson
Applicant, John Dickerson
County, Cherokee
Amount, 50
Date of Warrant, April 16
Entered on record, April 16, 1891
W. H. Riser
WARRANT EXECUTIVE DEPARTMENT.
WARRANT HANDED TO
W. H. Riser

Charles Co
Dickerson, John
1890.

No. 101
APPLICATION FOR ALLOWANCE
FOR YEAR ENDING OCTOBER 24, 1891.

De. by fac. to name
Applicant, John Dickerson
County, Cherokee
Amount, \$50

Date of warrant, April 16

Entered on record

April 16 1890

Warrant No. 101

Warrant No. 101

Warrant No. 101

Warrant No. 101

1891

Dickerson, John
1891, No. 101

No. 101

Application for Allowance

FOR YEAR ENDING OCTOBER 24, 1891.

De. by fac. to name
Applicant, John Dickerson
County, Cherokee
Amount, \$50

Date of Warrant, April 16

Entered on record April 16 1890

Warrant No. 101

Warrant No. 101

Warrant No. 101

Warrant No. 101

Warrant No. 101

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears John Dickerson of Cherokee county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the 14 day of September 1864; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company D, of 24th Regiment of Infantry Volunteers, Bolger's Brigade; that whilst engaged in such military service, at the battle of Ocmulgee in the State of Georgia, on the 20th day of February 1864, he was wounded as follows: A small shot striking the right side of the face about an inch from the right ear, breaking the cheek bone thence through the face, passing the point out the left side of the face just below the left eye, from which wound he has never recovered, but has been a constant sufferer, and unable to perform manual labor.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of \$50 dollars.

Sworn to and subscribed before me, this the 4th day of April 1890

John Dickerson
Witness, W. Patterson

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

POWER OF ATTORNEY.

STATE OF GEORGIA

Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I, John Dickerson

of Cherokee

county, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4th day of April 1890

Executed in the presence of us:

W. Patterson

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears John Dickerson of Cherokee County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 14 day of September 1864; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company D, of 24th Regiment of Infantry Volunteers, Bolger's Brigade; that whilst engaged in such military service at the battle of Ocmulgee in the State of Georgia, on the 20th day of February 1864, he was wounded as follows: A small shot striking the right side of the face about an inch from the right ear, breaking the cheek bone thence through the face, passing the point out the left side of the face just below the left eye, from which wound he has never recovered, but has been a constant sufferer, and unable to perform manual labor.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of \$50 dollars, for 1889 + 1890

Sworn to and subscribed before me, this the 4th day of March 1891

John Dickerson
Witness, J. S. DePree

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all Men by these Presents, That I, John Dickerson of Cherokee County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4th day of March 1891

Executed in the presence of us:

J. S. DePree

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

Under the provisions of the Act of March 3, 1878, entitled "An Act to provide for the relief of soldiers and sailors disabled in the service of the United States," and to explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA

Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I

John Dickerson
of Cherokee
County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us:

O. W. Patterson
P. J. Jones

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

Under the provisions of the Act of March 3, 1878, entitled "An Act to provide for the relief of soldiers and sailors disabled in the service of the United States," and to explain particularly the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all Men by these Presents, That I, *John Dickerson* of Cherokee County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *21* day of *March*, 1891.

Executed in the presence of us:

O. W. Patterson
J. S. DePree

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA,

Cherokee County.

I, *O. W. Patterson* Ordinary of said county,

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

Given under my official signature and seal, this *1890* day of *March*, 1890.

O. W. Patterson
Ordinary, Cherokee County.

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all Men by these Presents, That I, *John Dickerson* of Cherokee County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us:

W. W. Worley
DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

Dickerson, John
Cherokee Co.
1890

SOLDIER'S PENSION.
1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name	<i>John Dickerson</i>
County	<i>Cherokee</i>
Disability	<i>Wounds received</i>
Amount	<i>\$ 50.00</i>
Entered on record	<i>Mar 17</i>
W. H. HARRISON.	
Secretary of Pension Department	
1892.	
<i>J. J. Rusk</i>	

Cherokee Co.
1893.
Dickerson, John

Application for Allowance

No. *4156*

Mar 17 1893

W. W. Worley
Applicant

Cherokee
County

50
Amount

3/17
Date of Warrant

3/17
Entered on record

W. H. Harrison
Secretary of Pension Department

J. J. Rusk

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

Gen. W. Woodard, State Printer, Atlanta.

—County, Georgia.

БОМБЕВ СЕ АТОВИФА

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

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

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

Executed in the presence of us:

W. H. Harrison, W. W. Worley, W. R. H. H. H.

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

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

STATE OF GEORGIA.

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

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

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

Executed in the presence of us:

W. H. Harrison, W. W. Worley, W. R. H. H. H.

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

STATE OF GEORGIA.

Know all Men by these Presents, That I,

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

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

Executed in the presence of us:

W. H. Harrison, W. W. Worley, W. R. H. H. H.

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

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

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

Executed in the presence of us:

W. H. Harrison, W. W. Worley, W. R. H. H. H.

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name John Dickerson

County Wilkes

Disability, Total

Amount, \$ 50.00

Entered on record

W. H. HARRISON,

Secretary of Executive Department

W. W. Worley, C. C.

W. R. H. H. H.

W. H. H. H. H.

W. H. H. H. H.

W. H. H. H. H.

1893.

Application for Allowance

No. 456

Applicant, John Dickerson

County, Wilkes

Amount, \$ 50.00

Date of Warrant, 3/28

Entered on record, 3/28

W. H. HARRISON,

Secretary of Executive Department

W. W. Worley, C. C.

W. R. H. H. H.

W. H. H. H. H.

W. H. H. H. H.

Dickerson, John
Cherokee Co.
No. 2408

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name John Dickerson
County Cherokee
Disability Total Disablement
Amount, \$ 50.00
Entered on record
Mar 17

1892.
W. H. HARRISON,
Secretary of Executive Department.
no date
J. H. Rusk
Wm. W. Harrison, State Printer, Atlanta, Ga.

Cherokee Co.
1893.

Dickerson, John

No. 4456

Application for Allowance

For the Year Ending October 31, 1893.

Name John Dickerson
County Cherokee
Disability Total Disablement
Amount, \$ 50.00
Date of Warrant, 3/28
Entered on record, 3/28

1893.
W. H. HARRISON,
Secretary of Executive Department.
J. H. Rusk
Wm. W. Harrison, State Printer, Atlanta, Ga.

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee COUNTY.

Know all Men by these Presents, That I,

John Dickerson
of Cherokee
John H. Rusk

County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th day of March 1894.

John Dickerson

Executed in the presence of us

Wm. B. Brown, ordinary

DIRECTIONS.

Send money to me as follows, by

to P. O.
County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all Men by these Presents, That I,

John Dickerson

County, State of Georgia, do hereby appoint

Wm. B. Brown

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20th day of Feb 1895.

Executed in presence of us

W. B. Brown ordinary

John Dickerson

DIRECTIONS.

Send money to me as follows, by

which to W. B. Brown, ordinary

to P. O.

County, Georgia.

John Dickerson

Dickerson, John
Cherokee Co.
(For These Already Enrolled.)

Soldier's Pension.

1894.

Name John Dickerson
County Cherokee
Disability Total Disablement
Amount, \$ 30.00

1894.
W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDSD TO
J. H. Rusk
Wm. W. Harrison, State Printer, Atlanta, Ga.

Cherokee Co.
Dickerson, John

(For These Already Enrolled.)

No. 850

SOLDIER'S PENSION.

1895.

Name John Dickerson
County Cherokee
Disability Total Disablement
Amount, \$ 30.00

1895.
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDSD TO
J. H. Rusk
Wm. W. Harrison, State Printer, Atlanta, Ga.

Dickerson, John
Cherokee Co.
(For Those Already Enrolled.)

No. *443*

Soldier's Pension. **1894.**

Name *John Dickerson*
County *Cherokee*
Disability *Loss of eye*
Amount *\$30*
3/4

1894.
W. H. HARRISON,
Secretary Executive Department.

WARRANT FORGED TO
John Dickerson
Geo. W. Harrison, State Printer, Atlanta.

Dickerson Co.
Dickerson John

(For Those Already Enrolled.)
No. *850*

SOLDIER'S PENSION. **1895.**

Name *John Dickerson*
County *Cherokee*
Disability *Loss of eye*
Amount *\$30*
3/4

1895.
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT FORGED TO
John Dickerson
Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cherokee County.

PERSONALLY appears *John Dickerson* of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *1841*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *28th* Regiment of *Georgia* Volunteers, *Cherokee*'s Brigade; that whilst engaged in such military service at the battle of *Worm Pond* in the State of *Florida*, on the *20* day of *July*, 1864, he was wounded as follows: *By gunshot in the face destroying the vision of left eye, and shot entering the right side of face passing out just under left eye*

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 *Fifty* dollars, for the year 1893.

Sworn to and subscribed before me, this, *7th* day of *March*, 1894. *John Dickerson*
Ordinary, & Commissioner

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

STATE OF GEORGIA, }
Cherokee County.

I, *D. B. Morris* Ordinary of said County, do certify that I am well acquainted with *John Dickerson* 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 *7th* day of *March*, 1894.



D. B. Morris
Ordinary *Cherokee* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cherokee County.

PERSONALLY appears *John Dickerson* of *Cherokee* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *1841*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *28th* Regiment of *Georgia* Volunteers, *Cherokee*'s Brigade; that whilst engaged in such military service at the battle of *Worm Pond* in the State of *Florida*, on the *20* day of *July*, 1864, he was wounded as follows: *Shot entering right side of face passing out under left eye*

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

Sworn to and subscribed before me, this, *26* day of *Feb*, 1895. *John Dickerson*
D. B. Morris, Ordinary

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

STATE OF GEORGIA, }
Cherokee County.

I, *D. B. Morris* Ordinary of said County, do certify that I am well acquainted with *John Dickerson* 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 *26* day of *Feb*, 1895.



D. B. Morris
Ordinary *Cherokee* County.

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

77 1/2 dollars, for the year 1893

Sworn to and subscribed before me, this, the

17 day of *March* 1894.

Allen, C. Morris, Ordinary

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

STATE OF GEORGIA, }

Cherokee County. }

I, *Allen, C. Morris* Ordinary of said County, do certify that I am well acquainted with *John Dickerson* 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 *17* day of *March* 1894.



Ordinary *Cherokee* County.

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

of *Thirty* dollars, for the year 1894

Sworn to and subscribed before me, this, the

26 day of *Feb* 1895.

D. C. Morris, Ordinary

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

STATE OF GEORGIA, }

Cherokee County. }

I, *D. C. Morris* Ordinary of said County, do certify that I am well acquainted with *John Dickerson* 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 *26* day of *Feb* 1895.



Ordinary *Cherokee* County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }

Cherokee County. }

I, *John Dickerson* hereby authorize *T. M. Bluehewell* of *Cherokee* County to receive and receipt for the pension paid hereon and request that he remit same to

at *Big Rock, Ga.* IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *25* day of *Feb* 1896.

John Dickerson (u. s.)

Executed in presence of us

A. C. Morris

POWER OF ATTORNEY.

STATE OF GEORGIA, }

Cherokee County. }

I, *John Dickerson* hereby authorize *T. M. Bluehewell* of *Cherokee* County to receive and receipt for the pension paid hereon and request that he remit same to

at *Big Rock, Ga.* IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *18* day of *Feb* 1897.

John Dickerson

Executed in presence of

A. C. Morris

SOLDIER'S PENSION.

1896.

Name *John Dickerson*
County *Cherokee*
Disability *Wound (see record)*
Amount, \$ *300 00* Dollars
3/3

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

alg

Wm. W. Harrison, State Printer, Atlanta.

INVALID
SOLDIER'S PENSION.

1897.

Name *John Dickerson*
County *Cherokee*
Disability *Wound (see record)*
Amount, \$ *80 00*
3/4

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

alg

Wm. W. Harrison, State Printer, Atlanta.

ACT OF 24 OCT. 1867
(For Those Already Enrolled.)

No. 2357

SOLDIER'S PENSION. 1896.

Name John Dickerson
County Cherokee
Disability Wound, lost eye, and
Amount, \$30.00, balance
3/3 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

ay

W. H. HARRISON, State Printer, Atlanta.

no to 14

ACT OF 24 OCT. 1867
(For Those Already Enrolled.)

No. 3041

INVALID SOLDIER'S PENSION. 1897.

Name John Dickerson
County Cherokee
Disability Wound, lost eye, and
Amount, \$30.00
3/4 1897

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

ay

W. H. HARRISON, State Printer, Atlanta.

no to 14

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears John Dickerson of Cherokee County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 14 day of Sept 1841; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company D, of 28th Regiment of Georgia Volunteers, 1st Brigade; that whilst engaged in such military service in the State of Georgia, on the 20 day of Feb 1864, he was wounded, injured or diseased as follows:
Wounded, losing right side of face near the
front of right eye passing through & marring the eye
and eye

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Cherokee county been allowed a pension of Thirty dollars, for the year 1895.

Sworn to and subscribed before me, this, the 25th day of Feb 1896. John Dickerson

A. L. Harrison Notary

STATE OF GEORGIA,
Cherokee County.

I, A. L. Harrison Ordinary of said County, do certify that I am well acquainted with John Dickerson 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 25th day of Feb 1896.



Ordinary Cherokee County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears John Dickerson of Cherokee County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 14 day of Sept 1841; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company D, of 28th Regiment of Georgia Volunteers, 1st Brigade; that whilst engaged in such military service in the State of Georgia, on the 20 day of Feb 1864, he was wounded, injured or diseased as follows:
Wounded, losing right side of face near the
front of right eye passing through & marring the eye
and eye

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

Sworn to and subscribed before me, this, the 1st day of Feb 1897. John Dickerson

A. L. Harrison Notary

STATE OF GEORGIA,
Cherokee County.

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

Given under my official signature and seal, this 1st day of Feb 1897.



Ordinary Cherokee County.

dependent desires to participate in the benefits of the Act, approved October 24th, 1891, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Charleston county been allowed a pension of Twenty dollars, for the year 1895.

Sworn to and subscribed before me, this, the 25th day of July, 1896. John Dickerson
A. L. Burton Ordinary

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

STATE OF GEORGIA,
Charleston County.

I, A. L. Burton Ordinary of said County, do certify that I am well acquainted with John Dickerson 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 25th day of July, 1896.



A. L. Burton
Ordinary Charleston County.

dependent desires to participate in the benefits of the Act, approved October 24th, 1891, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Charleston county been allowed an invalid pension of Twenty Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 14th day of July, 1897. John Dickerson
A. L. Burton POST OFFICE

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

STATE OF GEORGIA,
Charleston County.

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

Given under my official signature and seal, this 14th day of July, 1897.



A. L. Burton
Ordinary Charleston County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Charleston County.

I, John Dickerson hereby authorize F. M. Blackwell of Charleston County to receive and receipt for the pension paid hereon and request that he remit same to me by me at me.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th day of July, 1898.

John Dickerson [L. S.]

Executed in presence of

A. L. Burton
A. L. Burton

POWER OF ATTORNEY.

STATE OF GEORGIA,
Charleston County.

I, John Dickerson hereby authorize F. M. Blackwell of Charleston County to receive and receipt for the pension paid hereon and request that he remit same to me by cash at Rt. 2nd St..

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th day of August, 1899.

John Dickerson [L. S.]

Executed in presence of

A. L. Burton

Dickerson John
Blackwell F. M.
ACT OF OCT. 24, 1891.
(For Those Already Enrolled.)
No. 2550
INVALID
SOLDIER'S PENSION.
1898.
Name John Dickerson
County Charleston
Disability Wind, nervous
Amount, \$20.00
7/18 1898.
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDED TO
F. M. Blackwell
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

Dickerson John
Blackwell F. M.
ACT OF OCT. 24, 1891.
(For Those Already Enrolled.)
No. 2396
INVALID
SOLDIER'S PENSION.
1899.
Name John Dickerson
County Charleston
Disability Loss of eye
Amount, \$20.00
7/15 1899.
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDED TO
F. M. Blackwell
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

Dickerson John
Cherokee Co.
ACT OF 24 OCT. 1891.
(For Those Already Enrolled.)
No. 2550
INVALID
SOLDIER'S PENSION.
1898.
Name *John Dickerson*
County *Cherokee*
Disability *Wound, second*
Amount, \$10 *00*
7/18 1898.
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
J. M. Blackburn
SEE IN HANDBOOK, STATE PRINTING OFFICE.

No data
Dickerson John
Cherokee Co.
CIVIL SERVICE LAW.
(For Those Already Enrolled.)
No. 2396
INVALID
SOLDIER'S PENSION.
1899.
Name *John Dickerson*
County *Cherokee*
Disability *Loss of eye*
Amount, \$10 *00*
7/15 1899.
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
J. M. Blackburn
SEE IN HANDBOOK, STATE PRINTING OFFICE.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears *John Dickerson* of *Cherokee* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *14* day of *Sept* 1844; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *12th* Regiment of *Georgia* Volunteers, *Company*'s Brigade; that whilst engaged in such military service in the State of *Florida*, on the *20* day of *Feb* 1864, he was wounded, injured or diseased as follows:

Wound that entering right side of head
from which wound no recovery is still
existing.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of *Cherokee* County been allowed an invalid pension of *Twenty* Dollars, for the year 1897.

Sworn to and subscribed before me, this, the *John Dickerson* day of *Feb* 1898, POST-OFFICE

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

STATE OF GEORGIA,

Cherokee County.

I, *A. B. Bism* Ordinary of said County, do certify that I am well acquainted with *John Dickerson* 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 *7th* day of *Feb* 1898.



A. B. Bism
Ordinary *Cherokee* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears *John Dickerson* of *Cherokee* County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the *14* day of *Sept* 1844; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *12th* Regiment of *Georgia* Volunteers, *Company*'s Brigade; that whilst engaged in such military service in the State of *Florida*, on the *20* day of *Feb* 1864, he was wounded, injured or diseased as follows:

Wound that entering right side of the face causing loss
of left eye

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of *Cherokee* County been allowed an invalid pension of *Twenty* Dollars, for the year 1898.

Sworn to and subscribed before me, this, the *John Dickerson* day of *June* 1899, POST OFFICE

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this *14th* day of *June* 1899.



A. B. Bism
Ordinary *Cherokee* County.

and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Cherokee county been allowed an invalid pension of Thirty Dollars, for the year 1897.

Sworn to and subscribed before me, this, the John Dickerson 2nd day of Feb 1898. POST-OFFICE

A. B. Brown Ordinary

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

STATE OF GEORGIA,

Cherokee County.

I, A. B. Brown Ordinary of said County, do certify that I am well acquainted with John Dickerson 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 2nd day of Feb 1898.



A. B. Brown
Ordinary Cherokee County.

Deponent testifies to the pension for which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Cherokee County been allowed an invalid pension of Thirty Dollars, for the year 1898.

Sworn to and subscribed before me, this, the John Dickerson 14th day of January 1899. POST OFFICE

A. B. Brown Ordinary

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 14th day of January 1899.



A. B. Brown
Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, John Dickerson hereby authorize J. M. Blackwell of Cherokee County

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

at my house on Main Street

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22nd day of Jan 1900.

John Dickerson [L. S.]

Executed in presence of

A. B. Brown

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, John Dickerson hereby authorize A. B. Brown of Cherokee County

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

at my house on Main Street

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14th day of Jan 1901.

John Dickerson [L. S.]

Executed in presence of

W. M. Austin

**INVALID
SOLDIER'S PENSION.
1900.**

Name John Dickerson
County Cherokee
Disability Chronic Rheumatism
Amount, \$ 30.00
Warrant issued Jan 22nd 1900.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
J. M. Blackwell
Geo. W. Harrison, State Printer, Atlanta.

No data

**DISABLED
SOLDIER'S PENSION.
1901.**

Name John Dickerson
County Cherokee
Disability Chronic Rheumatism
Amount, \$ 30.00
Warrant issued Jan 22nd 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
me
Geo. W. Harrison, State Printer, Atlanta.

No data

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions

Dickerson, John
Cherokee Co.
CODE SECTION 189.
(For Those Already Enrolled.)

No. *3439*

INVALID

SOLDIER'S PENSION.
1900.

Name *John Dickerson*
County *Cherokee*
Disability *Blindness*
Amount, \$ *30.00*
Warrant issued *Mar 22, 1900.*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

John Dickerson
Cherokee Co.
Dec. W. Harrison, State Printer, Atlanta.

No date

Dickerson, John
Cherokee Co.
CODE SECTION 190.
(For Those Already Enrolled.)

No. *2461*

DISABLED

SOLDIER'S PENSION.
1901.

Name *John Dickerson*
County *Cherokee*
Disability *Blindness*
Amount, \$ *20.00*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

John Dickerson
Cherokee Co.
Dec. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears *John Dickerson* of *Cherokee* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State and County, and has resided therein continuously ever since the *14* day of *Sept* 1861; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *25*th Regiment of *Georgia* Volunteers, *Calgute*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *20*th day of *Feb*, 1864, he was wounded, injured or diseased as follows:
burns on the entire left side of the face
man in front of right ear causing almost entire loss of eye

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of *Cherokee* County been allowed an invalid pension of *Twenty* Dollars, for the year 1897.

Sworn to and subscribed before me, this *John Dickerson*
22 day of *June*, 1900. POST OFFICE

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

STATE OF GEORGIA,

Cherokee County.

I, *H. C. Harrison* Ordinary of said County, do certify that I am well acquainted with *John Dickerson* 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 *22*

day of *June*, 1900.

H. C. Harrison
Ordinary *Cherokee* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears *John Dickerson* of *Cherokee* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *14* day of *Sept* 1861; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *25*th Regiment of *Georgia* Volunteers, *Calgute*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *20*th day of *Feb*, 1864, he was wounded, injured or diseased as follows:
burns on the entire left side of the face

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of *Cherokee* County been allowed an invalid pension of *Twenty* Dollars, for the year 1900.

Sworn to and subscribed before me, this *John Dickerson*
14 day of *July*, 1901. Postoffice

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this *14*

day of *July*, 1901.

H. C. Harrison
Ordinary *Cherokee* County.



HOME OF VILLOKREA

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1900. I have heretofore under said law as, a resident of Cherokee County been allowed an invalid pension of Chief Dollars, for the year 1897.

Sworn to and subscribed before me, this, John Dickerson 22nd day of Jan 1900. POST OFFICE

H. B. Linn Ordinary of said County, do certify that I am well acquainted with John Dickerson 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.

STATE OF GEORGIA,

Cherokee County.

I, H. B. Linn Ordinary of said County, do certify that I am well acquainted with John Dickerson 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 22nd day of Jan 1900.

H. B. Linn

Ordinary Cherokee County.



Deponent makes application for the pension to which he is entitled for year ending October 28th, 1901. I have heretofore under said law as a resident of Cherokee County been allowed an invalid pension of Chief Dollars, for the year 1900.

Sworn to and subscribed before me, this, John Dickerson 14th day of Jan 1901. Postoffice

H. B. Linn Ordinary of said County, do certify that I am well acquainted with John Dickerson 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.

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 14th day of Jan 1901.

H. B. Linn

Ordinary Cherokee County.



LOMBARD OF VILLOREY

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, John Dickerson hereby authorize H. B. Linn of Cherokee County to receive and receipt for the pension paid hereon and request that he remit same to me by bank at Boston in WITNESS WHEREOF, I have hereunto set my hand and seal this 14th day of Jan 1902.

John Dickerson [L. S.]

Executed in presence of

H. B. Linn

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, John Dickerson hereby authorize Mr. A. Wright of Atlanta Ga. to receive and receipt for the pension paid hereon and request that he remit same to H. B. Linn by check at Boston in WITNESS WHEREOF, I have hereunto set my hand and seal this 14th day of Jan 1903.

John Dickerson [L. S.]

Executed in presence of

H. B. Linn

CODE SECTION 150.
(FOR THOSE ALREADY ENROLLED.)

No. 2108

DISABLED

SOLDIER'S PENSION
1902.

Name John Dickerson
County Cherokee
Co. B Regiment 28th Ba
Disability Blindness
Amount, \$ 20.00

1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Ordry

Gen. W. Harrison, State Prison, Atlanta.

no data

CODE SECTION 150.
(FOR THOSE ALREADY ENROLLED.)

No. 2212

DISABLED

SOLDIER'S PENSION
1903.

Name John Dickerson
County Cherokee
Co. B Regiment 28th Ba
Disability Loss of Eye
Amount, \$ 20.00

1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

W. H. Linn

Gen. W. Harrison, State Prison, Atlanta.

W. H. Linn

Dickerson, John
Cherokee Co.

CODE SECTION 12A.
(FOR THOSE ALREADY ENROLLED.)
No. 2168
**DISABLED
SOLDIER'S PENSION
1902.**
Name John Dickerson
County Cherokee
Co. B Regiment 28th Ia
Disability Wound in head
Amount, \$30.00
2/4 1902.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Ordry
Geo. W. Harrison, State Printer, Atlanta.

no data

Dickerson, John
Cherokee Co.

CODE SECTION 12B.
(FOR THOSE ALREADY ENROLLED.)
No. 2212
**DISABLED
SOLDIER'S PENSION
1903.**
Name John Dickerson
County Cherokee
Co. B Regiment 28th Ia
Disability Loss of eye
Amount, \$30.00
1/16 1903.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Ordry
Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears John Dickerson of
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 1847; that he enlisted in the military service of the Con-
federate States (or of the State of Florida) during the war between the
States, and served as a Private in Company B, of 28th Regiment
of Ia Volunteers, Calquitt's Brigade; that whilst engaged
in such military service in the State of Florida, on the 20 day
of Feb, 1868, he was wounded, injured or diseased as follows:
gunshot shot in head, causing loss of eye

Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1902. I have heretofore, under said law, as a resident of
Cherokee County, been allowed an invalid pension of
Thirty Dollars, for the year 1901.

Sworn to and subscribed before me, this John Dickerson
14th day of Aug, 1902. Post-office
A. C. Carr, Ordry

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 14th
day of Aug, 1902.

A. C. Carr
Ordinary Cherokee County.

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

FORMER OF ALLOKINEA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears John Dickerson of
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
and resident of said State, and has resided therein continuously ever since the
day of 1847; that he enlisted in the military service of the Con-
federate States (or of the State of Florida) during the war between the
States, and served as a Private in Company B, of 28th Regiment
of Ia Volunteers, Calquitt's Brigade; that whilst engaged
in such military service in the State of Florida, on the 20 day
of Feb, 1868, he was wounded, injured or diseased as follows:
gunshot in right temple passing
through & making its exit under left eye
causing loss of one eye

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

Sworn to and subscribed before me, this John Dickerson
14th day of Aug, 1903. Post-office
A. C. Carr, Ordry

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 14th
day of Aug, 1903.

A. C. Carr
Ordinary Cherokee County.

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

FORMER OF ALLOKINEA

ending October 26th, 1902. I have heretofore, under said law, as a resident of Cherokee County, been allowed an invalid pension of thirty Dollars, for the year 1901.
Sworn to and subscribed before me, this John Dickerson
14th day of July 1902. Post-office
A. C. Cannon, Ordg.
Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 14th day of July 1902.

A. C. Cannon Ordinary Cherokee County.

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

BOHEB OF VLIKORRA

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1903. I have heretofore, under said law, as a resident of Cherokee County, been allowed an invalid pension of thirty Dollars, for the year 1902.
Sworn to and subscribed before me, this John Dickerson
14th day of July 1903. Post-office
A. C. Cannon, Ordg.
Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 14th day of July 1903.

A. C. Cannon Ordinary Cherokee County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, John Dickerson hereby authorize Mr. J. Wright of Atlanta Ga to receive and receipt for the pension paid hereon, and request that he remit same to A. C. Cannon, Ordg. by check at Cherokee Ga.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 11th day of July 1904.

Executed in presence of

A. C. Cannon, Ordg.

[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, John Dickerson hereby authorize W. J. Neale of Cherokee County to receive and receipt for the pension paid hereon, and request that he remit same to by at.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 26th day of Jan 1905.

Executed in the presence of

John Dickerson [L. S.]

DISABLED SOLDIER'S PENSION 1904.

Name John Dickerson
County Cherokee
Co. B Regiment 28th Ia
Disability Dead wound
Amount, \$ 10.00
FEB 18 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Don W. Harrison, State Printer, Atlanta.

no lab

DISABLED SOLDIER'S PENSION 1905.

Name John Dickerson
County Cherokee
Co. D Regiment 28th Ia
Disability lost eye
Amount, \$ 8.00
FEB 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Don W. Harrison, State Printer, Atlanta.

Dickerson, John
Cherokee Co.
(FOR THOSE ALREADY ENROLLED.)

No. 2263

DISABLED

SOLDIER'S PENSION
1904.

Name John Dickerson
County Cherokee
Co. B Regiment 28th Ia
Disability Wound received
Amount, \$30.00
Feb 18 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Indy

Geo. W. Harrison, Treasurer, Atlanta.

no act

Dickerson, John
Cherokee Co.

(FOR THOSE ALREADY ENROLLED.)

No. 2234

DISABLED

SOLDIER'S PENSION
1905.

Name John Dickerson
County Cherokee
Co. B Regiment 28th Ia
Disability Shot eye
Amount, \$5.00

1905.
Feb 23
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, Treasurer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cherokee County.

Personally appears John Dickerson of Cherokee County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of 1841; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company B, of 28th Regiment of Ia Volunteers Colquhoun's Brigade; that whilst engaged in such military service in the State of Florida, on the 20th day of Feb 1864, he was wounded, injured or diseased as follows: Wounded in head carrying loss of eye.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of Cherokee County, been allowed an invalid pension of \$30.00 Dollars, for the year 1903.

Sworn to and subscribed before me, this the 11th day of Jan 1904. John Dickerson
Post-office Woodstock Ga

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

STATE OF GEORGIA,
Cherokee County.

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

Given under my official signature and seal, this 11th day of Jan 1904. J. C. Carr
Ordinary Cherokee County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cherokee County.

Personally appears John Dickerson of Cherokee County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 14th day of Sept 1841; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company B, of 28th Regiment of Ia Volunteers Colquhoun's Brigade; that whilst engaged in such military service in the State of Florida, on the 20th day of Feb 1864, he was wounded, injured or diseased as follows: Shot in face lost eye at Ocean Pond Florida

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1905. I have heretofore, under said law, as a resident of Cherokee County, been allowed an invalid pension of \$30.00 Dollars, for the year 1904.

Sworn to and subscribed before me, this the 25th day of January 1905. John Dickerson
Post-office Woodstock Ga

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

STATE OF GEORGIA,
Cherokee County.

I, M. J. Cobb, Ordinary of said County, do certify that I am well acquainted with John Dickerson 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 25th day of Jan 1905. M. J. Cobb
Ordinary Cherokee County.



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

ending October 28th, 1904. I have heretofore, under said law, as a resident of
Cherokee County, been allowed an invalid pension of
thirty Dollars, for the year 1903.

Sworn to and subscribed before me, this the
11 day of Jan, 1904.

John Dickerson
Post-office

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

STATE OF GEORGIA,
Cherokee County.

I, A. C. Carr Ordinary of said County,
do certify that I am well acquainted with John Dickerson
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 11
day of Jan, 1904.

A. C. Carr
Ordinary Cherokee County.

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

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

Cherokee County, been allowed an invalid pension of
thirty Dollars, for the year 1904.

Sworn to and subscribed before me, this the
25 day of January, 1905.

John Dickerson
Post-office Woodstock

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

STATE OF GEORGIA,
Cherokee County.

I, M. J. Webb Ordinary of said County,
do certify that I am well acquainted with John Dickerson
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 25
day of Jan, 1905.

M. J. Webb
Ordinary Cherokee County.

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

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, John Dickerson hereby authorize
M. J. Webb of Canton Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
by

at
In WITNESS WHEREOF, I have hereunto set my hand and seal, this 16
day of Jan, 1906.

Executed in the presence of

M. J. Webb

John Dickerson [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, John Dickerson hereby authorize
M. J. Webb of Canton
to receive and receipt for the pension paid hereon, and request that he remit same to
by

at
In WITNESS WHEREOF, I have hereunto set my hand and seal, this 17
day of Jan, 1907.

Executed in presence of

M. J. Webb

John Dickerson [L. S.]

Cons. Section 120.
(FOR THOSE ALREADY ENROLLED.)

No. 1122

DISABLED
SOLDIER'S PENSION
1906.

Name John Dickerson
County Cherokee
Co. D Regiment 28th Ga
Disability lost eye
Amount, \$ 25.00 / 39
2 / 11 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

The Pensioners' Receipt and Payment Co., 100 N. Main St., Atlanta, Ga.

No data

Cons. Section 120.
(FOR THOSE ALREADY ENROLLED.)

No. 2096

DISABLED
SOLDIER'S PENSION
1907.

Name John Dickerson
County Cherokee
Co. D Regiment 28th Ga
Disability lost eye
Amount, \$ 20.00

1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

The Pensioners' Receipt and Payment Co., 100 N. Main St., Atlanta, Ga.

No data

Richardson, John
Cherokee County

Cross Section 1907.
(FOR THOSE ALREADY ENROLLED.)

No. 1122

**DISABLED
SOLDIER'S PENSION
1906.**

Name John Richardson
County Cherokee
Co. A Regiment 28th Ga.
Disability lost eye
Amount, \$ 500 / 39
1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

No data

Richardson, John
Cherokee Co.

Cross Section 1907.
(FOR THOSE ALREADY ENROLLED.)

No. 2026

**DISABLED
SOLDIER'S PENSION
1907.**

Name John Richardson
County Cherokee
Co. D Regiment 28 Ga.
Disability lost eye
Amount, \$ 100
1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Feb 13

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cherokee County.

Personally appears John Richardson of Cherokee County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Sept the 14 1861; that he enlisted in the military service of the Confederate States, (or of the State of Ga) during the war between the States, and served as a Private in Company A, of 28th Regiment of Ga Volunteers 46th Brigade; that whilst engaged in such military service in the State of Fla, on the 20 day of July 1864, he was wounded, injured or diseased as follows:
Shot in face and lost eye at
Cocasin Pond Fla.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Cherokee County, been allowed an invalid pension of Fifty Dollars, for the year 1905.

Sworn to and subscribed before me, this the

16 day of Jan 1906.

Post-Office

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

State of Georgia,

Cherokee County.

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

Given under my official signature and seal, this 16 day of Jan 1906.

Ordinary Cherokee County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cherokee County.

Personally appears John Richardson of Cherokee County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Sept 1861; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of 28th Regiment of Georgia Volunteers 46th Brigade; that whilst engaged in such military service in the State of Florida, on the 20 day of July 1864, he was wounded, injured or diseased as follows:
By Gun shot entering the right side of
face near the eye, and passing through
face and coming out under left eye.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Cherokee County, been allowed an invalid pension of Fifty Dollars, for the year 1906.

Sworn to and subscribed before me, this the

17 day of Jan 1907.

Postoffice Wauhatchie R.F.D.

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

State of Georgia,

Cherokee County.

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

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

Ordinary Cherokee County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1907.

of Perry 1864, he was wounded, injured or diseased as follows:

Shot in face and lost eye at
Ocean Pond Fla.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Charlotte County, been allowed an invalid pension of Fifty Dollars, for the year 1905.

Sworn to and subscribed before me, this the 16th day of Jan 1906.

Post-Office

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

State of Georgia,

Charlotte County.

I, M. J. Webb Ordinary of said County,

do certify that I am well acquainted with John Dickerson 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 16th day of Jan 1906.

Ordinary Charlotte County.

Notar.—Fill all blanks and of Company and Regiment.
Notar.—All vouchers and affidavits must bear date after January 1st, 1906.

1874 from that entering the right side of
face near the eye, and passing through
face and coming out under left eye.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Charlotte County, been allowed an invalid pension of Thirty Dollars, for the year 1906.

Sworn to and subscribed before me, this the 17th day of Jan 1907.

Postoffice Waverly Ga.

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

State of Georgia,

Charlotte County.

I, M. J. Webb Ordinary of said County,

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

Given under my official signature and seal this 14th day of Jan 1907.

Ordinary Charlotte County.

Notar.—Fill all blanks and of Company and Regiment.
Notar.—All vouchers and affidavits must bear date after January 1st, 1907.

Shorrocks
Maimed Soldiers.

Voucher No 1777

Amount, \$ 50.

Paid to John Dickerson
For Disability from

face wound

April 3

1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK.

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

W. J. Campbell

Charles
Maimed Soldiers.

Voucher No. 2745

Amount \$ 50

Paid to John Dickerson

For Disabled by

face wound

April 16 1890

Included in warrant No.

issued to Treasurer.

1890

WARRANT CLERK.

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

W. J. Campbell

Dickerson, John
Maimed Soldiers.

1891.

Maimed Soldiers.

Voucher No. 2915

Amount \$ 50

Paid to John Dickerson

For Head wound

April 4

1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. J. Campbell

For Disability from
face wound
April 3 1889.
Included in Warrant No.
issued to Treasurer.
1889.
WARRANT-CLERK.
W. J. Campbell, State Printer & Constitution Job Office.
C. A. Demeredy

Paid to John Dickerson
For Disabled by
face wound
April 16 1890
Included in warrant No.
issued to Treasurer.
1890.
WARRANT-CLERK.
W. J. Campbell, State Printer & Constitution Job Office.
C. A. Demeredy

Amount \$ 5.00
Paid to John Dickerson
For Head wound
April 4 1891.
Included in warrant No.
issued to Treasurer.
1891.
WARRANT-CLERK.
Geo. W. Harrison, State Printer, Atlanta.
C. A. Demeredy

No. 1777
STATE OF GEORGIA,)
EXECUTIVE DEPARTMENT.) Atlanta, Ga., April 3 1889.

Mr. John Dickerson of the County
of Cherokee having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1883, and the same having been allowed for
Disability from face wound
He is entitled to receive the sum of Fifty & 00/100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.
The Treasurer will pay the same and hold his receipt on this voucher, and return same to
Executive Department for warrant.
By the Governor, W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty & 00/100 Dollars,
per above voucher, this 3 of April 1889.
C. A. Demeredy by power Atty
for John Dickerson

No. 2745
STATE OF GEORGIA,)
EXECUTIVE DEPARTMENT.) Atlanta, Ga., April 16 1890

Mr. John Dickerson of the County
of Cherokee having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved, Dec. 24, 1888, and the same having been examined and allowed for
Disabled by Head & face wound
He is entitled to receive the sum of Fifty & 00/100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890
The Treasurer will pay the same and hold his receipt on this voucher, and return same
to Executive Department for warrant.
By the Governor, W. H. Harrison
CLERK EXECUTIVE DEPARTMENT.
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Fifty & 00/100 Dollars,
per above voucher, this 16 of April 1890
C. A. Demeredy Atty
for John Dickerson

Disabled from face wound

He is entitled to receive the sum of Fifty & 00/100 Dollars

for such disability, the same being the allowance due for the year ending October 24, 1889.

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



J. D. Gordon
GOVERNOR.

By the Governor,

M. K. Harrison
CLERK EXECUTIVE DEPARTMENT.

\$ 50.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

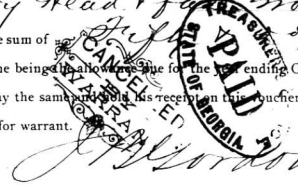
Fifty & 00/100 Dollars,
per above voucher, this 3 of April 1889.

C. A. Demerday by power Atty
for
John Dickerson

Disabled by Head & face wound

He is entitled to receive the sum of Fifty & 00/100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

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



By the Governor,

M. K. Harrison
CLERK EXECUTIVE DEPARTMENT.

\$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty & 00/100 Dollars,
per above voucher, this 16 of April 1890.

C. A. Demerday Atty
for
John Dickerson

1891.
No. 2915
STATE OF GEORGIA, }
EXECUTIVE DEPARTMENT. } Atlanta, Ga. April 4 1891.

Mr. John Dickerson 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
Head wound
He is entitled to receive the sum of Fifty Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

W. J. Harrison
GOVERNOR.

By the Governor,

M. K. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

\$ 50

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

Fifty & 00/100 Dollars,
per above voucher, this 4 of April 1891.

C. A. Demerday Atty

Mr. John Dickerson 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
Head wound
He is entitled to receive the sum of Fifty Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor

M. K. Harrison
SECY EXECUTIVE DEPARTMENT.

W. J. Munson
GOVERNOR.

\$ 50

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

Fifty + 00/100 Dollars,
per above voucher, this 4 of April 1891.

W. A. Starnesdy aty

POWER OF ATTORNEY.

STATE OF GEORGIA,)
 Cherokee County,)
 Know all Men by these Presents, That I, Louisa J. Dickerson

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
9 day of April 1891
Louisa J. Dickerson

Executed in the presence of us:

W. P. Dickerson
E. M. Jones

DIRECTIONS.

If allowed, send amount by _____ to _____ and oblige,
 me at _____



Dickerson Louisa
Cherokee County

1891.

No. 316

Widows' Pension.

PAID TO
Mrs. Louisa J. Dickerson
Cherokee COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER
STATE OF GEORGIA
Cherokee

Know all Men by these Presents,

County, in said State, do hereby appoint me and in my name, to receive and to from the State of Georgia as a witness affidavit; hereby authorizing my said be issued by the Governor, or for any aforesaid.

IN WITNESS WHEREOF
day of

Executed in the presence of us:

W. Putnam
P. R. Dukes

If allowed, send amount by me at

\$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer Atlanta.

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

Cherokee County.

Know all Men by these Presents, That I, *Louisa J. Dickerson*

of *Cherokee*

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

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

Executed in the presence of us:

W. Putnam
P. R. Dukes

DIRECTIONS.

If allowed, send amount by

me at , and oblige.

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of *Cherokee*

In person came before me, the undersigned Ordinary

in and for the County of *Cherokee*

Mrs. *Louisa J. Dickerson*, who being sworn according to law, says under oath that she is the widow of *Nelson L. Dickerson*, who was a soldier in the service of the Confederate States, and served as a member of Company *H*, of the *2nd* Regiment of *her* Volunteers; that he enlisted in said service on or about the *18* day of *Apr* 1861, and was in the *Confederate* Army up to *July 10* 1863. That while in the Army, he was on the or about *2* day of *July* 1863, (See Note No. 1)

wounded by a gunshot in the ankle and the leg, and died on or about the tenth day of July 1863 at Northridge in the State of Virginia

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the *20* day of *January* 1860, and that she has resided in Georgia continuously since the *24* day of *Nov* 1841; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

9 day of *April* 1891.

Ordinary.

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



Widow's Pension

Louisa J. Dickerson

Cherokee County.

\$100.00.

Warrant Issued

AND HANDED TO

1891

Geo. W. Harrison, State Printer Atlanta.

1891.
No. 316

Louisa J. Dickerson
Cherokee County



1891.

20. 316

Widows' Pension

PAID TO

Mrs. Louise J. Dickinson

Cherokee County.

\$100.00.

Warrant Issued

AND HANDED TO

1891

John W. Harrison, Notary Public, Atlanta.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 26th day of January 1860, and that she has resided in Georgia continuously since the 24th day of Nov 1861; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

9 day of April 1891.

J. W. Putnam

Ordinary.

Louise J. Dickinson

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

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of Cherokee

In person came before me, the undersigned Ordinary

in and for said County, witnesses John G. Keasel

and W. J. Doss (each known to said Attesting Officer as truthful,

reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,

Mrs. Louise J. Dickinson, of the County of Cherokee,

State of Georgia, is the widow of Nelson F. Dickinson, who was a soldier in

Company 71 of the 2nd Regiment of Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or

about the 18 day of April 1861. That while in said service, or by

reason of said service in the Army, he lost his life as follows: gunshot wound

in the ankle and the leg amputated

in battle of Gettysburg in the State

of Penn. from which the said

Nelson F. Dickinson lived on

or about the 10 of July 1863 at

Marlinsburg in the State of Virginia

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

Form No. 3.

STATE OF GEORGIA,

County of Cherokee

I, O. W. Putnam Ordinary

in and for said County of Cherokee

State of Georgia, hereby certify that I am acquainted with Mrs. Louise J. Dickinson

the applicant for a pension in this case, and know, from my own knowledge, or from positive proof

presented to me by reputable witnesses, that she resides in this County, and that she resided in the

State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also

certify that the witnesses whose testimony she presents to sustain her claim are known to me to be

truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in

good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

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

9 day of April 1891.

SEAL

O. W. Putnam

Ordinary.

Form No. 4.

NOTES.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

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

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

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

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

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

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

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

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

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

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

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

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

By order of the Governor.

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

We further swear that Mrs. Louise J. Dickinson was the wife of said soldier during the service, and that she has never married since his death, and that she resides in Cherokee County of the State of Georgia.

Sworn to and subscribed before me, this, the

9 day of April 1891.

J. W. Putnam

Ordinary.

John G. Keasel
W. J. Doss

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

Sworn to and subscribed before me, this, the 7th day of April 1891.
W. H. Harrison
Ordinary.

John J. Keene
M. J. Dicks
M. J. Dicks

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

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

Form No. 2.

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 7th day of April 1891.
W. H. Harrison Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cherokee County.
KNOW ALL MEN BY THESE PRESENTS, That I, W. H. Harrison of Cherokee County, in said State, do hereby appoint John J. Keene my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this 7th day of April 1891.
W. H. Harrison [L. S.]

Executed in the presence of us:

W. L. Dicks
Ken F. Perry

DIRECTIONS.

Send amount by Check to W. H. Harrison to me at Atlanta, Georgia and oblige
W. H. Harrison

Widow's Pension,
for year ending February 15th 1893.
— PAID TO —
W. H. Harrison
— OF —
Cherokee County.
Warrant Issued
7/10
1893
AND HANDLED TO
W. H. Harrison
1893

1893.

Dickinson Louisa
Cherokee County
FOR THOSE HERETOFORE PAID.

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

Form No. 2.

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 17th day of January 1894.
W. H. Harrison Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cherokee County.
KNOW ALL MEN BY THESE PRESENTS, That I, L. J. Dickinson of Cherokee County in said State, do hereby appoint W. H. Harrison my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In Witness Whereof, I have hereunto set my hand and seal, this 17th day of January 1894.
L. J. Dickinson [L. S.]

Executed in the presence of us:

W. H. Harrison
L. J. Dickinson

DIRECTIONS.

Send amount by Check to W. H. Harrison to me at Atlanta, Georgia and oblige
Mrs. L. J. Dickinson

Widow's Pension,
for year ending February 15th 1894.
— PAID TO —
W. H. Harrison
— OF —
Cherokee County.
Warrant Issued
7/10
1894
AND HANDLED TO
W. H. Harrison
1894

1894.

FOR THOSE HERETOFORE PAID.

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

In Witness Whereof, I have hereunto set my hand and seal, this 18th day of January 1893

Executed in the presence of us:

W. F. O'Connell
Ken F. Perry

DIRECTIONS.

Send amount by check to A. C. Conn to me at Centon Ga and oblige

FOR THOSE HERETOFORE PAID.

1894.

No. 614

WIDOWS' PENSION.

for year ending February 15th, 1893.

PAID TO —

— OF —

Warrant Issued

AND HANDLED TO

1893

COUNTY.

Geo. W. Atkinson, State Printer, Atlanta.

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 17 day of January 1894

Executed in the presence of us:

Allen C. Conn
J. S. O'Connell

DIRECTIONS.

Send amount by check to A. C. Conn to me at Centon Ga and oblige

FOR THOSE HERETOFORE PAID.

1894.

No. 614

WIDOWS' PENSION.

for year ending February 15th, 1894.

PAID TO —

— OF —

Warrant Issued

AND HANDLED TO

1894.

COUNTY.

Geo. W. Atkinson, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cherokee

Personally comes Mrs.

Louisa J. Dickerson

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

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

continuously ever since January 1 1880. That she is the Widow of

Nelson Lumpkin Dickerson who was a Soldier in Company

B of the Second Regiment of Georgia

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

1861 and served in the Army up to July 1863. That he lost his

life on the 30th day of July 1863. (State here

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

died from a gunshot wound of the

suble - causing gangrene. He was

wounded at Gettysburg Penn.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1864; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this

18th day of January 1893.

Allen C. Conn Ordinary.

Post-office Centon Ga

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cherokee

Personally comes Mrs.

L. J. Dickerson

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

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

continuously ever since 1860. That she is the Widow of

Nelson Lumpkin Dickerson who was a Soldier in Company

A of the 2nd Ga Regiment of Ga Volunteers

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

1861 and served in the Army up to July 1863. That he lost his

life on the 30th day of July 1863. (State here

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

was at Gettysburg July 2nd and died

July 30th, his leg was amputated and

died from gangrene

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1864; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

18th day of January 1894.

Allen C. Conn Ordinary.

Mrs. L. J. Dickerson

Post-office Centon Ga

Wounded at Petersburg, Va.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1861; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this 18th day of January 1893.
Nelson D. Brown Ordinary. Post-office Canton Ga

Died from gangrene

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1861; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this 18th day of January 1894.
Mrs. L. J. Dickerson
Nelson D. Brown Ordinary. Post-office Canton Ga

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

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this 18th day of January 1895.
Nelson D. Brown Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County.
KNOW ALL MEN BY THESE PRESENTS, That I, Louisa J. Dickerson of Cherokee County in said State, do hereby appoint Richard Johnson Sec. & Capt of Lewis's my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th day of January 1895.
Louisa J. Dickerson [L.S.]

Executed in the presence of:

Nelson D. Brown Ordinary
Richard Barton

DIRECTIONS.

Send amount by check to Nelson D. Brown Ordinary to me at Canton Ga, and oblige

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

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this 18th day of January 1896.
Nelson D. Brown Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County.
I, Mrs. L. J. Dickerson hereby authorize Wm. A. Wright of Canton Ga to receive and receipt for the pension paid hereon and request that he remit same to me at Canton Ga by C
In WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th day of January 1896.
Mrs. L. J. Dickerson [L.S.]

Executed in the presence of

W. D. Coleman

1896.

No. 223

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Mrs. L. J. Dickerson

OF

Cherokee County,

widow of N. L. Dickerson

WARRANT ISSUED

24

AND HANDED TO

at

1896.

Done at Canton, Ga. this 24th day of January, 1896.

1895.

No. 2411

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO

Mrs. Louisa J. Dickerson

OF

Cherokee County,

widow of N. L. Dickerson

WARRANT ISSUED

7 Feb 4 1895.

AND HANDED TO

at

Done at Canton, Ga. this 4th day of February, 1895.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9 day of January 1895. *Louisa J. Dickerson* [L.S.]

Executed in the presence of us:

D. L. Brown Ordinary }
William Barton }

DIRECTIONS.

Send amount by *check to D. L. Brown* Ordinary to me at *Conover, Ga*, and oblige

Dickerson, Louisa
Charles County
FOR THOSE HERETOFORE PAID.
1895.
No. *2411*
WIDOW'S PENSION,
for year ending February 15th, 1895.
—PAID TO—
Mrs. Louisa J. Dickerson
—OF—
Cherokee County.
widow of *N. L. Dickerson*
WARRANT ISSUED
Feb 4
AND HANDED TO
Atty
1895.
Don. W. Harrison, State Printer.

I, *Mrs. L. J. Dickerson* hereby authorize *Wm. A. Wright* of *Cartersville* to receive and receipt for the pension paid hereon and request that he remit same to *me* at *Cartersville, Ga.*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6 day of January 1896. *Mrs. L. J. Dickerson* [L.S.]

Executed in the presence of

W. L. Coleman

Dickerson, Louisa
Charles County
FOR THOSE HERETOFORE PAID.
1896.
No. *223*
WIDOW'S PENSION,
for year ending February 15th, 1896.
—PAID TO—
Mrs. L. J. Dickerson
—OF—
Cherokee County.
widow of *N. L. Dickerson*
WARRANT ISSUED
24
AND HANDED TO
Atty
1896.
Don. W. Harrison, State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Cherokee*

Personally Comes Mrs.

Louisa J. Dickerson

who being sworn, says on oath, that she is a bona fide resident of said county of *Cherokee* State of Georgia, and that she has resided in said State continuously ever since *1863* That she is the Widow of *N. L. Dickerson* who was a Soldier in Company "7" of the *Second* Regiment of *Georgia* Volunteers, that he enlisted in said Regiment on or about the month of *April* 1863 and served in the Army up to *July* 1863 That he lost his life on the *30th* day of *July* 1863 (State here full particulars of the husband's death, when, where and from what cause.) *He was wounded in the ankle-foot was amputated and he died from gangrene at Martinsburg Virginia Aug 20th 1863*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1861, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this *9th* day of *January* 1895.

D. L. Brown Ordinary. Post-office *Cartersville*

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *Cherokee*

Personally Comes Mrs.

L. J. Dickerson

who being sworn, says on oath, that she is a bona fide resident of said county of *Cherokee* State of Georgia, and that she has resided in said State continuously ever since *Feb 1860* That she is the Widow of *Nelson L. Dickerson* who was a Soldier in Company *F* of the *2nd* Regt of *Georgia* Volunteers, that he enlisted in said regiment on or about the month of *April* 1861 and served in the Army up to *July* 1863 That he lost his life on the *30th* day of *July* 1863 (State here full particulars of the husband's death, when, where and from what cause.) *He died at Martinsburg Va. from gangrene. He was wounded in the ankle at Gettysburg Pa on the 2nd day of July 1863 and died on the 30th day of July.*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of *Cherokee* County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this *6th* day of *Jan* 1896.

D. L. Brown Ordinary. Post-office *Cartersville*

at Martinsburg Virginia July 30th 1893

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

9th day of January 1895.

A. C. C. Ordinary.

Mrs L. J. Dickerson
Post-office Canton Ga.

and died on the 30th day of July 1860

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

6th day of Jan 1896.

A. C. C. Ordinary.

Mrs L. J. Dickerson
Post-office Canton Ga.

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

Form No. 2.

STATE OF GEORGIA, County of Cherokee

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this 18th day of Aug 1897.

(SEAL)

A. C. C. Ordinary.

POWER OF ATTORNEY.

Form No. 3

STATE OF GEORGIA, Cherokee County.

I, L. J. Dickerson hereby authorize Wm. S. Wright of Cherokee Co. to receive and receipt for the pension paid hereon and request that he remit same to A. C. C. Ordinary at Canton Ga.

In Witness Whereof, I have hereunto set my hand and seal, this 18th day of Aug 1897.

L. J. Dickerson

Executed in the presence of

A. C. C. Ordinary

POWER OF ATTORNEY.

State of Georgia, Cherokee County.

I, L. J. Dickerson hereby authorize Wm. S. Wright of Cherokee Co. to receive and receipt for the pension paid hereon and request that he remit same to A. C. C. Ordinary at Canton Ga.

In Witness Whereof, I have hereunto set my hand and seal, this 18th day of Aug 1898.

L. J. Dickerson

Executed in the presence of

A. C. C. Ordinary

Dickerson L. J. Dickerson

For Those Heretofore Paid.

1898.

No. 1960

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. L. J. Dickerson

or

Cherokee County,

Widow of Wm. S. Dickerson

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

2/1

AND HANDED TO

M. S.

REC'D W. HARRISON, STATE PRINTER, ATLANTA

WIDOW'S PENSION,

For year ending February 15th, 1897.

PAID TO

Mrs. L. J. Dickerson

or

Cherokee County,

Widow of Wm. S. Dickerson

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

2/1

AND HANDED TO

M. S.

1897.

REC'D W. HARRISON, STATE PRINTER, ATLANTA

I, Samuel S. Dickerson hereby authorize Wm. A. Wright of Atlanta, Ga. to receive and receipt for the pension paid hereon and request that he remit same to A. B. Cummings at San Antonio

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 18th day of May 1897.

Executed in the presence of

A. B. Cummings

Louisa J. Dickerson

Dickerson, Louisa J.
Charlotte

For Those Heretofore Paid.

1898.

No. 1960

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Louisa J. Dickerson

OF

Charlotte County, Georgia

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

2/1

AND HANDED TO

12-M

Geo. W. Harrison, State Printer, Atlanta.

Widow's Pension
Charlotte County
FOR THOSE HERETOFORE PAID.
1897.
No. 617
WIDOW'S PENSION,
for year ending February 15th, 1897.
PAID TO
Mrs. Louisa J. Dickerson
OF
Charlotte County, Georgia
widow of William S. Dickerson
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
2/1
AND HANDED TO
12-M
1897.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of Cherokee } Louisa J. Dickerson

who being sworn, says on oath, that she is a bona fide resident of said county of Cherokee State of Georgia, and that she has RESIDED in said State continuously ever since February 1890. That she is the Widow of Nelson L. Dickerson who was a Soldier in Company Volunteers of the 2nd Regiment of Georgia Volunteers, that enlisted in said regiment on or about the month of April 1861 and served in the Army up to July 1863. That he lost his life on the 30th day of July 1863 (State here full particulars of the husband's death, when, where and from what cause.)

He was wounded at Gettysburg Va on the 2nd day of July 1863 and died at Martinsburg July 30th from Chancere

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 18th day of May 1897.
A. B. Cummings Ordinary.

Louisa J. Dickerson Post-office Carlton Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of Cherokee } Louisa J. Dickerson

who, being sworn, says on oath, that she is a bona fide resident of said county of Cherokee State of Georgia, and that she has RESIDED in said State continuously ever since February 1890. That she is the Widow of Nelson L. Dickerson who was a Soldier in Company (F) of the 2nd Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of April 1861 and served in the Army up to July 1863. That he lost his life on the 30th day of July 1863 (State here full particulars of the husband's death, when, where and from what cause.) He was wounded at Gettysburg Pa, on the 2nd day of July 1863, and died at Martinsburg Va of Chancere July 30th 1863.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1860.

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

Sworn to and subscribed before me, this 18th day of May 1898.
Louisa J. Dickerson Ordinary.

Carlton Ga Post-office.

State of Georgia,

County of Cherokee. I, Louisa J. Dickerson Ordinary of said County, certify that I am well acquainted with Mrs. Louisa J. Dickerson who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1st day of February 1890.

Given under my official signature and seal this the 18th day of May 1898.

Official Seal.

Ordinary of Cherokee County.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 18th day of May 1897. Mrs. Louisa J. Dickerson
S. L. Bissell Ordinary. Post-office Canton Ga.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1860.

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

Sworn to and subscribed before me, this day of 1898. Louisa J. Dickerson
Ordinary. Post-Office Canton Ga

State of Georgia,

County. Ordinary of said County, certify that I am well acquainted with Mrs. Louisa J. Dickerson who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1st day of February 1890. Given under my official signature and seal this 18th day of February 1898.

Official Seal.

Ordinary of County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cherokee

Personally Comes Mrs.

Louisa J. Dickerson

who being sworn, says on oath, that she is a bona fide resident of said county of Cherokee State of Georgia, and that she has resided in said State continuously ever since February 1860. That she is the Widow of Nelson L. Dickerson who was a Soldier in Company B of the 2nd Ga. Regiment of Volunteers, that enlisted in said regiment on or about the month of April 1861 and served in the Army up to July 1863. That he lost his life on the 30th day of July 1863. (State here full particulars of the husband's death, when, where and from what cause.)

He was wounded at Gettysburg Va on the 2nd day of July 1863 and died at Martinsburg July 30th from Haugrene

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860 that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 18th day of May 1897. Mrs. Louisa J. Dickerson
S. L. Bissell Ordinary. Post-office Canton Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cherokee

Personally Comes Mrs.

Louisa J. Dickerson

who, being sworn, says on oath, that she is a bona fide resident of said county of Cherokee State of Georgia, and that she has resided in said State continuously ever since February 1860. That she is the Widow of Nelson L. Dickerson who was a Soldier in Company (F) of the 2nd Ga. Regiment of Volunteers, that he enlisted in said regiment on or about the month of April 1861 and served in the Army up to July 1863. That he lost his life on the 30th day of July 1863. (State here full particulars of the husband's death, when, where and from what cause.) He was wounded at Gettysburg Pa, on the 2nd day of July 1863, and died at Martinsburg Va of Gangrene July 30th 1863.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1860.

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

Sworn to and subscribed before me, this day of 1898. Louisa J. Dickerson
Ordinary. Post-Office Canton Ga

State of Georgia,

County. Ordinary of said County, certify that I am well acquainted with Mrs. Louisa J. Dickerson who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1st day of February 1860.

Given under my official signature and seal this the 18th day of February 1898.

Official Seal.

Ordinary of County.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1860, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 18th day of Jan 1897.
Ordinary.

Mrs Louisa J. Dickerson
Post-office Canton Ga.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1860.

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

Sworn to and subscribed before me, this day of 1898.
Ordinary.

Louisa J. Dickerson
Post-Office Canton Ga

State of Georgia,

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

with Mrs. Louisa J. Dickerson who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1st day of February 1890.

Given under my official signature and seal this 18th day of January 1898.

Official Seal.

Ordinary of County.

POWER OF ATTORNEY.

State of Georgia,
Cherokee County.

I, Louisa J. Dickerson hereby authorize Wm. A. Wright of Atlanta Ga

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

A. B. Garner at Canton Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th day of Jan 1899.

Mrs Louisa J. Dickerson L. S.]

Executed in presence of

A. B. Garner

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, L. J. Dickerson hereby authorize W. A. Wright of Atlanta Ga

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

A. B. Garner residing at Canton Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th day of Jan 1900.

Mrs L. J. Dickerson L. S.]

Executed in presence of

Mrs L. R. Garwood

1899.

NO. 970

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs Louisa J. Dickerson

or

Cherokee County

Widow of William J. Dickerson

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1899.

AND HANDLED TO

211

Wm

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

1900.

NO. 811

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO

Mrs L. J. Dickerson

Cherokee County

Widow of William J. Dickerson

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1900.

AND HANDLED TO

213

Wm

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Dickerson, Louisa J.
Cherokee County
 FOR THOSE HERETOFORE PAID.
1899.
 NO. 970
WIDOW'S PENSION,
 For year ending February 15th, 1899.
 PAID TO
Mrs. Louisa J. Dickerson
 OF
Cherokee County
 Widow of *Nelson L. Dickerson*
 RICHARD JOHNSON,
 Commissioner of Pensions.
WARRANT ISSUED
 211
 AND HANDLED TO
W. W.
 1899.
 GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Dickerson, Louisa J.
Cherokee County
 TO THOSE HERETOFORE PAID.
1900.
 NO. 811
WIDOW'S PENSION,
 For year ending February 15th, 1900.
 PAID TO
Mrs. L. J. Dickerson
 OF
Cherokee County
 Widow of *Nelson L. Dickerson*
 JNO. W. LINDSEY,
 Commissioner of Pensions.
WARRANT ISSUED
 Feb 13
 AND HANDLED TO
W. W.
 1900.
 GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
 County of *Cherokee* } *Louisa J. Dickerson*
 who, being sworn, says on oath, that she is a bona fide resident of said county of
Cherokee State of Georgia, and that she has RESIDED in said State
 continuously ever since *February* 1860 That she is the Widow of
Nelson L. Dickerson who was a soldier in Company
 "F" of the *2nd Ga* Regiment of *Volunteers*
 Volunteers, that he enlisted in said regiment on or about the month of *April*
 1861 and served in the Army up to *July* 1863 That he lost his
 life on the *30th* day of *July* 1863 (State here
 full particulars of the husband's death, when, where and from what cause.) *He died of*
Gangrene, at Martinsburg Va. He was
wounded at Gettysburg on the 2nd day
of July 1863.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
 she has never married since his death aforesaid, and that she became his wife in the year 1860.

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

Sworn to and subscribed before me, this
16th day of *January* 1899. *Mrs. Louisa J. Dickerson*
A. B. Gorman Ordinary. Post-Office *Canton, Ga.*

State of Georgia, } I, *A. B. Gorman*
Cherokee County, } Ordinary of said County, certify that I am well acquainted
 with Mrs. *Louisa J. Dickerson* who made the above affidavit and am satis-
 fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
 has continuously resided in this State since the *16th* day of *January* 1899.

Given under my official signature and seal this the *16th* day of *January* 1899.

A. B. Gorman
 Ordinary of *Cherokee* County.



For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
 County of *Cherokee* } *L. J. Dickerson*
 who, being sworn, says on oath, that she is a bona fide resident of said county of
Cherokee State of Georgia, and that she has RESIDED in said State
 continuously ever since *February* 1860 That she is the Widow of
Nelson L. Dickerson who was a soldier in Company
 "F" of the *2nd Georgia* Regiment of *Volunteers*
 Volunteers, that he enlisted in said regiment on or about the month of *April*
 1861 and served in the Army up to *July* 1863 That he lost his
 life on the *30th* day of *July* 1863 (State here
 full particulars of the husband's death, when, where and from what cause.) *He died July 30th 1863 at Martinsburg Va. from gangrene.*
he was wounded at Gettysburg Va on the 2nd day of July
1863.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
 she has never married since his death aforesaid, and that she became his wife in the year 1860.

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

Sworn to and subscribed before me, this
3rd day of *January* 1900. *Mrs. L. J. Dickerson*
A. B. Gorman Ordinary. Post-Office *Canton, Ga.*

State of Georgia, } I, *A. B. Gorman*
Cherokee County, } Ordinary of said County, certify that I am well acquainted
 with Mrs. *L. J. Dickerson* who made the above affidavit and am satis-
 fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
 has continuously resided in this State since the *16th* day of *January* 1899.

Given under my official signature and seal, this the *3rd* day of *January* 1900.

A. B. Gorman
 Ordinary of *Cherokee* County.



Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1860.

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

Sworn to and subscribed before me, this 16th day of January, 1899.
A. B. Curran Ordinary.
Mrs. Louise J. Dickerson Post-Office Canton, Ga.

State of Georgia, Cherokee County. }
Ordinary of said County, certify that I am well acquainted with Mrs. Louise J. Dickerson who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 16th day of January, 1899.

Given under my official signature and seal this the 16th day of January, 1899.
A. B. Curran Ordinary of Cherokee County.

Official Seal.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1860.

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

Sworn to and subscribed before me, this 3rd day of January, 1900.
Mrs. L. J. Dickerson Post-Office Canton, Ga.
A. B. Curran Ordinary.

State of Georgia, Cherokee County. }
Ordinary of said County, certify that I am well acquainted with Mrs. L. J. Dickerson who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 3rd day of January, 1900.

Given under my official signature and seal, this the 3rd day of January, 1900.
A. B. Curran Ordinary of Cherokee County.

Official Seal.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. }
I, Mrs. L. J. Dickerson hereby authorize A. B. Curran of Cherokee County to receive and receipt for the pension paid hereon and request that he remit same to me at Canton, Ga.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of January, 1901.
Mrs. L. J. Dickerson [L. S.]

Executed in presence of
A. B. Curran

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. }
I, Louise J. Dickerson hereby authorize A. B. Curran of Cherokee County to receive and receipt for the pension paid hereon, and request that he remit same to me at Canton, Ga.
In Witness Whereof, I have hereunto set my hand and seal, this 1st day of January, 1902.
Mrs. L. J. Dickerson [L. S.]

Executed in presence of
A. B. Curran

Dickerson, Louise J.
Cherokee County

To Those Heretofore Paid.	1901.
No. <u>2488</u>	
WIDOW'S PENSION,	
For year ending February 15th, 1901.	
PAID TO	
<u>Mrs. L. J. Dickerson</u>	
or	
<u>Cherokee</u> County.	
Widow of <u>William L. Dickerson</u>	
JOHN W. LINDSEY,	
Commissioner of Pensions.	
WARRANT ISSUED	
<u>2/12</u> 1901,	
AND HANDED TO	
<u>One W. Harrison, State Printer, Atlanta, Ga.</u>	

Dickerson, Louise J.
Cherokee County

To Those Heretofore Paid.	1902.
No. <u>1844</u>	
WIDOW'S PENSION,	
For year ending Dec. 31, 1902.	
PAID TO	
<u>Mrs. Louise J. Dickerson</u>	
or	
<u>Cherokee</u> County.	
Widow of <u>Wm. L. Dickerson</u>	
Co. <u>F</u> , Regiment <u>3rd</u> <u>Cal.</u>	
JOHN W. LINDSEY,	
Commissioner of Pensions.	
WARRANT ISSUED	
<u>2/4</u> 1902	
AND HANDED TO	
<u>One W. Harrison, State Printer, Atlanta, Ga.</u>	

STATE OF GEORGIA
FOR WIDOWS HERETOFORE ALLOWED PENSIONS

FOR WIDOWS HERETOFORE ALLOWED PENSIONS

*Dickerson, Louise
Cherokee County*

To Those Heretofore Paid.
1901.
No. 2448
WIDOW'S PENSION,
For year ending February 15th, 1901.
PAID TO
Mrs. L. J. Dickerson
or
Cherokee County.
Widow of *W. L. Dickerson*
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
2/12 1901,
AND HANDED TO
Geo. W. Harrison, State Printer, Atlanta, Ga.

COUNTY OF
STATE OF GEORGIA

Personally Comes Mrs.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County. }

I, *Mrs. L. J. Dickerson* hereby authorize
A. B. Curry Ordry of *Cherokee County*
to receive and receipt for the pension paid hereon and request that he remit same to
me at *Benton La*
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *1st*
day of *May* 1901.

Mrs. L. J. Dickerson [L. S.]

Executed in presence of

A. B. Curry Ordry

*Dickerson, Louise
Cherokee County*

To Those Heretofore Paid.
1901.
No. 2448
WIDOW'S PENSION,
For year ending February 15th, 1901.
PAID TO
Mrs. L. J. Dickerson
or
Cherokee County.
Widow of *W. L. Dickerson*
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
2/12 1901,
AND HANDED TO
Geo. W. Harrison, State Printer, Atlanta, Ga.

*Dickerson, Louise
Cherokee County*

To Those Heretofore Paid.
1902.
No. 1844
WIDOW'S PENSION,
For year ending Dec. 31, 1902.
PAID TO
Mrs. Louise Dickerson
or
Cherokee County.
Widow of *W. L. Dickerson*
Co. F. Regiment *24th*.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
3/4 1902
AND HANDED TO
Ordry
Geo. W. Harrison, State Printer, Atlanta, Ga.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County. }

I, *Louise J. Dickerson* hereby authorize
A. B. Curry Ordry of *Cherokee County*
to receive and receipt for the pension paid hereon, and request that he remit same to
me at *Benton La*
In Witness Whereof, I have hereunto set my hand and seal, this *1st*
day of *May* 1902.

Mrs. L. J. Dickerson [L. S.]

Executed in presence of

A. B. Curry Ordry

*Dickerson, Louise
Cherokee County*

To Those Heretofore Paid.
1902.
No. 1844
WIDOW'S PENSION,
For year ending Dec. 31, 1902.
PAID TO
Mrs. Louise Dickerson
or
Cherokee County.
Widow of *W. L. Dickerson*
Co. F. Regiment *24th*.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
3/4 1902
AND HANDED TO
Ordry
Geo. W. Harrison, State Printer, Atlanta, Ga.

Dickinson, Lewis
Cherokee County

To Those Heretofore Paid.

1901.

No. 2478

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. L. J. Dickerson

or
Cherokee County.

Widow of *Nelson, L. Dickerson*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

2/12 1901,

AND HANDLED TO

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

Dickinson, Lewis
Cherokee County

To Those Heretofore Paid.

1902.

No. 1844

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. Lewis J. Dickerson

or
Cherokee County.

Widow of *N. L. Dickerson*

Co. F. Regiment 24th.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

2/4 1902

AND HANDLED TO

Geo. W. Hartman

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of *Cherokee*

Personally Comes Mrs.

L. J. Dickerson

who, being sworn, says on oath, that she is a bona fide resident of said County of *Cherokee* State of Georgia, and that she has RESIDED in said State continuously ever since *February 1850*. That she is the Widow of *Nelson, L. Dickerson* who was a soldier in Company *F* of the *2nd Ga.* Regiment of *Volunteers*. That he enlisted in said regiment on or about the month of *April 1861* and served in the Army up to *July 1863*. That he lost his life on the *30th* day of *July*, 1863. (State here particulars of the husband's death, when, where and from what cause) *Died at Martinsburg Virginia, from a wound received at Gettysburg on the 2nd of July 1863. the immediate cause of his death was gangrene*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1860

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

Sworn to and subscribed before me, this *1st* day of *February* 1901. *Mrs. L. J. Dickerson* Ordinary. Post Office *Canton Ga*

State of Georgia,

Cherokee County.

A. B. Carr Ordinary of said County, certify that I am well acquainted

with Mrs. *L. J. Dickerson*, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the *1st* day of *July*, 1860.

Given under my official signature and seal, this *1st* day of *July*, 1901.

Official Seal.

A. B. Carr Ordinary of *Cherokee* County.

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of *Cherokee*

PERSONALLY COMES Mrs.

Lewis J. Dickerson

who, being sworn, says on oath, that she is a bona fide resident of said County of *Cherokee* State of Georgia, and that she has RESIDED in said State continuously ever since *1850*. That she is the Widow of *N. L. Dickerson* who was a soldier in Company *F* of the *2nd Ga.* Regiment of *Volunteers*. That he enlisted in said regiment on or about the month of *April* 1861, and served in the Army up to *July*, 1863. That he lost his life on the *31* day of *July*, 1863. (State here particulars of the husband's death, when, where and from what cause) *Died from wound received at Gettysburg, Va.*

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1860

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

Sworn to and subscribed before me, this *14th* day of *July*, 1902. *Mrs. L. J. Dickerson* Ordinary. Post Office

State of Georgia,

Cherokee County.

A. B. Carr Ordinary of said County, certify that I am well acquainted with Mrs. *Lewis J. Dickerson*, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the *1st* day of *July*, 1860.

Given under my official signature and seal, this *14th* day of *July*, 1902.

Official Seal.

A. B. Carr Ordinary of *Cherokee* County.

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

11th of the 2nd Regt Ga. Regiment of Volunteers
Volunteers, that he enlisted in said regiment on or about the month of April 1861
1861 and served in the Army up to July 1863 That he lost his
life on the 30th day of July 1863 (State here
particulars of the husband's death, when, where and from what cause) Tied at Martins-
burg Virginia from a wound received at Gettysburg on
the 2nd of July 1863. the immediate cause of his death
was gangrene

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 1860

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

Sworn to and subscribed before me, this
1st day of February 1901. W. L. Dickerson
A. B. Burn Ordinary. Post Office Canton Ga

State of Georgia, } I A. B. Burn
Cherokee County. } Ordinary of said County, certify that I am well acquainted
with Mrs. W. L. Dickerson, who made the above affidavit and am satisfied
that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the day of 1st 1862.

Given under my official signature and seal, this the 1st day of Feb 1901.

Official
Seal

A. B. Burn
Ordinary of Cherokee County.

11th of the 2nd Regt Ga. Regiment of Volunteers
Volunteers, that he enlisted in said regiment on or about the month of April
1861, and served in the Army up to July 1863. That he lost his
life on the 31 day of July 1863 (State here
particulars of the husband's death, when, where and from what cause)
Killed from wound received at Battle of Perry, O. R.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1860

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

Sworn to and subscribed before me,
this 14th day of May 1902. Mrs L. F. Dickerson
A. B. Burn Ordinary. Post Office

State of Georgia, } I A. B. Burn
Cherokee County. } Ordinary of said County, certify that I am well
acquainted with Mrs. Louisa F. Dickerson, who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 1-50

Given under my official signature and seal, this the 14th day of May 1902.

Official
Seal

A. B. Burn
Ordinary of Cherokee County.

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

On Roll
Decker's Name
of Cherokee
1914

No. _____

Widow's Application

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

County *S. Cherokee*

Name *Nancy D. Linder*

Widow of *Thos D. Linder*

Company _____

Approved _____

J. W. LINDSEY,
Commissioner of Pensions

CHAS. F. BYRD, State Printer, Atlanta.

10/31 1914

Widow of Thos D. Lindsey
Company _____
Approved _____

J. W. LINDSEY,
Commissioner of Pensions
CHAS. P. BYRD, State Printer, Atlanta.

10/31 1914

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,
Schenck County.

Personally before me comes Mrs Mary D. Lindsey of said County, who, after being duly sworn, on oath says, that she is the widow of Thos Lindsey, to whom in the County of Schenck State of Georgia she was married on the 28 day of Oct 1868 and that she remained his wife, and resided with him to the date of his death in Feb 23 1914 and that she has not since his death remarried. At the time of his death he was a resident of Schenck County, in said State of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension of \$ 6.10 in Schenck County for 1914 per annum, on account of being a soldier in Company Regiment See's Battalion (Volunteers of State Militia.)

At the death of Thos Lindsey he was in the use and possession of the following property Two mules one cow one wagon of the cash value of \$ 160.00

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

_____	Acres land	\$	_____
<u>Two</u>	Horses and Mules	\$	<u>160.00</u>
<u>Two</u>	Hogs, Cows, etc.	\$	<u>30.00</u>
Total Cash value of all property		\$	<u>160.00</u>

That she is now a bona fide resident citizen of said County of Schenck and she has so continuously resided since 23 day of Feb 1914

Sworn to and subscribed before me, this the 20 day of Aug 1914 Mary D. Lindsey
J. M. Satterfield Ordinary,
of Schenck County.

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

STATE OF GEORGIA,
Schenck County.

Personally before me come Edw. Satterfield known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs Mary D. Lindsey who made the foregoing affidavit, is the lawful widow of Thos Lindsey who died in Schenck County in said State of Georgia on 28 day of Feb 1914 and that she has not since remarried. That she became the wife of Thos Lindsey on the 28 day of Oct 1868 and that she and he had resided together as man and wife continuously since 28 day of Oct 1868 and that the Thos Lindsey was the same man who was on the pension roll of said State from Schenck County when he died.

Sworn to and subscribed before me, this the 20 day of Aug 1914 J. M. Satterfield Ordinary,
J. M. Satterfield of Schenck County.

Widow's Application

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

Name Mary D. Lindsey
County Schenck
Widow of Thos D. Lindsey
Company _____
Approved _____
J. W. LINDSEY,
Commissioner of Pensions
CHAS. P. BYRD, State Printer, Atlanta.

10/31 1914

has so continuously resided since _____ day of _____ 1914.
Sworn to and subscribed before me, this the _____ day of _____ 1914.
J. M. Sawtwell Ordinary,
of _____ County.

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

STATE OF GEORGIA,
_____ County.

Personally before me come Wm. Lobb and J. P. Jones known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. Mary E. Lobb who made the foregoing affidavit, is the lawful widow of Thos. Lobb who died in _____ County in said State of _____ on _____ day of _____ 1914, and that she has not since remarried. That she became the wife of Thos. Lobb on the _____ day of _____ 1888, and that she and he had resided together as man and wife continuously since _____ day of _____ 1888, and that the _____ was the same man who was on the pension roll of said State _____ from _____ County _____ when he died.

Sworn to and subscribed before me, this the _____ day of _____ 1914.
J. M. Sawtwell Ordinary,
of _____ County.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,
_____ County.

Personally before me comes Wm. Lobb and J. P. Jones who after being sworn on oath says, that they are freeholders of said County, and that they know Mary Lobb of said County and knew her said husband Thos. Lobb at his death on the _____ day of _____ 1914, that she and he were in the use, possession and control of the following property at his death to wit: two mules two cows one wagon
of the value of \$150 = That she is now in the use, possession and control of the following property to wit: two mules two cows
of the value of \$150 =

Sworn to and subscribed before me, this the _____ day of _____ 1914.
J. M. Sawtwell Ordinary,
of _____ County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
_____ County.

I, J. M. Sawtwell Ordinary of said County, do certify, that, I know Mrs. Mary E. Lobb the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the _____ day of _____ 1914.

That I also know Wm. Lobb witness as to marriage and I also know J. P. Jones who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

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

Sworn under my hand and official seal of office this _____ day of _____ 1914.
(SEAL.) J. M. Sawtwell Ordinary,
_____ County.

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

property to wit:

of the value of \$150⁰⁰

Sworn to and subscribed before me, this the

20 day of Feb 1914

J M Sawtford

Ordinary

of Cherokee County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee County.

I, J M Sawtford, Ordinary of said County, do certify, that, I know Mrs. Mary E. Sikes the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the

20th day of Feb 1914

That I also know J M Sikes witness as to marriage and I also know

J P Sikes who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Cherokee County shows that J M Sikes returned property to the amount of \$ for 1908 \$ for 1909 \$ for 1910 \$ 375⁰⁰

Sworn under my hand and official seal of office this 20 day of Feb 1914.

(SEAL.) J M Sawtford Ordinary. Cherokee County.

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

Dickinson, Thomas
Cherokee Co.

OTT No. for 1911

Confederate

Soldier's Application.

✓ UNDER ACT 1910.

County Cherokee

Name Thomas Dickinson

Company M.

Regiment Lee's Battalion

Approved _____

J. W. LINDSEY,
Commissioner of Pensions

CHAR. F. BYRD, State Printer, Atlanta.

10/24/11

County Cherokee
Name Thomas Dickerson
Company M.
Regiment Lee's Battalion
Approved _____
J. W. LINDSEY,
Commissioner of Pensions
CHAS. F. BYRD, State Printer, Atlanta.
10/24/11

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

County Cherokee

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

1. What is your name and where do you reside? (Give County and Post-office) Thomas Dickerson, Hixley Post, Cherokee County, Ga.

2. How long and since when have you been a continuous resident citizen of this State? Been in this State all my life - 67 years

3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Yes

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) March 1862 - Atlanta, Ga. "M" Lee's Battalion, Cavalry

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Two years & more

6. When and where was your Company and Regiment surrendered or discharged from the Service?

7. Were you actually present with your Command when it was surrendered or discharged? Yes

8. If you were not actually present, state specifically and clearly where you were. front

a. Where was your Command when you left it? 2 miles left

b. When did you leave the Command? _____

c. For what cause did you leave? _____

d. By whose authority did you leave? _____

e. For how long was your leave granted? In what way? _____

f. Why did you not return to your Command after leave expired? _____

g. In what way were you prevented? _____

h. What effort did you make to return? _____

i. Were you captured during the war? No

j. If so, when, and where? In what prison were you held and when were you released? _____

9. 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.) Two mules \$100. 2 cows \$30 - Wagon & harness \$30.00 farming tool \$2.00, Hog \$2.00, Horse \$30.00

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? None

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list.) same property as list out for above to Johnston No. 9.

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? None

13. Are you drawing a pension of any amount from this State or the United States? No

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Made one claim, refused on acct of having small amt of property

Sworn to and subscribed before me, this the _____ day of _____ 1910

Thomas Dickerson

H. J. Wells Ordinary,

of Cherokee County.

Soldier's Application.

UNDER ACT 1910.

Confederate

Dickerson Thomas
Cherokee Co.
No. 101411

County Cherokee
Name Thomas Dickerson
Company M.
Regiment Lee's Battalion
Approved _____

J. W. LINDSEY,

Commissioner of Pensions

CHAS. F. BYRD, STATE PRINTER, ATLANTA.

- f. Why did you not return to your Command after leave expired?
- g. In what way were you prevented?
- h. What effort did you make to return?
- i. Were you captured during the war?
- j. If so, when, and where? In what prison were you held and when were you released?

9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) *two mules Val \$100 - 2 cows \$30 - Wagon & Buggy \$300 - farming tools \$200 - 2 Hogs \$100 - House hold \$3000*

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov., 1908. To whom and for what price? *None*

11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemized list.) *same property as set out in no. 9. to Charleston No. 9.*

12. What annual or monthly income or earnings of yourself and wife and the source derived have you? *None*

13. Are you drawing a pension of any amount from this State or the United States? *No*

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? *Madison County, refused on acct of having small amt of property*

Sworn to and subscribed before me, this the *22* day of *Oct*, 1910, *Thomas X Dickerson* Ordinary, *Cherokee* County.

QUESTIONS FOR WITNESSES TO SERVICE

STATE OF GEORGIA,
Cherokee County.

J. M. Reese of said State and County is hereby presented as a witness in support of the application of *Thomas Dickerson* for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? *J. M. Reese - Holly Springs Cherokee County, Ga.*

2. How long and since when have you known *Thomas Dickerson* the applicant? *known him all his life*

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? *Resides Cherokee Co. has lived in this State all his life*

4. When, where and in what Company and Regiment did *Thomas Dickerson* enlist during war from 1861 to 1865? (Give date and place) *Mes. 1863 - Atlanta Ga. Co. M. 1st Battalion*

5. How did you obtain your information of this Service? *I enlisted at same time and in same Company*

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) *From Mes. 1863 till Sept. 1864, when I was captured*

7. When and where was his Command surrendered or discharged (give date and place) *I don't know.*

8. Were you personally present at the Surrender? *No.*

9. If not, where were you and how came you there? *I was captured Sept. 1864, put in Prison at Camp Douglas, I don't know of him.*

10. Was the applicant personally present with his Command at surrender? *I don't know.*

11. If not where was he and how came him there? *I can't answer*

12. When did he leave his Command? *Can't say.* Where was his Command when he left it? *for what cause did he leave?*

By whose authority did he leave *for what cause did he leave?* and how long was he granted leave? *for what cause did he leave?* How do you know

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? *for what cause did he leave?* How do you know?

14. What effort did he make to return to his Command and how do you know? *for what cause did he leave?*

15. Was applicant captured as a prisoner? *No.* If so, when and where? *for what cause did he leave?* In what prison was he held? *for what cause did he leave?* and when released?

Sworn to and subscribed before me, this the *22* day of *Oct*, 1910, *J. M. Reese* Ordinary, *Cherokee* County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Cherokee County.

Personally before me comes *J. M. Reese & J. E. Meritt* who on oath says that they are freeholders residing in said County and we know *Thomas Dickerson* the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.) *two little mules Val \$100 - 2 cows \$30 - Wagon & Buggy \$300 - farming tools \$200 - 2 Hogs \$100 - House hold \$3000*

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov. 1908? (State it fully by items.) *None*

2. When and to whom was it sold or given to? *for what cause did he leave?*

3. What was the price paid or stated to be paid? *for what cause did he leave?*

4. What relation is the party to applicant? *Thomas Dickerson's son*

5. What disposition was made of the proceeds of the sale? *for what cause did he leave?*

6. Was the disposition of this property made in good faith and full values? *for what cause did he leave?*

or was it made to obtain a pension? *for what cause did he leave?*

Sworn to and subscribed before me, this the *22* day of *Oct*, 1910, *J. E. Meritt* Ordinary, *Cherokee* County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cherokee County.

I, *J. M. Reese* Ordinary of said County, certify that I know the applicant *Thomas Dickerson* for Pension is the person he represents himself to be and resides in said County. That I also know *J. M. Reese & J. E. Meritt* the witness swearing to the service and *J. E. Meritt & J. M. Reese* who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Receipts of *Thomas Dickerson* shows that *his* and wife

value for tax in 1908 \$ *215* for 1909 \$ *202* for 1910 \$ *202*

Sworn under my hand and official seal of office this *22* day of *Oct*, 1910, *J. M. Reese* Ordinary, *Cherokee* County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "You shall be the whole truth, so help you God."

2. All affidavits must be made before the Ordinary and certified by him.

3. It is provided that no property at all in the possession, use or control of self and wife, affidavit of freeholders.

and what was the cash value on the 1st Nov. 1905? (Make list by items and value). *cash value*
7th \$100. - 2 cows \$30. - Wagon & Buggy \$30.00
farming tools \$22.00, 2 Hogs \$10.00

10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1905. To whom and for what price? *None*
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemised list).
same property as set out in no. 9. to purchase no. 9.
12. What annual or monthly income or earnings of yourself and wife and the source derived have you? *None*
13. Are you drawing a pension of any amount from this State or the United States? *No*
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? *Made one claim, refused on acct of having small amt of property*
- Sworn to and subscribed before me, this the *22* day of *Oct* 1912 *Thomas X Dickerson* Ordinary, of *Cherokee* County.

QUESTIONS FOR WITNESSES TO SERVICE.

STATE OF GEORGIA.
Cherokee County.

J. W. Reese of said State and County is hereby presented as a witness in support of the application of *Thomas Dickerson* for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? *J. W. Reese - Holly Springs Cherokee County, Ga.*
2. How long and since when have you known *Thomas Dickerson* the applicant? *known him all his life*
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? *Resides Cherokee Co. born in this State all his life*
4. When, where and in what Company and Regiment did *Thomas Dickerson* enlist during war from 1861 to 1865? (Give date and place) *Mar 1862 - Little Rock, Co. M. 1st Regt. Va.*
5. How did you obtain your information of this Service? *I enlisted at same time and in same Company*
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) *from Mar 1862 till Sept 1864, when I was captured*
7. When and where was his Command surrendered or discharged (give date and place) *I don't know*
8. Were you personally present at the Surrender? *No*
9. If not, where were you and how came you there? *I was captured Sept 1864, put in Prison at Camp Douglas, I know no more of him*
10. Was the applicant personally present with his Command at surrender? *I don't know*
11. If not where was he and how came him there? *I can't answer*

12. When did he leave his Command? *Can't say* Where was his Command when he left it? *for what cause did he leave?*

By whose authority did he leave *and how long was he granted leave?* How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) *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?

15. Was applicant captured as a prisoner? *No* If so, when and where? In what prison was he held? *and when released?*

Sworn to and subscribed before me, this the *22* day of *Oct* 1912 *J. W. Reese* Ordinary, of *Cherokee* County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.
Cherokee County.

Personally before me, *W. J. Webb* & *J. F. Meritt* who on oath says that they are freeholders residing in said County and we know *Thomas Dickerson* the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value). *Two Little Trucks Val \$100 - 2 cows \$30.00 Wagon & Buggy \$30.00 farming tools \$22.00 - 2 Hogs \$10.00 Horse and saddle \$50.00*

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov. 1905? (State it fully by items) *None*
2. When and to whom was it sold or given to?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant? *Wife's Brother-in-law, Meritt in*
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full values? or was it made to obtain a pension?

Sworn to and subscribed before me, this the *22* day of *Oct* 1912 *J. F. Meritt* Ordinary, of *Cherokee* County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.
Cherokee County.

I, *W. J. Webb* Ordinary of said County, certify that I know the applicant *Thomas Dickerson* for Pension is the person he represents himself to be and reside in said County. That I also know *J. W. Reese* the witness swearing to the service and *J. F. Meritt* & *W. J. Webb* who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Receipt of *Thomas Dickerson* shows that *his* and wife value for tax in 1905 \$275 for 1906 \$202 for 1910 \$202

Sworn under my hand and official seal of office this *22* day of *Oct* 1912 *W. J. Webb* Ordinary, of *Cherokee* County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses to the following words: "I do solemnly swear that you will true answers make to each question asked you and the evidence you give shall be the whole truth, so help you God."

2. Affidavits where the party is assisted by a third person are insufficient.

3. Affidavits must be made before the Ordinary and certified by him.

4. Transactions have no property at all in his possession, use or control of self and wife, affidavits of freeholders necessary.

9. If not, where were you and how came you there? *I was captured Sept. 1864, put in Prison at Camp Douglas, I have no more of him.*

10. Was the applicant personally present with his Command at surrender? *I don't know.*

11. If not where was he and how came him there? *I can't answer.*

12. When did he leave his Command? *Can't say.* Where was his Command when he left it? _____ for what cause did he leave? _____

By whose authority did he leave _____ and how long was he granted leave? _____ How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) *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? _____

15. Was applicant captured as a prisoner? *No.* If so, when and where? _____ In what prison was he held? _____ and when released? _____

Sworn to and subscribed before me, this the 22 day of Oct 1910 *J. H. Reese* Ordinary of Cherokee County.

H. J. Webb Ordinary, of Cherokee County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, Cherokee County.

I, H. J. Webb Ordinary of said County, certify that I know the applicant _____ for Pension is the person he represents himself to be and resides in said County. That I also know J. H. Reese the witness swearing to the service and J. H. Reese who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Receipts of Thos. Dickerson shows that Yes and wife value for tax is in 1908 \$ 215 for 1909 \$ 202 for 1910 \$ 202

Sworn under my hand and official seal of office this 28 day of Oct 1910

H. J. Webb Ordinary of Cherokee County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth, so help you God." 2. Additional affidavit may be attached if that space are insufficient. 3. Affidavits must be made before the Ordinary and certified by him. 4. If applicant has no property at all in his possession, use the words of self and wife, Affidavits of freeholders unnecessary.

BAD COPY--OR--LIGHT PRINT

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA, Haralson County.

J. L. Helton of said State and County is hereby presented as a witness in support of the application of THOS. DICKERSON for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? J. L. Helton Temple, Ga. and live in Haralson County, Ga. Near the line of Carroll Co. Ga.

2. How long and since when have you known THOS. DICKERSON the applicant? 64 years all my life

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? In Cherokee Co. Ga. all his life I know this by being personally acquainted with him and have known him all his life

4. When, where and in what Company and Regiment did THOS. DICKERSON enlist during war from 1861 to 1865? (Give date and place) March 1863, Atlanta, Ga. Co. M. Lee's 1863: April

5. How did you obtain your information of this Service? By being a member of the same company and Reg. and enlisted at the same time.

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) From time of enlistment to surrender.

7. When and where was his Command surrendered or discharged (give date and place) April 1865, in Virginia.

8. Were you personally present at the Surrender? Yes.

9. If not, where were you and how came you there? _____

10. Was the applicant personally present with his Command at surrender? Yes.

11. If not where was he and how came him there? _____

12. When did he leave his Command? _____ Where was his Command when he left it? _____ for what cause did he leave? _____

By whose authority did he leave _____ and how long was he granted leave? _____ How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) _____

13. In what way was he prevented from returning to his Command? _____ How do you know? _____

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

15. Was applicant captured as a prisoner? No. If so, when and where? _____ In what prison was he held? _____ and when released? _____

Sworn to and subscribed before me, this the 24th day of Oct 1910 *J. L. Helton* Ordinary of Haralson County.

Georgia, Haralson County. Ordinary of said county hereby certify that J. L. Helton is a citizen of said county and worthy of full credit and belief. Witness my hand and official signature, this 24th day of October 1910. *J. L. Helton*

8. Were you personally present at the Surrender? YES
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender? YES
11. If not where was he and how came him there?
12. When did he leave his Command? _____ Where was his Command
when he left it? _____ for what cause did he leave?
By whose authority did he leave _____ and how
long was he granted leave? _____ How do you know
all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)
13. In what way was he prevented from returning to his Command?
How do you know?
14. What effort did he make to return to his Command and how do you know?
15. Was applicant captured as a prisoner. NO If so, when and where?
In what prison was he held? _____ and when released?
Sworn to and subscribed before me, this the } L. H. Hilton
24th day of Oct 1910 } mark
W. T. Leary Ordinary,
of Harrison County.

GEORGIA, Cherokee County.
I, J. M. Saffell Ordinary of said county, do certify
that I personally know Mrs. Mary T. Dickinson, the applicant, and that she
is the lawful widow of Thos. D. Dickinson, and was on
the Indigent Pension Roll of said Cherokee county, and was paid
a Pension from Cherokee county for 1914, and at the time
of his death on the 23 day of Feb 1914, there was due to
him and unpaid his Pension of Eight Dollars from the State
of Georgia, and I know E. M. Gills the within
witness, and he is of a truthful and trustworthy character and entitled to full credit.
Given under my hand and seal this 13 day of Apr 1914.
J. M. Saffell Ordinary,
Cherokee County.

Dickinson, Thomas
Cherokee Co.

No.	1914
Application for Pension Due Deceased Soldier UNDER ACT 1891	
To be paid the Widow or Dependent Children	
BY	
Mrs. <u>Cherokee</u>	
Widow of	
of <u>Thos. D. Dickinson</u>	
Cs.	Regt.
	Vol.
Approved and paid	1914.
J. W. LINDSEY, Commissioner of Pensions.	

GEORGIA, _____ County.
I hereby authorize and constitute _____ of said county, my
lawful attorney to collect and receipt for me in my name the Pension due me for 19____, through my
deceased husband, _____, who was on _____
Pension Roll and paid from _____ for 19____
Witness my hand this _____ day of _____ 19____
Attested before me: _____

Dickenson, Thomas
Charles Co.

No. _____

1914

**Application for Pension Due
Deceased Soldier**

UNDER ACT 1891

To be paid to his Widow or Dependent Children

BY

Mrs. Charles

Widow of

of Thomas Dickenson

Ct.

Regt.

Vol.

Approved and paid

1914.

J. W. LINDSEY,

Commissioner of Pensions.

GEORGIA, _____ County.

I hereby authorize and constitute _____ of said county, my
lawful attorney to collect and receipt for me in my name the Pension due me for 19____, through my
deceased husband, _____, who was on _____
Pension Roll and paid from _____ for 19____.

Witness my hand this _____ day of _____, 19____.

Attested before me:

Application for Pension Due Deceased Soldier

To be paid to his widow or dependent children.

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, Cherokee County.

Personally before me comes Mrs. Nancy E. Dickenson, of said county,

after being duly sworn, on oath says that she is the widow of Thos. Dickenson

who was duly enrolled as a Indigent Pensioner from the county

of Cherokee and was paid a Pension of Sixty

Dollars from Cherokee county for 1912, and that the said

Thos. Dickenson died in Cherokee county on

the 25 day of Feb, 1914, and at the time of his death a Pension of Eighteen

was due him from Cherokee county and unpaid for 1914.

Applicant further swears that she married the said Thos. Dickenson on

the 25 day of Oct, 1888, in Cherokee county and

State of Georgia, and resided with him from the date of marriage to his death

as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be

paid to her.

Sworn to and subscribed before me this 13 day of Apr, 1914.

J. M. Saltzfield Ordinary.

Cherokee County.

Nancy E. Dickenson (L.S.)

AFFIDAVIT OF WITNESS.

GEORGIA, Cherokee County.

Personally before me comes Is or John, who

on oath says that he knew Thos. Dickenson while in life

and that he knows Mrs. Nancy E. Dickenson

the above applicant; that he knows that the said Thos. Dickenson

and Mrs. Nancy E. Dickenson were in due form of law married in the county

of Cherokee in the State of Georgia

on the 25 day of Oct, 1888, and that they resided together

as husband and wife from date of marriage to the day of his death on the 23 day

of Feb, 1914, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 13 day of April, 1914.

J. M. Saltzfield Ordinary.

Cherokee County.

Is or John

Note 1st—This form can be used by guardian or minor children where there is no widow.
2d—Ordinary must send in all cases certified copy of marriage license attached.

Thos. Dickson died in Cherokee county on
the 25 day of Feb 1914, and at the time of his death a Pension of \$15.00
was due him from Cherokee county and unpaid for 1914.
Applicant further swears that she married the said Thos. Dickson
on the 28 day of Oct 1898 in Cherokee county and
State of Georgia, and resided with him from the date of marriage to his death
as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be
paid to her.
Sworn to and subscribed before me this 13 day of Apr 1914.
J. M. Saltzfield Ordinary. } Nancy E. Dickson (L.S.)
Cherokee County. }

AFFIDAVIT OF WITNESS.

GEORGIA, Cherokee County.

Personally before me comes Is m Lotko, who
on oath says that he knew Thos. Dickson while in life
and that he knows Mrs. Nancy E. Dickson
the above applicant; that he knows that the said Thos. Dickson
and Mrs. Nancy E. Dickson were in due form of law married in the county
of Cherokee in the State of Georgia
on the 28 day of Oct 1898, and that they resided together
as husband and wife from date of marriage to the day of his death on the 25 day
of Feb 1914, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 13 day of April 1914.
J. M. Saltzfield Ordinary. } G. M. Lotko
Cherokee County. }

Note 1st—This form can be used by guardian or minor children where there is no widow.
1d—Ordinary must send in all cases certified copy of marriage license attached.

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

1. Every applicant has been wounded, the description of the wound should be carefully and fully stated by the applicant and physician, and followed by a plain statement of facts showing the extent of the disability.
2. The 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.
3. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
4. 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, and the limb must for all purposes be "substantially and essentially useless."
5. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.
6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.
7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Dept.

Dickinson, William
Cherokee Co
Albion, William
1890.

No. *2487*
APPLICATION FOR ALLOWANCE.

FOR—
Sax of one finger
Applicant, *Wm. Dickerson*
County, *Cherokee*
Amount, *5.*
Date of warrant, *March 14*

Entered on record a
March 14 1890

W. H. H.
SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO
J. R. Rusk

Dickerson, William
Charles Co
Dickerson, William
1890.

APPLICATION FOR ALLOWANCE.
No. 2487
FOR—
Last of one finger
Applicant, Wm. Dickerson
County, Cherokee
Amount, \$5.
Date of warrant March 14
Entered on record
March 14 1890
WARRANT FORWARDED TO
J. F. Garrison

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder ending October 26, 1890.

Sworn to and subscribed before me, this the 8 day of March 1890, Wm. Dickerson
O. W. Putnam, ordinary

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease give full and connected history of disease, tracing it directly to the service.

Commissioned Officer's Affidavit.

STATE OF GEORGIA,

County.

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

Sworn to and subscribed before me this _____ day of _____ 1890.

The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

STATE OF GEORGIA,

Cherokee County.

PERSONALLY came before me Wm. Dickerson, N. J. Garrison and Thomas H. Roach citizens of Cherokee county, in said State, who, being duly sworn, say that they are well acquainted with William Dickerson and know, from having been with him in the army, that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disable applicant, as stated by him; the said applicant is a bona fide citizen of this State, and resides in Cherokee county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this _____ day of March 1890.

O. W. Putnam, ordinary

John Dickerson
N. J. Garrison
T. H. Roach

NOTE.—Above affidavit must be made by three citizens who personally know of the service of applicant and can state of their own knowledge precisely how he is disabled, and what disables him.
NOTE 2.—The attesting officer must see that each witness reads, or has read to him the affidavit he signs.

STATE OF GEORGIA,

Cherokee County.

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

Given shot wound taking off the forefinger of the left hand and the articulation with the metacarpal bone.

Sworn to and subscribed before me, this _____ day of March 1890.

O. W. Putnam

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

STATE OF GEORGIA,

Cherokee County.

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

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 5th day of March 1890.

Othman W. Putnam
Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA

Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I, William Dickerson of Cherokee county, do hereby appoint John Roach of Cherokee County, my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of March 1890.

Wm. Dickerson

Executed in the presence of us: N. J. Garrison
O. W. Putnam, ordinary

DIRECTION.

If allowed, send amount by _____ to me at _____, and oblige,

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

He was shot wounding taking off the
fourth finger of the left hand at the
articulation with the metacarpal bone.

Sworn to and subscribed before me, this

5th day of March 1890
W. S. Putnam

ORDINARY.

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

Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I, William Dickerson

of Cherokee

county, in said State, do hereby appoint John R. Roster

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
5th day of March 1890

W. S. Putnam

Executed in the presence of us:

N. J. Harrison
W. S. Putnam, ex officio

DIRECTION.

If allowed, send amount by _____ to
me at _____, and oblige,

BAD COPY---OR---LIGHT PRINT

STATE OF GEORGIA,

Cherokee County.

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

I further certify that W. S. Putnam before whom the foregoing affidavits were made and power of attorney was signed, is a Notary Public by virtue of _____ of said County, and the said affidavits and signatures thereto are genuine.

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

Ordinary W. S. Putnam County.

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 5th day of March 1892.

Ordinary W. S. Putnam County.

Dickerson, William (Cherokee)	1891 Dickerson, William Cherokee Co	Application for Allowance FOR THE YEAR ENDING OCTOBER 31, 1891. No. 2916	State of Georgia Applicant <u>Wm Dickerson</u> County <u>Cherokee</u> Amount <u>03</u>	Date of Warrant <u>4/1</u> Entered on record <u>April 11</u> 1891	WARRANT HANDED TO SECRETARY OF THE DEPARTMENT. <u>W. S. Putnam</u> Geo. W. Harrison, State Printer, Atlanta, Ga.	Cherokee Co. Dickerson, William No. 2916	SOLDIER'S PENSION. 1892. FOR THE YEAR ENDING OCTOBER 31, 1891.	Name <u>Wm Dickerson</u> County <u>Cherokee</u> Disability <u>loss of finger</u> Amount <u>\$ 5⁰⁰</u> Entered on record <u>March 17</u> 1892.	W. H. HARRISON. Secretary of Pension Department <u>W. S. Putnam</u> Geo. W. Harrison, State Printer, Atlanta, Ga.
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W. H. HARRISON,
Secretary of Education Department.
712 *Charles*
AGENT,
J. F. Mack

—County, Georgia.

day of March 1891.
J.S. DePrue v. P. R. R.
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all Men by these Presents, That I, William Dickerson of Cherokee County, State of Georgia, do hereby appoint of John F. Rusk my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Executed in the presence of us:

William Dickerson
J.S. DePrue v. P. R. R.
DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

day of March 1892.
Ordinary.
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all Men by these Presents, That I, William Dickerson of Cherokee County, in said State, do hereby appoint of John F. Rusk my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Executed in the presence of us:

William Dickerson
W. R. Ditchen
DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all Men by these Presents, That I, William Dickerson of Cherokee County, State of Georgia, do hereby appoint of John F. Rusk my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Executed in the presence of us:

William Dickerson
W. R. Ditchen
DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all Men by these Presents, That I, William Dickerson of Cherokee County, State of Georgia, do hereby appoint of John F. Rusk my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Executed in the presence of us:

William Dickerson
W. R. Ditchen
DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

Verapace Co
1893.
Application for Allowance
No. 455
For the Year Ending October 31, 1891.
Name James F. Rusk
County Cherokee
Amount 5
Date of Warrant 3/28
Entered on record 3/28
1893.
WARRANT HANDED TO
John F. Rusk
Secretary Executive Department.

Dickerson, William
Cherokee Co
(For Those Already Enrolled.)
No. 442
Soldier's Pension.
1894.
Name William Dickerson
County Cherokee
Disability Local Surgeon
Amount 5
1894.
Met 21
W. H. HARRISON
Secretary Executive Department.
WARRANT HANDED TO
John F. Rusk
Secy. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Cherokee Co.

1893.

Dickerson, William

No. 456

Application for Allowance

For the Year Ending October 26, 1893.

Lawrence

Applicant, William Dickerson

County, Cherokee

Amount, \$5.

Date of Warrant, 3/18

Entered on record, 3/18

1893.

Warrant

Warrant Handed to

W. H. Harrison, Sec. Prison, Atlanta.

Geo. W. Harrison, Sec. Prison, Atlanta.

Dickerson, William

Cherokee Co.

(For Those Already Enrolled.)

No. 442

Soldier's Pension.

1894.

Name, William Dickerson

County, Cherokee

Disability, Lost Finger

Amount, \$5.00

March 21

1894.

W. H. Harrison,

Secy. Prison Department.

WARRANT HANDED TO

Geo. W. Harrison

Sec. Prison, Atlanta.

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cherokee County.

PERSONALLY appears William Dickerson of Cherokee

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 2nd day of September, 1843; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company D, of 28th Regiment of Georgia Volunteers, 1st Brigade; that whilst engaged in such military service at the battle of Indian Springs in the State of Georgia, on the 31st day of May, 1862, he was wounded as follows: Lost through the hand, shooting off the first finger on said hand.

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

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

Allen B. Burr, Ordinary

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

STATE OF GEORGIA, }
Cherokee County.

I, Allen B. Burr, Ordinary of said County,

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

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

Given under my official signature and seal, this 11th day of March, 1893.

Allen B. Burr

Ordinary Cherokee County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Cherokee County.

PERSONALLY appears William Dickerson of Cherokee

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of 1843; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company D, of 28th Regiment of Georgia Volunteers, 1st Brigade; that whilst engaged in such military service at the battle of Indian Springs in the State of Georgia, on the 31st day of May, 1862, he was wounded as follows: By gunshot wound in left hand which caused the loss of the first finger on said hand.

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 Five dollars, for the year 1893.

Sworn to and subscribed before me, this, 11th day of March, 1894.

Allen B. Burr, Ordinary

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

STATE OF GEORGIA, }
Cherokee County.

I, Allen B. Burr, Ordinary of said County,

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

Given under my official signature and seal, this 11th day of March, 1894.

Allen B. Burr

Ordinary Cherokee County.

23rd day of March 1893. } *W. B. Garrison*
Wm. B. Garrison
 Note—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
Cherokee County.
 I, *Wm. B. Garrison* Ordinary of said County,
 do certify that I am well acquainted with *William Dickerson* the
 applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
 said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
 dividual he represents himself to be, and that he resides in this County.
 I further certify that *William Dickerson*
 before whom the foregoing affidavits were made and power of attorney was signed, is a
 resident of said County, and the said affidavits and
 signatures thereto are genuine.
 Given under my official signature and seal, this *23rd* day of *March* 1893.
Wm. B. Garrison
 Ordinary *Cherokee* County.
POWER OF ATTORNEY

Dependent 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
Five dollars, for the year 1893.
 Sworn to and subscribed before me, this, *21st* day of *March* 1894.
Wm. B. Garrison
 Note—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent
 of the disability, resulting from the wound or disease.
STATE OF GEORGIA,
Cherokee County.
 I, *Wm. B. Garrison* Ordinary of said County,
 do certify that I am well acquainted with *William Dickerson* 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 *21st* day of *March* 1894.
Wm. B. Garrison
 Ordinary *Cherokee* County.

POWER OF ATTORNEY.
STATE OF GEORGIA,
Cherokee County.
 KNOW ALL MEN BY THESE PRESENTS, That I, *William Dickerson*
 of *Cherokee* County, State of Georgia, do hereby appoint *W. B. Garrison*
 of *Cherokee* my true and lawful attorney in fact, for
 me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the
 State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate
 States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt
 in my name for any Warrant that may be issued by the Governor, or for any sum of money which may
 be coming to me for the reason aforesaid.
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *21st*
 day of *July* 1895. *Wm. Dickerson*
 Executed in presence of us
W. B. Garrison
DIRECTIONS.
 Send money to me as follows, by _____ to _____ P. O.
 _____ County, Georgia.

POWER OF ATTORNEY.
STATE OF GEORGIA,
Cherokee County.
 I, *Wm. Dickerson* hereby authorize *F. M. Blackwell*
 of *Cherokee* County
 to receive and receipt for the pension paid hereon and request that he remit same to
 _____ by _____
 at _____
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *21st*
 day of *July* 1895. *Wm. Dickerson*
 Executed in presence of us
W. B. Garrison

Dickerson, William
Cherokee Co.
 (For Those Already Enrolled.)
 No. *367*
SOLDIER'S PENSION.
1895.
 Name *Wm. Dickerson*
 County *Cherokee*
 Disability *Loss of finger*
 Amount, \$ *5.00*
3/4
 1895.
 RICHARD JOHNSON,
 Secretary Executive Department.
 WARRANT HANDLED TO
Wm. Dickerson
 Geo. W. Haines, State Printer, Atlanta.

Dickerson, William
Cherokee Co.
 (For Those Already Enrolled.)
 No. *2357*
SOLDIER'S PENSION.
1896.
 Name *William Dickerson*
 County *Cherokee*
 Disability *Loss of finger*
 Amount, \$ *5.00* Dollars
3/3
 1896
 RICHARD JOHNSON,
 Secretary Executive Department.
 WARRANT HANDLED TO
Wm. Dickerson
 Geo. W. Haines, State Printer, Atlanta.

STATE OF GEORGIA
 FOR APPLICANTS FOR ALLOWED PENSIONS

John W. Hadden State Editor Atlanta

Ordinary Cherokee County

States, and served as a Volunteer, 60th Regt. 's Brigade; that whilst engaged in such military service at the battle of Gettysburg in the State of Penn on the 31 day of May 1862, he was wounded as follows: gunshot in left hand causing loss of one finger

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of Five dollars, for the year 1891-1894

Sworn to and subscribed before me, this, the 11th day of Feb 1895. Dickerson

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 6th day of Feb 1895.



D. L. Brown
Ordinary of Cherokee County.

of May 1862, he was wounded, injured or diseased as follows: gunshot in left hand which caused the loss of one finger

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Cherokee county been allowed a pension of Five dollars, for the year 1891-1894

Sworn to and subscribed before me, this, the 11th day of Feb 1896. Dickerson

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

STATE OF GEORGIA,

Cherokee County.

I, D. L. Brown Ordinary of said County, do certify that I am well acquainted with William Dickerson 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 21st day of Feb 1896.



D. L. Brown
Ordinary of Cherokee County.

Audited 18

COMPTROLLER-GENERAL.

Maimed Soldiers.

Voucher No. 248

Amount \$ 5.00

Paid to Wm. Dickerson

For Loss of one

finger

Mar 14 1890

Included in warrant No.

issued to Treasurer.

WARRANT CLERK.

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

J. J. Rusk

Audited 1891.

COMPTROLLER-GENERAL.

Dickerson, William

Cherokee

1891.

Maimed Soldiers.

Voucher No. 2916

Amount \$ 5.00

Paid to Wm. Dickerson

For Loss of one

finger

April 11 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

C. T. Dunwoody

Paid to Wm. Dickerson
 For Loss of one finger
Mar 14 1890

Included in warrant No.
 issued to Treasurer.

18

WARRANT CLERK.

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

J. J. Rusk

Paid to Wm. Dickerson
 For Loss of one finger
April 4 1891

Included in warrant No.
 issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

C. H. Denny

STATE OF GEORGIA,
 EXECUTIVE DEPARTMENT.

No. 2482

Atlanta, Ga., Mar 14 1890

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

Loss of one finger
 He is entitled to receive the sum of Five Dollars
 for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

W. H. Harrison
 CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Five 00/100 Dollars,
 per above voucher, this 14 of Mar 1890

J. J. Rusk

STATE OF GEORGIA,
 EXECUTIVE DEPARTMENT.

No. 2916

Atlanta, Ga. April 4 1891.

Mr. William Dickerson of the County
 of Cherokee having filed his application in the Executive
 Department for an allowance under the Act approved October 24, 1887, as amended by Acts
 approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Loss of one finger
 He is entitled to receive the sum of Five 00/100 Dollars
 for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

W. H. Harrison
 Sec'y EXECUTIVE DEPARTMENT.

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

Five 00/100 Dollars,
 per above voucher, this 4 of April 1891

C. H. Denny

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

Loss of one finger
He is entitled to receive the sum of Five Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890

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

By the Governor,

McN Harrison
CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Five Dollars,
per above voucher, this 14 of March 1890

J. F. Russett

Mr. William Dickerson of the County
of Cherokee having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Loss of one finger
He is entitled to receive the sum of Five Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

McN Harrison
SEC'Y EXECUTIVE DEPARTMENT.

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

Five Dollars,
per above voucher, this 4 of April 1891.

W. H. Kennedy

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

Form No. 2.

STATE OF GEORGIA, County of *Cherokee*
I, *A. B. Berry* Ordinary in and for said County of
Cherokee State of Georgia, hereby certify that I am acquainted with Mrs.
Malinda M. Bernadal the applicant for a pension in this case, and
know, from my own knowledge (or from positive proof presented to me by reputable wit-
nesses), that she resides in this County, and that she resided in the State of Georgia on
December 23, 1850, and has not lived out of the State since that date. That she is the
widow of *David M. Bernadal* deceased, and as such has heretofore
been allowed a pension for the year ending February 15th, 1893.

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

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, *Cherokee* County.
KNOW ALL MEN BY THESE PRESENTS, That I, *Malinda M. Bernadal*
of *Cherokee*
County in said State, do hereby appoint *A. B. Berry*
of *Cherokee* my true and lawful attorney in fact, for
me, and in my name, to receive and receipt for whatever amount of money I may be en-
titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the
foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
Warrant that may be issued by the Governor, or for any sum of money which may be
coming to me for the reason aforesaid.

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

Executed in the presence of us:

A. B. Berry, Ordinary
J. G. Bernadal

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

WIDOW'S PENSION,

for year ending February 15th, 1894.

PAID TO —

— OF —

Malinda M. Bernadal
Cherokee COUNTY.

WARRANT ISSUED

1894.

AND

HANDLED TO

A. B. Berry
Ordinary

State of Georgia, Cherokee County.

FOR THOSE HERETOFORE PAID.

1894.

No.

615

Printed by Malinda M. Bernadal

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
this, the 17 day of January, 1894.
A. B. Leonard
Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Chatham County.
KNOW ALL MEN BY THESE PRESENTS, That I, Malinda M. Dimmick
of Chatham County in said State, do hereby appoint A. B. Leonard
my true and lawful attorney in fact, for
me, and in my name, to receive and receipt for whatever amount of money I may be en-
titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the
foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
Warrant that may be issued by the Governor, or for any sum of money which may be
coming to me for the reason aforesaid.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17
day of January, 1894.

Executed in the presence of us:

Malinda M. Dimmick (L. S.)
A. B. Leonard, Ordinary
J. G. Roberts

DIRECTIONS.

Send amount by me at _____, and oblige to _____

FOR THOSE HERETOFORE PAID.
1894.
No. 615
WIDOWS' PENSION,
for year ending February 15th, 1894.
—PAID TO—
Malinda M. Dimmick
—OF—
Chatham County.
WARRANT ISSUED
2/9
AND HANDED TO
A. M. Roberts
Geo. W. Hargrave, State Printer, Atlanta.

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

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,
this, the 17 day of January, 1894.
A. B. Leonard
Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Chatham County.
KNOW ALL MEN BY THESE PRESENTS, That I, Malinda M. Dimmick
of Chatham County in said State, do hereby appoint A. B. Leonard
my true and lawful attorney in fact, for
me, and in my name, to receive and receipt for whatever amount of money I may be en-
titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the
foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
Warrant that may be issued by the Governor, or for any sum of money which may be
coming to me for the reason aforesaid.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17
day of January, 1894.

Executed in the presence of us:

Malinda M. Dimmick (L. S.)
A. B. Leonard, Ordinary
J. G. Roberts

DIRECTIONS.

Send amount by me at _____, and oblige to _____
FOR THOSE HERETOFORE PAID.
1894.
No. 615
WIDOWS' PENSION,
for year ending February 15th, 1894.
—PAID TO—
Malinda M. Dimmick
—OF—
Chatham County.
WARRANT ISSUED
2/9
AND HANDED TO
A. M. Roberts
Geo. W. Hargrave, State Printer, Atlanta.

Certificate of Ordinary

STATE OF GEORGIA, County
Cherokee
 I, *John B. Berry*
 Clerk of the State of Georgia,
 do hereby certify that *Malinda M. Simondal*
 know, from my own knowledge (or fr
 nesses), that she resides in this Count
 December 23, 1890, and has not lived
 widow of *David J. Simondal*
 been allowed a pension for the year en
 In Witness Whereof, I have here
 this, the *17*
 day of *January*, 1894.

POWER

STATE OF GEORGIA,
 I KNOW ALL MEN BY THESE PRES

County in said State, do hereby appoi
 of *John B. Berry*
 me, and in my name, to receive and r
 titled to from the State of Georgia as
 foregoing affidavit; hereby authorizing
 Warrant that may be issued by the Co
 coming to me for the reason aforesaid.
 IN WITNESS WHEREOF, I have he
 day of *January*, 1894.

Executed in the presence of us:

John B. Berry
J. B. Berry

Send amount by
 me at

WARRANT ISSUED
2/9
 AND HANDED TO
A. W. Roberts
 1894.
 Geo. W. Haskins, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
 County of *Cherokee*

Personally comes Mrs.

Malinda M. Simondal

who being sworn, says on oath, that she is a bona fide resident of said County of
Cherokee State of Georgia, and that she has resided in said State
 continuously ever since *1854* That she is the Widow of
David J. Simondal who was a Soldier in Company
A of the *44* Regiment of *Georgia*
 Volunteers, that he enlisted in said Regiment on or about the month of *March*
1863 and served in the Army up to *October* 1864 That he lost his
 life on the day of *18* (State here
 full particulars of the husband's death, when, where and from what cause.)

*Widow's husband died in hospital at Potomac River
 Va. October 1864*

Deponent swears that she was the wife of said deceased soldier during his service in the
 army as a soldier, and that she has never married since his death aforesaid, that she became
 his wife in the year 1847; that Georgia is her home and she resided in this State 23d day
 of December, 1890, and has not lived in any other State or locality since that date. I have
 been allowed a pension for the year ending February 15th, 1893, and now apply for the
 allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this
17 day of *January*, 1894.
John B. Berry Ordinary. Post-office
Malinda M. Simondal
Malinda M. Simondal
 1894

Washed of Amador who was a Soldier in Company
of the *104* Regiment of *Infantry*
Volunteers, that he enlisted in said Regiment on or about the month of *March*
1862 and served in the Army up to *October* 1864. That he lost his
life on the _____ day of _____ 18____ (State here

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

His husband died in Hospital at Petersburg
va. October 1864

Deponent swears that she was the wife of said deceased soldier during his service in the
army as a soldier, and that she has never married since his death aforesaid, that she became
his wife in the year 1847; that Georgia is her home and she resided in this State 23d day
of December, 1890, and has not lived in any other State or locality since that date. I have
been allowed a pension for the year ending February 15th, 1893, and now apply for the
allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

17 day of *January*, 1894.

W. B. Conner Ordinary.

Post-office

Malinda M. Conner

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

STATE OF GEORGIA, County of Cherokee
 I, D. L. Barron Ordinary in and for said County of
Cherokee, State of Georgia, hereby certify that I am acquainted with Mrs.
Martha M. Dimsdale, the applicant for a pension in this case, and
 know from my own knowledge (or from positive proof presented to me by reputable wit-
 nesses), that she resides in this County, and that she resided in the State of Georgia on
 December 23, 1890, and has not lived out of the State since that date. That she is the
 widow of David J. Dimsdale deceased, and as such has heretofore
 been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereto set my hand and affixed the seal of my office,
 this, the 25th day of January, 1895.
D. L. Barron Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County.
 KNOW ALL MEN BY THESE PRESENTS, That I, Martha M. Dimsdale
 of Cherokee
 County in said State, do hereby appoint D. L. Barron my true and lawful attorney in fact, for
 me, and in my name, to receive and receipt for whatever amount of money I may be en-
 titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the
 foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
 money so received, and to execute any and all necessary papers in connection with the same,
 coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereto set my hand and seal, this 25th
 day of January, 1895. Martha M. Dimsdale (s.)

Executed in the presence of us:

D. L. Barron, Ordinary
M. J. Hendley

DIRECTIONS.

Said amount by _____, and oblige
 me at _____

Dimsdale Martha M.
Cherokee Co.
 FOR THOSE HERETOFORE PAID.

1895.

No. 2399

WIDOW'S PENSION,

for year ending February 15th, 1895.

—PAID TO—

Mrs. Martha M. Dimsdale

—OF—

Cherokee County.
 widow of David J. Dimsdale

WARRANT ISSUED

Feb 4

1895.

AND HANDED TO

Atty
 Geo. W. Harrison, State Printer.

Certificate of Ordinary

STATE OF GEORGIA

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

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

D. B. Corn Ordinary.

POWER

STATE OF GEORGIA, *Cherokee* County.

KNOW ALL MEN BY THESE PRESENTS

County in said State, do hereby appoint *Said County* of *Said County*

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

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

Executed in the presence of us:

D. B. Corn, Ordinary

M. J. Hendley

D

Send amount by

me at

—OF—
Cherokee County.
widow of *David J. Simedole*
WARRANT ISSUED
Feb 7 1895.
AND HANDED TO
Atty
Geo. W. Harrison, State Printer.

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

Form No. 1.

STATE OF GEORGIA, County of *Cherokee*

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

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

D. B. Corn Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, *Cherokee* County.

KNOW ALL MEN BY THESE PRESENTS, That I, *Martha M. Simedole* of *Cherokee* County in said State, do hereby appoint *D. B. Corn* my true and lawful attorney in fact, for me, and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

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

Martha M. Simedole [L. S.]

Executed in the presence of us:

D. B. Corn, Ordinary

M. J. Hendley

DIRECTIONS.

Send amount by _____ to _____ and oblige me at _____

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

Form No. 2.

STATE OF GEORGIA, County of *Cherokee*

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the *6th* day of *January*, 1896.

D. B. Corn Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, *Cherokee* County.

I, *Martha M. Simedole* hereby authorize *Rev. D. Wright* of *Martha M. Simedole* to receive and receipt for the pension paid hereon and request that he remit same to *D. B. Corn* residing at *Camden Ga by check*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *6th* day of *January*, 1896.

Executed in the presence of

D. B. Corn, Ordinary
of Cherokee County

Martha M. Simedole [L. S.]

1896.

No. 222

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Martha M. Simedole

Cherokee County.

WIDOW OF *David J. Simedole*

WARRANT ISSUED

Feb 7 1896.

AND HANDED TO

Atty

Geo. W. Harrison, State Printer.

1895.

No. 2399

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO

Martha M. Simedole

Cherokee County.

WIDOW OF *David J. Simedole*

WARRANT ISSUED

Feb 7 1895.

AND HANDED TO

Atty

Geo. W. Harrison, State Printer.

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

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

Executed in the presence of us:

D. L. Burr, Ordinary
H. J. Hendley

DIRECTIONS.

Send amount by _____ to _____
me at _____, and oblige _____

1895.
No. 1399
WIDOW'S PENSION,
for year ending February 15th, 1895.
—PAID TO—
Mrs. Martha M. Simsdale
—OF—
Cherokee County,
widow of David J. Simsdale
WARRANT ISSUED
Feb 4
AND HANDED TO
Atty
1895.
Geo. W. Harrison, State Printer.

I, Martha M. Simsdale hereby authorize Wm. N. Wright to receive and receipt for the pension paid hereon and request that he remit same to D. L. Burr, Ordinary at Canton Ga by check

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th day of January, 1896.

Executed in the presence of

D. L. Burr, Ordinary
of Cherokee County

Martha M. Simsdale [L.S.]
mark

1896.
No. 222
WIDOW'S PENSION,
for year ending February 15th, 1896.
—PAID TO—
Mrs. Martha M. Simsdale
—OF—
Cherokee County,
widow of David J. Simsdale
WARRANT ISSUED
21
AND HANDED TO
Atty
1896.
Geo. W. Harrison, State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cherokee

Personally Comes Mrs.

Martha M. Simsdale

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

Cherokee

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

continuously ever since

1841 That she is the Widow of

David J. Simsdale

who was a Soldier in Company

h of the 64th

Regiment of Georgia

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

1862 and served in the Army up to

186 That he lost his

life on the

day of

18

(State here

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

Said husband died in hospital at Petersburg
Va. in October 1864

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1847, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

15th day of January, 1895.

D. L. Burr Ordinary.

Martha M. Simsdale Post-office Canton
mark

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cherokee

Personally Comes Mrs.

Martha M. Simsdale

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

Cherokee

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

continuously ever since the year

1841 That she is the Widow of

David J. Simsdale

who was a Soldier in Company

h of the 64th

Regiment of Georgia

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

March

1862 and served in the Army up to

October

1864 That he lost his

life on the

day of

18

(State here

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

Died at Petersburg Va. Oct. 1864 with
Chronic Dysentery

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1847, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

6th day of January, 1896.

D. L. Burr Ordinary.

Martha M. Simsdale Post-office Canton
mark

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1847, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this
 Fifth day of January, 1895.
 A. E. Curre Ordinary. } Martha M. Damsdale
 Post-office Canale mark

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1847, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of
 Cherokee County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this
 6th day of January, 1896.
 A. E. Curre Ordinary. } Martha M. Damsdale
 Post-office mark

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

STATE OF GEORGIA, County of Cherokee
 I, A. E. Curre Ordinary in and for said County of Cherokee
 State of Georgia, hereby certify that I am acquainted with Mrs. Martha M. Damsdale the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witnesses) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of David Damsdale deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896.
 In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this
 5th day of January, 1897.
 A. E. Curre Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County.
 I, Alexander Damsdale hereby authorize Mrs. A. E. Curre of Cherokee to receive and receipt for the pension paid hereon and request that he remit same to A. E. Curre at Canton Ga
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
 5th day of January, 1897.
 Alexander Damsdale [L. S.]
 mark

Executed in the presence of
 Webb Curre

1897.
 WIDOW'S PENSION,
 for year ending February 15th, 1897.
 PAID TO
 Mrs. Martha M. Damsdale
 OF
 Cherokee County,
 widow of
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT ISSUED
 2/1
 AND HANDLED TO
 1897.
 1897.
 Cherokee County
 FOR THOSE HERETOFORE PAID
 1897.
 Damsdale, Martha

I, Melinda S. Simsdal hereby authorize Wm. A. Wright
of Atlanta Ga to receive and receipt for the pension paid hereon and request
that he remit same to A. G. Bernhardt at Benton Ga
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th
day of April 1897.

Executed in the presence of
Webb Lamm

Melinda S. Simsdal [L. S.]
mark

Windable, Georgia
Cherokee County
FOR THOSE HERETOFORE PAID
1897.
10th February 1898
No. 618
QUIDOU'S PENSION,
for year ending February 15th, 1897.
PAID TO
Melinda S. Simsdal
OF
Cherokee County,
widow of
RICHARD JOHNSON,
Consolidator of Pensions.
WARRANT ISSUED
21
AND HANDED TO
W
1897.
GEO. W. ANDERSON, STATE COMMISSIONER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of Cherokee } Melinda S. Simsdal

who being sworn, says on oath, that she is a bona fide resident of said county of
Cherokee State of Georgia, and that she has RESIDED in said State
continuously ever since Dec. 18th 1864 That she is the Widow of
Richard S. Simsdal who was a Soldier in Company
1st of the 24th Regiment of Ca
Volunteers, that enlisted in said regiment on or about the month of
1865 and served in the Army up to 15th day of Oct 1864 That he lost his
life on the 14 day of October 1864 (State here
full particulars of the husband's death, when, where and from what cause.)
Died with chronic diarrhoea in Hospital at
Petersburg, Va.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,
and that she has never married since his death aforesaid, that she became his wife in the year 1864
that Georgia is her home and she resided in this State 23d day of December, 1890, and has not
lived in any other State or locality since that date. I have been allowed a pension as a resident of
Cherokee County for the year ending February 15th, 1896, and now apply for
the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this
14th day of April 1897.
A. G. Bernhardt Ordinary. Melinda S. Simsdal Post-office

David A. Damsell who was a Soldier in Company
of the *24th* Regiment of *Pa*

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

1863 and served in the Army up to *15th Sept 1864* 1864 That he lost his

life on the *12* day of *October* 1864 (State here

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

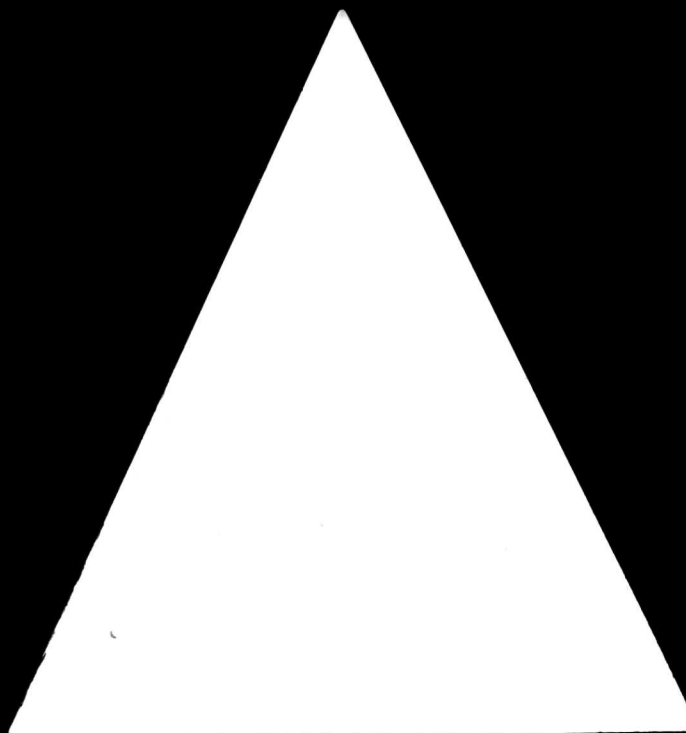
*Died with cholera, Bowock in Hospital at
Petersburg, Va.*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,
and that she has never married since his death aforesaid, that she became his wife in the year 1844,
that Georgia is her home and she resided in this State 23d day of December, 1890, and has not
lived in any other State or locality since that date. I have been allowed a pension as a resident of
Charlotte County for the year ending February 15th, 1896, and now apply for
the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this
Eight day of *February* 1897.
A. G. Gorman Ordinary.

Martha M. Damsell
Post-office

SWORN TO AND SUBSCRIBED BEFORE ME, THIS
Sixth day of June 1897.
At Salem Ordinary.
Post-office
for
Hear the My Seamedall
Hear



CORRECTION

CORRECTION

Dimsdale, Martha M.
Cherokee County
(see also Mitchell Co.)
(widow of - David J. Dimsdale)

See -

64th Regt. Inf. Regt.
Co. K

2- Applications

1891, 1893

Cherokee County
(see also Milledgeville Co.)
(Widow of - David J. Dimas)

See -

6th th Regt. Hk. Inf.
Co. K

2 - Applications

1891, 1893

Form No. 6.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

Know all Men by these Presents, That I, *Charlotte Dobbs* of *Northwest Cherokee* County, in said State, do hereby appoint *Leif Hunter* of *Northwest Cherokee* County, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *14th* day of *April*, *1891*.
Charlotte Dobbs
 [L. S.]

Executed in the presence of us:
Wm. Patterson
Wm. W. G. G. G.
 DIRECTOR.

If allowed, send amount by _____ to _____ and oblige,
 me at _____



Dobbs, Charlotte
Cherokee County

1891

No. *1535*

Widows' Pension

PAID TO —
Ms. Charissa Dobbs
 OF —
Cherokee COUNTY.

\$*100.00*.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY

STATE OF GEORGIA
Cherokee

Know all Men by these Presents

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14 day of April

Executed in the presence of

John P. Gentry
at the Court

If allowed, send amount by me at

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

Cherokee County.

Know all Men by these Presents, That I,

Clarissa Dobb
of Woodstock Cherokee Co.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14 day of April 1891.

Executed in the presence of us:

John P. Gentry
at the Court

DIRECTIONS.

If allowed, send amount by

me at

, and oblige,



Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of Cherokee

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

Mrs. Clarissa Dobb, who being sworn according to law, says under oath that she is the widow of Franklin Dobb, who was a soldier in the service of the Confederate States, and served as a member of Company B, of the 34 Regiment of Ga inf. Volunteers; that he enlisted in said service on or about the 14 day of June 1862, and was in the Western Long Army up to Oct. 1862. That while in the Army, he was on the 14 day of June 1862. (See Note No. 1)

During of service somewhere between Knoxville Tenn. and Kentucky, he contracted a disease known as fever, from which he died at Knoxville Tenn. the 31 day of Oct. 1862. The limestone water of that country did not agree with him his constitution was such that he could not drink the limestone water without it hurting of him.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 8 day of Nov. 1849, and that she has resided in Georgia continuously since the 8 day of Feb. 1839; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tender the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the 4 day of April 1891.

Clarissa Dobb
at the Court
Ordinary.

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

Widows' Pension

PAID TO

Clarissa Dobb
of Cherokee County.

\$100.00.

Warrant Issued

AND HANDED TO

1891

No. 1535

1891.

Clarissa Dobb
Cherokee County

Geo. W. Harrison, State Printer, Atlanta.



THE STATE OF GEORGIA, DEPARTMENT OF THE INTERIOR, BUREAU OF LANDS.

AND HANDED TO

1891

Warrant Issued

\$100.00.

Clarissa Dobbs

Clarissa Dobbs

Widow's Pension

210. 1535

1891.

Clarissa Dobbs
Cherokee County

was such that he could not drink the limestone water without it hurting of him

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 8th day of Nov. 1849, and that she has resided in Georgia continuously since the 8th day of Feb. 1839; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the 4th day of April 1891. *Clarissa Dobbs*
Ordinary

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

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of *Cherokee*

John F. Hillhouse

In person came before me, the undersigned Ordinary in and for said County, witnesses *G. P. Freeman* and *J. Guier*

(each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. *Clarissa Dobbs*, of the County of *Cherokee*, State of Georgia, is the widow of *Franklin Dobbs*, who was a soldier in Company *8* of the *34* Regiment of *Co.* Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the *1st* day of *June* 1862. That while in said service, or by reason of said service in the Army, he lost his life as follows:

Contracted a disease known as the flux as we went into Kentucky by reason of the bad water of that place and he was never well again and he went to one of the Hospitals of Knoxville Tenn. when we got year there and died soon after at that place. This is the testimony of G. P. Freeman John F. Hillhouse and J. Guier

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

Sworn to and subscribed before me, this, the 4th day of April 1891.

Ordinary

G. P. Freeman
John F. Hillhouse
J. Guier

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

Form No. 3.

STATE OF GEORGIA,

County of *Cherokee*

I, *Ordinary* in and for said County of *Cherokee*

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

In Witness Whereof, I have hereto set my hand and affixed the seal of my office, this, the 4th day of April 1891.

Ordinary

NOTES.

Form No. 4.

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

By order of the Governor. W. H. HARRISON, Sec. Ex. Department.

and J. Guier

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

Sworn to and subscribed before me, this, the

4 day of April 1891.

Oscar W. Pullman

Ordinary.

E. P. Greenman
John F. Hollhouse
J. H. Grier
mch

Those whose husbands died in the army of wounds, or disease contracted in the service.
Those whose husbands went to the army and have never been heard from since the war.
Those whose husbands were wounded in the army and have since died from the direct effects of the wounds.

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

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

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

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

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

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

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

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

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

By order of the Governor.

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

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

Form No. 2.

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 4 day of April 1891.

Oscar W. Pullman Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cherokee County.
KNOW ALL MEN BY THESE PRESENTS, That I, Clarissa Dobbs of Cherokee County, in said State, do hereby appoint John F. Hollhouse my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit, hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 4 day of April 1891. [L.S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by check to Atlanta, Ga. and oblige me at Cherokee, Georgia

Widows' Pension,
for year ending February 15th, 1893.

PAID TO—

—OF—
Cherokee COUNTY.

Warrant Issued

AND HANDLED TO

1893

Geo. W. Harrison, Sec. Ex. Department, Atlanta.

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

Form No. 2.

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 22 day of January 1894.

Oscar W. Pullman Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cherokee County.
KNOW ALL MEN BY THESE PRESENTS, That I, Clarissa Dobbs of Cherokee County, in said State, do hereby appoint John F. Hollhouse my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit, hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 22 day of January 1894. [L.S.]

Executed in the presence of us:

DIRECTIONS.

Send amount by check to Atlanta, Ga. and oblige me at Cherokee, Georgia

1894.

No. 616

Widows' Pension,
for year ending February 15th, 1894.

PAID TO—

—OF—
Cherokee COUNTY.

Warrant Issued

AND HANDLED TO

1894.

Geo. W. Harrison, Sec. Ex. Department, Atlanta.

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

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 23rd day of January 1893.

Executed in the presence of us:

DIRECTIONS.

Send amount by check to S. L. Brown to me at Woodstock, Georgia and oblige

1893.

No. 274

Widow's Pension,

for year ending February 15th, 1893.

PAID TO —

— OF —

Warrant Issued

AND HANDLED TO

1893

County.

FOR THOSE HERETOFORE PAID

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

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 23rd day of January 1894.

Executed in the presence of us:

DIRECTIONS.

Send amount by check to S. L. Brown to me at Wanton, Ga. and oblige

1894.

No. 616

Widow's Pension,

for year ending February 15th, 1894.

PAID TO —

— OF —

Warrant Issued

AND HANDLED TO

1894

County.

FOR THOSE HERETOFORE PAID

BAD COPY***OR**LIGHT PRINT

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally comes Mrs. Ann Dobb
County of Cherokee

who being sworn, says on oath, that she is a bona fide resident of said County of Cherokee State of Georgia, and that she has resided in said State continuously ever since 1862. That she is the Widow of Franklin Dobb who was a Soldier in Company B of the 34 Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of March 1862, and served in the Army up to March 1862. That he lost his life on the 23rd day of March 1862. (State here full particulars of the husband's death, when, where and from what cause.)

Said husband died with arms disabled at Antietam, Md.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this 23rd day of January 1893.

Post-office Woodstock, Ga.

Form No. 1.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally comes Mrs. Ann Dobb
County of Cherokee

who being sworn, says on oath, that she is a bona fide resident of said County of Cherokee State of Georgia, and that she has resided in said State continuously ever since 1862. That she is the Widow of Franklin Dobb who was a Soldier in Company B of the 34 Regiment of Georgia Volunteers, that he enlisted in said Regiment on or about the month of March 1862, and served in the Army up to March 1862. That he lost his life on the 23rd day of March 1862. (State here full particulars of the husband's death, when, where and from what cause.)

Said husband died with arms disabled at Antietam, Md.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this 23rd day of January 1894.

Post-office Woodstock, Ga.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this 11th day of January 1893. *D. L. Loomis* Ordinary. Post-office *Cherokee Co. Ga.*

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this 22nd day of January 1894. *Blanchard Dobb* Ordinary. Post-office *Cherokee Co. Ga.*

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

Form No. 1.

STATE OF GEORGIA, County of *Cherokee*

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 17th day of January 1895. *D. L. Loomis* Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, *Cherokee* County.

KNOW ALL MEN BY THESE PRESENTS, That I, *Blanchard Dobb* of *Cherokee*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th day of January 1895. *Blanchard Dobb* [L. S.]

Executed in the presence of us:

D. L. Loomis, Ordinary

DIRECTIONS.

Send amount by *check to D. L. Loomis, Ordinary* to me at *Benton, Ga.*, and oblige

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

Form No. 2.

STATE OF GEORGIA, County of *Cherokee*

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

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 25th day of January 1896.

{ SEAL }

D. L. Loomis Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, *Cherokee* County.

I, *Blanchard Dobb* hereby authorize *Wm. D. Wright* of *Atlanta, Ga.* to receive and receipt for the pension paid hereon and request that he remit same to *D. L. Loomis, Ordinary* at *Benton, Ga. & check*.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25th day of January 1896. *Blanchard Dobb* [L. S.]

Executed in the presence of

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Blanchard Dobb

OF

Cherokee County.

widow of *Franklin Dobb*.

WARRANT ISSUED

AND NAMED TO

Wm. D. Wright

1896.

1896.

No. 224

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO

Blanchard Dobb

OF

Cherokee County.

widow of *Franklin Dobb*.

WARRANT ISSUED

AND NAMED TO

Wm. D. Wright

1895.

1895.

No. 2412

FOR THOSE HERETOFORE PAID.

Blanchard Dobb
Cherokee Co.

FOR THOSE HERETOFORE PAID.

Cherokee County

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th day of January 1895.

Executed in the presence of:

Blaisie Dobbie mark [L.S.]
W. L. Burns Ordinary

DIRECTIONS.

Send amount by check to W. L. Burns Ordinary to me at Canton, Ga., and oblige

I, Blaisie Dobbie hereby authorize Wm. H. Campbell to receive and receipt for the pension paid hereon and request that he remit same to W. L. Burns Ordinary at Canton, Ga. by check

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25th day of January 1896.

Executed in the presence of

Blaisie Dobbie [L.S.]

FOR THOSE HERETOFORE PAID.

1896.

No. 224

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO

Blaisie Dobbie

OF

Cherokee County.

widow of Franklin Dobbie.

WARRANT ISSUED

21

AND HANDED TO

W. L. Burns

Ordinary.

FOR THOSE HERETOFORE PAID.

1895.

No. 2412

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO

Blaisie Dobbie

OF

Cherokee County.

widow of Franklin Dobbie.

WARRANT ISSUED

24

AND HANDED TO

W. L. Burns

Ordinary.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cherokee

Personally Comes Mrs.

Blaisie Dobbie

who being sworn, says on oath, that she is a bona fide resident of said county of Cherokee State of Georgia, and that she has resided in said State continuously ever since 18 That she is the Widow of

Franklin Dobbie

who was a Soldier in Company

B of the 34th Regiment of Georgia

Volunteers, that he enlisted in said Regiment on or about the month of September 1862 and served in the Army up to October 1862 That he lost his life on the day of 18 (State here

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

Said husband died at Knoxville, Tenn. with brain disease

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

17 day of January 1895. Blaisie Dobbie mark
W. L. Burns Ordinary. Post-office

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Cherokee

Personally Comes Mrs.

Blaisie Dobbie

who being sworn, says on oath, that she is a bona fide resident of said county of Cherokee State of Georgia, and that she has resided in said State continuously ever since the year 1842 That she is the Widow of

Franklin Dobbie

who was a Soldier in Company

B of the 34th Regiment of Georgia

Volunteers, that he enlisted in said regiment on or about the month of May 1862 and served in the Army up to Oct 1862 That he lost his life on the 31 day of Oct 1862 (State here

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

Said husband died at Knoxville, Tenn. with brain disease

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Cherokee County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this

25th day of January 1896. Blaisie Dobbie mark
W. L. Burns Ordinary. Post-office

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1849, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this

17 day of January, 1895.

A. L. Loomis

Ordinary.

Post-office

Blanchard, Dobbie

mark

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1857, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of

Cherokee

County for the year ending February 15th, 1895, and now apply for

Sworn to and subscribed before me, this

25th day of January, 1896.

A. L. Loomis

Ordinary.

Post-office

Blanchard, Dobbie

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

Form No. 2.

STATE OF GEORGIA, County of Cherokee

I, A. L. Loomis

Ordinary in and for said County of

Cherokee

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

Blanchard, Dobbie

the applicant for a pension in this case, and

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

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

17th

day of January,

1895.

SEAL

A. L. Loomis

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cherokee County.

Blanchard, Dobbie

hereby authorize Wm. A. Wright

of Atlanta, Ga.

to receive and receipt for the pension paid heron and request

that he remit same to A. L. Loomis Ordinary at Cherokee County, Ga.

In Witness Whereof, I have heretofore set my hand and seal, this

day of January,

1895.

Richard Johnson

Commissioner of Pensions.

Executed in the presence of

A. L. Loomis

POWER OF ATTORNEY.

State of Georgia, Cherokee County.

I, Blanchard, Dobbie

hereby authorize Wm. A. Wright

of Atlanta, Ga.

to receive and receipt for the pension paid heron and request

that he remit same to A. L. Loomis at Cherokee County, Ga.

In Witness Whereof, I have heretofore set my hand and seal, this

17th

day of January,

1895.

Blanchard, Dobbie

[L. S.]

Executed in the presence of

A. L. Loomis Ordinary

STATE OF GEORGIA, Cherokee County.
Blanchard, Dobbie hereby authorize Wm. A. Wright
of Atlanta, Ga. to receive and receipt for the pension paid heron and request
that he remit same to A. L. Loomis Ordinary at Cherokee County, Ga.
In Witness Whereof, I have heretofore set my hand and seal, this
day of January, 1895.
Richard Johnson
Commissioner of Pensions.
Executed in the presence of
A. L. Loomis

State of Georgia, Cherokee County.
I, Blanchard, Dobbie hereby authorize Wm. A. Wright
of Atlanta, Ga. to receive and receipt for the pension paid heron and request
that he remit same to A. L. Loomis at Cherokee County, Ga.
In Witness Whereof, I have heretofore set my hand and seal, this
day of January, 1895.
Blanchard, Dobbie [L. S.]
Executed in the presence of
A. L. Loomis Ordinary

Dobbie, Blanchard

Cherokee Co

For Those Heretofore Paid.

1898.

NO. 1961

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Blanchard, Dobbie

or

Cherokee County,

Widow of Blanchard, Dobbie

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

2/1

AND HANDED TO

A. L. Loomis

W. W. HARRISON, STATE PRINTER, ATLANTA.

WARRANT ISSUED
2/1
AND HANDED TO
A. L. Loomis
1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

Blanchard, Dobbie

or

Cherokee County,

No. 619

1897.

FOR THOSE HERETOFORE PAID.

Dobbie, Blanchard
Cherokee County

of Atlanta, Ga to receive and accept for the pension paid hereon and request that he remit same to A. B. Harrison residing at Barntown, Ky. 40306
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16th day of July, 1897.
Richard Johnson [L.S.]

Executed in the presence of

A. B. Harrison

Dobbs, Blarissa
Charlotte
FOR THOSE HERETOFORE PAID.
1897.
No. 6019
WIDOW'S PENSION,
For year ending February 15th, 1897.
PAID TO
Mrs. Blarissa Dobbs
OF
Charlotte County.
widow of
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
21
AND HANDED TO
etc
1897.
REC. W. HARRISON, STATE PRINTER, ATLANTA

Dobbs, Blarissa
Charlotte
For Those Heretofore Paid.
1898.
NO. 1961
WIDOW'S PENSION,
For year ending February 15th, 1898.
PAID TO
Mrs. Blarissa Dobbs
OF
Charlotte County,
Widow of Richard Johnson
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
21
AND HANDED TO
R. B. H.
1898.
REC. W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Charlotte

Personally Comes Mrs.

Blarissa Dobbs

who being sworn, says on oath, that she is a bona fide resident of said county of Charlotte State of Georgia, and that she has RESIDED in said State continuously ever since 1862. That she is the Widow of Franklin Dobbs who was a Soldier in Company B of the 34th Regiment of Vol Volunteers, that enlisted in said regiment on or about the month of May 1862 and served in the Army up to Oct 31st 1862. That he lost his life on the 31st day of Oct 1862. (State here full particulars of the husband's death, when, where and from what cause.)
Died in Hospital at Knoxville Tenn Oct 31st 1862 with chronic Diarrhoea

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1861, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of _____ County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this

10th day of Jan 1897.

A. B. Harrison Ordinary.

Post-office

Blarissa Dobbs

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of Charlotte

Personally Comes Mrs.

Blarissa Dobbs

who, being sworn, says on oath, that she is a bona fide resident of said county of Charlotte State of Georgia, and that she has RESIDED in said State continuously ever since 1862. That she is the Widow of Franklin Dobbs who was a Soldier in Company B of the 34th Regiment of Vol Volunteers, that he enlisted in said regiment on or about the month of May 1862 and served in the Army up to Oct 31st 1862. That he lost his life on the 31st day of Oct 1862. (State here full particulars of the husband's death, when, where and from what cause.)
Died in Hospital at Knoxville Tenn Oct 31st 1862 with Diarrhoea

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1861.

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

Sworn to and subscribed before me, this

19th day of Jan 1898.

A. B. Harrison Ordinary.

Post-Office

Blarissa Dobbs

State of Georgia,

Charlotte County.

I A. B. Harrison

Ordinary of said County, certify that I am well acquainted with Mrs. Blarissa Dobbs who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she

has continuously resided in this State since the _____ day of _____ 1862

Given under my official signature and seal this the 19th day of Jan 1898.

Official Seal.
Ordinary of Charlotte County.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1857, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of _____ County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 16th day of Jan'y 1897. Clarissa Dobbs Ordinary. Post-office _____

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

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

Sworn to and subscribed before me, this 19th day of Jan'y 1898. Clarissa Dobbs Ordinary. Post-Office _____

State of Georgia, Cherokee County. I A. L. Brown Ordinary of said County, certify that I am well acquainted with Mrs. Clarissa Dobbs who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the _____ day of _____ 1862.

Given under my official signature and seal this the 19th day of Jan'y 1898.



Ordinary of Cherokee County.

POWER OF ATTORNEY.

State of Georgia, Cherokee County. I, Clarissa Dobbs hereby authorize W. H. Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to Atlanta at Atlanta IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 27 day of Jan'y 1899.

Clarissa Dobbs [L. S.] Executed in presence of J. S. Rine

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. I, Clarissa Dobbs hereby authorize W. H. Wright of Atlanta to receive and receipt for the pension paid hereon and request that he remit same to A. L. Brown Ordinary at Atlanta IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 20 day of Jan'y 1900.

Clarissa Dobbs [L. S.] Executed in presence of A. L. Brown

Dobbs, Clarissa
Cherokee County
For Those Heretofore Paid.
1899.
NO. 1852
WIDOW'S PENSION,
For year ending February 15th, 1899.
PAID TO
Mrs. Clarissa Dobbs
or
Atlanta County
Widow of Franklin B. Dobbs
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
24
AND HANDSD TO
man
1899.
GEO. W. HARRISON, STATE PRINTER, ATLANTA

Dobbs, Clarissa
Cherokee County
To Those Heretofore Paid.
1900.
NO. 810
WIDOW'S PENSION,
For year ending February 15th, 1900.
PAID TO
Mrs. Clarissa Dobbs
or
Atlanta County,
Widow of Franklin B. Dobbs
JNO. W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
Feb 13
AND HANDSD TO
Wright
GEO. W. HARRISON, STATE PRINTER, ATLANTA

Dobbs, Clarissa
Christine Gentry
For Those Heretofore Paid.
1899.
NO. 1852
WIDOW'S PENSION,
For year ending February 15th, 1899.
PAID TO
Mrs. Clarissa Dobbs
of Cherokee County
Widow of Franklin Dobbs
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT ISSUED
2/11
AND HANDLED TO
Wan
1899.
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Dobbs, Clarissa
Christine Gentry
For Those Heretofore Paid.
1900.
NO. 810
WIDOW'S PENSION,
For year ending February 15th, 1900.
PAID TO
Mrs. Clarissa Dobbs
of Cherokee County
Widow of Franklin Dobbs
JNO. W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
Feb 13
AND HANDLED TO
Wright
1900.
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of Cherokee } Clarissa Dobbs

who, being sworn, says on oath, that she is a bona fide resident of said county of
Cherokee State of Georgia, and that she has resided in said State
continuously ever since 1842. That she is the Widow of
Franklin Dobbs who was a soldier in Company
B of the 34th Regiment of Ga
Volunteers, that he enlisted in said regiment on or about the month of May
1862 and served in the Army up to Oct 31 1862. That he lost his
life on the 31 day of Oct 1862 (State here
full particulars of the husband's death, when, where and from what cause.)
Died on Oct 31 1862 at hospital
at Knoxville Tenn cause
Diarrhea caused by Limestock
water in Kentucky

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

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

Sworn to and subscribed before me, this
27 day of Jan 1899.
Ordinary. } Clarissa Dobbs
Post-Office

State of Georgia, } I A. B. Corn
Cherokee County, } Ordinary of said County, certify that I am well acquainted
with Mrs. Clarissa Dobbs who made the above affidavit and am satis-
fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the day of 1842.

Given under my official signature and seal this the 27th day of Jan 1899.

Official
Seal.

A. B. Corn
Ordinary of Cherokee County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of Cherokee } Clarissa Dobbs

who, being sworn, says on oath, that she is a bona fide resident of said county of
Cherokee State of Georgia, and that she has resided in said State
continuously ever since 1842. That she is the Widow of
Franklin Dobbs who was a soldier in Company
B of the 34th Regiment of Ga
Volunteers, that he enlisted in said regiment on or about the month of May
1862 and served in the Army up to Oct 1862. That he lost his
life on the 31st day of Oct 1862 (State here
particulars of the husband's death, when, where and from what cause.)
Died in Hospital at Knoxville Tenn
with chronic diarrhea

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

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

Sworn to and subscribed before me, this
20th day of Jan 1900.
Ordinary. } Clarissa Dobbs
Post-Office

State of Georgia, } I A. B. Corn
Cherokee County, } Ordinary of said County, certify that I am well acquainted
with Mrs. Clarissa Dobbs who made the above affidavit and am satis-
fied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she
has continuously resided in this State since the day of 1842.

Given under my official signature and seal, this the 20th day of Jan 1900.

Official
Seal.

A. B. Corn
Ordinary of Cherokee County.

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

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

Sworn to and subscribed before me, this 27 day of July 1899.
Ordinary. Clarence Dobb Post-Office

State of Georgia, Cherokee County. } I A. B. Brown
Ordinary of said County, certify that I am well acquainted with Mrs. Clarence Dobb who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1842.

Given under my official signature and seal this 27 day of July 1899.

(Official Seal)

Ordinary of Cherokee County.

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

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

Sworn to and subscribed before me, this 20 day of Jan 1900.
Ordinary. Clarence Dobb Post-Office

State of Georgia, Cherokee County. } I A. B. Brown
Ordinary of said County, certify that I am well acquainted with Mrs. Clarence Dobb who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1842.

Given under my official signature and seal, this 20 day of Jan 1900.

(Official Seal)

Ordinary of Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. }
I, Clarence Dobb hereby authorize A. B. Brown of Cherokee County to receive and receipt for the pension paid hereon and request that he remit same to me at Cherokee.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18 day of July 1901.

Executed in presence of

H. A. Kimmitt

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. }
I, Clarence Dobb hereby authorize A. B. Brown of Cherokee County to receive and receipt for the pension paid hereon, and request that he remit same to me at Cherokee.
In Witness Whereof, I have hereunto set my hand and seal, this 11 day of July 1902.

Executed in presence of

H. A. Kimmitt

To Those Herebefore Paid.

1901.

No. 2459

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

Mrs. Clarence Dobb

of

Cherokee County.

Widow of Clarence Dobb

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

2/2 1901,

AND HANDLED TO

Leon

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

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. Clarence Dobb

of

Cherokee County.

Widow of Clarence Dobb

Co. A Regiment 24 ka

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

2/4 1902

AND HANDLED TO

my

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

Doby, Clarissa
Cherokee County

To Those Heretofore Paid.

1901.

No. *2459*

WIDOW'S PENSION,
For year ending February 15th, 1901.
PAID TO
Mrs. Clarissa Doby
or
Clarissa County.
Widow of *Franklin Doby*
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
2/12 1901,
AND HANDED TO
com
Geo. W. Harrison, State Printer, Atlanta, Ga.

Doby, Clarissa
Cherokee County

To Those Heretofore Paid.

1902.

No. *1845*

WIDOW'S PENSION,
For year ending Dec. 31, 1902.
PAID TO
Mrs. Clarissa Doby
or
Clarissa County.
Widow of *Franklin Doby*
Co. *A* Regiment *44* *th* *Inf*

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
2/14 1902
AND HANDED TO
com
Geo. W. Harrison, State Printer, Atlanta, Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of *Cherokee* } *Clarissa Doby*

who, being sworn, says on oath, that she is a bona fide resident of said County of *Cherokee* State of Georgia, and that she has RESIDED in said State continuously ever since *1841*. That she is the Widow of *Franklin Doby* who was a soldier in Company *B* of the *34th* Regiment of *Inf* Volunteers, that he enlisted in said regiment on or about the month of *May* 1862, and served in the Army up to *Oct 31st* 1862. That he lost his life on the *31st* day of *Oct* 1862. (State here particulars of the husband's death, when, where and from what cause)

Died in Hospital at Annapolis, Tenn Oct 31st 1862 with chronic Eczema

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

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

Sworn to and subscribed before me, this *14th* day of *Aug* 1901. *A. B. Brown* Ordinary. *Clarissa Doby* Post Office.

State of Georgia, } *A. B. Brown*
Cherokee County. } Ordinary of said County, certify that I am well acquainted with Mrs. *Clarissa Doby*, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the *1841* day of *1841*.

Given under my official signature and seal, this *16th* day of *Aug* 1901.

Official Seal.

Ordinary of *Cherokee* County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of *Cherokee* } *Clarissa Doby*

who, being sworn, says on oath, that she is a bona fide resident of said County of *Cherokee* State of Georgia, and that she has RESIDED in said State continuously ever since *1841*. That she is the Widow of *Franklin Doby* who was a soldier in Company *B* of the *34th* Regiment of *Inf* Volunteers, that he enlisted in said regiment on or about the month of *May* 1862, and served in the Army up to *Oct 31st* 1862. That he lost his life on the *31st* day of *Oct* 1862. (State here particulars of the husband's death, when, where and from what cause)

Died in Hospital at Annapolis, Tenn Oct 31st 1862 with chronic Eczema

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

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

Sworn to and subscribed before me, this *11th* day of *Aug* 1902. *A. B. Brown* Ordinary. *Clarissa Doby* Post Office.

State of Georgia, } *A. B. Brown*
Cherokee County. } Ordinary of said County, certify that I am well acquainted with Mrs. *Clarissa Doby*, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the *1841* day of *1841*.

Given under my official signature and seal, this *11th* day of *Aug* 1902.

Official Seal.

Ordinary of *Cherokee* County.

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

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1899.

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

Sworn to and subscribed before me, this 14 day of July, 1901. A. C. Brown Ordinary. Post Office Cherokee

State of Georgia, Cherokee County. Ordinary of said County, certify that I am well acquainted with Mrs. Clarissa Edith, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 14 day of July, 1899.

Given under my official signature and seal, this 14 day of July, 1901.

Official Seal. Ordinary of Cherokee County.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1899.

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

Sworn to and subscribed before me, this 11 day of July, 1902. A. C. Brown Ordinary. Post Office Cherokee

State of Georgia, Cherokee County. Ordinary of said County, certify that I am well acquainted with Mrs. Clarissa Edith, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 11 day of July, 1902.

Given under my official signature and seal, this 11 day of July, 1902.

Official Seal. Ordinary of Cherokee County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. I, Clarissa Edith, hereby authorize Mrs. A. Wright of Atlanta Ga. to receive and receipt for the pension paid hereon, and request that he remit same to A. C. Brown at Cherokee Ga. In Witness Whereof, I have hereunto set my hand and seal, this 14 day of July, 1903. Clarissa Edith [L. S.]

Executed in presence of A. C. Brown, Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County. I, Clarissa Edith, hereby authorize Mrs. A. Wright of Atlanta Ga. to receive and receipt for the pension paid hereon, and request that he remit same to A. C. Brown at Cherokee Ga. In Witness Whereof, I have hereunto set my hand and seal, this 6 day of July, 1904. Clarissa Edith [L. S.]

Executed in presence of A. C. Brown & Ordinary

Dobbs, Clarissa
Cherokee County
To Those Heretofore Paid

1903.
No. 1963

WIDOW'S PENSION,
For year ending Dec. 31, 1903.
PAID TO Mrs. Clarissa Edith
OF Cherokee County,
Widow of Franklin Edith
Co. B Regiment 14 Ga.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
2/16 1903.
AND PAID TO A. C.

Dobbs, Clarissa
Cherokee County
TO THOSE HERETOFORE PAID.

1904.
No. 2042

WIDOW'S PENSION
FOR
YEAR ENDING DECEMBER 31, 1904.
PAID TO Mrs. Clarissa Edith
OF Cherokee County,
Widow of Franklin Edith
Co. B Regiment 14 Ga.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 18 1904.
AND HANDLED TO Ordry

Geo. W. Harrison, State Printer, ATLANTA.

Dobbs, Clarence
Cherokee County
To Those Heretofore Paid
1903.
No. *1963*
WIDOW'S PENSION,
For year ending Dec. 31, 1903.
PAID TO
Mrs. Clarissa B. B. B.
OF
Cherokee County,
Widow of *Franklin B. B. B.*
Co. *B* Regiment *14* *th* *La*
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
2/16
AND FORWARDED TO
W. A. W.
MAR 10 1904
U. S. DEPARTMENT OF THE INTERIOR, BUREAU OF LANDS

Dobbs, Clarence
Cherokee County
TO THOSE HERETOFORE PAID.
1904.
No. *2090*
WIDOW'S PENSION
FOR
YEAR ENDING DECEMBER 31, 1904.
PAID TO
Mrs. Clarissa B. B. B.
OF
Cherokee County,
Widow of *Franklin B. B. B.*
Co. *B* Regiment *14* *th* *La*
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
FEB 18
AND HANDLED TO
W. A. W.
MAR 10 1904
U. S. DEPARTMENT OF THE INTERIOR, BUREAU OF LANDS

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of *Cherokee* } *Clarissa B. B. B.*

who, being sworn says on oath, that she is a bona fide resident of said County of
Cherokee State of Georgia, and that she has RESIDED in said State
continuously ever since *1842*. That she is the Widow of
Franklin B. B. B. who was a soldier in Company
B of the *34*th Regiment of *La*
Volunteers, that he enlisted in said regiment on or about the month of *May*
1862, and served in the Army up to *Oct 31*st 1862. That he lost his
life on the *31*st day of *Oct* 1862. (State here
particulars of the husband's death, when, where and from what cause.)
Died in Hospital at Knoxville Tenn.

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

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

Sworn to and subscribed before me,
this *7*th day of *January* 1903. *Clarissa B. B. B.*
W. A. W. Ordinary. Post-Office

State of Georgia, } *W. A. W.*
Cherokee County. } Ordinary of said County, certify that I am well
acquainted with Mrs. *Clarissa B. B. B.*, who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of *1842*.

Given under my official signature and seal, this *7*th day of *January* 1903.

[Official
Seal]

W. A. W.
Ordinary of *Cherokee* County.

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of *Cherokee* } *Clarissa B. B. B.*

who, being sworn says on oath, that she is a bona fide resident of said County of
Cherokee State of Georgia, and that she has RESIDED in said State
continuously ever since *1842*. That she is the Widow of
Franklin B. B. B. who was a soldier in Company
B of the *34*th Regiment of *La*
Volunteers, that he enlisted in said regiment on or about the month of *May*
1862, and served in the Army up to *Oct 31*st 1862. That he lost his
life on the _____ day of _____ 18____. (State here
particulars of the husband's death, when, where and from what cause.)
Died in Hospital at Knoxville Tenn.
Oct 31st 1862

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

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

Sworn to and subscribed before me,
this *5*th day of *January* 1904. *Clarissa B. B. B.*
W. A. W. Ordinary. Post-Office

State of Georgia, } *W. A. W.*
Cherokee County. } Ordinary of said County, certify that I am well
acquainted with Mrs. *Clarissa B. B. B.*, who made the above affidavit and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of *1842*.

Given under my official signature and seal, this *5*th day of *January* 1904.

[Official
Seal]

W. A. W.
Ordinary of *Cherokee* County.

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

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

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

Sworn to and subscribed before me,
this 4th day of January, 1903.
W. C. Burns Ordinary. Post Office.

State of Georgia,
Cherokee County. I, W. C. Burns
Ordinary of said County, certify that I am well acquainted with Mrs. Clarissa Dobb, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1847.

Given under my official signature and seal, this 4th day of January, 1903.

Official Seal.

Ordinary of Cherokee County.

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

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

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

Sworn to and subscribed before me,
this 5th day of January, 1904.
W. C. Burns Ordinary. Post Office.

State of Georgia,
Cherokee County. I, W. C. Burns
Ordinary of said County, certify that I am well acquainted with Mrs. Clarissa Dobb, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1847.

Given under my official signature and seal, this 5th day of January, 1904.

Official Seal.

Ordinary of Cherokee County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.
I, Clarissa Dobb, hereby authorize
M. J. Webb of Cherokee
to receive and receipt for the pension paid hereon, and request that he remit same to
Acworth R. F. D. # 15 at

In Witness Whereof, I have hereunto set my hand and seal, this 6
day of Jan, 1905.
Clarissa Dobb [L. S.]

Executed in presence of

POWER OF ATTORNEY.

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

In Witness Whereof, I have hereunto set my hand and seal, this 10
day of Jan, 1906.
Clarissa Dobb [L. S.]

Executed in presence of

Dobb, Clarissa
Cherokee County
To Those Hereofore Paid
1905.
No. 1967
WIDOW'S PENSION,
For year ending Dec. 31, 1905.
PAID TO
Mrs. Clarissa Dobb
OF
Cherokee County,
Widow of Marshall Dobb
Co. B Regiment 34th Ca
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
FEB 23 1 1905.
AND HANDY TO
Webb
The Farmers' Loan and Trust Co. Agents,
210 W. Madison, Boston, New York, Philadelphia.

Dobb, Clarissa (Mrs)
Cherokee County
To Those Hereofore Paid
1906.
No. 1019
WIDOW'S PENSION
For year ending Dec. 31, 1906.
PAID TO
Mrs. Clarissa Dobb
OF
Cherokee County,
Widow of Marshall Dobb
Co. B Regiment 34th Ca
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
FEB 1 1 1906.
AND HANDY TO
Webb
The Farmers' Loan and Trust Co. Agents,
210 W. Madison, Boston, New York, Philadelphia.

Dobbs, Clarence
Cherokee County
To Those Heretofore Paid

1905.
No. 1957

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

PAID TO Mrs. Clarence Dobbs
OF Cherokee County,
Widow of Franklin Dobbs
Co. B Regiment 34 th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 23 1 1906.
AND HANDLED TO Hebb

This is to certify that the above named person is entitled to the pension provided for by law.

Dobbs, Clarence (Mrs)
Cherokee County
To Those Heretofore Paid

1906.
No. 1019

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

PAID TO Mrs. Clarence Dobbs
OF Cherokee County,
Widow of Franklin Dobbs
Co. B Regiment 34 th

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
FEB 1 1 1906.
AND HANDLED TO Hebb

This is to certify that the above named person is entitled to the pension provided for by law.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of Cherokee } Clarence Dobbs

who, being sworn says on oath, that she is a bona fide resident of said County of Cherokee State of Georgia, and that she has RESIDED in said State continuously ever since 1842. That she is the Widow of Franklin Dobbs who was a soldier in Company B of the 34 th Regiment of GA Volunteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to Oct 31 st 1862. That he lost his life on the 31 st day of Oct 1862. (State here particulars of the husband's death, when, where and from what cause.) died on 31 st day of Oct 1862 at Knoxville at Knoxville Tenn. Cause Disease Cause from timidities water of Kentucky

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

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

Sworn to and subscribed before me, this 6 day of Jan 1905. W. J. Webb Ordinary. Clarence Dobbs Post-Office at month B 34 18

State of Georgia, } I, W. J. Webb }
Cherokee County. } Ordinary of said County, certify that I am well acquainted with Mrs. Clarence Dobbs, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1842.

Given under my official signature and seal, this the 5 day of Jan 1905.

Official Seal.

W. J. Webb
Ordinary of Cherokee County.

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of Cherokee } Clarence Dobbs

who, being sworn, says on oath that she is a bona fide resident of said County of Cherokee State of Georgia, and that she has RESIDED in said State continuously ever since 1842. That she is the Widow of Franklin Dobbs who was a soldier in Company B of the 34 th Regiment of GA Volunteers, that he enlisted in said regiment on or about the month of May 1862, and served in the Army up to Oct 31 1862. That he lost his life on the 31 st day of October 1862. (State here particulars of the husband's death, when, where and from what cause.) died in hospital at Knoxville Tenn. Cause Disease

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

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

Sworn to and subscribed before me this 10 day of Jan 1906. W. J. Webb Ordinary. Clarence Dobbs Post Office

State of Georgia, } I, W. J. Webb }
Cherokee County. } Ordinary of said County, certify that I am well acquainted with Mrs. Clarence Dobbs, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1842.

Given under my official signature and seal, this the 10 day of Jan 1906.

Official Seal.

W. J. Webb
Ordinary of Cherokee County.

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

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

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

Sworn to and subscribed before me, this 5 day of Jan 1905.
W. J. Webb, Ordinary.

Clarissa Dobbs
Post-Office Stamuch R. 25. 15

State of Georgia, Cherokee County. I, W. J. Webb, Ordinary of said County, certify that I am well acquainted with Mrs. Clarissa Dobbs, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1842.

Given under my official signature and seal, this 5 day of Jan 1905.

Official Seal

W. J. Webb
Ordinary of Cherokee County.

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

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

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

Sworn to and subscribed before me this 10 day of Jan 1906.
W. J. Webb, Ordinary.

Clarissa Dobbs
Post Office

State of Georgia, Cherokee County. I, W. J. Webb, Ordinary of said County, certify that I am well acquainted with Mrs. Clarissa Dobbs, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of 1842.

Given under my official signature and seal, this 10 day of Jan 1906.

Official Seal

W. J. Webb
Ordinary of Cherokee County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County.

I, Clarissa Dobbs, hereby authorize W. J. Webb

to receive and receipt for the pension paid hereon, and request that he remit same to A. L. Hammett, Nephew R. 8.

In Witness Whereof, I have hereunto set my hand and seal, this 19 day of Jan 1907.

Clarissa Dobbs (s. s.)

Executed in presence of J. M. Blackwell

Dobbs, Clarissa
Cherokee County
To These Heretofore Paid.

1907.

No. 1704

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. Clarissa Dobbs

OF

Cherokee County,

Widow of Franklin Dobbs

Co. B. 34 Regiment Vol

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

2

AND HANDED TO

0

Jan. W. Harrison, State Printer, Albany.

FOR WIDOWS HERETOFORE AWARDED PENSIONS

Doyle, Clarissa
Cherokee County
To Those Heretofore Paid.
1907.
No. *1704*
WIDOW'S PENSION
For Year ending Dec. 31, 1907.
PAID TO
Mrs. Clarissa Robb
OF
Cherokee County,
Widow of *Franklin Robb*
Co. B. 34th Regiment *Ga*
JOHN W. LINDSEY,
Commissioner of Pensions.
FEB 13
WARRANT ISSUED
2
1907,
AND HANDED TO
0
Jas. W. Harrison, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

Form No. 1

STATE OF GEORGIA,

County of *Cherokee*

PERSONALLY COMES MRS.

Clarissa Robb

who, being sworn says on oath, that she is a bona fide resident of said County of *Cherokee* State of Georgia, and that she has ~~resided~~ *resided* in said State continuously ever since *1842*. That she is the Widow of *Franklin Robb* who was a soldier in Company *B* of the *84th* Regiment of *Ga* Volunteers, that he enlisted in said regiment on or about the month of *May* 1862, and served in the Army up to *Oct. 31st* 1862. That he lost his life on the *31st* day of *May* 1862. (State here particulars of the husband's death, when, where and from what cause.)
Died in Hospital at Knoxville Tenn.

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

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

Sworn to and subscribed before me

this *19* day of *Jan* 1907.

W. J. Webb Ordinary.

Clarissa Robb
Mark

Post Office

State of Georgia,

Cherokee County.

I, *W. J. Webb*

Ordinary of said County, certify that I am well

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

day of *1842*

Given under my official signature and seal, this the *19* day of *Jan* 1907.

Official Seal

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

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

Volunteers, that he enlisted in said regiment on or about the month of May
1862, and served in the Army up to Oct 31st 1862. That he lost his
life on the 31st day of May 1862. (State here
particulars of the husband's death, when, where and from what cause.)

Died in Hospital at Knoxville
Tenn.

Deponent swears that she was the wife of said deceased soldier, during his service in the Army as a
soldier, and that she has never married since his death aforesaid, and that she became his wife in
the year 1867.

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

Sworn to and subscribed before me
this 19 day of June 1907. Clairia Dobbs
W. J. Webb Ordinary. Post Office.

State of Georgia, }
Cherokee County. } I, W. J. Webb
Ordinary of said County, certify that I am well
acquainted with Mrs. Clairia Dobbs, who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 1862.

Given under my official signature and seal, this the 19 day of June 1907.

Official
Seal

W. J. Webb
Ordinary of Cherokee County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee County.

I, David Dotbbs,

of Cherokee County

do hereby authorize

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

David Dotbbs at Cherokee by David Dotbbs

Witness my hand and seal this 18 day of May, 1899.

Executed in presence of David Dotbbs (L.S.)

David Dotbbs
Cherokee County

No. 3784

INDIGENT PENSION

1899.

Name David Dotbbs

County Cherokee

Approved 572 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Nam

Geo. W. Harrison, State Printer, Atlanta.

3/16/94

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee County.

I, David Dotbbs,

David Dotbbs

do hereby authorize

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

David Dotbbs of Cherokee County, Georgia.

Witness my hand and seal this 18 day of May, 1899.

Executed in presence of

David Dotbbs and David Dotbbs

David Dotbbs (L.S.)

David Dotbbs
Cherokee County

No. 3784

INDIGENT PENSION

1899.

Name David Dotbbs

County Cherokee

Approved 5/2 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

Nam

Geo. W. Harrison, State Printer, Atlanta.

3/16/94

Approved 572 1899.
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDED TO
Nam
BEO. W. HARRISON, STATE PRINTER, ATLANTA.

3/16/94

ATTORNEY.
I, Charles E. Bode, hereby authorize
that he remit same to
of Cherokee Co
at Doyle
by David Bode
1899.
(L. S.)

POWER OF ATTORNEY.

STATE OF GEORGIA.
Cherokee COUNTY.
I, David Bode, hereby authorize
Wm A Wright of Atlanta Ga
to receive and receipt for the pension allowed, and request that he remit same to
A. C. Curran at Cherokee by Charles E. Bode.
Witness my hand and seal this 26 day of Feb 1899.
Executed in presence of David Bode (L. S.)
Charles E. Bode

Questions for Applicant.

STATE OF GEORGIA,
Cherokee County.
David Bode of said State and County, desiring
to avail himself of the Pension Act (Section 1284, Code), hereby submits his proofs, and after being duly
sworn true answers to make to the following questions, deposes and answers as follows:
1. What is your name and where do you reside? (give State, County and post office.) David Bode, Cherokee County, Ga
2. How long and since when have you been a resident of this State? have been in Ga all my life
3. When and where were you born? was born 1829 in Dalton, Ga.
4. When and where and in what company and regiment did you enlist or serve? in 1861 in the 14th Regt. Ga.
5. How long did you remain in such company and regiment? near three years
6. For how long a period did you discharge regular military duty? near three years
7. When, where and under what circumstances were you discharged from service? I was taken prisoner of war just a few days before
8. What is your present occupation? farming
9. How much can you earn (gross) per annum by your own exertions or labor? do not know
10. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? age and poverty
11. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? Age and poverty & blindness. I have been for 4 years not able to earn my support. I was 8 years in the army and was discharged from service at Dalton, Ga. I was captured in camp at Dalton, Ga. I can't see.
12. What property, effects or income do you possess, and its gross value? have a small amount of household furniture
13. What property, effects or income did you possess in 1894, 1895, 1896, 1897 and 1898, and what disposition, if any, did you make of same? part of the time in the years a few months I owned a cow & a few days I owned some land. I have been in the army and was discharged from service at Dalton, Ga. I was captured in camp at Dalton, Ga. I can't see.
14. In what County did you reside during those years, and what property did you then return for taxation? Cherokee County. Returned as above.
15. How were you supported during the years 1897 and 1898? done all I could and was assisted by my family.
16. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? cost me \$400 & \$500 per year.
17. What was your employment during 1897 and 1898? What pay did you receive in each year? done what I could in farm & household.
18. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Have no family at home but my wife and 4 children. I have a homestead.
19. Are you receiving any pension? If so, what amount, and for what disability? Receive no pension.
Sworn to and subscribed before me this the 24 day of Feb, 1899.
A. C. Curran Ordinary,
of Cherokee County.

Every Question MUST be Answered.

INDIGENT PENSION

1899.

Name David Bode
County Cherokee

Approved 572 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

NAM

BEO. W. HARRISON, STATE PRINTER, ATLANTA.

3/16/94

No. 3784
David Bode
Cherokee County

David Dobbs
Cherokee County

No. 3784

INDIGENT PENSION

1899.

Name David Dobbs
County Cherokee

Approved 572 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

NAN

W. H. JARVIS, STATE PRINTER, ATLANTA.

3/16/99

Every Question MU

upon the third, state whether you are totally blind and when and where lost your sight?
Age and period of blindness? Blindness & deafness have been
four years not able to earn my support. My eyes
was injured in camp at home now I can't see
13. What property, effects or income do you possess, and its gross value?
have a small amount of household furniture
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897 and 1898, and what dis-
position, if any, did you make of same? part of the time in the years
a few mentioned I made a cow & a few pigs
don't own any stock now have been down and
15. In what County did you reside during those years, and what property did you then return for taxation?
Swain Cherokee county Returned as above State
16. How were you supported during the years 1897 and 1898? done all I could
and was assisted by my family
17. How much did your support cost for each of those years, and what portion did you contribute thereto
by your own labor or income? cost some \$40 or \$50 earned some \$10
18. What was your employment during 1897 and 1898? What pay did you receive in each year?
done what I could in farm household no pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they
a homestead? Have no family at home but my wife
and self have a married child now all poor
renters more able to help me
20. Are you receiving any pension? If so, what amount, and for what disability?
Receive no pension
Sworn to and subscribed before me this the
24 day of Feb, 1899. David Dobbs Applicant.
A. C. Grier Ordinary,
of Cherokee County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cherokee COUNTY.

I Joseph M. McAffee, of said State and County, having been presented
as a witness in support of the application of David Dobbs for pension
under Section 1254, Code, and after being duly sworn true answers to make to the following questions,
deposes and answers as follows:

1. What is your name and where do you reside? Joseph M. McAffee
Canton Ga
2. Are you acquainted with David Dobbs, the applicant; if so
how long have you known him? yes. 28 years
3. Where does he reside, and how long and since when has he been a resident of this State?
in Cherokee Co. all his life
4. When, where and in what company and regiment did he enlist, and how do you know?
1862. Fort Lawton Va. Co. 14 Ga. Regiment. I served in same Regiment
5. Were you a member of the same company and regiment? yes same Regiment
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? about 3 years
he was a good soldier. I served with him & frequently
fought with him. he was badly wounded
7. What property, effects or income has the applicant? (Give your means of knowledge.)
Nothing except a little household furniture.
I live 7 miles of him & have for 20 years
8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what dispo-
sition, if any, did he make of same? nothing except his household furniture
and a few little things
9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom?
he has not
10. What is the applicant's occupation and physical condition? a Farmer. he
is old and feeble. not able to make his
support
11. Is the applicant unable to support himself by labor of any sort, if so, why? he is
on account of his age & feeble condition
12. How was he supported during the years 1897 and 1898? he had some Grand
children with him in those years who helped him make
his crop. but they are not able to
13. What portion of his support for those two years was derived from his own labor or income?
about 1/3 I guess from his condition
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under Section 1254, Code? he is really, not able to work more
than 1/2 of his time and being feeble can't do but
little there, and has no property
15. What interest have you in the recovery of a pension by this applicant? nothing
Sworn to and subscribed before me, this
the 24 day of Feb, 1899. } Joseph M. McAffee Witness.
A. C. Grier Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cherokee COUNTY.

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

He finds the applicant old (years) and
that his general health is bad. His eyes
is such that he cannot work sufficient to
support himself. He is old and down and
poor. And needs help.

We further say on oath that the physical condition of applicant renders him unable to labor at any
work or calling sufficient to earn a support for himself, and that we have no interest in said pension being
allowed.

Sworn to and subscribed before me this the
24 day of February, 1899. } Jack M. Bates, M.D.
A. C. Grier Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee COUNTY.

I, A. C. Grier, Ordinary in and for said County, hereby certify
that the applicant David Dobbs is a reside in said County, and has
been a bona fide resident of this State since the all his day of Life 189
and that the witnesses, viz: Jack M. Bates & John M. Smith
Joseph M. McAffee are citizens of this county
are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cherokee County show that applicant
returned for taxation in his name in 1897 49 Dollars
of property, and in 1898 15 Dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 24 day of Feb, 1899.
A. C. Grier Ordinary,
of Cherokee County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You
shall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help
you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above
set out.

I live the 7 miles of here & have for 20 years

8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same? nothing except his home hold furniture and a fine little hog-

9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? he has not

10. What is the applicant's occupation and physical condition? a Farmer he is old and feeble. not able to make his support

11. Is the applicant unable to support himself by labor of any sort, if so, why? he is on account of his age & feeble condition

12. How was he supported during the years 1897 and 1898? he had some grand children with him in these years who helped him make little crop - but they are now gone

13. What portion of his support for these two years was derived from his own labor or income? about 1/3 & guess from his condition

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? he is really not able to work more than 1/2 of his time and being feeble, can't do but little there, and has no property

15. What interest have you in the recovery of a pension by this applicant? nothing

Sworn to and subscribed before me, this 24th day of July 1899. } Joseph M. Wright Witness.

A. B. Burns Ordinary.

STATE OF GEORGIA, }
Cherokee COUNTY.

I, A. B. Burns, Ordinary in and for said County, hereby certify that the applicant Samuel Dobbs is a white male resident in said County, and has been a bona fide resident of this State since the all his day of life 189 and that the witnesses, viz: Joseph M. Wright & Joseph M. Wright are residents of this county are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of Cherokee County show that applicant returned for taxation in his name in 1897 49 Dollars of property, and in 1898 15 Dollars of property.

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

Witness my hand and seal of office, this 24 day of July 1899.

A. B. Burns Ordinary.
of Cherokee County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Cherokee County.

I, Samuel Dobbs hereby authorize W. H. Wright of Atlanta Ga. to receive and receipt for the pension allowed, and request that he remit same to A. B. Burns only at Cherokee Ga. by check.

Witness my hand and seal, this 4th day of June 1900.

Samuel Dobbs [L. S.]

Executed in presence of A. B. Burns, only

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Cherokee County.

I, Samuel Dobbs hereby authorize A. B. Burns of Cherokee Ga. to receive and receipt for the pension allowed and request that he remit same to me at Cherokee Ga. by me.

Witness my hand and seal, this 1st day of July 1901.

Samuel Dobbs [L. S.]

Executed in presence of A. B. Burns only

Dobbs, David
Cherokee Co.

CODE SEC. 1254.
(For Those Already Enrolled.)

No. 1876

INDIGENT
SOLDIER'S PENSION,
1900.

Name Samuel Dobbs
County Cherokee

WARRANT ISSUED
January 24 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Wright

W. H. Wright

Dobbs, David
Cherokee Co.

CODE SECTION 1254.
(For Those Already Enrolled.)

No. 1876

INDIGENT
SOLDIER'S PENSION,
1901.

Name Samuel Dobbs
County Cherokee

WARRANT ISSUED
July 1 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
A. B. Burns

A. B. Burns

Dobbs, David
Charleston Co.
FORM 100, 1894
(For These Already Enrolled.)
NO. 1876
INDIGENT
SOLDIER'S PENSION,
1900.
Name *David Dobbs*
County *Charleston*
WARRANT ISSUED
January 24 1900.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Wright
ONE W. H. HUGHES, BALDWIN, MISSISSIPPI, ALABAMA.
No data

Dobbs, David
Charleston Co.
FORM 100, 1894
(For These Already Enrolled.)
NO. 1876
INDIGENT
SOLDIER'S PENSION,
1901.
Name *David Dobbs*
County *Charleston*
WARRANT ISSUED
1/2 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
G. C. ...
ONE W. H. HUGHES, BALDWIN, MISSISSIPPI, ALABAMA.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Charleston County.

Personally appears *David Dobbs* of *Charleston* 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 *28th* day of *July* 1823; that he is *70* years old and by occupation a *house carpenter*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4 years* in Company *D*, of *14th* Regiment of *Georgia Volunteers*; that his physical condition is as follows: *he is very feeble not able to work*

that his property consists of the following items *small amount of household & kitchen furniture*

of the value of *14* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of *Charleston* county been allowed a pension for the year 1892.

Sworn to and subscribed before me, this, the *4th* day of *Jan* 1900, *David Dobbs* Ordinary.

State of Georgia,
Charleston County.

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

Given under my official signature and seal, this *4th* day of *Jan* 1900.

A. C. ... Ordinary *Charleston* County.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Charleston County.

Personally appears *David Dobbs* of *Charleston* 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 *28th* day of *July* 1823; that he is *70* years old and by occupation a *house carpenter*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4 years* in Company *D*, of *14th* Regiment of *Georgia Volunteers*; that his physical condition is as follows: *Wound out and broke down not able to work and almost blind*

that his property consists of the following items *small amount of household furniture*

of the value of *25* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of *Charleston* county been allowed a pension for the year 1890.

Sworn to and subscribed before me, this, the *1st* day of *Jan* 1901, *David Dobbs* Ordinary.

STATE OF GEORGIA,
Charleston County.

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

Given under my official signature and seal, this *1st* day of *Jan* 1901.

A. C. ... Ordinary *Charleston* County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1901.

I have received no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1892

Sworn to and subscribed before me, this the 4th day of Jan 1900. D. B. Cobbs Ordinary.

State of Georgia, Cherokee County.

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

Given under my official signature and seal, this 4th day of Jan 1900.



D. B. Cobbs Ordinary Cherokee County.

Note.—The blank spaces must be filled.
Note.—An affidavit should not be attested before January 1st, 1901.

I have received no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1900

Sworn to and subscribed before me, this the 1st day of Jan 1901. D. B. Cobbs Ordinary.

STATE OF GEORGIA, Cherokee County.

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

Given under my official signature and seal, this 1st day of Jan 1901.



D. B. Cobbs Ordinary Cherokee County.

Note.—The blank spaces must be filled.
Note.—An affidavit should not be attested before January 1st, 1901.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County.

I, David B. Cobbs hereby authorize D. B. Cobbs of Cherokee County to receive and receipt for the pension allowed and request that he remit same to me at Cherokee by me

Witness my hand and seal, this 11th day of Jan 1902. David B. Cobbs [L. S.]

Executed in presence of

D. B. Cobbs

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County.

I, David B. Cobbs hereby authorize N. J. Webb of Canton to receive and receipt for the pension allowed, and request that he remit same to me at me by me

Witness my hand and seal, this 14th day of Jan 1907. David B. Cobbs [L. S.]

Executed in presence of

N. J. Webb

CODE SECTION 124.
(FOR THOSE ALREADY ENROLLED.)

No. 3612

INDIGENT
SOLDIER'S PENSION
1902.

Name David B. Cobbs
County Cherokee
Co. D Regiment 14th

WARRANT ISSUED
3/4 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
only
Geo. W. Harrison, State Printer, Atlanta.

no date

CODE SECTION 124.
(FOR THOSE ALREADY ENROLLED.)

No. 6017

INDIGENT
SOLDIER'S PENSION
1907.

Name David B. Cobbs
County Cherokee
Co. D Regiment 14th

WARRANT ISSUED
FEB 13 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
only
Geo. W. Harrison, State Printer, Atlanta.

no date

Dobbs, David
Cherokee Co.

Dobbs, David
Cherokee Co.

Dobbs, David
Cherokee Co.

(FOR THOSE ALREADY ENROLLED.)

No. 18612

INDIGENT
SOLDIER'S PENSION
1902.

Name David Dobbs
County Cherokee
Co. D Regiment 14th

WARRANT ISSUED

2/4 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Only

Geo. W. Harrison, State Printer, Atlanta.

no date

Dobbs, David
Cherokee Co.

(FOR THOSE ALREADY ENROLLED.)

No. 18612

INDIGENT
SOLDIER'S PENSION
1907.

Name David Dobbs
County Cherokee
Co. D Regiment 14th

WARRANT ISSUED

FEB 13 1907

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Only

Geo. W. Harrison, State Printer, Atlanta.

1.72

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cherokee County.

Personally appears David Dobbs 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 1845 day of 1845; that he is 76 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company D, of 14th Regiment of Georgia Vol.; that his physical condition is as follows: almost blind, not able to do but little work

that his property consists of the following items small amount of household furniture

of the value of 16 Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this the 11th day of Jan 1902. David Dobbs his mark
S. L. Brown Ordinary.

STATE OF GEORGIA,
Cherokee County.

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

Given under my official signature and seal, this 11th day of Jan 1902.

S. L. Brown
Ordinary Cherokee County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,
Cherokee County.

Personally appears David Dobbs 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 1845 day of 1845; that he is 76 years old and by occupation a farmer that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 4 years in Company D, of 14th Regiment of Georgia Vol.; that his physical condition is as follows: Infirmary poverty and age

that his property consists of the following items:

of the value of 16 Dollars. I am now earning by my labor, 16 Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cherokee County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 14th day of Jan 1907. David Dobbs his mark
M. J. Webb Ordinary.

State of Georgia,
Cherokee County.

I, M. J. Webb Ordinary of said County, do certify that I am well acquainted with David Dobbs the applicant in the foregoing affidavit, and am well-satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this 14th day of Jan 1907.

M. J. Webb
Ordinary Cherokee County.



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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this the 11 day of May, 1902.

A. C. Brown Ordinary.

STATE OF GEORGIA,

Cherokee County.

I, A. C. Brown Ordinary of said County, do certify that I am well acquainted with David Dobbs 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 11 day of May, 1902.

A. C. Brown Ordinary Cherokee County.

Note.—The blank spaces must be filled.
Note.—A Affidavit should not be attested before January 1st, 1903.

1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cherokee County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 14 day of Jan, 1907.

David Dobbs Ordinary.

State of Georgia,

Cherokee County.

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

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

N. J. Webb Ordinary Cherokee County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, David Dobbs hereby authorize Mr. A. Wright of Atlanta Ga. to receive and receipt for the pension allowed and request that he remit same to A. C. Brown, Ordry at Cherokee Ga. by check.

Witness my hand and seal, this 6 day of May, 1903.

Executed in presence of

A. C. Brown Ordry

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, David Dobbs hereby authorize Mr. A. Wright of Atlanta Ga. to receive and receipt for the pension allowed and request that he remit same to A. C. Brown, Ordry at Cherokee Ga. by check.

Witness my hand and seal, this 8 day of May, 1904.

Executed in presence of

A. C. Brown Ordry

CODE SECTION 1264.
(FOR THOSE ALREADY ENROLLED.)

No. 4344

INDIGENT

**SOLDIER'S PENSION
1903.**

Name David Dobbs

County Cherokee

Co. B. 14 Regiment 1st

WARRANT ISSUED

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

CODE SECTION 1264.
(FOR THOSE ALREADY ENROLLED.)

No. 5016

INDIGENT

**SOLDIER'S PENSION
1904.**

Name David Dobbs

County Cherokee

Co. B Regiment 1st

WARRANT ISSUED

1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Dobbs, David
Cherokee Co

COURT SECTION 1294.
(FOR THOSE ALREADY ENROLLED.)

No. *4344*

INDIGENT

SOLDIER'S PENSION
1903.

Name *David Dobbs*
County *Cherokee*
Co. *B* 14th Regiment *Inf*

WARRANT ISSUED
7/10

1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
W. C. C.

Geo. W. Harrison, State Printer, Atlanta.

Dobbs, David
Cherokee Co

COURT SECTION 1294.
(FOR THOSE ALREADY ENROLLED.)

No. *5016*

INDIGENT

SOLDIER'S PENSION
1904.

Name *David Dobbs*
County *Cherokee*
Co. *B* 14th Regiment *Inf*

WARRANT ISSUED
7/18

1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
W. C. C.

Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears *David Dobbs* 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 *1823* day of *May*; that he is *54* years old and by occupation a *Farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4* years in Company *B*, of *14*th Regiment of *Infantry*; that his physical condition is as follows: *Broken down from exposure to cold*

that his property consists of the following items: *Household goods*

of the value of *\$15.00* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of *Cherokee* county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this *6* day of *July*, 1903. *David Dobbs*
W. C. C. Ordinary.

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this *6* day of *July*, 1903.



W. C. C. Ordinary *Cherokee* County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1903.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears *David Dobbs* 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 *1823* day of *May*; that he is *54* years old and by occupation a *Farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4* years in Company *B*, of *14*th Regiment of *Infantry*; that his physical condition is as follows: *Broken down from exposure to cold*

that his property consists of the following items: *Household goods*

of the value of *\$15.00* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of *Cherokee* County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this *6* day of *July*, 1904. *David Dobbs*
W. C. C. Ordinary.

STATE OF GEORGIA,

Cherokee County.

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

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



W. C. C. Ordinary *Cherokee* County.

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

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this 6th day of July 1903. David Dobb Ordinary.

STATE OF GEORGIA, Cherokee County.

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

Given under my official signature and seal, this 6th day of July 1903. A. B. Carr

Ordinary Cherokee County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1903.

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of Cherokee County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this 8th day of July 1904. David Dobb Ordinary.

STATE OF GEORGIA, Cherokee County.

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

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

Ordinary Cherokee County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County.

I, David Dobb hereby authorize M. J. Webb of Cherokee County to receive and receipt for the pension allowed, and request that he remit same to _____ at _____ by _____

WITNESS my hand and seal, this 13th day of Jan 1905.

David Dobb [L. S.]

Executed in the presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County.

I, David Dobb hereby authorize M. J. Webb of Cherokee County to receive and receipt for the pension allowed, and request that he remit same to _____ at _____ by _____

WITNESS my hand and seal, this 6th day of Jan 1906.

David Dobb [L. S.]

Executed in the presence of _____

ONE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 5613

INDIGENT
SOLDIER'S PENSION
1905.

Name David Dobb
County Cherokee
Co. D Regiment 114

WARRANT ISSUED
FEB 1 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO _____

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

no date

ONE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 2924

INDIGENT
SOLDIER'S PENSION
1906.

Name David Dobb
County Cherokee
Co. D Regiment 114

WARRANT ISSUED
FEB 1 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO _____

The Pensioners and Pensions Co. W. Harrison, Mgr.

Dobbs David
Cherokee Co

CODE SECTION 1294.
(FOR THOSE ALREADY ENROLLED.)

No. *5613*

INDIGENT
SOLDIER'S PENSION
1905.

Name *David Dobbs*
County *Cherokee*
Co. *D* Regiment *114*

WARRANT ISSUED
1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
C

OFF. W. HARRISON, PRINTER, FOR STATE PRINTER, ATLANTA.

Dobbs David
Cherokee Co

CODE SECTION 1294.
(FOR THOSE ALREADY ENROLLED.)

No. *2922*

INDIGENT
SOLDIER'S PENSION
1906.

Name *David Dobbs*
County *Cherokee*
Co. *D* Regiment *114*

WARRANT ISSUED
FEB 1 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
C

OFF. W. HARRISON, PRINTER, FOR STATE PRINTER, ATLANTA.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cherokee County.

Personally appears *David Dobbs* 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 *1829* day of *1829*; that he is *74* years old and by occupation a *Farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *4* in Company *D*, of *114* th Regiment of *Ga Vol*; that his physical condition is as follows: *Infirmary Poverty and age*

that his property consists of the following items: *House hold*

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of *Cherokee* County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the *13th* day of *January* 1905.
N. J. Mob Ordinary.

STATE OF GEORGIA,
Cherokee County.

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

Given under my official signature and seal, this *13th* day of *January* 1905.

N. J. Mob
Ordinary, *Cherokee* County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,
Cherokee County.

Personally appears *David Dobbs* 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 *1829* day of *1829*; that he is *77* years old and by occupation a *Farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *4* years in Company *D*, of *114* th Regiment of *Ga Vol*; that his physical condition is as follows: *Infirmary age and poverty*

that his property consists of the following items: *Household*

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of *Cherokee* County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the *6* day of *Jan* 1906.
N. J. Mob Ordinary.

State of Georgia,
Cherokee County.

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

Given under my official signature and seal, this *6th* day of *Jan* 1906.

N. J. Mob
Ordinary, *Cherokee* County.



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

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of Cherokee County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 13th day of January 1905. }
- N. J. Webb Ordinary.

STATE OF GEORGIA, }
Cherokee County.

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

Given under my official signature and seal, this 13th day of January 1905.



N. J. Webb
Ordinary Cherokee County.

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

labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of Cherokee County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 6 day of Jan 1906. }
- N. J. Webb Ordinary.

State of Georgia, }
Cherokee County.

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

Given under my official signature and seal, this 6th day of Jan 1906.



N. J. Webb
Ordinary Cherokee County.

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

GEORGIA, Cherokee County.

I, N. J. Webb Ordinary of said county, do certify that I personally know Martha C. Dobb, the applicant, and that she is the lawful widow of David Dobb, and was on the Indigent Pension Roll of said Cherokee county, and was paid a Pension from Cherokee county for 1907, and at the time of his death on the 21st day of Jan 1908, there was due to him and unpaid his Pension of Eighty dollars from the State of Georgia, and I know Martha C. Dobb, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 7th day of Feb 1908.
- N. J. Webb Ordinary
Cherokee County.

J. W. LINDSEY,
Commissioner of Pensions.

Approved and Paid

190

Widow of David Dobb
of County Cherokee
do. of Regt 14th Va Vols.

Under Act 1891.

Application for Pension
Due Deceased Soldier

1908

No.

David Dobb's
Cherokee Co
21 Jan 08

GEORGIA, Cherokee County.

I hereby authorize and constitute Martha C. Dobb of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1908, through my deceased husband David Dobb who was on Indigent Pension Roll and paid from Cherokee county for 1902.

Witness my hand this 7th day of Feb 1908.
Attested before me: N. J. Webb

*David Robbs David
of Cherokee Co
21 Jan 08*

No. 1908

Application for Pension
Due Deceased Soldier
Under Act 1891.

BY
Mrs. Martha C. Robbs
Widow of David Robbs
of County Cherokee
Regt 14th Vol.

Approved and Paid
190
J. W. LINDSEY,
Commissioner of Pensions

GEORGIA, _____ County.

I hereby authorize and constitute _____ of said county, my
lawful attorney to collect and receipt for me in my name the Pension due me for 190 through my deceased husband
_____ who was on _____ Pension
Roll and paid from _____ for 1902.
Witness my hand this _____ day of _____ 190
Attested before me: _____

APPLICATION FOR PENSIONS DUE DECEASED SOLDIER.

UNDER ACT APPROVED OCTOBER 9, 1891.

STATE OF GEORGIA, Cherokee County.

Personally before me come Mrs. Martha C. Robbs, of said county,
after being duly sworn, on oath says that she is the widow of David Robbs
who was duly enrolled as an Indigent Pensioner from the county
of Cherokee and was paid a Pension of Sixty
Dollars from Cherokee county for 1902, and that the said
David Robbs died in Cherokee county on
the 21st day of January 1908, and at the time of his death a
Pension of Sixty Dollars was due him from Cherokee county
and unpaid for 1903. Applicant further swears that she married the said
David Robbs on the 9th day of January
1894, in Cherokee county and State of Georgia and
resided with him from date of marriage to his death as his lawful wife, and is now his
dependant widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 7th day of Feb 1908
W. M. Robb ORDINARY } Martha C. Robbs [L.S.]
Cherokee County. }

AFFIDAVIT OF WITNESS.

GEORGIA, Cherokee County.

Personally before me come _____, who
on oath says that he knew _____ while in life
and that he knows _____ Mrs. _____
the above applicant; that he knows that the said _____
and _____ were in due form of law married in the county
of _____ in the State of _____ on
the _____ day of _____ 18____, and that they resided
together as husband and wife from date of marriage to the day of his death on the _____
day of _____ 190____, and I now know that she is his dependant widow.
Sworn to and subscribed before me this _____ day of _____ 190____

_____ ORDINARY }
_____ County. }

NOTE 1st.—This form can be used by guardian of minor children where there is no widow.
2nd. Ordinary must send in all cases certified copy of marriage license attached.

who was duly entitled as marriage Pensioner from the county
of Cherokee and was paid a Pension of Sixty
Dollars from Cherokee county for 1907, and that the said
David Dobb died in Cherokee county on
the 21st day of January 1908, and at the time of his death a
Pension of Sixty Dollars was due him from Cherokee county
and unpaid for 1908. Applicant further swears that she married the said
David Dobb on the 9th day of January
1848, in Cherokee county and State of Georgia and
resided with him from date of marriage to his death as his lawful wife, and is now his
dependant widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 7th day of Feb 1908
M. M. Nibb ORDINARY } Martha Dobb [L.S.]
Cherokee County. }

AFFIDAVIT OF WITNESS.

GEORGIA, Cherokee County.

Personally before me come _____, who
on oath says that he knew _____ while in life
and that he knows _____ Mrs. _____
the above applicant; that he knows that the said
and _____ were in due form of law married in the county
of _____ in the State of _____ on
the _____ day of _____ 18____, and that they resided
together as husband and wife from date of marriage to the day of his death on the
day of _____ 190____, and I now know that she is his dependant widow.
Sworn to and subscribed before me this _____ day of _____ 190____.

_____ ORDINARY }
_____ County. }

NOTE 1st.—This form can be used by guardian of minor children where there is no widow.
2nd. Ordinary must send in all cases certified copy of marriage license attached.

No. 86.

Marshall & Bruce Co., Stationers, Nashville.

State of Georgia, Cherokee County.

ORDINARY'S OFFICE.—ss.

I, F. M. Blackwell Ordinary and ex-officio Clerk of the Court
of said County, do hereby certify that I have compared the foregoing copy of
Marriage License of David Dobb and
Martha C. Griffin

with the original record thereof, now remaining in this office, and the same is a correct
transcript therefrom, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court
of Ordinary, this the 7th day of Feb, 1908

F. M. Blackwell
Ordinary and ex-officio C. C. O.

together as husband and wife from date of marriage to the day of his death on the _____
day of _____ 190____, and I now know that she is his dependant widow.
Sworn to and subscribed before me this _____ day of _____ 190____

ORDINARY }

County. }

NOTE 1st.—This form can be used by guardian of minor children where there is no widow.
2nd. Ordinary must send in all cases certified copy of marriage license attached.

No. 84.

Marshall & Bruce Co., Stationers, Nashville.

State of Georgia, Cherokee County.

ORDINARY'S OFFICE.—ss.

I, F. M. Blackwell, ~~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 David Dobbs and
Martha E. Griffin

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 7th day of Feb, 1908

F. M. Blackwell

Ordinary and ex-officio C. C. O.

State of Georgia, Cherokee County.

ORDINARY'S OFFICE, —ss.

I, F. M. Blackwell, ~~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 David Dobbs and
Martha C. Griffin

with the original record thereof, now remaining in this office, and the same is a correct
 transcript therefrom, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court
 of Ordinary, this the 7th day of Feb, 1908

F. M. Blackwell

Ordinary and ex-officio C. C. O.

MARRIAGE LICENSE
 STATE OF GEORGIA COUNTY OF **CHEROKEE**

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

Copy You are hereby authorized to join
David Dobbs and Martha C. Griffin
 in the Holy State of Matrimony according to the Constitution and
 Laws of this State and for so doing this shall be your License.
 And you are hereby required to return this License to me with your
 Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal this 4 day of
January, 1898 44 M. A. Keith (L.S.)
 Clerk Court of Ordinary

CERTIFICATE

STATE OF GEORGIA **CHEROKEE COUNTY**
 I Certify that David Dobbs and Martha C. Griffin
 were joined in Matrimony by me this 9th day of Jan, 1898. Andrew Hambrick
 and

Recorded Feb. 29th 1898 44
M. A. Keith, C. C. O.
 Ordinary

Eli McConnell, J. P.

THOMAS & BROWN CO. PRINTERS

GEORGIA.

22

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

David Debb

You are hereby authorized to join

and Martha C. Griffin

in the Holy State of Matrimony, according to the Constitution and

Laws of this State and for so doing this shall be your License.

And you are hereby required to return this License to me, with your

Certificate hereon of the fact and date of the Marriage

Given under my hand and seal this

January, 1898

4

day of

M. A. Kerley

(L.S.)

Clerk, Court of Matrimony

STATE OF GEORGIA

CERTIFICATE

CHEROKEE COUNTY

I certify that David Debb

and Martha C. Griffin

were joined in Matrimony by me this 9th day of Jan. 1898. Jonathan H. Anderson

Recorded Feb. 29th 1898

Eli McConnell, J.P.

M. A. Kerley, C.C.

Matrimony

POWER OF ATTORNEY.

STATE OF GEORGIA.

Chatham County.

I, Robert C. Dobbs

do hereby authorize

William S. Knight of Chatham Co.

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

Witness my hand and seal this 1st day of Aug 1897.

2.

Pension Office 5/8 1897
Not proven - See mit-
ness answer to No. 11
Rich Johnson
Comptroller

Dobbs, Robert C.
2968
Chatham Co. Ga.
INDIGENT PENSION
1897.

Name Robert C. Dobbs

County Chatham

Approved 5/1 1897

WARRANT HANDED TO

W. A. R.

W. B. BARRETT, STATE PRINTER, ATLANTA.

1/13/97
2/18/98

WARRANT HANDED TO
N.A.H.
 1/13/97
 2/18/98

TORNEY.
 of Charlotte, Ga
 that he remit same to E. C. Doffy
 by check
1897

POWER OF ATTORNEY.
 STATE OF GEORGIA,
Charlotte County.
 I, E. C. Doffy hereby authorize
William A. Wright of Atlanta, Ga
 to receive and receipt for the pension allowed and request that he remit same to A. C. Doffy
living at Charlotte by check
 Witness my hand and seal this 1st day of July 1897.
 Executed in presence of
A. C. Doffy } E. C. Doffy

Questions for Applicant.
 STATE OF GEORGIA,
Charlotte County.
Albert C. Doffy

1. What is your name and where do you reside? (give State, County and post office) Charlotte, Ga
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? I resided in Floyd County, Ga. Twelve months
3. When and where were you born? In 1840, near Rome, Ga.
4. When and where and in what company and regiment did you enlist or serve? In 1861, Co. D, 9th Ga. Inf.
5. How long did you remain in such company and regiment? 12 months
6. For how long a period did you discharge regular military duty? From April 1861 to April 1862
7. When, where and under what circumstances were you discharged from service? At Savannah, Ga. in 1862
8. What is your present occupation? farmer
9. How much can you earn (gross) per annum by your own exertions or labor? About \$100.00
10. What has been your occupation since 1865? Farmer, planter, stock raising, etc.
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"?
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third state whether you are totally blind and when and where you lost your sight?
Infirmary and poverty - General weakness and crippled up, no strength, etc.
13. What property, effects or income do you possess and its gross value? Small amount of household goods, value \$50.00
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? In 1894 I sold some land and some household goods. In 1895 I sold some land and some household goods. In 1896 I sold some land and some household goods.
15. In what County did you reside during those years and what property did you then return for taxation?
In 1894 I resided in the State of Alabama, Lawrence County.
16. How were you supported during the years 1895 and 1896? Sold some of my property and worked on the farm.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Cost \$100.00, contributed some \$60.00
18. What was your employment during 1895 and 1896? What pay did you receive in each year?
I worked on the farm and made goods for my family.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Name, wife, no children. None, no homestead.
20. Are you receiving any pension, if so what amount and for what disability? None, no pension.

Every Question MUST be Answered.

Pension Office 5/18/97
 Not from - in mit-
 men amon \$20.11
 Richardson
 Comptroller

INDIGENT PENSION
 1897.
 Name E. C. Doffy
 County Charlotte
 Approved 5/9
 Warrant Handed To
N.A.H.
 1/13/97
 2/18/98

Main Office 5/10/1897
Not from - In mit -
man answer to 10. 11
R. L. Johnson
County Prison

Not from - In mit -
man answer to 10. 11
R. L. Johnson
County Prison

INDIGENT PENSION
1897.

Name E. L. Dotts

County Cherokee

Approved 5/11

WARRANT HANDLED TO

M. A. H.

1/13/97
2/10/98

Every Question 14

upon the third state whether you are totally blind and when and where you lost your sight?
Impaired and finally became blind and crippled up in my hands & arms

13. What property, effects or income do you possess and its gross value? Small amount of household goods Value \$50.00

14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? In 1894 & 1895 I owned some land & some timber & sold one and some household goods in 1894 & 1895 I lived in the State of Alabama & made the better part of 1897.

15. In what County did you reside during those years and what property did you then return for taxation? Cherokee & worked all based at the Normal University.

16. How were you supported during the years 1895 and 1896? Sold some of my

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Cost some \$60.00 per month for some \$60.00

18. What was your employment during 1895 and 1896? What pay did you receive in each year? I worked at the State Normal School for one year & my salary

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? None wife no children None no

20. Are you receiving any pension, if so what amount and for what disability? Yes receive one

Sworn to and subscribed before me this the 4th day of May 1897. E. L. Dotts Applicant.
Johnson Ordinary.
of Cherokee County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Cherokee County.

P. S. Bedell

of said State and County, having been presented as a witness in support of the application of E. L. Dotts for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? P. S. Bedell, Cherokee County Ga.
2. Are you acquainted with E. L. Dotts, the applicant, is of how long have you known him? 18 yrs
3. Where does he reside, and how long has he been a resident of this State? Cherokee County Ga. been in State seven months
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this?
5. When, where and in what company and regiment did he enlist?
6. Were you a member of the same company and regiment?
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?

8. What property, effects or income has the applicant? (Give your means of knowledge.) He has none at all. I have never seen him and know he has no property

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? In 1895 had 80 acres of land sold it for support

10. What is the applicant's occupation and physical condition? Not able to work and has no occupation

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable. He is old & suffers from wound in head and General Disability

12. How was he supported during the years 1895 and 1896? By selling 80 acres of land

13. What portion of his support for these two years was derived from his own labor or income? Twenty Five Dollars

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? crippled in hands shot in head and has Rheumatism.

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

Sworn to and subscribed before me, this 7th day of January 1897. P. S. Bedell Witness.
Wm. C. Lums Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cherokee County.

Personally came before me E. L. Dotts and

W. L. Coleman

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

E. L. Dotts, applicant for pension under the Act of 1894, and after

such personal examination say that his precise physical condition is as follows:

Right hand badly crippled in account of fracture of the wrist. Left hand badly crippled from fracture of the bone in hand. Chronic Rheumatism & General Disability. Also rupture of the skull & eye to have been caused from shot in head which renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this 7th day of May 1897.

Johnson Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee County.

I, Johnson, Ordinary in and for said County, hereby certify that the applicant E. L. Dotts resides in said County, and was a bona

fide resident of this State on the first day of January, 1894, and that the witnesses, viz: E. L. Dotts, W. L. Coleman & P. S. Bedell are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of 1894 County show that applicant returned for taxation in his name in 1895, 1896 dollars of property, and in 1896, 1897 dollars of property.

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

Witness my hand and seal of office, this 7th day of May 1897.

Johnson Ordinary
of Cherokee County.

NOTE.

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

ORDINARY'S CERTIFICATE.

8. What property, effects or income has the applicant? (Give your means of knowledge.)
He has none at all. I have never seen him and know he has no property.

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? *In 1895 had 80 acres of land sold it for support.*

10. What is the applicant's occupation and physical condition? *Not able to work and has no occupation.*

11. Is the applicant unable to support himself by labor of any sort, if so, why? *He is unable. He is old & suffers from wind in head and general debility.*

12. How was he supported during the years 1895 and 1896? *By selling 80 acres of land.*

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

Twenty Five Dollars

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? *Crippled in hands, shot in head and has Rheumatism.*

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

Sworn to and subscribed before me, this

the 7th day of January 1897. } *J. P. Redell* Witness.

Allen C. Dobb Ordinary.

STATE OF GEORGIA,

Cherokee County.

I, *Allen C. Dobb*, Ordinary in and for said County, hereby certify that the applicant *E. C. Dobb* resides in said County, and was a bona

fide resident of this State on the first day of January, 1894, and that the witnesses, viz:

E. C. Dobb, J. P. Redell & J. P. Redell

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

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

I further certify that the tax digests of *no Return* County show that applicant returned for taxation in his name in 1895, _____ dollars of property, and in 1896, _____ dollars of property.

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

Witness my hand and seal of office, this 7th day of January 1897.

Allen C. Dobb Ordinary
 of *Cherokee* County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, *E. C. Dobb*, hereby authorize

Wm. A. Wright of *Cherokee*

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

Allen C. Dobb at *Cherokee*

by *check*

Witness my hand and seal this 7th day of January 1897.

Executed in presence of *E. C. Dobb* (L. S.)

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, *Allen C. Dobb*, hereby authorize

Wm. A. Wright of *Cherokee*

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

Allen C. Dobb at *Cherokee*

by *check*

Witness my hand and seal, this 7th day of January 1900.

Allen C. Dobb [L. S.]

Executed in presence of

Wm. A. Wright

CODE REC. 1284.

(For These Already Enrolled.)

No. *1392*

INDIGENT

SOLDIER'S PENSION,
 1899.

Name *E. C. Dobb*

County *Cherokee*

WARRANT ISSUED

1899

116

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

W. A. Wright

Geo. W. Harrison, State Printer, Atlanta.

no date

CODE REC. 1284.

(For These Already Enrolled.)

No. *1877*

INDIGENT

SOLDIER'S PENSION,
 1900.

Name *Allen C. Dobb*

County *Cherokee*

WARRANT ISSUED

1900

January 24

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Wm. A. Wright

Geo. W. Harrison, State Printer, Atlanta.

John E. C. Cherokee County

CODE REC. 1884.
(For Those Already Enrolled.)

No. *1393*

INDIGENT

SOLDIER'S PENSION,
1899.

Name *E. C. Dobbs*
County *Cherokee*

WARRANT ISSUED
1/16 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO
W. W. W.

No data

Geo. W. Harbison, State Printer, Atlanta.

John E. C. Cherokee County

CODE REC. 1884.
(For Those Already Enrolled.)

No. *1393*

INDIGENT

SOLDIER'S PENSION,
1900.

Name *E. C. Dobbs*
County *Cherokee*

WARRANT ISSUED
January 24 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
W. W. W.

Geo. W. Harbison, State Printer, Atlanta.

Co. A. 6th Regt Ga. Inf. and

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears *E. C. Dobbs* of *Cherokee* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the *1840* day of *Jan* 1840; that he is *62* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4 years* in Company *1*, of *4th* Regiment of *Georgia Volunteers*; that his physical condition is as follows: *Good, but somewhat weakened by age and service.*

that his property consists of the following items: *one cow and some land.*

of the value of *25* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of *Cherokee* county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, *15* day of *January* 1899, *E. C. Dobbs* Ordinary.

State of Georgia,
Cherokee County.

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

Given under my official signature and seal, this *15* day of *January* 1899.

Ordinary *Cherokee* County.

NOTE.—The blank space must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1899.

Co. A. 6th Regt Ga. Inf. and

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears *Albert G. Dobbs* 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 *25* day of *Jan* 1840; that he is *62* years old and by occupation a *farmer*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *4 years* in Company *1*, of *4th* Regiment of *Georgia Volunteers*; that his physical condition is as follows: *Good, but somewhat weakened by age and service.*

that his property consists of the following items: *one cow and some land.*

of the value of *25* Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of *Cherokee* county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, *15* day of *Jan* 1900, *Albert G. Dobbs* Ordinary.

State of Georgia,
Cherokee County.

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

Given under my official signature and seal, this *15* day of *Jan* 1900.

Ordinary *Cherokee* County.

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

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1898.

Sworn to and subscribed before me, this, the

10th day of January 1899.

Cherokee Ordinary.

State of Georgia,

Cherokee County.

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

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

Given under my official signature and seal, this 10th day of January 1899.



Ordinary Cherokee County.

NOTE.—The blank space must be filled.

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

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, the

10th day of Jan 1900.

Cherokee Ordinary.

State of Georgia,

Cherokee County.

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

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

Given under my official signature and seal, this 10th day of Jan 1900.



Ordinary Cherokee County.

NOTE.—The blank space must be filled.

NOTE.—A affidavit should not be attested before January 1st, 1900.

QUESTIONS FOR APPLICANT.

State of Georgia, Cherokee County.

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

1. What is your name and where do you reside? (Give State, County and Postoffice) Cherokee. Elbert C. Dobbs reside in Cherokee County.
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? I resided in Floyd County, Ga. twelve months.
3. When and where were you born? In 1840 I was borned in Hall Co., Ga.
4. When, where and in what Company and Regiment did you enlist or serve? In April 1861. In Greene County, Ga.
5. How long did you remain with such Company and Regiment? 12 months.
6. For how long a period did you discharge military duty? From April 1861 to April 1865.
7. When, where and under what circumstances were you discharged from service? Was discharged at Surrender in 1865.
8. What is your present occupation? Farming.
9. How much can you earn (gross) per annum by your own exertion or labor? About \$50.
10. What has been your occupation since 1865? Carpenter, harnessmaker and farming.
11. Upon which of the following grounds do you base your application for pension—viz: first, "age and poverty," second, "infirmary and poverty" or, third, "blindness and poverty?"
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 ~~that~~ infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? Infirmary and poverty. General weakness and crippled up in my hands and arms.
13. What property, effects or income do you possess and its gross value? Small amount of household goods, value \$500.00.
14. What property, effects or income did you possess in 1894, 1895, and 1896 and what disposition, if any, did you make of same? In 1894 and 1895, I owned some land and some stock. I was in debt and I was forced to sell the same in 1896. I owned one cow and my household goods.
15. In what County did you reside during those years and what property did you then return for taxation? In 1894 & 1895 I lived in the State of Alabama. I moved to Ga. the latter part of 1895.
16. How were you supported during the years 1895 and 1896? Sold some of my property and worked all I could at the harness business.
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Cost some \$60. Contributed some \$20.

2

18. What was your employment during 1895 and 1896? What pay did you receive in each year? I worked at the shoe and harness trade. Received no pay only from my labor.

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Have wife; no children. No homestead.

20. Are you receiving any pension, if so what amount and for what disability? I receive no pension.

F. C. Dobbs, Applicant.

Sworn to and subscribed before me this the 4th day of Jan. 1899. (S. F. A. L.) A. C. Conn, Ordinary, Cherokee County

QUESTIONS FOR WITNESS.

State of Georgia, Cherokee County.

P. S. Bedell, of said State and County, having been presented as a witness in support of the application of E. C. Dobbs for pension under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? P. S. Bedell, Cherokee County, Ga.
2. Are you acquainted with E. C. Dobbs, the applicant, if so, how long have you known him? 18 yrs.
3. Where does he reside, and how long has he been a resident of this State? Cherokee County, Ga. Been in State seven months.
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this?
5. When, where and in what ~~Company~~ Regiment did he enlist?
6. Were you a member of the same Company and Regiment?
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service?
8. What property, effects or income has the applicant? (Give your means of knowledge.) He has none at all. I live near him and know he has no property.
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any, did he make of same? In 1895, had 80 acres of land. Sold it for support.
10. What is the applicant's occupation and physical condition? Not able to work and has no occupation.
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable. He is old and suffers from wound in head and general disability.
12. How was he supported during the years 1895 and 1896? By selling 80 acres of land.
13. What portion of his support for these two years was derived from his own labor or income? Twenty five dollars.

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

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

13. What property, effects or income do you possess and its gross value? Small amount of household goods, value \$500.00.

14. What property, effects or income did you possess in 1894, 1895, and 1896 and what disposition, if any, did you make of same? In 1894 and 1895, I owned some land and some stock. ~~Now~~ I was in debt and I was forced to sell the same in 1896. I owned one cow and my household goods.

15. In what County did you reside during those years and what property did you then return for taxation? In 1894 & 1895 I lived in the State of Alabama. I moved to Ga. the latter part of 1895.

16. How were you supported during the years 1895 and 1896? Sold some of my property and worked all I could at the harness business.

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Cost some \$60. Contributed some \$30.

4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? _____.

5. When, where and in what _____ Regiment did he enlist? _____.

6. Were you a member of the same Company and Regiment? _____.

7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? _____.

8. What property, effects or income has the applicant? (Give your means of knowledge.) He has none at all. I live hear him and know he has no property.

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any, did he make of same? In 1895, had 80 acres of land. Sold it for support.

10. What is the applicant's occupation and physical condition? Not able to work and has no occupation.

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable. He is old and suffers from wound in head and general disability.

12. How was he supported during the years 1895 and 1896? By selling 80 acres of land.

13. What portion of his support for these two years was derived from his own labor or income? Twenty five dollars.

3

14. Give full and complete statement of applicant's physical condition that entitles him to a pension under the Act of December 16th, 1894? Crippled in hands, shot in head and has rheumatism.

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

P. S. Bedell, Witness.

Sworn to and subscribed before me, this the 7th day of January, 1897.

Allen C. Conn, Ordinary.

AFFIDAVIT OF PHYSICIANS.

State of Georgia, Cherokee County.

Personally came before me C. Pickett and W. L. Coleman, both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully E. C. Dobbs, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

Right hand badly crippled on account of fracture of the wrist. Left hand badly crippled from fracture of the bones in hand. Chronic rheumatism and general debility. Also indenture of the skull, said to have been caused from spent ball, which impairs his mind and memory.

We further say that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

C. Pickett, M. D.
W. L. Coleman, M. D.

Sworn to and subscribed before me, this the 7th day of January, 1897.

A. C. Conn, Ordinary.

ORDINARY'S CERTIFICATE.

State of Georgia, Cherokee County.

I, A. C. Conn, Ordinary in and for said County, hereby certify that the applicant, E. C. Dobbs, resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: C. Pickett, W. L. Coleman and P. S. Bedell, are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of no return County show that applicant returned for taxation in his name in 1895 no return dollars of property, and in 1896 no return dollars of property.

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

Witness my hand and seal of office, this 7th day of January, 1897.

(S E A L)

A. C. Conn, Ordinary of Cherokee County.

4

POWER OF ATTORNEY.

State of Georgia, Cherokee County.

I, Elbert C. Dobbs, hereby authorize William A. Wright of Atlanta, Ga., to receive and receipt for pension allowed and request that he remit same to A. C. Conn, Ordinary, at Canton, by check.

Witness my hand and seal this 7th day of January, 1897.

E. C. Dobbs.

Executed in presence of
A. C. Conn, Ord.

(Back of Application)

No. 2,968.

INDIGENT PENSION
1898.

Name Elbert C. Dobbs.

County Cherokee.

Approved 5/9 1898.

Warrant handed to W. A. W.

1/15/97.
2/18/98.

Pension Office, 5/8 1897. *Sworn*
Not proven, ~~answer~~ answer to No. 11.
Richd. Johnson,
Com. of Pensions.

AFFIDAVIT OF W. F. PARISH.

Georgia, Hall County.

Before me, the Ordinary of said County, personally appeared W. F. Parish, a resident of said County, who is well known to me to be a creditable witness and who after being sworn according to law says that he served in the Confederate Army with Elbert C. Dobbs, who now resides in Cherokee County, Georgia; said Dobbs served as a private in Co. I, of the 8th Ga. Vols. Infantry. Deponent joined said 8th Ga. Regiment in the summer of 1862, in Virginia. He at once became well acquainted with said Elbert C. Dobbs. He and I were together in said service from that time until the final surrender in April 1865. He was a good soldier, always at the post of duty. I have known him well ever since the War.

W. F. Parish.

Sworn to and subscribed before me, this 7th day of December, 1896.
(S E A L) A. Rudolph, Ord.

AFFIDAVIT OF G. L. DOBBS.

The State of Alabama, Cherokee County.

Before me, W. H. Burnett, Notary Public and ex-off. Justice of the Peace in and for said County, personally appeared G. L. Dobbs a resident of said State and County, who is well known to me to be a creditable witness and who after being sworn according to law, says the

Sworn to and subscribed before me, this the 7th day of January, 1897.

A. C. Conn. Ordinary.

ORDINARY'S CERTIFICATE.

State of Georgia, Cherokee County.

I, A. C. Conn. Ordinary in and for said County, hereby certify that the applicant, E. C. Dobbs, resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: C. Pickett, W. L. Coleman and P. S. Bedell, are of trustworthy character and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of no return County show that applicant returned for taxation in his name in 1895 no return dollars of property, and in 1896 no return dollars of property.

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

Witness my hand and seal of office, this 7th day of January, 1897.

(S E A L)

A. C. Conn. Ordinary of Cherokee County.

Not proven, ~~admitted~~ answer to No. 11.
Richd. Johnson,
Com. of Pensions.

AFFIDAVIT OF W. F. PARISH.

Georgia, Hall County.

Before me, the Ordinary of said County, personally appeared W. F. Parish, a resident of said County, who is well known to me to be a creditable witness and who after being sworn according to law says that he served in the Confederate Army with Elbert C. Dobbs, who now resides in Cherokee County, Georgia; said Dobbs served as a private in Co. I, of the 8th Ga. Vols. Infantry. Deponent joined said 8th Ga. Regiment in the summer of 1862, in Virginia. He at once became well acquainted with said Elbert C. Dobbs. He and I were together in said service from that time until the final surrender in April 1865. He was a good soldier, always at the post of duty. I have known him well ever since the War.

W. F. Parish.

Sworn to and subscribed before me, this 7th day of December 1896.

(S E A L)

A. Rudolph, Ord.

AFFIDAVIT OF G. L. DOBBS.

The State of Alabama, Cherokee County.

Before me, W. H. Burnett, Notary Public and ex-off. Justice of the Peace in and for said County, personally appeared G. L. Dobbs a resident of said State and County, who is well known to me to be a creditable witness and who after being sworn according to law, says that

AFFIDAVIT OF G. L. DOBBS, Continued.

he served in the Confederate Army with Elbert C. Dobbs, who now resides in Cherokee County, Ga. Said Elbert C. Dobbs was a private in Co. I, of the 8th Ga. Vols. Infantry. I was with said Company from start to finish and Elbert C. Dobbs joined said Company in the year 1862 and was a member and served in said Company until the close of the War in 1865. The said Elbert C. Dobbs was a good soldier, obedient to his superiors in office and never shirked duty. I have known him well ever since the War.

G. L. Dobbs.

Sworn to and subscribed before me, this 22nd day of December, 1896.

(S E A L)

W. H. Burnett, N. P. & Ex-Off. J.P.

The State of Alabama, Cherokee County.

I, R. R. Savage, Judge of Probate for said County, hereby certify that W. H. Burnett whose name and seal appears within is a legal notary public in and for said Cherokee County, Alabama.

(S E A L)

R. R. Savage, Judge of Probate,
Cherokee County, Ala.

CERTIFICATE OF THE COMMISSIONER OF
PENSIONS OF THE STATE OF GEORGIA.

Pension Office,
Atlanta, Georgia,
December 21st, 1920.

I, John W. Lindsey, who is the Commissioner of Pensions of the State of Georgia, and the custodian of the records and files of the Pension Office of said State, do certify that the foregoing three and one-half pages of typewritten matter constitute a true copy of the application, evidence and affidavits attached thereto, with the entries thereon, as filed in this Office, upon which E. C. Dobbs was granted a pension under the laws of the State of Georgia, and that he was placed on the pay-rolls of said State and paid his first pension in 1898; and was continued to be paid for each succeeding year down to 1918, when he was reported dead and the pension allowed to widow.

Given under my hand and seal of office, this the 21st day of December, 1920.

(S E A L)

COMMISSIONER OF PENSIONS.

Georgia
Hall County
Before me the
Ordinary of said County personally
appeared W. F. Parish, a resident
of said County, who is well known
to me to be a creditable witness
and who after being sworn
according to law, says that he
served in the Confederate Army
with Elbert C. Dobbs, who now
resides in Cherokee County, Ga.
said Dobbs served as a private
in Co. I of the 8th Ga. Vols. Infantry.
Deponent joined said 8th Ga. Regt.
in the summer of 1862, in Virginia.
He at once became well acquainted
with said Elbert C. Dobbs. He and
I were together in said service
from that time until the final
surrender in April 1865. He was
a good soldier, always at the post
of duty. I have known him well
ever since the war.

W. F. Parish

Sworn to and subscribed
before me, this 7th day of December
1896.

A. Rudolph
Ord.

December 21st, 1920.

I, John W. Lindsey, who is the Commissioner of Pensions of the State of Georgia, and the custodian of the records and files of the Pension Office of said State, do certify that the foregoing three ^{four} and one-half pages of typewritten matter constitute a true copy of the application, evidence and affidavits attached thereto, with the entries thereon, as filed in this Office, upon which R. C. Dobbs was granted a pension under the laws of the State of Georgia, and that he was placed on the pay-rolls of said State and paid his first pension in 1898; and was continued to be paid for each succeeding year down to 1918, when he was reported dead and the pension allowed to widow.

Given under my hand and seal of office, this the 21st day of December, 1920.

(S E A L)

COMMISSIONER OF PENSIONS.

in the summer of 1862. in Virginia
He at once became well acquainted
with said Elbert C. Dobbs. He and
I were together in said service
from that time until the final
surrender in April 1865. He was
a good soldier, always at the post
of duty. I have known him well
ever since the war.

W. H. T. Davis
Sworn to and subscribed
before me. This 7. day of Decr
1896-

A. Rudolph
Ordg.

The State of Alabama }
Cherokee County }
of the Peace in and for said County personally appeared E. C. Dobbs a resident of
said State and County, who is well known to me to be a Credible Witness and who after
being sworn according to law, says that he served in the Confederate Army with Elbert C.
Dobbs who now resides in Cherokee County Ga. said Elbert C. Dobbs served as a private
in Company "I" of the 8th Ga. Vols. Infantry, I was with said Company from
start to finish and Elbert C. Dobbs joined said Company in the year 1862 and was
a member & served in said Co until the close of the War. in 1865. He said Elbert C.
Dobbs was a good soldier. Obedient to his superiors in office and never shirked
duty. I have known him well ever since the war.

Sworn to & Subscribed before me
This 22nd day of Decr. 1896.
W. H. Burnett
Notary Public

E. C. Dobbs

B. B. BRIDGES
ATTORNEY-AT-LAW

PIEDMONT, ALA. December 16th, 1920.

Hon. J. W. Lindsey, Com'r. Pensions,
Atlanta, Ga.

Dear Sir:-

I am in receipt of your favor advising me that a fee of three Dollars
is necessary for making certified copy of Application of Mr. R. C. Dobbs for
pension as a Confederate veteran. I am sending you herewith P.O. Money order
for \$3.00, and will thank you to send the copy as early as is convenient.

Mr. Dobbs died in Hall County, Ga., where he resided at the time
of his death. Before he lived in Hall County he lived in Walton County, and
drew a pension in both of said counties respectively while he lived in
each, so I am advised. It is quite probable that he resided in Walton County
at the time the Application was filed.

Yours very truly,

B. B. Bridges.

copy of same. 10710
W.H. Burnett
nPr. off JP

B. B. BRIDGES
ATTORNEY-AT-LAW

PIEDMONT, ALA. December 16th. 1920.

Hon. J.V.Lindsey, Com'r. Pensions,
Atlanta, Ga.

Dear Sir:-

I am in receipt of your favor advising me that a fee of Three Dollars is necessary for making certified copy of Application of Mr. F.Y.Bobbe for pension as a Confederate veteran. I am sending you herewith P.O.Money order for \$5.00, and will thank you to send the copy as early as is convenient.

Mr. Bobbe died in Hall County, Ga., where he resided at the time of his death. Before he lived in Hall County he lived in Walton County, and drew a pension ^{each} in both of said counties respectively while he lived in each, so I am advised. It is quite probable that he resided in Walton County at the time the Application was filed.

Yours very truly.

B.B.Bridges.

The State of Alabama, J.R.R. Savage
Cherokee County, Judge of Probate for
said County, hereby certify that W.H. Burnett
whose name and seal appears within is a Leg
Notary Public in and for said said Cherokee County
Alabama.

J.R.R. Savage
Judge of Probate
Cherokee County Ala

B. B. BRIDGES
ATTORNEY-AT-LAW

PIEDMONT, ALA. December 16th. 1920.

Hon. J.V.Lindsey, Com'r. Pensions,
Atlanta, Ga.

Dear Sir:-

I am in receipt of your favor advising me that a fee of Three Dollars is necessary for making certified copy of Application of Mr. F.Y.Bobbe for pension as a Confederate veteran. I am sending you herewith P.O.Money order for \$5.00, and will thank you to send the copy as early as is convenient.

Mr. Bobbe died in Hall County, Ga., where he resided at the time of his death. Before he lived in Hall County he lived in Walton County, and drew a pension ^{each} in both of said counties respectively while he lived in each, so I am advised. It is quite probable that he resided in Walton County at the time the Application was filed.

Yours very truly.

B.B.Bridges.

The State of Alabama, J. R. R. Savage
Cherokee County Judge of Probate for
said County hereby certify that W. H. Burnett
whose name does appear within is a Legar
Notary Public in and for said said Cherokee County
Alabama.

J. R. R. Savage
Judge of Probate
Cherokee County Ala

B. B. BRIDGES
ATTORNEY-AT-LAW

PIEDMONT, ALA December 16th. 1920.

Hon. J. V. Lindsey, Com'r. Pensions,
Atlanta, Ga.

Dear Sir:-

I am in receipt of your favor advising me that a fee of Three Dollars
is necessary for making certified copy of Application of Mr. E. J. Dobbs for
pension as a confederate veteran. I am sending you herewith P.O. Money order
for \$5.00, and will thank you to send the copy as early as is convenient.

Mr. Dobbs died in Hall County, Ga., where he resided at the time
of his death. Before he lived in Hall County he lived in Walton County, and
drew a pension in ^{each} both of said counties respectively while he lived in
each, so I am advised. It is quite probable that he resided in Walton County
at the time the Application was filed.

Yours very truly.

B. B. Bridges.

December 21st, 1920.

Hon. B. B. Bridges,
Piedmont, Alabama.

Dear Mr. Bridges:

I am in receipt of your letter of the 16th
instant, enclosing P. O. money order for \$5., and
take pleasure in sending you herewith a certified copy
of the pension application and proof of Mr. E. C. Dobbs,
deceased.

With kindest regards,

Yours very truly,

COMMISSIONER OF PENSIONS.

10/11/1920

21

December 21st, 1920.

Hon. B. B. Bridges,
Piedmont, Alabama.

Dear Mr. Bridges:

I am in receipt of your letter of the 16th instant, enclosing P. O. money order for \$8., and take pleasure in sending you herewith a certified copy of the pension application and proof of Mr. E. C. Dobbs, deceased.

With kindest regards,

Yours very truly,

COMMISSIONER OF PENSIONS.

December 21st, 1920.

Hon. B. B. Bridges,
Piedmont, Alabama.

Dear Mr. Bridges:

I am in receipt of your letter of the 16th instant, enclosing P. O. money order for \$5., and take pleasure in sending you herewith a certified copy of the pension application and proof of Mr. F. C. Dobbs, deceased.

With kindest regards,

Yours very truly,

COMMISSIONER OF PENSIONS.

CHEROKEE

Hon. B. B. Bridges,
Piedmont, Alabama.

Dear Mr. Bridges:

I am in receipt of your letter of the 16th instant, enclosing P. O. money order for \$5., and take pleasure in sending you herewith a certified copy of the pension application and proof of Mr. F. C. Dobbs, deceased.

With kindest regards,

Yours very truly,

COMMISSIONER OF PENSIONS.

CHEROKEE



I am in receipt of your letter of the 16th instant, enclosing P. O. money order for \$5., and take pleasure in sending you herewith a certified copy of the pension application and proof of Mr. E. C. Dobbs, deceased.

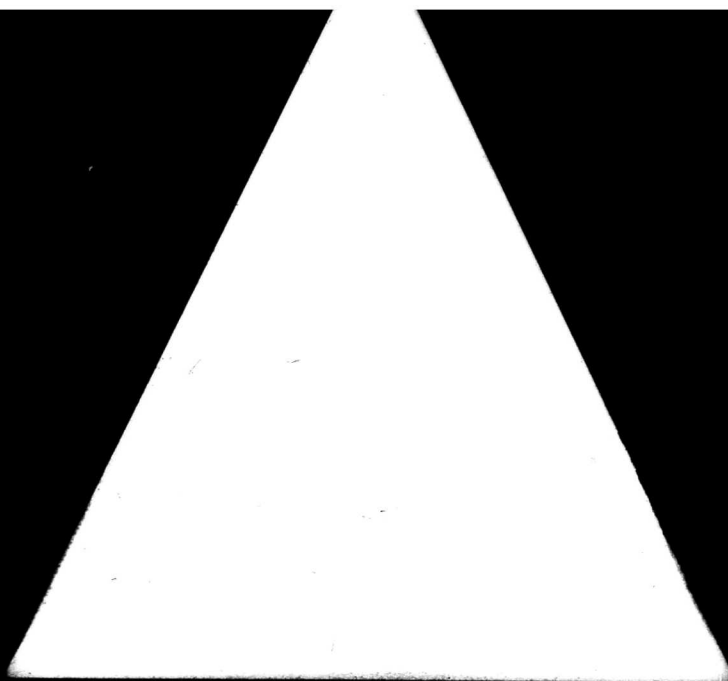
With kindest regards,

Yours very truly,

COMMISSIONER OF PENSIONS.

CHEROKEE

COUNTY



COUNTY

THE END

MICROFILMED FOR

GA. DEPT. OF
ARCHIVES AND HISTORY

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

Title BATES, JOSEPH C. THRU DOBBS, ELBERT C.

CHEROKEE COUNTY

CHEROKEE COUNTY

Volume
GCP-75

Number
2886139-2886139-75

I CERTIFY I WAS THE OPERATOR WHO
PHOTOGRAPHED THIS F.H.M. IN ATLANTA,
GEORGIA, August 21, 1962.

[Signature]
Operator

15 X V

1108

MANN FILM LABORATORIES

DATE

STATE OF GEORGIA.

Cherokee County.

I, *Will R. Harrison*

Ordinary of said county,

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

Given under my official signature and seal, this *4th* day of *March* 1892.

Ordinary *Cherokee* County.

Crowder, W. H.
Cherokee Co.
No. 1996

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *W. H. Harrison*
County *Cherokee*
Disability *Head*

Amount \$ *50*

Entered on record *March 11* 1892.

W. H. HARRISON.

No data
Secretary of Executive Department.

AGENT.

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

Amount, \$ 50
Entered on record, March 11 1892.
W. H. HARRISON,
Secretary of Executive Department
AGENT.
Wm M Webb
Geo. W. Harrison, State Printer, Atlanta, Ga.

Ordinary of said county,
I, Charles K. Rogers, do hereby certify that the statements made by him in his affidavit to the effect that he is disabled, to the extent he claims, and I know he is the sides in this county.
I, Charles K. Rogers, day of March 1892.
County, Cherokee.

STATE OF GEORGIA.

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

Given under my official signature and seal, this 4 day of March 1892.
Ordinary Charles K. Rogers County, Cherokee.

POWER OF ATTORNEY.
STATE OF GEORGIA.

Cherokee County, State of Georgia, do hereby appoint W J Leonard of Cherokee County, State of Georgia, do hereby appoint W J Leonard of Cherokee County, State of Georgia, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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 17 day of March 1892.

Executed in the presence of W J Leonard
this 17 day of March 1892
Wm M Harrison [S]

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

SOLDIERS' PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name Wm M Webb
County Cherokee
Disability Head
Amount, \$ 50

Entered on record, March 11 1892.

W. H. HARRISON,
Secretary of Executive Department
AGENT.
Wm M Webb
Geo. W. Harrison, State Printer, Atlanta, Ga.

1893
Cherokee County, State of Georgia, do hereby appoint W J Leonard of Cherokee County, State of Georgia, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of 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.

No. 1000
AGENT.
Wm. McK
Geo. W. Harrison, State Printer, Atlanta, Ga.

County.
1892.
I know he is the
made by him in his
ary of said county,

STATE OF GEORGIA.

Cherokee County.
I, Wm. McK Ordinary of said county,
do certify that I am well acquainted with Wm. McK the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the
individual he represents himself to be, and that he resides in this county.
Given under my official signature and seal, this 4 day of March 1892.
Wm. McK
Ordinary Cherokee County.

POWER OF ATTORNEY.
STATE OF GEORGIA.

Cherokee County.
Know all Men by these Presents, That I W. J. Leonard
of Cherokee County, State of Georgia, do hereby appoint
of Cherokee County, my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to
from the State of Georgia by reason of the injury received as aforesaid in the military service of
the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing
my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or
for any sum of money which may be coming to me for the reason aforesaid.
IN WITNESS WHEREOF I have hereunto set my hand and seal, this
17 day of March 1892.
W. J. Leonard
Executed in the presence of us Wm. McK [L.S.]
this 17 day of March 1892
Wm. McK
DIRECTION.
Send money to me as follows, by _____ to _____ P. O.
County, Georgia.

Proceedings of the
No. 1996

SOLDIERS' PENSION.
1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.
Name Wm. McK
County Cherokee
Disability Head
Amount, \$ 50
Entered on record March 11 1892.
W. H. HARRISON,
Secretary of Pension Department.
AGENT.
Wm. McK
Geo. W. Harrison, State Printer, Atlanta, Ga.

No. 1996
Proceedings of the
1892

Application for Allowance
For the Year Ending October 31, 1892.
No. 1449
Applicant, Wm. McK
County, Cherokee
Amount, 50
Date of Warrant, 3/18
Entered on record, March 11 1892.
W. H. HARRISON,
Secretary Pension Department.
WARRANT HARRISON
Wm. McK
Geo. W. Harrison, State Printer, Atlanta, Ga.

STATE OF GEORGIA.
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Providence, R.I. Co.
No. 1996
SOLDIER'S PENSION.
 1892.
 FOR THE YEAR ENDING OCTOBER 24, 1891.
 Name *Myron W. Crowder*
 County *Cherokee*
 Disability *Head*
 Amount \$ *50*
 Entered on record *March 11* 1892.
 W. H. HARRISON,
 Secretary of Executive Department.
 AGENT.
Wm McK
 Geo. W. Harrison, State Printer, Albany, Ga.

Cherokee, Ga.
1893
Crowder, Myron
 No. *1949*
Application for Allowance
 For the Year Ending October 24, 1892.
 Name *Myron W. Crowder*
 Applicant *William J. Crowder*
 County *Cherokee*
 Amount *50*
 Date of Warrant *3/18*
 Entered on record *3/18*
 W. H. HARRISON,
 Secretary Executive Department.
 Warrant Handwritten
Myron W. Crowder
 Geo. W. Harrison, State Printer, Albany, Ga.

BAD COPY - LIGHT PRINT

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA.

Cherokee County, }
 PERSONALLY appears *W. J. Crowder*
 of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the *1st* day of *January* 1860; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a *Private* in Company *B*, of *68th* Regiment of *Georgia* Volunteers *Hendrix's Brigade*, in the State of *Georgia*, on the *20th* day of *January* 1863, he was wounded as follows: *by a bullet in the back, shoulder and rendering him unable to perform his duty and requires a report which has been all the time going on and is discharged by a doctor*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of *50* dollars for *1892*.

Sworn to and subscribed before me this *11th* day of *March* 1892, by *W. J. Crowder* Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee County, }
 Know all Men by these Presents, That I, *W. J. Crowder* of *Cherokee* County, in said State, do hereby appoint *Wm McK* my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have heretofore set my hand and seal this *11th* day of *March* 1892, *W. J. Crowder* [L. S.]

Executed in the presence of us:
John A. White
John A. White
 Send money to me as follows, by *the hand of Wm McK* to *Cherokee* County, Georgia.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA.

Cherokee County, }
 PERSONALLY appears *William J. Crowder* of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *1st* day of *January* 1842; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a *Private* in Company *B*, of *68th* Regiment of *Georgia* Volunteers *Hendrix's Brigade*; that whilst engaged in such military service at the battle of *Missionary Ridge* in the State of *Tennessee*, on the *25th* day of *November* 1862, he was wounded as follows: *by a bullet in the back, shoulder and rendering him unable to perform his duty and requires a report which has been all the time going on and is discharged by a doctor*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1893. I have heretofore been allowed a pension of *50* dollars for *1892*.

Sworn to and subscribed before me, this, the *16th* day of *March* 1893, by *W. J. Crowder* Ordinary.

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

STATE OF GEORGIA.

Cherokee County, }
 I, *Wm McK* Ordinary of said County, do certify that I am well acquainted with *William J. Crowder* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that *Wm McK* before me, on which affidavit was made, and power of attorney was signed, is a true and lawful citizen of the State of Georgia, and the said affidavit and signature of the said applicant are true and correct, and the said applicant is entitled to the allowance to which he is entitled by law.

Given under my official signature and seal this *16th* day of *March* 1893, by *Wm McK* Ordinary *Cherokee* County.

STATE OF GEORGIA.
POWER OF ATTORNEY.

Geo. W. Harrison, State Printer, Atlanta.

Browder, W. A.
 (For These Already Enrolled.)
 No. *434*
Soldier's Pension.
1894.
 Name *W. J. Browder*
 County *Cherokee*
 Disability *Head Wound*
 Amount \$ *5.00*
 1894.
 W. H. HARRISON
 Secretary Executive Department.
 WARRANT HANDED TO
W. J. Browder
 Sec. W. Harrison, State Printer, Atlanta.

Browder, W. A.
 (For These Already Enrolled.)
 No. *847*
SOLDIER'S PENSION.
1895.
 Name *W. J. Browder*
 County *Cherokee*
 Disability *Head Wound*
 Amount \$ *5.00*
 1895.
 RICHARD JOHNSON
 Secretary Executive Department.
 WARRANT HANDED TO
W. J. Browder
 Sec. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cherokee County.

PERSONALLY appears *W. J. Browder* of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1890*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *65th* Regiment of *Georgia* Volunteers' Brigade; that whilst engaged in such military service at the battle of *Missionary Ridge* in the State of *Georgia*, on the *26th* day of *November* 1862, he was wounded as follows: *Wounded in left temple deep in soft ear, every bone & received good shot app. 1 inch, not able to work & suffers very great with Head.*

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

Sworn to and subscribed before me, this, the *24th* day of *March* 1894. *W. J. Browder*
D. L. Harris, Ordinary

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

STATE OF GEORGIA.

Cherokee County.

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

Given under my official signature and seal, this *24* day of *March* 1894.



D. L. Harris
 Ordinary *Cherokee* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cherokee County.

PERSONALLY appears *W. J. Browder* of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of *1890*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *B*, of *65th* Regiment of *Georgia* Volunteers' Brigade; that whilst engaged in such military service at the battle of *Missionary Ridge* in the State of *Georgia*, on the *26th* day of *November* 1862, he was wounded as follows: *Wounded in left temple*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of *Five* dollars, for the year 1893.

Sworn to and subscribed before me, this, the *31st* day of *Feb.* 1895. *W. J. Browder*
D. L. Harris, Ordinary

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

STATE OF GEORGIA.

Cherokee County.

I, *D. L. Harris* Ordinary of said County, do certify that I am well acquainted with *W. J. Browder* 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 *31st* day of *Feb.* 1895.



D. L. Harris
 Ordinary *Cherokee* County.

States, and served as a Private in Company B, 64th Regiment of Georgia Volunteers' Brigade; that whilst engaged in such military service at the battle of Resaca in the State of Georgia, on the 21 day of November 1862, he was wounded as follows: Wounded in left temple and in left arm, over bone & dislocated hand that left hand not able to work & suffers very great with Head.

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

Sworn to and subscribed before me, this, the 24 day of March 1894. } W. J. Crowder
D. L. Brown, Notary

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

STATE OF GEORGIA, }
Cherokee County. }

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

Given under my official signature and seal, this 24 day of March 1894.



D. L. Brown
Ordinary Cherokee County.

federate States (or of the State of,) during the war between the States, and served as a Private in Company B, of 64th Regiment of Georgia Volunteers, 's Brigade; that whilst engaged in such military service at the battle of Resaca in the State of Georgia, on the 21 day of November 1862, he was wounded as follows: Wounded in left temple

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of Eight dollars, for the year 1893.

Sworn to and subscribed before me, this, the 31 day of Feb 1895. } W. J. Crowder
D. L. Brown, Notary

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

STATE OF GEORGIA, }
Cherokee County. }

I, D. L. Brown Ordinary of said County, do certify that I am well acquainted with W. J. Crowder 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 31 day of Feb 1895.



D. L. Brown
Ordinary Cherokee County.

Audited 1891.

COMPTROLLER GENERAL

Crowder, W. J.

1891.

Maimed Soldiers.

Voucher No 2952

Amount \$ 50

Paid to W. J. Crowder

For Indisabled

By skill maimed

Apr 15 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. J. Crowder

Paid to *W. J. Crowder*
For *Disability*
by skull wound
Apr 15 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

J. Y. Crowder

1891.

No. *2952*

STATE OF GEORGIA.

EXECUTIVE DEPARTMENT.

Atlanta, Ga. Apr 15 1891.

Mr. *W. J. Crowder* of the County
of *Cherokee* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Disability by skull wound
He is entitled to receive the sum of *Fifty & 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor.

GOVERNOR.

\$50.00

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

Fifty & 00/100 Dollars,
per above voucher, this *15* of *April* 1891.

W. J. Crowder
J. Y. Crowder

Mr. W. J. Crowder 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
Disabled by shell mounds
He is entitled to receive the sum of Fifty + 00 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

W. H. Ham



GOVERNOR.

\$50.00

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

Fifty + 00

Dollars.

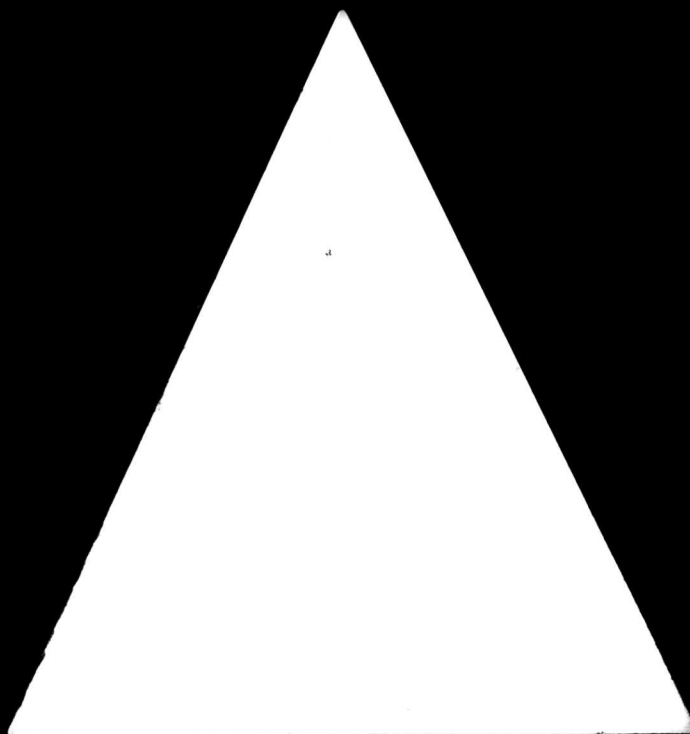
per above voucher, this 15 of April 1891.

W. J. Crowder
W. J. Crowder

Crowder, W. J.
Cherokee Co.
(See also 1887-88)

See 65th Vol. 1887-88
49th Vol. 1887-88
1887, 1889, 1890, 1891, 1892.

See 65th Vol. 4. Co. B
49th (B) (B) (B) (B)
1887, 1890, 1891, 1896.



Daniel, Henry H.
319
Daniel, Henry H.
No. 130 Cherokee Co

APPLICATION FOR

Arm^l

FOR CONFEDERATE SOLDIER

Applicant Henry H. Daniel

County Cherokee

Limb Left Arm right elbow

Amount \$ 60

Date of Warrant Nov 8th 1869

Page

C. Fred P. J. J. J.

C. 1952

C. 1952

C. 1952

STATE OF GEORGIA.

Cherokee County.

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

Sworn to and subscribed before me this...

...day of... 1879.
C. 1952

H. G. Daniel

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

Cherokee County.

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

Sworn to and subscribed before me this...

...day of... 1879.
C. 1952

J. P. Heard

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

APPLICATION FOR

ARM

FOR COMPENSATE SERVICE.

Applicant... #19

County... Cherokee

Limb... 130

Amount... \$60

Date of Warrant... 8th 1879

Page... C. 1952

C. 1952

C. 1952

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

Cherokee County.

Personally came before me, John L. Head of the county of Cherokee, State of Georgia, who, being duly sworn, deposes and says that he was Captain in Company B. 2nd Regiment and that Francis Henry B. Randle, Henry B., the above deponent, was a Subaltern in said Company, and that this deponent knows that said Francis Henry B. Randle lost an arm in the military service as said in the above affidavit.

Sworn to and subscribed before me this.....

Fourth day of December, 1872.
J. L. Head, Ordinary

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

APPLICATION FOR

For COMPENSATION Suffered

Applicant Francis Henry B. Randle

County Cherokee

Amount \$60

Date of Warrant Dec 24 1872

Page 1

C. H. Randle

AN ACT

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

SECTION I. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such 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. II. Be it further enacted by the said authority, That such application shall contain proof of such applicants being entitled to the benefits of this act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not, if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

SEC. III. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this act 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. GORTCHES, Secretary House Representatives.
WM. A. HARRIS, Secretary Senate.
Approved, September 6th, 1879.

A. O. BACON, Speaker House Representatives.
RUFUS E. LUTHER, President Senate.
ALFRED H. COLQUITT, Governor.

STATE OF GEORGIA,

Cherokee County.

Personally came..... Joseph Donaldson who, being duly sworn, depose and say they are acquainted with..... Francis Henry B. Randle and know that he lost an arm in the military service during the late war; that said Randle was amputated at the elbow; that he is a bona fide citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

Sworn to and subscribed before me this.....

4th day of December, 1872.
J. L. Head, Ordinary

Joseph Donaldson
Francis Henry B. Randle
W. D. Rags

STATE OF GEORGIA,

Cherokee County.

I, J. L. Head, Ordinary of Cherokee county, do certify that I am well acquainted with..... Francis Henry B. Randle the applicant for an arm, and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with..... Joseph Donaldson, Francis Henry B. Randle, the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts stated by them are true.

Given under my hand and official seal, this.....

day of..... December, 1872.

J. L. Head

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. GORTCHUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 6th, 1879.

A. O. BACON,
Speaker House Representatives.
RUFUS E. LUTHER,
President Senate.
ALFRED H. COLQUITT, Governor.

County,)
I, Wm. C. Colquitt, Ordinary of Cherokee county, do certify that I am well acquainted with Henry S. Davis the applicant for aid, and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with James S. Davis the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts stated by them are true.

Given under my hand and official seal, this 10th day of November, 1889.

Wm. C. Colquitt

STATE OF GEORGIA,

Cherokee County,)
PERSONALLY appears Henry S. Davis of Cherokee county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continuously since the 7 day of Nov 1879; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a 1st Lieutenant in Company F of 2 th Regiment of Georgia Volunteers Bennett's Brigade; that whilst engaged in such military service, at the battle of Wilderness in the State of Virginia, on the 6 day of May 1864, he was wounded as follows: gun shot wound in left arm, pine spine, crushed, above the elbow & from shoulder.

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 10th day of July 1889, H. S. Davis
James S. Davis

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

STATE OF GEORGIA,

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

Sworn to and subscribed before me, this 10th day of July 1889

ORDINARY.

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

Davis, Henry S.

Cherokee Co

no 445

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING, OCT. 26, 1889.

FOR

James S. Davis

Applicant Henry S. Davis

County Cherokee

Amount 10.00

Date of Warrant July 14

Entered on Record, July 14 1889

W. C. Colquitt

SECRETARY EXECUTIVE DEPARTMENT.

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

W. C. Colquitt

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

STATE OF GEORGIA,

County, }

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

Sworn to and subscribed before me, this day of 188

ORDINARY.

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

Daniel, Henry R.
Cherokee Co.
No. 495.
APPLICATION FOR ALLOWANCE FOR YEAR ENDING, OCT. 31, 1888.
FOR
Jas. C. Pittman
Applicant, Henry R. Daniel
County Cherokee
Amount 10.00
Date of Warrant July 14/1888
Entered on Record, July 14 1888
SHERIFF'S DEPARTMENT.
D. P. L. P. R.
No additional data.

STATE OF GEORGIA,

Cherokee County, }

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

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

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

Given under my official signature and seal, this day of July 1888

C. W. Pittman
Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County, }

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

In witness whereof I have hereunto set my hand and seal, this

day of July 1888
H. G. Sanice (L. S.)

Executed in the presence of us:

M. A. Fitcher
J. W. Hemmington
John W. Pittman and P. R. Moore

DIRECTION:

Send money to me as follows, by to P. O. County, Georgia.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of fact showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

Daniel, H. G.
Cherokee
1890.

No. 286
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 31, 1890.
Last of term
Applicant, H. G. Daniel
County, Cherokee
Amount, 100
Date of warrant, Sept 1
Entered on record
Sept 5 1890
WARRANT ISSUED TO
R. T. Jones

1891
Daniel, H. G.
Cherokee
PAID 1891

No. 582
APPLICATION FOR ALLOWANCE.
FOR THE YEAR ENDING OCTOBER 31, 1891.
Last of term
Applicant, H. G. Daniel
County, Cherokee
Amount, 100
Date of Warrant, Oct 11
Entered on record
Oct 11 1891
WARRANT ISSUED TO
R. T. Jones
SECRETARY, EXECUTIVE DEPARTMENT.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.
PERSONALLY appears Henry G. Daniel of Cherokee county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the 7 day of November 1849; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 2nd Regiment of Georgia Volunteers Benjamin's Brigade; that whilst engaged in such military service, at the battle of Williams in the State of Va. on the 6 day of May 1864, he was wounded as follows: By a spin shot wound that left him incapacitated about 10 months.

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of \$100 per annum.

Sworn to and subscribed before me, this the 4 day of January 1890 H. G. Daniel

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I, Henry G. Daniel of Cherokee County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4 day of February 1890 H. G. Daniel [L. S.]

Executed in the presence of us:

James P. Gordon
Charles W. Patterson, witnesses

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears H. G. Daniel of Cherokee County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 7 day of Nov. 1849; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 2nd Regiment of Georgia Volunteers Benjamin's Brigade; that whilst engaged in such military service at the battle of Williams in the State of Va. on the 6 day of May 1864, he was wounded as follows: By a spin shot wound that left him incapacitated about 10 months.

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of \$100 dollars, for 1887 1888 1889 1890

Sworn to and subscribed before me, this the 4 day of Feb. 1891 H. G. Daniel

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all Men by these Presents, That I, H. G. Daniel of Cherokee County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4 day of Feb. 1891 H. G. Daniel [L. S.]

Executed in the presence of us:

J. S. Dupre, witnesses

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County. }
PERSONALLY appears *Henry S. Daniel* of *Cherokee* county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the *7* day of *November* 18*64*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *1st Lieutenant* in Company *F*, of *2* th Regiment of *Georgia* Volunteers *Burnley*'s Brigade; that whilst engaged in such military service, at the battle of *Wilderness* in the State of *Va* on the *6* day of *May* 18*64*, he was wounded as follows: *gun shot wound of left arm computed about the elbow*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of *100* dollars.

Sworn to and subscribed before me, this *4* day of *January* 1890 *H. G. Daniel*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *4* day of *February* 1890 *H. G. Daniel* [L. S.]

Executed in the presence of us:

James P. Gordon
Charles W. Pritchard, ordinar

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County. }
PERSONALLY appears *H. G. Daniel* of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *7* day of *Nov*, 18*64*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Lieut.* in Company *F*, of *2* th Regiment of *Georgia* Volunteers *Burnley*'s Brigade; that whilst engaged in such military service at the battle of *Wilderness* in the State of *Va*, on the *6* day of *May* 1864, he was wounded as follows: *By a gun shot wound in left arm causing said arm to be computed about the elbow*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *100* dollars, for *1887-1890*

Sworn to and subscribed before me, this *4* day of *Feb* 1891 *H. G. Daniel*

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County. }
Know all Men by these Presents, That I, *H. G. Daniel* of *Cherokee* County, State of Georgia, do hereby appoint *Robert J. Jones* of *Cherokee* county, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *4* day of *Feb* 1891 *H. G. Daniel* [L. S.]

Executed in the presence of us:

J. S. DuPre
Chas. W. Pritchard, ordinar

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

17th day of January 1891
O. M. Putnam ordinary
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY. STATE OF GEORGIA

Cherokee County.
KNOW ALL MEN BY THESE PRESENTS, That I, Henry D. Daniel

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th day of February 1891

Executed in the presence of us:

James P. Jordan
Edmund W. Putnam, ordinary

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

4th day of Feb 1891
J. S. Dupree attorney
Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY. STATE OF GEORGIA

Cherokee County.
Know all Men by these Presents, That I, H. G. Daniel of Cherokee Co. County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4th day of Feb 1891.

Executed in the presence of us:

J. S. Dupree
Cherokee Co. Ga.

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

BAD COPY***OR**LIGHT PRINT

STATE OF GEORGIA.

Cherokee County.

I, Edmund W. Putnam Ordinary of said county,

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

Given under my official signature and seal, this 10th day of March 1891.

Ordinary.

County.

POWER OF ATTORNEY. STATE OF GEORGIA

Cherokee County.
Know all Men by these Presents, That I, Henry D. Daniel of Cherokee Co. County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th day of March 1891.

H. G. Daniel

Executed in the presence of us:

Edmund W. Putnam
Cherokee Co. Ga.

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

Cherokee Co.
Daniel, Henry D.
Mar 27th

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name Henry D. Daniel

County Cherokee

Disability 100%

Amount \$ 100.00

Entered on record March 1892.

W. H. HARRISON,

Secretary of the Pension Department

110

AGENT.

Geo. J. Jones

Geo. W. Harrison, Chief Pension Agent, U. S.

Cherokee Co.

1893.

Daniel, H. G.

No. 113

Application for Allowance

For the Year Ending October 31, 1892.

Name of Applicant Henry D. Daniel

County Cherokee

Amount 100

Date of Warrant March

Entered on record March 1893.

W. H. HARRISON,

Secretary of the Pension Department

110

AGENT.

Geo. J. Jones

Geo. W. Harrison, Chief Pension Agent, U. S.

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Cherokee Co.
Daniel, Henry H.
No. 270

SOLDIER'S PENSION.
1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name: Daniel, Henry H.
County: Cherokee
Disability: 100%
Amount: \$100.00
Entered on record: 1892.
W. H. HARRISON,
Secretary of War Department.
AGENT.
Geo. W. Harrison, State Printer, Atlanta, Ga.

Cherokee Co.

1893
Daniel, H. H.

No. 413
Application for Allowance

State of Georgia
Cherokee Co.

Amount, \$100.00
Date of Warrant, 3/1/93
Entered on record, 3/1/93

Warrant issued to
Geo. W. Harrison, State Printer, Atlanta, Ga.

STATE OF GEORGIA
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA.

PERSONALLY appears Henry H. Daniel of Cherokee County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the 1st day of November, 1864; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 2nd Regiment of Volunteers Banning's Brigade; that whilst engaged in such military service at the battle of the Wilderness in the State of Virginia, on the 5th day of May, 1864, he was wounded as follows: by a shot in the left arm, and amputated at the elbow.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of \$100.00 Dollars for 1892.

Sworn to and subscribed before me this 1st day of March, 1892.
Henry H. Daniel
Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

Know all Men by these Presents, That I, Henry H. Daniel, of Cherokee County, in said State, do hereby appoint Henry H. Daniel my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit, hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereto set my hand and seal this 1st day of March, 1892.
Henry H. Daniel [L.S.]

Executed in the presence of us:

O. W. Patterson
J. M. Buttz

DIRECTION.

Send money to me as follows, by

to

P. O.

—County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

PERSONALLY appears Henry H. Daniel of Cherokee County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 1st day of November, 1822; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 2nd Regiment of Volunteers Banning's Brigade; that whilst engaged in such military service at the battle of the Wilderness in the State of Virginia, on the 5th day of May, 1864, he was wounded as follows: by a shot in the left arm, which caused the loss of arm, amputated at the elbow.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of \$100.00 Dollars for 1892.

Sworn to and subscribed before me, this 1st day of March, 1892.
Henry H. Daniel
Ordinary.

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

STATE OF GEORGIA.

Cherokee County.

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

Given under my official signature and seal, this 1st day of March, 1892.
Henry H. Daniel
Ordinary.

STATE OF GEORGIA.

POWER OF ATTORNEY.

56-1

A. G. Daniel

Daniel, H. G.
12-24-84
No. 440
For These Already Enrolled.
Soldier's Pension.
1894.
Name *W. H. Harrison*
County *Cherokee*
Disability *Loss of Arm*
Amount *\$100.*
3/13
1894.
W. H. HARRISON,
Secretary Executive Department.
WARRANT ISSUED TO
Daniel
Geo. W. HARRIS, Secy. State, Alaska.

Daniel, H. G.
12-24-84
No. 849
For These Already Enrolled.
SOLDIER'S PENSION.
1895.
Name *Henry L. Daniel*
County *Cherokee*
Disability *Loss of Arm*
Amount *\$100.*
3/14
1895.
RICHARD JOHNSON,
Secretary Executive Department.
WARRANT ISSUED TO
Daniel
Geo. W. HARRIS, Secy. State, Alaska.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Cherokee County. }

PERSONALLY appears *N. H. Daniel* of
County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen
and resident of said State, and has resided therein continuously ever since the *7th*
day of *Nov.* 1827; 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 *Lieutenant* in Company *F*, of *8th* Regiment
of *Georgia* Volunteers *Bennings*'s Brigade; that whilst engaged in
such military service at the battle of *Milledgeville* in the State
of *Georgia*, on the *6th* day of *May* 1864, he was
wounded as follows: *Wound shot in left arm which*
caused the loss of said arm

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

Sworn to and subscribed before me, this, the *11th* day of *February* 1894. *H. G. Daniel*
D. B. Burns, Ordinary

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

STATE OF GEORGIA, }

Cherokee County. }

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

Given under my official signature and seal, this *20th*
day of *February* 1894.



Ordinary

D. B. Burns
Cherokee County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Cherokee County. }

PERSONALLY appears *Henry L. Daniel* of *Cherokee*
County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen
and resident of said State, and has resided therein continuously ever since the
day of *1827*; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a *Lieutenant* in Company *F*, of *8th* Regiment
of *Georgia* Volunteers *Bennings*'s Brigade; that whilst engaged in
such military service at the battle of *Milledgeville* in the State
of *Georgia*, on the *6th* day of *May* 1864, he was
wounded as follows: *Wound shot in left arm which*
caused the loss of said arm

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

Sworn to and subscribed before me, this, the *11th* day of *February* 1895. *H. G. Daniel*
D. B. Burns, Ordinary

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

STATE OF GEORGIA, }

Cherokee County. }

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

Given under my official signature and seal, this *20th*
day of *February* 1895.



Ordinary *D. B. Burns* *Cherokee* County.

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

Sworn to and subscribed before me, this, the 28th day of February 1894.

N. B. Burr, Ordinary

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

STATE OF GEORGIA, Cherokee County.

I, N. B. Burr Ordinary of said County, do certify that I am well acquainted with H. G. Daniel 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 28th day of February 1894.



Ordinary Cherokee County.

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

Sworn to and subscribed before me, this, the 26 day of January 1895.

N. B. Burr, Ordinary

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

STATE OF GEORGIA, Cherokee County.

I, N. B. Burr Ordinary of said County, do certify that I am well acquainted with Henry G. Daniel 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 26 day of January 1895.



Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County.

I, Henry G. Daniel hereby authorize N. B. Burr Ordinary of Cherokee County to receive and receipt for the pension paid hereon and request that he remit same to me at Canton Ga by check at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28th day of February 1896.

H. G. Daniel [L. S.]

Executed in presence of us

J. B. Burr

POWER OF ATTORNEY.

STATE OF GEORGIA, Cherokee County.

I, Henry G. Daniel hereby authorize Wm. S. Wright of Cherokee County to receive and receipt for the pension paid hereon and request that he remit same to N. B. Burr, Ordinary by check at Canton Ga by

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28th day of February 1897.

H. G. Daniel [L. S.]

Executed in presence of

N. B. Burr
Ordinary

(For Those Already Enrolled.)

No. 1956

SOLDIER'S PENSION.
1896.

Name Henry G. Daniel
County Cherokee
Disability Loss of Arm
Amount, \$ 100.00

3/2 1896
RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, at N.Y.

(For Those Already Enrolled.)

No. 2000

INVALID
SOLDIER'S PENSION.
1897.

Name Henry G. Daniel
County Cherokee
Disability Loss of Arm
Amount, \$ 100.00

2/24 1897
RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, at N.Y.

Daniel Henry G.
to be sworn in.
(For Those Already Enrolled.)

No. 1956

SOLDIER'S PENSION. 1896.

Name Henry G. Daniel
County Cherokee
Disability Loss of arm
Amount \$100.00
1896
3/2
RICHARD JOHNSON,
Secretary Executive Department.
WARRANT HANDED TO
at

Wm. W. Harrison, State Printer, Atlanta.

Daniel Henry G.
to be sworn in.
(For Those Already Enrolled.)
No. 2000

INVALID SOLDIER'S PENSION. 1897.

Name Henry G. Daniel
County Cherokee
Disability Loss of arm
Amount \$100.00
1897.
2/24
RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDED TO
at

Wm. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears Henry G. Daniel of Cherokee County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 2nd day of Nov 1827; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Lieutenant in Company 7, of 2nd Regiment of Georgia Volunteers, Burnside's Brigade; that whilst engaged in such military service in the State of Va, on the 6th day of May 1864, he was wounded, injured or diseased as follows:

Wounded in left arm causing loss of said arm

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

Sworn to and subscribed before me, this, the 25th day of July 1896. H. G. Daniel

A. L. Brown, Ordinary
Not—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cherokee County.

I, A. L. Brown Ordinary of said County, do certify that I am well acquainted with Henry G. Daniel 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 25th day of July 1896.



A. L. Brown
Ordinary Cherokee County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears Henry G. Daniel of Cherokee County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 2nd day of Nov 1827; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Lieutenant in Company 7, of 2nd Regiment of Georgia Volunteers, Burnside's Brigade; that whilst engaged in such military service in the State of Va, on the 6th day of May 1864, he was wounded, injured or diseased as follows:

Wounded in left arm causing the loss of said arm

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

Sworn to and subscribed before me, this, the 25th day of July 1897. H. G. Daniel

A. L. Brown, Ordinary
Not—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cherokee County.

I, A. L. Brown Ordinary of said County, do certify that I am well acquainted with Henry G. Daniel 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 25th day of July 1897.



A. L. Brown
Ordinary Cherokee County.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Cherokee county been allowed a pension of One hundred dollars, for the year 1895.

Sworn to and subscribed before me, this, the 28th day of July, 1896. } H. G. Daniel
A. C. Brown, Ordinary
Note—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA, }
Cherokee County. }

I, A. C. Brown Ordinary of said County, do certify that I am well acquainted with Henry G. Daniel 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 28th day of July, 1896.



A. C. Brown
Ordinary Cherokee County.

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

Sworn to and subscribed before me, this, the 28th day of July, 1897. } H. G. Daniel
A. C. Brown, Ordinary
Note—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA, }
Cherokee County. }

I, A. C. Brown Ordinary of said County, do certify that I am well acquainted with Henry G. Daniel 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 28th day of July, 1897.



A. C. Brown
Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Cherokee County. }

I, Henry G. Daniel hereby authorize W. A. Wright of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to A. C. Brown ordinary by check at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22^d day of July, 1896.

H. G. Daniel [L. S.]

Executed in presence of

A. C. Brown ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Cherokee County. }

I, Henry G. Daniel hereby authorize J. J. Brygans of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to _____ by _____ at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22^d day of January, 1899.

H. G. Daniel [L. S.]

Executed in presence of

A. C. Brown ordinary

(For Those Already Enrolled.)

No. 2125

INVALID

SOLDIER'S PENSION.

1898.

Name Henry G. Daniel
County Cherokee
Disability Loss of arm
Amount, \$10.00
2/10

1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

H. G. Daniel

REG. W. HARRISON, STATE PRINTER, ATLANTA.

No. 2125

(For Those Already Enrolled.)

No. 2197

INVALID

SOLDIER'S PENSION.

1899.

Name Henry G. Daniel
County Cherokee
Disability Loss of arm
Amount, \$10.00
2/10

1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

J. J. Brygans

REG. W. HARRISON, STATE PRINTER, ATLANTA.

David Henry G.
Cherokee Co.
ACT OF 4 OCT. 1891.
(For Those Already Enrolled.)

No. 2125-

INVALID
SOLDIER'S PENSION.
1898.

Name Henry G. Daniel
County Cherokee
Disability Loss of arm
Amount \$40.00 1898.

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RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

H. G. Daniel

U. S. DEPARTMENT OF THE INTERIOR, BUREAU OF LANDS, WASHINGTON, D. C.

No data

David Henry G.
Cherokee Co.
COURT SECTION 1891.
(For Those Already Enrolled.)

No. 2197

INVALID
SOLDIER'S PENSION.
1899.

Name Henry G. Daniel
County Cherokee
Disability Loss of arm
Amount \$40.00 1899.

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RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

H. G. Daniel

U. S. DEPARTMENT OF THE INTERIOR, BUREAU OF LANDS, WASHINGTON, D. C.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears Henry G. Daniel of Cherokee

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 21st day of Nov 1882; that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served as a Lieutenant in Company E, of 2nd Regiment of GA Volunteers, Barnes's Brigade; that whilst engaged in such military service in the State of GA, on the 6th day of May 1864, he was wounded, injured or diseased as follows:

Bullet in left arm which caused
the loss of said

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Cherokee county been allowed an invalid pension of one hundred Dollars, for the year 1897.

Sworn to and subscribed before me, this, the H. G. Daniel day of Jan 1898. POST-OFFICE

A. C. Brown Ordinary

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

STATE OF GEORGIA,

Cherokee County.

I, A. C. Brown Ordinary of said County, do certify that I am well acquainted with Henry G. Daniel 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 22nd day of Jan 1898.



A. C. Brown
Ordinary Cherokee County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears Henry G. Daniel of Cherokee

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 21st day of Nov 1882; that he enlisted in the military service of the Confederate States (or of the State of GA) during the war between the States, and served as a Lieutenant in Company E, of 2nd Regiment of GA Volunteers, Barnes's Brigade; that whilst engaged in such military service in the State of GA, on the 6th day of May 1864, he was wounded, injured or diseased as follows:

Bullet in left arm causing loss of said
arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Cherokee County been allowed an invalid pension of one hundred Dollars, for the year 1898.

Sworn to and subscribed before me, this, the H. G. Daniel day of Jan 1899. POST OFFICE

A. C. Brown Ordinary

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 20th day of Jan 1899.



A. C. Brown
Ordinary Cherokee County.

and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Charleston County been allowed an invalid pension of one hundred Dollars, for the year 1897.

Sworn to and subscribed before me, this, H. G. Daniel day of January, 1898. POST-OFFICE

A. C. Burr Ordinary of said County, do certify that I am well acquainted with Henry G. Daniel 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.

STATE OF GEORGIA,

Charleston County.

I, A. C. Burr Ordinary of said County, do certify that I am well acquainted with Henry G. Daniel 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 22^d day of January, 1898.



A. C. Burr Ordinary Charleston County.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Charleston County been allowed an invalid pension of one hundred Dollars, for the year 1898.

Sworn to and subscribed before me, this, H. G. Daniel day of January, 1899. POST-OFFICE

A. C. Burr Ordinary of said County, do certify that I am well acquainted with Henry G. Daniel 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.

STATE OF GEORGIA,

Charleston County.

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

Given under my official signature and seal, this 20th day of January, 1899.



A. C. Burr Ordinary Charleston County.

POWER OF ATTORNEY.

STATE OF GEORGIA, Charleston County.

I, Henry G. Daniel hereby authorize W. A. Wright of Atlanta, Ga.

to receive and receipt for the pension paid hereon and request that he remit same to A. C. Burr by check at Bank of Georgia

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 26th day of January, 1900.

H. G. Daniel [L. S.]

Executed in presence of

A. C. Burr Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA, Charleston County.

I, Henry G. Daniel hereby authorize A. C. Burr of Atlanta, Ga.

to receive and receipt for the pension paid hereon and request that he remit same to me by check at Bank of Georgia

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

H. G. Daniel [L. S.]

Executed in presence of

A. C. Burr Ordinary

INVALID
SOLDIER'S PENSION.
1900.

Name Henry G. Daniel
County Charleston
Disability Loss of limb
Amount, \$ 100.00
Warrant issued May 13 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

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

W. A. Wright

DISABLED
SOLDIER'S PENSION.
1901.

Name Henry G. Daniel
County Charleston
Disability Loss of limb
Amount, \$ 100.00

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

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

A. C. Burr

Daniel Henry G. Cherokee Co
COOR SECTION 1900.
(For Those Already Enrolled.)

No. 3069

INVALID

SOLDIER'S PENSION.

1900.

Name *Henry G. Daniel*
County *Cherokee*
Disability *Loss of Arm*
Amount, \$ *100.00*
Warrant issued *May 13 1900.*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Wright

Geo. W. Harrison, State Printer, Atlanta.

No data

Daniel Henry G. Cherokee Co
COOR SECTION 1900
(For Those Already Enrolled.)

No. 2460

DISABLED

SOLDIER'S PENSION.

1901.

Name *Henry G. Daniel*
County *Cherokee*
Disability *Loss of Arm*
Amount, \$ *100.00*

2/12 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Wright

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears *Henry G. Daniel* of *Cherokee* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State and County, and has resided therein continuously ever since the *10th* day of *Nov*, 1821; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Sergeant* in Company *F*, of *2nd*th Regiment of *Georgia* Volunteers, *Banning*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *6th* day of *May*, 1864, he was wounded, injured or diseased as follows:

Burnshot in Left Arm which caused the loss of said Arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of *Cherokee* County been allowed an invalid pension of *One Hundred* Dollars, for the year 1898.

Sworn to and subscribed before me, this, *H. G. Daniel* 26th day of *January*, 1900. POST OFFICE

A. B. Borne, Ordinary

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this *26th* day of *January*, 1900.

A. B. Borne
Ordinary *Cherokee* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears *Henry G. Daniel* of *Cherokee* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *10th* day of *Nov*, 1821; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Sergeant* in Company *F*, of *2nd*th Regiment of *Georgia* Volunteers, *Banning*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *6th* day of *May*, 1864, he was wounded, injured or diseased as follows:

Burnshot in Left Arm which caused the loss of said Arm

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of *Cherokee* County been allowed an invalid pension of *One Hundred* Dollars, for the year 1900.

Sworn to and subscribed before me, this, *H. G. Daniel* 1st day of *July*, 1901. Postoffice

A. B. Borne, Ordinary

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this *1st* day of *July*, 1901.

A. B. Borne
Ordinary *Cherokee* County.



ending October 26th, 1900. I have heretofore under said law as a resident of Cherokee County been allowed an invalid pension of One Hundred Dollars, for the year 1898.
Sworn to and subscribed before me, this the 11th day of January, 1900. POST OFFICE

H. G. Daniel
A. B. Lindsey
Notary Public for the State of Georgia.
Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 26th day of January, 1900.



A. B. Lindsey
Ordinary Cherokee County.

ending October 26th, 1901. I have heretofore under said law as a resident of Cherokee County been allowed an invalid pension of One Hundred Dollars, for the year 1900.
Sworn to and subscribed before me, this the 1st day of January, 1901. Postoffice

H. G. Daniel
A. B. Lindsey
Notary Public for the State of Georgia.
Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 1st day of January, 1901.



A. B. Lindsey
Ordinary Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, Henry G. Daniel hereby authorize A. B. Lindsey of Cherokee Co. to receive and receipt for the pension paid hereon and request that he remit same to me by check at Cherokee Co.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10th day of January, 1902.

H. G. Daniel [L. S.]

Executed in presence of
J. D. Price

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

I, Henry G. Daniel hereby authorize Mrs. A. Wright of Atlanta Ga. to receive and receipt for the pension paid hereon and request that he remit same to A. B. Lindsey by check at Cherokee Co.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 6th day of January, 1903.

H. G. Daniel [L. S.]

Executed in presence of
A. B. Lindsey

Daniel, H. G. (Henry G.)
Cherokee County

COPIES SECTION 1206
(FOR THOSE ALREADY ENROLLED.)

No. 2107

**DISABLED
SOLDIER'S PENSION
1902.**

Name Henry G. Daniel
County Cherokee
Co. H Regiment 29th
Disability Loss of left arm
Amount, \$ 100.00 7/4 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

A. B. Lindsey

JOHN W. LINDSEY, Notary Public, Alabama.

No data

Daniel, Henry G.
Cherokee Co.

COPIES SECTION 1206
(FOR THOSE ALREADY ENROLLED.)

No. 2111

**DISABLED
SOLDIER'S PENSION
1903.**

Name Henry G. Daniel
County Cherokee
Co. H Regiment 29th
Disability Loss of left arm
Amount, \$ 100.00 2/16 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

A. B. Lindsey

JOHN W. LINDSEY, Notary Public, Alabama.

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

Daniel, H. G. (Henry G.)
Chester County

COPIES SECTION 126.
(FOR THOSE ALREADY ENROLLED.)

No. 2107

DISABLED

**SOLDIER'S PENSION
1902.**

Name Henry G. Daniel
County Chester
Co. F Regiment 2 9a
Disability Loss left arm
Amount, \$ 100.00 of 7/4 1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Order
JOHN W. LINDSEY, State Printer, Atlanta.

No. 2111

Daniel, Henry G.
Chester Co.

COPIES SECTION 126.
(FOR THOSE ALREADY ENROLLED.)

No. 2111

DISABLED

**SOLDIER'S PENSION
1903.**

Name Henry G. Daniel
County Chester
Co. F Regiment 2 9a
Disability Loss left arm
Amount, \$ 100.00 of 7/4 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Order
JOHN W. LINDSEY, State Printer, Atlanta.

STATE OF GEORGIA
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Chester County.

Personally appears Henry G. Daniel of Chester 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 7 day of Nov 1829; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 2th Regiment of Volunteers, Burnings's Brigade; that whilst engaged in such military service in the State of Georgia, on the 6 day of May 1864, he was wounded, injured or diseased as follows:

Lost left arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of Chester County, been allowed an invalid pension of one hundred Dollars, for the year 1901.

Sworn to and subscribed before me, this 10 day of Jan 1902, at Post-office Canton Ga
A. C. Cannon Ord.

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

STATE OF GEORGIA,

Chester County.

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

Given under my official signature and seal, this 10 day of Jan 1902.

A. C. Cannon Ordinary Chester County.

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

POWER OF ATTORNEY

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Chester County.

Personally appears Henry G. Daniel of Chester 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 7 day of Nov 1829; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company F, of 2th Regiment of Volunteers, Burnings's Brigade; that whilst engaged in such military service in the State of Georgia, on the 6 day of May 1864, he was wounded, injured or diseased as follows:

Lost left arm

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

Sworn to and subscribed before me, this 10 day of Jan 1903, at Post-office Canton Ga
A. C. Cannon Ord.

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

STATE OF GEORGIA,

Chester County.

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

Given under my official signature and seal, this 10 day of Jan 1903.

A. C. Cannon Ordinary Chester County.

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

One hundred Dollars, for the year 1901.

Sworn to and subscribed before me, this 10 day of Jan. 1902. Post-office Canton Ga

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 10 day of Jan. 1902.



Ordinary Cherokee County.

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

Note.—All vouchers and affidavits must bear date after January 1, 1902.

БОМЕР ОВ АІ ЛОКМЕА

ending October 28th, 1903. I have heretofore, under said law, as a resident of Cherokee County, been allowed an invalid pension of \$100.00 Dollars, for the year 1902.

Sworn to and subscribed before me, this 6 day of Jan. 1903. Post-office

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 6 day of Jan. 1903.



Ordinary Cherokee County.

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

Note.—All vouchers and affidavits must bear date after January 1, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, H. G. Daniel, hereby authorize

Mrs. S. Wright of Atlanta Ga

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

S. C. Cameron, by check

at Canton

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 10 day of Jan. 1904.

day of Jan. 1904.

Executed in presence of

A. C. Cameron

H. G. Daniel

—[L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, H. G. Daniel, hereby authorize

H. J. Wright of Cherokee

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

by

at

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 10 day of Jan. 1905.

day of Jan. 1905.

Executed in the presence of

A. C. Cameron

H. G. Daniel

—[L. S.]

Daniel Henry G.
Cherokee Co.
(FOR THOSE ALREADY ENROLLED.)

No. 2164.

DISABLED

SOLDIER'S PENSION

1904.

Name H. G. Daniel

County Cherokee

Co. 2d Regiment 2

Disability Loss of arm

Amount, \$100.00

FEB 18 1904.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

Order.

Geo. W. Harrison, State Printer, Albany.

no data

Daniel Henry G.
Cherokee Co.

(FOR THOSE ALREADY ENROLLED.)

No. 2164

DISABLED

SOLDIER'S PENSION

1905.

Name Henry G. Daniel

County Cherokee

Co. 2d Regiment 2

Disability Loss of arm

Amount, \$100.00

FEB 23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDLED TO

Order.

Geo. W. Harrison, State Printer, Albany.

DATE VOUCHER DEPOSITED

Daniel Henry G. Cherokee Co.
(FOR THOSE ALREADY ENROLLED.)

No. *2264*

**DISABLED
SOLDIER'S PENSION
1904.**

Name *D. L. Daniel*
County *Cherokee*
Co. *F* Regiment *2*
Disability *Loss of arm*
Amount, \$ *110.00*
FEB 18 1904.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Indy
Geo. W. Hutton, Deputy Auditor.

no data
Daniel Henry G. Cherokee Co.
(FOR THOSE ALREADY ENROLLED.)

No. *3336*

**DISABLED
SOLDIER'S PENSION
1905.**

Name *Henry G. Daniel*
County *Cherokee*
Co. *F* Regiment *2*
Disability *Loss of arm*
Amount, \$ *110.00*
FEB 23 1905.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
Indy
Geo. W. Hutton, Deputy Auditor.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears *Henry G. Daniel* of *Cherokee* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *7th* day of *Nov* 1829; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Sergeant* in Company *H*, of *2nd* Regiment of *Georgia* Volunteers *Burnings*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *6th* day of *May* 1864, he was wounded, injured or diseased as follows:
Shot in left arm causing loss of said arm

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

Sworn to and subscribed before me, this the *2nd* day of *January* 1904. *H. G. Daniel*
W. C. Cunningham Post-office

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

STATE OF GEORGIA,

Cherokee County.

I, *W. C. Cunningham* Ordinary of said County, do certify that I am well acquainted with *Henry G. Daniel* 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 *2nd* day of *January* 1904.

W. C. Cunningham
Ordinary *Cherokee* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears *Henry G. Daniel* of *Cherokee* County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the *7th* day of *Nov* 1829; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Sergeant* in Company *H*, of *2nd* Regiment of *Georgia* Volunteers *Burnings*'s Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *6th* day of *May* 1864, he was wounded, injured or diseased as follows:
Loss of left arm

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

Sworn to and subscribed before me, this the *2nd* day of *January* 1905. *H. G. Daniel*
W. C. Cunningham Post-office

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

STATE OF GEORGIA,

Cherokee County.

I, *W. C. Cunningham* Ordinary of said County, do certify that I am well acquainted with *Henry G. Daniel* 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 *2nd* day of *January* 1905.

W. C. Cunningham
Ordinary *Cherokee* County.

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

ending October 29th, 1904. I have heretofore, under said law, as a resident of Cherokee County, been allowed an invalid pension of One Hundred Dollars, for the year 1903.

Sworn to and subscribed before me, this the 22 day of January, 1904. H. G. Daniel Post-office St. C. Connor, Ga.

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

STATE OF GEORGIA,

Cherokee County.

I, St. C. Connor Ordinary of said County, do certify that I am well acquainted with Henry G. Daniel 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 22 day of January, 1904.

St. C. Connor
Ordinary Cherokee County.

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

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

Cherokee County, been allowed an invalid pension of One Hundred Dollars, for the year 1904.

Sworn to and subscribed before me, this the 2 day of January, 1905. H. G. Daniel Post-office St. C. Connor, Ga.

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

STATE OF GEORGIA,

Cherokee County.

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

Given under my official signature and seal, this 2 day of January, 1905.

H. G. Daniel
Ordinary Cherokee County.

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

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, H. G. Daniel hereby authorize H. G. Daniel of Canton to receive and receipt for the pension paid hereon, and request that he remit same to by

at Jan day of Jan, 1906.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6

H. G. Daniel [L. S.]

Executed in the presence of

F. M. Blackwell

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, H. G. Daniel hereby authorize H. G. Daniel of Canton to receive and receipt for the pension paid hereon, and request that he remit same to by

at Jan day of Jan, 1907.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11

H. G. Daniel [L. S.]

Executed in presence of

F. M. Blackwell

Cons. Section 1200.
(FOR THOSE ALREADY ENROLLED.)

No. 1114

DISABLED SOLDIER'S PENSION 1906.

Name H. G. Daniel
County Cherokee
Co. H. Regiment 2nd
Disability Loss of arm
Amount, \$100 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

The Pensioner's Name and Address (See Act of March 3, 1905).

No data

Cons. Section 1200.
(FOR THOSE ALREADY ENROLLED.)

No. 2035

DISABLED SOLDIER'S PENSION 1907.

Name H. G. Daniel
County Cherokee
Co. H. Regiment 2nd
Disability Loss of arm
Amount, \$100 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

The Pensioner's Name and Address (See Act of March 3, 1905).

Daniel, H. G.
Cherokee Co.

Amid H. G. Daniel
 (FOR THOSE ALREADY ENROLLED.)
 No. 1114
DISABLED SOLDIER'S PENSION 1906.
 Name *H. G. Daniel*
 County *Cherokee*
 Co. *F* Regiment *2nd*
 Disability *Loss of arm*
 Amount, \$*100*
 1906.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
8
 The Pension Bureau and Pensions Co., 100 N. Main Street, Wash.

No data
DISABLED SOLDIER'S PENSION 1907.
 Name *H. G. Daniel*
 County *Cherokee*
 Co. *4* Regiment *2nd*
 Disability *Loss of arm*
 Amount, \$*100*
 FEB 13 1907.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
0
 The Pension Bureau and Pensions Co., 100 N. Main Street, Wash.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cherokee County.

Personally appears *H. G. Daniel* of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *1829*; that he enlisted in the military service of the Confederate States, (or of the State of *Georgia*) during the war between the States, and served as a *Sergeant* in Company *F*, of *2nd* Regiment of *44* Volunteers *Bennings*'s Brigade; that whilst engaged in such military service in the State of *GA*, on the *6* day of *May* 1864, he was wounded, injured or diseased as follows:
Lost left arm

Deponent makes application for the pension to which he is entitled for the year ending October 25th, 1906. I have heretofore, under said law, as a resident of *Cherokee* County, been allowed an invalid pension of *One hundred* Dollars, for the year 1905.

Sworn to and subscribed before me, this the *6* day of *June* 1906.

H. G. Daniel
 Post-Office *Canton*

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

State of Georgia,

Cherokee County.

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

Given under my official signature and seal, this *6* day of *June* 1906.

W. J. Webb
 Ordinary *Cherokee* County.

NOTE.—Fill all blanks and of Company and Regiment.
 NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cherokee County.

Personally appears *H. G. Daniel* of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of *1829*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *F*, of *2nd* Regiment of *44* Volunteers *Bennings*'s Brigade; that whilst engaged in such military service in the State of *GA*, on the *6* day of *May* 1864, he was wounded, injured or diseased as follows:
Lost left arm

Deponent makes application for the pension to which he is entitled for the year ending October 25th, 1907. I have heretofore, under said law, as a resident of *Cherokee* County, been allowed an invalid pension of *One hundred* Dollars, for the year 1906.

Sworn to and subscribed before me, this the *11* day of *Jan* 1907.
H. G. Daniel
W. J. Webb Postoffice *Canton*

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

State of Georgia,

Cherokee County.

I, *W. J. Webb* Ordinary of said County, do certify that I am well acquainted with *H. G. Daniel* 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 *11* day of *Jan* 1907.

W. J. Webb
 Ordinary *Cherokee* County.

NOTE.—Fill all blanks and of Company and Regiment.
 NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

in such military service in the State of va, on the 6th day of May 1864, he was wounded, injured or diseased as follows:

Lost left arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Charlotte County, been allowed an invalid pension of One hundred Dollars, for the year 1905.

Sworn to and subscribed before me, this the

6th day of June 1906.

W. J. Webb Ord.

H. G. Daniel

Post-Office Center

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

State of Georgia,

Charlotte County.

I, W. J. Webb

Ordinary of said County.

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

Given under my official signature and seal, this 6th

day of June 1906.

W. J. Webb

Ordinary Charlotte County.



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

NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

Lost left arm.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Charlotte County, been allowed an invalid pension of One hundred Dollars, for the year 1906.

Sworn to and subscribed before me, this the

11th day of Jan. 1907.

W. J. Webb Ord.

H. G. Daniel

Postoffice Center

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

State of Georgia,

Charlotte County.

I, W. J. Webb

Ordinary of said County,

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

Given under my official signature and seal this 11th

day of Jan. 1907.

W. J. Webb

Ordinary Charlotte County.



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

NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

Audited Feb. 14 1889.

Wm. M. Smith
COMPTROLLER GENERAL

Sherokee

Maimed Soldiers.

Voucher No. 498.

Amount \$ 100.

Paid to Harry G. Daniel

For Loss of Left

Arm

Feb. 10 1889.

Included in Warrant No.

issued to Treasurer.

1889.

WARRANT CLERK

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

P. P. DeBree

Sherokee

Maimed Soldiers.

Voucher No. 286

Amount \$ 100

Paid to H. G. Daniel

For Loss Left

Arm

Feb. 5 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK

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

R. J. Jones

Daniel H. B.

75

1891.

Maimed Soldiers.

Voucher No. 582

Amount \$ 100

Paid to H. G. Daniel

For Loss of Arm

Feb. 11 1891

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

Robt. J. Jones
Center

For Loss of Left
Arm
Feb'y 14 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK

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

P. P. DaPee.

Paid to H. G. Daniel
For Loss of Left
Arm
Feb'y 5 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK

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

R. J. Jones

Amount \$ 100
Paid to H. G. Daniel
For Loss of Arm
Feb'y 11 1891

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

Roth J. Jones,
Clerk

No. 496

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. Feb'y 14 1889.

Mr. Henry G. Daniel of the County
of Cherokee having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act.

Dec. 24, 1888, and the same having been allowed for
Loss of Left Arm

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

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

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

\$100.
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hundred & 00/100 Dollars.
per above voucher, this 14 of Feb'y. 1889.

P. P. DaPee
for Henry G. Daniel

No. 286

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga., Feb'y 5 1890

Mr. Henry G. Daniel of the County
of Cherokee having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act.

approved, Dec. 24, 1888, and the same having been examined and allowed for

Loss of Left Arm
He is entitled to receive the sum of One Hundred & 00/100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

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

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

\$100
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hundred & 00/100 Dollars.
per above voucher, this 5 of Feb'y 1890

R. J. Jones
atty for Henry G. Daniel

Dec. 24, 1888, and the same having been allowed for
Loss of Left Arm
 He is entitled to receive the sum of *One Hundred & 00/100* Dollars
 for such disability, the same being the allowance due for the year ending October 24, 1889.
 The Treasurer will pay the same and hold this receipt on this voucher, and return same to
 Executive Department for warrant.
 By the Governor
W. H. Harrison
 CLERK EXECUTIVE DEPARTMENT.

100.
 RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hundred & 00/100 Dollars.
 per above voucher, this *14* of *Feb'y.* 1889.
S. P. Duperney
per Henry G. Daniel

Loss Left Arm
 He is entitled to receive the sum of *One Hundred* Dollars
 for such disability, the same being the allowance due for the year ending October 24, 1890.
 The Treasurer will pay the same and hold his receipt on this voucher, and return same
 to Executive Department for warrant.
 By the Governor,
W. H. Harrison
 CLERK EXECUTIVE DEPARTMENT.

100
 RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
One Hundred & 00/100 Dollars.
 per above voucher, this *5* of *Feb'y* 1890
Rt James
Henry G. Daniel

[Faint, mostly illegible handwritten text, possibly a receipt or ledger entry.]

1891.
 No. *582*
 STATE OF GEORGIA.
 EXECUTIVE DEPARTMENT. } *Atlanta, Ga. Feb'y 11, 1891.*

Mr. *H. G. Daniel* of the County
 of *Cherokee* having filed his application in the Executive
 Department for an allowance under the Act approved October 24, 1887, as amended by Acts
 approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Loss of Arm
 He is entitled to receive the sum of *One Hundred* Dollars
 for such disability, the same being the allowance due for the year ending October 24, 1891.
 The Treasurer will pay the same and hold his receipt on this voucher, and return same to
 Executive Department for warrant.

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

100
 RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia,
One Hundred Dollars.
 per above voucher, this *11* of *Feb'y* 1891.
Included in
ck No 404
Lucht's bk
Atty for
H. G. Daniel

[Faint, mostly illegible handwritten text, likely bleed-through from the reverse side of the document.]

Mr. *H. G. Daniel* of the County
of *Cherokee* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Loss of Arm
He is entitled to receive the sum of *One Hundred* Dollars

for such disability, the same being the allowance due for ending October 24, 1891.
The Treasurer will pay the same and hold his receipt for this voucher and return same to
Executive Department for warrant.

By the Governor, *H. J. Martin*
W. H. Harman
SECY EXECUTIVE DEPARTMENT

\$ *100*
RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia
One Hundred Dollars,
per above voucher, this *11* of *Sept*

Included in
CK No 404
Wchts BK
Robt J. ...
ally for
H. G. Daniel

Darby, Clarinda
Cherokee Co

On - No. 3
P. H. Jan 1911

Widow's Application

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

County *Cherokee*
Name *Clarinda Darby*
Widow of *N. C. Darby*

Approved

J. W. LINDSEY,
Commissioner of Pensions

Chas. P. Byrd, State Printer, Atlanta.

8/20/11

Widow of

N. C. Darby

Approved

J. W. LINDSEY,

Commissioner of Penitents

Chas. P. Byrd, State Printer, Atlanta.

8/20/10

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA.

Cherokee County.

Personally before me comes *Clarinda Darby* of said County, who, after being duly sworn, on oath says, that she is the widow of *N. C. Darby* to whom in the County of *Cherokee* State of *Georgia* she was married on the *7* day of *March* 18*64* and that she remained his wife, and resided with him to the date of his death in *April* 19*00* and that she has not since his death remarried. At the time of his death he was a resident of *Cherokee* County, in *Georgia* said State of Georgia, and he was on the *Indigent* Pension Roll of the State and paid a pension of *\$60.00* in *Cherokee* County for 19*10* per annum, on account of being a soldier in Company *43rd* Regiment *Georgia* (Volunteers of State Militia.)

At the death of *N. C. Darby* he was in the use and possession of the following property *Nothing now* of the cash value of \$ *None*

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

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

That she is now a bonafide resident citizen of said County of *Cherokee* and she has so continuously resided since *1845* day of *1st* 19*10*

Sworn to and subscribed before me, this the *12* day of *Aug* 191*0* *Clarinda Darby*
N. J. Webb Ordinary.
of *Cherokee* County.

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

STATE OF GEORGIA.

Cherokee County.

Certificates attached

Personally before me come _____ known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Mrs. _____ who made the foregoing affidavit, is the lawful widow of _____ who died in _____ County in said State of _____ on _____ day of _____ 19____ and that she has not since remarried. That she became the wife of _____ on the _____ day of 18____ and that she and he had resided together as man and wife continuously since _____ day of 18____ and that the _____ was the same man who was on the pension roll of said State _____ from _____ County _____ when he died.

Sworn to and subscribed before me, this the _____ day of _____ 191____
_____ Ordinary.
of _____ County.

Widow's Application

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

County *Cherokee*

Name *Clarinda Darby*

Widow of *N. C. Darby*

Approved

J. W. LINDSEY,

Commissioner of Penitents

Chas. P. Byrd, State Printer, Atlanta.

8/20/10

has so continuously resided since 1845 day of 19
Sworn to and subscribed before me, this the 12 day of Aug 1910
H. J. Webb Ordinary.
of Cherokee County.

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

STATE OF GEORGIA,
Cherokee County. *Certificates attached*

Personally before me come _____ known to be responsible
and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their
own personal knowledge Mrs. _____ who made the foregoing affidavit, is
the lawful widow of _____ who died in _____ County in
said State of _____ on _____ day of _____ 19 _____ and that she
has not since remarried. That she became the wife of _____ on the _____ day
of 18 _____ and that she and he had resided together as man and wife continuously since
_____ day of _____ 18 _____ and that the _____ was the
same man who was on the pension roll of said State _____ from _____ County
_____ when he died.

Sworn to and subscribed before me, this the _____
day of _____ 1910
_____ Ordinary.
of _____ County.

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,
Cherokee County.

Personally before me comes *W. Miller & F. M. Blackwell* who after being sworn on
oath says, that they are freeholders of said County, and that they know *Clarrinda Darby* of
said County and knew her said husband *W. C. Darby* at his death on the _____
day of *April* 1910 that she and he were in the use, possession and control of the following
property at his death to wit: *nothing*

of the value of \$ *000000* That she is now in the use, possession and control of the following
property to wit: *no property*

of the value of \$ _____
Sworn to and subscribed before me, this the _____
12 day of *Aug* 1910
W. J. Webb Ordinary.
of *Cherokee* County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
Cherokee County.

I, *H. J. Webb* Ordinary of said County, do certify, that, I
know Mrs. *Clarrinda Darby* the applicant for this pension and that she is the person
she represents herself to be, and that she is a bona fide continuing resident of said County and was on the

12 of Aug 1910
That I also know *H. J. Webb* witness as to marriage and I also know
W. Miller & F. M. Blackwell who I know to be a resident free holder of said County
that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are
truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of *Cherokee* County shows that *she* returned *no*
amount of *nothing* for 1908 \$ _____ for 1909 \$ *none* for 1910 \$ *none*

Sworn under my hand and official seal of office this *12* day of *Aug* 1910
(SEAL.) *H. J. Webb* Ordinary.
Cherokee County.

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

That I also know H. Smith witness as to marriage and I also know W. Miller & Malachuk who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of Cherokee County shows that she returned property to the amount of nothing for 1908 \$ none for 1909 \$ none for 1910 \$ none

Sworn under my hand and official seal of office this 12 day of Aug 1910

(SEAL.) W. J. Webb Ordinary.

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

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

3. All affidavits must be made before the Ordinary.

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

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

Application for Pension Due to a Deceased Pensioner

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)

(Under Act Approved August 15, 1904)

GEORGIA, CHEROKEE County.

Personally before me, the Ordinary of said County, comes W. H. DABBY of said County, who, after being sworn, on oath says that he knew MRS. CORRINDA DABBY of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in PICKENS County, in this State, on the SIXTEENTH day of APRIL 1926, and that a Pension a small amount was due pensioner and unpaid at the time of pensioner's death, and that pensioner left no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 7.40. per sworn statements fully and completely ITEMIZED hereto attached.

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

HIS
W. H. DABBY.
MARK.

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, CHEROKEE County.

I, FRANK P. BUNTZ, Ordinary of said County, do certify that I personally know W. H. DABBY, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew MRS. CORRINDA DABBY while in life and that this was the same person whose name appears on the Pension Roll of CHEROKEE County, and was paid a Pension of FIFTY (\$ 50.00) Dollars in said County for 1926, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this NINETEENTH day of APRIL 1926.
(Seal or Ordinary) Frank P. Buntz Ordinary
Cherokee County

INSTRUCTIONS:

1st. Requirs those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "Just, true, due, unpaid," etc.) "The above and foregoing account is rendered for services in the last illness or for funeral expenses, as the case may be) of CHEROKEE County, who died without owing sufficient property to pay this bill.

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

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

5th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipt.

6th. Return this application, and attached bills, with your final settlement, to the Pension Department.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

MADWELL & BROWN CO.
STATISTICAL
BUREAU
Knox, Tenn.

State of La. Pickens Co.
to and Minister of the Gospel, Judge, Justice
of the Superior Court or Justice of the Peace, or
person authorized to celebrate.
These License are to authorize you to join
in the bonds of Matrimony Newton C Derby
and Corinda Wilson according to the
Constitution and Laws of this State.
Given under my hand and Seal of Office
March 7 day 1864
W. H. Drimmer
Ordinary

I do certify that Newton C Derby and
Corinda Wilson were joined in the Holy
State of Matrimony by me this 7 day March
Jesse Redgett

I certify that the above are copies
of the records of the Marriage of
Newton C Derby and Corinda Wilson
as they appear on record now in my
Office
Given under my hand and official
Seal. This June 7 1910

A. W. McHann
Ordinary

a pensioner was due pensioner and unpaid at the time of pensioner's death, and that pensioner left ~~no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 7 4 0 0~~ per sworn statements fully and completely ITEMIZED hereto attached.

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

HIS
W. H. DARBY.
MARK.

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, CHEROKEE County.

I, FRANK P. BURTZ, Ordinary of said County, do certify that I personally know W. H. DARBY, who is a resident

citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew MRS. CORRINDA DARBY while in life and that this was the same person whose name appears on the Pension Roll of CHEROKEE County, and was paid a Pension of FIFTY (\$ 50.00) Dollars in said County for 1926, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this NINETEENTH day of APRIL, 1926.

(Seal or Ordinary)

MRS. DARBY DIED WHILE ON A VISIT TO
A DAUGHTER IN PICKENS COUNTY.
F.P.B.

Frank P. Burtz Ordinary
Charlottesville County

INSTRUCTIONS:

1st. Requires those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and date.

2nd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.)
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____ who died without owning sufficient property to pay this bill."

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

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

5th. The Ordinary signs pay roll, as Ordinary, for the pension and then disburses the money himself and takes receipts.

6th. Return this application, and attached bills, with your final settlement, to the Pension Department.

7th. Ordinary should see that the back of this blank, when folded, is filled out.

Given under my hand and Seal of Office
March 7 day 1864
W. H. DARBY
Ordinary

I do certify that Newton C. Derby and
Clarinda Wilson were joined in the Ho
State of Matrimony by me this 7 day March
Jesse Radgett

I certify that the above are copies
of the records of the Marriage of
Newton C. Derby and Clarinda Wilson
as they appear on Record now in
Office

Given under my hand and official
Seal, this June 7 1910

A. W. McHale
Ordinary

Darby Corinda (Mrs)

CHEROKEE County

1926

Application for Pension Due Deceased Pensioner (UNDER ACT 1919)

(To pay expense of last illness and funeral)
Frank P. Burtz Ordinary

For MRS. CORRINDA DARBY

Date of Death APRIL 16TH, 1926.

Amount \$ 74.00

Approved and ordered paid

John W. Clark
JOHN W. CLARK
Commissioner of Pensions
15 June 26

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.

COPY ORIGINAL ACCOUNT HERETO ATTACHED.

THE GEORGIA WAREHOUSE COMPANY STORE,

TATE, GEORGIA.

APRIL 16TH, 1926.

CHARLIE DARBY	DEBTOR.
TO ONE CASKET.	65.00
TO ONE MORE.	9.00
TOTAL	\$ 74.00

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

SWORN TO AND SUBSCRIBED BEFORE ME,
THE 19TH DAY OF APRIL, 1926.

Frank P. Burtz ORDINARY.

ATTEST
Frank P. Burtz ORDINARY.

W. H. DARBY.
MARK

CANTON, GA, JUNE 21ST, 1926.

RECEIVED OF FRANK P.
BURTZ, ORDINARY, SEVENTY FOUR DOL-
LARS, IN FULL PAYMENT ABOVE ACCOUNT.
W. H. DARBY.
MARK

1926

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

For Frank P. Burtz Ordinary

For MRS. CORRINDA DAREY

Date of Death APRIL 16TH, 1926.

Amount \$ 74.00

Approved and ordered paid

John W. Clark
15 June 26 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.

COPY ORIGINAL ACCOUNT HERETO ATTACHED.

THE GEORGIA MARBLE COMPANY STONE,

TATE, GEORGIA.

APRIL 16TH, 1926.

CHARLIE DAREY	DEBTOR.
TO ONE CASKET.	65.00
TO ONE HOME.	9.00
TOTAL	\$ 74.00

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

W. H. DAREY.
MARK

SWORN TO AND SUBSCRIBED BEFORE ME,
THE 19TH DAY OF APRIL, 1926.

Frank P. Burtz ORDINARY.
ATTEST
Frank P. Burtz ORDINARY.

\$74.00 TANTON, GA, JUNE 21ST, 1926.

RECEIVED OF FRANK P. BURTZ, ORDINARY, SEVENTY FOUR DOLLARS, IN FULL PAYMENT ABOVE ACCOUNT.
W. H. DAREY.
MARK

THE GEORGIA MARBLE CO. STONE
TATE, GA.

Date 4/16/26
Charlie Darey
To Frank P. Burtz
For Funeral Expenses
Amount \$74.00
Paid 74.00
Balance 00.00
26

*Darby, Frances E.
D.R. Cherokee Co.*

WIDOW'S APPLICATION

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

County	CHEROKEE.
Name	MRS. FRANCES E. DARBY.
Widow of	OLIVER P. DARBY.
Company	"P"
Regiment	1st. <i>Dea. State</i>
Date of Husband's Death	JAN. 6TH 1904.
Date of Marriage	DECEMBER 30th 1874.
Approved	<i>John W. Blank</i>
	OCT 31 1925

C. E. Anderson
Commissioner of Pensions.

10-31-25-8-

Ordinary's Certificate

STATE OF GEORGIA.

CHEROKEE COUNTY.

I, FRANK P. BERTZ, Ordinary of said County, certify that I know

MRS. FRANCES E. DARBY, the applicant for pension; that *SHE* is the person *SHE* represents

to be, and that *SHE* has been, continuously, a bona fide resident citizen of said State since

January 1st, 1890; that I also know J. H. DARBY, the witness as to

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

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

Sworn under my hand and official seal of office this 17th day of OCTOBER 1925.

Frank P. Bertz Ordinary

(SEAL OF ORDINARY) of CHEROKEE County

Instructions:

1. Before any questions are answered by the Ordinary and sworn applicant and the witness in the following words: "You do solemnly swear that you will truthfully answer the questions asked you and the ordinary you give shall be the whole truth. So help you God."
2. All affidavits must be made before the Ordinary of the County of residence.
3. All affidavits must be made before the Ordinary of the County of residence.
4. Attach certified copies of records of marriage, by some person, or by general population. Attached pensioners must use the Blue Book of the State of Georgia, and prove all facts of husband's service because Detailed Pensioners made no proof of service and were not required to do so.

before and the witness in the following words:
 of the questions asked you and the evidence you
 at.
 prove marriage, by some person, or by general
 and state and prove full term of husband's
 not were not required to do so.

of said County, certify that I know
 or person; that SEE is the person SEE repre-
 sona fide resident citizen of said State since
 the witness in to
 me before signing the respective affidavits.
 day of OCTOBER 1925
Frank P. Burtz Ordinary
CHEROKEE County

Date of Marriage. 18
 Approved John W. Beland
OCT 31 1925
O. E. Davidson
 Commissioner of Pensions.

10-31-25-8-

STATE OF GEORGIA.
 CHEROKEE COUNTY.

TO ANY MINISTER OF THE GOSPEL, JUDGE, JUSTICE OF THE
 PEACE, OR ANY PERSON AUTHORIZED TO CELEBRATE:

THESE ARE TO AUTHORIZE AND PERMIT YOU TO JOIN IN
 THE HONORABLE STATE OF MATRIMONY, OLIVER P. DAREY AND FRANCES E. WEAVER, ACC-
 ORDING TO THE CONSTITUTION AND LAWS OF THIS STATE; AND THIS SHALL BE YOUR
 AUTHORITY FOR SO DOING.

GIVEN UNDER MY HAND AS ORDINARY FOR THE COUNTY AFORESAID, THIS 30TH DAY OF
 DECEMBER, EIGHTEEN HUNDRED AND SEVENTY FOUR.

C. M. MCCLURE. ORDINARY.

STATE OF GEORGIA.
 CHEROKEE COUNTY.

I HEREBY CERTIFY THAT OLIVER P. DAREY AND FRANCES E.
 WEAVER WERE JOINED TOGETHER IN THE HOLY BANS OF MAT-
 RIMONY BY ME, ON THE 31ST DAY OF DECEMBER, EIGHTEEN HUNDRED AND SEVENTY FOUR.

(1374.)

F. M. WILLIAMS. M.G.

RECORDED APRIL 21ST, 1886.

C. M. MCCLURE. ORDINARY.

Don't know any
D. P. Burtz - C.

WIDOW'S APPLICATION

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

County	CHEROKEE.
Name	MRS. FRANCES E. DAREY.
Widow of	OLIVER P. DAREY.
Residence	17th St. Decatur, Ga.
Date of Husband's Death	JAN. 6TH 1874.
Date of Marriage	DECEMBER 30TH 1874.
Approved	<u>John W. Beland</u>
	<u>OCT 31 1925</u>
	<u>O. E. Davidson</u> Commissioner of Pensions.

Ordinary's Certificate

STATE OF GEORGIA.
 CHEROKEE COUNTY.

I, FRANK P. BURTZ, Ordinary of said County, certify that I know
MRS. FRANCES E. DAREY the applicant for pension; that SEE is the person SEE repre-
HERSELF SEE to be, and that SEE has been, continuously, a bona fide resident citizen of said State since
 January 1st, 1920; that I also know J. R. DAREY, the witness as to
 marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits,
 and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 17TH day of OCTOBER 1925.

(SEAL OF ORDINARY.)

of CHEROKEE County

Instructions:

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

GIVEN UNDER MY HAND AS ORDINARY FOR THE COUNTY OF CHEROKEE, THIS 21ST DAY OF
DECEMBER, EIGHTEEN HUNDRED AND SEVENTY FOUR.

C. M. McCLURE. ORDINARY.

STATE OF GEORGIA.
CHEROKEE COUNTY.

I HEREBY CERTIFY THAT OLIVER P. DARBY AND FRANCES E.
WEAVER WERE JOINED TOGETHER IN THE HOLY BANS OF MAT-
RIMONY BY ME, ON THE 31ST DAY OF DECEMBER, EIGHTEEN HUNDRED AND SEVENTY FOUR.

(1874.)

F. M. WILLIAMS. M. G.

RECORDED APRIL 21ST, 1886.

C. M. McCLURE. ORDINARY.

Ordinary's Certificate

STATE OF GEORGIA,

CHEROKEE COUNTY.

I, FRANK P. BURTZ Ordinary of said County, certify that I know
MRS. FRANCES E. DARBY the applicant for pension; that SHE is the person SHE repre-
HERSELF sent to be, and that she has been, continuously, a bona fide resident citizen of said State since
January 1st, 1920; that I also know J. R. DARBY, the witness as to
marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits,
and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 17TH day of OCTOBER, 1925.

(SEAL OF ORDINARY.)

of CHEROKEE County

Instructions:

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

APPLICATION FOR PENSION BY A WIDOW Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be Used by the Widow of a Disabled Soldier Pensioner.)

STATE OF GEORGIA,

CHEROKEE COUNTY.

Personally before me comes MRS. FRANCES E. DARBY of said County,

who, after having been duly sworn, says that she is the widow of OLIVER P. DARBY

to whom, in the County of CHEROKEE State of GEORGIA, she was married on

the 30TH day of DECEMBER 1874 and that she remained his wife, and resided with him to the

date of his death 6TH JANUARY 1924 and that she has not since his death remarried; at the time of

his death he was a resident of CHEROKEE County, in said State of

Georgia, and he was on the SOLDIER Pension Roll of the State and also a pension of

\$150.00 in CHEROKEE County for 1922 also for 1923 and 1924, on account of being a soldier

in Company "F" Regiment 1ST GA STATE (Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of Georgia, and she has, continuously, re-

sided there since 30th day of DECEMBER 1874. (DATE OF HER BIRTH)

Sworn to and subscribed before me, this the 17TH day of OCTOBER, 1925.

Frank P. Burtz Ordinary

of CHEROKEE County

(SEAL OF ORDINARY.)

Applicant.

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

STATE OF GEORGIA,

CHEROKEE COUNTY.

Personally before me comes J. R. DARBY known to be a

responsible and truthful person, residing in said County, who after having been duly sworn, says that,

of deponent's own personal knowledge, Mrs. FRANCES E. DARBY, who made the foregoing

affidavit, is the lawful widow of OLIVER P. DARBY, who died in CHEROKEE

County in said State of GEORGIA on the 6TH day of JANUARY, 1924 and

as shown by certified copy of marriage license, hereto attached,

that she has not since married; that she became the wife of OLIVER P. DARBY on

the 31ST day of DECEMBER 1874 that she and he had resided together as husband

and wife, continuously for more than thirty years ever since I can remember, (and that OLIVER P. DARBY

was the same man who was on the pension roll of said State of Georgia from CHEROKEE

County GEORGIA when he died.

Sworn to and subscribed before me, this the 17TH day of OCTOBER, 1925.

Frank P. Burtz Ordinary

of CHEROKEE County

(SEAL OF ORDINARY.)

MR. DARBY'S APPLICATION WAS APPROVED FOR

1922 PAYMENT. IN THE CLASS WHICH WERE NOT

PAID IN 1922 AND 1923. DIED BEFORE 1924

PAYMENT WAS MADE. ORDINARY.

date of his death 5TH 1924, and that she has not since his death remarried; at the time of his death he was a resident of CHEROKEE County in said State of Georgia, and he was on the SOLDIER Pension Roll of the State and a pension of \$150.00 in CHEROKEE County for 1922, ALSO FOR 1923 AND 1924, in Company "F" Regiment 1ST GA STATE TROOPS, (Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of Georgia, and she has, continuously, resided there since 30th day of DECEMBER 1847. (DATE OF HER BIRTH)

Sworn to and subscribed before me, this the 17TH day of OCTOBER, 1925.
Frank P. Buntz, Ordinary
of CHEROKEE County

Frances E. Darby
Applicant.

(SEAL OF ORDINARY.)

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

STATE OF GEORGIA,
CHEROKEE COUNTY.

Personally before me comes J.R. DARBY, known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. FRANCES E. DARBY, who made the foregoing affidavit, is the lawful widow of OLIVER P. DARBY, who died in CHEROKEE County in said State of GEORGIA on the 6TH day of JANUARY, 1925, and AS SHOWN BY CERTIFIED COPY OF MARRIAGE LICENSE, HERETO ATTACHED, that she has not since married; that she became the wife of OLIVER P. DARBY on the 31ST day of DECEMBER 1874; that she and he had resided together as husband and wife, continuously, FOR MORE THAN THIRTY YEARS, EVER SINCE I CAN REMEMBER, and that OLIVER P. DARBY was the same man who was on the pension roll of said State of Georgia from CHEROKEE County, GEORGIA when he died.

Sworn to and subscribed before me, this the 17TH day of OCTOBER, 1925.
Frank P. Buntz, Ordinary
of CHEROKEE County

J.R. Darby
MR. DARBY'S APPLICATION WAS APPROVED FOR 1922 PAYMENT. IN THE CLASS WHICH WERE NOT PAID IN 1922 AND 1923. DIED BEFORE 1924 PAYMENT WAS MADE.
ORDINARY.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Charlton County.

I, A. E. Darby

of Conroe

herby authorize

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

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1907.

Executed in presence of _____ [L. S.]

Darby, N. C.
Charlton Co. Ga. Nov 1906

Order Section 1264.
(FOR THOSE ALREADY ENROLLED)

Feb 13 1907

INDIGENT
SOLDIER'S PENSION
1907.

Name A. E. Darby
County Charlton
Co. C. Regiment 43 Ga

WARRANT ISSUED

FEB 13 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

No date

WARRANT ISSUED

FEB 13 1907.

JOHN W. LINDSEY,
Commissioner of Penitents.

WARRANT HANDED TO

Geo. W. HARRISON, STATE PRISON, ATLANTA.

day of Jan 1907.
[L. S.]

hereby authorize
and request that he remit same to

ORNEY.

in date

POWER OF ATTORNEY.

STATE OF GEORGIA,
County of Cherokee }
I, N. C. Darby, hereby authorize
M. J. Webb of Canton
to receive and receipt for the pension allowed, and request that he remit same to
at
by
Witness my hand and seal, this 2 day of Jan 1907.
[L. S.]
Executed in presence of
J. M. Blackwell

Darby, N. C.
Cherokee Co. Ga.
Jan 1907.

(FOR THOSE ALREADY ENROLLED)

Indigent
SOLDIER'S PENSION
1907.

Name N. C. Darby
County Cherokee
Co. C. Regiment 123 Ga.

WARRANT ISSUED

FEB 13 1907.

JOHN W. LINDSEY,
Commissioner of Penitents.

WARRANT HANDED TO

Geo. W. HARRISON, STATE PRISON, ATLANTA.

in date

Darby, N. C.
Cherokee Co. Ga.

Once Enrolled 1864.
(FOR THOSE ALREADY ENROLLED)

In Dec 60 7 1/2 1866

**INDIGENT
SOLDIER'S PENSION
1907.**

Name *N. C. Darby*
County *Cherokee*
Co. *C.* Regiment *43rd*

WARRANT ISSUED
FEB 13 1907.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO *C*

One W. H. Adams, State Printer, Atlanta.

711 date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cherokee County.

Personally appears *N. C. Darby* of *Cherokee*

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1842; that he is 64 years old and by occupation a *Farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *2 yrs* in Company *C*, of *43rd* Regiment of *Georgia* *Vol.*; that his physical condition is as follows: *Infirmity and poverty*

that his property consists of the following items: *Small amount of personal property*

of the value of *400* Dollars. I am now earning by my labor, *nothing* Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of *Cherokee* County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this *12* day of *Jan.* 1907.
N. J. Webb Ordinary.

State of Georgia,

Cherokee County.

I, *N. J. Webb* Ordinary of said County,

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

Given under my official signature and seal this *12* day of *Jan.* 1907.

Ordinary *N. J. Webb* County.

AD-2
1907
141
578

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

... during the war between the
States, and served for the term of 3 yrs in Company C, of 42 th Regiment
of Georgia Inf.; that his physical condition is as
follows: Infirmity and poverty

that his property consists of the following items: Small amount of
personal property

of the value of 40 Dollars. I am now earning
by my labor, nothing Dollars per month. That by reason of his
physical condition and poverty he is unable to support himself by his own exertion or
labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1907. I have heretofore, as a resident of Pickens
County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 12 day of Jan, 1907. N. G. Webb Ordinary.

State of Georgia,

Cherokee County.

I, N. G. Webb Ordinary of said County,

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

Given under my official signature and seal this 12
day of Jan, 1907. N. G. Webb

Ordinary Cherokee County.

AGE
your
own
date

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

STATE OF GEORGIA.

Ordinary's Certificate

COUNTY }

I, Charles M. Davis, Ordinary of said County, certify that I know the applicant Charles M. Davis for pension in the person he represents himself to be and resides in said county. That I also know Charles M. Davis the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 24 day of Aug 1921
of Cherokee County, }
(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You give shall be the whole truth, so help you God." You make to each of the questions asked you and the evidence you give shall be the whole truth, so help you God." 2. All affidavits must be sworn to before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Nash, O. P.
Cherokee County Ga.
No. 1
Oct 19 1921

Confederate
Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County Cherokee
Name O. P. Durbin
Company _____
Regiment 1st Reg. F. Jones
Approved _____

15

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

8/24/1921.

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

8/24/1921.

applicant and witnesses in the following words:
As of the questions asked you and the witnesses
in which the applicant or witness resides and

day of Aug 1921

any of said County, certify that I know
person he represents himself to be and
the witness swearing to the
y sworn by me before signing the foregoing
statements are entitled to full faith and

Ordinary's Certificate

STATE OF GEORGIA,

Cherokee COUNTY.

I, Jacob Massey, Ordinary of said County, certify that I know
the applicant, Cherokee, for pension is the person he represents himself to be and
resides in said county. That I also know, J. W. Lindsey, the witness swearing to the
service; that they are both residents of said county and were duly sworn by me before signing the foregoing
affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and
credit.

Sworn under my hand and official seal of office this 22 day of Aug, 1921
J. W. Lindsey Ordinary
of Cherokee County.
(SEAL)

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

Confederate Soldier's Application Under Act 1910-Amended by Act of 1919.

No. 10

County Cherokee

Name O. P. Darby

Company 1st

Regiment 1st

Approved J. W. Lindsey

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co. State Printers, Atlanta.

8/24/1921.

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

Questions For Applicants to Answer

STATE OF GEORGIA,

Cherokee COUNTY.

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

1. What is your name and where do you reside? (Give County and Post-office) O. P. Darby, Cherokee County, Ga.
2. How long and since when have you been a continuous resident citizen of this State? Since 1865
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? No
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) 1st
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge) Since
6. When and where was your Company and Regiment surrendered or discharged from the Service? Since
7. Were you actually present with your command when it was surrendered or discharged? No
8. If you were not actually present, state specifically and clearly where you were. Since
- a. Where was your command when you left it? Since
- b. When did you leave the command? Since
- c. For what cause did you leave? Since
- d. By whose authority did you leave? Since
- e. For how long was your leave granted? In what way? Since
- f. Why did you not return to your command after leave expired? Since
- g. In what way were you prevented? Since
- h. What effort did you make to return? Since
- i. Were you captured during the war? Since
- j. If so, when, and where? In what prison were you held and when were you released? Since
9. Are you drawing a pension of any amount from this State or the United States? Since
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? Since

Sworn to and subscribed before me, this the

22 day of Oct, 1921

J. W. Lindsey Ordinary

of Cherokee County.

(SEAL)

Asbury, O.P.
Chickasaw County
O.P. 1921

**Confederate
Soldier's Application**
Under Act 1910—As Amended by Act of 1919.

County *Chickasaw*
Name *O.P. Darby*
Company *1st*
Regiment *1st*
Approved *W.C.*

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

8/24/1921.

c. As you were not actually present, state approximately what county where you were.

a. Where was your command when you left it?

b. When did you leave the command?

c. For what cause did you leave?

d. By whose authority did you leave?

e. For how long was your leave granted? In what way?

f. Why did you not return to your command after leave expired?

g. In what way were you prevented?

h. What effort did you make to return?

i. Were you captured during the war?

j. If so, when, and where? In what prison were you held and when were you released?

9. Are you drawing a pension of any amount from this State or the United States?

10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?

Sworn to and subscribed before me, this the *22* day of *Oct*, 19*21*.
James H. Murray Ordinary
of *Chickasaw* County.
(SEAL)

BAD COPY---OR---LIGHT PRINT

Ordinary's Certificate

STATE OF GEORGIA,
Chickasaw COUNTY.

I, *James H. Murray*, Ordinary of said County, certify that I know the applicant, *O.P. Darby*, for pension is the person he represents himself to be and resides in said county. That I also know *W.C.* the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this *22* day of *Aug*, 19*21*.
James H. Murray Ordinary
of *Chickasaw* County.
(SEAL)

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

Asbury, O.P.
Chickasaw County
O.P. 1921

**Confederate
Soldier's Application**
Under Act 1910—As Amended by Act of 1919.

County *Chickasaw*
Name *O.P. Darby*
Company *1st*
Regiment *1st*
Approved *W.C.*

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

8/24/1921.

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

Questions For Applicants to Answer

STATE OF GEORGIA,
Chickasaw COUNTY.

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

1. What is your name and where do you reside? (Give County and Post-office)
O.P. Darby, Chickasaw County, Ga.

2. How long and since when have you been a continuous resident citizen of this State?
22 years

3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865? *No*

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
Chickasaw County, Ga.

5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge)
1864

6. When and where was your Company and Regiment surrendered or discharged from the Service?
Chickasaw County, Ga.

7. Were you actually present with your command when it was surrendered or discharged?

8. If you were not actually present, state specifically and clearly where you were.

a. Where was your command when you left it?

b. When did you leave the command?

c. For what cause did you leave?

d. By whose authority did you leave?

e. For how long was your leave granted? In what way?

f. Why did you not return to your command after leave expired?

g. In what way were you prevented?

h. What effort did you make to return?

i. Were you captured during the war?

j. If so, when, and where? In what prison were you held and when were you released?

9. Are you drawing a pension of any amount from this State or the United States?

10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?

Sworn to and subscribed before me, this the *22* day of *Oct*, 19*21*.
James H. Murray Ordinary
of *Chickasaw* County.
(SEAL)

Harry O. P.
Chickasaw County
 No. *1472*
Confederate
Soldier's Application
 Under Act 1910—As Amended by Act of 1919.

County *Chickasaw*
 Name *O. P. Darby*
 Company *1st*
 Regiment *1st Regt. F. Inf.*
 Approved *[Signature]*

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

8/24/1921

a. Where was your command when you left it? *Atlanta, Ga.*
 b. When did you leave the command? *Sept. 1864*
 c. For what cause did you leave? *Leave*
 d. By whose authority did you leave? *General Sherman*
 e. For how long was your leave granted? In what way?
 f. Why did you not return to your command after leave expired?
 g. In what way were you prevented?
 h. What effort did you make to return?
 i. Were you captured during the war?
 j. If so, when, and where? In what prison were you held and when were you released?
 9. Are you drawing a pension of any amount from this State or the United States?
 10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
 Sworn to and subscribed before me, this the *22* day of *Aug*, 19*21*
Joseph M. Knice Ordinary
 of *Chickasaw* County.
 (SEAL)

Questions for Witness as to Service

STATE OF GEORGIA
Chickasaw COUNTY }
J. H. Knice of said State and County is hereby presented as a witness in support of the application of *O. P. Darby* for the pension provided by the Act of 1910, as amended by the Act of 1919 in said State, and, after being sworn true answers to make to the questions propounded, answers as follows:
 1. What is your name and where do you reside? *J. H. Knice, Atlanta, Ga.*
 2. How long and since when have you known *O. P. Darby* the applicant? *since 1864*
 3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? *Ball Ground, Ga. because I was with him*
 4. When, where and in what Company and Regiment did *O. P. Darby* enlist during war from 1861 to 1865? (Give date and place.) *1861, Atlanta, Ga. 1st Regt. F. Inf.*
 5. How did you obtain your information of this Service? *by being with him*
 6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) *Mar. 1863, 1864 until he was captured*
 7. When and where was his command surrendered or discharged (give date and place) *Atlanta, Ga.*
 8. Were you personally present at the surrender? *No*
 9. If not, where were you and how came you there? *at home on furlough 28 days before surrender*
 10. Was the applicant personally present with his command at surrender? *No*
 11. If not where was he and how came him there? *in prison, Ga.*
 12. When did he leave his command? *1864* Where was his command when he left it? *Atlanta, Ga.* For what cause did he leave? *captured*
 By whose authority did he leave? *General Sherman* and how long was he granted leave?
 How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically.
Of my own knowledge I was with most of the
 13. In what way was he prevented from returning to his command?
 How do you know?
 14. What effort did he make to return to his command and how do you know?
 15. Was applicant captured as a prisoner? *Yes* If so, when and where? *Sept. 1864 Atlanta, Ga.* In what prison was he held? *do not know* and when released *do not know*
 Sworn to and subscribed before me, this the *22* day of *Aug*, 19*21*
Joseph M. Knice Ordinary
 of *Chickasaw* County.
 (SEAL)

since 1863
 3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? Ball Ground, Ga. Cherokee Co.
 since 1863 because I was with him
 4. When, where and in what Company and Regiment did O. P. Darby enlist during war from 1861 to 1865? (Give date and place.) 1st Co. 1st Regt. Ga. Inf. 1st Div.
 5. How did you obtain your information of this Service? By being with him
 6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) Mar. 1863. 1864 until he was captured
 7. When and where was his command surrendered or discharged (give date and place) Andersonville, Ga.
 8. Were you personally present at the surrender? No
 9. If not, where were you and how came you there? At home on furlough
 28 days before surrender
 10. Was the applicant personally present with his command at surrender? No
 11. If not where was he and how came him there? In prison, Capt.
 12. When did he leave his command? ~~March 1864~~ 1864. Where was his command when he left it? Atlanta, Ga. For what cause did he leave? Discharged
 By whose authority did he leave? and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically.
 Of my own knowledge. I was with most of it
 13. In what way was he prevented from returning to his command? How do you know?
 14. What effort did he make to return to his command and how do you know?
 15. Was applicant captured as a prisoner. Yes. If so, when and where? Sept. 1864
 Atlanta, Ga. In what prison was he held? In what prison was he held? and when released? do not know
 Sworn to and subscribed before me, this the 7th day of Aug. 1871 } Joseph W. K. K. K.
 Jas. W. K. K. K. Ordinary
 of Cherokee Co. County.
 (SEAL)

Oliver P. Darby
 Private Co. H
 1 Regt. Ga. State
 Troops was capt
 tured near Atlanta
 Ga. Aug. 13, 1864
 Released, Camp
 Chase, O., June
 11, 1865
 (M)

Oliver V. Darby
 Private Co. 1st
 Regt. Ga. State
 Troops was caps
 toward near Atlanta,
 Ga. Aug. 13, 1864
 Released, Camp
 Chase, O. June
 11, 1865
 (M)

J. W. LINDSEY
 COMMISSIONER OF PENSIONS
 ATLANTA, GEORGIA

11/26-1921

Adjutant-General,
 Washington, D. C.
 Dear Sir:

Please furnish me with such record as may be found in the
 Adjutant-General's Office of the War Department of *Oliver V. Darby*
of Co. H, 1st Ga. State Troops - Captured
near Atlanta Ga Sept 1864 - held a
prisoner at Camp Chase Ohio
 He is an applicant under the Georgia law for a Confederate
 soldier's pension, and his record in your Department, whether it
 is of his company roll or prison record, is wanted as evidence
 in his claim for a pension.

Yours respectfully,

J. W. Lindsey
 Commissioner of Pensions of Georgia
 RECEIVED
 OCT - 5 1921
 OLD RECORDS

11/26-1921

Adjutant-General,
Washington, D. C.
Dear Sir:

Please furnish me with such record as may be found in the
Adjutant-General's Office of the War Department of *OP Dandy*
of Co. H. 1st La. Inf. Super. Captain
from Quantico Va Sept 1864 - holds a
Pension at Camp Chase Ohio
He is an applicant under the Georgia law for a Confederate
soldier's pension, and his record in your Department, whether it
is of his company roll or prison record, is wanted as evidence
in his claim for a pension.

Yours respectfully,

Calvin

J. W. Lindsey

RECEIVED

FILE - 5 1921

OLD RECORDS

Commissioner of Pensions of Georgia

P. 6014-
Pension office 12-16th 1910.

Must state fully in the face of application every fact made necessary by law to be proven to make out a claim for pension. Can do this on information by widow, but must be proven to be true by a witness that knows it is true of his own personal knowledge accounting for husband to the close of the war.
Witness submitted only not known
J. W. Lindsey Com of Pensioners.

Day, E. F. (Mrs.)
10/24/10
11/15/11
No. _____
Widow's Pension
UNDER ACT 1910.
County Cherokee
Name Mrs. C. F. Day
Widow of E. M. Day
C. B-3 & Day
ENTERED ROSTER OFFICE
E 1958
J. W. LINDSEY,
Commissioner of Pension.
Chas. F. Byrd, State Printer.
10/24/10
11/15/11
11/14-1911

11/14-1911

Day, E. J. (Mrs.)
 5th Mar 1920
 100

Personally before me comes R. T. Westbrook who after

Personally before me comes R. M. Westbrook who after

own knowledge or how?
Sworn to and subscribed before me this the
10 day of Sept 1910
of Cherokee County.
Ordinary.
R. J. Eastman

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

Cherokee County.

Personally before me comes P. O. Cox who on oath says that they are freeholders of said County and that they know Mrs. C. F. Day of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows: 200 acre land Val. \$1250.
Personal property \$200.
Notes and accounts due \$
Total \$1450.

Schedule (B).
We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:

Personal property Mule & Cow \$165.50
Money, Notes and accounts \$

Schedule (C).
We also know what property she has now in her possession, use and control to wit:

200 Acres of land worth \$1250.
Horses and Mules \$
Cows and Hogs \$
Other property Home hold \$25.
Income and earnings \$

Total Value of all property and effects.

Sworn and subscribed before me this the

3

day of Sept 1910

of Cherokee County.

Ordinary.

Jas. P. Cox

Chas. F. Watson

State of Georgia--Cherokee County.

Personally appeared before me J M Reese a witness in support of the application of C. F. Day for the Pension under the Act of 1910, and after being duly sworn true answers to make, to the following questions, answers as follows:-

My name is J M Reese, live in Cherokee County, Ga.

I have known Mrs C F Day all her life, she has been in this all her life, I knew her husband E M Day, I lived in same neighborhood with them, was not at the marriage, but know by general reputation that they were married in 1860, lived together as man and wife since that time to the time of his death.

E M Day enlisted Oct 1861 in Milton County, Ga. in Comp. B, 38th Ga Reg. I was a member of same Company. Said E M Day remained with said Company untill late fall of 1864 when I was sent home on furlough, and later E M Day came home on a sixty days furlough, I saw him furlough, I saw him and know his condition, ~~we were~~ neighbors, he was nearly blind, and was suffering from Catarrh of the stomach. At the expiration of the 60 days he was not able to go back into the service, had his time extended another 60 days, and to my own personal knowledge he was a never able to go back into the service, He went to Resaca Ga. and was Payroled there, I saw his payroll many times afterwards.

J. M. Reese

Sworn to and subscribed before me,

Sept. 23, 1910.

J. M. Blackwell Chas. F. Watson
1864

I have known Mrs C F Day all her life, she has been in this all her life, I knew her husband E M Day, I lived in same neighbor-hood with them, was not at the marriage, but know by general reputation that they were married in 1860, lived together as man and wife since that time to the time of his death.

E.M. Day enlisted Oct 1861 in Milton County, Ga. in Comp. B, 38th Ga Reg. I was a member of same Company. Said E M Day remained with said Company untill late fall of 1864 when I was sent home on Furlough, and later E M Day came home on a sixty days furlough, I saw him Furlough, I saw him and know his condition, ~~we were~~ neighbors, he was nearly blind, and was suffering from Catarrh of the stomach. At the expiration of the 60 days he was not able to go back into the service, had his time extended another 60 days, and to my own personal knowledge he was never able to go back into the service, He went to Resaca Ga. and was Payroled there, I saw his payrole many times afterwards.

Sworn to and subscribed before me,

Sept. 23, 1910.

J. M. Reese
mark
(about mother & have - 1864)
J. H. Blackwell C. C. O.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY,

I, Charles DeBerry

W. M. D. of

hereby authorize

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

by

Witness my hand and seal, this

28 day of June, 1907.

Charles DeBerry [In S.]

Executed in presence of

DeBerry, Charles
Cherokee Co
June 1907

Code Section 1564.
(FOR THOSE ALREADY ENROLLED)

7th Battalion Co 1906

INDIGENT
SOLDIER'S PENSION
1907.

Name Charles DeBerry
County Cherokee
Co. A Regiment 4th

WARRANT ISSUED

FEB 13 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

24 det

WARRANT ISSUED
FEB 13 1907.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
 O
 Geo. W. H. BROWN, STATE PRINTER, ATLANTA.

day of June 1907.
 [L. S.]
 hereby authorize
 request that he remit same to

RNEY.

24 de

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee COUNTY.
 I, Charles Dewberry, hereby authorize
M. J. Webb of _____
 to receive and receipt for the pension allowed, and request that he remit same to
 _____ at _____
 by _____
 WITNESS my hand and seal, this 27 day of June 1907.
Charles Dewberry [L. S.]
 Executed in presence of
W. J. Webb

Dewberry, Charles
Cherokee Co
June 11th

Cons Bureau 1284.
 (FOR THOSE ALREADY ENROLLED)
F. J. Brown Co 1916
 INDIGENT
SOLDIER'S PENSION
1907.
 Name Charles Dewberry
 County Cherokee
 Co. C Regiment 1st

WARRANT ISSUED
FEB 13 1907.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDED TO
 O
 Geo. W. H. BROWN, STATE PRINTER, ATLANTA.

24 de

Barber, Charles
Cherokee Co. Ga. 1906

ONE SERVICE 1904.
 (FOR THOSE ALREADY ENROLLED)
In Father's Co. 1906

**INDIGENT
 SOLDIER'S PENSION
 1907.**

Name *Charles Barber*
 County *Cherokee*
 Co. *A* Regiment *1st*

WARRANT ISSUED
FEB 13 1907.
 JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO
C

Chas. W. Lindsey, State Printer, Atlanta.

76 de 6

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cherokee County.

Personally appears *Charles Barber* 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 *1844*; that he is *69* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *2 yrs.* in Company *C* of *9th* Regiment of *Ga* *Inf* and *Indians* (States *Co*) follows: *Infantry and Cavalry*

that his property consists of the following items: *nothing*

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

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of *Fullerton* County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the *29* day of *Jan* 1907. *W. J. Theobald* Ordinary.

State of Georgia,

Cherokee County.

I, *W. J. Theobald* Ordinary of said County,

do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and 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 *29* day of *Jan* 1907.

Ordinary *W. J. Theobald* County.

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

States, and served for the term of 2 yrs in Company G, of 2nd th Regiment
of 4th Ga. Inf. and Cavalry, that his physical condition is as
follows: Infirmary and poverty

that his property consists of the following items: nothing

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

Deponent desires to participate in the benefits of the Act approved December 15th,
1894, and the Acts amendatory thereof, and makes application for the pension to which he
is entitled for the year 1907. I have heretofore, as a resident of Wilkes
County, been allowed a pension for the year 1906. Chas. S. Lowrey

Sworn to and subscribed before me, this the 29
day of Jan, 1907. }
M. J. McRae Ordinary.

State of Georgia,

Wilkes County. }

I, M. J. McRae Ordinary of said County,

do certify that I am well acquainted with
the applicant in the foregoing affidavit, and am well satisfied that the statements made
by him in his said affidavit are true, and 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 29
day of Jan, 1907.

M. J. McRae
Ordinary Wilkes County.



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

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the law granting allowances to disabled soldiers, the following suggestions are submitted:

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability.
2. The law makes no allowance for a crippled hand, nor for a crippled foot, nor for an arm or leg, unless the arm or leg has been rendered *substantially and essentially* useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg; but the limb must for all purposes be rendered *substantially and essentially* useless.
4. If the application is for a pension, it should 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 amputation of a limb or stick, that the leg is not "substantially and essentially" useless.
5. It is more difficult to say when an arm is "substantially and essentially" useless. The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition, so that it is impossible for the soldier to perform any useful work, or to obtain these payments to such as were *most severely wounded and disabled*. In the case of soldiers with such injuries, who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment; if abused, it will naturally become unpopular and be repealed. If properly administered, will do great good.
6. Every application must be supported by a sworn statement, and affidavits are *added* to any of the affidavits, the applicant must be made *sworn to* before an officer, and the proofs must show that the statements have been duly sworn to.
7. The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discourage any man from making application unless he is entitled under the law. Hundreds of applications have been received and abandoned because they were not made in proper time, or because the applicant was not entitled to the money by which he was to be paid.
8. 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.

and applications to these points.

Dial, William

Dial, William 320
Cherokee Co

No. 987

Application for Allowance

FOR

Applicant *John C. Dial*

County *Cherokee*

Amount *25*

Date of Warrant *June 23/88*

Entered on Record,

June 23 1888

N. H. H.
Secretary Revenue Department

[illegible]

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the law granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted :

- the payments provided the following suggestions are submitted:
1. The evidence of the extent of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
 2. The law makes no allowance for a *crippled hand, nor for a crippled foot, nor for an arm or leg which has been rendered useless 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 an 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 the fair construction of the Act, and the views 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. It is more difficult to say when an arm is "substantially and essentially useless." The words are strong ones, however, and the injury must be very severe, and the arm in a badly damaged condition to entitle one to the allowance mentioned in the Act. A leg might be so injured that these payments would be due, but an arm would be *disqualified*. In the future they will doubtless provide for *all* who were badly injured, but the present law does not reach many worthy, needy cases. It was inaugurated as an experiment: if abused, it will naturally become unpopular and be repealed. If properly administered, will do great good.
 6. If papers are returned for correction, and amendments are *added* to any of the affidavits, the amendments *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.
 7. The Ordinaries know the condition of applicants better than the Governor or his Secretaries, and they are earnestly requested to discourage any man from making application unless he is entitled under the law. Hundreds of applications have been received and allowed, and the result is not only a waste of money, but it has caused much trouble. It is earnestly requested that the Ordinaries will not allow any man to make application unless he is entitled to it, and thus cause delays in making payments to those who are entitled; it puts parties to expense and trouble, and in the end causes bitter disappointment and mortification.
 8. 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, nor is any request to call the attention of the physicians and applicants to these points.

PERSONALLY appears WM. C. Liab of Cherokee county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such since the 15th day of January, 1867; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Captain in Company E, of Crook's Regiment of Volunteers Hampton's Brigade; that while engaged in such military service, at the battle of Little Rock, in the State of Virginia, on the 8th day of November, 1862, he was struck as follows: by a ball from musket or pistol ball about fifteen to twenty paces in front of the ball bed ing in the lumber region crushing the bone, the remains in my hip rendering me unfit for manual labor I was relieved from field duty becoming a sick wound the bullet or shot is still in my hip and is causing great pain in using the limb thus not being able to prevent me from making it unbecomingly painful

Dependent desires to participate in the benefits of the Act, approved October 24, 1887, and makes application for the allowance to which he is entitled thereunder.

Sworn to and subscribed before me, this 4th day of March, 1888 W. C. Liab

W. C. Goddards Not. and Ex-officio

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

PERSONALLY came before me _____ of the county _____ of _____ State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company _____, of _____ Regiment of _____ Volunteers, and that deponent knows _____, and that he received the wounds _____ (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds _____ (or disease) permanently disables the said _____, as stated by him in said affidavit. Deponent further states that said _____ is a bona fide citizen of this State, and resides in _____ county. Sworn to and subscribed before me, this _____ day of _____ 188 _____

The foregoing affidavit, changed to suit the facts, should be made by a commissioned officer of the Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

Dial, William C.
 "320"
 Dial, William C.
 Clarke Ct.

no. 987

Application for Allowance

FOR

Lupton, M. D.

Applicant *Spurlock Dial*

County *Cherokee*

Amount *25*

Date of Warrant *June 23 1885*

Entered on Record, *June 23 1885*

M. H. H.

Secretary & Receiver

Dial, Williams
3200
Dis. Williams
Cherokee Co
 no. 987
 Application for Allowance
 FOR
Left hand
 Applicant *Paul Dial*
 County *Cherokee*
 Amount *25*
 Date of Warrant *June 23 1885*
 Entered on Record
June 23 1885
M.H.

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

COMMISSIONED OFFICER'S AFFIDAVIT.
 STATE OF GEORGIA, }
 County. }
 PERSONALLY came before me _____ of the county
 of _____ State of Georgia, who, being duly sworn, says that he was
 a commissioned officer in Company _____ of _____ Regiment of
 Volunteers, and that deponent knows _____, and that he received the wounds
 (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds
 (or disease) permanently disables the said _____, as stated by him in said
 affidavit. Deponent further states that said _____ is a bona fide
 citizen of this State, and resides in _____ county.
 Sworn to and subscribed before me, this _____ day of _____ 1885
 The foregoing affidavit, changed to suit the facts, should be made by a commissioned officer of the Company or Regiment. If
 the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

STATE OF GEORGIA,
Cherokee County. }
 PERSONALLY came *M. S. Padon David S Bailey and*
W. D. Doty
 citizens of *Cherokee* county in said State,
 who, being duly sworn, say that they are acquainted with *Wm. C. Lial*
 and know that he received the wounds (or contracted the
 disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or
 disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this
 State, and resides in *Cherokee* county, and we are well satisfied that all the state-
 ments in his affidavit are true.
 Sworn to and subscribed before me, this _____ day of _____ 1885
J. W. Williams J. S. and Co. officers J. S.

STATE OF GEORGIA,
Cherokee County. }
 I, *O. W. Putnam* Ordinary of said county,
 do certify that I am well acquainted with *Wm. C. Lial* the
 applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said
 affidavit are true, and I know he is the individual he represents himself to be, and that he resides in
 this county. I also certify that the foregoing witnesses are persons of respectability, and that their
 statements are worthy of full credit and belief.
 I further certify that *the persons* before whom the foregoing
 affidavits were made and power of attorney was signed, *are officers as stated*
 of said county, and that the said affidavits and signatures thereto are genuine.
 Given under my official signature and seal, this *10* day of *May* 1885
O. W. Putnam
 Ordinary *Cherokee* County.

STATE OF GEORGIA,
Cherokee County. }
 PERSONALLY comes before me *O. W. Putnam* Ordinary of said county
O. S. Doty and *J. B. Green*, both known to
 me as reputable physicians of said county, who, being severally sworn, say on oath that they have
 carefully examined *Wm. C. Lial* and after such examination say that the
 applicant has been injured as follows *Gun shot wound in left hip*
penetrating nature still in his body a source of
irritation pain & cramp when in motion
kind of constant sharp riding on the bone or
very in any way in less comfort. J. B. Green says
I am his family physician & know that his suffering
is not an over statement, the ball is in near
his spinal cord & that he falls from a slight shock or misstep
and is much from the effects of the shot and
consequent irritation
 Sworn to and subscribed before me, this _____ day of _____ 1885
O. W. Putnam
 ORDINARY
 NOTE—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability
 resulting therefrom.
that his suffering from his wound is continuous.
that he is in great pain & that he falls down
from a slight shock or misstep.
that he is much from the effects of the shot and
consequent irritation.
J. B. Green

POWER OF ATTORNEY.
 STATE OF GEORGIA,
Cherokee County. }
 Know all men by these presents, That *Wm. C. Lial of Cherokee Co.*
will give of *Cherokee*
 county, in said State, do hereby appoint *said Wm.*
 of *Cherokee* my true and lawful attorney in fact, for
 me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the
 State of Georgia by reason of the injury received as aforesaid in the military service of the Confed-
 erate States (or of this State), as stated in the foregoing affidavit. Hereby authorizing my said
 attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of
 money which may be coming to me for the reason aforesaid.
 In witness whereof I have hereunto set my hand and seal, this _____ day of _____ 1885
W. C. Lial [L. S.]
 Executed in the presence of us:
O. W. Putnam
O. W. Putnam, Ordinary

STATE OF GEORGIA,

Cherokee County.

PERSONALLY comes before me *Wm. Putnam* Ordinary of said county
O. F. Setze and *H. E. Green*, both known to
 me as reputable physicians of said county, who, being severally sworn, say on oath that they have
 carefully examined *WM. C. Lial* and after such examination say that the

applicant has been injured as follows: *Gun shot wound in leg of hip
 in lumber region, ball still in hip or back of bone, no
 motion, pain, no motion, when in motion
 he can't sit, stand, ride, or walk, no motion
 or any way in back or front; H. E. Green says
 I am his family physician, and that this suffering
 is not a wound, and is continuous, the ball is in
 his spinal cord, and he falls from a slight shock or misstep
 and in a week from the locality of his wounds
 consequent irritation*

Sworn to and subscribed before me, this

12 day of May 1888

Wm. Putnam

ORDINARY

NOTE—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability
 resulting therefrom.
*that his suffering from his wound, has continued
 that he is in the great God that he falls down
 in a week from the locality of his wounds
 consequent irritation*

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all men by these presents, That I, *Wm. C. Lial* of Cherokee
Will Joann of Cobb
 county, in said State, do hereby appoint *said Joann*
 of *Cobb County* my true and lawful attorney in fact, for
 me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the
 State of Georgia by reason of the injury received as aforesaid in the military service of the Confed-
 erate 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 *12th*
 day of *May* 1888 *W. C. Lial* [L. S.]

Executed in the presence of us:

*N. Brooks**Wm. Putnam, Ordinary*

disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or
 disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this
 State, and resides in *Cherokee* county, and we are well satisfied that all the state-
 ments in his affidavit are true.

Sworn to and subscribed before me, this

12 day of May 1888

W. C. Lial and *W. F. Green*

NOTE—Above affidavit must be made by three citizens of the county of applicant's residence.

statements are worthy of full credit and belief.

I further certify that *the person* before whom the foregoing
 affidavits were made and power of attorney was signed, *are officers as stated*
 of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 10 day of May 1888

*Wm. Putnam*Ordinary *Cherokee* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Know all men by these presents, That I, *Wm. C. Lial* of Cherokee
Will Joann of Cobb
 county, in said State, do hereby appoint *said Joann*
 of *Cobb County* my true and lawful attorney in fact, for
 me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the
 State of Georgia by reason of the injury received as aforesaid in the military service of the Confed-
 erate 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 *12th*
 day of *May* 1888 *W. C. Lial* [L. S.]

Executed in the presence of us:

*N. Brooks**Wm. Putnam, Ordinary*

STATE OF GEORGIA,

Cherokee County.

PERSONALLY comes before me *Wm. Putnam* Ordinary of said county
O. F. Setze and *H. E. Green*, both known to
 me as reputable physicians of said county, who, being severally sworn, say on oath that they have
 carefully examined *WM. C. Lial* and after such examination say that the

applicant has been injured as follows: *Gun shot wound in leg of hip
 in lumber region, ball still in hip or back of bone, no
 motion, pain, no motion, when in motion
 he can't sit, stand, ride, or walk, no motion
 or any way in back or front; H. E. Green says
 I am his family physician, and that this suffering
 is not a wound, and is continuous, the ball is in
 his spinal cord, and he falls from a slight shock or misstep
 and in a week from the locality of his wounds
 consequent irritation*

Sworn to and subscribed before me, this

12 day of May 1888

Wm. Putnam

ORDINARY

NOTE—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability
 resulting therefrom.
*that his suffering from his wound, has continued
 that he is in the great God that he falls down
 in a week from the locality of his wounds
 consequent irritation*

Georgia Cobb County

Sworn to and subscribed before me
 this 24th day of March 1888*P. Coleman*

applicant has been injured as follows: *Gun shot wound in left hip, slumber region, ball still in hip, back of bone, no motion, no cent sit, stop riding, with long staccato on every way in back of foot. Dr. Greer says I am his family physician, that his suffering is continuous, the ball is in his spine, and that he falls from a slight shock or misstep, and is much from the locality of the ball and consequent irritation.*

Sworn to and subscribed before me, this

12 day of May 1888

ORDINARY

NOTE - The physicians will state fully the nature of the wound, and then give facts to show the extent of the disability resulting therefrom.
Ball is in hip, back of bone, no motion, no cent sit, stop riding, with long staccato on every way in back of foot. Dr. Greer says I am his family physician, that his suffering is continuous, the ball is in his spine, and that he falls from a slight shock or misstep, and is much from the locality of the ball and consequent irritation.

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

In witness whereof I have hereunto set my hand and seal, this *Penton* day of *May* 1888 *W. L. Cial* [L. S.]

Executed in the presence of us:

A Brooke
O. W. Putnam, Ordinary

disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this State, and resides in *Cherokee* county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

10 day of May 1888

J. W. Williams, A. S. and Officer J. S.

David J. Gailley
H. P. Gailley

NOTE - Above affidavit must be made by three citizens of the county of applicant's residence.

STATE OF GEORGIA,
Cherokee County.

PERSONALLY comes before me *O. W. Putnam* Ordinary of said county
O. S. Selge and *T. E. Greer*, both known to

me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *W. M. Cial* and after such examination say that the

applicant has been injured as follows: *Gun shot wound in left hip, slumber region, ball still in hip, back of bone, no motion, no cent sit, stop riding, with long staccato on every way in back of foot. Dr. Greer says I am his family physician, that his suffering is continuous, the ball is in his spine, and that he falls from a slight shock or misstep, and is much from the locality of the ball and consequent irritation.*

Sworn to and subscribed before me, this

12 day of May 1888

ORDINARY

NOTE - The physicians will state fully the nature of the wound, and then give facts to show the extent of the disability resulting therefrom.
Ball is in hip, back of bone, no motion, no cent sit, stop riding, with long staccato on every way in back of foot. Dr. Greer says I am his family physician, that his suffering is continuous, the ball is in his spine, and that he falls from a slight shock or misstep, and is much from the locality of the ball and consequent irritation.

statements are worthy of full credit and belief.

I further certify that *the persons* before whom the foregoing affidavits were made and power of attorney was signed, *are officers as stated* of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 10 day of May 1888

O. W. Putnam
Ordinary *Cherokee* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Cherokee County.

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

In witness whereof I have hereunto set my hand and seal, this *Penton* day of *May* 1888 *W. L. Cial* [L. S.]

Executed in the presence of us:

A Brooke
O. W. Putnam, Ordinary

Georgia Cobb County
Sworn to and subscribed before me
this 24th day of March 1888
P. Coleman, J. P.

Cherokee Co.

No. 1776.

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1989

Applicant *Dr. C. L. Cal*
 Disability from *High School*
 Name *men*
 YOM

County _____
City/Town/Village _____

Amount 50

Date of Warrant 4/13/

Entered on record

2887

✓
M M C

No additional data -

Dear Mary

NOTE.—State fully nature of wound or character of the extent of the disability.

STATE OF GEORGIA

Whisper County

PERSONALLY comes before me *John J. Quinn* Ordinary of said county,
Will L. Beane and *William H. Davis*, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined *Charles C. Cio* and after such
examination say that the applicant has been injured as follows: *See above*

examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this }
 day of April 1889 }
 William L. Dean M. D.
 William L. Dean M. D.

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

STATE OF GEORGIA,

Lithgow County.

County

Ordinary of said county.

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

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

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

Given under my official signature and seal, this 2^d day of April 188

Ordinary *Expend* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

Kings all Men by these Presents, That I, W. C. Dial
Governor of *Cherokee*
county, in said State, do hereby appoint *C. A. Summowdy*
of *Cobb county* my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled
to from the State of Georgia by reason of the injury received as aforesaid in the military ser-
vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby
authorizing my said attorney to receipt in my name for any Warrant that may be issued by
the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this

day of *Apr* 2 1889 *W. C. Cial* (L. S.)

Executed in the presence of us:

P. P. DuPont

DIRECTION:

Send money to me as follows, by

to)
County, Georgia.

P. O.

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.

6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.

7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

Know all Men by these Presents, That I, W. C. Dial of Cherokee County, in said State, do hereby appoint C. A. Winwoody my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid. In witness whereof I have hereunto set my hand and seal, this

day of Apr 2

1889

W. C. Dial (L. S.)

Executed in the presence of us:

J. P. Durkin

DIRECTION:

Send money to me as follows, by

to
County, Georgia.

P. O.

There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

Cherokee County.

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

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

Given under my official signature and seal, this 2nd day of April 1890.

William W. Putnam
Ordinary Cherokee County.

STATE OF GEORGIA,

Cherokee County.

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

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

Given under my official signature and seal, this 11 day of April 1891.

William W. Putnam
Ordinary Cherokee County.

APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 31, 1890.

Leg Sec. Dial
Applicant, W. C. Dial
County, Cherokee
Amount, 200
Date of Warrant, April 2nd 1890
Entered on record, April 10th 1890
No. 10
WARRANT HANDLED TO
W. C. Dial
W. J. Campbell, State Printer, Constitution and Office, Atlanta.

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Leg Sec. Dial
Applicant, W. C. Dial
County, Cherokee
Amount, 179
Date of Warrant, April 11th 1891
Entered on record, April 11th 1891
No. 11
WARRANT HANDLED TO
W. C. Dial
SECRETARY OF THE DEPARTMENT.
W. J. Campbell, State Printer, Constitution and Office, Atlanta.

to from the State of Georgia by reason of the right received in the territory of
vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby
authorizing my said attorney to receipt in my name for any Warrant that may be issued by
the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this

day of *Apr 2*

188*9*

W. C. Dial

(L. S.)

Executed in the presence of us:

J. P. Dickey

DIRECTION:

Send money to me as follows, by

to

County, Georgia.

P. O.

The certificate of any other will not be received in any case.

STATE OF GEORGIA,

Cherokee County.

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

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

Given under my official signature and seal, this *2nd* day of *April* 1890.

Othman W. Putnam

Ordinary *Cherokee*

County.

STATE OF GEORGIA,

Cherokee County.

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

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

Given under my official signature and seal, this *11* day of *Feb* 1891.

Othman W. Putnam

Ordinary *Cherokee*

County.

APPLICATION FOR ALLOWANCE

FOR THE YEAR BEGINS OCTOBER 31, 1890.

Leg. Sec. Dial
Applicant, *W. B. Deal*
County, *Cherokee*
Amount, *250*

Date of Warrant, *Apr 10*

Entered on record, *Apr 10*

1890

WARRANT HANDED TO

W. H. Putnam

W. J. Campbell, State Printer, Constitution for Office, Atlanta

Application for Allowance

FOR THE YEAR BEGINS OCTOBER 31, 1891.

Leg. Sec. Dial
Applicant, *W. B. Deal*
County, *Cherokee*
Amount, *250*

Date of Warrant, *Apr 10*

Entered on record, *Apr 10*

1891

WARRANT HANDED TO

W. H. Putnam

W. J. Campbell, State Printer, Constitution for Office, Atlanta

Dick, W.C.

1891
*Paid 74 C.
Cherokee*
PAID 1891

No. *1176*

Application for Allowance

FOR THE YEAR BEGINS OCTOBER 1st, 1891.

FOR

Seg Dick
Applicant,
Hobbs
County,
Se
Amount,

Date of Warrant, *7/19*

Entered on record

W.M.H.

1891

COUNTY CLERK'S DEPARTMENT.

WRARRANT ISSUED TO
A.A. Parker

GEO. W. HARRISON, STATE PRINTER, ALBANY, N.Y.

BAD COPY***OR***LIGHT PRINT

For Applicants Heretofore Allowed Pensions.
STATE OF GEORGIA,)

PERSONALLY appears *Wm. L. Darr* of *Hamstead* county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the *22nd* day of *1853*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Company* in Company *C*, of *6th* *Regiment* of *Volunteers* *1st* *Brigade*; that whilst engaged in such military service at the battle of *Antietam* in the State of *Maryland*, on the *17th* day of *September*, 1862, he was wounded as follows: *He was shot in the right arm and leg.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of \$6.60 per month, or \$79.20 dollars.

Sworn to and subscribed before me this the 16th day of April 1890

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all Men by these Presents, That I, *William B. Dial*
of *Ware, Berkshire*
County, in said State, do hereby appoint *William H. Perkins*

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
Second day of *April* 189*2*

Executed in the presence of us :

O. W. Putnam ordinary
H. L. Puckett

DIRECTION.

Send money to me as follows, by

to _____ P. O. _____

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

PERSONALLY appears John H. Wade of Cherokee County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 1 day of March, 1833; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company E of 8th Georgia of Infantry Volunteers Smith's Brigade; that whilst engaged in such military service at the battle of near City Washington in the State of Virginia, on the 8 day of March, 1862, he was

wounded as follows: By a bullet shot through the left
hip, the left arm, through the left breast, and
thigh, the left arm by a severe blow to the
face was disengaged, there was a severe
fracture of the scapula, liver, stomach,
back, pancreas and the spine & cœciferous

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

Sworn to and subscribed before me, this, the 11 day of Feb 1891. W. C. Wine

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

POWER OF ATTORNEY.

STATE OF GEORGIA

Cherokee County. }
Know all Men by these Presents, That I, John L. Steel
of Cherokee County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us:

Executed in the presence of us:

J. S. Lee
O. W. Patterson

DIRECTION

Send money to me as follows, by

to _____ P. O. _____

County, Georgia.

day of April 1890
D. W. Harrison
Note: State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY. STATE OF GEORGIA,

Cherokee County.
Know all Men by these Presents, That I, William B. Dial
of Monticello, Cherokee
William H. Harrison

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
Second day of April 1890 [L. S.]

Executed in the presence of us:

D. W. Harrison ordinary
H. B. Buckette

DIRECTION.

Send money to me as follows, by P. O.
to County, Georgia.

day of April 1891
D. W. Harrison
Note: State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY. STATE OF GEORGIA,

Cherokee County.
Know all Men by these Presents, That I, William B. Dial
of Cherokee County, State of Georgia, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of April 1891 [L. S.]

Executed in the presence of us:

D. W. Harrison ordinary
H. B. Buckette

DIRECTION.

Send money to me as follows, by P. O.
to County, Georgia.

BAD COPY--HOR--LIGHT PRINT

STATE OF GEORGIA.

Cherokee County.
I, Ordinary of said county,

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

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

Ordinary County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.
Know all Men by these Presents, That I, William B. Dial
of Cherokee County, State of Georgia, do hereby appoint

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

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

Executed in the presence of us:

D. W. Harrison ordinary
H. B. Buckette

DIRECTION.

Send money to me as follows, by P. O.
to County, Georgia.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name William B. Dial
County Cherokee
Disability
Amount \$ 50
Entered on record, May 7 1892.
W. H. HARRISON,
Secretary of Agriculture, Department
AGENT.
W. H. Harrison, State Printer, Atlanta, Ga.

William B. Dial
1890.
Dial, William B.
No. 4574
Application for Allowance
FOR THE YEAR ENDING OCTOBER 31, 1892.
Applicant, William B. Dial
County, Cherokee
Amount, \$ 50
Date of Warrant, May 7
Entered on record, May 7 1892.
W. H. HARRISON,
Secretary of Agriculture, Department
W. H. Harrison, State Printer, Atlanta, Ga.

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

SOLDIER'S PENSION.
1892.

FOR THE YEAR ENDING OCTOBER 26, 1892.

Name *W. C. Dial*
County *Cherokee*
Disability *Left hip, left leg, and back bone*
Amount \$ *270*
Entered on record *March 7, 1892*
W. H. HARRISON,
Secretary of War, Department of War.
AGENT.
W. H. Harrison
Gen. W. Harrison, War Office, Albany, Ga.

Seen and true
Cherokee Co.
1893.
Dial, William C.
No. *454*
Application for Allowance
For the Year Ending October 26, 1892.
Dr. Leg
Appl. Wm C Dial
County *Cherokee*
Amount, *270*
Date of Warrant, *3/11*
Entered on record, *4/1*
CLARK
1893.
WARRANT HANDED TO
James McGowan
Gen. W. Harrison, War Office, Albany, Ga.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cherokee County, }
PERSONALLY appears *W. C. Dial*
of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously since the _____ day of _____, 1833; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Captain* in Company *C*, of *1st Regt. Georgia Cavalry*, *Volunteers*, *Hampden's* Brigade; that whilst engaged in such military service at the battle of *Little Rock* in the State of *Va.*, on the _____ day of _____, 1862, he was wounded as follows: *by gun shot in left hip, left leg, and back bone* disabling left leg

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

Sworn to and subscribed before me, this _____ day of *March*, 1892.

Ordinary.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of *March*, 1892. *W. C. Dial* [L. S.]

Executed in the presence of us:

J. S. Lee
W. H. Harrison
DIRECTION.

Send money to me as follows, by _____

to _____

_____, County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cherokee County, }
PERSONALLY appears *Wm C Dial* of *Cherokee* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the _____ day of _____, 1833; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a *Captain* in Company *C*, of *1st Regt. Georgia Cavalry*, *Volunteers*, *Hampden's* Brigade; that whilst engaged in such military service at the battle of *Little Rock* in the State of *Va.*, on the _____ day of _____, 1862, he was wounded as follows: *gun shot in left hip, disabling left leg & hip, left leg, and back bone* disabling left leg

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

Sworn to and subscribed before me, this _____ day of *March*, 1893. *W. H. Harrison*

Ordinary.

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

STATE OF GEORGIA.

Cherokee County, }
I, *Allen C. Lavin* Ordinary of said County, do certify that I am well acquainted with *Wm C Dial* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

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

Given under my official signature and seal, this _____ day of *March*, 1893. *Allen C. Lavin*

Ordinary *Cherokee* County.

STATE OF GEORGIA.

POWER OF ATTORNEY.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Charlottesville County.

Know all Men by these Presents, That I, W. C. Dial of Charlottesville County, in said State, do hereby appoint W. C. Dial my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 7 day of March 1892.

Executed in the presence of us:
W. C. Dial [L. S.]
DIRECTION.
Send money to me as follows, by _____ to _____ County, Georgia.

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

STATE OF GEORGIA.

Charlottesville County.

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

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

Given under my official signature and seal, this 25 day of March 1893.
Allen C. Lamm Ordinary Charlottesville County.

STATE OF GEORGIA.
POWER OF ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Charlottesville County.

KNOW ALL MEN BY THESE PRESENTS, That I, W. C. Dial of Charlottesville County, in said State, do hereby appoint A. S. Clay my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 28 day of July 1895.

Executed in the presence of us:
W. C. Dial [L. S.]
DIRECTION.
If allowed, send amount by _____ to _____ and oblige, me at _____.

FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA.

Charlottesville County.

PERSONALLY appears W. C. Dial of Charlottesville County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of Georgia, and has been continuously since the _____ day of _____ 1831; that he enlisted in the military service of the Confederate States (or the State of _____) during the war between the States, and served as a Captain in Company B, of the 8th Regiment of Calvary Volunteers Hartford Brigade; that whilst engaged in such military service, at the battle of Near Little Washington in the State of Virginia on the 8 day of November 1862, he was disabled as follows: Wound shot in left thigh, base of leg, in front of knee, and disabling him from ordinary labor. I was shot also at Nov 1862. The ball went clean through my left hip and went clean up under the back bone, and is still there. Gives me constant pain and has since the wound. I am incapable of doing a days work. My urinary organs are seriously affected. My right hand is partially paralyzed. My right leg & side is partially paralyzed and I am rendered practically incompetent to perform the ordinary manual occupations of life. Deponent desires to participate in the benefits of the Act approved October 24th, 1887, and the Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26th, 1893.

Sworn to and subscribed before me this 25 day of July 1893.
W. C. Dial Ordinary.

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service. Note.—Do not trouble to mention wounds which do not disable.

Soldier's Pension.

1893.

Name W. C. Dial
County Charlottesville
Disability Body m a
Amount \$50.00
4/10
W. H. HARRISON, Secretary Revenue Department.
WARRANT HANDED TO A. S. Clay
Chas. W. Harrison, Auditor, Atlanta.

App. 4-10-1893
6th 1893
Charlottesville
W. C. Dial
A. S. Clay

App. = Jan 2, 1893
6th 1893
Shenandoah Co
July 3, 1893
Dea. W. C.

Soldier's Pension.

1893

Name W. C. Dea
County Shenandoah
Disability By a Gun
Amount \$50.00
4/10

1893.
W. H. HARRISON,
Secretary Executive Department.

WARRANT RETURNED TO
W. C. Dea
One W. Harrison, Room 10, Atlanta.

top but not in the hip and went clear up under the back bone and is still there - gives me constant pain and has since the wound - I am incapable of doing a days work - My urinary organs are seriously affected - my right hand is partially paralyzed - my right leg & side is partially paralyzed and I am rendered practically incompetent to perform the ordinary manual occupations of life
Deponent desires to participate in the benefits of the Act approved October 24th, 1887, and the Acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26th, 1893.

Sworn to and subscribed before me this the
25 day of July 1893
W. C. Dea
Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.
NOTE.—Do not trouble to mention wounds which do not disable.

Form 3.

Affidavit for Witnesses.

STATE OF GEORGIA.

County of Cherokee

PERSONALLY appears before me, the undersigned, Ordinary in and for said County,
M. L. Boston James H. Moss and
R. H. Willbanks each of whom, being duly sworn according to law,
severally say, under oath, that they are personally well acquainted with
Capt W. C. Dea whose application is herewith presented for a pension,
and that they served with him in the army, and from our personal knowledge he was injured by
the service as follows: (give full statement, and tell in your own language how badly applicant is
disabled from work. If he does any labor, or can do any, state what.)

By a Gun - shot wound in the left
hip, ball lodging in the back
causing a serious and almost fatal
wound and he was retired from
service on account of the injury -
He suffered intensely and it was
thought for some time he would
die - we have known him personally
ever since - he to our knowledge
has been a constant sufferer -
not able to work and we feel from
our knowledge of the wound - and
from seeing him almost every month
since that he is unable to perform
the ordinary vocations of life

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

Sworn to and subscribed before me this
25 day of July 1893
M. L. Boston
J. H. Moss
R. H. Willbanks
Ordinary.

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

Form 3.

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA.

County of Cherokee

PERSONALLY comes before me W. C. Dea Ordinary of said County,
Will L. Dean and William J. Pace, both known to
me as reputable physicians of said County, who being severally sworn, say on oath that they
have carefully examined W. C. Dea and after such personal examination
say that the applicant has been injured as follows: Gun-shot wound in lower lumbar
region Ball entering about 1/4 inch to the left of the spine, passing
beneath and behind the spine to the opposite side where it still remains
and infusing causing constant pain and weakness on the back rendering
him unable to do ordinary manual labor he has also suffered from
since the wound and is unable to retain this position except for
a short time which we believe to be due to a bone stated in previous
findings that the foot affected the applicant is not able to
grasp any thing in the hand only for a short time
said we state on account of the injury should
be considered is rendered practically incompetent to perform
the ordinary manual occupations of life - he is a Soldier
We have treated applicant professionally for 10 years.

Sworn to and subscribed before me this
25 day of July 1893
Will L. Dean
William J. Pace
Ordinary.

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

Form 4.

STATE OF GEORGIA.

County of Cherokee

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

Given under my official signature and seal this 25 day of July 1893
A. C. Coan
Ordinary of Cherokee County.

thought for some time he would die - we have known him personally ever since - he to our knowledge has been a constant sufferer - not able to work and we feel from our knowledge of the wound - and from seeing him almost every month since that he is unable to perform the ordinary vocations of life

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

Sworn to and subscribed before me this 25th day of July 1895
 A. B. Coon Ordinary.
 M. J. Boston
 W. J. Wicks
 R. A. McAllister

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

The ordinary married wife of the applicant of life in the army.
 We have treated applicant professionally for 10 years.

Sworn to and subscribed before me this 25th day of July 1895
 Will. L. Dean, Ord
 William J. Pace, Ord
 A. B. Coon Ordinary.

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

Form 4.

STATE OF GEORGIA.

Cherokee County.

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

Given under my official signature and seal this 25th day of July 1895.
 A. B. Coon Ordinary of Cherokee County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Wm. C. Dial hereby authorize W. J. Wicks of Woodstock Ga

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

at Woodstock Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11th day of July 1896.

W. C. Dial [L. S.]

Executed in presence of us

A. B. Coon Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Wm. C. Dial hereby authorize James M. Latham of Woodstock Ga

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

at Woodstock Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25th day of July 1897.

Wm. C. Dial [L. S.]

Executed in presence of

A. B. Coon Ordinary

Dispay to the ord of 10.50 per month

Dial, William C.
 Cherokee

ATTORNEY IN LAW.
 (For Those Already Enrolled.)

No. 2708

**SOLDIER'S PENSION.
 1896.**

Name Wm. C. Dial
 County Cherokee
 Disability Dis. & Reg.
 Amount, \$50.00, Dollars
 3/4

1896
 RICHARD JOHNSON,
 Secretary, Executive Department.

WARRANT HANDED TO
 A. B. Coon

Geo. W. Harrison, Auditor of Accounts.
 No Data

Dial, William C.
 Cherokee County

ACT OF 24 OCT. 1897.
 (For Those Already Enrolled.)

No. 3280

**INVALID
 SOLDIER'S PENSION.
 1897.**

Name Wm. C. Dial
 County Cherokee
 Disability Dis. & Reg.
 Amount, \$50.00
 4/8

1897.
 RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDED TO
 A. B. Coon

Geo. W. Harrison, Auditor of Accounts.
 No Data

Dial, William L.
Cherokee
ACT OF MARCH, 1862.
(For Those Already Enrolled.)
No. 2708
SOLDIER'S PENSION.
1896.
Name *Wm. L. Dial*
County *Cherokee*
Disability *Nerv. & Leg.*
Amount, *\$68.00, Dollars*
5/4 1896
RICHARD JOHNSON,
Secretary Executive Department.
WARRANT ISSUED TO *Wm*
Geo. W. Harrison, Treasurer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cherokee County.

Personally appears Mr. L. Seal of Cherokee

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen
and resident of said State, and has resided therein continuously ever since the
day of _____ 1893; that he enlisted in the military service of the Government

day of _____ 1863; that he enlisted in the military service of the Confederate 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 *Detachment* in Company *E* of *10th* Regiment

of *Govt* Volunteers, *Hampton*'s Brigade: that whilst engaged

in such military service in the State of Pa. on the 8 day

of *Nov* 1862 he was wounded, injured or diseased as follows:

He was wounded, injured or diseased as follows:
 Gunshot in Left Arm. R. 44 Co. 1. 1871

[Faint handwritten notes at the bottom of the page]

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Cherokee county been allowed a pension of Fifty dollars, for the year 1889 \$.

Sworn to and subscribed before me, this, the }
11th day of Feb 1896. } *W. C. Dick*

S. C. Corcoran

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

STATE OF GEORGIA, }
Cherokee County. }

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

Given under my official signature and seal, this 11th
day of Feb 1896.

Affix
your
seal
here.

Ordinary Blanchard County.

and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Charoche county been allowed a pension of Twenty dollars, for the year 1895.

Sworn to and subscribed before me, this, the 11th day of Feb, 1896.

A. L. Brown Ordinary

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

STATE OF GEORGIA,

Charoche County.

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

Given under my official signature and seal, this 11th day of Feb, 1896.



A. L. Brown
Ordinary Charoche County.

and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Charoche county been allowed an invalid pension of Twenty Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 23rd day of Feb, 1897.

A. L. Brown Ordinary

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

STATE OF GEORGIA,

Charoche County.

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

Given under my official signature and seal, this 23rd day of Feb, 1897.



A. L. Brown
Ordinary Charoche County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Charoche County.

I, Wm. B. Dial hereby authorize Wm. A. Wright of Atlanta Ga

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 21st day of Feb, 1896.

William A. Wright [L. S.]

Executed in presence of

A. L. Brown

POWER OF ATTORNEY.

STATE OF GEORGIA,

Charoche County.

I, W. B. Dial hereby authorize Geo. W. Brooke of Atlanta Ga

to receive and receipt for the pension paid hereon and request that he remit same to Wm. B. Dial by check at Woodstock Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 21st day of Feb, 1896.

W. B. Dial [L. S.]

Executed in presence of

A. L. Brown

(For Those Already Enrolled.)

No. 2126

**INVALID
SOLDIER'S PENSION.
1898.**

Name Wm. B. Dial

County Charoche

Disability Dis. from service

Amount, \$ 20.00

1898.

2/16

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

Wm. B. Dial

GEN. W. HARRISON, STATE PRINTER, ATLANTA

(For Those Already Enrolled.)

No. 3403

**INVALID
SOLDIER'S PENSION.
1898.**

Name Wm. B. Dial

County Charoche

Disability Dis. from service

Amount, \$ 20.00

1898.

2/15

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Brooke

GEN. W. HARRISON, STATE PRINTER, ATLANTA

Dead, William C.
 ACT OF 24 OCT. 1887.
 (For Those Already Enrolled.)
 No. 2126
INVALID
SOLDIER'S PENSION.
1898.
 Name Wm. C. Brial
 County Charleston
 Disability His arm
 Amount, \$ 210 1898.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDLED TO
Wm. C. Brial
 SEC. OF WAR, STATE PRINTER, WASH.

Dead, William C.
 ACT OF 24 OCT. 1887.
 (For Those Already Enrolled.)
 No. 3403
INVALID
SOLDIER'S PENSION.
1899.
 Name Wm. C. Brial
 County Charleston
 Disability His arm
 Amount, \$ 315 1899.
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT HANDLED TO
Wm. C. Brial
 SEC. OF WAR, STATE PRINTER, WASH.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Charleston County.

Personally appears Wm. C. Brial of Charleston County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1862; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company E, of 1st Georgia of Volunteers, Hampton's Brigade; that whilst engaged in such military service in the State of Ga, on the 8th day of Nov 1862, he was wounded, injured or diseased as follows:
Wounded in Left Hip Ball & Leg from
Shrapnel and Remains in Body now

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Charleston County been allowed an invalid pension of Twenty Dollars, for the year 1897.

Sworn to and subscribed before me, this, 11th day of July 1898. William C. Brial
A. C. Cunningham
 Notary Public for Georgia.

STATE OF GEORGIA,

Charleston County.

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

Given under my official signature and seal, this 11th day of July 1898.



A. C. Cunningham
 Ordinary Charleston County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Charleston County.

Personally appears Wm. C. Brial of Charleston County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of 1862; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company E, of 1st Georgia of Volunteers, Hampton's Brigade; that whilst engaged in such military service in the State of Ga, on the 8th day of Nov 1862, he was wounded, injured or diseased as follows:
Wounded in Left Hip Ball & Leg from
Shrapnel

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Charleston County been allowed an invalid pension of Twenty Dollars, for the year 1898.

Sworn to and subscribed before me, this, 11th day of July 1899. Wm. C. Brial
A. C. Cunningham
 Notary Public for Georgia.

STATE OF GEORGIA,

Charleston County.

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

Given under my official signature and seal, this 11th day of July 1899.



A. C. Cunningham
 Ordinary Charleston County.

and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Charleston county been allowed an invalid pension of \$150 Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 11th day of July, 1898. POST-OFFICE Wadestown

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

STATE OF GEORGIA,

Charleston County.

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

Given under my official signature and seal, this 11th day of July, 1898.



A. C. Burns
Ordinary Charleston County.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of Charleston County been allowed an invalid pension of \$150 Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 11th day of July, 1899. POST-OFFICE Wadestown

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

STATE OF GEORGIA,

Charleston County.

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

Given under my official signature and seal, this 11th day of July, 1899.



A. C. Burns
Ordinary Charleston County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Charleston County.

I, Wm. B. Dial hereby authorize Wm. B. Dial of Charleston County of the State of Georgia to receive and receipt for the pension paid hereon and request that he remit same to me in cash by check at Brunswick, Georgia

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

Executed in presence of

Wm. B. Dial [L. S.]
Wm. B. Dial

POWER OF ATTORNEY.

STATE OF GEORGIA,
Charleston County.

I, Wm. B. Dial hereby authorize A. C. Burns, Ordinary of Charleston County to receive and receipt for the pension paid hereon and request that he remit same to me by check at Brunswick

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11th day of July, 1901.

Executed in presence of

Wm. B. Dial [L. S.]
A. C. Burns, Ordinary

Dial, William B.
Charleston County

CODE SECTION 1900
(For Those Already Enrolled.)
No. 2862

**INVALID
SOLDIER'S PENSION.
1900.**

Name Wm. B. Dial
County Charleston
Disability Disability
Amount, \$ 150.00
Warrant issued July 11, 1900

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Wm. B. Dial
Geo. W. Harrison, State Printer, Atlanta.
Wm. B. Dial

Dial, William B.
Charleston County

CODE SECTION 1901
(For Those Already Enrolled.)
No. 2862

**DISABLED
SOLDIER'S PENSION.
1901.**

Name Wm. B. Dial
County Charleston
Disability Disability
Amount, \$ 150.00
Warrant issued July 11, 1901

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Wm. B. Dial
Geo. W. Harrison, State Printer, Atlanta.
Wm. B. Dial

Disal William C.
Cherokee County
No. 2441.
CODE SECTION 190.
(For Those Already Enrolled.)

**INVALID
SOLDIER'S PENSION.
1900.**

Name W. C. Disal
County Cherokee
Disability Discharged in service
Amount, \$ 50.00
Warrant issued May 2, 1900.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
W. C. Disal
Geo. W. Harrison, State Printer, Atlanta.

Disal William C.
Cherokee
CODE SECTION 190.
(For Those Already Enrolled.)

**DISABLED
SOLDIER'S PENSION.
1901.**

Name Wm. C. Disal
County Cherokee
Disability Discharged
Amount, \$ 50.00
7/12/1901.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
Wm. C. Disal
Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears W. C. Disal of Cherokee County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State and County, and has resided therein continuously ever since the 1st day of January, 1833; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Sergeant in Company C, of 6th Regiment of Georgia Volunteers, Hampton's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18th day of October, 1862, he was wounded, injured or diseased as follows:
He was shot in the left arm, the ball entering a ridge of bone, the bullet still remains there, rendering him quite disabled.

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1900. I have heretofore under said law as a resident of Cherokee County been allowed an invalid pension of Twenty Dollars, for the year 1899.

Sworn to and subscribed before me, this the 18th day of June, 1900. POST OFFICE Brumby, Georgia.

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

STATE OF GEORGIA,
Cherokee County.

I, A. B. Currie Ordinary of said County, do certify that I am well acquainted with W. C. Disal 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 28th day of January, 1900.
A. B. Currie
Ordinary Cherokee County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Cherokee County.

Personally appears Wm. C. Disal of Cherokee County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 1st day of January, 1833; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Sergeant in Company C, of 6th Regiment of Georgia Volunteers, Hampton's Brigade; that whilst engaged in such military service in the State of Georgia, on the 18th day of October, 1862, he was wounded, injured or diseased as follows:
He was shot in the left arm

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Cherokee County been allowed an invalid pension of Twenty Dollars, for the year 1900.

Sworn to and subscribed before me, this the 18th day of June, 1901. Postoffice Brumby, Georgia.

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

STATE OF GEORGIA,
Cherokee County.

I, A. B. Currie Ordinary of said County, do certify that I am well acquainted with Wm. C. Disal 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 18th day of June, 1901.
A. B. Currie
Ordinary Cherokee County.



Included in Warrant No.

dated by Treasurer

1889

WARRANT NO.

1776

Dial, William C.
Cherokee Co.

(FOR THOSE ALREADY ENROLLED)

No. 2109

DISABLED
SOLDIER'S PENSION
1902.

Name Wm. C. Dial
County Cherokee
Co. 6th Regt. Georgia
Disability Wound
Amount, \$60

1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. April 3 1889.

No. 1776
Mr. Wm. C. Dial of the County
Cherokee having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1883, and the same having been allowed for
Disability from War & 1864 service
He is entitled to receive the sum of Twenty Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor.

J. A. Harrison
CLERK EXECUTIVE DEPARTMENT.

J. B. Gordon
GOVERNOR.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this

3 of April 1889.

C. A. Harrison
for W. C. Dial

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears Wm. C. Dial of Cherokee
County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen,
and resident of said State, and has resided therein continuously ever since the first
day of January 1852; that he enlisted in the military service of the Con-
federate States (or of the State of Georgia) during the war between the
States, and served as a Lieutenant in Company E, of 6th Regiment
Volunteers, Hampton's Brigade; that whilst engaged
in such military service in the State of Virginia, on the eight day
of November 1862, he was wounded, injured or diseased as follows:
By gun shot wound in left hip,
ball lodging near spine and still
remains there, disabling him for
all manual labor.

Deponent makes application for the pension to which he is entitled for the year
ending October 26th, 1902. I have heretofore, under said law, as a resident of
Cherokee County, been allowed an invalid pension of
fifty Dollars, for the year 1901.

Sworn to and subscribed before me, this the 10 day of May 1902, at Brannock, Ga.
J. B. Gordon Clerk.

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

STATE OF GEORGIA,

Cherokee County.

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

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



J. B. Gordon
Ordinary Cherokee County.

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

LOWER OF 7 LOWER

of *Chesler* having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, Dec. 24, 1883, and the same having been allowed for *Disability from Sept 13th 1887* He is entitled to receive the sum of *Fifty 00* Dollars for such disability, the same being the allowance due for the year ending October 24, 1889.

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

By the Governor.

W. A. Harrison
CLERK EXECUTIVE DEPARTMENT.

W. A. Harrison
GOVERNOR.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this

3 of *April* 1889.

C. A. Kennedy by turn of
for W. C. Deal

amys Georgia Volunteers, *Hampton's* Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *eight* day of *November*, 1862, he was wounded, injured or diseased as follows: *By gun shot wound in left hip, ball lodging near spine and still remains there, disabling him for all manual labor.*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1902. I have heretofore, under said law, as a resident of *Cherokee* County, been allowed an invalid pension of *fifty* Dollars, for the year 1901.

Sworn to and subscribed before me, this the *10* day of *May*, 1902. Post-office, *Brannons, Ga*

J. B. Bannell
Notary Public for the State of Georgia.

STATE OF GEORGIA,

Cherokee County.

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

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



J. B. Bannell
Ordinary *Cherokee* County.

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

Audited 1891.

COMPTROLLER GENERAL

Deal, W. C.

1891.

Maimed Soldiers.

Voucher No. *1196*

Amount \$

Paid to *W. C. Deal*

For *Leg dis*

July 11 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. L. Paden

Audited

18

COMPTROLLER GENERAL

Storke

Maimed Soldiers.

Voucher No. *2718*

Amount \$ *50*

Paid to *W. C. Deal*

For *Leg disabled*

April 10 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

W. A. Harrison

Paid to *M. C. Dial*
For *Leg dis*
July 19 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

H. L. Paden

For *Leg disablen*
April 10 1890

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

W. H. Harrison

1891.
No. *1196*
STATE OF GEORGIA, }
EXECUTIVE DEPARTMENT. } *Atlanta, Ga. July 19 1891.*

Mr. *M. C. Dial* of the County
of *Cherokee* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Acts
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Leg dis
He is entitled to receive the sum of *Fifty 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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

By the Governor,

W. H. Harrison

SECY EXECUTIVE DEPARTMENT.

\$ *50*

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

Fifty 00/100 Dollars,
per above voucher, this *19* of *July* 1891.

M. C. Dial
Per W. L. Paden

No. *2718*
STATE OF GEORGIA, }
EXECUTIVE DEPARTMENT. } *Atlanta, Ga., April 10 1890*

Mr. *M. C. Dial* of the County
of *Cherokee* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved, Dec. 24, 1888, and the same having been examined and allowed for
Disablen leg
He is entitled to receive the sum of *Fifty 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.
The Treasurer will pay the same and hold *STATE OF GEORGIA* receipt on this voucher, and return same
to Executive Department for warrant.

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$ *50*

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty Dollars,
per above voucher, this *10* of *April* 1890.

W. H. Harrison

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 the same to
Executive Department for warrant.

By the Governor,

M. N. Hansen
Sec'y EXECUTIVE DEPARTMENT.

\$ 50

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

Fifty 100/100 Dollars,
per above voucher, this 19 of July 1891.

W. C. Dial
Per W. C. Dial

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

By the Governor,

M. N. Hansen
CLERK EXECUTIVE DEPARTMENT.

\$ 50

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty
per above voucher, this

Dollars

10 of April 1890
W. C. Dial

State of Georgia
Whitaker County, D. C. Dial, Sheriff,
in and to which I have been appointed,
that there has been no objection filed
in my office to me to certify said
land, knowing a State Pension
board under my hand & seal of office
about the 2nd 1891.

D. C. Dial, Sheriff
Whitaker County

Santon Ga
April 2nd 1895

A. S. Clay
Marietta Ga

Dear Sir
Enclosed I send
you Certificate of the Ordinary
and Clerk, Please let me
know the result as soon as
convenient.

Yours Truly
W. C. Dial
Woodstock Ga

Georgia Cherokee County.
This is to certify that I
was one of the Grand Jurors of
July Term 1894, of Cherokee Superior
Court, and some parties were
brought before our body to act upon
as pensioners, *W. C. Dial* was one
and no action were taken in any
of the parties represented,
and my recollection was, that
we left them as they were.
This April 2nd 1895

W. C. Willard G.S.C.

State of Georgia
Cherokee County, D. S. C. Court, do hereby
in and to Cherokee County, do hereby
that there has been no objection filed
in my office to the case of said
County, knowing a State Pension
known under my hand & Seal of office
about the 2nd 1895

D. S. C. Court, do hereby
of Cherokee County

and Clerk, "Please let me
know the result as soon as
convenient."

and Oblige
Yours Truly
W. C. Dial
Woodstock Ga

Georgia Cherokee County.
This is to Certify that I
was one of the Grand Jurors of
July Term 1894, of Cherokee Superior
Court, and some parties were
brought before our body to act upon
as pensioners, Wm C. Dial was one
and no action were taken in any
of the parties represented,
and my understanding was, that
we left them as they were.
This April 2nd 1895

W. N. Williams, G. S. C.

Buckner, John
Cherokee Co

No. 1056

Application for Allowance

FOR

Genl Disability - Head m.

Applicant *John Dickerson*

County *Cherokee*

Amount *25.*

Date of Warrant *Sept 12/88*

Entered on Record,

Sept 12 1888

W. H. Harrison

Secretary Executive Department.

Date of warrant *Sept 12 1888*
 Entered on Record,
Sept 12 1888
M. N. Harrison
 Secretary Executive Department.

No. 1056
 Application for Allowance
 of
John Dickerson
 Applicant
John Dickerson
 County
Cherokee
 Amount
25.
 Date of Warrant *Sept 12 1888*
 Entered on Record,
Sept 12 1888
M. N. Harrison
 Secretary Executive Department.

John Dickerson
Cherokee

STATE OF GEORGIA,
Cherokee County

PERSONALLY appears *John Dickerson* of *Cherokee* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such since the *14th* day of *September* 18*41*; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a *private* in Company *D*, of *38th* Regiment of *Georgia* Volunteers *Coequalto*'s Brigade; that whilst engaged in such military service, at the battle of *Ocaire Bend* in the State of *Alabama* on the *20th* day of *February* 1864, he was wounded as follows: *By a gun shot wound passing from right chest through the face to left side of face bleeding left eye, so that it is useless*

Not made in
O.K. Gen. Dickerson

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes application for the allowance to which he is entitled thereunder.

Sworn to and subscribed before me, this *15th* day of *July* 188*8*
John Dickerson
O. W. Putnam
 COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,
 County.

PERSONALLY came before me _____ of the county _____ State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company _____ of _____ Regiment of _____ Volunteers, and that deponent knows _____, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said _____, as stated by him in said affidavit. Deponent further states that said _____ is a *bona fide* citizen of this State, and resides in _____ county.
 Sworn to and subscribed before me, this _____ day of _____ 188*8*

The foregoing affidavit, changed to suit the facts, should be made by a commissioned officer of the Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

John D. Ataway
Ch. Putnam, ordinary
