

STATE OF GEORGIA.

Cherokee County.

I, George Cornelius Ordinary of said county,
do certify that I am well acquainted with L. C. Matton 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

George Cornelius
Ordinary Cherokee County.

Matton, L. C.
Cherokee Co.
No. 2296
5500

SOLDIER'S PENSION.
1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name L. C. Matton.

County Cherokee.

Disability Soldier's pension & private

Amount \$10

Entered on record

March 1892.

W. H. HARRISON,

Secretary, Pension Department.

AGENT.

W. A. Wright.

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

POWER OF ATTORNEY.

STATE OF GEORGIA.

Cherokee County.

Know all Men by these Presents, that L. C. Matton
of Cherokee County, State of Georgia, do hereby appoint

John Wright 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
5th day of March 1892.

L. C. Matton

Executed in the presence of us:
L. C. Matton
do certify that I am well acquainted with

Ordinary to Cherokee County.

Send money to me as follows, by express

to Homerlyville P. O.

Cherokee County, Georgia.

L. C. Matton

1892

Application for Pension

1893

Matton, L. C.

Cherokee Co.

1893

1893

1893

1893

1893

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1893

1893

Chinch County

PERSONALLY appears

October 1864, he was wounded as follows: by a Minié ball in the hand which caused the loss of the little finger and the first joint of the middle finger.

Dollars for *sa's disability*

Sworn to and subscribed before me this the

day of *March* 1892.

James Comstock Ordinary

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

Cling County

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

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 :

Send money to me as follows, by

DIRECTION.

to Hornesville Ga

P. O.

County, Georgia.

Clinch

PERSONALLY appears

which caused the loss of the little finger and the first joint of the next passing through it to a lamina breaking the metacarpus down to the little finger into several pieces.

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

Sworn to and subscribed before me, this, the

day of *April* 1893.

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.

Launched

1. George Bernard Shaw

.....Ordinary of said County

do certify that I am well acquainted with

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 I have read and understand the contents of this report.

before whom the foregoing affidavits were made, and power of attorney was signed, is a Justice of the Peace in and for said County, and the said affidavits and power of attorney are hereby acknowledged to be the acts and deeds of the said parties to the same.

Given under my official signature and seal, this 30th day of April, 1891.

1993

[Handwritten signature]

Know all Men by these Presents, That I, Ordinary Chin County

County

STATE OF GEORGIA

STATE OF GEORGIA
COUNTY OF ALCOHOLEN

BOMBER OF ATTORNEY A

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clint COUNTY.

Know all Men by these Presents, That I, *L. C. Matton*

of

County, State of Georgia, do hereby appoint *W. H. Harrison*

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 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 *the 8th* day of *March* 1894.

Executed in the presence of us

H. C. Matton

L. C. Matton

DIRECTIONS.

Send money to me as follows, by *express*

to *Homerville*

P. O.

Clint

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clint County.

KNOW ALL MEN BY THESE PRESENTS, That I, *L. C. Matton*

of

County, State of Georgia, do hereby appoint *W. H. Harrison*

of *Atlanta Ga* my true and lawful attorney in fact, for

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *28th* day of *January* 1895.

Executed in presence of us

C. H. Smith

George Harrison

DIRECTIONS.

Send money to me as follows, by *Express*

to *Homerville*

P. O.

Clint

County, Georgia.

L. C. Matton

(For Those Already Enrolled.)

No. *552*

Soldier's Pension.

1894.

Name *L. C. Matton*
County *Clint*
Disability *Loss of fingers*
Amount, \$ *10*

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

W. H. Harrison

Geo. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled.)

No. *3229*

SOLDIER'S PENSION.

1895.

Name *L. C. Matton*
County *Clint*
Disability *Loss of fingers*
Amount, \$ *10*

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

at

Geo. W. Harrison, State Printer, Atlanta.

W. H. Harrison

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Clinch County. }

PERSONALLY appears *L. C. Mattox* of *Clinch* 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* 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 *private* in Company *E*, of *5th* Regiment of *Cavalry* Volunteers *Robison's* Brigade; that whilst engaged in such military service at the battle of *Saltville* in the State of *Virginia*, on the *2nd* day of *October* 1864, he was wounded as follows: *in the left hand causing the loss of the little finger and the first joint of the next*

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

Sworn to and subscribed before me, this, the *5th* day of *March* 1894. } *L. C. Mattox*
George L. Corbin

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, }

Clinch County. }

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

Given under my official signature and seal, this *5th* day of *March* 1894.



George L. Corbin
Ordinary *Clinch* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Clinch County. }

PERSONALLY appears *L. C. Mattox* of *Clinch*

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* 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 *private* in Company *B*, of *5th* Regiment of *Cavalry* Volunteers, *Robison's* Brigade; that whilst engaged in such military service at the battle of *Saltville* in the State of *Virginia*, on the *2nd* day of *October* 1864, he was wounded as follows: *in the hand by a ball causing the loss of the little finger and the 1st joint of the next 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 *ten* dollars, for the year 1894

Sworn to and subscribed before me, this, the *28th* day of *January* 1895. } *L. C. Mattox*
George L. Corbin

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, }

Clinch County. }

I, *George L. Corbin* Ordinary of said County, do certify that I am well acquainted with *L. C. Mattox* 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* 1895.



George L. Corbin
Ordinary *Clinch* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Collier County.

I, *L. C. Matton* hereby authorize *W. A. Wright* of *Atlanta*

to receive and receipt for the pension paid hereon and request that he remit same to *L. C. Matton* by *Express* at *Homer'sville*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *4th* day of *February* 1896. *L. C. Matton* [L. S.]

Executed in presence of us

L. P. Horton
George Cornelius
Orleans

POWER OF ATTORNEY.

STATE OF GEORGIA,

Collier County.

I, *L. C. Matton* hereby authorize *W. A. Wright* of *Atlanta*

to receive and receipt for the pension paid hereon and request that he remit same to *me* by *express* at *Homer'sville*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *4th* day of *January* 1897. *L. C. Matton* [L. S.]

Executed in presence of

W. H. Kindly
George Cornelius
Orleans

Matton L. C.
Collier Co.
ACT OF MARCH 1897.
(For Those Already Enrolled.)
95 *Carroll*
No. *727*

SOLDIER'S PENSION.

1896.

Name *L. C. Matton*
County *Collier*
Disability *2 1/2 years*
Amount, \$ *10*

2/26 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

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

No data

Matton L. C.
Collier Co.
(For Those Already Enrolled.)
95 *Carroll*
No. *7488*

INVALID

SOLDIER'S PENSION.

1897.

Name *L. C. Matton*
County *Collier*
Disability *Wounded in*
Amount, \$ *10*

2/2 1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

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

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Clutch County.

Personally appears L. C. Matton of Clutch 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 1877; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company 2, of 5th Regiment of Cavalry Volunteers, Robinson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 2nd day of October 1864, he was wounded, injured or diseased as follows:

in the left hand by a minnie ball striking the little finger and the first joint of the next 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 Clutch county been allowed a pension of ten dollars, for the year 1895.

Sworn to and subscribed before me, this, the 4th day of February 1896. } L. C. Matton

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,

Clutch County.

I, George Bonadine Ordinary of said County, do certify that I am well acquainted with L. C. Matton 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 February 1896.



George Bonadine

Ordinary Clutch County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Clutch County.

Personally appears L. C. Matton of Clutch 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 1877; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company 2, of 5th Regiment of Cavalry Volunteers, Robinson's Brigade; that whilst engaged in such military service in the State of Georgia, on the 2nd day of October 1864, he was wounded, injured or diseased as follows:

wounded in the left hand by a ball causing the loss of the little finger and the first joint of the next finger, going through the hand to the wrist breaking up the metacarpal bone coming out at the wrist.

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 Clutch county been allowed an invalid pension of ten Dollars, for the year 1895.

Sworn to and subscribed before me, this, the 4th day of January 1897. } L. C. Matton
POST OFFICE Homerville

George Bonadine 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,

Clutch County.

I, George Bonadine Ordinary of said County, do certify that I am well acquainted with L. C. Matton 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 January 1897.



George Bonadine

Ordinary Clutch County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch County.

I, L. C. Malloy hereby authorize W. A. Right
Comd Bn of Atlanta Ga

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

L. C. Malloy by express

at Homerville

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2^d
 day of February 1898.

L. C. Malloy [L. S.]

Executed in presence of

L. C. Malloy
J. C. Kirkland
Geary Cornelia

Malloy L. C.
Clinch
 ACT OF 74-002-100

(For Those Already Enrolled.)

No. 1835

INVALID
 SOLDIER'S PENSION.
 1898.

Name L. C. Malloy
 County Clinch
 Disability 2 fingers lost
 Amount, \$ 10.00
2/15 1898.

RICHARD JOHNSON,
 Commissioner of Pensions.

WARRANT HANDED TO
W. A. Right

W. J. CAMPBELL, STATE PRINTER, ATLANTA.

W. A. Right

Audited May 23 1889.
W. A. Right
 COMPTROLLER GENERAL

Clinch

Maimed Soldiers.

Voucher No. 2260

Amount, \$ 10

Paid to L. C. Malloy

For Loss of

2 fingers

May 18 1889.

Included in Warrant No.

issued to Treasurer.

No Warrant 1889.

WARRANT CLERK.

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

W. A. Right

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

Personally appears L. C. Mattox of Chick 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 January 1863; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company 2, of 1st Regiment of 9th Cavalry Volunteers, Rebman's Brigade; that whilst engaged in such military service in the State of Virginia, on the 20th day of October 1864, he was wounded, injured or diseased as follows:

in the left hand by ball passing the little finger and the one next to it.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of Chick county been allowed an invalid pension of 10 Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 2nd day of February 1898. L. C. Mattox POST-OFFICE Chick

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

STATE OF GEORGIA,

Chick County.

I, George Cornelius Ordinary of said County, do certify that I am well acquainted with L. C. Mattox 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 February 1898.



George Cornelius
Ordinary Chick County.

No. 2260

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga. May 18. 1899.

Mr L. C. Mattox of the County
of Chick 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 2 fingers
He is entitled to receive the sum of Twenty Dollars
for such disability, the same being the amount 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.

10.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Twenty Dollars,
per above voucher, this 18 of May 1889.

L. C. Mattox
W. H. Harrison

Audited Mch. 12 1890
Wm. B. Wright
COMPTROLLER GENERAL.

Clinch

Maimed Soldiers.

Voucher No. 2428

Amount \$ 10.00

Paid to L. C. Mattox

For Loss of 2 fingers

Mch 10th 1890

Included in warrant No.
issued to Treasurer.

E. J. Hornum
WARRANT CLERK.

W. B. Wright, State Printer, Constitution Job Office.

W. B. Wright

AUDITED
Audited MAR 17 1891 1891.
Wm. B. Wright
COMPTROLLER GENERAL.

Mattox, L. C.
Clinch

1891.

Maimed Soldiers.

Voucher No. 2696

Amount \$ 10

Paid to L. C. Mattox

For Loss of 2 fingers

Mch 17 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

H. A. Wright

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 2438

Atlanta, Ga., March 10th 1890

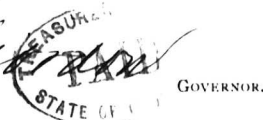
Mr. L. C. Matton of the County
of Clint having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved, Dec. 24, 1888, and the same having been examined and allowed for

He is entitled to receive the sum of Loss of 2 fingers 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.



\$ 10.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

per above voucher, this

10 Dollars,
of March 1890

L. C. Matton
W. H. Harrison

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

1891.

No. 2696

Atlanta, Ga., March 17 1891.

Mr. L. C. Matton of the County
of Clint 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 2 fingers
He is entitled to receive the sum of Ten 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.

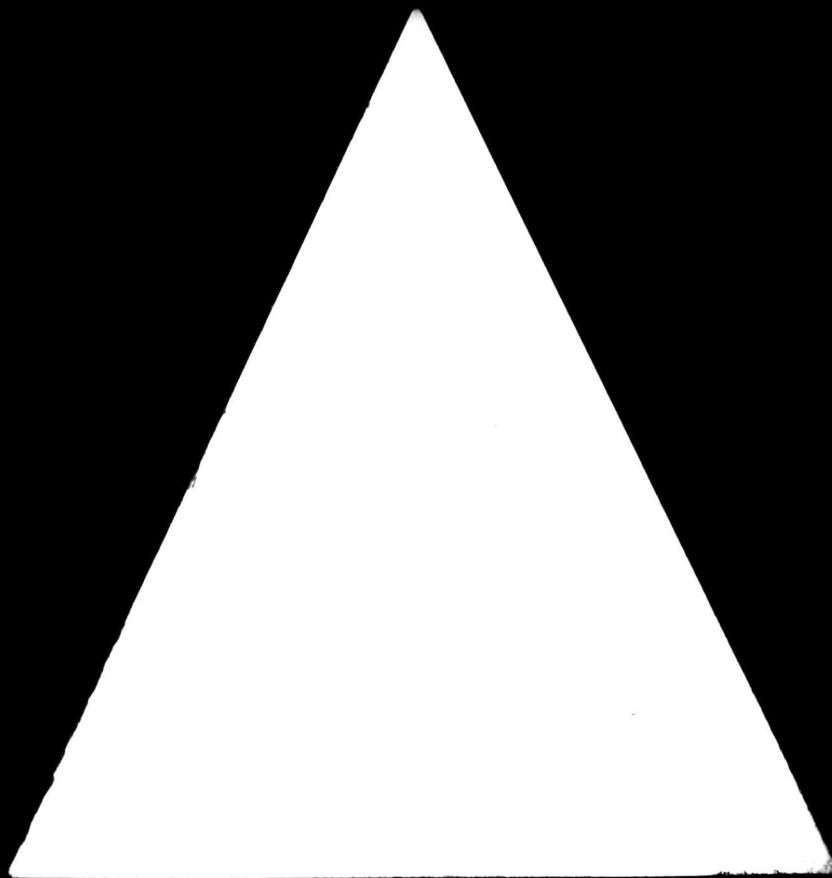


\$ 10

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

Ten dollars Dollars,
per above voucher, this 17 of March 1891.

L. C. Matton
W. H. Harrison



Clint Co. 22 1914

+

**Confederate
Soldier's Application.**

UNDER ACT 1910.

County *Clint*
Name *W. J. Melby*
Company *H. 1st Co.*
Regiment *1st Co. Cavalry*
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

CHAS. E. BYRN, State Printer, ALBANY.

4/8/14

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

Cherokee County, W. F. Melby of said State and County, hereby applies for the pension provided by Act of 1910, as 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) W. F. Melby
Cherokee County, Georgia, near the town of Dalton.

2. How long and since when have you been a continuous resident citizen of this State? Old Myself

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) Enlisted 1862 at Dalton, Ga. Co. 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 163rd, 164th, 165th, 166th, 167th, 168th, 169th, 170th, 171st, 172nd, 173rd, 174th, 175th, 176th, 177th, 178th, 179th, 180th, 181st, 182nd, 183rd, 184th, 185th, 186th, 187th, 188th, 189th, 190th, 191st, 192nd, 193rd, 194th, 195th, 196th, 197th, 198th, 199th, 200th, 201st, 202nd, 203rd, 204th, 205th, 206th, 207th, 208th, 209th, 210th, 211th, 212th, 213th, 214th, 215th, 216th, 217th, 218th, 219th, 220th, 221st, 222nd, 223rd, 224th, 225th, 226th, 227th, 228th, 229th, 230th, 231st, 232nd, 233rd, 234th, 235th, 236th, 237th, 238th, 239th, 240th, 241st, 242nd, 243rd, 244th, 245th, 246th, 247th, 248th, 249th, 250th, 251st, 252nd, 253rd, 254th, 255th, 256th, 257th, 258th, 259th, 260th, 261st, 262nd, 263rd, 264th, 265th, 266th, 267th, 268th, 269th, 270th, 271st, 272nd, 273rd, 274th, 275th, 276th, 277th, 278th, 279th, 280th, 281st, 282nd, 283rd, 284th, 285th, 286th, 287th, 288th, 289th, 290th, 291st, 292nd, 293rd, 294th, 295th, 296th, 297th, 298th, 299th, 300th, 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QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

Chick County.

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

1. What is your name and where do you reside? W. S. Haines in Chick County, Georgia
2. How long and since when have you known W. S. Haines the applicant? Since the year 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? in Chick County, Ga. since he has lived in State all his life.
4. When, where and in what Company and Regiment did W. S. Haines enlist during war from 1861 to 1865? (Give date and place) He enlisted in Co. H, 4th Georgia Cavalry, at Macon, Ga. in 1862.
5. How did you obtain your information of this Service? I saw him in Co. H, 4th Georgia Cavalry, in 1862 and I know him since.
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) He served in Co. H, 4th Georgia Cavalry, from 1862 to 1865.
7. When and where was his Command surrendered or discharged (give date and place) at Fort Fisher, N.C. in April 1865.
8. Were you personally present at the Surrender? Yes.
9. If not, where were you and how came you there? in this
10. Was the applicant personally present with his Command at surrender? He was not.
11. If not where was he and how came him there? He was wounded at Fort Fisher and taken to a hospital in N.C.
12. When did he leave his Command? in April 1865. Where was his Command when he left it? at Fort Fisher, N.C. for what cause did he leave? he was wounded. By whose authority did he leave? by the authority of the commanding officer. and how long was he granted leave? He was granted leave for 30 days. How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). By seeing him in Chick County, Ga. since he has lived in State all his life.
13. In what way was he prevented from returning to his Command? He was wounded. How do you know? By seeing him in Chick County, Ga. since he has lived in State all his life.
14. What effort did he make to return to his Command and how do you know? He was wounded.
15. Was applicant captured as a prisoner? He was not. If so, when and where? He was not. In what prison was he held? He was not.

Sworn to and subscribed before me, this the

25 day of April, 1913.

J. J. Bowles

Ordinary.

Chick County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Chick County.

Personally before me, John J. Bowles, who on oath says that they are freeholders residing in said County and are true and lawful citizens of the State of Georgia, the applicants 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.)

150 Acres of Land plus at about \$100 in value.
Personal Property, such as Hogs, Cattle, & Poultry.

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.) In 1905 he had about \$100 worth of stock which he had sold off for money to pay for his family.
2. What was the price paid or stated to be paid? Not known.
3. What relation is the party to applicant? None whatever.
4. What disposition was made of the proceeds of the sale? Not known.
5. Was the disposition of this property made in good faith and full value? Suppose so.
6. or was it made to obtain a pension? No.

Sworn to and subscribed before me, this the

4 day of April, 1913.

J. J. Bowles

Ordinary.

Chick County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Chick County.

I, J. J. Bowles, Ordinary of said County, certify that I know the applicant, W. S. Haines, for Pension is the person he represents himself to be and resides in said County. That I also know W. S. Haines & W. S. Haines the witness swearing to the service and C. H. Haines & A. S. Haines 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 Returns of Chick County shows that W. S. Haines and wife were for tax in 1905 \$100 for 1906 \$100 for 1910 \$100 and for 1911 \$100 and for 1912 \$100 and for 1913 \$100.

NOTE 1. The Ordinary shall certify that the applicant is the person he represents himself to be and resides in said County. That I also know the witness swearing to the service and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of the County shows that the applicant and wife were for tax in 1905 \$100 for 1906 \$100 for 1910 \$100 and for 1911 \$100 and for 1912 \$100 and for 1913 \$100.

Wittland for 1/10
Mr J Same & Minville for
Dear Mr Same I here with
since your affidavit of W.
S. Miley to accompany my
petition if this is a ruff
pleas let me know by
return mail. truly Every
person that was with me is
dead as far as I can learn
about them I send you
what I have got pleas writ
me at once your true friend
as ever W. S. Miley

Georgia } personally came W. S. Miley
Lawrence county } who being duly sworn.
Swith that he knows W. S. Miley and know
he started back to his command and
was cutoff by Sherman coming through
Georgia. and was stoped in Savannah
and there sent to Elphope 9 miles below
Savannah, this was the first of
November 1864. he remained there until
about the fourth of Savannah was
ordered to Savannah. and from there
he was ordered to Hardyville S. C.
there remained until Lee's surrender
The facts stated in the foregoing affidavit
are true. Sworn to before me
this 9 Aug 1915.

W. S. Miley

W. S. Miley
W. S. Miley

Georgia

STATE OF GEORGIA
OFFICE OF
The Ordinary, Clayton County
W. M. WRIGHT,
Ordinary and Attorney

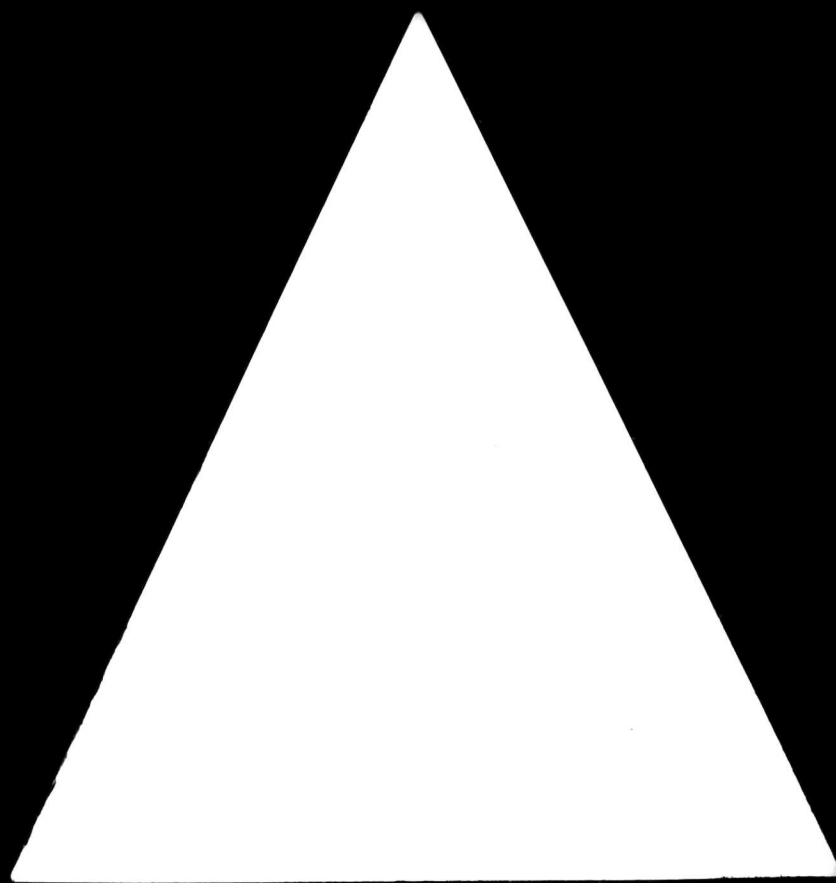
JONESBORO, GA.

Oct 13 1913

Judge, John, W. Lindsey
Atlanta Ga.

Dear Judge
In answer to your undoubted applica-
tion for Ed. Moody. We are very anxious
to get him on the list. He gave us his
property too high. Even if it was worth
\$1000 in 1908. It is not worth
now. I have selected men who
know it. honest & truthful as you see,
are Nelson present Representative of
Blacks former Senator, etc

This is Mr. Chaffin's Counsel & Capt
J.W. English says he was at last Rail Road.
We wish to see him turned down
with 40 acres because he is honest
while some others dodge the Tax Revenue
& get in, do what the law &
facts authorize. Very Truly Yours
W. M. Wright



Citizens of the North
to collect & must
have sent 1/20 day

APPLICATION FOR

Antislavery

FOR COMPENSATE SOLDIER

James M. Henshaw

County *Franklin*

Ind. *Franklin*

Amount *100*

Date of Warrant *1/10/50*

Page *1*

This paper is
in English. It is
a copy of the
original of the
citizens of the North
to collect & must
have sent 1/20 day

STATE OF GEORGIA.

Clinch County.)

Personally appeared before me Jacob Minsken of the county of Clinch, State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a Private in Company G, 50th Regiment of Georgia Volunteers that while engaged in such military service, to-wit: at the battle or engagement of Pettyburg in the State of Pennsylvania on the second day of July, 1863, he was wounded in the arm, and that the same was amputated above the arm that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has not supplied himself with an artificial leg; or that, not having done so, he prefers to supply himself with an artificial leg.

Sworn to and subscribed before me this 15th day of November, 1879.

C. J. Smith Clerk.

Jacob Minsken

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

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA.

County.)

Personally came before me of the county of State of Georgia, who, being duly sworn, depose and says that he was in Company Regiment and that the above deponent, was in said Company, and that this deponent knows that said lost a in the military service as said in the above affidavit. Sworn to and subscribed before me this day of 18.....

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

APPEARED FOR
JACOB MINSKEN
Commissioned Officer
Amount \$100
Date of Payment
C. J. Smith
Clerk

city was a 1/4 hour
to 1/2 hour & much
than last of sitting

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. GORTCHUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 10th, 1879.

A. O. BACON,
Speaker House Representatives.
RUFUS E. LESTER,
President Senate.
ALFRED H. COLQUITT, Governor.

STATE OF GEORGIA,

Clinch County.

Personally came W. L. Cowart Isaac Roberts
and Geo. W. Newbern
who, being duly sworn, depose and say they are acquainted with Jacob Minshew
and know that he lost a leg in the military service during the late war;
that said leg was amputated above the knee; 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 15th day of Nov 1879.
C. A. Smith CLK W. L. Cowart Isaac Roberts Geo. W. Newbern

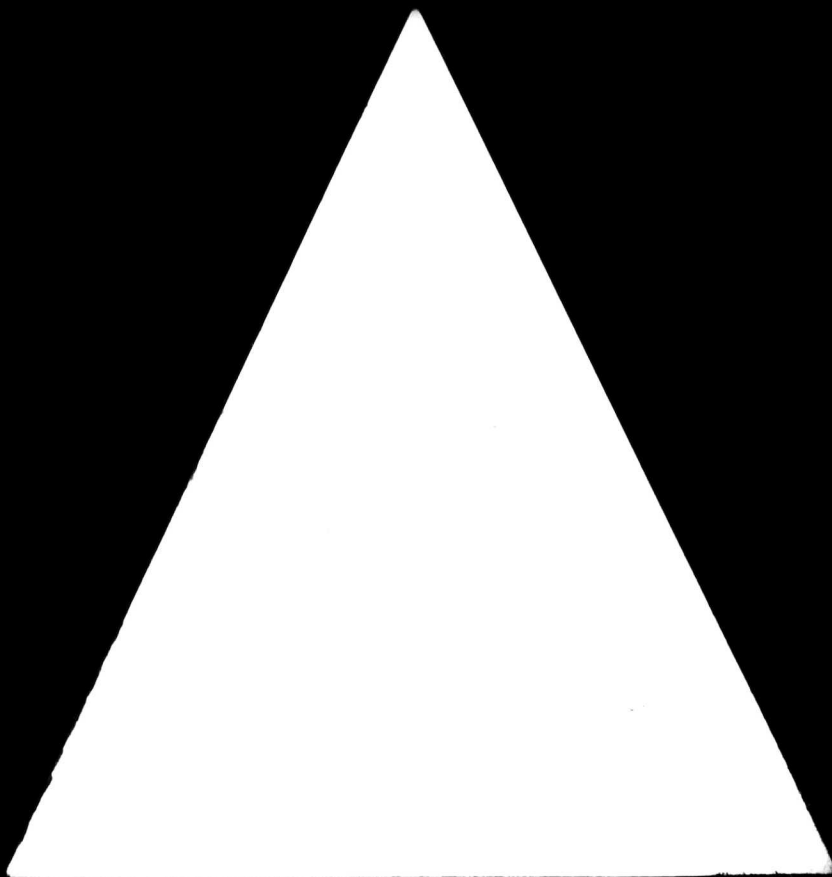
STATE OF GEORGIA,

Clinch County.

I, Moses Tomlinson, Ordinary of Said
county, do certify that I am well acquainted with Jacob Minshew
the applicant for a leg, and am well satisfied that the facts stated by him in the foregoing
affidavit are true, and that I am well acquainted with W. L. Cowart
Isaac Roberts and Geo. W. Newbern
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 15th
day of November 1879.

Moses Tomlinson
Ordinary Clinch Co.



Ordinary's Certificate

STATE OF GEORGIA,

Clinch COUNTY

I, W. H. Montgomery Ordinary of said County, do certify that I know Mrs. E. R. Moore the applicant for pension. She

is the person she represents herself to be and she is a bona fide continuing resident citizen of said County

and was on the 4th November 1906; that I also know she is

the witness who swears to the service of husband; that she is now residents of said County and

were duly sworn by me before signing the foregoing affidavits and that she is truthful, trust-

worthy, and her statements are entitled to full faith and credit.

(SEAL)

Sworn under my hand and official seal of office this 26th day of Oct. 1912
W. H. Montgomery Ordinary,
Clinch 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 that person are insufficient.
3. Affidavits must be sworn to before the Ordinary of the County in which the person to be sworn and certified by such Ordinary.
4. All affidavits must be made before the Ordinary of the person to be sworn and certified by such Ordinary.
5. A true certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Clinch
Name Mrs. E. R. Moore
Widow of H. M. Moore
Company Co. K 52th Inf Reg
Regiment _____
Approved [Signature]
[Signature]

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

10-28-1919

End mca. 41 62
1. 10. 6. 1915
2. 1. 2. 4. 29. 1915

Ordinary's Certificate

STATE OF GEORGIA.

CLINTON COUNTY.

I, M. V. Magnusson Ordinary of said County, do certify
that I know Mrs. E. A. Moon the applicant for pension. She
is the person she represents herself to be and she is a bona fide continuing resident citizen of said County
and was on the 4th November 1908; that I also know _____
the witness who swears to the service of husband; that she is ~~both of them~~ are now residents of said County and
were duly sworn by me before signing the foregoing affidavits and that she is ~~they both are~~ truthful, trust-
worthy, her ~~their~~ statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 26th day of Oct. 1919.
(SEAL) W. V. Mangrove Ordinary,
Clinch County.

- NOTES:
1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
 2. Additional affidavits may be attached if blank spaces are insufficient.
 3. Only widows who married prior to January 1st, 1881, are entitled.
 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by the Ordinary.
 5. Attached certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Widow's Pension

Under Act 1910—as Amended by Act of 1912.

County Chenab 11

NAME: Mrs E. A. Wood

Widow of Wm. Mot

Company Calicut Bank

Regiment -----

Approved

24-4-19

—

2145

ENTERED BOOKS

A schematic diagram of a 1D lattice chain. It shows a horizontal line with several dots representing lattice sites. A double-headed arrow labeled 'a' indicates the distance between adjacent sites. A vertical arrow labeled 'h' indicates the height of the chain. A small 'x' is marked on the chain.

Commissioner of Penitentiaries

Byrd Printing Co., State Printer, Alaska.

1901

•

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

Questions for Applicant

STATE OF GEORGIA.

..... Clinch COUNTY.

Personally before me comes Mrs. Clara Moore of said State and County, and, after being duly sworn, says that she desires to apply for a pension allowed under the Act of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? Mrs. Olga Moore, Church Co. Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? all my life
3. When, where and to whom were you married? Oct 2nd 1859. Dr. Brooks
Carmichael, Georgia. J. E. H. H. Moore
- a. Have you married since the death of first and soldier husband? no
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) March 1862
Barnes Company 4th Regt 50th Ala Inf Regt
5. When and where did the commands of your husband surrender or discharge from the army? Ch. of prisoner of Honor Virginia was captured a few days before the surrender of the army
6. Was your husband personally present at the time of the surrender or discharge of this command? yes
7. If he was not present state clearly where he was? he was present
8. Where was his command when he left? he was captured at the battle of Appomattox
- a. For what cause did he leave his command? (Specify date) he was captured at Appomattox
- b. By whose authority did he leave his command? Parson
- c. For how long was he granted leave of absence? 11
- e. What was his physical condition when he left his command? Very Bad
- f. What effort did he make to return to his command? Did not leave it
- g. In what way was he prevented from going back to Command? he was a Prisoner
- h. Was he captured by the enemy at any time? yes
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? detained at Parikh Fort after the battle of Appomattox
- j. When and where did your first husband die? Oct 2nd Nov 1862 Clinch Co. Ga.
- k. Were you residing together when he died? yes
- l. If not, how long had you resided apart? yes
- m. Are you now a widow? yes
9. Have you or your husband heretofore been paid a pension by the State? no
- If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the

26th day of Oct 1914
W. E. Magnuson Ordinary
of Clinch County.
(SEAL)

By authority of the Court of Sessions of the County of ...
As ordered by the Court of Sessions of the County of ...

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA.

Savannah COUNTY.

Personally before me comes B. F. Whittington who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? B. F. Whittington on Palmetto Savannah County Georgia
2. How long and since when have you known Mrs. W. R. Moore applicant? unknown of W. R. Moore deceased
3. How long and since when has she continuously resided in this State? (Give date.) since 1862
4. When and to whom was she married? W. R. Moore How do you know? told me
5. How long and since when did you know her husband? since 1862 until his death
6. When and where did W. R. Moore the husband of applicant die? in Clinch County Ga. 1881 or about that time
7. Were the applicant and her husband living together as husband and wife at the date of his death? yes
8. If not, how long did they live apart before his death? did not live apart Were they divorced? never separated
9. When, where and in what Company and Regiment did W. R. Moore enlist? in March 1862 in Brooks County Ga. Co. H. 52nd Regt.
10. Were you a member of the same Company? yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from June 1862 until he was captured
12. When and where did his Command surrender, and was discharged? at Vicksburg, Miss. 4/9/64
13. Were you personally present when it was surrendered? yes If not, where were you? I was at Vicksburg and how came you there? I was there on business
14. Was the husband of applicant personally present at surrender? yes If not where was he? he was captured When, where and for what cause did he leave Command? (Give date.) he was captured 4/9/64 By whose authority did he leave his Command? did not leave And how long was he granted leave? he was a member of Co. H. 52nd Regt. 2nd Div. 18th Corps. 1862-1864
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? he was a prisoner at Vicksburg
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? he was a prisoner - hands of enemies

Sworn to and subscribed before me this the

18 day of Oct 1864

J. H. Nelson Ordinary

of Savannah County.

(SEAL)

B. F. Whittington

GEORGIA....LOWNDES COUNTY.

I, T.N.Holcombe, Ordinary of said County, do hereby certify that I know B.F.Whittington, the witness signing in the within application for Pension, that he is a bona fide resident of Lowndes County, Georgia, and was on the 4th day of November 1908; that he was duly sworn by me before signing the within affidavit, and that he is truthful, trustworthy, and his statements are entitled to full faith and credit.

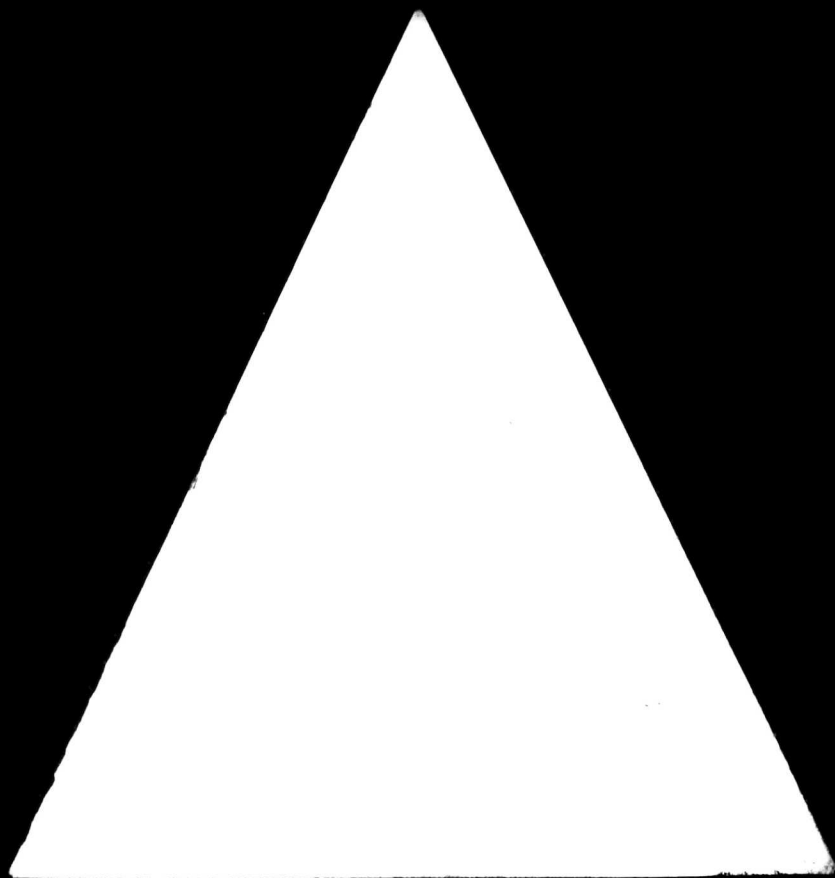
Sworn under my hand and official seal of office, this 28th day of Oct. 1919.

T.N. Holcombe

Ordinary, Lowndes County, Georgia.

..

..



POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch County,

I, Mary Ann Moore, hereby authorize
M. A. Wright of St. Louis, Mo.
to receive and receipt for the pension paid hereto, and request that he remit same to
M. A. Wright at St. Louis, Mo.

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

day of January, 1902.

Executed in presence of

W. H. Howell

W. H. Howell
[Notary Public, S.]

Moore, M. M. (Mrs)

Clinch County

To Those Heretofore Paid.

1902.

No. 2794.

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. M. M. Moore

OF

Clinch County,

Widow of

Co. _____ Regiment _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

AND HANDLED TO 264 1902

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clutch County.

I, Mrs. M. Moore, hereby authorize

W. A. Wright of Hulton

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

W. L. Howell at Honolulu

In Witness Whereof, I have hereunto set my hand and seal, this 23

day of January 1902.

Mrs. M. Moore [L. S.]

Executed in presence of

W. L. Howell

Moore, M. M.
Clutch, County
To Those Heretofore Paid.

1902.

No. 2794.

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. M. Moore

OF Clutch County,

Widow of

Co. Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDLED TO

23

23

CHAS. W. HARRISON, State Printer, Atlanta, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clint County

I, Wm. A. Wright, hereby authorize
W. A. Wright of Clint County

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

W. L. Howell at Howellville Ga

In Witness Whereof, I have hereunto set my hand and seal, this 23

day of January 1902.

Executed in presence of

W. L. Howell

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. W. M. Moore

OF

Clint County,

Widow of

Co. _____ Regiment _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDLED BY

23

1902

U. S. W. LINDSEY, 1000 PENSION, ALBANY, GA.

Moore, W. M. (m)
Clint County
 To Those Heretofore Paid.

1902.

No. 2794.

1902 JAN 23 11:00 AM RECEIVED ALBANY

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Clutch

PERSONALLY COMES Mrs.

Mrs. M. Moore

who, being sworn, says on oath, that she is a bona fide resident of said County of Clutch State of Georgia, and that she has resided in said State continuously ever since 1845. That she is the Widow of

John Moore, who was a soldier in Company of the 36th Regiment of Volunteers

Volunteers, that he enlisted in said regiment on or about the month of July 1863, and served in the Army up to 1864. That he lost his life on the day of 1864 (State here

particulars of the husband's death, when, where and from what cause) my husband was shot in the back while in Va. and died in about 5 days

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 18

I have been paid a pension as a resident of Louder 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 23 day of January 1902.

W. F. Howell Ordinary.

Post-Office

Honolulu

State of Georgia,

County of ClutchI, W. F. Howell

Ordinary of said County, certify that I am well acquainted with Mrs. M. Moore, 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 Year 1845

Given under my official signature and seal, this the 22 day of January 1902.



Official Seal

Ordinary of

Clutch County.

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

This was granted under a transfer from Louder County for 1902

NOTE.—All blank spaces must be filled.
Voucher and affidavit must bear date after January 1st, 1900.

This was granted under a transfer
from Lowndes County. for 92 1902
W. H. H. H.

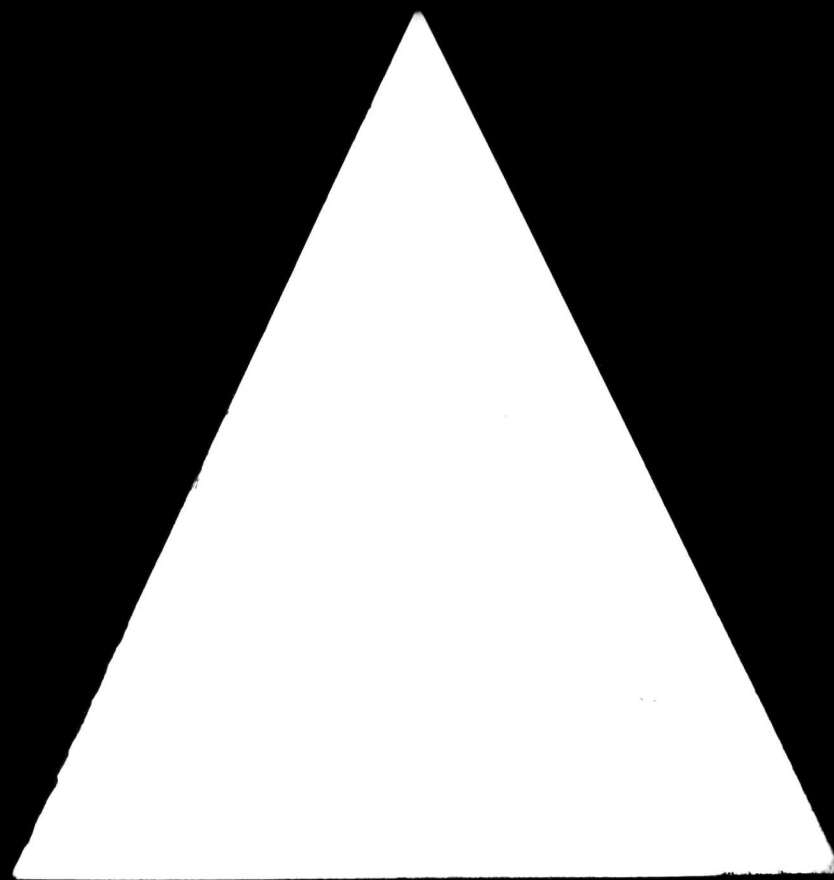


D. M. SMITH,
ORDINARY

Valdosta, Ga. _____ 190_____

Georgia Lowndes County.
This is to certify that Mrs. Maria
Mc. Morris drew a pension from
Lowndes County for the year
1901. Given, returned, my offi-
cial hand and seal of office.
This January 22-1902.

D. M. Smith
Ordinary.
L. A. H.



~~Morgan, Jacob~~
#645-
Morgan, Jacob
No. 442 Clinch Co.

APPLICATION FOR

Am

FOR CONFEDERATE SOLDIER.

Jacob Morgan

County Clinch

Emb. Am above elbow

Amount \$60

Date of Warrant A. B. 576 Sept 1879

Page Clinch
1879

E 1952

STATE OF GEORGIA.

Clinch County.

Personally appeared before me *Jacob Morgan* of the county of *Clinch*, State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a *Private* in Company *155th* Regiment of *Georgia* Volunteers that while engaged in such military service, to-wit: at the battle or engagement of *Chamblorville* in the State of *Virginia* on the *Third* day of *May* 1862, he was wounded in the *Arm*, and that the same was amputated *about the elbow* that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has *not* supplied himself with an artificial *Arm*; or that, not having done so, he prefers to supply himself with an artificial *Arm*.

Sworn to and subscribed before me this *24th* day of *Sept* 1879.

Not *Notar* *Jacob Morgan*
NOTE.—The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA.

County.

Personally came before me..... of the county of..... State of Georgia, who, being duly sworn, depose and says that he was..... in Company..... Regiment and that..... the above deponent, was a..... in said Company, and that this deponent knows that said..... lost a..... in the military service as said in the above affidavit. Sworn to and subscribed before me this..... day of..... 18.....

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

APPLICATION FOR

Arm

For COMPENSATE SERVICE

Jacob Morgan

County *Clinch*

Limb *Arm above elbow*

Amount *460*

Date *Sept 1 1879*
Page *1*
1879
61952

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. GORTCHUS,
Secretary House Representatives.
WM. A. HARRIS,
Secretary Senate.
Approved, September 10th, 1870.

A. O. BACON,
Speaker House Representatives.
RUFUS E. LESTER,
President Senate.
ALFRED H. COLQUITT, Governor.

STATE OF GEORGIA,

Clinch County.

Personally came, *John T. Morgan* *Jacob Minshaw*
+ *Simon P. White*

who, being duly sworn, depose and say they are acquainted with *Jacob Morgan*
and know that he lost a *leg* in the military service during the late war;
that said *Minshaw* was amputated *above 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.

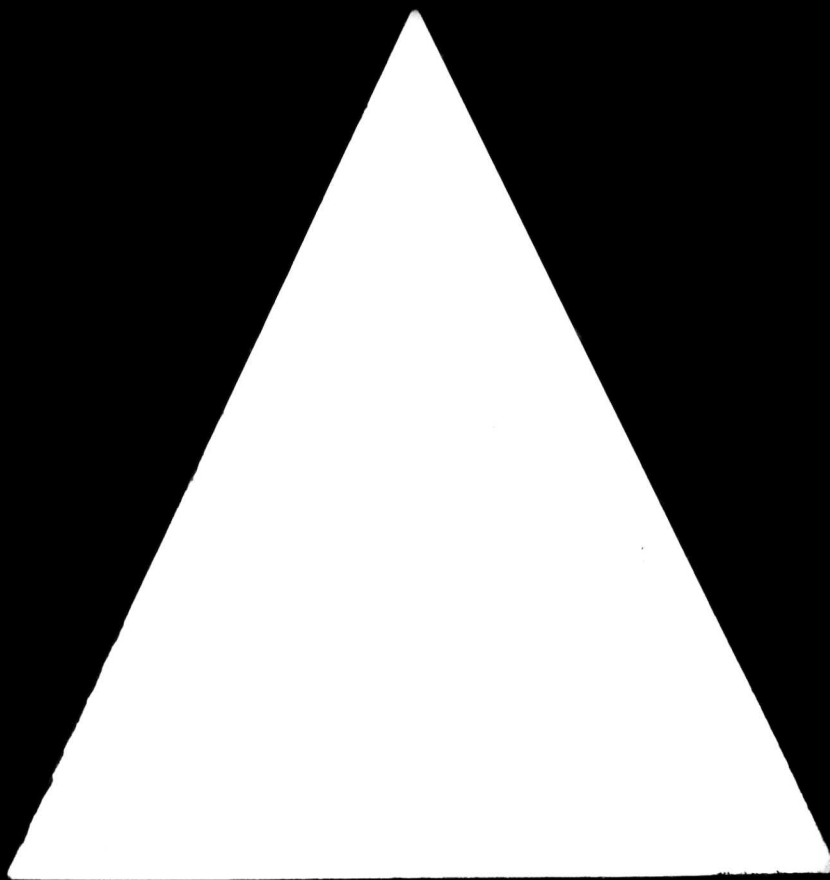
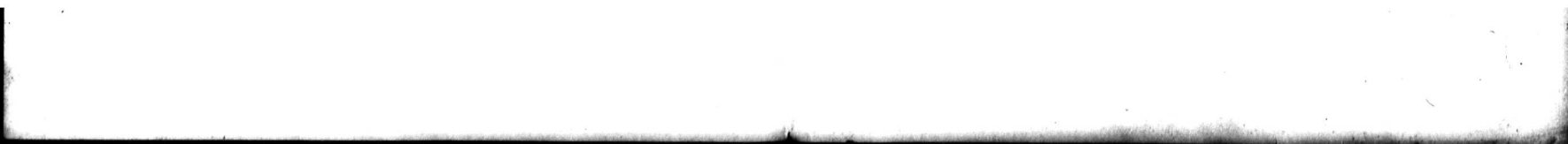
Sworn to and subscribed before me this *24th* day of *Sept.* 18*70*.
C. Smith Clerk *John T. Morgan*
Jacob Minshaw
Simon P. White

STATE OF GEORGIA,

Clinch County.

I, *Marcus Tomlinson*, Ordinary of *Clinch*
county, do certify that I am well acquainted with *Jacob Morgan*
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 *John T. Morgan*
Jacob Minshaw and *Simon P. White*
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 *25th*
day of *Sept.* 18*70*.
Marcus Tomlinson
Ordinary Clinch Co.



Morgan
Dec 1-1903

No. _____

**INDIGENT PENSION.
1903.**

Name *M. J. Morgan*

County *Cherokee*

Co. *6th Ga Regt*

Approved _____ 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

9/22/03

Pension of
Oct 1-1903

*This man came to
the owner of land
property - of name
together with his
minor children
to see. Can make
a copy of - dispo*

*NO Census
Census of 1900*

POWER OF ATTORNEY.
STATE OF GEORGIA.
Circuit Court.
I, *M. J. Morgan*, hereby authorize
J. C. Lindsey of *Cherokee Co.*
to receive and receipt for the pension allowed and requested by me to me
Witness my hand and seal, this *7* day of *Sept* 1903.
M. J. Morgan [L.S.]
Recorded in the presence of
J. C. Lindsey

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, M. J. Morgan hereby authorize

A. C. Robinson of Harrisville Ga

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

at Wilmington Ga by me

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

M. J. Morgan [L. S.]

Executed in the presence of

Wm. P. Gibson

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Cherokee COUNTY.

I, M. J. Morgan of said State and County, desiring to avail himself of the Pension Act (Section 1264, Code), hereby submits his proofs, and after being duly sworn 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)
M. J. Morgan to Cherokee Co. Harrisville Ga
2. How long and since when have you been a resident of this State? all my life
3. When and where were you born? Cherokee Co. Ga. Sept 2, 1839
4. When and where and in what company and regiment did you enlist or serve? April 1862, at Waynesville Ga. Co. "A" 26th Ga. Regiment
5. How long did you remain in such company and regiment? about 18 months
6. When and where was your company and regiment surrendered and discharged? Appomattox Court House, April 9th 1865
7. Were you present with your company and regiment when it was surrendered? Yes
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? Home, left command November 1863 and a substitute
9. How much can you earn (gross) per annum by your own exertions or labor? about \$22
10. What has been your occupation since 1865? farmer
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? age and poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? about 2 yrs
13. What property, real and personal, or income, do you possess, and its gross value? none
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? none
15. In what County did you reside during those years, and what property did you then return for taxation? Cherokee Co. returning 35 acres of land belonging to my children
16. How were you supported during the years 1899, 1900, 1901 and 1902? by my children
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? but the was supported by my wife and children
18. What was your employment during 1898, 1899, 1900 and 1901? What pay did you receive in each year? none for my children and the support of me
19. Have you a family? If so, who compose said family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? Yes, the John, Robert, Mary, Margaret, William, Richard, Henry, George, Anna, Jeffery, & Roger Morgan are of age, my wife is sick
20. Are you receiving any pension? If so, what amount and for what disability? Yes
21. Have you ever made an application for pension before? Yes
22. How many applications have you ever made and under what class? none

Sworn to and subscribed before me this the 7 day of Sept 1903.

M. J. Morgan Applicant.

Ordinary, _____ County.

Every Question MUST be Answered.

*Sum of \$1-10-00
Oct 1-10-03
This sum was for the sum of 1000 property of value together with his sum of 1000 for the sum of 1000 at Appomattox - 1000
1000
Sum of 1000*

INDIGENT PENSION.
1903.

Name M. J. Morgan
County Cherokee
Date Oct 1-10-03

Approved _____ 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will receive of Applicant, _____ and sign and seal as follows:

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Clutch COUNTY.

A. M. Riberson of said State and County, having been presented as a witness in support of the application of M. J. Morgan for pension under section 1254, Code, and after being duly sworn gave answers to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? Charles C. Morgan
2. Are you acquainted with yes, the applicant; if so, how long have you known him? about 50 yrs.
3. Where does he reside, and how long and since when has he been a resident of this State? Morgan has now been in the State & has always had his
4. When, where and in what company and regiment did he enlist, and how do you know? Co. H 26th Ga. Regiment. I was there
5. Were you a member of the same company and regiment? yes
6. How long did he perform regular military duty? about 18 months
7. When and where was his command surrendered? Approximately 1863 at Fort Fisher
8. Were you present when it surrendered? yes
9. Was applicant present? no
10. If he was not present, where was he? at home
When did he leave his command? Oct. 1863 For what cause? lost a substitute
By what authority he left? Commanding Officer How do you know all of this?
I was there

11. What property, effects or income has the applicant? (Give your means of knowledge.) None & has never had
12. What property, effects or income did the applicant possess in 1898, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? None
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? no
14. What is the applicant's occupation and physical condition? lives to farm old and worn out
15. Is the applicant unable to support himself by labor of any sort, if so, why? yes to all and infirm
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? by his own labor and help from his boys
17. What portion of his support for these four years was derived from his own labor or income? about half
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? old and poor, has been injured by the war & is dependent upon his children for support.
19. Who composes family? What property have they? Children's age and their earning capacity? He has no family except grown up children. He has no visible means of support.
20. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this the

6 day of Oct, 1903.

W. J. Howell Ordinary.

A. M. Riberson
Witness.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Clutch COUNTY.

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

He suffers with nervous prostration. He has
fever. He has kidney trouble. His condition
is such that he cannot get even a living
by manual labor.

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the

6 day of Oct, 1903.

W. J. Howell Ordinary.

T. E. Remington and
A. R. Thigpen and

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Clutch COUNTY.

I, W. J. Howell Ordinary, in and for said County, hereby certify that the applicant M. J. Morgan resides in said County, and has been a bona fide resident of this State since the 1860 day of 1860 and that the witnesses, viz.: A. M. Riberson

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

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

I further certify that the tax digest of Clutch County show that applicant returned for taxation in his name in 1899 \$3.49 Dollars of property, and in 1900 3.43 Dollars of property, in 1901 3.55 Dollars of property, in 1902 3.55 Dollars of property.

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

Witness my hand and seal of office, this 6 day of Oct, 1903.

W. J. Howell Ordinary,
of Clutch County.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clint County

I, M. G. Morgan hereby authorize
W. A. Windham of Clint County
to receive and receipt for the pension allowed and request that he remit same to
ordinary at Shenandoah by W. A. Windham
Witness my hand and seal, this 5th day of Sept 1907

Executed in presence of

J. G. Darnie

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA

Clint County

I, M. G. Morgan of said State and County, desiring
to avail himself of the Pension Act (Section 1284, Code), hereby submit his proofs, and after being duly
sworn true answers to the following questions, depose and answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice).
M. G. Morgan, Knoxville, Ga.
2. How long and since when have you been a resident of this State? Some 70 years old and resided in Georgia
3. When and where were you born? April 2, 1835
4. When and where and in what company and regiment did you enlist or serve? Company K-26-Ga. 1862 at Waynesville, Ga.
5. How long did you remain in such company and regiment? 18 months
6. When and where was your company and regiment surrendered and discharged? Appomattox Court house Virginia
7. Were you present with your company and regiment when it was surrendered? Not there
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? At home in Ga. In 1863-64
9. How much can you earn (gross) per annum by your own exertions or labor? My support for me
10. What has been your occupation since 1863? Nothing to do but live
11. Upon which of the following grounds do you base your application for pension, viz: "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? Age & poverty
12. If upon the first ground, state how long you have been in such condition that you could not earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind and when and where you lost your sight. Have been so I could not earn own living for 12 years
13. What property, real and personal, or income, do you possess, and its gross value? \$50 no property
14. What property, real or personal, did you possess in 1903, 1904, 1905, 1906, 1907 and 1908, and what disposition, if any, by sale or gift, have you made of same? had none
15. In what County did you reside during those years, and what property did you then return for taxation? Clint County, Ga. none
16. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? by friends and relations
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? nothing
18. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? What pay did you receive in each year? had none
19. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? Have no family
20. Are you receiving any pension? If so, what amount and for what disability? no
21. Have you ever made an application for pension before? one time
22. How many applications have you ever made and under what class? one under old shape class

Sworn to and subscribed before me this the

28th day of Sept 1907

J. G. Darnie Ordinary

of Clint County

Applicant.

Every Question MUST Be Answered.

INDIGENT PENSION

1907

Name M. G. Morgan

County Clint

Regt K-26-Ga.

Approved

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

County Clerk, State Pension Office

922207

Morgan, M. G.
Clint Co.

No. 10th Jan 1910

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Clatsop County.

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

1. What is your name and where do you reside? *D. M. Riberson*
Clatsop County
2. Are you acquainted with *M. J. Morgan* the applicant; if so, how long have you known him? *I am about 50 years*
3. Where does he reside, and how long and since when has he been a resident of this State? *in Clatsop County, Wash. his wife*
4. When, where and in what company and regiment did he enlist, and how do you know? *March 1862 Co. K 26th Regiment (was with him)*
5. Were you a member of the same company and regiment? *I was*
6. How long did he perform regular military duty? *about 18 months*
7. When and where was his command surrendered? *9th April 1865 at Appomattox Cth. Va.*
8. Were you present when it surrendered? *I was*
9. Was applicant present? *no*
10. If he was not present, where was he? *at Home*
When did he leave his command? *late part 6.2* For what cause? *by Order*
By what authority he left? *by Substituted* How do you know all of this? *I was present*

11. What property, effects or income has the applicant? (Give your means of knowledge.) *he has none*
12. What property, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909? *Land*

and what disposition, if any, did he make of same? *used it for Rubens*

13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom? *had none*

14. What is the applicant's occupation and physical condition? *not good*

15. Is the applicant unable to support himself by labor of any sort; if so, why? *he is old age and Physically disabled*

16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? *by friends and Relatives*

17. What portion of his support for these four years was derived from his own labor or income? *none*

18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code. *old age and Disability*

19. Who composes family? What property have they? Children's ages and their earning capacity? *He has no family Children are all married and gone*

20. What interest have you in the recovery of a pension by this applicant? *none, only that*

Sworn to and subscribed before me, this the *22* day of *Sept* 1907 *by D. M. Riberson* Witness.
J. J. Adams Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Clatsop County.

Dr. G. R. Shippen and *A. H. Culpippen* both known to me as reputable physicians of said County, who have personally sworn, say on oath that they have examined carefully *M. J. Morgan* applicant for pension under Section 1254, Code, and after such personal examination say that his present physical condition is as follows:

suffering from indigestion and worked out from field work

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the *22* day of *Sept* 1907.

J. J. Adams Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Clatsop County.

J. J. Adams Ordinary, in and for said County, hereby certify that the applicant *M. J. Morgan* resides in said County, and has been a bona fide resident of this State since the *1862* and that the witnesses, viz. *D. M. Riberson and G. R. Shippen* 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 herein prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digest of *Clatsop* County shows that applicant returned for taxation in his name in 1901 *none* Dollars of property; in 1904 *none* Dollars of property; in 1905 *none* Dollars of property; in 1906 *none* Dollars of property; in 1907 *none* Dollars of property; in 1908 *none* Dollars of property; in 1909 *none* Dollars of property.

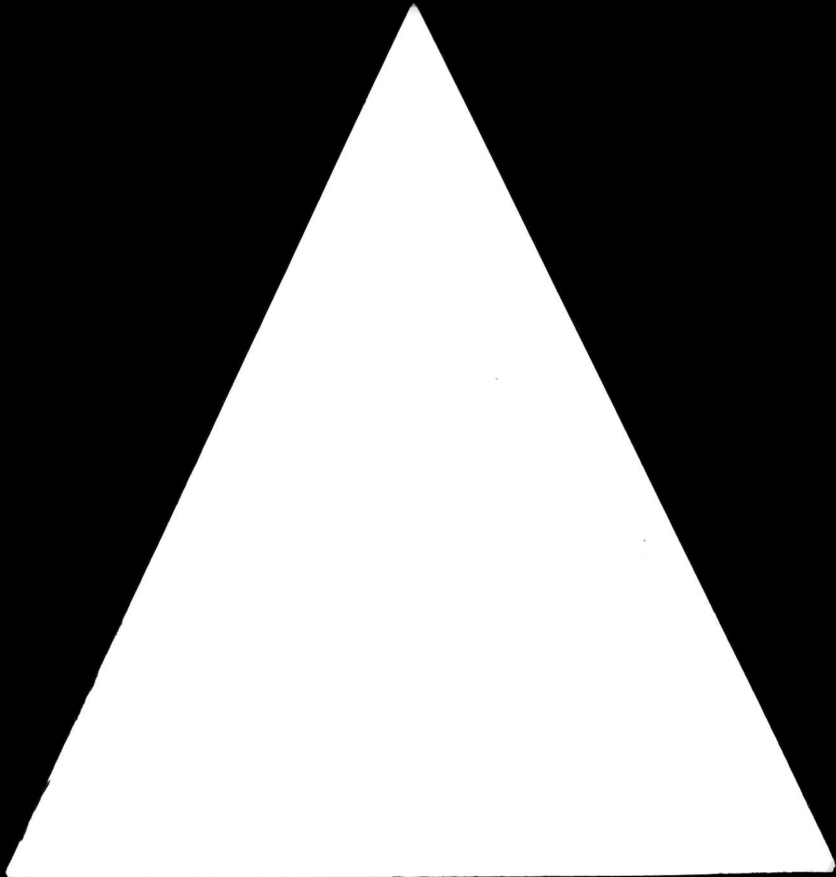
In my opinion the foregoing claim is *just* made in good faith.
Witness my hand and seal of office, this *22* day of *Sept* 1907.
J. J. Adams Ordinary,
of *Clatsop* County.

NOTE.
1. Before any questions are answered, the Ordinary shall swear applicant, and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, as 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.

2nd day of Sept 1907
J. T. Deane
Ordinary

D. M. Peterson
Witness

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



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County, }

James J. Morgan } hereby authorizes

Wm. A. Wright, Secy. of Atlanta Ga.

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

in care of Wm. A. Wright Secy. of Atlanta Ga.

Witness my hand and seal this 11th day of March 1897.

Executed in presence of

Wm. A. Wright Secy. of Atlanta Ga.

Wm. A. Wright

Pension office 5/10 1897
 Wm. A. Wright does not answer
 his pension - and the
 physicians say "can not
 support himself & wife"
 Rich J. Morgan
 Com. of Pension

11th day of March - amended

INDIGENT PENSION
 1897.

Name James J. Morgan
 County Cherokee

Approved _____ 1897.

WARRANT HANDED TO

Geo. W. Harrison, STATE PRINTER, ATLANTA.

2/22/99 3/2/97

POWER OF ATTORNEY.

STATE OF GEORGIA,

Church County.

I, Thomas J. Morgan hereby authorize

Wm. A. Wright of Church County

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

in care of Wm. A. Wright by Mail

Witness my hand and seal this 10th day of March 1897.

Executed in presence of

George Hamilton John H. Griffis Thomas J. Morgan

Questions for Applicant.

STATE OF GEORGIA,

Church County.

11 Questions answered

I, Thomas J. Morgan of said State and County, desiring to avail himself of the Pension Act approved December 16th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office). Thomas J. Morgan County of Church State of Ga
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? at Blackshear Ga Capt William Blackshear Co. 4th Ga Cavalry served 8 years
3. When and where were you born? 1838 Appling Co. Ga
4. When and where and in what company and regiment did you enlist or serve? at Blackshear Ga Capt William Blackshear Co. 4th Ga Cavalry served 8 years
5. How long did you remain in such company and regiment? 6 months in Capt William Blackshear Co. 4th Ga Cavalry
6. For how long a period did you discharge regular military duty? 5 years
7. When, where and under what circumstances were you discharged from service? at Summerville, at Home in sick pay in April 1890 from Blackshear
8. What is your present occupation? farming
9. How much can you earn (gross) per annum by your own exertions or labor? Very little
10. What has been your occupation since 1865? farming
11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? poverty, old age
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? poverty, infirmity, fifteen years wounded in its left and right legs, crippled at knee, back, and leg
13. What property, effects or income do you possess and its gross value? nothing
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? nothing
15. In what County did you reside during those years and what property did you then return for taxation? County of Church returned nothing
16. How were you supported during the years 1895 and 1896? what little I could make, and what my neighbors gave me
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? nothing
18. What was your employment during 1895 and 1896? What pay did you receive in each year? in a small farm
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Cham wife & 2 daughters & sons, wife has small farm on which they make a little farm
20. Are you receiving any pension, if so, what amount and for what disability? now

Sworn to and subscribed before me this the

2nd day of March 1897.

George Hamilton Ordinary of Church County.

Thomas J. Morgan Applicant.

Every Question MUST be Answered

Pension Office 5/10/1897
Wm. A. Wright does not answer
No 11 pension - since the
physician says, can not
support himself & wife
Rich of Summerville
Came to Pension

11 years - answer

INDIGENT PENSION

1897.

Thomas J. Morgan
County Church

WARRANT HANDED TO

2/19/97

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Clinch County.

J. S. Morgan & Patten, of said State and County, having been presented as a witness in support of the application of Thomas F. Morgan 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? J. S. Morgan
Way Cross Ga.
2. Are you acquainted with Thomas F. Morgan, the applicant, if so how long have you known him? 29 years
3. Where does he reside, and how long has he been a resident of this State? Clinch Co Ga 29 years
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? Was in the same Co & Regiment he was in in Ala and was a Capt
5. When, where and in what company and regiment did he enlist? May 1862 11th Co Black Horse Co 1st Ala Cav Regt
6. Were you a member of the same company and regiment? Yes
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? 2 years
Was in the 11th Co 1st Ala Cav Regt
Wally Co and apt Capt in 1st Ala Cav Regt
in Ala
8. What property, effects or income has the applicant? (Give your means of knowledge.)
None
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? None

10. What is the applicant's occupation and physical condition? farmer
Health not good wounded in the back
and is not able to work but little
11. Is the applicant unable to support himself by labor of any sort, if so, why?
He is not able to support himself by labor of any kind
12. How was he supported during the years 1895 and 1896? by what little he made on a small farm
13. What portion of his support for these two years was derived from his own labor or income?
about 1/3
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? his health has since
and has no help on his children
nothing to be able to support
15. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this 2nd day of March 1897. J. S. Morgan
J. Patten Witness.
George Goodwin Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Clinch County.

Personally came before me J. E. Lee, M. D. and L. C. Mather, M. D., both known to me as reputable physicians of said County, who being severally sworn, say on oath that they have examined carefully J. S. Morgan, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

Wounded in the back, is very old
and feeble, is not able to support
himself and wife.

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 8th day of March 1897. J. E. Lee, M. D.
L. C. Mather, M. D.
George Goodwin Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Clinch County.

I, George Goodwin, Ordinary in and for said County, hereby certify that the applicant Thomas F. Morgan 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.:

J. S. Morgan and J. Patten 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 Clinch County show that applicant returned for taxation in his name in 1895, 0 dollars of property, and in 1896, 0 dollars of property.

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

Witness my hand and seal of office, this 8th day of March 1897.

George Goodwin Ordinary
of Clinch County.

NOTE.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Thos J Morgan hereby authorize
William A Wright of Atlanta Ga
to receive and receipt for the pension allowed, and request that he remit same to
Thos J Morgan in care of Ordinary Homereliga
by Express

Witness my hand and seal, this 1st day of June 1st 1900.

Thos J Morgan [L. S.]

Executed in presence of

Bryant Astin
George Cornelius
Ordinary

Morgan, Thomas J
Cherokee Co

Books and 1234.

(For Those Already Enrolled.)

NO. 2021

INDIGENT

SOLDIER'S PENSION,

1900.

Name J J Morgan
County Cherokee

WARRANT ISSUED

January 21st 1900

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wright
Ordinary

No data

Morgan, Thomas J
Cherokee Co

CODE SECTION 124

(For Those Already Enrolled.)

No. 102

INDIGENT

SOLDIER'S PENSION.

1901.

Name J J Morgan
County Cherokee

WARRANT ISSUED

Jan 14 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wright
Ordinary

Geo. W. Harrison, Sales Printer, Atlanta

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, J J Morgan hereby authorize W A Wright
Comp Gen of Atlanta Ga
to receive and receipt for the pension allowed and request that he remit same to
J J Morgan at Homereliga Ga in care of
by Ordinary mail

Witness my hand and seal, this 24 day of Dec 1900.

J J Morgan [L. S.]

Executed in presence of

George Cornelius
Ordinary

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Clint County.

Personally appears Thomas J. Morgan of Clint 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 1st day of June 1862; that he is 63 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company H, of 4th Regiment of Georgia Cavalry; that his physical condition is as follows: old and infirm & injured in back and unable to do manual labor

that his property consists of the following items I have no property in my own name

of the value of 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 1900. I have heretofore as a resident of Clint county been allowed a pension for the year 1899 my application has been allowed for 1899 but having not received it

Sworn to and subscribed before me, this, the 1st day of January 1900. Thomas J. Morgan Ordinary. George Cornelius

State of Georgia,

Clint County.

I, George Cornelius Ordinary of said County, do certify that I am well acquainted with Thomas J. Morgan 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 1900.



George Cornelius Ordinary Clint 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,

Clint County.

Personally appears Thomas J. Morgan of Clint 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 1st day of January 1862; that he is 64 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company H, of 4th Regiment of Georgia Cavalry; that his physical condition is as follows: disabled in the back, has asthma

that his property consists of the following items _____

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofore as a resident of Clint county been allowed a pension for the year 1900

Sworn to and subscribed before me, this the 24th day of December 1900. Thomas J. Morgan Ordinary. George Cornelius

STATE OF GEORGIA,

Clint County.

I, George Cornelius Ordinary of said County, do certify that I am well acquainted with Thomas J. Morgan 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 24th day of December 1900.



George Cornelius Ordinary Clint County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1901.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch County.

I, T. F. Morgan hereby authorize W. A. Wright of Bulltown Co. Ga to receive and receipt for the pension allowed and request that he remit same to W. L. Howell at Homer'sville Ga by mail

Witness my hand and seal, this 6 day of June 1902.
T. F. Morgan [L. S.]

Executed in presence of

W. L. Howell

CODE SECTION 124

(FOR THOSE ALREADY ENROLLED.)

No. 5131

INDIGENT

**SOLDIER'S PENSION
1902.**

Name T. F. Morgan
County Clinch
Co. H Regiment 4th

WARRANT ISSUED

24 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Pr

Gen. W. HARRISON, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch County.

I, Thos. F. Morgan hereby authorize W. A. Wright of Attanda Ga to receive and receipt for the pension allowed, and request that he remit same to J. T. Dams ordinary at Homer'sville Ga by mail

Witness my hand and seal, this 1st day of June 1907.

Thos. F. Morgan [L. S.]

Executed in presence of

J. T. Dams

CODE SECTION 124

(FOR THOSE ALREADY ENROLLED)

No. 4662

INDIGENT

**SOLDIER'S PENSION
1907.**

Name Thos. F. Morgan
County Clinch
Co. H Regiment 4th

WARRANT ISSUED

1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Gen. W. HARRISON, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Olinch County.

Personally appears

W. H. Morgan of Olinch

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 9th day of July 1828; that he is 68 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company 44 of 4th Regiment of Georgia Cavalry; that his physical condition is as follows:

Disfigured in back and
suffered with rheumatism
that his property consists of the following items:

None

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Olinch county been allowed a pension for the year 1 1901 and 1902

Sworn to and subscribed before me, this the

6 day of June 1902.

W. H. Morgan

Ordinary.

STATE OF GEORGIA,

Olinch County.

I,

W. H. Morgan

Ordinary of said County,

do certify that I am well acquainted with W. H. Morgan 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 1902.

Ordinary.

Olinch 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,

Olinch County.

Personally appears W. H. Morgan of Olinch

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 9th day of July 1828; that he is 68 years old and by occupation a Farmer; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company 44 of 4th Regiment of Georgia Cavalry; that his physical condition is as follows: Disfigured in back and
suffered with rheumatism

that his property consists of the following items: None

of the value of _____ Dollars. I am now earning by my labor, None 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 Olinch County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the

12 day of June 1907.

W. H. Morgan
J. T. Dams Ordinary.

State of Georgia,

Olinch County.

I,

J. T. Dams

Ordinary of said County,

do certify that I am well acquainted with W. H. Morgan 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 June 1907.

Ordinary.

Olinch County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch County. }
I, W. F. Wright hereby authorize J. F. Morgan
of Clinch County, Ga.
to receive and receipt for the pension allowed and request that he remit same to
W. F. Howell at Homerville, Ga.
by mail

Witness my hand and seal, this 28 day of January 1903.
J. F. Morgan [L. S.]

Executed in presence of

W. F. Howell

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch County. }
I, J. F. Morgan hereby authorize
W. F. Wright of Clinch County, Ga.
to receive and receipt for the pension allowed, and request that he remit same to
W. F. Howell at Homerville, Ga.
by mail

Witness my hand and seal, this 13 day of January 1904.
J. F. Morgan [L. S.]

Executed in the presence of

W. F. Howell

Morgan, J. F.
Clinch Co.

CODE SECTION 134.

(FOR THOSE ALREADY ENROLLED.)

No. 5654

INDIGENT

**SOLDIER'S PENSION
1903.**

Name J. F. Morgan
County Clinch
Co. 4th Regiment Cornet

WARRANT ISSUED

3/24 1903

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

W
Gen. Harrison, State Printer, Atlanta.

no date

Morgan, Thomas
Clinch Co.

(FOR THOSE ALREADY ENROLLED.)

No. 5758

INDIGENT

**SOLDIER'S PENSION
1904.**

Name Thomas F. Morgan
County Clinch
Co. 4th Regiment

WARRANT ISSUED

3/24 1904

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

W. F. Howell
Gen. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Clinch County.

Personally appears T. H. Morgan of Clinch 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 9 day of Feb 1887; that he is 65 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company H of 4th Regiment of Georgia Cavalry Capt. Allen Strickland's Co.; that his physical condition is as follows: Poor and infirm, lame
as the result of the war
that his property consists of the following items: None

of the value of None 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 Clinch County been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the 28 day of January 1903. W. Z. Howell Ordinary.

STATE OF GEORGIA,

Clinch County.

I, W. Z. Howell Ordinary of said County, do certify that I am well acquainted with T. H. Morgan 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 28 day of January 1903.

W. Z. Howell
Ordinary Clinch County.



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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Chinch County.

Personally appears Thomas H. Morgan of Chinch 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 9 day of Feb 1887; that he is 67 years old and by occupation a Farmer, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served for the term of 3 years in Company H of 4th Regiment of Cavalry of Georgia Capt. Allen Strickland's Co.; that his physical condition is as follows: As stated in back and hand
written.

that his property consists of the following items: Nothing

of the value of None 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 Clinch County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this the 13 day of Jan 1904. W. Z. Howell Ordinary.

STATE OF GEORGIA,

Clinch County.

I, W. Z. Howell Ordinary of said County, do certify that I am well acquainted with Thomas H. Morgan 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 13 day of January 1904.

W. Z. Howell
Ordinary Clinch County.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch COUNTY.

I, Thomas F. Morgan hereby authorize
W. A. Wright of Atlanta - Ga
to receive and receipt for the pension allowed, and request that he remit same to
me at Hamersville Ga
by mail

WITNESS my hand and seal, this 1 day of Jan 1905.

Thomas F. Morgan [L. S.]

Executed in the presence of

L. E. Dickerson

Morgan, Thomas F.
Clinch County

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 4341

INDIGENT

**SOLDIER'S PENSION
1905.**

Name Thomas F. Morgan

County Clinch

Co. Regiment

WARRANT ISSUED

MAR 1 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W
GEO. W. HARRISON, BARBER, 208 STATE PRINTER, ATLANTA.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA.

Clinch COUNTY.

I, Thos F Morgan hereby authorize
W. A. Wright of Fulton Co. Ga
to receive and receipt for the pension allowed, and request that he remit same to
J. T. Drake ordinary at Hamersville Ga
by mail

WITNESS my hand and seal, this 2nd day of Jan 1906.

Thos F. Morgan [L. S.]

Executed in the presence of

J. T. Drake

Morgan, Thomas F.
Clinch County

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. 1634

INDIGENT

**SOLDIER'S PENSION
1906.**

Name Thos. F. Morgan

County Clinch

Co. 1st Regiment 4th Ga

Corvelly

WARRANT ISSUED

JAN 26 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. A. Wright

The Pensions Printer and Publisher Co., Geo. W. Harrison, 208.

no date

FOR APPLICANTS HERETOFORE ATTORNEY PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Clinch County.

Personally appears

T. H. Morgan of *Clinch*

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 *12* day of *Feb.* 1837; that he is *67* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 years* in Company *H*, of *4*th Regiment of *Georgia Cavalry*; that his physical condition is as follows:

Poor and infirm and unable to work

that his property consists of the following items:

none

of the value of

225

Dollars. I am now earning,

by my labor,

00

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 *Clinch* County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the

1 day of *Jan* 1905.

W. L. Howell

Ordinary.

STATE OF GEORGIA,

Clinch County.

I,

W. L. Howell

Ordinary of said County,

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

Given under my official signature and seal, this

2 day of *Jan* 1905.

Ordinary

Clinch 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,

Clinch County.

Personally appears

Thos. H. Morgan of *Clinch*

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 *9* day of *July* 1811; that he is *68* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served for the term of *3 years* in Company *H*, of *4*th Regiment of *Georgia Cavalry*; that his physical condition is as follows: *Infirmity and Poverty*

that his property consists of the following items:

none

of the value of

none

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 *Clinch* County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the

25 day of *Jan* 1906.

Thos. H. Morgan

Ordinary.

State of Georgia,

Clinch County.

I,

J. T. Howell Ordinary of said County,

do certify that I am well acquainted with *Thos. H. Morgan* 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* 1906.

Ordinary

Clinch County.



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



GEO. CORNELIUS, ORDINARY.

CLINCH COUNTY.

Homerville, Ga. Aug 24th 1894

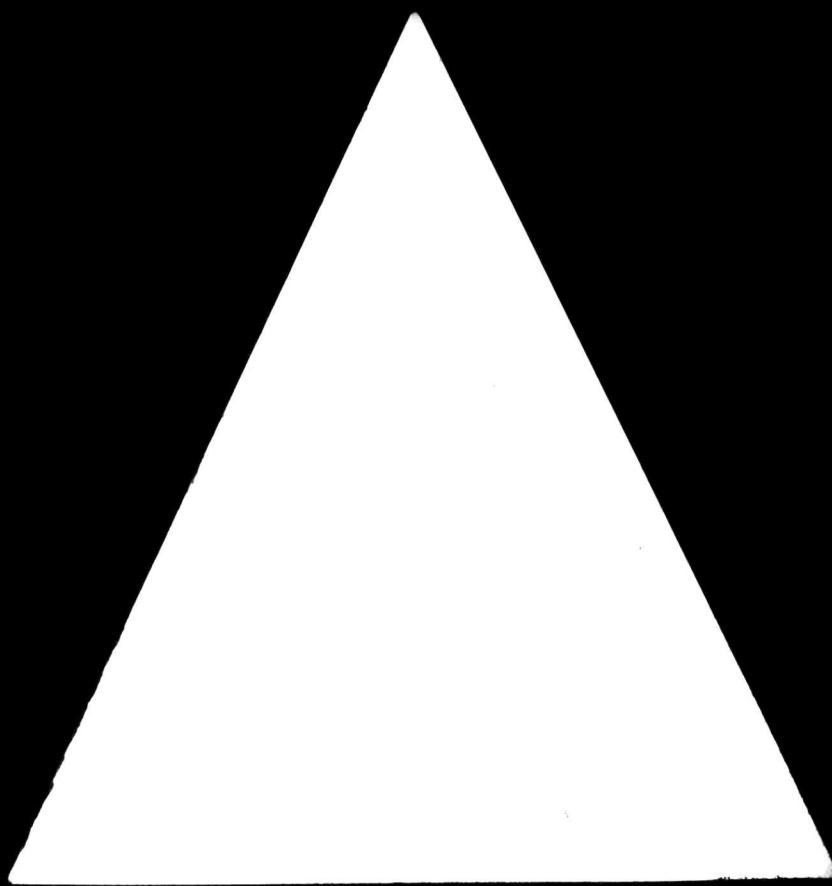
Hon Richard Johnson com per Atlanta Ga
Dear Sir I can say to you the applicant
is a worthy citizen, and should be consid-
-ered as favorable as possible
Respectfully &c George Cornelius
Ordinary

Hon Geo Cornelius -

Dear Sir -

It would be a pleasure to
approve the claim but you will notice that applicant
shows that he makes a support - see § 16 & § 17
Taking his answers in connection with the other
proofs I do not feel like he comes in the law -
He may furnish additional proofs -

There are so many more claims
filed than can be paid that the closest scrutiny
must be made. You know this office can
only be governed by the proofs as they appear -
Respt Richard Johnson



STATE OF GEORGIA.

STATE OF GEORGIA
DeLoach

COUNTY

STATE OF CALIFORNIA
COUNTY OF
I, State of California
that I know Mrs. Berdady M.

Ordinary of said County, do certify

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

Given under my hand and seal of office this 21 day of

This 31 day of July 1937

(SEAL OF ORDINARY)

his day of January 1933
That C. G. Gifford, Ordinary
of Elk County

County.

INSTRUCTIONS

- [illegible]

Record At
Morris, B. & Co.
Clinch County
Widow's Application

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

County. Clinch
Name. Mrs. Berata A. Morris
Widow of Manley Blinn Morris
Date of Marriage Aug. 30, 1904.
Date of Husband's Death May, 10, 1914.
Company E
Regiment 8th Regt. South Carolina
Approved. DEC 27 1937 193
S. M. Thomas G. L. Miller
Director.

State Dept., Public Welfare,
Atlanta, Sept. 30, 1937.

M. E. Morris enlisted as a private in Co. E, 8th Regt., South Carolina Inf. Feb. 18, 1864.....Surrendered, Greensboro, N. C., Apr. 26, 1865.

Director Confederate Records
Div.

AUG 6 1967

State Dept. Public Welfare,
Atlanta, Sept. 30, 1937.

M. E. Morris enlisted as a
private in Co. E, 8th Regt.,
South Carolina Inf., Feb. 15,
1864..... Surrendered, Green-
boro, N. C., Apr. 26, 1865.

William C. Clinch
Director Confederate Records
Div.

*Record 217
Morris, Bereta G. in 1936*

Widow's Application

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

County Clinch
Name Mrs. Bereta A. Morris
Widow of Manley Elihu Morris
Date of Marriage Aug. 30, 1906
Date of Husband's Death May, 10, 1914
Company E
Regiment 8th South Carolina
Approved DEC 27 1937 193
S. W. G. Geller
Director.

Ordinary's Certificate

STATE OF GEORGIA,

Clinch COUNTY.

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

Given under my hand and seal of office this 31 day of July, 1937.
(SEAL OF ORDINARY) Kate C. Pappard, Ordinary.
of Clinch County.

INSTRUCTIONS:

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

**APPLICATION FOR PENSION BY A WIDOW
OF A CONFEDERATE SOLDIER**

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

Clinch

COUNTY.

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

SECTION I.

- What is your name, and where do you reside? (Give Post Office and County).
Homerville, Clinch County, Georgia.
- How long and since when have you been, continuously, a bona fide resident citizen of the State
of Georgia? December, 1910
Give date, or year, of your birth. July, 4th, 1888 Age? 56
- (1) When, (2) where and (3) to whom were you married? Manley Elihu Morris.
August 30, 1906 in Florence County, South Carolina.
 - Have you married since the death of first and soldier husband? No.
 - When and where did your first husband die? Clinch County, Georgia, May, 10, 1914.
 - Were you residing together when he died? Yes.
 - If not, how long had you resided apart? XXX
 - Are you now a widow? Yes.
 - Have you or your husband heretofore been paid a pension by the State? No.
 - If so, when and for what cause were you or your husband placed on the roll? XXXXX

SECTION II.

- Answer the following questions if your husband was not a pensioner:
- When, where and in what Company and Regiment did your husband enlist as a soldier in
Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infan-
try, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.
Company A, 8th. Regiment, Long Street Corps, Garner Brigade,
under General Herley. entered April 1862, Darlington County, S.C.
 - When and where did the Commands of your husband surrender or discharge from the Service?
peroled at Greensboro N.C. May, 2, 1865.
 - Was your husband personally present with his Command when it was surrendered or discharged?
 - If he was not present, state specifically and clearly where he was?
 - When did he leave the Command?
 - For what cause did he leave?
 - By whose authority did he leave?
 - For how long was his leave of absence granted? d. In what way?
 - What was his physical condition when he left his Command?
 - What effort did he make to return to his Command?
 - In what way was he prevented from going back to his Command?
 - Was he captured by the enemy at any time?
 - If so, when and where? In what prison was he held and when was he released?

Sworn to and subscribed before me, this the

31 day of July, 1937.
Kate C. Pappard, Ordinary
of Clinch County.
(SEAL OF ORDINARY)

Mrs. Bereta G. Morris
Applicant.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of Glitch

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

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

Sworn to and subscribed before me, this the

31 day of July, 1937.
State C. Caffrey Ordinary,
Blitch County.

Mrs B. H. Morris
B. H. Morris

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

Glitch

COUNTY.

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

1. What is your name and where do you reside? (Give Post Office and County) _____
2. How long and since when have you known _____ applicant _____
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State? _____
4. When and to whom was she married? _____ How do you know?
5. How long and since when did you know _____ her husband?
6. When and where did _____ the husband of applicant, die?
7. Were the applicant and her husband living together as husband and wife at the date of his death? _____
8. If not, how long did they live apart before his death? _____ Were they divorced? _____
- If the husband of the applicant was a pensioner, DO NOT answer the following questions.
9. When, where and in what Company and regiment did _____ enlist? (Give date and place) _____
10. How did you obtain your information of this service? _____
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates.) _____
12. When and where was his Command surrendered or discharged? (Give date and place.) _____
13. Were you personally present with this Command when it was surrendered? _____ If not, where were you _____ and how came you there? _____
14. Was the husband of applicant personally present with his Command at its surrender? _____ If not where was he? _____ and how came him there? _____ When, where and for what cause did he leave his Command? (Give date.) _____ By whose authority did he leave his Command? _____ and how long was he granted leave? _____ How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically) _____

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

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

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

Sworn to and subscribed before me, this the

_____ day of _____, 1937,
_____ Ordinary
of _____ County.

(SEAL OF ORDINARY)

(Witness)

FLORENCE PUBLIC LIBRARY
FLORENCE, SOUTH CAROLINA

March 9th. 1937.

MRS. P. A. WILLCOX,
LIBRARIAN

Mrs. B. G. Morris,
Rt. 1.
Homerville, Ga.

Dear Mrs. Morris:

Your letter of March 8th., received requesting information of Manly E. Morris.

The only reference I have is as follows:
Morris, Manly E., transferred from the 8th Regiment between Dec. 18th, 1864, and April 27th, 1865; paroled at Greensboro, N.C., May 2, 1865.... South Carolina Troops in Confederate Service... Salley--Volume 2..Page 343.

Hoping that this information is what you desire. I am,

Yours very truly,

Mrs. P. A. Willcox
Librarian.

GEORGIA, CLINCH COUNTY.

Personally comes E. L. Morris and M. L. Morris, who on oath says that the following facts are given by them from the conversation the remember having with their Father the said Manley E. Morris, deceased, Confederate soldier.

Manley served three years in Company A 8th. South Carolina Regiment. Long Street Corps, Garner Brigade, under General H. R. Lee.

Served last three years of war, April, 1862-1865. he was wounded during service.

Darlington County, S.C.

Sworn to and subscribed to
before me this July, 31, 1937.

Kate C. Pafford
Ordinary Clinch County, Ga.

Re: application of Mrs. Berets G. Morris, widow of
Manley E. Morris, for Confederate Widow's pension.

Georgia, Clinch County.

Personally comes E. L. Morris and M. L. Morris, who on oath says that they are personally acquainted with the fore going named applicant, Widow of said Manley E. Morris; and that they deponents are sons of Manley E. Morris by his first wife and ~~that~~ that therefore the said Mrs. Berets G. Morris is their step-mother.

Deponents further say that they were witnesses to the marriage of said Manley E. Morris and said Mrs. Berets G. Morris who at that time was Miss Berets G. Armfield, that said marriage was solemnized in Florence County, South Carolina, on August 30, 1906, by Rev. Mr. Gibson, a Methodist Minister.

Deponents further say that there appears no public record of said marriage in South Carolina for the reason that at that time the State of South Carolina had no legal provisions for the public records of marriage.

Deponents further say that of their own knowledge they know that the said Manley E. Morris and Mrs. Berets G. Morris after their marriage, continued to live together as man and wife until the death of said Manley E. Morris which occurred in Clinch County, Georgia, (to which they had removed in 1911) on the 10th. day of May, 1914; and she has not since remarried.

Sworn to and subscribed

before me this 31st. day of
July, 1937.

Kate C. Pafford
Ordinary Clinch County, Georgia.

M. L. Morris
E. L. Morris

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Mrs. Kate Pafford, Ordinary,
Clinch County,
Homerville, Georgia.

WHEREAS:


MRS. BERCTA A. MORRIS, WIDOW OF MANLEY ELIHU MORRIS,

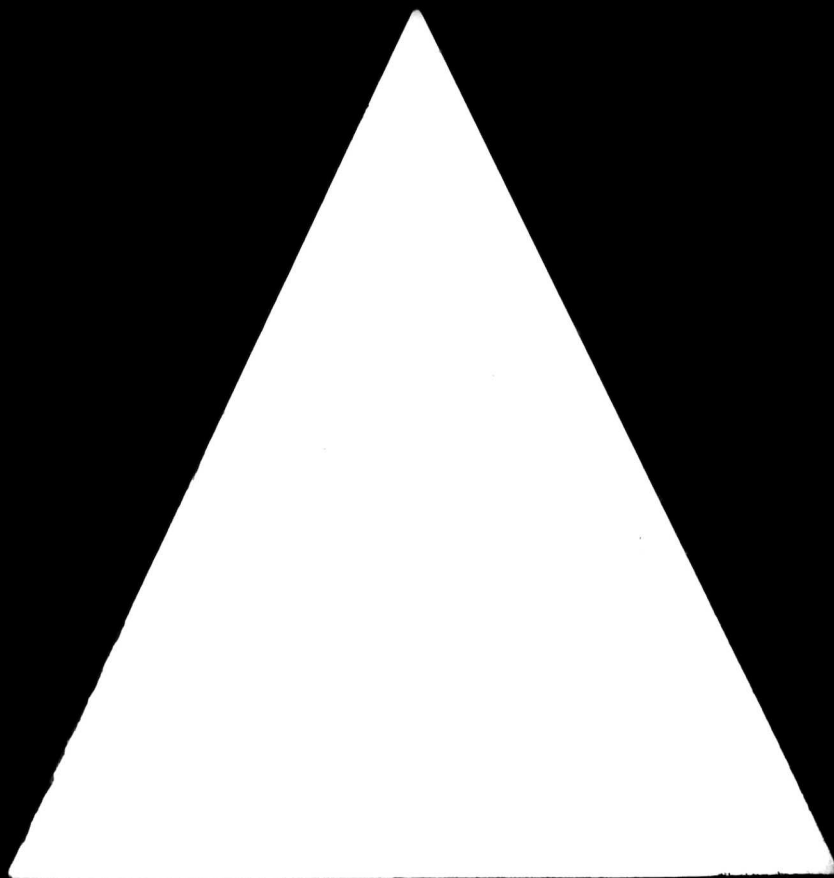
has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant performed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married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

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January, 19 38, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 19 37.


Director, Confederate Division
State Department of Public
Welfare



Ordinary's Certificate

STATE OF GEORGIA,

Clinch,

COUNTY.

I, W. V. Masekoye,

Ordinary of said County, do certify

that I know Mrs. Christian Parrish.

the applicant for pension. She

is the person she represents herself to be and she is a bona fide continuing resident citizen of said County

and was on the 4th November 1908; that I also know

the person who is now the owner of the property that John W. Clark, deceased, was the owner of said County and

were duly sworn by me before signing the foregoing affidavits and that they are truthful, true

wordy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 22nd day of Oct. 1922.

(SBAI)

W. V. Masekoye,
Ordinary,
Clinch,
County.

NOTES: 1. Before any questions are answered the Ordinary shall read 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 witness you shall give will be the truth. So help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. Affidavits must be made before the Ordinary of the person to be sworn and certified by such Ordinary. 4. All affidavits must be made before the Ordinary of the person to be sworn and certified by such Ordinary. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Clinch
Name Mrs. Christian Parrish
Widow James W. Parrish
Company H
Regiment 6th
Approved 12-20-22

John W. Clark, Jr., 13

Commissioner of Pensions.
Byrd Printing Co., State Printers, Atlanta.
1867

Ordinary's Certificate

STATE OF GEORGIA,

Clinch, COUNTY.

I, W. V. Musgrove, Ordinary of said County, do certify that I know Mrs. Christian Parrish, the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know ~~the same person as the widow of her husband and that both of them are now residents of said County and~~ Berrien & Clinch, were duly sworn by me before signing the foregoing affidavits and that they are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 22nd day of Oct. 1922.

(SEAL)

H. W. Musgrove Ordinary,
Clinch, County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. Only widows who married prior to January 1st, 1881, are entitled. 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Widow's Pension

Under Act 1910-as Amended by Act of 1919.

County Clinch
Name Mrs. Christian Parrish
Widow James W. Parrish
Company H
Regiment 6th Va

Approved 10-20-22
John W. Clark, Jr. 13

Notarizing Co. State Printer, Atlanta.
1867

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

Questions for Applicant

STATE OF GEORGIA,

Clinch, COUNTY.

Personally before me comes Mrs. Christian Parrish, of said State and County, and, after being duly sworn, says that she desires to apply for a pension allowed under the Act of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to the following questions to-wit:

1. What is your name and where do you reside? Mrs. Christian Parrish, Homerville, Ga. R. F. D. #1 Box 20
2. How long and since when have you been a continuing resident of the State of Georgia? All my life
3. When, where and to whom were you married? James W. Parrish, (Married) 21st Day of Dec. 1867
- a. Have you married since the death of first and soldier husband? No
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) I went and married him after the surrender.
5. When and where did the commands of your husband surrender or discharge from the army?
6. Was your husband personally present at the time of the surrender or discharge of this command?
7. If he was not present state clearly where he was?
8. Where was his command when he left?
- a. For what cause did he leave his command?
- b. By whose authority did he leave his command?
- c. For how long was he granted leave of absence?
- d. What was his physical condition when he left his command?
- e. What effort did he make to return to his command?
- f. In what way was he prevented from going back to Command
- h. Was he captured by the enemy at any time?
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released?
- j. When and where did your first husband die? June 5th, 1916, in Barrien County, Ga.
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart?
- m. Are you now a widow? Yes
9. Have you or your husband heretofore been paid a pension by the State? No

If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the

22nd day of Oct. 1922.

H. W. Musgrove Ordinary,
Clinch, County.

(SEAL)

Mrs. Christian Parrish

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA.

Turner Sumner COUNTY.

Personally before me comes J. J. Williams who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? J. J. Williams Resides Ashburnham, Turner County
2. How long and since when have you known Mrs. Christanna Parrish applicant? all her life
3. How long and since when has she continuously resided in this State? (Give date.) all her life
4. When and to whom was she married? James M. Parrish 1867 How do you know him?
5. How long and since when did you know James M. Parrish her husband? know him all his life
6. When and where did James M. Parrish the husband of applicant, die? Berrien County Ga. 1916 - June 8 -
7. Were the applicant and her husband living together as husband and wife at the date of his death? yes
8. If not, how long did they live apart before his death? lived together
- Were they divorced? no
9. When, where and in what Company and Regiment did James M. Parrish enlist? Enlisted Apr 15 1864 Berrien Co. 2nd Michigan Cav. Co. H. 6th Pa. Reserves
10. Were you a member of the same Company? I was
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? until April 1865 before was absent
12. When and where did his Command surrender, and was discharged? April 1865 near Petersburg, Va.
13. Were you personally present when it was surrendered? was not If not, where were you? was in Berrien County and how came you there? Sick Furlough
14. Was the husband of applicant personally present at surrender? in Detail Duty then not where was he? at an Detach. Duty When, where and for what cause did he leave Command? (Give date.) Left Home July 1864 Sick Furlough By whose authority did he leave his Command? order of Commanding And how long was he granted leave? 60 Days & afterwards an Detach. Duty How do you know all this? heard in Turner County, and Turner Community

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? was in Home on Sick Furlough and afterwards an Detach. Service
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? made no effort but was Detached Duty at Home I know James M. Parrish to be honorable Discharged from war

Sworn to and subscribed before me this the

24 day of Oct 1927
James M. Harscock Ordinary
of Turner County.

J. J. Williams

(SEAL)

\$1025

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

State C. Ordinar

For *Mr. Christian Peters*

Date of Death May 10 1962

Amount ~~\$102.50~~ \$102.50

Approved and ordered paid

Commissioner of Pensions

APPROVED FOR PAYMENT
[Signature]
OFFICE

PAID TO ORDINARY ON THIS CLAIM:

DATE 1935	FUND FROM WHICH PAID	
--------------	----------------------	--

2.25	1930	102	50
------	------	-----	----

[illegible]

[illegible]

		103	✓
--	--	-----	---

TOTAL, 104	
------------	--

TOTAL.	102	5
--------	-----	---

General Hardware and Farm Implements

Harness and Saddles
Auto Tires and Tubes

Furniture and House Furnishings

HOMERVILLE, GEORGIA

Funeral Directors
And Embalmers

TO ~~Mr. Bantick~~
J P Smith Sr

Funeral for Mrs Christian Parish

MONTH OF
TERMS:

Date	Item	Charges	Credits	Balance
1932	To Account Rendered			
May 13	1 Casket	75.00		
	2 Hearse Services	10.00		
	1 Vault	17.50		102.50
<p>Paid May 21, 1932 Homerville Home & Funer Co By T. C. Chambers, Mgr</p>				

Paid May 21, 1932
Homerville Home & Furn
By T. C. Chambers, mgr

STATE OF GEORGIA, County of Clinch

IN RE: Expenses last illness and funeral Mrs. Christian Parish

This is to certify that from an examination of the records in my office, and from personal knowledge, or inquiry, it is ascertained that this pensioner:

1. Died inside of the State of Georgia ;
2. Left no estate of any kind or value, sufficient to pay these expenses.

This the 7 day of August, 1988.

(SEAL)

Kate C. Pafford, Ordinary

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

\$1025

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Walter C. [illegible] Ordinary
For [illegible] Christian [illegible]

Date of Death May 13 1962

Amount \$ ~~102.50~~ \$102.50

Approved and ordered paid

Commissioners of Pensions

APPROVED FOR PAYMENT

PAID TO ORDINARY ON THIS CLAIM:

DATE 1935	FUND FROM WHICH PAID	\$
--------------	----------------------	----

2.25	1930	1025
------	------	------

TOTAL	102	5
-------	-----	---

Funeral Directors And Embalmers

TO

~~XXXXXXXXXXXX~~
J P Smith Sr

Funeral for Mrs Christian Parish

MONTH OF
TERMS:

Date	Item	Charges	Credits	Balance
1932	To Account Rendered			
May 13	1 Casket	75.00		
	nearse Services	10.00		
	1 Vault	17.50		102.50
<p>Paid May 21, 1932</p> <p>Homer ville Home Bureau</p> <p>By T. C. Chambers, mgr</p>				

Paid May 21, 1932
Homerville Alum Pen Co
By T. Chamber, mgr

20

STATE OF GEORGIA, County of Clinch

IN RE: Expenses last illness and funeral Mrs Christian Parish

This is to certify that from an examination of the records in my office, and from personal knowledge, or inquiry, it is ascertained that this pensioner:

1. Died inside of the State of Georgia ;
2. Left no estate of any kind or value, sufficient to pay these expenses.

This the 7 day of August, 1988.

(SEAL)

at _____, 1938.
Kate C Pafford, Ordinary

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

Application for Pension Due to a Deceased Pensioner

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)

(Under Act Approved August 16, 1904)

GEORGIA, Clinch County.

Personally before me, the Ordinary of said County, comes Joseph P. Smith Sr.

of said County, who, after being sworn, on oath says that he knew Mrs. Christian Parrish of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in Clinch County, in this State, on the 13th day of May 1932, and that a Pension of \$30.00 per Month (\$) Dollars was due pensioner and unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$102.50 per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me 1932.

this 21st day of May 1932.

Kate C. Pafford Ordinary

Clinch County

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, Clinch County.

I, Kate C. Pafford Ordinary of said County, do certify that I personally know Joseph P. Smith Sr. who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also know Mrs. Christian Parrish while in life and that this was the same person whose name appears on the Pension Roll of Clinch County, and was paid a Pension of \$30.00 per month in 1932 (\$) Dollars in said County for 192 , 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 21st day of May, 1932.

(Seal of Ordinary)

Kate C. Pafford Ordinary

Clinch County

INSTRUCTIONS:

- 1st. For use in all cases where pensioner died after January 1st had not been out of State longer than twelve months and did not leave sufficient property to pay such expenses. THIS WIDOW OF A SOLDIER, IF SHE IS LIVING, HAS PRIOR CLAIM OVER FUNERAL EXPENSES, AND MUST MAKE APPLICATION ON YELLOW SLIP.
- 2nd. Require those claiming expenses of last illness and funeral to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Running accounts cannot be paid—only those connected with the last illness, just before death when pensioner grew weak to die.
- 4th. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the words "last illness," but say "paid," 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 leaving sufficient property to pay the bill."
- 5th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached items to this blank, after this blank has been properly completed as indicated.
- 6th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 7th. The Ordinary must pay roll, as Ordinary, for the pension and then deliver the money himself and take receipt.
- 8th. Accept no bills for nursing until you with the Pension Department, stating the circumstances in very great detail. Pensioner's children, or children-in-law, must not charge the State for extra help and common household demands at home.
- 9th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 10th. Ordinary should see that the back of this blank, when folded, is filled out.

John W. Clark
~~John W. Clark~~
Commissioner of Pensions
Atlanta, Ga.

11/15/22/

Hon. W.V. Musgrove,
Ordinary of Clinch Co.,
Homerville, Ga.

My dear Judge Musgrove:

I am returning to you herewith the application and marriage certificate of Mrs. Christian Parrish, in order that the application may be filled out. You will observe that Mrs. Parrish has answered none of the questions relating to the service. This is absolutely necessary and we can't recognize this paper until it is perfected.

You may let the dates remain as they appear.

Yours sincerely,

John W. Clark

COM. OF PENSIONS.

Dear Sir:-

You will please understand, that Mrs Parrish did not know Mr Parrish untill after the War, she meet and married him after the surrender, is why she did not answer these questions, hoping th t this will perfect her paper I remain,

Yours very truly,

W.V. Musgrove
Ordinary.

Clinch County Court of Ordinary

Mrs. Kate C. Pafford, Judge

Homerville, Georgia

March, 26, 1932.

Hon. A.L. Henson;
Director, Pension Dept.
Atlanta, Ga.

Dear Mr. Henson:

Enclosed find certified copy of order from heirs of Joseph P. Smith Sr. authorizing me to pay to the widow of Joseph P. Smith Sr. the claim for refund of burial expenses for Mrs. Christian Parrish, deceased, widow pensioner of Clinch County;

Please attach this paper to the claim for burial expenses for Mrs. Christian Parrish made by Joseph P. Smith Sr.

Yours very truly,

Kate C. Pafford
Ordinary.

GEORGIA CLINCH COUNTY.

I, do solemnly swear that the following itemized statement of the funeral expenses for Mrs. Christian Parrish, deceased Widow pensioner of Clinch County were paid by me.

May, 13, 1932.

I Casket	\$75.00
Hearse service	10.00
I Vault	17.50
	<hr/>
	\$102.50

Sworn to and subscribed before me this 21st. day of May, 1932.

Kate C. Pafford
Ordinary Clinch Co., Ga.

GEORGIA, CLINCH COUNTY,

This agreement entered into this March 2nd, 1932, by and between Henry P. Smith, William Smith, Mrs. Lizzie Tomlinson and Mrs. Emma Dams parties of the first part, and Mrs. Jamie Smith party of the second part, for and in consideration of One Dollar and other valuable consideration and the love and affection that said parties of the first part hold to and for their step-mother, party of the second part, witnesseth,

That parties of the first part, together with party of the second part, are the sole surviving heirs at law of Joseph P. Smith, Sr. deceased, late of said County of Clinch; and that for the aforesaid consideration, the parties of the first part do hereby sell, give, convey and assign unto party of the second part, the widow of the said Joseph P. Smith, Sr., deceased, and all of their rights, title, interest and equity that they or either of them may have in and to a certain fund of \$102.50 now held by Kate C. Pafford, Ordinary of Clinch County, Georgia, and payable to Joseph P. Smith, Sr., deceased, as a refund on burial expenses of Mrs. Christian Parrish, a deceased, widow pensioner of Clinch County.

This agreement witnesseth further that said burial expenses of the said Mrs. Christian Parrish was paid by the said Joseph P. Smith Sr., during his lifetime and that he has, since filing his claim for refund with the Pension Department of Georgia, died intestate and that there is no legal Representative of his estate. It is the intention of the parties of the first part to authorize the Ordinary of Clinch County and the Pension Department of Georgia to pay this refund to the said Party of the second part for her individual use.

In witnesseth whereof we have hereunto set our hands and seals, the day and year first above written.

Signed, sealed and delivered in the presence of:

as to
Kate C. Pafford Mrs Dams
Ordinary Clinch County, Ga.
(Seal)

Mrs. Emma Dams

H.P. Smith

Mrs. Lizzie Tomlinson

S.A. Sumner
Ordinary Clinch County, Ga.

William Smith

(Seal)

GEORGIA, CLINCH COUNTY.

I, Kate C. Pafford, Ordinary of Clinch County, Georgia, do hereby certify that the within and foregoing is a true and correct copy of the agreement entered into by the heirs of the late Joseph P. Smith, Sr., which is of record in my office in Minutes "D"

This March, 5th, 1932.

Kate C. Pafford
Ordinary Clinch County, Georgia, and
Ex-officio Clerk thereof.

\$102.50

Sworn to and subscribed before me
this 21st. day of May, 1932.

Kate C. Ballard
Ordinary Clinch Co., Ga.

NO 823

MARSHALL & BRUCE CO. NASHVILLE

STATE OF GEORGIA, Berrien, COUNTY.

ORDINARY'S OFFICE--ss.

I, J. I. Norwood, 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 Peter W. Parrish, and Christian DeVane,

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 24th day of October, 1922.

J. I. Norwood
Ordinary and ex-officio C. C. O.



James W. Parrish,

and Christian DeVane,

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 21st, *day of* December, 1867, 19

W. E. Connell, Ordinary (L.S.)

STATE OF GEORGIA ~~CERTIFICATE~~ COUNTY OF BERRIEN

I Certify that James W. Parrish,

and Christian DeVane,

were joined in Matrimony by me this 22nd *day of* December, 1867 *Twenty-Second*

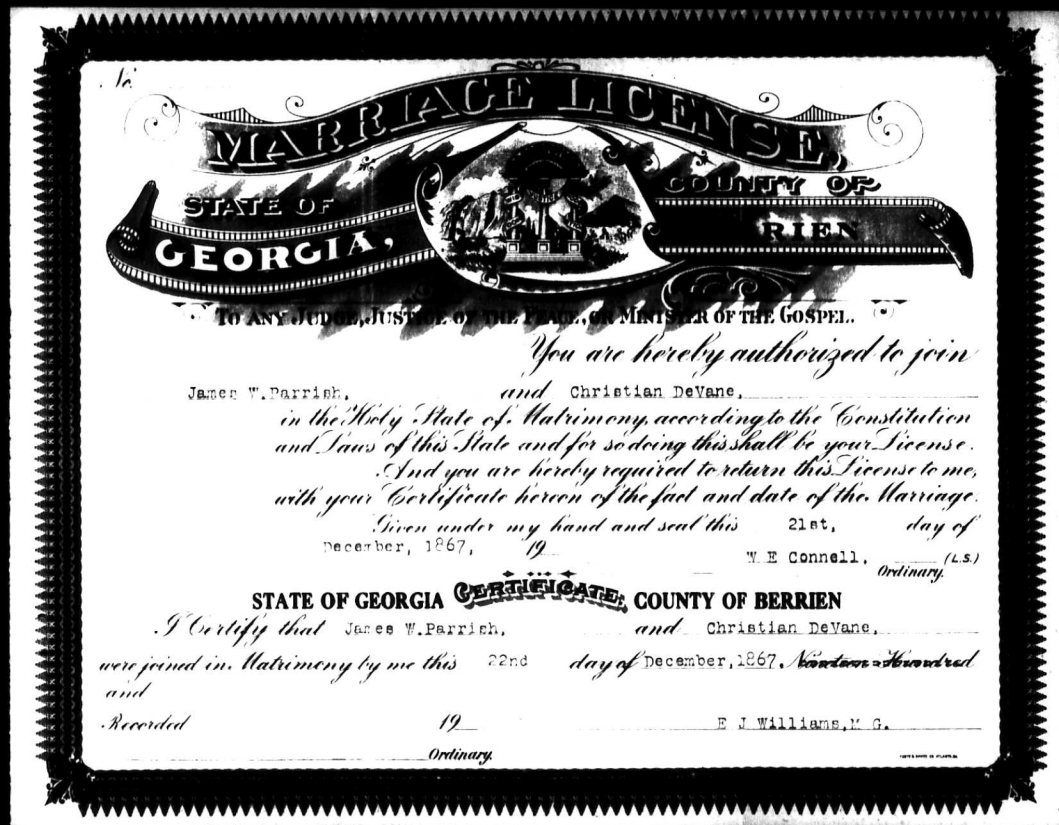
and

Recorded

19

E. J. Williams, M. G.

Ordinary



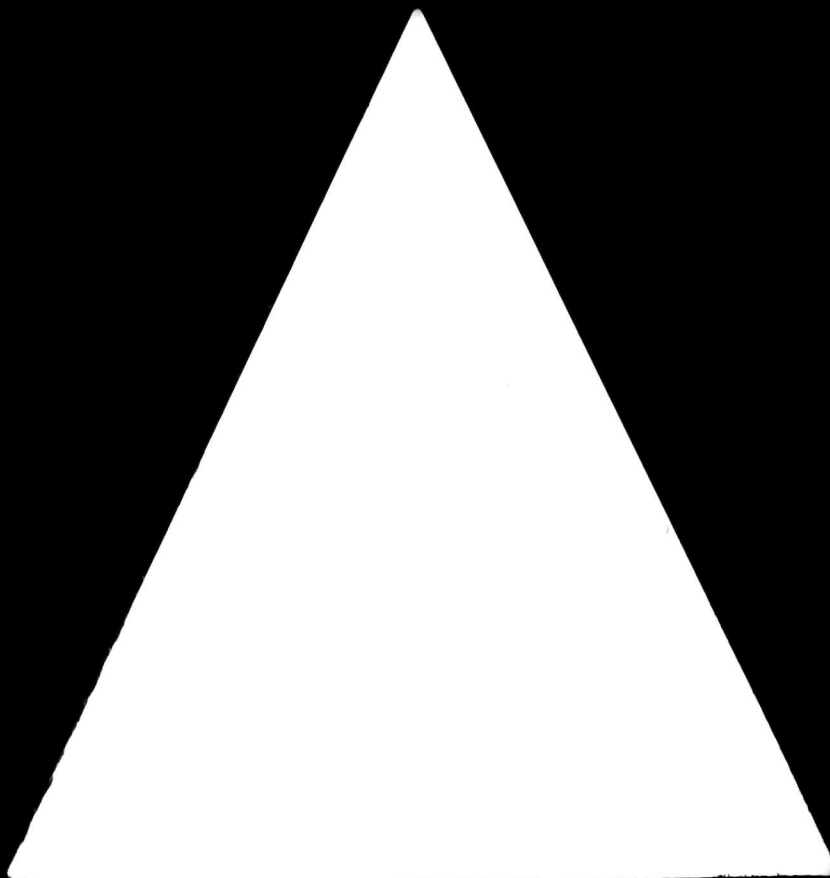
I, have this day received from Kate O. Pafford, Ordinary Clinch County,
Georgia, \$102.50, for Burial expenses for Mrs. Christian Parrish, deceased
Widow pensioner of Clinch County, Georgia.

This 4th. day of March, 1935.

Mrs. Janie Smith

This 4th. day of March, 1936.

Mrs. Janie Smith



POWER OF ATTORNEY.

STATE OF GEORGIA,

of Deiwell County, }

I, E. M. Patterson hereby authorize

Wm. H. Wright
Arthur D. G. G.

to receive and receipt for the pension paid hereon and request that he remit same to
W. H. Howe Rebecca maile
at Howardsville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11
day of Feb 1901.

E. M. Patterson [L. S.]

Executed in presence of

W. H. Howell
J. J. Jones
C. (C.)

CODR SECTION 1200.

(For Those Already Enrolled.)

No. 2649

DISABLED
SOLDIER'S PENSION.
1901.

Name Patterson E. M.
County Clutch
Disability arm
Amount, \$ 50.00

2/13 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wright

Geo. W. Harrison, State Printer, Atlanta.

Prickin Putnam Co
in 1900 no data

Patterson E. M.
Clutch Co

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch County.

I, *C. M. Patterson* hereby authorize *Wm. A. Wright*
of *Gulton Co. Ga.*

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

W. J. Howell by *return mail*
at *Honolulu Ga.*

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *11*

day of *Oct* 1901.

C. M. Patterson [L. S.]

Executed in presence of

W. J. Howell
C. M. Patterson

Patterson, C. M.
Clinch Co.

COUSE SECTION 1202

For Those Already Enrolled.

No. *3649*

DISABLED

SOLDIER'S PENSION.

1901.

Name *C. M. Patterson*
County *Clinch*
Disability *20*
Amount, \$ *50*

2/13 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Wright
C. M. Patterson
in 1900 No data

Geo. W. Lindsey, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch County.

I, *C. M. Patterson* hereby authorize *Wm. A. Wright*
of *Gulton Co. Ga.*

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

W. J. Howell by *mail*
at *Honolulu Ga.*

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

day of *January* 1902.

C. M. Patterson [L. S.]

Executed in presence of

W. J. Howell
C. M. Patterson

Patterson, C. M.
Clinch Co.

(Name from Patterson Co.)
(FOR THOSE ALREADY ENROLLED.)

2/24 1902

DISABLED

SOLDIER'S PENSION.

1902.

Name *C. M. Patterson*
County *Clinch*
Co. *B* Regiment *29*
Disability *50*
Amount, \$ *50*

2/24 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

W
W. J. Howell

Geo. W. Lindsey, State Printer, Atlanta.

STATE OF GEORGIA

FOR THE PURPOSE OF RECEIVING PENSIONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Clinch County.

Personally appears C. M. Patterson of Clinch 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 October 1864; that he enlisted in the military service of the Confederate States (or of the State of Tennessee) during the war between the States, and served as a Private, in Company B, of 29th Regiment of Tennessee Volunteers, Long's Brigade; that whilst engaged in such military service in the State of Georgia, on the 19 day of August 1863, he was wounded, injured or diseased as follows:

I was wounded in the left elbow on the left side by a Minnie Ball dislocating the arm and 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 Clinch County been allowed an invalid pension of Fifty Dollars, for the year 1900.

Sworn to and subscribed before me, this 11 day of Feb 1901. Postoffice Fargo

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,

Clinch County.

I, W. Z. Howell Ordinary of said County, do certify that I am well acquainted with C. M. Patterson 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 Feb 1901.



W. Z. Howell
Ordinary Clinch County.

Mr. C. M. Patterson is on the Invalid Pension Roll of Putnam Co. He has made Fargo his home. C. M. Patterson

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Clinch County.

Personally appears C. M. Patterson of Clinch 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 October 1864; that he enlisted in the military service of the Confederate States (or of the State of Tennessee) during the war between the States, and served as a Private, in Company B, of 29th Regiment of Tennessee Volunteers, Long's Brigade; that whilst engaged in such military service in the State of Tennessee, on the 19 day of August 1863, he was wounded, injured or diseased as follows:

through the left elbow by shot and in the left side by shot

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 Clinch County, been allowed an invalid pension of Fifty Dollars, for the year 1901.

Sworn to and subscribed before me, this 10 day of January 1902. Post-office Fargo

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,

Clinch County.

I, W. Z. Howell Ordinary of said County, do certify that I am well acquainted with C. M. Patterson 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 3 day of Feb 1902.



W. Z. Howell
Ordinary Clinch County.

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

BOMER OF ALLOKNE

His name was transferred from Putnam County here Feb. 3-1902 W. Z. Howell

day of Feb 1901.



Ordinary Clinal County.

Mr. C. M. Patterson is on the Clinal Pension Roll of Putnam Co. He has made Fargo for his home. W. L. Howell Putnam Co.



Ordinary Clinal County.

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

HOME OF ALLOMBE

This man was transferred from Putnam County here.

Feb. 3-1902

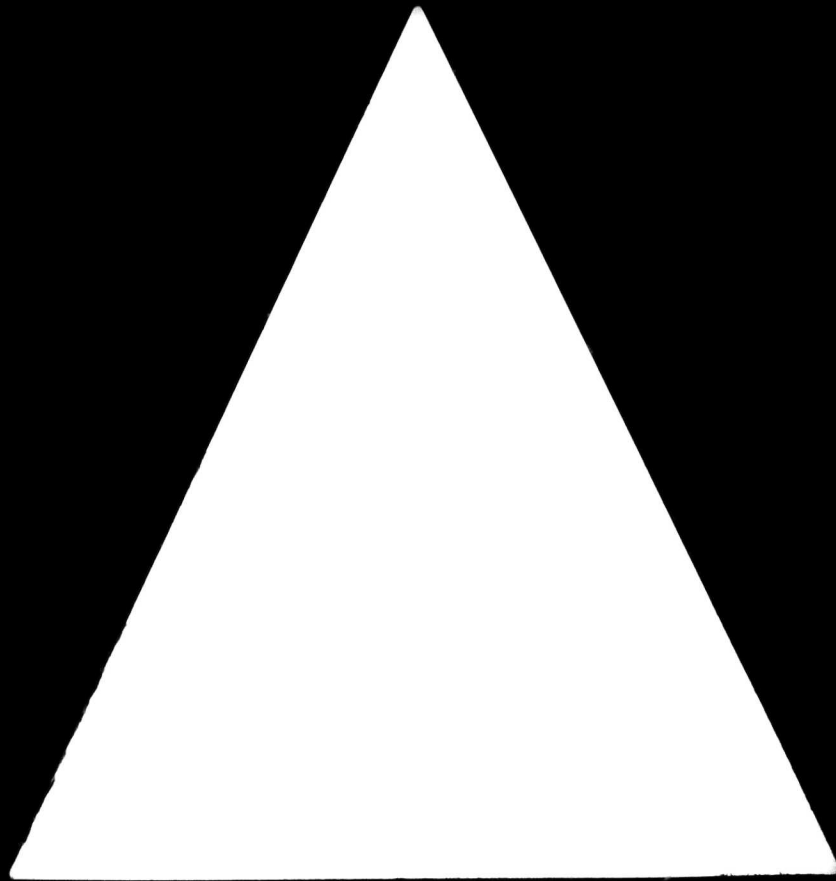
W. L. Howell, Ordinary

Homerville, Ga. Feb. 4-1902
Hon. John W. Lindsey,
Commissioner of Pensions,
Atlanta, Ga.

Dear Sir,
I enclose you herewith application for Pension of Martha E. Giddens.

Please pay the same out right away and oblige.

Very truly yours,
W. L. Howell,
Ordinary



POWER OF ATTORNEY.

STATE OF GEORGIA,

Chick County, }

I, *Walter B. Bower*, hereby authorize *W. D. Conner*

to receive and receipt for the pension allowed and that he

Witness my hand this *21* day of *Sept* 190*9*

Executed in presence of

Walter B. Bower Oath, *Walter B. Bower* I, S.

Chick County,

SEAL

STATE OF GEORGIA

Walter B. Bower

Walter B. Bower

Walter B. Bower

Walter B. Bower

Walter B. Bower

Powell, Kate
Chick, County

421 No. *1918*

WIDOW'S
INDIGENT PENSION
1904.

Name *Kate Powell*
County *Chick*
Widow of *William C. Powell*
Co. *4-25* Reg-
Approved *1904*

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

1904.

Geo. W. Harrison, State Printer, Atlanta.

19/24/0

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clutch County.

I, Walter Pinner hereby authorize W. A. Wright of Fulton County, to receive and receipt for the pension allowed and that he remit the same to me at Somerville by his check or registered mail.

Witness my hand this 21 day of Sept 1909

Executed in presence of

J. T. Adams Ordinary,

Edwin County.

Walter Pinner L. S.

SEAL

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Clutch County.

Walter Pinner of said State and County, desiring to avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1900, hereby submits her proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and Post Office)
Walter Pinner, Clutch Co. Ga. Fulton Post Office.
2. How long and since when have you been a resident of this State? Since in State all my life.
3. When and where were you born? Born in this Clutch County 7th day of August 1847.
4. When and where was your husband born—state his full name, and when were you and he married? (Attach copy marriage license in every case.) My husband W. C. Russell was born in James County, Ga. 1844 we were married Jan. 1866, James was in Company G. 27th Ala. Reg. July 1861 at Mustertown, Va.
5. When and where and of what Company and Regiment did your husband enlist or serve during the war between the States? Company G. 27th Ala. Reg. July 1861 at Mustertown, Va.
6. How long did your husband serve in said Company and Regiment? Until he was shot as Captain in the fall of 1862 when he was a prisoner.
7. When and where did your husband's Company and Regiment surrender and was discharged?

8. Was your husband present at the time and place when his Company and Regiment surrendered? He was captured at that and given furlow.
9. If not with his command at surrender, state clearly and specifically when he was, when he left command, for what cause, and by what authority? He was captured at that and given furlow but had returned to command.

10. When and where did your husband die? In Clutch County, July 19th 1906.
11. Which of the following grounds do you base your application for Pension, viz.: First—Age and Poverty; Second—Infirmary and Poverty, or Third—Blindness and Poverty? Age and poverty.

12. If upon the first ground, state how long you have been in such a condition that you cannot earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight? After about 7 years, my sight is very dark, not able to do most my duties.

13. What has been your occupation since your husband's death? Trying to keep my house the best I could and house work.

14. How much can you earn gross, by your own exertion or labor? None.
15. What property, real or personal, or income do you have or possess, and its gross value? None, but owned property to my husband.

16. What property, real or personal, did you possess at death of husband or he left you, and of the years 1899, 1900, 1901, 1902, 1903, 1904, and what disposition, if any, by sale or gift, have you made of the same? None, but my husband.

17. In what counties did you reside in 1899, 1900, 1901, 1902, 1903 and 1904, and what property did you return for taxation? In Clutch County, no property that would be taxable.

18. How have you been supported since death of husband, and especially for 1899, 1900, 1901, 1902, 1903 and 1904? By the help of my children who are of age.

19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? I could not do but very little.

20. What was your employment during 1899, 1900, 1901, 1902 and 1903—how much did you receive for each year? Trying to do my house work.

21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property? My children are all of age part 21 years.
22. Have you ever made application for pension before? None.
23. How many applications have you made for a pension, and under what class? None.

Sworn to and subscribed before me, this the 20 day of September 1909 } Walter Pinner
J. T. Adams Ordinary,
of Clutch County.

Walter Pinner
Clutch County
42nd 1910
WIDOW'S
PENSION.
1908.
Walter Pinner
Clutch
Widow of William C. Pinner
Co. G. 27th Ala. Reg.
Approved
1909
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
1904
Walter Pinner

Georgia Clinch County.

Personally appeared before me John W. Powell who swears that he is satisfied from his own knowledge and belief that William C. Powell and Katie Smith was married in June 1868 while he was not present but saw them going to D. H. Johnson house who was Justice of the Peace. and they claimed that they were married by him. and they have been recognized by the community in which they lived ever since as being man and wife and have raised a big family of children and was living together at the time of his death.

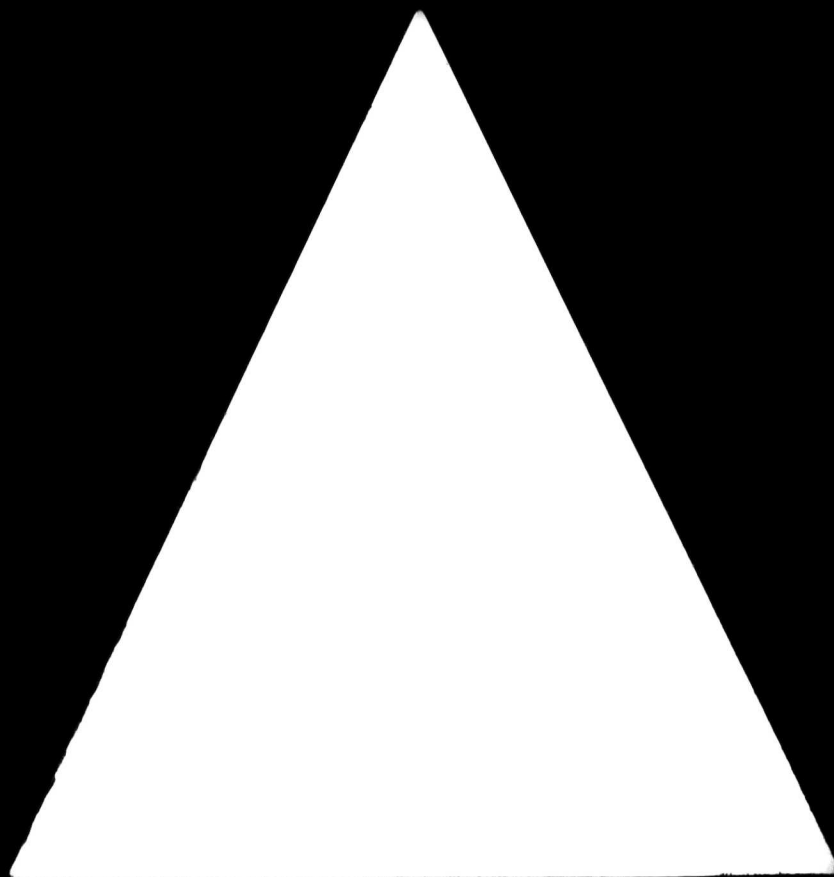
John W. Powell

Sworn to and subscribed
before me this 6th day of August 1910
J. T. Dams Ordinary C.C.

Georgia Clinch County.

I was then and elsewhere to show the marriage of W. C. Powell and Katie Smith the records were destroyed by fire and cannot get copy of marriage license.

This 6th day of Aug 1911. J. T. Dams
Ordinary Clinch Co. Ga.



John W. Powell
Co - 4 - 29th Inf.
Arrived, Aug 1 - 1861.
Anolis, Thomas -
ville, Ga; May
25 - 1865. (W.R.)

Returned; Enlisted
Sept 1 - 1861. Captured
Stone River, Tenn.
Dec - 7 - 64. Anolis,
Thomasville, Ga;
May 19 - 1865.
(W.R.)

John W. Powell
Co - 4 - 29th Inf.
Arrived

No. 2187-20

Widow's Pension

UNDER ACT 1916

County CLING.

Name Mrs. Matilda Powell.

Widow of John W. Powell.

Stockton, Ga., R.F.D.

H-29th Inf.

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer

6/11/98

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

STATE OF GEORGIA,

CLINCH, County,

Personally before me comes Mrs. Matilda Powell, of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? Matilda Powell, Stockton, Ga. R.F.D.
2. How long and since when have you been a continuing resident in the State of Georgia? all of my life.
3. When, where and to whom were you married? John W. Powell at my home in Clinch County, Ga. Sept. 1861.
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) July 1861 Company G. 29th Regiment, Artillery.
5. When and where did the Commands of your husband surrender or discharge from the army? at Nashville, Tenn.
6. Was your husband personally present at the time of the surrender or discharge of this Command? no-he was home on furlough wounded.
7. If he was not present state clearly where he was?
8. Where was his Command when he left? Nashville, Tenn.
- a. For what cause did he leave his command? was wounded.
- b. By whose authority did he leave his Command? Commanding Officer.
- c. For how long was he granted leave of absence? 30 days and then extended.
- e. What was his physical condition when he left his Command? wounded.
- f. What effort did he make to return to his command? none.
- g. In what way was he prevented from going back to Command? surrendered before able.
- h. Was he captured by the enemy at any time? no.
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released?
- j. When and where did your husband die? May 12th 1918, at Home, Clinch County.
- k. Were you residing together when he died? yes.
- l. If not, how long had you resided apart?
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) none.
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) none.
11. What property of any description of any value have you now? none.
Give list and cash value?
12. What are your annual earnings or income and their value? none.
13. Have you heretofore been paid a pension by the State? no.
If so, when and for what cause were you struck from the Roll?

Sworn to and subscribed before me this the 8th day of June 1918.

M. H. Mangrove Ordinary.
of CLINCH County.

John W. Powell
Co. G. 29th Regt.
Artillery, Aug. 1-1/1861.
Widow, Thomas -
Widow, John, May
25-1865 - (77-1861)
Widow, - Capt. J. G. Powell
Sept. 1-1861. Captain
John Powell, June
1861-64. Clerk,
Wm. Powell, for
May 19-1865 -
(77-1861)

Widow's Pension

UNDER ACT 1910.

County, CLINCH.

Name, Mrs. Matilda Powell.

Widow of John W. Powell.

Stockton, Ga. R.F.D.

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Boyd, State Printer.

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,

County, CLINCH

Personally before me comes M. I. Cribben who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? M. I. Cribben, Clinch Co.
2. How long and since when have you known Matilda Powell applicant? all her life
3. How long and since when has she continuously resided in this State? (Give date.) all her life
4. When and to whom was she married? James W. Powell How do you know? James Powell
5. How long and since when did you know James W. Powell her husband? all my life
6. When and where did James W. Powell the husband of Applicant die? Clinch County, April 20 - 1918
7. Where the Applicant and her husband living together as husband and wife at the date of his death? yes
8. If not, how long did they live apart before his death? yes
- Were they divorced? yes
9. When, where and in what Company and Regiment did James W. Powell enlist? about 1890, 1st Co. 29th La. Regiment
10. Were you a member of the same Company? yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? about 4 years
12. When, and where did his Command surrender, and was discharged? Nashville Tennessee
13. Were you personally present when it was surrendered? No If not where were you? In hospital and how came you there? wounded
14. Was the husband of applicant personally present at surrender? No If not where was he? at home when, where and for what cause did he leave Command? (Give date.) Because of being wounded By whose authority did he leave his Command? By a furlow and how long was he granted leave? 30 days how do you know all this? last saw
15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? Because of his wounds
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? last saw

Sworn to and subscribed before me this

27 day of May 1918

W. V. Musgrove Ordinary,

of Clinch County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County, CLINCH

Personally before me comes A. J. Gibbs who on oath says that they are freeholders of said County and that they know Mrs. Matilda Powell 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. none

Personal property none \$
Notes and accounts due none \$
Total none \$

Schedule (B).

We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:

none Personal property none \$
Money, Notes and accounts none \$

Schedule (C).

We also know what property she has now in her possession, use and control to wit:

Acres of land worth none \$
Horses and Mules none \$
Cows and Hogs none \$
Other property none \$
Income and earnings none \$
Total Value of all property and effects none \$

Sworn and subscribed before me this the

8th day of June 1918

W. V. Musgrove Ordinary,
of Clinch County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County, CLINCH

I, W. V. Musgrove Ordinary of said County do certify that, I know Mrs. Matilda Powell the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov. 1908.

That I also know M. J. Corbitt the witness who swears to the service of husband, and A. J. Gibbs who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns Returned for Tax is for 1908 \$ none for 1910 \$ none

Sworn under my hand and official seal of office this 8th day of June 1918

SEAL.

(SEAL)

W. V. Musgrove Ordinary,
Clinch County

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

W. V. *Wright* Ordinary,
of *Cinch* County.

ARTICLE 10. § 1. Any person who is a party to a marriage and who is a resident of this State at the time of the marriage shall swear affirmatively and the witness in the following words:
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."

- 2 Additional affidavits may be attached if blank spaces are insufficient.
- 3 All affidavits must be made before the Ordinary.
- 4 Only widows who married prior to first January 1870, are entitled.
- 5 Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Approved (2)
1930
Register, Abraham R.
Widow's Application

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

County Cherokee
Name Elizabeth S. Register
Widow of Abraham R. Register
Date of Marriage 10.22
Company 2nd Co
Regiment 5th Dist Militia
Approved Richard Lawrence
Pension Commissioner

Ord. notified

JOHN W. CLARK,
Commissioner of Pensions.

2-17-30

"Register, Abraham R.
5th Senatorial District
Clinek, Co.

Local District 790"

These troops went out in
Spring of 1864."

Roster Office.

Act. Dot
17-10-30
in the
file

Ordinary's Certificate.

STATE OF GEORGIA.

Cherokee COUNTY.

I, Mark C. Clifford Ordinary of said County, do certify that I know Mrs. Elizabeth S. Register the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since January 1st, 1930; that I also know Matthew Bennett Mark C. Clifford the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavit, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 4th day of July 1930.

(SEAL OF ORDINARY)

Mark C. Clifford 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 given by you and the witness in this application for pension, and that you will not be guilty of perjury."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1861, are entitled.
4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be sworn to by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.
6. Return check of the application carefully.
7. Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.

Roster Office.

Widow's Application

JOHN W. CLARK

Commissioner of Pensions

2-17-30 E

applicant further states under oath that she was married in 1872 to her husband Ab. R. Register and that her information is to his service in the C.S. Army and was derived chiefly from him after their marriage; that she loved him very many times that Eli W. Quinn was in his same company and that said Quinn waited on him when he was taken sick in the army; that the said Eli W. Quinn was in same company with Ab. Register, and is now dead, having died in 1900. - That the said Abraham R. Register ~~was~~ served in the Militia in active service as no other talked to his family about being in the battle around Atlanta, and was in Atlanta at the time serving ~~under~~ in the Militia.

That she is advised that there is no record of their marriage but that she and the said Ab. Register were duly married under proper license, in Church Co., Ga. in 1872 (Exact date not remembered) by Rev. Isaac D. Hutto, Primitive Baptist Minister, and that she and her said husband lived together thereafter until his death in 1906.

Sworn to & subscribed before me
this 4th Feb. 1930

Nate A. Pafford

Ordinary, Clinch Co., Ga.

Abraham R. Register
E.

Georgia Clinch County: Personally comes before the undersigned Officer, Mrs. Martha Wermans and Mrs. Mary Weaver, who on oath say that they were present at the marriage of their brother Abraham R. Register and Elizabeth Stalvey in Clinch County, Ga. in the year 1872, and witnessed their marriage, but do not recall the day and month when the same occurred; that said marriage was performed by Elder Isaac D. Hutto at the home of Benj. Stalvey, father of the bride; that said Elizabeth Stalvey Register is the same person who is applicant for pension in the attached application; and that they know that their said brother Abraham R. Register enlisted in the Georgia Militia and in 1864 and saw active service in same in the Confederate service, but do not know ~~that~~ any of the details as to company, regiment, battles in, or time of discharge.

Martha Wermans

Mary E. Weaver

Sworn to & subscribed before me
this 4th Feb. 1930.

Nate A. Pafford
Ordinary

Questions for Witness as to Husband and Marriage STATE OF GEORGIA.

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

1. What is your name and where do you reside?.....
2. How long and since when have you known..... applicant
3. Where does she now reside, and since when has she been, continuously, a bona fide, resident citizen of this State?.....
4. When and to whom was she married?..... How do you know?.....
5. How long and since when did you know..... her husband?.....
6. When and where did..... the husband of applicant, die?.....
7. Were the applicant and her husband living together as husband and wife at the date of his death?.....
8. If not, how long did they live apart before his death?..... Were they divorced?.....
9. When, where and in what Company and Regiment did..... enlist? (Give date and place).....
10. How did you obtain your information of this service?.....
11. How long within your personal knowledge did he perform actual military service with this Company and Regiment? (Give dates).....
12. When and where was his Command surrendered or discharged? (Give date and place).....
13. Were you personally present with this Command when it was surrendered?..... If not, where were you..... and how came you there?.....
14. Was the husband of applicant personally present with his Command at its surrender?..... If not where was he?..... and how came him there?..... When, where and for what cause did he leave his Command? (Give date)..... By whose authority did he leave his Command?..... and how long was he granted leave?..... How do you know all that you have stated to be true? (If of your own knowledge, state clearly and specifically).....
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command?.....
16. What effort did he make to return to his Command and how do you know this?.....
17. Was he captured as a prisoner?..... If so, when and where?..... In what prison was he held?..... and when released?.....

Sworn to and subscribed before me, this the

..... day of 192.....

(Witness)

..... Ordinary

of County.

(SEAL OF ORDINARY)

June 30
July 30
Aug 30
90

FILED
AUG 9 1934
VETERANS SERVICE OFFICE
A. L. HENSON, DIRECTOR

TO PAY-
1930. \$ 85
Cig. & C. Tax. \$
TOTAL.

Register, Elizabeth S. 1935
CLINCH Co.

For blinch County

**Application for
Expenses of Last
Illness and Funeral**

(UNDER ACT OF 1919)

Kate C. Pafford, Ordinary

For: Mrs. Elizabeth S. Register
(Widow of Pensioner)
S. C. Register

Date of Death: Aug 15, 1933

Amount: \$ 85.00

PAID TO ORDINARY ON THIS CLAIM

FUND FROM WHICH PAID	AMOUNT
Exc	90.00
2-27	25.00
2-27-35	19.00
TOTAL	175.00

Approved, and ordered paid,
FEB 27 1934
[Signature]
A. L. HENSON,
Director, Veterans Service Office.

—STATEMENT—

Homerville, Ga., Sept 19 1933

M. Larry Register
Bunch for Mrs Elizabeth Register
In Account With

HOMERVILLE HARDWARE & FURNITURE CO.

1 Casket 125.00
1 Vault 50.00
175.00

Received & paid
Sept 19-1933
Homerville Hardware & Furniture Co.
By T. C. Chamberlain

I, have this day received from Kate C/ Pafford, Ordinary Clinch
County, Georgia, \$85.00 balance of funeral expenses for Mrs.
Elizabeth S. Register deceased, widow pensioner.
This March, 11th. 1935.

Larry Register

I have this day received from Kate C. Pafford, Ordinary of
Clinch County, Georgia \$80.00 in part payment on the funeral
expenses of Mrs. Elizabeth S. Register, deceased, widow pensioner
of Clinch County, Georgia.
This March, 26th. 1934.

Larry Register

Homerville, Ga. Dec. 18th. 1933.

Hon. A.L. Henson,
Atlanta. Ga.

Dear Mr. Henson:
Find enclosed application for funeral
expenses for Mrs. Elizabeth S. Register, deceased widow
pensioner of Clinch County.

Yours very truly,
Kate C. Pafford
Ordinary

**Application for
Payment of Expenses of Last Illness and Funeral**
(Under Act of 1919)
(To be disbursed by the Ordinary)

GEORGIA, Clinch County:
Before me, the Ordinary of said County, comes Leroy Register
of said County, who, after being duly sworn, on oath says
that he knew Mrs. Elizabeth S. Register late of said County, a Confed-
erate pensioner, and that said person is the identical person named and described in the attached
certified copy of burial certificate; and that said pensioner ~~LEFT NO WIDOW~~ and NO ESTATE OF
ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted
to the sum of \$ 175.00, as shown by sworn statements FULLY and COMPLETELY
ITEMIZED, hereto attached.

Sworn to and subscribed before me,
this the 11 day of Oct, 1933.
Kate C. Pafford Ordinary. } Leroy Register

CERTIFICATE OF THE ORDINARY

GEORGIA, Clinch County.
I certify that Leroy Register who subscribed
to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and
credit. I further certify that I knew Mrs. Elizabeth S. Register the deceased
pensioner referred to in the foregoing affidavit and that said deceased was at the time of death
regularly enrolled as a pensioner on the records of file in my office. I further certify that said de-
ceased pensioner is the identical person named and described in the attached certified copy of burial
certificate, ~~was not survived by a widow~~ and left no estate of any kind sufficient to pay the expenses
of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 11th day of Oct, 1933.
(Seal of Ordinary) Kate C. Pafford Ordinary.

INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of _____, who died without owning sufficient property to pay this bill.
- 4th. 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 and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

Georgia, Clinch County.

I, Leroy Register, do solemnly swear that attached
itemized bill for funeral expenses of Mrs. Elizabeth S. Register,
widow pensioner of Clinch County, Ga. were paid by me and that said
widow pensioner did not leave any estate of value sufficient
to pay funeral expenses.

This Oct. 11th. 1933.

Sworn to and subscribed before me
this Oct. 11th. 1933,

Kate C. Pafford
Ordinary Clinch County, Ga.

MRS. KATE C. PAFFORD
ORDINARY CLINCH COUNTY
HOMERVILLE, GA.

March, 29th. 1930.

Hon. R. del Lawrence,

Commissioner of Pensions,

Atlanta, Georgia.

Dear sir:-

I am enclosing the affidavit of Mrs. Martha
Sirmans and Mrs. Mary Weaver to be considered by you in
connection with the Pension Application of Mrs. Elizabeth
Register, widow of F.R. Register, which has already been
sent in to you.

I would be glad for you to give this your
careful attention, and if possible, to grant it.

Yours very truly,
Kate C. Pafford
Ordinary

Yours very truly,
Kate C. Pafford.
Ordinary.

GEORGIA, CLINCH COUNTY:

Personally comes before the undersigned Ordinary of said county, Mrs. Martha Sirmans, age 78, and Mrs. Mary Weaver, age 80, both of said county, and who are personally known to me as persons of good repute and veracity, and who are known to me to be the sisters of the late Abraham R. Register of said county, and who being duly sworn depose and says:

That they the said Martha Sirmans and Mary Weaver both of their own knowledge, know that their said brother, A.R. Register, enlisted in the Georgia Militia for service in the Confederate Army in the spring of 1864, and that he was in said service continuously until the close of the war, returning home in the spring of 1865 but they do not remember just where he was mustered out or discharged from the service at; and they remember that he returned home to Dupont, Ga., on the train.

Sworn to and subscribed before me
this the 29th day of March, 1930.

Kate C. Pafford
Ordinary, Clinch Co., Ga.

Martha Sirmans ---

Mary Weaver ---

MRS. KATE C. PAFFORD
ORDINARY CLINCH COUNTY
HOMERVILLE, GA.

Feb. 14th, 1930.

Hon. R. S. Lawrence,
Commissioner of pensions,
Atlanta, Ga.

Dear Sir:

I am sending in application of Mrs. Elizabeth S. Register, widow of Abraham R. Register, to get on the widows pension roll of Clinch County. Mrs. Register and the witnesses, Mrs. Sirmans and Mrs. Weaver are all very old and do not remember the day and month of the marriage of Mr. and Mrs. Register, but well remember the occasion. While they are advanced in years they are very active, keeping up with the topics of the day, and are known for their truthfulness and honesty. I'm very sorry we cannot get facts as to the exact dates of his service in the army and date of his discharge, but I understand that you have record that he had ~~been~~ enlisted in Clinch County in 1864.

Hoping this application will be sufficient evidence.

Yours very truly,

Kate C. Pafford.
Ordinary.

I, Kate B. Pafford, Ordinary Clinch County, Georgia, do hereby certify that the within and foregoing is a true and correct copy of the death certificate of Mrs. Elizabeth S. Register as the same appears in the records of the said death certificate file in my Office.

This Dec. 15th. 1933.

Ordinary, Blinn County, Texas, and
Ex Officio Clerk thereof.

By giving this widow the "Benefit of the doubt" there seems sufficient evidence for a pension.

Will have to give benefit of doubtth as there is no evidence of length of service. As he returned home after the war, it is presumed he was with his Co at its close.

B. V. S. - Form 11.
N. B. - WRITE PLAINLY WITH UNFADING INK. - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGES should be given in full years, months and days. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Was death due to insidious or dangerous conditions or occupations?

LOCAL REGISTRAR'S COPY CERTIFICATE OF DEATH GEORGIA STATE BOARD OF HEALTH Bureau of Vital Statistics				STATE FILE NUMBER
1 PLACE OF DEATH				
State—Georgia.				
County <u>Cherokee</u> Militia District No. <u>970</u> Registered No. _____				
City or Town <u>Domenville Ga.</u> No. _____ St. _____ Ward _____				
(If death occurred in a hospital or institution, give its NAME instead of street and number).				
2 FULL NAME <u>Mrs. Elizabeth S. Register</u>				
(a) Residence				
(Usual place of abode, street and number)				
Length of residence in city or town where death occurred Yrs. ____ Mos. ____ Ds. ____ If NON-RESIDENT give city or town and state of residence.				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word).		
<u>Female</u>	<u>White</u>	<u>Widowed</u>		
6a Name of Husband or Wife, if Married, Widowed or Divorced.				
6 DATE OF BIRTH (month, day and year) <u>May, 17-1883</u>				
7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
8 OCCUPATION				
(a) Trade, Profession or particular kind of work <u>Housewife</u>				
(b) General nature of industry, business or establishment in which employed (or employer).				
9 BIRTHPLACE (State or Country) <u>DuPont, Ga.</u>				
10 NAME OF FATHER <u>Benjamin Stalvey</u>				
11 BIRTHPLACE OF FATHER (State or Country) <u>Georgia</u>				
12 MAIDEN NAME OF MOTHER <u>Rhoda Register</u>				
13 BIRTHPLACE OF MOTHER (State or Country) <u>Georgia</u>				
14 The Above is True to the Best of My Knowledge.				
(Informant) <u>Livy Register</u>				
(Address) <u>Domenville Ga.</u>				
15				
Filed <u>Sept 30, 1923</u>				
Registrar <u>Folks Huxford</u>				
MEDICAL CERTIFICATE OF DEATH				
16 DATE OF DEATH				
(month, day and year) <u>Sept-18-1923</u>				
17 I HEREBY CERTIFY, That I attended deceased from <u>June 1, 1923, to Sept-18, 1923</u>				
that I last saw her alive on <u>Sept-17-</u> , 19 <u>23</u>				
and that death occurred, on the date stated above at ____ m.				
The CAUSE OF DEATH, was as follows:				
<u>myocarditis</u>				
(Signature) Yrs. ____ Mos. ____ Ds. ____				
CONTRIBUTORY <u>Heart Regurgitation</u>				
<u>arteriosclerosis</u> (duration) Yrs. ____ Mos. ____ Ds. ____				
18 Where was disease contracted, if not at place of death?				
Did an operation precede death? ____ Date of ____				
Was there an autopsy?				
What test confirmed diagnosis? <u>usual</u>				
(Signed) <u>W. H. Huxford</u> M.D.				
(Address) <u>Domenville Ga.</u>				
19 Place of Burial, Cremation, or Removal Date of Burial				
<u>North Cemetery</u> <u>Sept-19-23</u>				
20 UNDERTAKER <u>J. W. Huxford</u>				
Address <u>Domenville Ga.</u>				

February 15, 1930.

Mrs. Kate C. Pafford,
Ordinary of Clinch County,
Homer, Ga.

My dear Judge:

The application of Mrs. Elizabeth S. Register to be placed on the pension roll as the widow of Abraham R. Register, 2nd Company, 5th Military District of Clinch County has been received.

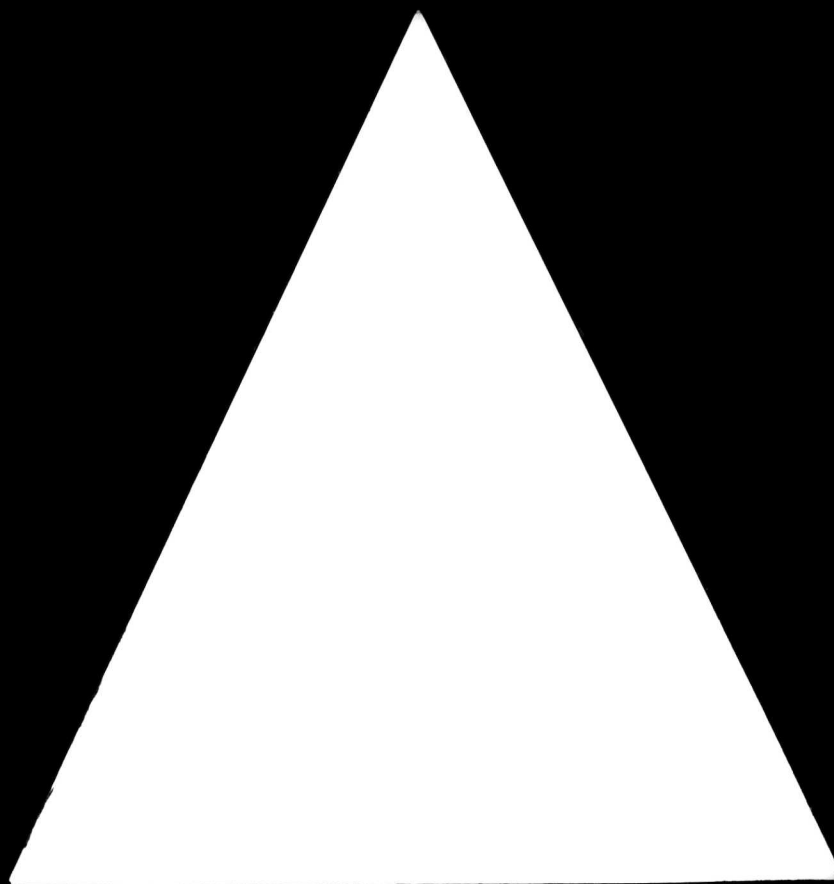
It has been established that this soldier was enlisted as a member of the 2nd Co. of the 5th Military District, Capt. R. B. Johnson, but before the record is complete, proof must be furnished that Abraham R. Register performed as much as six months actual military service and was honorably discharged.

The affidavit of Mrs. Simons and Mrs. Weaver will be accepted as proof of marriage before 1921, but there is not sufficient proof of service as yet to make it possible to approve the application.

With kind regards,

Very truly yours,

Commissioner of Pensions



Ordinary's Certificate

STATE OF GEORGIA,

CINCH, COUNTY }

I, V. Maguire, Ordinary of said County, do certify

that I know Mrs. John T. Register, the applicant for pension. She

is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know C. V. Curry,

the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 6th day of Oct, 1919.

(SEAL)

V. Maguire, Ordinary,
Cinch, County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "I, the Ordinary, do hereby swear you and the witness to tell the truth, so help you God."
2. A husband's affidavit may be attached if there is no doubt.
3. All affidavits must be sworn to before the Ordinary of the County of the person to be sworn and certified by him.
4. All affidavits must be made before the Ordinary of the County of the person to be sworn and certified by him.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

Register
OK 10/22/19
Cinch
No. 1920

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Cinch
Name Mrs. Katie Register
Widow of John T. Register
Company 8
Regiment 50th
Approved _____

11/15/19

J. W. LINDSAY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-9-1919

Ordinary's Certificate

STATE OF GEORGIA,

CLINCH COUNTY.

I, W. V. Musgrove, Ordinary of said County, do certify that I know Mrs. John T. Register, the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know G. W. Curry, the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 6th day of Oct, 1919.

(SEAL)

W. V. Musgrove Ordinary,
CLINCH County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1861, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

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

Questions for Applicant

STATE OF GEORGIA,

CLINCH COUNTY.

Personally before me comes Mrs. Katie Register, of said State and County, and, after being duly sworn, says that she desires to apply for a pension allowed under the Act of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? Katie Register, near DuPont, Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? all of my life.
3. When, where and to whom were you married? June 27th, 1878, near DuPont, Ga. to John T. Register.
4. Have you married since the death of first and soldier husband? no.
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) March 4th 1862, Co. G, 50 Regiment.
6. When and where did the commands of your husband surrender or discharge from the army? A ppomattox Court House, Va.
7. Was your husband personally present at the time of the surrender or discharge of this command? no.
8. If he was not present state clearly where he was? he was in prison.
9. Where was his command when he left? I don't know.
10. a. For what cause did he leave his command? he was captured.
11. b. By whose authority did he leave his command?
12. c. For how long was he granted leave of absence?
13. d. What was his physical condition when he left his command? he was wounded in the neck.
14. e. What effort did he make to return to his command?
15. f. In what way was he prevented from going back to Command by being in prison.
16. g. Was he captured by the enemy at any time? yes.
17. h. If so, when and where captured and where held as a prisoner, and when and for what cause released? I don't know.
18. i. When and where did your first husband die? Dec 15th, 1915, near DuPont, Ga.
19. j. Were you residing together when he died? yes.
20. k. If not, how long had you resided apart?
21. l. Are you now a widow? yes.
22. m. Have you or your husband heretofore been paid a pension by the State? no.

Sworn to and subscribed before me this the

6th day of Oct, 1919.

W. V. Musgrove Ordinary,
CLINCH County.

(SEAL)

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County CLINCH
Name Mrs. Katie Register
Widow of John T. Register
Company G
Regiment 50
Approved

J. W. LINDSEY,
Commissioner of Pensions,
Burd Printing Co., State Prison, Atlanta.

10-9-1919

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

CLINCH COUNTY.

Personally before me comes C.W. Curry who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? C.W. Curry, Stockton, Ga. R.F.D.
2. How long and since when have you known John T. Register applicant? since about 1870.
3. How long and since when has she continuously resided in this State? (Give date.) ever since I first knew here and I understand all of her life.
4. When and to whom was she married? June 26, 1868 John T. Register How do you know? by general reputation.
5. How long and since when did you know John T. Register her husband? since March 4th 1862
6. When and where did John T. Register the husband of applicant, die? near DuPont, Ga. Clinch County.
7. Were the applicant and her husband living together as husband and wife at the date of his death? YES
8. If not, how long did they live apart before his death? Were they divorced?
9. When, where and in what Company and Regiment did John T. Register enlist? March 4th 1862 Homerville, Ga. Co. G. 50 Regiment.
10. Were you a member of the same Company? yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? untill he was wounded and captured.
12. When and where did his Command surrender, and was discharged? Appomattox Court House in Va.
13. Were you personally present when it was surrendered? yes. If not, where were you and how came you there?
14. Was the husband of applicant personally present at surrender? he was in prison. If not where was he? in prison. When, where and for what cause did he leave Command? (Give date.) By whose authority did he leave his Command? And how long was he granted leave? How do you know all this? because I served with him untill he was captured.
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? because he was in prison.
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the

6th day of Oct. 1919.

M. H. Hargrave Ordinary

of CLINCH County.

(SEAL)

How do you know all this?
because I served with him untill he was captured.
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? because he was in prison.
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the
6th day of Oct. 1919.
M. J. Mangum Ordinary
of CLINCH County.
(SEAL)

C. W. Harris
Mark

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

STATE OF GEORGIA,
CLINCH COUNTY.

Personally before me comes J. L. Clark, known to be
responsible and truthful persons, residing in said County, who after having been duly sworn, say: that
of their own personal knowledge Mrs. Kattie Register, who made the foregoing
affidavit, is the lawful widow of John T. Register, who died in Clinch
County in said State of Ga. on 15th day of Dec. 1915,
and that she has not since remarried. That she became the wife of John T. Register, on
the 27th day of June 1878, and that she and he had resided together as man and
wife continuously since 27th day of June 1878, and that the ha

~~the same was published in the Georgia Official Gazette on the 15th day of Dec. 1915~~
~~Orange, Georgia, on the 15th day of Dec. 1915~~

Sworn to and subscribed before me, this the
6th day of Oct. 1919.
M. J. Mangum Ordinary
of CLINCH County.
(SEAL)

E. L. Blate

Date of Death of Husband

CLINCH

COUNTY.

(SEAL)

Subscribed and sworn to before me, this 6th day of June

United States of America.

John I. Register, of the
County of *Cluck*, State of *La*, do
solemnly swear that I will support, protect, and defend the Constitution and Government of the
United States against all enemies, whether domestic or foreign; that I will bear true faith, allegiance,
and loyalty to the same, any ordinance, resolution, or laws of any State, Convention, or Legislature,
~~in the contrary notwithstanding~~; and further, that I will faithfully perform all the duties which
~~are required of me by~~ the laws of the United States; and I take this oath freely and voluntarily,
without any mental reservation or evasion whatever.

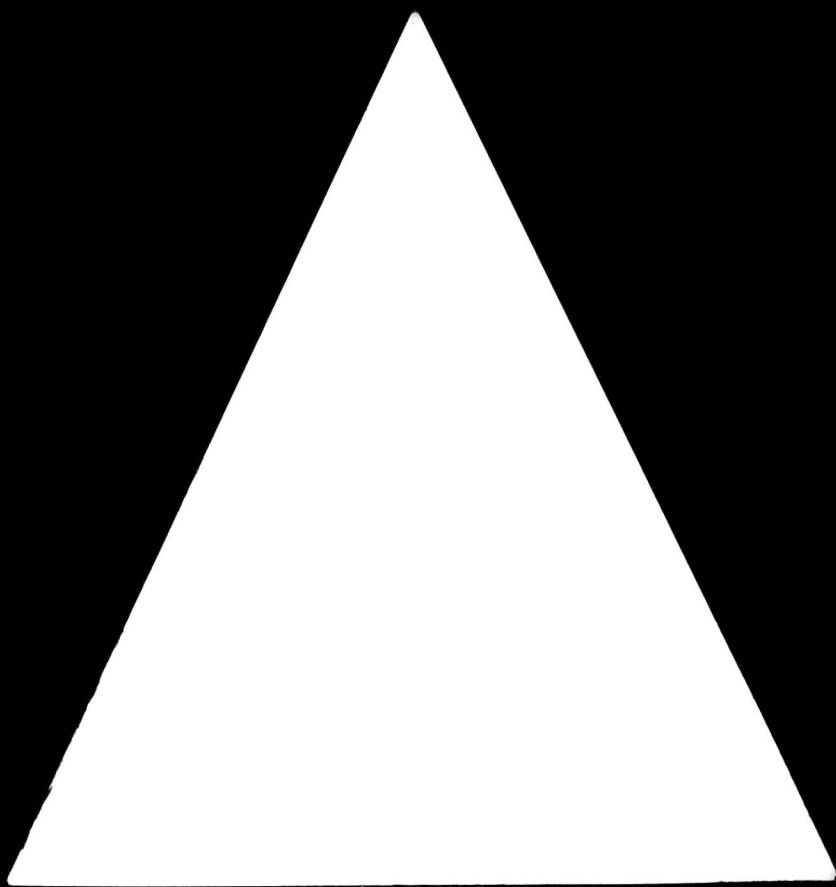
John I. Register

Subscribed and sworn to before me, this *2* day of *June*, 18*62*.

John I. Register

John I. Register

and is of the *fair* complexion, *brown* hair, and *blue* eyes,
and is *5* feet *8* inches high.



Private May 1, 1862
Sgt 3 fusils, 2d
massachusetts, Aug. 30, 1862
Died, Apr. 1865

Witness was 2d Co
and 4th Supt, and
was paroled, Synchizing,
M., 1865

Enter, Post Office
10/29/1913

Ok 10/19/14
Chas. P.
Widow's Pension

UNDER ACT 1910.

✓
County

Clinch

Name

Mary Register

Widow of

S. W. Register

Co. B. 50th Regt.

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer.

10/28/1913

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

STATE OF GEORGIA,

Chick County.

Personally before me comes Mary Register of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? Mary Register, Chick Co. Ga.
2. How long and since when have you been a continuing resident in the State of Georgia? All my life.
3. When, where and to whom were you married? to Wm. Register, Jan. 1857, Chick Co. Ga.
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) March 4, 1862, at Haverhill, Ga. Company G, 50th Regt. Ga. Inf.
5. When and where did the Commands of your husband surrender or discharge from the army? at Vicksburg, April 1865.
6. Was your husband personally present at the time of the surrender or discharge of this Command? He was.
7. If he was not present state clearly where he was? He was there.
8. Where was his Command when he left? He was with it.
- a. For what cause did he leave his command? —
- b. By whose authority did he leave his Command? —
- c. For how long was he granted leave of absence? —
- e. What was his physical condition when he left his Command? —
- f. What effort did he make to return to his command? —
- g. In what way was he prevented from going back to Command? —
- h. Was he captured by the enemy at any time? Yes.
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released? He was not captured.
- j. When and where did your husband die? May 17, 1908, at Haverhill, Chick Co. Ga.
- k. Were you residing together when he died? Yes.
- l. If not, how long had you resided apart? —
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) None.
10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) None.
11. What property of any description of any value have you now? nothing.
- Give list and cash value? —
12. What are your annual earnings or income and their value? nothing.
13. Have you heretofore been paid a pension by the State? Yes.
- If so, when and for what cause were you struck from the Roll? None.

Sworn to and subscribed before me this the...

22 day of Oct, 1913

J. J. Dume Ordinary,

of Chick County.

Widow's Pension

UNDER ACT 1910.

Chick

Mary Register

Widow of Wm. Register

Co. G, 50th Regt. Ga. Inf.

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer.

Editor, South-Central
10/12/1913

Parson May 1, 1908.
Sgt. 3rd Regt. 2d
Infantry, Aug. 30, 1862
Wounded, Apr. 1865.

Widow was 2d Capt.
and 4th Capt. and
more families, spending
the 1865.

Original Mary
Register
Oct 1914
Chick Co.

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,

Clusck County.

Personally before me comes C. W. Curry who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? C. W. Curry, in Clusck Co. Ga.
2. How long and since when have you known Mrs. M. W. Register applicant? 70 years
3. How long and since when has she continuously resided in this State? (Give date.) from the death of her husband.
4. When and to whom was she married? M. W. Register. How do you know? By being with them and seeing at their home after the death of her husband.
5. How long and since when did you know her husband? I have known him before the war, and since.
6. When and where did M. W. Register the husband of Applicant die? May 12, 1867, at Hamersville, in Clusck Co.
7. Where the Applicant and her husband living together as husband and wife at the date of his death? yes.
8. If not, how long did they live apart before his death? — Were they divorced? —
9. When, where and in what Company and Regiment did M. W. Register enlist? 4th Regt of March 1862, at Hamersville, in Company E, 5th Regt, Regiment
10. Were you a member of the same Company? yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? I think he served until the close of the war, 1865, in fact I know he did.
12. When, and where did his Command surrender, and was discharged? in Virginia near Appomattox.
13. Were you personally present when it was surrendered? yes. If not where were you? was present and how came you there? —
14. Was the husband of applicant personally present at surrender? yes. If not where was he? My best recollection he was there when, where and for what cause did he leave Command? (Give date.) when he was present. By whose authority did he leave his Command? — and how long was he granted leave? — How do you know all this? By being member of same Co. and Regiment

15. For what cause, if you know of your own knowledge was he prevented from returning to his Command? he was present other
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? —

Sworn to and subscribed before me this the 4th day of Oct, 1913, C. W. Curry Ordinary, of Clusck County.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County.

Personally before me comes — who on oath says that they are freeholders of said County and that they know 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:

Personal property — \$
Notes and accounts due — \$
Total — \$

We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:

Personal property — \$
Money, Notes and accounts — \$

Schedule (C).
We also know what property she has now in her possession, use and control to wit:
Acres of land worth — \$
Horses and Mules — \$
Cows and Hogs — \$
Other property — \$
Income and earnings — \$
Total Value of all property and effects — \$

Sworn and subscribed before me this the — day of —, 19 —.
Ordinary,
of — County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Clusck County.

I, J. J. Dams Ordinary of said County do certify that, I know Mrs. M. W. Register the applicant for pension. She is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov., 1908.
That I also know C. W. Curry the witness who swears to the service of husband, and — who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns May Register Returned for Tax is for 1908 \$ none for 1910 \$ none
Sworn under my hand and official seal of office this 22nd day of Oct, 1913, — day of Oct.
SEAL. J. J. Dams Ordinary, of Clusck County.

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

Georgia Clinch County.

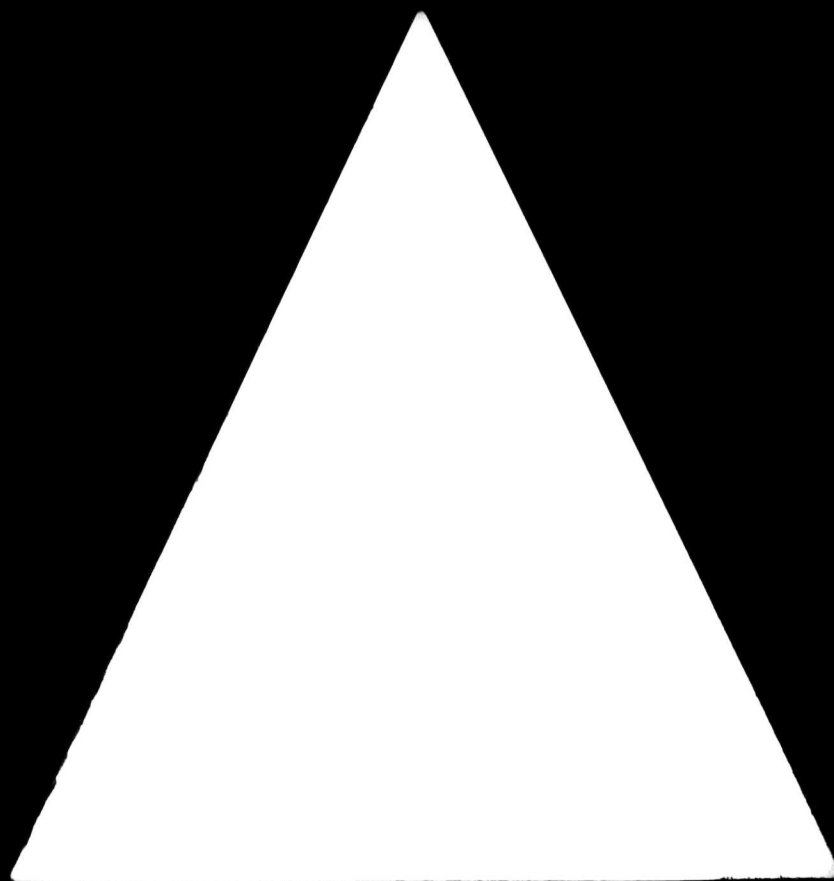
Personally appeared before
me C. H. Smith who on oath says that
he has been personally acquainted with
A. W. Register & his wife Mary Register all his life
while he was not present at the marriage but
he is satisfied beyond any doubt that they
were married and they have raised a large
family and have always been recognized
by the people here as man & wife.

C. H. Smith

Sworn to and subscribed before me this
22nd day of Oct 1913.

J. T. Dame, Ordinary C.C.

Records destroyed by fire in 1867. Could not get copy
of marriage license.



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

INSTRUCTIONS:

Given under my hand and seal of office this 21st day of December, 1937,
(SEAL OF ORDINARY) Kate C. Pafford Ordinary.
of Clinch County.

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

the witness who swears to the accuracy of the statements; that both of them are now residents

citizen of said State since January 1st, 1920, that I also know Mrs. Belle Allen

that I know Mrs. Nancy Register the applicant for pension, that

I, Kate C. Pafford, Ordinary of said County, do certify

STATE OF GEORGIA
Clinch COUNTY.

Ordinary's Certificate

RECORD O. K.
Register Nancy
Clinch County
Widow's Application
Under Act of 1910—As Amended by Act of
1919, and Constitutional Amendments
of 1920 and 1937.

County Clinch
Name Mrs. Nancy Register
Widow of Samuel Register
Date of Marriage Dec. 15, 1892
Date of Husband's Death Nov. 22, 1936
Company 2nd
Regiment 10th Fla. Inf.
Approved 11/5/38 1938
A. H. Gillen Director.

CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE

RECEIVED

JAN 5 1938

L. THOS. GILLEN,
DIRECTOR

State Dept. Public Welfare,
Atlanta, Jan. 5, 1937.

Samuel Register enlisted as
a private in Co. B, 10th Regt.
Fla. Inf. Nov. 1861. Surrendered,
Appomattox, Va., Apr. 9,
1865.

William H. Gillen
Director Confederate Records
Div.

Clinch/9/20

State Dept. Public Welfare,
Atlanta, Jan. 5, 1937.

Samuel Register enlisted as
a private in Co. B, 10th Regt.
Fla. Inf. Nov. 1861. Surrender-
ed, Appomattox, Va., Apr. 9,
1865.

William H. Gillen
Director Confederate Records
DIV.

Blanch 9/12

RECORD Q. K.

Register Nancy
Clinch County
Widow's Application

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

County Clinch
Name Mrs. Nancy Register
Widow of Samuel Register
Date of Marriage Dec. 15, 1860
Date of Husband's Death Nov. 23, 1936
Company 10th Fla. Inf.
Regiment 10th Fla. Inf.
Approved 1/5/38
A. J. Gillen
Director

CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE

RECEIVED

JAN 5 1938

L. THOS. GILLEN,
DIRECTOR

Ordinary's Certificate

STATE OF GEORGIA,

Clinch

COUNTY.

I, Kate C. Pafford, Ordinary of said County, do certify
that I know Mrs. Nancy Register the applicant for pension; that
she is the person she represents herself to be, and that she has been, continuously, a bona fide resident
citizen of said State since January 1st, 1920; that I also know Mrs. Belle Allen
the witness who swears to the correctness of the marriage; that both of them are now residents
of said County and were duly sworn by me before signing the foregoing affidavits, and that they are
truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and seal of office this 21st day of December, 1937.
(SEAL OF ORDINARY) Kate C. Pafford, Ordinary.
of Clinch County.

INSTRUCTIONS:

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

APPLICATION FOR PENSION BY A WIDOW OF A CONFEDERATE SOLDIER

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

QUESTIONS FOR APPLICANT TO ANSWER:

STATE OF GEORGIA,

Clinch

COUNTY.

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

SECTION I.

- What is your name, and where do you reside? (Give Post Office and County).
Mrs. Nancy Register
- How long and since when have you been, continuously, a bona fide resident citizen of the State
of Georgia?
All my life
Give date, or year, of your birth. September, 28th, 1854 Age? 83
- (1) When, (2) where and (3) to whom were you married?
Dec. 15, 1860, Hamilton Co. Fla. to Samuel Register
 - Have you married since the death of first and soldier husband? No.
 - When and where did your first husband die? Clinch County, Nov. 23, 1936
 - Were you residing together when he died? Yes.
 - If not, how long had you resided apart? XXX
 - Are you now a widow? Yes
 - Have you or your husband heretofore been paid a pension by the State? Yes my husband has.
 - If so, when and for what cause were you or your husband placed on the roll? Service in Army

SECTION II.

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

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

Sworn to and subscribed before me, this the
21st day of December, 1937.

Kate C. Pafford, Ordinary
of Clinch County.
(SEAL OF ORDINARY)

Mrs. Nancy Register
Applicant.

An Affidavit

(Read carefully before making this affidavit.)

State of Georgia,

County of _____

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

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

Sworn to and subscribed before me, this the _____

_____ day of _____, 193____

_____, Ordinary,

_____ County.

Questions for Witness as to Marriage and Service of Husband.

STATE OF GEORGIA,

_____ COUNTY.

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

1. What is your name and where do you reside? (Give Post Office and County) Mrs. Belle Allen, Toccoa, Clinch County, Georgia.
2. How long and since when have you known Mrs. Nancy Register applicant all her life. (See 12. of Method)
3. Where does she now reside, and since when has she been continuously, a bona fide, resident citizen of this State? She lives with me at Toccoa, Ga., has lived in Georgia all her life.
4. When and to whom was she married? Dec. 12, 1899. How do you know?
5. How long and since when did you know Nancy Register her husband? Since Dec. 12, 1899. I was then five years of age.
6. When and where did Clinch County, Georgia, November, 23, 1936. the husband of applicant, die?
7. Were the applicant and her husband living together as husband and wife at the date of his death? yes.

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

Were they divorced? XXXX

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

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

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

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

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

Sworn to and subscribed before me, this the _____

21st day of November, 1937.

Math. C. Bell, Ordinary

of _____ County.

(SEAL OF ORDINARY)

Mrs. Belle Allen
(Witness)

GEORGIA,
CLINCH COUNTY.

Personally appeared me the undersigned officer,
J. J. Lane to me well known, who on oath
says that he is 54 years of age, and has resided in
Clinch County all his life, and has known Mrs. Nancy
Register all his life, and that she resided with the
late Mr. Samuel Register, as his wife for forty years
prior to the death of her husband, the late Samuel
Register, whose death occurred during November 1936.

Sworn to and subscribed
before me this 3d day
of January, 1938

Kate C. Pafford
Ordinary Clinch County, Ga.

Georgia, Clinch County.

Personally appeared before me the undersigned Officer,

J. T. Dame, to me well known, who on oath says that he has resided in
Clinch County, about forty five years, that he was Ordinary of said County
for 17 years, and that Samuel Register, deceased pensioner was on
the pension roll during his terms in Office, and that he knows from
general reputation that Mrs Nancy Register and Samuel Register resided
together as man and wife for at least forty years prior to his death
on Nov. 23, 1936.

Sworn to and subscribed before me
this Jⁿ. 4th. 1938.

Kate C. Pafford
Ordinary Clinch County, Georgia.

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

ATLANTA

Mrs. Kate C. Pafford, Ordinary,
Clinch County,
Homerville, Georgia.

WHEREAS:

MRS. NANCY REGISTER, WIDOW OF SAMUEL REGISTER,

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

ORDERED:

That said applicant be admitted to the pension
roll of the State of Georgia for the month of
January, 19 38, and thereafter;
and that a copy of this order be sent to the
Ordinary of said County.

This, the 27th day of December 19 37.

L. H. "Pat" Givens

Director, Confederate Division
State Department of Public
Welfare

GEORGIA, CLINCH COUNTY.

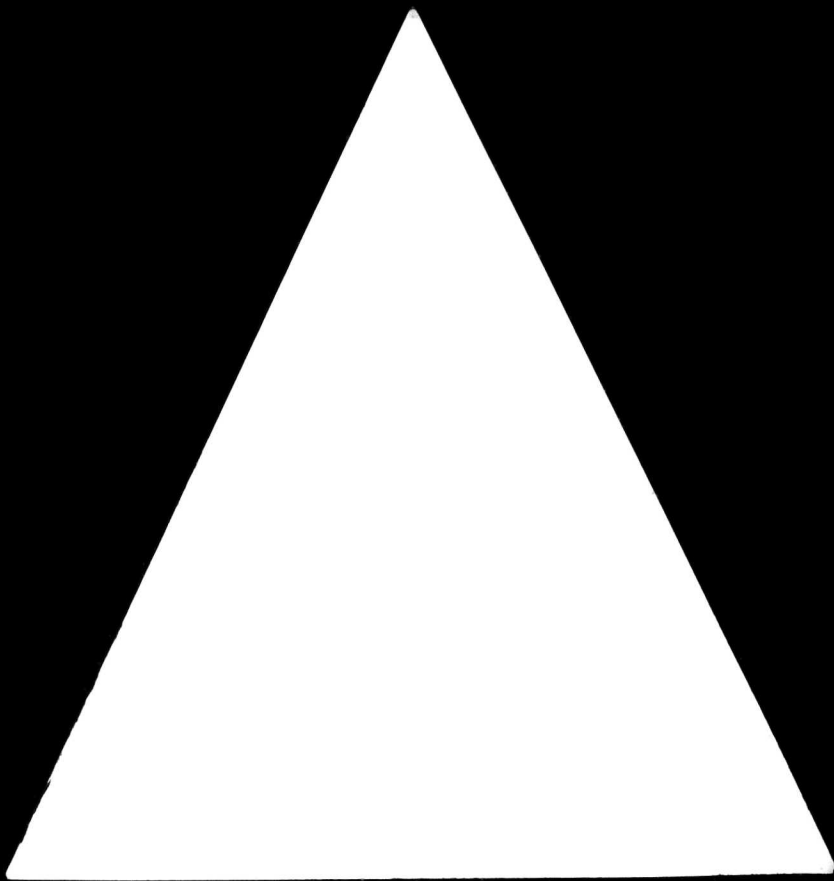
I, Kate C. Pafford, Ordinary Clinch County, Georgia, do hereby certify that the within and foregoing is a true and correct copy of the death certificate of Samuel Register, which is of file and on record in my Office.

This Jan. 4th. 1938.

Kate C. Pafford
Ordinary Clinch County, Georgia and
Ex-Officio Clerk thereof.

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

T. S. -2



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 payment provided, the following suggestions are submitted:

1. 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 desires to be relieved from duty, he should state the date when he was disabled, and the history of the disease should be given, showing 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 limbs 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 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.

6. 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.

The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

Register S. W.
Colonial Co.

4.50 1889

No. 2259

APPLICATION FOR ALLOWANCE.

Loss of fingers

Applicant S. W. Register

County Clinch

Amount 15

Date of Warrant May 17

Entered on record May 17 1889

S. W. Register

SECRETARY EXECUTIVE DEPARTMENT.

now

E 1459

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. 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 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.

6. 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.

The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Clitch County.

PERSONALLY appears *S. W. Register* of *Clitch* 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 *8* day of

August 18*89*; 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 *9*, of *50*th Regiment

of *Georgia* Volunteers *and* *Infantry*, 's Brigade; that whilst engaged

in such military service, at the battle of *Manassas* in the State

of *Virginia*, on the *25* day of *July* 18*62*, he was

wounded as follows: *In the left hand by a minnie ball*

which caused the loss of three fingers they
being amputated at the palm.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled thereunder for the year ending October 26, 1889.

Sworn to and subscribed before me, this the

6th day of *May* 188*9* } *S. W. Register*

E. J. Hatch & P

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.

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:

Register S. W.
Clitch Co.

6/5 1889

No. 1219

APPLICATION FOR ALLOWANCE.

Loss of fingers

Applicant S. W. Register

County Clitch

Amount 10

Date of Warrant May 17

Entered on record

May 17 1889

E. J. Hatch

SECRETARY EXECUTIVE DEPARTMENT.

na w
5/14/89

STATE OF GEORGIA,

Clutch County.

PERSONALLY came *Harris Tomlinson, John T. Register and G. V. Register*
citizens of *Clutch* county, in said State,
who, being duly sworn, say that they are acquainted with *S. W. Register*

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 *Clutch* county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this *6th* day of *May* 188*9* *Harris Tomlinson*
E. J. Hutch *John T. Register*
justice of the peace *G. V. Register*

NOTE. Above affidavit must be made by three citizens of the county of applicant's residence.

STATE OF GEORGIA,

Clutch County.

PERSONALLY comes before me *George Cornetius* Ordinary of said county,
L. C. Matter M.D. and *H. J. Stapleton M.D.* both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that
they have carefully examined *S. W. Register* and after such
examination say that the applicant has been injured as follows: *In the left*
hand by a ball which causes three fingers
to be amputated at the hand leaving the
index fingers.

Sworn to and subscribed before me, this *6th* day of *May* 188*9* *L. C. Matter M.D.*
George Cornetius *H. J. Stapleton M.D.*
ORDINARY.

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,

Church County.

I, *George Cornetius* Ordinary of said county,
do certify that I am well acquainted with *S. W. Register* 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 *justice of the peace* before
whom the foregoing affidavits were made and power of attorney was signed, is a
justice of the peace of said county, and the said affidavits and signa-
tures thereto are genuine.

Given under my official signature and seal, this *6th* day of *May* 188*9*
George Cornetius
Ordinary *Clutch* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I, *S. W. Register*
of *Clutch*
county, in said State, do hereby appoint *W. A. Wright*
of *Gulton 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 *6th*
day of *May* 188*9*

Executed in the presence of us: *S. W. Register* (L. S.)
L. C. Matter
E. J. Hutch

Exp. to Homerville
h

STATE OF GEORGIA,

Clinch County.

I, *George Cornelius* Ordinary of said county, do certify that I am well acquainted with *S. M. Register* 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 *John E. Courson* before whom the foregoing affidavits were made and power of attorney was signed, is a *Justice of the Peace* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *5* day of *March* 189*0*

Ordinary *Clinch* County.

STATE OF GEORGIA,

Clinch County.

I, *George Cornelius* Ordinary of said County, do certify that I am well acquainted with *S. M. Register* 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 *Thomas Leving N.P.* before whom the foregoing affidavits were made and power of attorney was signed, is a *Notary Public* of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *2* day of *March* 189*1*

Ordinary *Clinch* County.

Register S. W.
Clinch Co
1890.

No. *2437*
APPLICATION FOR ALLOWANCE.

Cass J. Ferguson
Applicant, *S. M. Register*
County, *Clinch*
Amount, *15.00*
Date of payment, *Feb 10*

Entered on record
Feb 10 189*0*

W. A. Wright
WARRANT RETURNED TO
W. A. Wright

Register, S. W. R.
Clinch Co
1891

No. *2643*
Application for Allowance

Cass J. Ferguson
Applicant, *S. M. Register*
County, *Clinch*

Amount, *15*
Date of payment, *Feb 10*

Entered on record
Feb 10 189*1*

W. A. Wright
WARRANT RETURNED TO
W. A. Wright

W. A. Wright
WARRANT RETURNED TO
W. A. Wright

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Chinch County. }
PERSONALLY appears *W. R. Register* of *Chinch* 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 *1st* day of *Aug* 1859; 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 *60*th Regiment of *Georgia* Volunteers *Draught*'s Brigade; that whilst engaged in such military service, at the battle of *Manassas* in the State of *Virginia* on the *6* day of *July* 1862, he was wounded as follows:

in the left hand causing the loss of three fingers. Leaving the thumb and index finger

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 *fifteen* dollars.

Sworn to and subscribed before me, this the

5 day of *March* 1891. } *W. R. Register*
John R. Courson J.P.

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

Chinch County. }

KNOW ALL MEN BY THESE PRESENTS, That I, *W. R. Register*

of *Chinch* county, in said State, do hereby appoint *N. A. Wright* of *Fulton* 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 *5th* day of *March* 1891.

W. R. Register [L. S.]

Executed in the presence of us:

Edg. Robert
John R. Courson J.P.

Send money to me as follows, by

Express

to

Homerville

P.O.

Chinch County, Georgia.

W. R. Register

See Trouble for
Swearing

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Chinch County. }

PERSONALLY appears *W. R. Register* of *Chinch* 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 *fifth* day of *August* 1859; 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 *50*th Regiment of *Georgia* Volunteers *Murphy*'s Brigade; that whilst engaged in such military service at the battle of *Manassas* in the State of *Virginia* on the *6* day of *July* 1862, he was wounded as follows:

in the left hand causing the loss of three fingers, leaving the index finger and thumb

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 *fifteen* dollars, for *1890*.

Sworn to and subscribed before me, this the

5 day of *March* 1891. } *W. R. Register*
Tharney Courson J.P.

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,

Chinch County. }

Know all Men by these Presents, That I, *W. R. Register*

of *Chinch* County, State of Georgia, do hereby appoint

N. A. Wright of *Fulton* 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 *5* day of *March* 1891.

W. R. Register [L. S.]

Executed in the presence of us:

W. R. Harben
Tharney Courson J.P.

Send money to me as follows, by

Express

to

Homerville

P.O.

Chinch County, Georgia.

W. R. Register

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Clinch County. }
PERSONALLY appears *S. W. Register*
of *Clinch* 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 *15th* day of *August* 18*92*; that he enlisted
in the military service of the Confederate States (or of the State of
during the war between the States, and served as a *private* in Company *A*
of *30*th Regiment of *Georgia* Volunteers *Mercer's*
Brigade; that whilst engaged in such military service at the battle of *Manassas*
in the State of *Virginia*, on the *6th* day of

July 1862, he was wounded as follows:
first the left hand causing
the loss of three fingers
the thumb and index finger
not remaining on the left
hand.

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

fifteen Dollars for *loss of three fingers*

Sworn to and subscribed before me this the

20th day of *January* 1892.

George W. Anderson 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,

Clinch County.

Know all Men by these Presents, That I, *S. W. Register*

County, in said State, do hereby appoint *John Wright*
of *Walker* County, 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 the 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 *March* 1892.

S. W. Register [L. S.]

Executed in the presence of us:

Harriet Anderson

George W. Anderson

DIRECTION.

Send money to me as follows, by

express
to *Wright*

Clinch County, Georgia.

S. W. Register

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Clinch County.

PERSONALLY appears *S. W. Register* of *Clinch*
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 *fifth*
day of *August* 1829; that he enlisted in the military service of the Con-
federate States (or of the State of) during the war between the
States, and served as a *private* in Company *A*, of *50*th Regiment
of *Georgia* Volunteers *Mercer's*
Brigade; that whilst engaged in
such military service at the battle of *Manassas* in the State
of *Virginia*, on the *6th* day of *July* 1862, he was

wounded as follows: *in the left hand causing*
the loss of three fingers having
the index finger and thumb

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

fifteen dollars, for *each year since passage of act*

Sworn to and subscribed before me, this, the

16th day of *March* 1893.

John Wright J. P.

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,

Clinch County.

I, *George W. Anderson* Ordinary of said County,

do certify that I am well acquainted with *S. W. Register* 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 *John Wright* a Justice of the Peace

before whom the foregoing affidavits were made and power of attorney was signed, is a

Justice of the Peace of said County, and the said affidavits and

signatures thereto are genuine.

Given under my official signature and seal, this *16th* day of *March* 1893.

George W. Anderson

George W. Anderson Ordinary *Clinch* County.

STATE OF GEORGIA,

POWER OF ATTORNEY.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Chinch COUNTY.
Know all Men by these Presents, That I,

S. H. Register
of *Chinch* County, State of Georgia, do hereby appoint *W. A. 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 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 *Sixth* day of *January* 1894. *S. H. Register* [L. S.]

Executed in the presence of us

James M. High
George L. Harrison

Send money to me as follows, by

DIRECTIONS.

Express
to *Homeville*

P. O.

Chinch County, Georgia.

(For Those Already Enrolled.)

Soldier's Pension.

1894.

Name *S. H. Register*
County *Chinch*

Disability *loss of 3 fingers*

Amount, \$ *15.00*

31

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Chinch County.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *28* day of *January* 1895. *S. H. Register* [L. S.]

Executed in presence of us

Samuel Smith
George L. Harrison

DIRECTIONS.

Send money to me as follows, by *Postal Money order*

to *Homeville*

P. O.

Chinch County, Georgia.

S. H. Register

(For Those Already Enrolled.)

SOLDIER'S PENSION.

1895.

Name *S. H. Register*
County *Chinch*

Disability *3 fingers off left hand*

Amount, \$ *15*

32

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

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

No later

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Cherokee County, }

PERSONALLY appears *J. W. Register* of *Homer* 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 *fifth* day of *August* 18th; that he enlisted in the military service of the Confederate States (~~of the State of~~) during the war between the States, and served as a *private* in Company *E*, of *50th* Regiment of *Georgia* Volunteers *Minors*'s Brigade; that whilst engaged in such military service at the battle of *Manassas* in the State of *Virginia*, on the *30th* day of *August* 1862, he was wounded as follows: *in the left hand causing the loss of three fingers, causing the thumb and middle 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 26, 1894. I have heretofore been allowed a pension of *fifteen* dollars, for the year 1893.

Sworn to and subscribed before me, this, the *6th* day of *March* 1894. } *J. W. Register*

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, *George Cornelius* Ordinary of said County, do certify that I am well acquainted with *J. W. Register* 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 *March* 1894.



George Cornelius

Ordinary

Cherokee

County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Cherokee County, }

PERSONALLY appears *J. W. Register* of *Homer* 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 *5th* day of *August* 18th; that he enlisted in the military service of the Confederate States (~~of the State of~~) during the war between the States, and served as a *private* in Company *E*, of *50th* Regiment of *Ku* Volunteers, *Minors*'s Brigade; that whilst engaged in such military service at the battle of *Manassas* in the State of *Virginia*, on the *30th* day of *August* 1862, he was wounded as follows: *in the left hand causing the loss of three fingers, causing the thumb and middle 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 *fifteen* dollars, for the year 1894.

Sworn to and subscribed before me, this, the *28th* day of *January* 1895. } *J. W. Register*

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, *George Cornelius* Ordinary of said County, do certify that I am well acquainted with *J. W. Register* 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* 1895.



George Cornelius

Ordinary

Cherokee

County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Church County, }
PERSONALLY appears *J. M. Register* of *Homer* 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 *fifth* day of *August* 1839; that he enlisted in the military service of the Confederate States (as of the State of) during the war between the States, and served as a *private* in Company "B", of 50th Regiment of *Georgia* Volunteers *Murphy*'s Brigade; that whilst engaged in such military service at the battle of *Manassas* in the State of *Virginia*, on the *15th* day of *August* 1862, he was wounded as follows: *in the left hand causing the loss of three fingers, leaving the thumb and index 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 26, 1894. I have heretofore been allowed a pension of

fifteen dollars, for the year 1893

Sworn to and subscribed before me, this, the *6th* day of *March* 1894. } *J. M. Register*

George Lambrick 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, }

Church County, }
I, *George Lambrick* Ordinary of said County, do certify that I am well acquainted with *J. M. Register* 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 *March* 1894.



George Lambrick
Ordinary *Church* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Church County, }
PERSONALLY appears *J. M. Register* of *Homer* 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 *5th* day of *August* 1839; that he enlisted in the military service of the Confederate States (as of the State of) during the war between the States, and served as a *private* in Company "B", of 50th Regiment of *Georgia* Volunteers *Murphy*'s Brigade; that whilst engaged in such military service at the battle of *Manassas* in the State of *Virginia*, on the *15th* day of *August* 1862, he was wounded as follows: *in the left hand causing the loss of three fingers, leaving the thumb and index 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 *fifteen* dollars, for the year 1894

Sworn to and subscribed before me, this, the *28th* day of *January* 1895. } *J. M. Register*

George Lambrick 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, }

Church County, }
I, *George Lambrick* Ordinary of said County, do certify that I am well acquainted with *J. M. Register* 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* 1895.



George Lambrick
Ordinary *Church* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Chunck County.

I, *S. W. Register* hereby authorize *W. A. Wright* of *Atlanta Ga*

to receive and receipt for the pension paid hereon and request that he remit same to *S. W. Register* by *Express* at *Homeroville Ga*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *10th* day of *January* 1896.

S. W. Register [L. S.]

Executed in presence of us

S. L. Dravich
J. M. Hodge

Register, S. W.
Chunck Co.
ACT OF SEPT. 1867
(For Those Already Enrolled.)

No. 728

SOLDIER'S PENSION.
1896.

Name *S. W. Register*
County *Chunck*
Disability *Lost Three fingers*
Amount, \$ *15.00*

2/26 1896

RICHARD JOHNSON,

9/17/97
WARRANT HANDED TO
W. A. Wright
Comm. W. HARRISON, STATE PRINTER, ATLANTA.

W. A. Wright

POWER OF ATTORNEY.

STATE OF GEORGIA,

Chunck County.

I, *S. W. Register* hereby authorize *W. A. Wright* of *Atlanta*

to receive and receipt for the pension paid hereon and request that he remit same to *S. W. Register* by *Express* at *Homeroville*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *11th* day of *January* 1897.

S. W. Register [L. S.]

Executed in presence of

B. C. Mattox
J. R. Dickerson

Register, S. W.
Chunck Co.
ACT OF SEPT. 1867
(For Those Already Enrolled.)

No. 729

INVALID
SOLDIER'S PENSION.
1897.

Name *S. W. Register*
County *Chunck*
Disability *3 fingers*
Amount, \$ *15.00*

2/26 1897

RICHARD JOHNSON,

9/17/97
WARRANT HANDED TO
W. A. Wright
Comm. W. HARRISON, STATE PRINTER, ATLANTA.

W. A. Wright

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Chitach County.

Personally appears *W. Register* of *Chitach* 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 *5th* day of *August* 18*69*; that he enlisted in the military service of the Confederate States (or of the State of *Virginia*) during the war between the States, and served as a *Private* in Company *4* of *50*th Regiment of *Volunteers*, *Bryan's* Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *30* day of *August* 1862, he was wounded, injured or diseased as follows:
In the left hand losing three fingers having the index finger and thumb the above described injuries were received at the second Battle of Manassas

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, 1890. I have heretofore as a resident of *Chitach* county been allowed a pension of *fifteen* dollars, for the year 189*0*.

Sworn to and subscribed before me, this, the *5th* day of *January* 1890. } *W. Register*

George Cornelius Osborn
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,
Chitach County.

I, *George Cornelius Osborn* Ordinary of said County, do certify that I am well acquainted with *W. Register* 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* 1890.



George Cornelius Osborn
Ordinary *Chitach* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Chitach County.

Personally appears *W. Register* of *Chitach* 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 *19th* day of *May* 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 *private* in Company *4* of *57*th Regiment of *Volunteers*, *McGowan's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *30th* day of *August* 1862, he was wounded, injured or diseased as follows:
in the left hand causing the loss of all the fingers on the left hand except the thumb and index 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, 1897. I have heretofore under said law as a resident of *Chitach* county been allowed an invalid pension of *fifteen* Dollars, for the year 189*0*.

Sworn to and subscribed before me, this, the *11th* day of *January* 1897. } *W. Register*
POST OFFICE *Winnfield*

George Cornelius Osborn
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,
Chitach County.

I, *George Cornelius Osborn* Ordinary of said County, do certify that I am well acquainted with *W. Register* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

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



George Cornelius Osborn
Ordinary *Chitach* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Chick County.

I, *S.M. Register* hereby authorize *W.A. Wright*
Compt. and of *Atlanta Ga*

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

S.M. Register by *Express*
at *Homer ville Ga*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *3/21*
day of *February* 1898.

S.M. Register [L. S.]

Executed in presence of

A.C. Kirkland & J.P.

*Register, S.M.
Chick Co.*

ACT OF SECT. 136
(For These Already Enrolled.)

No. *1693*

INVALID

SOLDIER'S PENSION.

1898.

Name *S.M. Register*
County *Chick*

Disability
Amount, \$ *15.00*
2/15 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

M.A.M.

SEALED BY COMMISSIONER, STATE PRINTER, ATLANTA

1/21/98

POWER OF ATTORNEY.

STATE OF GEORGIA,

Chick County.

I, *S.M. Register* hereby authorize
W.A. Wright of *Atlanta*

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

S.M. Register by *Express (Collect)*
at *Homer ville Ga*

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *3rd*
day of *January* 1899.

S.M. Register [L. S.]

Executed in presence of

A.C. Kirkland & J.P.

*Register, S.M.
Chick County*

CODE SECTION 136
(For These Already Enrolled.)

No. *148*

INVALID

SOLDIER'S PENSION.

1899.

Name *S.M. Register*
County *Chick*

Disability *Loss of 3 fingers*
Amount, \$ *15.00*
2/15 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

N

SEALED BY COMMISSIONER, STATE PRINTER, ATLANTA

W. A. M. L. A.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Clinch County.

Personally appears *J. N. Register* of *Clinch* 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 *19* day of *May* *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 *Private* in Company *H*, of *57*th Regiment of *Georgia* Volunteers, *Mercer*'s Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *30*th day of *August* *1862*, he was wounded, injured or diseased as follows:

in the left hand causing the loss of three fingers, leaving the index finger and thumb

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 *Clinch* County been allowed an invalid pension of *fifteen* Dollars, for the year *1897*.

Sworn to and subscribed before me, this, the *J. N. Register* day of *February* *1898*. POST-OFFICE *Homer ville Ga*
J. G. Kirkland, Ex-Off

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,

Clinch County.

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

Given under my official signature and seal, this *first* day of *February* *1898*.



George Cornelius
Ordinary *Clinch* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Clinch County.

Personally appears *J. N. Register* of *Clinch* 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 *fifth* day of *August* *1839*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *private* in Company *H*, of *50*th Regiment of *Georgia* Volunteers, *Mercer*'s Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *30*th day of *August* *1862*, he was wounded, injured or diseased as follows:

in the left hand causing the loss of three fingers, leaving the index finger and thumb.

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 *Clinch* County been allowed an invalid pension of *fifteen* Dollars, for the year *1897*.

Sworn to and subscribed before me, this, the *J. N. Register* day of *January* *1899*. POST OFFICE *Homer ville Ga*
George Cornelius 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,

Clinch County.

I, *George Cornelius* Ordinary of said County, do certify that I am well acquainted with *J. N. Register* 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 *Third* day of *January* *1899*.



George Cornelius
Ordinary *Clinch* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Church County.

I, S. M. Register hereby authorize W. A. Wright
Compt. Genl of Atlanta Ga
 to receive and receipt for the pension paid hereon and request that he remit same to
S. M. Register by Mail
 at Homerille Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 26
 day of February 1900.

S. M. Register [L. S.]

Executed in presence of

W. H. Gibson

POWER OF ATTORNEY.

STATE OF GEORGIA,

Church County.

I, S. M. Register hereby authorize W. A. Wright
Compt. Genl of Atlanta Ga
 to receive and receipt for the pension paid hereon and request that he remit same to
me by Mail
 at Homerille Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 21st
 day of December 1901.

S. M. Register [L. S.]

Executed in presence of

H. D. M. M. M.
By my k on v l u s
Ordway

Register S. M.
Church G.

CODE SECTION 126.

(For Those Already Enrolled.)

No. 3033

INVALID

SOLDIER'S PENSION.

1900.

Name S. M. Register
 County Church
 Disability
 Amount, \$ 15-
 Warrant issued Jan 13 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wright

Geo. W. Harrison, State Printer, Atlanta.

W. A. Wright

Register S. M.
Church G.

CODE SECTION 126.

(For Those Already Enrolled.)

No. 2844

DISABLED

SOLDIER'S PENSION.

1901.

Name S. M. Register
 County Church
 Disability
 Amount, \$ 15-
 2/13 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Wright

Geo. W. Harrison, State Printer, Atlanta.

W. A. Wright

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Clinch County.

Personally appears M. Register of Clinch 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 19 day of May 1865; that he enlisted in the military service of the Confederate States (of the State of) during the war between the States, and served as a private in Company 4, of 50th Regiment of Georgia Volunteers, Bryans's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30 day of Aug 1862, he was wounded, injured or diseased as follows:

in the left hand causing the entire loss of all the fingers except the index finger and thumb

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 Clinch County been allowed an invalid pension of fifteen Dollars, for the year 1899.

Sworn to and subscribed before me, this the 26th day of February 1900, } M. Register POST OFFICE Homerville Ga

George Cornelius 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,

Clinch County.

I, George Cornelius Ordinary of said County, do certify that I am well acquainted with M. Register 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 February 1900.

George Cornelius Ordinary Clinch County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Clinch County.

Personally appears M. Register of Clinch 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 19th day of May 1865; that he enlisted in the military service of the Confederate States (of the State of) during the war between the States, and served as a private in Company 4, of 50th Regiment of Georgia Volunteers, Mercers's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30 day of August 1862, he was wounded, injured or diseased as follows:

in the left hand causing loss of three fingers, leaving the thumb and index finger on the left hand

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 Clinch County been allowed an invalid pension of fifteen Dollars, for the year 1900.

Sworn to and subscribed before me, this the 26th day of December 1901, } M. Register Postoffice Homerville Ga

George Cornelius 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,

Clinch County.

I, George Cornelius Ordinary of said County, do certify that I am well acquainted with M. Register 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 December 1901.

George Cornelius Ordinary Clinch County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch County.

I, S. M. Register hereby authorize W. A. Wright
Compt Genl of Atlanta Ga

to receive and receipt for the pension paid hereon and request that he remit same to
me or W. J. Howell only by Mail
 at Homerville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 27th
 day of January 1902.

S. M. Register [L. S.]

Executed in presence of

W. J. Howell

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch County.

I, S. M. Register hereby authorize W. A. Wright
Compt Genl of Atlanta Ga

to receive and receipt for the pension paid hereon and request that he remit same to
S. M. Register by Mail
 at Homerville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2
 day of Feb 1903.

S. M. Register [L. S.]

Executed in presence of

W. J. Howell

Register, S. M.
Clinch County

CODE SECTION 156

(FOR THOSE ALREADY ENROLLED.)

No. 2925

DISABLED

SOLDIER'S PENSION

1902.

Name S. M. Register

County Clinch

Co. G Regiment 50

Disability

Amount, \$ 15-

24th 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W

Gen. W. Lindsey, State Printer, Atlanta.

no data

Register, S. M.
Clinch Co.

(FOR THOSE ALREADY ENROLLED.)

No. 2758

DISABLED

SOLDIER'S PENSION

1903.

Name S. M. Register

County Clinch

Co. 30 Regiment

Disability

Amount, \$ 15-

24th 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W

Gen. W. Lindsey, State Printer, Atlanta.

no data

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEYED PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,)

Clinch County.)

Personally appears S.M. Register of Clinch 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 19th day of May 1865; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company "H", of 50th Regiment of Georgia Volunteers, Mercers's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30th day of August 1862, he was wounded, injured or diseased as follows:
Wounded in the left hand causing the loss of three fingers, leaving the index finger and thumb.

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 Clinch County, been allowed an invalid pension of fifteen Dollars, for the year 1901.

Sworn to and subscribed before me, this the S.M. Register 25 day of January 1902. Post-office Hornsville Ga

W. J. Howell
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,)

Clinch County.)

I, W. J. Howell Ordinary of said County, do certify that I am well acquainted with S.M. Register 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 1902.

Ordinary W. J. Howell Clinch County.

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



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,)

Clinch County.)

Personally appears S.M. Register of Clinch 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 August 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 "H", of 50th Regiment of Georgia Volunteers, Mercers's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30th day of August 1862, he was wounded, injured or diseased as follows:

Wounded in the left hand causing the loss of three fingers, leaving the index finger and thumb.

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 Clinch County, been allowed an invalid pension of fifteen Dollars, for the year 1902.

Sworn to and subscribed before me, this the S.M. Register 2nd day of Feb 1903. Post-office Hornsville 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,)

Clinch County.)

I, W. J. Howell Ordinary of said County, do certify that I am well acquainted with S.M. Register 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 second day of Feb 1903.

Ordinary W. J. Howell Clinch 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,

Clinch COUNTY.

I, S. M. Register hereby authorize
W. L. Wright Capt and Atlanta Ga
 to receive and receipt for the pension paid hereon, and request that he remit same to
M. S. Howell exclusively by mail or express
 at Homerille Ga

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 6th
 day of February 1904.

Executed in the presence of

S. M. Register [L. S.]

Henry

Register, S. W.
Clinch Co.
 (FOR THOSE ALREADY ENROLLED.)

No. 2624

DISABLED
 SOLDIER'S PENSION
 1904.

Name S. M. Register
 County Clinch
 Co. Regiment
 Disability 100
 Amount, \$ 15.00
 Amount, \$ FEB 24 1904.

JOHN W. LINDSEY,
 Commissioner of Pensions

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch COUNTY.

I, S. M. Register hereby authorize
W. L. Wright Capt and Atlanta Ga
 to receive and receipt for the pension paid hereon, and request that he remit same to
M. S. Howell exclusively by mail
 at Homerille Ga

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 2nd
 day of July 1905.

Executed in the presence of

S. M. Register [L. S.]
J. T. Dame

Register, S. W.
Clinch County
 (FOR THOSE ALREADY ENROLLED.)

No. 2663

DISABLED
 SOLDIER'S PENSION
 1905.

Name S. M. Register
 County Clinch
 Co. Regiment
 Disability 15
 Amount, \$ 15
 Amount, \$ MAR 1 1905.

JOHN W. LINDSEY,
 Commissioner of Pensions

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Chick County.

Personally appears *S. W. Register* of *Chick* 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 *5th* day of *August* 1839; that he enlisted in the military service of the Confederate States (as of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *4th*, of *50th* Regiment of *Georgia* Volunteers *Meigs*'s Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *30th* day of *August* 1862, he was wounded, injured or diseased as follows:
in the left hand causing the loss of three fingers. Leaving the thumb and index finger in the left hand.

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 *Chick* County, been allowed an invalid pension of *fifteen* Dollars, for the year 1903.

Sworn to and subscribed before me, this the *6th* day of *February* 1904.

J. T. Damm Ordinary

S. W. Register

Post-office *Hammerville 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,

Chick County.

I, *J. T. Damm* Ordinary of said County, do certify that I am well acquainted with *S. W. Register* 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 *sixth* day of *February* 1904.

J. T. Damm Ordinary *Chick* 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,

Chick COUNTY.

Personally appears *S. W. Register* of *Chick* 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 *19th* day of *May* 1862; that he enlisted in the military service of the Confederate States (as of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *4th*, of *50th* Regiment of *Ga* Volunteers *Meigs*'s Brigade; that whilst engaged in such military service in the State of *Virginia*, on the *30th* day of *August* 1862, he was wounded, injured or diseased as follows:
in the left hand losing the finger except the index finger & thumb. (loss of three fingers)

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 *Chick* County, been allowed an invalid pension of *fifteen* Dollars, for the year 1904.

Sworn to and subscribed before me, this the *22nd* day of *February* 1905.

J. T. Damm Ordinary

S. W. Register

Post-office *Hammerville 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,

Chick COUNTY.

I, *J. T. Damm* Ordinary of said County, do certify that I am well acquainted with *S. W. Register* 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 *February* 1905.

J. T. Damm Ordinary *Chick* 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.

Clinch COUNTY.

I, S. W. Register hereby authorize
Hon. W. H. Wright of Atlanta, Ga
 to receive and receipt for the pension paid hereon, and request that he remit same to
J. T. Dame Ordly by Mail
 at Hamoville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this first
 day of Jan 1906.

S. W. Register [L. S.]
 Executed in the presence of
L. S.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Clinch COUNTY.

I, S. W. Register hereby authorize
W. H. Wright of Atlanta Ga
 to receive and receipt for the pension paid hereon, and request that he remit same to
J. T. Dame Ordly by mail
 at Hamoville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this Jan 1st
 day of Jan 1907.

S. W. Register [L. S.]
 Executed in presence of
J. T. Dame

Cons Section 1290.
 (FOR THOSE ALREADY ENROLLED.)
G-50 No. 784
DISABLED
SOLDIER'S PENSION
1906.
 Name S. W. Register
 County Clinch
 Co. K Regiment 50th
 Disability lost leg & 3 fingers
 Amount, \$ 104.00
JAN 26 1906.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
J. T. Dame

no date

Cons Section 1290.
 (FOR THOSE ALREADY ENROLLED.)
G-50 No. 1381
DISABLED
SOLDIER'S PENSION
1907.
 Name S. W. Register
 County Clinch
 Co. H Regiment 50th
 Disability lost leg of three fingers
 Amount, \$ 152.00
1907.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT HANDLED TO
J. T. Dame

no date

73

3-50 150
 2-100 200
 1-15 13
 1-5 5
 7 370

FOR THOSE ALREADY ENROLLED

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Clinch County.

Personally appears J. N. Register of Clinch 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 5th day of Aug 1869; that he enlisted in the military service of the Confederate States, (or of the State of La) during the war between the States, and served as a Private in Company 4th, of 50th Regiment of Georgia Volunteers Mercer's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30th day of August 1862, he was wounded, injured or diseased as follows:

wounded in left hand causing the loss of three fingers. The index finger and thumb remaining on left hand.

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 Clinch County, been allowed an invalid pension of fifteen Dollars, for the year 1905.

Sworn to and subscribed before me, this the 1st day of January 1906.

J. N. Register
Post-Office Homerille 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,

Clinch County.

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

Given under my official signature and seal, this first day of January 1906.

Ordinary Clinch 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,

Clinch County.

Personally appears J. N. Register of Clinch 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 5th day of Aug 1869; that he enlisted in the military service of the Confederate States (or of the State of La) during the war between the States, and served as a Private in Company 4th, of 50th Regiment of Georgia Volunteers Mercer's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30 day of August 1862, he was wounded, injured or diseased as follows:

In the left hand causing the loss of three (3) fingers, leaving the index finger + thumb.

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 Clinch County, been allowed an invalid pension of fifteen Dollars, for the year 1906.

Sworn to and subscribed before me, this the 10 day of Jan 1907.

J. T. Dams } J. N. Register
Postoffice Homerille 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,

Clinch County.

I, J. T. Dams Ordinary of said County, do certify that I am well acquainted with J. N. Register 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 Tenth day of January 1907.



Ordinary Clinch County.

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

Personally appears S. W. Register of Clinch 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 5th day of Aug 1889; 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 4th, of 50th Regiment of Georgia Volunteers Mercer's Brigade; that whilst engaged in such military service in the State of Virginia, on the 10th day of August 1862, he was wounded, injured or diseased as follows:

wounded in left hand causing the loss of three fingers. The middle finger and thumb remaining on left hand.

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 Clinch County, been allowed an invalid pension of fifteen Dollars, for the year 1905.

Sworn to and subscribed before me, this the

1st day of January 1906.

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,
Clinch County.

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

Given under my official signature and seal, this first day of January 1906.

Ordinary Clinch County.

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

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 5th day of Aug 1889; 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 4th, of 50th Regiment of Georgia Volunteers Mercer's Brigade; that whilst engaged in such military service in the State of Virginia, on the 30 day of August 1862, he was wounded, injured or diseased as follows:

In the left hand causing the loss of three (3) fingers. Leaving the Index Finger & Thumb.

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 Clinch County, been allowed an invalid pension of fifteen Dollars, for the year 1906.

Sworn to and subscribed before me, this the 10 day of Jan 1907.

J. T. Dams

Postoffice Hammville 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,
Clinch County.

I, J. T. Dams Ordinary of said County, do certify that I am well acquainted with S. W. Register 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 1907.

SEE
your
seal
here

Ordinary Clinch County.

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

APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA.

Clunich County, Georgia 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). Clunich Georgia

2. How long and since when have you been a continuous resident citizen of this State? About 47 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). About March 1861 at Savannah Ga. 15th Ala. Cavalry

5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge). Until it was surrendered at Appomattox April 9th 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service? at Appomattox Court House April 9th 1865

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. Was present

a. Where was your Command when you left it? at Appomattox Va April 11 1865

b. When did you leave the Command? March 1865

c. For what cause did you leave? for leave

d. By whose authority did you leave? for leave

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

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

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). Land 1000 ft x 400 ft, house, kitchen, furniture, etc. Value \$1000

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). Land 1000 ft x 400 ft, house, kitchen, furniture, etc. Value \$1000

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? None

14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? None

Sworn to and subscribed before me, this the 27 day of Oct 1912

at Clunich County, Georgia

James H. Pugh Ordinary

James H. Pugh Clerk

Soldier's Application.

Confederate

UNDER ACT 1910.

County Clunich

Name James H. Pugh

Company 1st Florida

Regiment 100th Regt

Approved James H. Pugh

Signature James H. Pugh

Witness James H. Pugh

Witness James H. Pugh

Witness James H. Pugh

Witness James H. Pugh

Witness James H. Pugh

Witness James H. Pugh

Witness James H. Pugh

Witness James H. Pugh

Agm N. Carlin's
Burying
Bluff, Ga.
Did
Clunich, Ga.
Nov 23, 1931

1936
94
42

CHAS. P. BYRN, STATE PRINTER, ATLANTA.
ENTERED ROSTER OFFICE
10/30/1912

QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA,

Hamilton County.

D.B. Johnson of said State and County is hereby presented as a witness in support of the application of James B. Johnson 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? D.B. Johnson in Hamilton County, Georgia
2. How long and since when have you known James B. Johnson the applicant? about fifty years
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 Clark County, State of Georgia, continuously residing there for long years, since he has been in
4. When, where and in what Company and Regiment did James B. Johnson enlist during war from 1861 to 1865? (Give date and place). enlisted at Camp 1st S.C. Regt. 1st S.C. Regt. 1st S.C. Regt.
5. How did you obtain your information of this Service? by long residence at his
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) about 18 months, from 1861 to 1865
7. When and where was his Command surrendered or discharged (give date and place). April 1865 at Appomattox Court House, 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? 9th April 1865 Where was his Command when he left it? for what cause did he leave? discharged
- By whose authority did he leave? to his and how long was he granted leave? yes How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically). I was present with the applicant when he was

13. In what way was he prevented from returning to his Command? he was in command to go to after the
- How do you know? he was in command to go to after the

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? Appomattox
- In what prison was he held? in his quarters and when released? April 11th 1865

Sworn to and subscribed before me, this 11th day of Oct 1912, at Hamilton County.

STATE OF GEORGIA,

Hamilton County.

Personally known to D.B. Johnson and H. Allen who on oath say that they are freeholders residing in said County and are James B. Johnson the applicant for pension and he knows the property that is now in the care, possession and control of himself and wife and of the cash value to wit: (Make List by items and value) \$100.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1865? (State it fully by items). None that we know of
2. When and to whom was it sold or given away?
3. What was the price paid or stated to be paid?
4. What relation is the party to applicant?
5. What disposition was made of the proceeds of the sale?
6. Was the disposition of this property made in good faith and full value?

or was it made to obtain a pension?

Sworn to and subscribed before me, this 11th day of Oct 1912, at Hamilton County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Hamilton County.

J. T. Davis Ordinary of said County, certify that I know the applicant James B. Johnson for Pension is the person he represents himself to be and resides in said County. That I also know D.B. Johnson the witness swearing to the service and H. Allen 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 Return of James B. Johnson shows that he and wife value for tax is in 1865 \$100.00 in 1866 \$100.00 in 1867 \$100.00 in 1868 \$100.00 in 1869 \$100.00 in 1870 \$100.00 in 1871 \$100.00 in 1872 \$100.00 in 1873 \$100.00 in 1874 \$100.00 in 1875 \$100.00 in 1876 \$100.00 in 1877 \$100.00 in 1878 \$100.00 in 1879 \$100.00 in 1880 \$100.00 in 1881 \$100.00 in 1882 \$100.00 in 1883 \$100.00 in 1884 \$100.00 in 1885 \$100.00 in 1886 \$100.00 in 1887 \$100.00 in 1888 \$100.00 in 1889 \$100.00 in 1890 \$100.00 in 1891 \$100.00 in 1892 \$100.00 in 1893 \$100.00 in 1894 \$100.00 in 1895 \$100.00 in 1896 \$100.00 in 1897 \$100.00 in 1898 \$100.00 in 1899 \$100.00 in 1900 \$100.00 in 1901 \$100.00 in 1902 \$100.00 in 1903 \$100.00 in 1904 \$100.00 in 1905 \$100.00 in 1906 \$100.00 in 1907 \$100.00 in 1908 \$100.00 in 1909 \$100.00 in 1910 \$100.00 in 1911 \$100.00 in 1912 \$100.00

Sworn under my hand and official seal of office this 11th day of Oct 1912, at Hamilton County.

NOTES: Before any questions are answered the Ordinary shall read applicant and all responses in the following words: "I, the Ordinary, certify that you and your witnesses 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."

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Clinch County.

I, Kate C. Pafford, Ordinary of said County, do certify that I personally know Mrs. Nancy Register, the applicant, and that she is the lawful widow of Samuel Register, who was on the Pension Roll of said Clinch County, and was paid a Pension from Clinch County for 193⁶, and at the time of his death on the 23rd day of November, 193⁶, there was due to him and unpaid his Pension of Thirty (\$30.00) Dollars from the State of Georgia, and I know J.J. Langdale and H. Allen, the within witness, and they are truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 21st day of December, 193⁷.

(Seal of Ordinary)

Kate C. Pafford, Ordinary
Clinch County

CERTIFICATE OF ORDINARY

STATE OF GEORGIA, Clinch County.

I, Kate C. Pafford, Ordinary of said County, do certify that I personally know Mrs. Nancy Register, the applicant, and that she is the lawful widow of Samuel Register, who was on the Pension Roll of said Clinch County, and was paid a Pension from Clinch County for 193⁶, and at the time of his death on the 23rd day of November, 193⁶, there was due to him and unpaid his Pension of \$30.00 (for December, 1936) Dollars from the State of Georgia, and I know J.J. Langdale and H. Allen, the within witness, and they are truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 18th day of January, 193⁷.

(Seal of Ordinary)

Kate C. Pafford, Ordinary
Clinch County

REGISTERED
JAN 5 1938
L. THOS. GILLEN,
DIRECTOR

1937

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

BY

Mrs. Nancy Register
Widow of Samuel Register
Date of Marriage December, 15, 1899
Date of Death Nov. 23, 1936

Approved and ordered paid.

Lawrence
1937

Ordinary: Fill out above in full and send this blank to Pension Department for approval before you pay out the money.

CONFEDERATE DIVISION
STATE DEPARTMENT OF PUBLIC WELFARE

1937

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

BY

Mrs. Nancy Register
Widow of Samuel Register
Date of Marriage Dec. 15, 1899
Date of Death Nov. 23, 1936

Approved and ordered paid.

R. de T. LAWRENCE
Commissioner of Pensions

Ordinary: Fill out above in full and send this blank to Pension Department for approval before you pay out the money.

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow)
(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, Clinch County.
Personally before me, the Ordinary of said County, comes Mrs. Nancy Register
of said County, who after being duly sworn, on oath says that she is the widow of Samuel Register
and that said Pensioner was on the Pension Roll of Clinch County
and was paid a Pension of Thirty (\$ 30.00) Dollars
from said County for the month of November, 193 6, and that said Pensioner died in
Clinch County on the 23rd day of November, 193 6.
Applicant further swears that she married the said Samuel Register
on the 15th day of December, 18 89, in Hamilton County and
State of Florida, and resided with him from the date of marriage to his death as his
lawful wife, and is now his dependent widow, and she asks that the Pension for 193 6, due
and unpaid be paid to her.

Sworn to and subscribed before me this 21st day of December, 193 7.
Hate C. Pappard Ordinary } Mrs. Nancy Register (L. S.)
Clinch County }
(Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Clinch County.
Personally before me comes Mrs. Belle Allen, who
on oath says that he knew Samuel Register while in life
and that he knows Mrs. Nancy Register, the
above applicant; and knows that the said Samuel Register
and Mrs. Nancy Register were ~~married~~ married in the County
of Clinch in the State of Georgia 53 years of age 36
~~the date of his death~~, and that they were residing
together as husband and wife at the time of his death on the 23rd day of
November, 19 36, and that she is his dependent widow.

Sworn to and subscribed before me this 21st day of December, 193 7.
Hate C. Pappard Ordinary } Mrs. Belle Allen
Clinch County }
(Seal of Ordinary)

INSTRUCTIONS:

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

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow)
(UNDER ACT APPROVED OCTOBER 9, 1891)

STATE OF GEORGIA, Clinch County.
Personally before me, the Ordinary of said County, comes Mrs. Nancy Register
of said County, who after being duly sworn, on oath says that she is the widow of Samuel Register
and that said Pensioner was on the Pension Roll of Clinch County
and was paid a Pension of Thirty (\$ 30.00) Dollars
from said County for the month of November, 193 6, and that said Pensioner died in
Clinch County on the 23 day of November, 193 6.
Applicant further swears that she married the said Samuel Register
on the 15 day of December, 1889, in Clinch 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 for 193 6, due
and unpaid be paid to her.

Sworn to and subscribed before me this 18 day of Jan, 193 7.
Hate C. Pappard Ordinary } Nancy Register (L. S.)
Clinch County }
(Seal of Ordinary)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Clinch County.
Personally before me comes J. J. Langdale and N. Allen, who
on oath says that ~~he~~ they knew Samuel Register while in life
and that he knows Mrs. Nancy Register, the
above applicant; and knows that the said Samuel Register
and Mrs. Nancy Register resided together as man and wife for 40 years
of Clinch in the State of Georgia 36
~~the date of his death~~, and that they were residing
together as husband and wife at the time of his death on the 23rd day of
November, 19 36, and that she is his dependent widow.

Sworn to and subscribed before me this 18th day of January, 193 7.
Hate C. Pappard Ordinary } affidavit on separate sheet
Clinch County }
(Seal of Ordinary)

INSTRUCTIONS:

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

210. THE WIDOW OR PERSON RECEIVING HER PROPER PENSION RECEIVES FOR THIS PENSION BY SIGNING NAME, AS WIDOW, OPPOSITE THE NAME OF HUSBAND ON THE ROLLER PAY ROLL.
211. ONLY THE ROLLER PENSION FOR THE YEAR IS COVERED BY THIS APPLICATION. TAKE ANOTHER APPLICATION, ON THE WHITE BLANK, TO ADMIT WIDOW TO ROLL IN HER OWN RIGHT.

210. THE WIDOW OR PERSON RECEIVING HER PROPER PENSION RECEIVES FOR THIS PENSION BY SIGNING NAME, AS WIDOW, OPPOSITE THE NAME OF HUSBAND ON THE ROLLER PAY ROLL.
211. ONLY THE ROLLER PENSION FOR THE YEAR IS COVERED BY THIS APPLICATION. TAKE ANOTHER APPLICATION, ON THE WHITE BLANK, TO ADMIT WIDOW TO ROLL IN HER OWN RIGHT.

Audited May 28 1889.

Wm. Smith
COMPTROLLER GENERAL.

Glinch

Maimed Soldiers.

Voucher No. 2259

Amount, \$ 15

Paid to S. W. Register

For Loss of
3 fingers

May 18 1889.

Included in Warrant No.

issued to Treasurer.

Ex. Homerville 1889.

WARRANT CLERK.

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

Waw

Audited Mch 12 1890

Wm. Smith
COMPTROLLER GENERAL.

Glinch

Maimed Soldiers.

Voucher No. 2437

Amount \$ 15.00

Paid to S. W. Register

For Loss of 3 fingers

Mch 10 1890

Included in warrant No.

issued to Treasurer.

Ex Homerville 18

WARRANT CLERK.

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

W. J. Campbell

No. 2259

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga May 18 1889.

Mr. *S W Register* of the County
of *Clinch* 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 three fingers
He is entitled to receive the sum of *Fifteen 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.

J B Gordon
GOVERNOR.

\$15
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifteen 00/100 Dollars,
per above voucher, this *18* of *May* 1889.

S W Register
W A Wright

No. 2407

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga, Nov 10 1890

Mr. *S W Register* of the County
of *Clinch* 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 3 fingers
He is entitled to receive the sum of *Fifteen* 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.

J B Gordon
GOVERNOR.

\$15.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifteen Dollars,
per above voucher, this *10* of *Nov* 1890

S W Register
W A Wright

GEORGIA, CLINCH COUNTY.

Personally before me came J. J. Langdale and
known to be responsible and truthful
persons, residing in said County, who after having been duly
sworn, says that of deponents own knowledge, Mrs. Nancy
Register who made the foregoing affidavit, is the lawful
widow of Samuel Register who died in Clinch County, in said
State of Georgia, on the 23rd. day of November, 1936,
and that she has not since remarried.

Deponent further states that he is 51 years
of age, and has resided within one mile of the home
all his life
formerly occupied by the late Samuel Register, and to
his own knowledge Mrs. Nancy Register resided with the
the late Samuel Register as his wife, for 40 years.

Sworn to and subscribed
before me this Jan. 18, 1937.
W. C. Pasford
Ordinary Clinch Co., Ga.

GEORGIA, CLINCH COUNTY.

Personally before me came H. Allen
known to me to be responsible and truthful, and a ~~resident~~
resident of Clinch County, who after having been duly
sworn, says that of deponents own knowledge, Mrs.
Nancy Register, who made the foregoing affidavit, is
the lawful widow of Samuel Register who died in Clinch
County November 23, 1936, and that she has not since
remarried.

Deponent further states that he has known
Mrs. Nancy Register continually since she was married
to the late Samuel Register, and that she has resided
with the late Samuel Register continuously as his wife,
since she was married to him.

Sworn to and subscribed
before me this Jan. 18, 1937.
W. C. Pasford
Ordinary Clinch County, Ga.

AUDITED

Audited MAR 17 1937 1891.
W. H. Wright
CHIEF CLERK GENERAL.

Register, S. W.

Clinch

1891.

Maimed Soldiers.

Voucher No. 7693

Amount \$ 15

Paid to M. Register
For Loss of Fingers

Mar 17 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

H. Wright

GEORGIA,
CLINCH COUNTY.

Personally appeared me the undersigned officer,
J. J. Langsdal to me well known, who on oath
says that he is 52 years of age, and has resided in
Clinch County all his life, and has known Mrs. Nancy
Register all his life, and that she resided with the
late Mr. Samuel Register, as his wife for forty years
prior to the death of her husband, the late Samuel
Register, whose death occurred during November 1886.

Sworn to and subscribed
before me this 3d day
of January, 1891

Kate C. Pafford
Ordinary Clinch County, Georgia.

Georgia, Clinch County.

Personally appeared before me the undersigned Officer,

J.T. Dame, to me well known, who on oath says that he has resided in
Clinch County, about forty five years, that he was Ordinary of said County
for 12 years, and that Samuel Register, deceased pensioner was on
the pension roll during his terms in Office, and that he knows from
general reputation that Mrs Nancy Register and Samuel Register resided
together as man and wife for at least forty years prior to his death
on Nov. 23, 1886.

Sworn to and subscribed before me
this Jan. 22nd. 4th. 1891.

Kate C. Pafford
Ordinary Clinch County, Georgia.

J. T. Dame

1891.

No. 2693

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. March 17 1891.

Mr. S. W. Register of the County
of Clinch 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 Fingers
He is entitled to receive the sum of Fifteen Dollars
for such disability, the same being the allowance due for the year ending October 24, 1891.

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



H. J. Nathan
GOVERNOR.

By the Governor,

W. H. Harrison

SEC'Y EXECUTIVE DEPARTMENT.

\$ 15

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

Fifteen 00/100 Dollars,
per above voucher, this 17 of March 1891.

S. W. Register
W. H.

COURT OF ORDINARY
MRS. KATE C. PAFFORD, ORDINARY
CLINCH COUNTY
HOMERVILLE, GEORGIA

I have this day received from Kate C. Pafford, Ordinary Clinch County Georgia, \$30.00 Pension money due my deceased soldier husband, for the month of December, 1936.

This 21 day of January, 1938.

Mrs. Nancy Register
Widow pensioner. *Mrs. Belle Allen*
J. J. Langdale

Homerville, Ga.
Jan. 2nd. 1937.

Pension Director,
State Capitol.

Dear Sir:
Find enclosed application of Mrs. Nancy Register, widow of Samuel Register, deceased, soldier pensioner of Clinch County, Mr. Register was due pension for December, 1936.

Mrs. Register cannot obtain a copy of her marriage license or a witness cannot be located at this time, but we have two of her neighbors to make affidavits for her.

Yours very truly,
Kate C. Pafford
Ordinary.

A. L. HENSON,
DIRECTOR

G. ARTHUR CHEATHAM,
ASST. DIRECTOR

MISS LILLIAN RENDERSON,
ASST. DIRECTOR



THE VETERANS SERVICE OFFICE

STATE CAPITOL

ATLANTA

February 9, 1937.

Mrs. Kate C. Pafford,
Ordinary, Clinch County,
Homerville, Georgia.

Dear Mrs. Pafford:

The application of Mrs. Nancy Register, widow of Samuel Register, late a pensioner of Clinch County, whose death occurred November 25, 1936, for pension payments accrued to the husband for the year 1936 and unpaid at the time of his death, appears to meet the conditions of the Act of the General Assembly, approved October 9th, 1931; therefore, you are respectfully authorized to continue the name of the soldier on the pension roll of your county, just as if he were alive, and make the December, 1936 payment to his widow.

Mrs. Register cannot be admitted to the pension roll in her own right, for the reason that her marriage took place after January 1st, 1931.

I will make special requisition to Governor Rivers, in a few days, for the necessary \$30.00 to make the payment to Mrs. Register.

With kindest regards,

Yours very truly,

PG-A

W. L. Allen
Director.

Kate C. Pafford
Ordinary.

GEORGIA, CLINCH COUNTY.

I, Kate C. Pafford, Ordinary Clinch County Georgia, do hereby certify that the within and foregoing is a true and correct copy of the death certificate of Samuel Register which is of file and on record in my Office.

This Jan. 3rd. 1938.

Kate C. Pafford
Ordinary Clinch County Georgia and
Ex-Officio Clerk thereof.

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

CERTIFICATE OF DEATH GEORGIA DEPARTMENT OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH		County <u>Cherokee</u> <small>Middle District (Number and Name)</small> <u>1219, Fargo</u> <small>Registered No. 1076</small>	
City or Town		Length of residence in this city or town Yrs. <u> </u> Mos. <u> </u> Days <u> </u> <small>State of Georgia</small>	
Street and Number (No.)		(If death occurred in a hospital, give its name instead of street and number)	
2. FULL NAME <u>Samuel Register</u>		Residence (City or Town) <u>Council Bluffs</u> <small>(Street and Number)</small> <u> </u> <small>(State)</small> <u> </u>	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>male</u>	4. COLOR or RACE <u>white</u>	5. Single, Married, Widowed, Divorced (write the word) <u>married</u>	
6. DATE OF BIRTH (month, day, year)			
7. AGE <u>74</u> Years <u>6</u> Months <u>9</u> Days <u> </u> Hours <u> </u> Minutes <u> </u>			
8. OCCUPATION			
(a) Trade, profession or particular kind of work done, on steamer, sawyer, bookkeeper, etc. <u>Retired Farmer</u>			
(b) Industry or business in which work was done, on cotton mill, sawmill, bank, etc. <u> </u>			
(c) Date deceased last work at this occupation (month and year) <u> </u> (d) Total years spent in this occupation <u> </u>			
9. BIRTHPLACE (P. O. Address) <u>Stockton Ga. P. H. 2</u>			
10. NAME <u>David Register</u>			
11. BIRTHPLACE (P. O. Address) <u>North Carolina</u>			
12. MAIDEN NAME <u>Matilda McDaniel</u>			
13. BIRTHPLACE (P. O. Address) <u>D.K.</u>			
14. INFORMANT (Signed) <u>Dare Register</u> (Address) <u>Fargo</u>			
15. BURIAL PLACE (Cemetery) <u>Bony Bluff</u> (Postoffice) <u>Fargo Ga.</u> <u>7/15/1925</u>			
20. UNDERTAKER (Signed) <u>John S. S. S.</u> (Address) <u>Waldosta Ga.</u>			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH <u>Nov. 29</u> 19 <u>24</u> at <u>6 P.</u> (Month, Day, Year) (Hour)			
17. I HEREBY CERTIFY, That I attended the deceased from <u> </u> to <u> </u>			
I last saw <u> </u> alive on <u> </u> at <u> </u> in <u> </u> death is said to have occurred on the date and hour stated above. The principal cause of death and related causes of importance in the order of onset and duration of each:			
Other contributory causes of importance: <u>Mr. Register had no attending doctor for about one year</u>			
What test confirmed diagnosis? (Specify whether autopsy, operation, laboratory, or clinical)			
If death was due to external causes (violence) fill in also the following: Was injury an accident, suicide, or homicide?			
Where did injury occur? (Specify city or town, if outside of limits, the county, and also the state)			
Did injury occur in a home, public place or industry?			
Manner of injury			
Nature of injury			
(Signed) <u> </u> M. D.			
(Address) <u> </u>			
15. FILED <u>Sept 15</u> 19 <u>25</u>			
(Signed) <u> </u> (Local Registrar)			